

**BOARD OF DIRECTORS PUBLIC MEETING**  
**Tuesday the 8<sup>th</sup> of September 2020, commencing at 9:00am**  
**via Microsoft Teams**

**AGENDA**

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)	Preparation
1.	20/21/109	9:01	Apologies.	Chair	To note apologies.	N For noting
2.	20/21/110	9:02	Declarations of Interest.	All	Board Members to declare an interest in particular agenda items, if appropriate.	R For noting
3.	20/21/111	9:03	Minutes of the Previous Meeting.	Chair	To consider and approve the minutes of the meeting held on: <b>7<sup>th</sup> July 2020.</b>	D Read minutes
4.	20/21/112	9:04	Matters Arising and Action Log.	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	A Read action log
<b>The Best People Doing Their Best Work</b>						
5.	20/21/113	9:05	Robust response to the 'Black Lives Matter' movement and Improvement Plans for supporting Black and Minority Ethnic Communities Locally.	C. Dove/ M. Swindell	For information and discussion.	A Presentation
<b>STAFF STORY (10:00am-10:15am)</b>						
<b>Phase 3 Covid-19 Response</b>						
6.	20/21/114	10:15	Current Position and Plan: <ul style="list-style-type: none"><li>Plan for Phase 3. - Board lead for health inequality.</li></ul>	J. Grinnell/ A. Bateman	To update the Board on the work that is taking place to develop Phase 3 of the Trust's plan. Identify and agree a lead for health and inequality.	A D Read report Verbal
7.	20/21/115	11:15	Trust Wide Winter 2020 Flu Campaign.	P. Brown	For information and discussion.	A Read report
<b>Items for information</b>						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action:		Preparation
					Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		
8.	20/21/116	11:25	Any Other Business.	All	To discuss any further business before the close of the meeting.	N	Verbal
9.	20/21/117	11:30	Review of meeting.	All	To review the effectiveness of the meeting and agree items for communication to staff in team brief.	N	Verbal

**Date And Time of Next Meeting: Thursday 24<sup>th</sup> September 2020 at 9:00am, via Microsoft Teams.**

#### REGISTER OF TRUST SEAL

The Trust Seal was used in July 2020:

Galliford Try - Community Cluster and Dewi Jones.

#### SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION

CQC Action Plan	E. Saunders
Corporate Report - July 2020	Executive Leads
Council of Governors – Annual Election Results 2020	E. Saunders
Sefton LSCB Annual Report, Strategy and Plan	D. Jones

**PUBLIC MEETING OF THE BOARD OF DIRECTORS**

**Confirmed** Minutes of the meeting held on **Tuesday 7<sup>th</sup> July 2020 at 9:00am**,  
via Microsoft Teams

<b>Present:</b>	Dame Jo Williams	Chair/Non-Executive Director	(DJW)	
	Mrs. S. Arora	Non-Executive Director	(SA)	
	Mr. A. Bateman	Chief Operating Officer	(AB)	
	Prof. F. Beveridge	Non-Executive Director	(FB)	
	Pauline Brown	Acting Chief Nurse	(PB)	
	Mrs. K. Byrne	Non-Executive Director	(KB)	
	Mrs. C. Dove	Non-Executive Director	(CD)	
	Mr. J. Grinnell	Director of Finance/ Deputy Chief Executive	(JG)	
	Mrs. A. Marsland	Non-Executive Director	(AM)	
	Dr. F. Marston	Non-Executive Director	(FM)	
	Dr. N. Murdock	Medical Director	(NM)	
	Mr. I. Quinlan	Vice Chair	(IQ)	
	Mrs. L. Shepherd	Chief Executive	(LS)	
	Mrs. M. Swindell	Director of HR & OD	(MS)	
	<b>In Attendance:</b>	Mr. A. Bass	Director of Surgery	(ABAS)
		Ms. L. Cooper	Director of Community Services	(LC)
Mr. M. Flannagan		Director of Communications	(MF)	
Dr. A. Hughes		Director of Medicine	(AH)	
Mrs. K. McKeown		Committee Administrator (minutes)	(KMC)	
Ms. E. Saunders		Director of Corporate Affairs	(ES)	
Mrs. K. Warriner		Chief Information Officer	(KW)	
<b>Apologies:</b>	Prof. M. Beresford	Assoc. Director of the Board	(PMB)	
	Mrs. D. Jones	Director of Strategy and Partnerships	(DJ)	
	Miss. J. Minford	Director of Clinical Effectiveness and Service Transformation	(JM)	
	Mr. D. Powell	Development Director	(DP)	
	Mr. R. Turnock	Interim Deputy Medical Director	(RT)	
<b>Patient Story</b>	Ms. C. Robinson	Parent of patient	(CR)	
	Mr. S. Robinson	Parent of patient	(SR)	
	Ms. V. Furfie	Chief Clinical Information Officer,		
	Ms. R. Greer	Associate COO, Community Division Community Division	(RG) (VF)	
	Ms. A. Wordsworth	Patient's Physiotherapist	(AW)	
<b>Item 20/21/89</b> <b>Item 20/21/97</b>	Mr. W. Weston	Medical Services Director	(WW)	
	Mr. R. Gates	Associate Commercial Director for Development	(RG)	

**Patient Story**

The Chair welcomed Claire and Sean Robinson who had been invited to July's Trust Board to share their experiences of accessing services for their daughter Hannah, at Alder Hey during the pandemic. The Chair also welcomed Andrea Wordsworth, Hannah's Physiotherapist and Victoria Furfie, Clinical Information Officer for the Community and Mental Health Division, who was supporting the Robinsons from an IT perspective during the meeting.

Sean and Claire explained that they spend a lot of time at Alder Hey due to the complexity of Hannah's health needs. It was reported that Hannah experienced a speedy but stressful discharge in March 2020 as the Covid-19 crisis unfurled. The family reported feeling very isolated without the wraparound support of the hospital once they were at home. Sean advised that a number of Hannah's appointments took place virtually post discharge which alleviated the stress of having to get the family ready to attend an on-site appointment.

Andrea agreed with Sean's sentiments about feeling isolated, highlighting the barriers experienced by Community Services in March when trying to liaise with staff based at Alder Hey. Andrea advised that the technology being used presently has improved access for staff in the community and is supporting the patient triage process. Microsoft Teams also enables other health professionals to be involved with patients without having to travel which has a positive impact on their work load.

Sean advised the Board of the huge effect that Microsoft Teams has had in respect to his relationship with his employer as he is able to join Hannah's appointment virtually without having to take time off from work. Sean pointed out that he has so much involvement with Hannah's care and felt that it would be really beneficial if this technology was used post Covid-19. As Sean pointed out, it won't replace face to face appointments but it is a positive way forward for the delivery of some aspects of care.

Sean drew attention to the difficulties of arranging a Haematology appointment via Alder Hey, pointing out that Hannah can sometimes go without an appointment for a year which has an effect on her health requirements. It is only recently that bookable appointments have become available in the community.

Sean informed the Board that the treatment Hannah receives at Alder Hey is excellent but felt that the support she receives in respect to her day to day management could be improved upon. Hannah receives two to three physiotherapy sessions when she is very poorly but once her health improves the family is asked to provide the therapy. Claire and Sean struggled to understand the logic of this policy and feel that staffing levels need to be built upon to address clinical issues and the day to day management of patients to keep them at home.

Andrea informed the Board that meetings have been arranged via Teams on a monthly basis to discuss cohorts of patients, pathways and protocols in order to monitor patients effectively. It was pointed out that many families with sick children have more than one child and it is felt that the Trust needs to be realistic about the pressures it puts upon families who provide care on a 24/7 basis.

Louise Shepherd thanked Claire and Sean for sharing their story with the Board. It was pointed out that the Trust is looking to address the issues being experienced by families when they move back into the community and try to access services.

On behalf of the Trust Board, the Chair thanked Claire and Sean for sharing their family's experience, and thanked Andrea for describing what it has been like to work out in the community during the pandemic. Louise Shepherd highlighted the importance of reflecting upon today's conversation and felt that it would be beneficial for Sean and Claire to be involved in the forthcoming work around therapy services and how families are supported.

**Action: LC**

Claire Dove highlighted the issues experienced by families who don't have access to technology and felt that this needs to be taken into account as the Trust progresses its Digital Strategy. Lisa Cooper reported that a number of iPads have been provided to families and Kate Warriner agreed to liaise with IT regarding this matter.

**Action: KW**

## 20/21/85 Welcome and Apologies

The Chair welcomed everyone to July's Trust Board meeting and noted the apologies received.

## 20/21/86 Declarations of Interest

The Board noted the declaration received from Fiona Marston in relation to her association with CEIDR.

## 20/21/87 Minutes of the previous meetings held on Monday 22<sup>nd</sup> June Resolved:

It was agreed that the minutes of the meeting held on the 22<sup>nd</sup> June 2020 were agreed as an accurate record of the meeting.

## 20/21/88 Matters Arising and Action Log

The Board received and noted the following reports:

- Sefton LSCB Annual Report.
- Sefton Integrated Early Help Strategy for Children, Young People and Families.
- Sefton Children and Young People's Plan - 2020/25.

It was confirmed that there were no outstanding actions.

## 20/21/89 Current Position and Plan

### *Phase 2 Update*

The Board received an update on the key features of Alder Hey's delivery of the Phase 2 Covid-19 Response Plan, the progress made in restoring services to children/young people (CYP) and the key risks and challenges that are to be addressed and mitigated in Phase 3. The following information was provided:

- Staff rates of infection are indicated to be low at 7%.
- Emergency Department attendances are at 55% of pre Covid-19 levels, with 98% of patients being seen within 4 hours.
- Scheduled operations and scans have increased.
- *PPE* – modelling has indicated that the Trust has enough PPE for the month of July 2020.
- *Progress in Restoring Services* – Radiology is at 70% of pre Covid-19 levels and ED is at 55% of pre Covid-19 levels.
- *Theatres* – A full theatre (100%) schedule will be in place from week commencing the 13.7.20.
- *Day Surgery* - Activity level is at 80% of pre Covid-19 levels.
- *Community and Outpatients* – Activity level is at 75% of pre Covid-19 levels.
- *Types of appointments* – Face to face appointments are at 39% pre Covid-19 levels. Virtual appointments are at 521% pre Covid-19 levels.
- *Key Risks and Challenges* – **1.** Keeping children and young people safe. **2.** Safe staff. **3.** Increasing capacity.

The Chair drew attention to the amazing achievements that have taken place within a short period of time to aid a safe restart for Alder Hey and congratulated all those involved.

### *Draft Plan for Phase 3*

The Trust Board received the first draft of a revised Operating Plan which, as further National Guidance is released, will be finalised through July.

The document outlines:

- The wider system update.
- The scale of the challenge.
- The Trust's draft Plan for the remainder of the year, the key areas of focus and activities to support delivery.
- Key risks and mitigations.
- Financial architecture.
- The proposed revised governance arrangements.

It was reported that the national response to the Covid-19 pandemic was to implement Regional command and control structures, which for each STP/ICS was overseen by an In Hospital and Out of Hospital Cell. The two cells for Cheshire & Merseyside have been responding to the pandemic and are now charged with developing a system wide recovery plan for Phase 3.

Within the recovery work, Alder Hey is leading the paediatric services elements. Louise Shepherd is the Senior Responsible Officer for this chapter of the recovery plan and is being supported by both Cells and PA Consulting who are funded by the system to pull together the system plan. This work is due to be completed by the middle of July with Alder Hey taking a key role in ensuring CYP are fairly represented in any system decisions to support recovery. The system aim will be for Alder Hey to play a leadership role in ensuring there is clear oversight of diagnosis and access for CYP services and in looking to develop new models of care that can be scaled across the C&M footprint. John Grinnell drew attention to the importance of Alder Hey's role in the recovery work to ensure that the voice of the child is heard and not lost.

The Board was advised of the demand and capacity modelling work that has been taking place to establish the increase in overall capacity, due to the backlog and forthcoming winter period, that the organisation will need to provide either physically, virtually or through new models of care. It was pointed out that the modelling needs further refinement however it has been developed to allow Alder Hey to test different scenarios including how long it will take to clear the backlog.

It was reported that the Trust has had to assess its Operational Plan for the rest of the year given the exceptional circumstances it is now operating in. The plan will be more focussed and narrower than the original year 1 of 'Our Plan' whilst taking into account the learning from Phase 2 and 3. To support the updated plan the Executive team has focused on 5 Top Level 'Breakthrough' objectives. These objectives build from the organisation's Strategic Plan however they are inevitably bespoke to the Covid-19 response:

- Safe care.
- Access to care.
- Safe staff.
- Advocate for CYP.
- Research and Innovation.



The Trust also wants to focus on 'Digital Futures', Agile Working, development of the Campus and the Financial Strategy. It is recognised that this large piece of work cannot be mobilised via a top down approach and therefore requires the Trust to support clinical teams to find their own solutions.

The Board was informed that the report provides an overview of the Financial Plan for the rest of the 2020/21. During Phase 1 of Covid-19 the payment system was redesigned with a move away from a tariff based payment system to a fixed block payment. It was confirmed that this model of payment will continue until the end of the year. It was felt that there will be some movement in respect to top ups and Covid-19 support from a funding perspective, but it was pointed out that there will be a bigger emphasis on financial grip/restraint and a focus on working as a system to achieve financial balance.

It was concluded that the Trust will need to be heavily involved in the system and work collaboratively on recovery and leading the CYP agenda. It will also be necessary to include information in 'Our Plan' on the change of model to be used; repurposing rather than growth.

The Chair felt that the report was outstanding and very much about forward thinking. The Board was advised of the Extraordinary meeting that has been arranged for the 27.7.20 to address the plan for Phase 3 in the event that the national guidance is published.

Kerry Byrne highlighted her concerns around harms that may occur as a result of curtailing face to face contact with patients, for example, isolating society/having social problems from a health perspective, and felt that consideration should be given to KPIs for this area of work.

Nicki Murdock informed that Board that the organisation is aware of the challenges that will occur as the Trust moves towards digital consulting and highlighted the benefits that CYP, families and staff will gain as this area of work progresses, for example, digital consulting will reduce the cost for families who have to travel to Alder Hey for appointments, actually being able to see patients in their home environment enables the consultant to have a more realistic view of how a patient behaves, it also provides families with more flexibility and responsiveness. It was reported that a Friends and Family Test has been conducted in respect to this area of work and the feedback has been positive.

Shalni Arora queried as to whether the repurposing model will have an impact on the development of the campus i.e. will the Trust have to defer projects to save money? It was reported that whilst the current guidance is for core capital plans to be put on hold system wide; sign-off will cover the current plans for the Campus.

Ian Quinlan highlighted the importance of addressing equality and diversity as a separate item to the Phase 3 Plan in order to identify progress. Claire Dove reported that the organisation is in the process of establishing a Task Force to review equality and diversity and felt that it is essential that the Trust monitor this area of work.

The Chair summarised the important elements of the Phase 3 Plan discussion and praised the Executive Team for the way in which they are working towards addressing complex issues.

Louise Shepherd drew attention to the importance of having a forward oversight of complex issues, and felt that the actions that come out of the equality and diversity consultation work need to be an integral part of Board discussions moving forward.

### *Financial Update*

#### **Resolved:**

The Board noted the financial position for Month 2.

### *Covid-19 Risk Register*

The Board received the updated Covid-19 Risk Register which was submitted to provide assurance of the effective management of Covid-19 operational risks, in line with national guidance.

It was reported that there are currently 42 risks identified on the Covid-19 Risk Register, with 7 identified as high risks. Two are risk ranked as 20 and the other five are risk ranked as 15. The primary themes identified are as follows:

- Risk of patient harm due to delays in treatment and potentially not presenting for treatment.
- Uncertain system environment including, finance, commissioning changes, ICS/Cell.
- Increased risk to staff welfare - short and long term, including staff absence, BAME, PTSD.
- Risk of infection to CYP, families and staff.
- Cyber Security.

The Board was advised of the new patient safety waiting list dashboard that has been created to help build upon the systems in place to manage waiting lists in a challenging environment. It was agreed to submit a report on the evaluation of the new 'Patient Safety Waiting List Dashboard' during September's Trust Board meeting.

#### **20/21/89.1 Action: AB**

### *IPC Covid-19 Assurance Framework*

The NHS has developed a framework to assist organisations assess themselves against guidance as a source of internal assurance that quality standards are being maintained. The NHS has recommended that this framework be used to identify risks and provide assurance to the Trust Board that organisational compliance has been systematically reviewed.

Attention was drawn to the recent challenges being experienced by the IPC Team due to sickness absence and an impending retirement. The Board was advised that a business case has been developed to enable the Trust to recruit additional staff to the department. It was also reported that a job description is to be compiled to recruit an experienced DIPC to provide advice to the Medical Director.

The Board was informed that the Trust has received a letter from NHSE requesting information on various aspects of the Trust's IPC Programme. It was confirmed that the programme of work has either been completed or is in the process of being addressed. It was agreed that an update will be provided to the Board on the 24.9.20.

#### **20/21/89.2 Action: NM**

#### **Resolved:**

The Trust Board received and noted the contents of the IPC assurance framework.



**20/21/90 CQC – Final Report**

The Board was informed of the 'good' overall CQC rating that was given following the recent inspection. It was reported that the Trust was described as on the cusp of outstanding in the Well Led domain but there are still some aspects of the organisation's local governance arrangements that need addressing around consistency of process. Surgery had been rated 'requires improvement' in the Safe domain which was very disappointing considering the amount of improvement work that has taken place within the Division.

It was reported that seven core services were inspected during CQC's visit as well as a Well Led review. The following CQC ratings were awarded:

- ED remains 'good' overall and in all five domains.
- Neonatal was 'good' overall and in all five domains.
- Outpatient Services have improved in three domains since the last inspection and were given a 'good' rating.
- End of Life care retained its previous rating, including outstanding in the caring domain but it was acknowledged in the report that improvements have been made since the last inspection.
- Mental health (inpatient and specialist community) was rated as 'good' overall with outstanding in the caring domain but as a result of a regulatory breach in the Dewi Jones Unit a rating of 'requires improvement' was given in the safe domain.
- Surgery was 'good' overall but rated as 'requires improvement' in the safe domain.

The Board was advised that the Trust will progress the recommendations made by CQC, via an action plan which would now be compiled.

The Chair drew attention to the disappointment felt by all in respect to the final CQC rating, especially in light of all the hard work and effort contributed by staff to try and achieve an 'outstanding' rating.

Fiona Marston felt that the Trust should take steps, from a staff moral perspective, to show its support of the workforce and recognise that staff members have gone above and beyond their normal duties to respond to the Covid-19 situation. It was reported that a focus on the last four months will be conducted via the weekly staff broadcast to highlight the remarkable efforts of staff members that have produced positive outcomes during unprecedented times. Work will also take place to gauge the feelings of the workforce to enable the organisation to provide appropriate communications.

It was pointed out that CQC have agreed to carry out a review of the Division of Surgery and the Division of Medicine in the near future. Fiona Beveridge highlighted the importance of ensuring that the Trust is closing the loop in appropriate areas and generating evidence in preparation for the inspection.

Alfie Bass advised of the governance and safety work that is taking place in the Division of Surgery. It was agreed that an overview of this work should be presented on the 24.9.20 with the detail to be included in the CQC action plan.

**20/21/90.1 Action: ABAS**

The Chair felt that the appropriate course of action is to progress the CQC recommendations, but pointed out that the rating provided doesn't detract from the

huge amount of work that took place on the run up to the inspection nor the work that has taken place during the pandemic.

**Resolved:**

The Board noted the rating of 'good' overall following the recent CQC inspection.

**20/21/91 Year-End Quality Assurance**

*Nursing Workforce Report for 2019/20*

The annual Nursing Workforce Report for 2019/20 was submitted to the Trust Board to provide assurance that safe nurse staffing levels are being maintained across all in-patient and day case wards, and appropriate systems are in place to manage the demand for nursing staff.

It was reported that the Trust recruited 100.53 WTE front line registered nurses in 2019/20. However there has been a reduced number of nurses available to recruit at the point of qualification as it is understood that the attrition rate occurring during nurse training has increased significantly to 30%.

The Board was advised of the highly successful international recruitment campaign in India that was undertaken in November 2019 which resulted in the Trust welcoming the first cohort of 25 highly skilled and experienced nurses from India at the end of February 2020. A comprehensive induction and OSCE programme was put in place however in response to the Covid-19 pandemic, the national guidance regarding overseas nurses changed to enable the staff to join a temporary register sooner with the NMC.

The average leaver rate per month in 2019/20 was 5.6 WTE per month, a lower leaver rate sustained from 5.7 WTE per month in the previous year. The data collected over the last four years demonstrates a fairly static annual leaver rate. A proactive retention methodology has been introduced, incorporating a formal standardised approach to staff movement within the Trust via a 'Transfer Window' where a nurse may be considering leaving the Trust and is offered an opportunity to change areas to vary their experience. The Transfer Window is open to all nursing staff, not only newly recruited staff and has been in effect for 12 months. It is anticipated that this strategy will improve the retention of its nursing workforce and the senior nursing leadership team will monitor the effect of this process on the leaver rate.

It was pointed out that an average number of around 40 WTE represents a "normal" level of maternity leave year on year across the ward nursing teams.

Long term sickness (LTS) has remained high, however there is a significant reduction compared to the previous year when the average was 27.5 WTE off on LTS compared to 19.6 WTE in 2019/20. Ward Managers are being supported by the HR team to ensure all staff on LTS are appropriately supported and managed, as much of this is the result of serious illness.

The Board was advised of the staffing challenges that were experienced on Ward 4A during October and November due to an accumulative effect of high leavers that resulted in a number of beds being closed. Mitigating actions were implemented and the risk relating to this matter has now been closed on the Risk Register. It was reported that staffing levels on 4A are back to a good position.

In 2018/19, a business case was devised and approved to establish an ACT team to support staff 24 hours per day in responding to patients showing early signs of deterioration. This is a significant and vital development in ensuring the safety of Alder Hey's patients 24 hours a day. All Band 7 and Band 6 posts have been recruited to and have commenced in post. Band 8A Advanced Nurse Practitioners have been recruited and commence in post in August 2020, at which time the ACT team will be fully operational.

A query was raised around the Trust's ability to increase nursing staff capacity going forward. It was reported that Alder Hey always looks towards over recruiting, and it was pointed out that the organisation's 3<sup>rd</sup> year students are included on a temporary register to enable them to join the workforce on a Band 4 and 1<sup>st</sup>/2<sup>nd</sup> year students join the workforce as HCAs. The Trust has also been out to national recruitment from which 45 candidates were successful, and is still waiting to welcome the ten nurses from India once they are able to travel.

Nicki Murdock asked as to whether the organisation is aware of the reasons 5.6 nursing WTE leave the organisation on a monthly basis. It was reported that there are various reasons but it was pointed out that exit interviews are undertaken with members of staff who leave the organisation and any concerns that are raised are addressed with the support of HR.

Shalni Arora felt that Ward 4A seems to experience a lot of challenges and asked to be provided with an overview of the history of this ward. Pauline Brown agreed to provide this information and share it with the Non-Executive Directors.

#### **20/21/91.1 Action: PB**

It was confirmed that the Trust maintained staffing levels of 90%+ in line with NHSE standards.

#### **Resolved:**

The Trust agreed to support the five recommendations made in the 2019/20 Nursing Workforce Report.

#### *Q4 Mortality Report*

The Board received the Mortality Report for Q4. The following points were highlighted:

- The death of 4 adults was recorded in the report for the month of April 2020.
- It was reported that the Medical Examiner Framework is due to be implemented and is designed to improve the reporting of deaths and certificates. It was pointed out that the new legislation may result in a 4 day delay for families at Alder Hey who are awaiting receipt of their child's death certificate. Discussions are taking place regarding this matter with the Regional Medical Director for NHSE/I, David Levy, and the Coroner.
- Attention was drawn to the lack of a conclusion in respect to the cases reviewed where the patient was recorded as having learning disabilities. It was agreed to conduct a deep dive into this area of work and include additional narrative in forthcoming reports.

#### **20/21/91.2 Action: NM**

#### *Access to Specialist Mental Health Services*

The Board received an update on the impact of Covid-19 on the provision of Specialist Mental Health Services provided across the Trust. The current access

times for Specialist Mental Health Services and the revised trajectory for reducing waiting times to the agreed standard presented at the Trust Board in January 2020 for Locality Based Specialist Mental Health Services in Liverpool and Sefton. The following points were highlighted:

- Throughout Covid-19 Alder Hey has continued to support all Specialist Mental Health Services to remain open and provide support to children and young people who need to access care. Staff have worked flexibly and undertaken additional hours to ensure that those children and young people most at risk have continued to receive safe and effective care. All services have fully embraced and led the move to virtual appointments for children and young people
- The Board was informed of the revised trajectories and dates for achieving targets; Scenario 1 is based on pre-Covid-19 referrals and Scenario 2 includes an anticipated 15% increase in referrals.
- The NHS Long Term Plan (2019) highlighted the development of 24/7 Crisis Care Services for children and young people by 2023/24. As per the NHS England mandate in April 2020, Alder Hey mobilised a 24/7 Crisis Care Service to ensure those children and young people most at risk of harm could access care and support. Staff from across locality based Mental Health Services were redeployed to support the 24/7 offer and all staff have worked flexibly to ensure the needs of children and young people are met. The service offers access via a Freephone telephone number (feedback from young people) which was highlighted as excellent practice nationally and resulted in all NHS providers of Crisis Care services being advised to ensure that this was in place. Staff are based on site 24/7 and provide support to the Trust's A&E on a daily basis. The Board was advised that the feedback from young people who use this service has been really positive and the Emergency Department at Alder Hey has seen a reduction in patients presenting.
- Admissions to the Dewi Jones Tier 4 Inpatient Unit have increased with the unit currently being at maximum occupancy of 7 beds. The cohort of children who have been admitted to the Unit are those with an eating disorder, this is reflective of regional and national admissions to similar Tier 4 Units. Discussions are ongoing with NHS England regarding increased costs associated with this cohort of children e.g. Dietetic support which remains a cost pressure within the Community and Mental Health Division.

The Chair felt that the increase in patients being admitted to Tier 4 Units as a result of eating disorders is really concerning.

A question was asked as to whether the revised trajectories could be met for patients waiting over 52 weeks. It was reported that staff have moved back into the locality, cleansing is taking place and virtual appointments have been embraced therefore the Division feel that the target is achievable. .

**Resolved:**

The Trust Board noted the contents of the report and approved the proposed changes to the previously agreed improvement targets for locality based Specialist Mental Health Services at Alder Hey.

*ASD and ADHD Improvement Plan 2019/20*

The Board was provided with an update on the implementation of NICE compliant assessment and diagnostic pathways for Autism Spectrum Disorder (ASD) and

Attention Deficit Hyperactivity Disorder (ADHD). The following points were highlighted:

- As of the 1.4.20, all CYP referred from this date to Alder Hey will be assessed and diagnosed within a NICE compliant ASD/ADHD assessment and diagnostic pathway. This pathway commences assessment within 12 weeks of referral and conclusion for all CYP is within 18 weeks (30 weeks total pathway).
- It was previously agreed with both Liverpool and Sefton CCGs that the management of CYP on the waiting list for an ASD/ADHS assessment pre 1.4.20 would be seen by the 31.12.20 (Liverpool) and 31.3.20 (Sefton). As a result of the impact of Covid-19 the waiting list of children and young people pre 1.4.20 has been reviewed and profiled. The Trust is therefore advising that the waiting list of CYP will now be zero by the 31.3.21 (Liverpool) and the 30.6.21 (Sefton). It was pointed out that the Trust will have to manage the two cohorts of patients separately.
- The Trust is applying to Liverpool and Sefton CCGs to extend the deadline for the respective waiting lists.

A query was raised around the meaning of the waiting list being 0. The Board was advised that this refers to patients who have been on the waiting list pre April 2020 who will receive an assessment and diagnosis by March/June respectively.

The Board was advised of the communications and forums that are taking place with families about the Trust's commitment to treat patients within the revised target times, along with triangulation with CCGs. It was pointed out that this agreement was made when the funding was in place two years ago. Lisa Cooper informed the Board that it is anticipated that the Trust will receive funding from both CCGs for this area of work, and highlighted the importance of Alder Hey progressing the ASD/ADHD Improvement plan.

**Resolved:**

The Trust Board noted the contents of the ASD/ADHD Improvement Plan update.

*The Work of Alder Hey Youth Forum during Covid-19.*

The Board received and noted the presentation. It was agreed to submit an update to the Board in October with regards to the work that has taken place with the NSPCC

**20/21/91.3 Action: LC**

**20/21/92** Weekly Corporate Report – Top Line Indicators

**Resolved:**

The Board noted the top line quality and safety indicators highlighted in the weekly corporate report.

**20/21/93 Serious Incident Report**

The Serious Incident report was presented to the Board to provide assurance of the efficacy of the Serious Incident Management and Duty of Candour process, focussing on learning from experience. The following points were highlighted:

- There were zero serious clinical incidents reported in May 2020.
- *Update on the Never Event relating to a wrong site surgery for the repair of a squint* – It was confirmed that the final investigation report was approved by Liverpool CCG on the 5.6.20.



- *Update on the incident relating to a patient who underwent an unnecessary MRI under general anaesthetic* - It was confirmed that the final investigation report was approved by Liverpool CCG on the 5.6.20.

Kerry Byrne queried as to whether the organisation compares recent Serious Incident figures against data from previous years to ascertain improvement. It was agreed to include this information in June's report.

#### **20/21/93.1 Action: PB**

##### **Resolved:**

The Board noted and approved the Serious Incident Report for May 2020.

#### **20/21/94 Digital Update**

The Board was provided with an update on the digital and information technology work that has taken place. The following points were highlighted:

- As part of the Trust's Covid-19 programme, a workstream has been established in terms of digital requirements, to enable staff to work differently both with services/teams, CYP and families. The Board noted the significant figures that highlight the progress and scale of embedding change across the key areas.
- It was reported that overall service and performance has improved across the Trust.
- Attention was drawn to the significant investment that has been made in the organisation's infrastructure. In addition to this, the Trust's Service Improvement Plan is starting to see the culmination of the work that has taken place along with the positive impact on staff.
- The Alderc@re project is making progress, which will see the Trust move to a web based electronic patient record system in 2021.
- Excellent work has been undertaken with regards to digital maturity in Alder Hey including Electronic Patient Records developments, achievements of HIMSS Level 6 and removing paper records.
- It was reported that priorities for 2020/21 have been reassessed through the Digital Oversight Collaborative and Executive Team and have been aligned to the Phase 3 Plan. The shape for the priority areas for 2020/21 are;  
**1.** Digital CYP and Families. **2.** Digital Quality and Safety Improvement. **3.** Tech Roadmap. **4.** Digitally enabled staff.
- Benchmarking indicates that Alder Hey is ahead of other organisations.

##### **Resolved:**

The Board:

- Noted the digital progress to support Covid-19.
- Noted the operational updates and progress with technology and digital maturity programs.
- Supports the priorities identified for 2020/21.

#### **20/21/95 Cumulative Corporate Report Metrics – Top Line Indicator**

##### **Resolved:**

The Board noted the top line people indicators highlighted in the weekly corporate report.

#### **20/21/96 Alder Hey People Plan Update**

The Board was provided with a strategic update against the Alder Hey People Plan



for the month of June. The following points were highlighted:

- It was reported that during the pandemic the Staff Advice Liaison Service (SALS) has engaged with 200 contacts via face to face visits, calls and emails. Concerns have related to the worsening of pre-existing mental health concerns in addition to anxieties developed during the pandemic.
- The Board was advised of the opening of the Wingman Lounge on 9.7.20 in the Institute. This will provide a socially distanced space over the next four weeks for staff to rest, relax and recharge. The pop up lounges that are situated on NHS sites across the country have been formed by a team of furloughed aircrew, the lounges allowed them to bring the customer service skills and experience they are famous for to where hard working NHS staff needed them the most.
- As of the end of June 2020, Covid-19 related sickness absence contributed to 0.54% of absence. Covid-19 related total absence, for example, inclusive of those shielding, isolating and those sick with Covid-19 symptoms, contributed to 3.86%. General sickness absence (non Covid-19 related) accounted for 5.42%, resulting in a total absence position of 9.28%. It was reported that additional measures and actions are being trialled with wards and departments to manage staff sickness absence.
- The Trust has produced a series of resources for staff and managers to help keep staff safe and connected while working from home.
- PDRs will recommence in July 2020, with a focus on a simpler process to enable conversations and support to take place in a way which recognises that things are different this year. The organisation will be asking all staff to have these conversations between 1.7.20 and the 30.10.20.
- Overall mandatory training remains at 90.88%.

### Focus on BAME

- On the 5th May 2020, the Trust wrote an open letter to all staff, accompanied by a demographic risk assessment, and requested that all BAME colleagues undertake the risk assessment. This quick response by Alder Hey received positive feedback from BAME colleagues. It was reported that 84% of staff identified as BAME undertook a risk assessment. The outstanding Risk assessments will be completed within the next two weeks.
- Weekly open consultation sessions with BAME colleagues commenced on the 20.5.20. These sessions take place via MS Teams and are Chaired by the Director of HR and hosted by the EDI Manager and the Freedom to Speak Up Guardian, using 'Listening into Action' style methodology to run the sessions. These conversations will continue as they have proved to be a source of honest and open feedback from colleagues on areas such as the risk assessment process, PPE, communication and a range of other employment issues. A socially distanced venue has been set up to enable colleagues to 'drop-in' to chat about any issues, if they aren't able to use MS Teams.
- The Board was advised that the EDI Lead role will become vacant in the near future. It was felt that this would be an appropriate time in which to review the leadership for the EDI Team going forward.
- A question was raised about the allocation of research time and whether BAME groups were disadvantaged. The Board was informed that out of the 30 staff members, 8 were from the 20% awarded to the BAME community. It was felt that this figure was an acceptable proportion.
- Claire Dove advised that the Task Force Group will be looking into the reasons as to why BAME colleagues have a low rate of securing roles when

applying for positions with the organisation. It was pointed out that mentoring from colleagues may help candidates improve their interview skills.

- Claire Dove highlighted the importance of ensuring Gatenby Sanderson use a process that includes diversity when scouting for candidates, and that interview panels include members from the BAME community.

The Chair commended the amount of work that is taking place to support the workforce, and drew attention to the importance of ensuring that the Trust keeps up the momentum to address Equality and Diversity within the organisation.

**Resolved:**

The Board received and noted the contents of the Alder Hey People Plan update.

**20/21/97 Alder Hey in the Park Campus Development Update**

The Board received an update on the progress, risks and actions on key capital projects. The following points were highlighted:

- **Park Reinstatement Phase 1:** It was reported that work on Phase 1 of the park reinstatement will commence on the 20.7.20. The Trust is looking to extend Phase 1 to incorporate Alder Road so that the park can be returned earlier. The Board was advised that the Trust is responsible for the maintenance of the park for a twelve month period following handover of Phase 1 to Liverpool City Council. It was pointed out that there is an anticipated overspend of £30k due to Covid-19.
- **Knotty Ash Nursing Home:** The tender process was completed and the cost came in under the anticipated budget. The contractor has not yet been appointed due to a review by the Operational Delivery teams/Executive Team on the opportunity to utilise the build to support clinically focused work for both Alder Hey and Local Healthcare Partners. This would entail the displacement of the planned relocations (Medical Records, Transcription and Scheduling and Booking department). An alternative plan/options appraisal has been developed and the executive team will be taking a decision on this on the 30th June.
- **Clinical Hub and Dewy Jones Unit:** The contract is being issued for signature on the 7.7.20. It was reported that the contractors are on site and work is progressing.
- **Neonatal Development:** The Trust is at Stage 2+ of the design process at the current time. It is proposed to move towards a planning application at the end of August 2020. Board approval will be sought on the 24.9.20 so that a tendering process can commence at the end of September 2020 for the construction of the development.

**20/21/97.1**

**Action: DP**

- **Car Parking:** As part of the overall reduction required (250 spaces), 90 spaces have been handed over to Galliford Try for their compound and 50 spaces have been removed in order to site some additional facilities to support Covid-19. There are also 110 spaces to be removed by the end of September 2020. It was reported that the Trust is in discussion with LCC about obtaining a lease for 80 spaces available off site within a ten minute walk from site on Thomas Lane. The Board was informed that agile working will help to alleviate the pressures of on site parking.

Kerry Byrne raised concerns about the lack of office space for staff if the Trust utilises the new build on the site of Knotty Ash Nursing Home to support clinically

focussed work, and queried as to whether the organisation will be looking to buy or rent additional buildings.

Concerns were raised about the reduction of car parking spaces on the site of Alder Hey. The Board was advised that a paper is to be submitted to the Operational and Strategic Delivery Board to quantify this area of work, look at the risks and the mitigations.

Fiona Marston queried as to why 90 parking spaces have been allocated to Galliford Try. It was reported that the Trust has had to offer these spaces to comply with the social distancing guide for contractors due to Covid-19. Workers have to travel to work separately and are being encouraged to have their lunch in their own vehicles. Space is also required to enable wagons to manoeuvre when accessing the site at Alder Hey.

Attention was drawn to the positive re-engagement with Liverpool City Council in respect to the park and the next phase of the development. It was pointed out that this will enable the Trust to demonstrate that it is returning the land in phases, as agreed.

**Resolved:**

The Board received and noted the contents of the Alder Hey in the Park Campus Development update report.

**20/21/98 Reducing the Burden: Board Assurance Committee Re-set Proposal**

Erica Saunders presented an overview of the re-set proposal for Board Assurance Committees:

- Principles of the re-set.
- The rationale and scope of the review.
- The proposed changes.
- The membership for each Assurance Committee.
- Dates of forthcoming meetings.
- Recommendations and next steps.

Claire Dove raised concerns about the proposed monthly frequency of WOD and the pressures that staff experience when having to produce documentation with a tight deadline, and felt that it's to have a fitting balance to enable good governance.

The Board was advised that the new schedule will provide an opportunity to address the issues raised in Well Led reviews, for example, timeliness of information. Quality will also improve as a result of having smaller memberships, appropriate members and good reporting.

Following discussion, the Board agreed the re-set proposal in principle but felt that further discussions should take place between the Director of Corporate Affairs and Committee Chairs about the frequency of Committee meetings in order to firm dates as per the revised schedule. It was also pointed out that the revised schedule is dependent upon data being prepared in time for Committee meetings.

**Resolved:**

Pending a discussion about the frequency of meetings, and confirmation from the Business Intelligence Team that data will be ready for submission as per the revised meeting schedule; the Board agreed:

- The revised Board Committee Structure.
- The revised schedule of meetings.
- A review of all changes following six months of operation.
- Revised Terms of Reference to be discussed and approved by the Committees for ratification by the Board in September.

#### 20/21/99 Board Assurance Committees

*Audit Committee* – The Board noted the approved minutes from the meeting that took place on the 30.4.20.

*Resource and Business Development Committee* – The Board noted the approved minutes from the meeting that took place on the 24.6.20.

*Integrated Governance Committee* – The Board was advised that the Committee reviewed corporate risks rather than operational risks during the meeting that took place on the 15.6.20.

#### **Resolved:**

The Board:

- Noted the update provided by the Chair of the Integrated Governance Committee.
- Received the approved Audit Committee minutes from the meeting that took place on the 30.4.20.
- Received the approved RABD minutes from the meeting that took place on the 24.6.20.

#### 20/21/100 Board Assurance Framework

The Board was advised of the changes that will be made to the Board Assurance Framework following a discussion about strategy reframing that took place during June's Innovation Committee.

#### **Resolved:**

The Board received and noted the contents of the Board Assurance Framework report for June 2020.

#### 20/21/101 Any Other Business

Attention was drawn to a report that was provided by the BBC News in relation to studies that are taking place around children and their immunity to Covid-19. Claire Dove asked as to whether Alder Hey is linking in with Universities to participate in trials. Nicki Murdock confirmed that the Trust is involved in a number of studies and agreed to watch the respective BBC report to acquire further information.

#### 20/21/102 Review of the Meeting

It was felt that there had been an appropriate amount of time spent on the key issues in order to update Board members accordingly.

**Date and Time of Next Meeting:** 8<sup>th</sup> of September 2020 at 9:00am via Microsoft Teams.

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
<b>Actions for the 24th of September 2020</b>							
02.06.20	20/21/60.1	Freedom to Speak Up	Compile a breakdown of the issues that SALS have addressed during the current year.	Kerry Turner	24.9.20	On Track	
07.07.20		Patient Story	Invite Claire and Sean Robinson to participate in the forthcoming work around Therapy Services that is taking place to look at the barriers being experienced by patients/families who have to access services in the community following discharge from Alder Hey.	Lisa Cooper	24.9.20	On Track	
07.07.20		Patient Story	Look into the possibility of supporting families without access to technology to enable them to participate in virtual consultations/meetings.	Kate Warriner	24.9.20	On Track	
07.07.20	20/21/89.1	Covid-19 Risk Register	Submit a report to the Trust Board on the evaluation of the new 'Patient Safety Waiting List Dashboard'.	Adam Bateman	24.9.20	On Track	
07.07.20	20/21/89.2	IPC Covid-19 Assurance Framework	Provide an update on the Trust's IPC Programme of work.	Nicki Murdock	24.9.20	On Track	
07.07.20	20/21/90.1	CQC - Final Report	Provide an overview of the governance and safety work that is taking place in the Division of Surgery. Include the detail in the CQC Action Plan.	Alfie Bass	24.9.20	On Track	
07.07.20	20/21/91.1	Year-End Quality Assurance	<i>Nursing Workforce Report for 2019/20</i> - Provide the Non-Executive Directors with background information on the history of Ward 4A and the recent challenges experienced on the ward.	Pauline Brown	24.9.20	On Track	
07.07.20	20/21/91.2	Year-End Quality Assurance	<i>Q4 Mortality Report</i> - In order to provide additional information, conduct a deep dive into the cases reviewed where a patient is recorded as having learning disabilities. Ensure additional narrative is incorporated in future reports around the conclusion of reviewed cases relating to patients with learning disabilities.	Nicki Murdock	24.9.20	On Track	
07.07.20	20/21/93.1	Serious Incident Report	Compare recent Serious Incident figures against data from previous years to ascertain improvement.	Pauline Brown	24.9.20	On Track	
07.07.20	20/21/97.1	Alder Hey in the Park Campus Development Update	<i>Neonatal Development</i> - Submit the planning application for the new Neonatal Development to the Trust Board on the 24.9.20 for approval.	David Powell	24.9.20	On Track	
<b>Actions for the 29th of October 2020</b>							

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
03.03.20	19/20/346	Key Issues/Reflections and items for information	Invite the new Nurse cohort from India to the Trust Board lunch and write a thank you letter to Barclays Bank for their support in setting up bank accounts for the new members of staff.	Pauline Brown	29.10.20	On Track	This item has been deferred until further notice due to the Covid-19 crisis.
07.07.20	20/21/91.3	Year-End Quality Assurance	<i>The Work of Alder Hey Youth Forum during Covid-19</i> - Provide an update in October on the work that has taken place between the Youth Forum and the NSPCC.	Lisa Cooper	29.10.20	On Track	
<b>Status</b>							
Overdue							
On Track							
Closed							



**EDI TASK FORCE**  
**TERMS OF REFERENCE**

<b>Constitution</b>	The Board has requested a Task Force be established, set up for a 6 month period initially, which will be responsible for a focused review of process and practice relating to EDI, with a view to recommending and implementing specific actions to improve EDI across the organisation.
<b>Membership</b>	Claire Dove, Non-Executive Director [Chair] Anita Marsland, Non-Executive Director Shalni Arora, Non-Executive Director Melissa Swindell, Director of HR & DO Mark Flannagan, Director of Marketing and Communications Pauline Brown, Acting Chief Nurse Raman Chhokar, Associate COO, Medical Division Annemarie Davies, Senior Project Manager, Community Division Sharon Owen, Deputy Director of HR & OD Jo Potier, Associate Director of OD
<b>Attendance/Quorum</b>	Given the focused nature of this Taskforce, all members will be asked to attend each meeting, with others co-opted in as and where necessary. Virtual participation in meetings through the use of video conferencing or other virtual means shall count towards the quorum.
<b>Frequency</b>	Meetings shall normally take place on a monthly basis.  The Chair may at any time convene additional meetings of the Taskforce to consider business that requires urgent attention.
<b>Authority</b>	The Taskforce is responsible for providing strategic direction and board assurance in relation to workforce EDI matters, and making recommendations, as appropriate, on EDI matters to the Board of Directors, in support of the stated aim of 'looking after our people' and making Alder Hey the Best Place to Work.
<b>Duties</b>	The Taskforce has been delegated authority by the Trust Board to carry out the following duties: <ul style="list-style-type: none"> <li>• Ensure robust and proactive plans are in place for supporting innovative approaches to diversity and inclusion, ensuring we support all staff from all backgrounds to have a positive experience working at Alder Hey, and that our plans specifically support opportunity for education and employment for under-represented groups. There will be specific focus on:</li> </ul>

	<ul style="list-style-type: none"> <li>• Establishing a programme of Positive Action</li> <li>• Use of careful listening through networks to monitor and challenge progress</li> <li>• Review of recruitment practices</li> </ul> <p><b>Performance Indicators</b></p> <p>To monitor progress on achieving workforce standards and targets. To ensure timely and appropriate information is provided to the Trust Board to fulfil governance and monitoring duties, including:</p> <ul style="list-style-type: none"> <li>• WRES</li> <li>• WDES</li> <li>• EDS2</li> </ul>
<b>Reporting</b>	<p>The Committee will ensure that the minutes of its meetings are formally recorded and submitted to the People and Wellbeing Committee along with a Chair’s report identifying key areas for the Board’s attention highlighting any issues that require disclosure or require executive action.</p>
<b>Conduct</b>	<p>The committee will develop a work plan with specific time-focused objectives.</p> <p>Members and attendees are selected for their specific role or because they are representative of a professional group/speciality/service line or division. As a result members are expected to:</p> <ul style="list-style-type: none"> <li>• Ensure that they read papers prior to meetings</li> <li>• Contribute fully to discussion and decision-making</li> <li>• If not in attendance seek a briefing from another member who was present to ensure that they are informed about the meetings progress</li> <li>• Represent their professional group or their speciality/directorate/division as appropriate in discussions and decision making</li> <li>• Disseminate and feedback on the content of meetings to colleagues in their speciality/service line/division via governance structures and processes.</li> </ul> <p>Agendas, papers and minutes to be distributed not less than <u>2 working days</u> prior to meetings. Papers to be tabled in exceptional circumstances. Any other business to be notified to the Chair of the meeting in advance.</p>
<b>Monitoring</b>	<p>The committee will assess its own performance and effectiveness by ensuring actions and activities are monitored and</p>
<b>Review</b>	<p>Committee Terms of Reference to be reviewed following 6 months of operation to determine if there is a requirement for the Taskforce to continue beyond 6 months.</p>



**DATE:** August 2020

**REVIEW DATE:** February 2021

**BOARD OF DIRECTORS**  
**Tuesday 8<sup>th</sup> September 2020**

<b>Paper Title:</b>	<b>Alder Hey Final Operational Plan – August 20 to March 21 (Phase 3 COVID response)</b>
<b>Report of:</b>	<b>Executive Team</b>
<b>Paper Prepared by:</b>	Executive Team
<b>Purpose of Paper:</b>	Decision <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Regulation <input type="checkbox"/>
<b>Background Papers and/or supporting information:</b>	<p>At the Board of Directors meeting on 7<sup>th</sup> July 2020 a revised Draft Operational Plan for the remainder of 20/21 was presented. The revised plan focussed on COVID recovery in the context of our wider plan. At that time the Trust were operating within phase 2 of the NHSE/I pandemic response noting that the revised plan would need to be updated once phase 3 planning guidance was issued.</p> <p>On 31 July 2020 the NHS Chief Executive Sir Simon Stevens &amp; Chief Operating Officer Amanda Pritchard wrote to all NHS Trusts, GPs, CCGs, ICS/STP's, Community Health providers and NHS 111 services outlining the next steps in restoring NHS services for the remainder of 2020/21. The letter set out the actions needed to restore and recover services whilst maintaining capacity to deal with future COVID-19 demand and winter pressures. Phase 3 planning guidance was subsequently issued on 7<sup>th</sup> August 2020.</p> <p>The attached Final Operational Phase 3 Plan has been updated to reflect the requirements of the phase 3 restoration and the Alder Hey response.</p> <p>Updates to the July version include to the following sections:</p> <ul style="list-style-type: none"> <li>• Updated contextual overview</li> <li>• How Alder Hey has and will support the wider system recovery</li> <li>• The future challenges in light of phase 3 guidance</li> <li>• Operational plan to reflect phase 3 planning assumptions and Alder Hey transformational programmes to support recovery and winter</li> <li>• Financial Plan reflecting revised financial architecture (final guidance still outstanding)</li> <li>• Key risks and governance</li> <li>• Communication &amp; Engagement</li> <li>• Next steps</li> </ul>

	<p>The following additions have been included in the September 2020 version.</p> <ul style="list-style-type: none"> <li>• <b>Detail of activity , workforce and key enablers</b> that support the plan through to March 2021</li> <li>• <b>People Plan</b> how we support the above and to align to wider people plan</li> <li>• <b>Addressing Health Inequalities</b>– detailing how we advocate for children and Young People</li> <li>• <b>Communications and Engagement</b> – outlining our approach to communicating with our staff, patients and partners</li> </ul>
<p><b>Action/Decision Required:</b></p>	<p>To note <input checked="" type="checkbox"/></p> <p>To approve <input type="checkbox"/></p>
<p><b>Link to:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Trust's Strategic Direction</b></li> <li>➤ <b>Strategic Objectives</b></li> </ul>	<p>Delivery of outstanding care <input type="checkbox"/></p> <p>The best people doing their best work <input type="checkbox"/></p> <p>Sustainability through external partnerships <input type="checkbox"/></p> <p>Game-changing research and innovation <input type="checkbox"/></p> <p>Strong Foundations <input checked="" type="checkbox"/></p>
<p><b>Resource Impact:</b></p>	

## BOARD OF DIRECTORS

### Alder Hey Final Operational Plan – August 20 to March 21 (Phase 3 COVID response)

#### 1.0 Introduction

Alder Hey has been dealing with the COVID-19 pandemic since mid-February which has had a profound effect on the way the Trust operates. The impact of these changes, the system within which we operate and the backlog of CYP needing to access services has meant we have had to fundamentally re-shape our plan for the rest of the year.

A revised Draft Operational Plan was presented to the Board of Directors meeting on 7<sup>th</sup> July 2020. At that time the trust was operating within phase 2 of the NHSE/I pandemic response noting that the revised plan would need to be updated once phase 3 planning guidance was issued. Phase 3 planning guidance was subsequently issued on 7<sup>th</sup> August 2020<sup>1</sup>.

The guidance recognised COVID-19 had further exposed some of the health and wider inequalities that persist in our society. The phase 3 planning guidance focuses on working collaboratively as a system on **eight urgent actions**:

1. Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement,
2. Restore NHS services inclusively, so that they are used by those in greatest need
3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March 2021.
4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
5. Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December
6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.
7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities
8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September

This document builds on the previous draft operational plan presented to Board in July 2020 in the context of the phase 3 planning guidance. The Final Operational Plan 20/21 will guide the trusts approach to March 2021.

#### 2.0 Current Context

Through the national lens of NHSI/E the pandemic has been dealt with in phases:

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<sup>1</sup> Implementing phase 3 of the NHS response to the COVID-19 pandemic 7 August 2020.  
Publications approval reference: 001559



For Alder Hey **Phase 1** saw the Trust focus on managing the pandemic as a critical incident with three key priorities -increasing critical care capacity to support the wider Adult system, continuing to deliver safe care for CYP and their families, and keeping our staff safe. The period saw us reducing elective activity levels to prioritise our limited capacity to maintain access for urgent care.

**Phase 2**, saw a safe re-start increasing access to services for CYP, whilst maintaining safe care and being fastidious in protecting our staff from the virus. This has been a very challenging phase. We have needed to increase access to services as continued delays to treatment are of a real concern, however doing this with constrained levels of PPE and ensuring we can maintain social distancing has meant we have purposefully done this very cautiously.

For **Phase 3** the national priority is the restoration of services with clear expectations of delivering elective, outpatients and imaging activity to as close as 100% of last year's activity before end of March 2021. There is a clear steer on collaboration as a system to reduce health inequalities further exacerbated by the Covid pandemic. Clearly the operating environment has changed since March 2020 presenting unique challenges to the delivery of health services across the system coupled with the onset of winter. Alder Hey plays a leadership role in the restoration of children's services across the local, regional and North West footprint.

This document outlines Alder Hey approach to:

- The wider system update and focus on health inequalities
- The current operating context
- Our draft plan for the remainder of the year, our key areas of focus and activities to support delivery
- Financial architecture from September 2020
- Communication and Engagement
- Our revised governance arrangements
- Key risks and mitigations

### 3.0 The Wider System

As described the national response to the COVID pandemic was to implement Regional command and control structures, which for each STP/ICS was overseen by an In Hospital and Out of Hospital Cell. The two cells for Cheshire & Merseyside have been responding to the pandemic and are now charged with developing a Phase 3 system wide recovery plan.

**During phase 1 Alder Hey was designated by the North of England Clinical Cell as the protected provider site for Children and Young People in surge Opel 3 / 4.** Alder Hey received all NW Critical Care transfers from NW DGHs and Burns for the NW, and was designated as the site to receive all NW major trauma cases, cardiac, urgent and emergency surgery and paediatric critical care in the event of escalation to Opel 4. This designation was delivered through a networked approach, and effective mutual aid continues across the NW tertiary centres, aligned through our shared clinical networks and the NW Paediatric Partnership Board (NWPPB).

**This collaborative approach has continued into the restoration stage of children's services recognising the benefits of a collective response to managing services across a regional footprint.** We are working through the NWPPB with Royal Manchester Children's Hospital (RMCH) to ensure specialist CYP services have a joined up plan across C&M, Greater Manchester and Lancashire and South Cumbria. The focus of this collaboration is to ensure resilience of services, equity of access in restarting services across the region, and to support the clinical networks to maximise access to services through the winter.

**Alder Hey is joint lead on development of the new nationally mandated North West Surgery in Children (SIC) Operational Delivery Network (ODN) with RMCH.** A priority for this network will be development of a North West system view of the scale of the elective surgery demand and the required capacity and resource required to respond to it to ensure equitable care for children and young people.

**Across Cheshire & Merseyside (and the North West) elective paediatric surgery backlogs are increasing** in the context of cessation of all but urgent and emergency services during Covid-19 pressures, the focus on adult services and the ongoing infection control and safe working practices which have followed. The C&M Hospital Cell have supported the development of a capacity and demand model<sup>2</sup> for paediatric surgery and imaging (initially) which has been led by Alder Hey and undertaken collaboratively across all trusts. It is fully aligned with the wider C&M capacity modelling and will facilitate both a common approach to planning assumptions, and development of a platform for system management of children's services recovery.

**It is more essential than ever to take a networked approach to Paediatrics across C&M.** The key challenges for the next 6 months for Children's services include:

- **Increase in planned referrals** – the expectation that referral levels will increase by 5 % from October as children return to school, mixing more and increasing exposure to infection and injury as well as a potential relaxation in parental anxiety. The demand is extremely difficult to predict in the context of Covid-19 however through close monitoring we will continue to adapt plans to changes in demand.
- **Increased pressure on children's services** – 0-19 services predominantly ceased during the pandemic. Whilst elements are resuming they are not yet wholesale; the short and long term impacts are to be determined but there is expectation of increased demand in community, mental health and primary and acute care as a result.
- **Levelling up outpatient activity** to deliver 100% of previous Face to Face contacts through rapid adoption of digital OPD activity including roll out of Attend Anywhere and associated virtual receptionists, digital chaperoning and patient helpline. This requires rapid cultural change both staff and children and families. There will be focus on follow up pathways of care both in terms of NonF2F appointments and patient initiated follow up pathways (PIFU).
- **Delivering Elective Surgery** – Alder Hey has worked highly collaboratively with the C&M Paediatric Network throughout the pandemic, developing a C&M MDT to support management of children and Alder Hey have shared a published Ethical

<sup>2</sup> C& M Paediatric Capacity and Demand model July 2020

Framework to support clinical decision making. The collective priority is clinically urgent patients followed by the longest waiters with focus on patients waiting longer than 52 weeks and effective management of the RTT position. A system wide focus is required to ensure equity of access for C&YP across C&M. Evolving guidance such as that for recovery of paediatric surgical activity from RCPCH has a substantial effect on system capacity; varying interpretation of pre-isolation, swabbing, and requirements for air changes across the system all have a significant impact on surgical throughput. Alder Hey are leading mitigation of this in partnership through the NW Surgery in Children ODN, however any variation presents a risk to concurrent recovery levels across C&M.

- **Bed Capacity - There are known short seasonal peaks in paediatric NEL demand which leads to temporary shortages of beds across the system.** During these times, there may be a requirement to exceed the modelled 90% occupancy threshold to manage the demand. In periods of peak NEL demand, there are also challenges for the NW Paediatric retrieval service due to paediatric critical care bed availability. In line with previous years, there may be a requirement for 16 and 17 year olds to access adult critical care beds. If this coincides with a second peak in COVID demand, this may present challenges due to increased demand for adult critical care beds. Again, the likelihood of this is extremely difficult to predict, and the only mitigation is to continue close system working and options for mutual aid if required throughout Phase 3.
- **Non-Elective activity and modernisation of Children's services** – the impact of social distancing on capacity in EDs is significant. At Alder Hey no more than 15 adults with 1 child each can be waiting at a time (note that Alder Hey has been successful in securing capital funds to increase waiting area capacity in ED) – this is already stretching capacity, and mutual aid is in place across partner C&M trusts for Paediatric ED. Winter for Children begins in September, usually peaking around November; combined with the return to schools and respiratory/Flu, planning for this winter necessitates radical thinking. Alder Hey are piloting a Virtual ED offer and working with Trusts across the C&M Paediatric network to shape the complimentary implementation of the national '111 First' programme, including increasing direct access to urgent/ambulatory capacity in specialties, and embedding the C&M C&YP 24/7 Mental Health crisis care line.
- **Addressing Inequalities - C&M must work as a system throughout Phase 3 and beyond to address health inequalities** for children (this is much more than equity of access to healthcare alone) as well as taking urgent action to address systemic inequality that is experienced by some of our staff, including those from BAME backgrounds (see **section 7** for further detail).

**Going forward the aim is for a Cheshire & Merseyside single system management approach is preferred** (similar to arrangements already in place for cancer) though thought will need to be given to resourcing. A C&M paediatric surgery hub would require data collection, validation and analysis, operational management, clinical review and oversight – all delivered in partnership across C&M and closely aligned with the C&M Paediatric network and new NW SIC ODN.

**Alder Hey leads on recovery of paediatric services across C&M.** Louise Shepherd is the Senior Responsible Officer for this chapter of the recovery plan and is being supported by both Cells and PA Consulting who are funded by the system to pull together the C&M plan. The system aim will be for Alder Hey to play a leadership role in ensuring there is clear oversight of diagnosis and access for CYP services and in looking to develop new models of care that can be scaled across the C&M footprint.

**We also recognise the growing mental health challenges CYP are facing**, which in many instances have been exacerbated by the impact of the pandemic. These range from delayed access for already challenged services such as ASD/ADHD, to increased demand for Crisis services and Eating Disorders. Alder Hey's Director of Community & Mental Health represents these critical services through the C&M Mental Health partnership and a specific Mental Health Phase 3 plan has been submitted to the STP/ICS which is inclusive of key C&YP MH priorities such as embedding of the C&YP 24/7 Critical Care line and significant investment into C&YP MH at Alder Hey.

We continue to advocate for CYP across these varying systems, which is not only imperative to ensure they are not lost in the wider adult NHS/Social Care recovery, but also in ensuring that any resource allocation decisions are appropriately ring-fenced for CYP services.

The Specialist Trust Alliance has also been focussed on how it can help responses to the COVID recovery plan and all 4 hospitals have recommitted to the Alliance. A further exploration of partnership opportunities under the Alliance is under way which has had initial support from C & M Health Care Partnership (HCP). This will include a series of collaborative work streams and resource plans to move the Alliance forward.

#### 4.0 Approach to Health Inequalities

**At Alder Hey, we recognise and act on our role as advocates for the wellbeing and health of children and young people.** As outlined in Our Plan to 2024, it is our ambition to 'build a healthier future for children and young people' through ensuring every child has the best start in life and positively impacting on social value and the public health and wellbeing of our communities in Liverpool and Cheshire and Merseyside.

**COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society.** Like nearly every health condition, it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of greatest deprivation, on people from Black, Asian and Minority Ethnic (BAME) communities, older people, men, those who are obese and who have other long-term health conditions, people with a learning disability and other inclusion health groups, those with a severe mental illness, those in certain occupations<sup>3</sup>.

**The Covid-19 pandemic has had significant impact on C&YP.** The full effects of the pandemic will continue to be understood for many years to come, however there is already clear evidence that -

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<sup>3</sup> 'Implementing Phase 3 of the NHS Response to the Covid-19 Pandemic', NHSE/I, 7<sup>th</sup> August 2020

- **C&YP are particularly at risk of poor outcomes** associated with **inequitable access** to healthcare, **domestic abuse**, **education** and **school closure**, **economic downturn**, **food poverty**, limited physical activity and **obesity**, **mental health** and **wellbeing** and families experiencing **drug and alcohol dependency**.
- The **impact of this will be felt more significantly by some children than others**, and this is at the heart of our need to take action to address health inequalities<sup>4</sup>.

To address the risk of compounding inequalities that were already widening pre-Covid, Alder Hey will oversee the following action plan with three priority work streams;

**1. Starting Well – Alder Hey is committed to our leadership of this partnership programme to drive better futures for C&YP/Families in Liverpool through proactive, integrated use of resources and partnership commitment to maximise outcomes.** This is evolved from the pre-existing Children's Transformation Programme Board (paused as a result of Covid-19), and is now being redesigned in light of refined One Liverpool priorities. The Board will lead on delivery of proactive community C&YP MDTs focused on specific cohorts (such as perinatal mental health, obesity and asthma - and targeted first in more deprived neighbourhoods of Liverpool), Early Help and Mental Health in schools. All priorities are aimed at identifying care needs earlier, addressing inequalities and taking action before needs worsen. This links closely with LHP's Starting Well research priorities and programme.

**2. Public Health and Prevention at Alder Hey - this is about working in partnership with LCC PH** to develop AH's plan for Prevention, grow our internal AH PH resource and develop our system and policy links across Liverpool; all with the ambition of developing a clear plan of action across Alder Hey services to tackle wider determinants of health, and provide greater care and resources upstream before C&YP/families require secondary/tertiary care support.

**3. Alder Hey action on Health Inequalities – this work stream will ensure we systematically identify, understand and act on any areas of inequality;** this will range from targeted action in more deprived geographies, ensuring equity of access to services for groups such as BAME and those with disabilities, to broader approaches to tackling the wider determinants of health through our PH/Prevention plan (as per 2). To facilitate and give clear oversight and leadership to this, Alder Hey has identified an **Executive Board lead for Health Inequalities**. Alder Hey will work in partnership on communications across the city, to ensure all groups understand they are able to access Alder Hey's services despite the Covid-19 limitations and/or digital inclusion challenges where they exist.

## 5.0 Regulatory Requirement

NHSE communication of 31 July set out clear expectations to accelerate the return of non-Covid health services, making full use of the capacity available in the window of opportunity between September and winter. The expectation is to recover the maximum elective activity possible between now and winter, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.

<sup>4</sup> "Covid 19 Impact: Children, Young people and their families – a discussion paper", Melisa Campbell, Public Health Consultant, Liverpool City Council - Health and Wellbeing Board, July 20

Trusts are expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity to deliver the following key activity targets:

- **In September at least 80% of last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October** (while aiming for 70% in August);
- Return to **at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.**
- **Deliver 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).**
- Clinically urgent patients should continue to be treated first, with next priority given to the **longest waiting patients**, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.

### 5.1 Our operational plan August 20 – March 21

We have set three operational priorities:

- Growing our capacity
- Deliver improved access to out-of-hospital care and mental health services
- Be winter ready

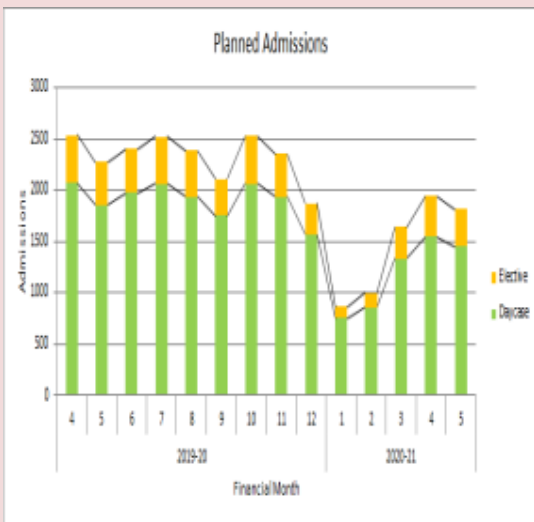
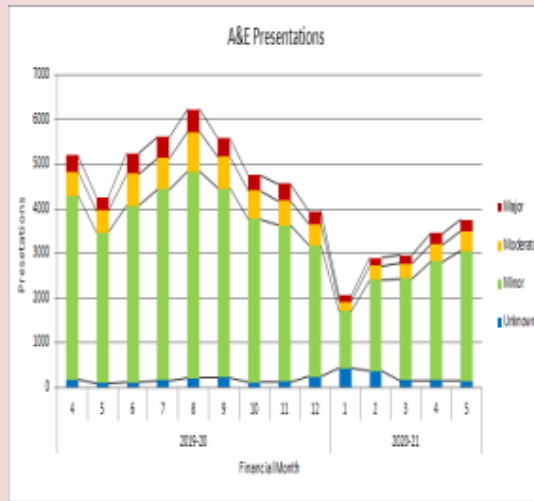
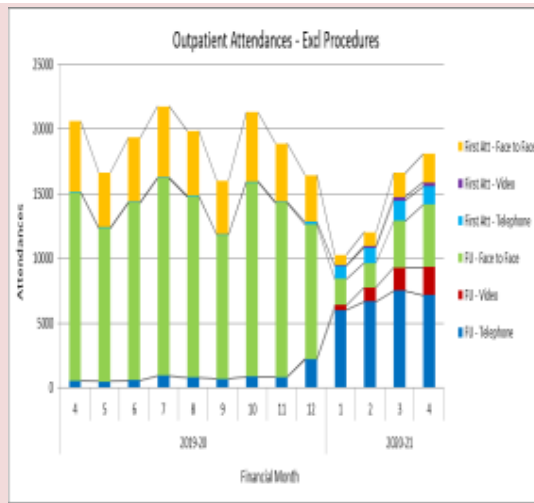
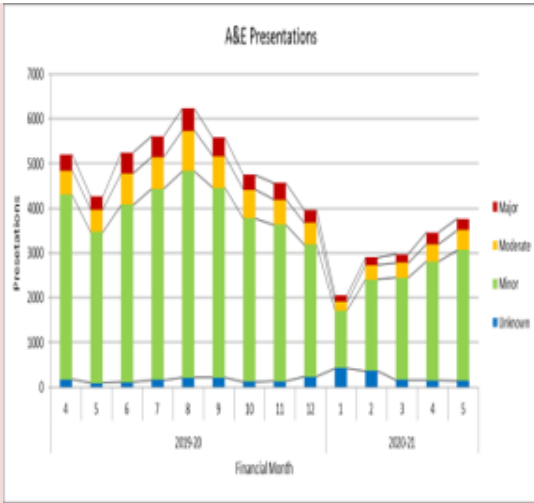
### 5.2 Progress to date

Through the hard-work, determination and ingenuity of our teams we have made significant progress in restoring clinical services to children and young people. This is illustrated in the table and charts below. At the end of August 2020 we were ranked first in Cheshire & Merseyside for progress in restoring services.

Service area	Measure	Level of capacity restored as a percentage of pre-Covid capacity August 2020
<b>Outpatients</b>	Consultations	88%
<b>Emergency Department</b>	Attendances	88%
<b>Planned care</b>	Operations	80%
<b>Diagnostics</b>	Examinations	83%

Activity Trends July 2019 – August 2020





### 5.3 Growing our capacity

Our delivery plan will continuously be tested against its compliance with the following standards:

- i. adequate forward supply of PPE
- ii. effective Covid testing service
- iii. having the right staff in place
- iv. safe environment to deliver care

Our targets for restoring capacity are set out in the table below and benchmarked against national guidance and current capacity:

Area	National	Internal plan (minimum requirement)	Current capacity (Aug)	Aspirational capacity/ capacity required to clear backlog with 9 months lead time (from Sep)
Outpatients	100%	100%	88%	119%
Emergency Department attendances	N/A	90%	88%	N/A
Planned care	90%	90%	80%	142%
Diagnostics	100%	100%	83%	100%

In order to deliver this growth in capacity the following high-impact changes will be delivered:

High-impact change	Actions
<b>New theatres, radiology and outpatients future services</b>	<ul style="list-style-type: none"> <li>▪ Design new schedules</li> <li>▪ Account for new models and innovation</li> <li>▪ Check physical capacity (beds, OPD, theatres)</li> <li>▪ Cross-divisional task &amp; finish group for each e.g outpatients will establish Future of Outpatients Group</li> <li>▪ Compare physical bed space to required bed spaces from the capacity &amp; demand model</li> <li>▪ Model impact of extended hours</li> </ul>
<b>Workforce plan</b>	<ul style="list-style-type: none"> <li>▪ Agree model/ tool for workforce plan (light-touch method)</li> <li>▪ Integrate workforce plan into the service plans so it is aligned to the goals of the service, the capacity they require and their new model</li> </ul>
<b>Pay arrangements</b>	<ul style="list-style-type: none"> <li>▪ Establish multi-disciplinary review of options</li> <li>▪ Conduct impact assessment (including potential for divisiveness and unintended consequences)</li> <li>▪ Financial impact assessment</li> </ul>
<b>Safe Waiting List</b>	<ul style="list-style-type: none"> <li>▪ Maximise capacity, safely</li> <li>▪ Effective clinical review and prioritisation</li> </ul>

<b>Management</b>	<ul style="list-style-type: none"> <li>▪ Provide a scorecard with helpful and accurate information against defined clinical and safety standards</li> <li>▪ A single-version of the truth waiting list, with excellent data quality</li> <li>▪ Robust administration/ documentation of a patient's pathway</li> <li>▪ Capacity &amp; demand model that projects trends in waiting times</li> </ul>
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#### 5.4 Deliver improved access to out-of-hospital and mental health care

We have been working with the Cheshire and Mersey Health and Care Partnership to ensure that the needs of CYP with Mental Health needs, Learning disabilities and autism are fully reflected in the system plans.

In CAMHS services, referrals are presently at 77% of pre-Covid levels. With the re-opening of schools we are and so there is concern about the impact of referrals to the service once schools return in September.

Our plan is to establish capacity available to meet the needs of CYP referred to CAMHS services with a predicted increase in demand of 15% and ensuring that the priorities and targeted services set out as part of the Mental Health Investment Standard (MHIS) are delivered.

High-impact change	Actions
<b>Crisis Care and Intensive Home Treatment</b>	<ul style="list-style-type: none"> <li>▪ Continuation of 24/7 Crisis Care and expansion of the service to provide intensive home treatment support</li> </ul>
<b>Eating Disorder Services</b>	<ul style="list-style-type: none"> <li>▪ Development of the service and increased capacity required to continue to meet the needs of those accessing the service</li> <li>▪ Opportunity to develop new service model for those CYP who do not fit the criteria for treatment with EDYS but who have disordered eating conditions</li> </ul>
<b>Community CAMHS</b>	<ul style="list-style-type: none"> <li>▪ Development of the CAMHS model to provide more focussed and intensive services to those CYP (approx. 10%) in most need (DBT and IST services)</li> </ul>
<b>Mental Health in Schools</b>	<ul style="list-style-type: none"> <li>▪ Continued expansion of the MHST programme across Liverpool and Sefton. A further 3 teams have been agreed to add to the already 4 established teams in Liverpool.</li> </ul>
<b>Tier 4 Inpatient Unit</b>	<ul style="list-style-type: none"> <li>▪ Consolidation of increased beds from 7-9 with planned further growth to 12 following move to new site at Alder Hey in the Park</li> </ul>
<b>LD</b>	<ul style="list-style-type: none"> <li>▪ Continued investment, beyond pilot, in Intensive Support Service to support those CYP at risk of admission (either to Tier 4 or acute hospital bed)</li> </ul>
<b>ASD/ADHD</b>	<ul style="list-style-type: none"> <li>▪ Delivery of the new pathways for assessment and diagnosis of ASD and ADHD and reduction in the backlog of those who are waiting.</li> </ul>

## 5.5 Be winter ready

### Demand predictor

Patient Group	Demand assumption		
	Winter 2019/20 (Oct- Mar)	Winter 2020/21 (Oct- Mar)	Year on year variance
ED Attendances	30,689	29,191	-5%
Emergency admissions	7,496	7,871	5%
Flu cases	265	292	10%
Day case procedures	9,873	8,886	-10%
Number of elective admissions	2,489	2,240	-10%

### High-impact actions

Emergency Department	
<ul style="list-style-type: none"> <li>▪ NHS 111 first</li> <li>▪ Virtual ED</li> <li>▪ Rapid triage</li> <li>▪ New ANP led low acuity stream</li> <li>▪ New ENP led injuries stream</li> <li>▪ New rota to match staffing with flow</li> <li>▪ Surgical ANP presence in ED</li> </ul>	<ul style="list-style-type: none"> <li>▪ General Paediatric presence in dept. to assess/admit patients more rapidly</li> <li>▪ Respiratory Physio support in ED</li> <li>▪ Continuation of 24/7 Crisis Care</li> <li>▪ ED access into specialty 'hot slots' in clinic</li> <li>▪ Avoidance of ortho admissions by using sedation pathways</li> <li>▪ Increased community nursing inreach to ED and acute wards to facilitate early discharge</li> </ul>
Patient flow	
<ul style="list-style-type: none"> <li>▪ Admin and clerical support to co-ordinate cleans, bed allocation and discharges</li> <li>▪ ACT Team to attend all ED huddles and clinically assist if necessary</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased domestic support to accelerate flow into available bed spaces</li> <li>▪ Intense focus on discharges before noon (aim for 30% v 17% currently= 5 beds)</li> <li>▪ Complex case management and discharge planning to reduce LOS</li> <li>▪ Flu vaccination programme for patients</li> </ul>

We have based these winter plans on the basis of historic flu trends, forward predictions and as requested by NHSE a core plan that does not assume a second COVID surge. We will continue to stress test our contingency plans for a worse case scenario however have been clear with the Region that we see our sole focus now being helping with the paediatric recovery. In doing that we will ensure that even in a more COVID impacted winter scenario we protect key elective services to ensure we do not exacerbate current access to services for CYP.

### 5.6 Bed Capacity

	Pre-COVID capacity	Current Capacity	Proposed Winter capacity
<b>Division of Surgical Care</b>			
Paediatric Intensive Care	21	21	21
Paediatric High Dependency Care	15	12	15
Ward 3A	32	28	32
Ward 4A	32	32	32
Burns	5	5	5
Cardiac	22	22	22
Neonatal Unit	9	9	9
Surgical Day Case Ward	19	19	19
<b>Total</b>	<b>155</b>	<b>148</b>	<b>155</b>

<b>Division of Medicine</b>			
Ward 4B	24	12	24
Ward 3B Oncology & Oncology Day Case	23	23	23
Ward 3C Specialty Medicine	28	24	32
Ward 4C General Paediatrics	32	24	32
Renal Unit	5	5	5
EDU	12	4	12
<b>Total</b>	<b>124</b>	<b>92</b>	<b>128</b>

### 5.7 Staffing requirements

Division	Additional WTE	Average additional hrs per week (temporary spend)	Notes
<b>Community</b>	<b>75</b>	<b>0</b>	<ul style="list-style-type: none"> <li>Aligned to expansion of CAMHS and community services and business cases to commissioners</li> </ul>
<b>Medicine</b>	<b>2.5</b>	<b>40</b>	<ul style="list-style-type: none"> <li>Additional sessions to reduce waiting time backlog</li> </ul>
<b>Surgery</b>	<b>14.66</b>	<b>118</b>	<ul style="list-style-type: none"> <li>Anaesthesia cover</li> <li>Theatre staffing offsetting shielding staff</li> <li>Swabbing</li> <li>Pre-operative service</li> <li>Ward 4A</li> </ul>

## 5.8 Key operational risks

- Long waiting times to access care
- Availability of PPE
- Covid-19 surge affecting staff availability and high patient demand
- Testing capacity

## 6.0 Our People Plan

### Alder Hey People Plan (July 2019)

The response to covid19 has seen our staff work assiduously with compassion and dedication throughout the pandemic. Effectively supporting our staff during this unprecedented time has been critical, be that in respect of health and wellbeing, redeployment, or working differently. We have accelerated and developed elements of the Trusts People Plan (launched 2019) during the pandemic, primarily in relation to physical and psychological wellbeing and agile/digital working and will continue to progress these. Since the impact of Covid19 and the publication of the NHS People Plan it is imperative to review the strategic direction of the Trust People Plan to ensure it continues to effectively support the organisation during the restart and recovery phase.

The Trust's People Plan (July 2019), set out to develop a healthy, psychologically safe, improvement- focused, compassionate, inclusive and learning culture for our staff and for the children and young people we care for through 5 strategic enablers:

- Health and Wellbeing
- Leadership Development and Talent Management
- Future workforce development
- Equality Diversity and Inclusion
- The Academy

### The National People Plan (July 2020)

The national People Plan published July 2020 (**We are the NHS: People Plan 2020/21 – action for us all**), recognises since Covid-19, things have changed “our people must remain at the heart of our NHS, and the nation as we rebuild”. The plan focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people and work together differently to deliver patient care. There are a number of specific actions and time frames set out for employers to implement under nine headings, namely ; Health and wellbeing, Flexible working, Equality and diversity, Culture and leadership, new ways of delivering care, growing the workforce, Recruitment, Retaining staff and Recruitment and deployment across systems.

The 4 primary areas of focus as set out in the plan are:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – creating an inclusive culture , with a particular focus on the discrimination that some staff face

- **New ways of working and delivering care** – capturing innovation, much of it led by our NHS people
- **Growing the future** – how we recruit, train and keep our people and welcome back colleagues who want to return

Central to the plan is Our NHS People Promise which sets out ambitions for what people working in the NHS say about it by 2024. From 2021 the annual staff Survey will be redesigned to be aligned to the people promise.



### **Alder Hey People Plan moving forward to support the restart and recovery**

In light of the NHS People Plan it is evident that the Trust's People Plan (July 2019) and breakthrough objectives (July 2020) align closely to the national position to support the recovery phase for the immediate and longer term. Three priority projects will be:

- Wellbeing - both physical and psychological, keeping staff safe, improved Leadership capability and reduced sickness absence
- Agile Working – adopting agile/flexible principles across the Trust and new ways of working
- Equality, Diversity and Inclusion –developing a strategic plan to address inequalities and access to opportunities

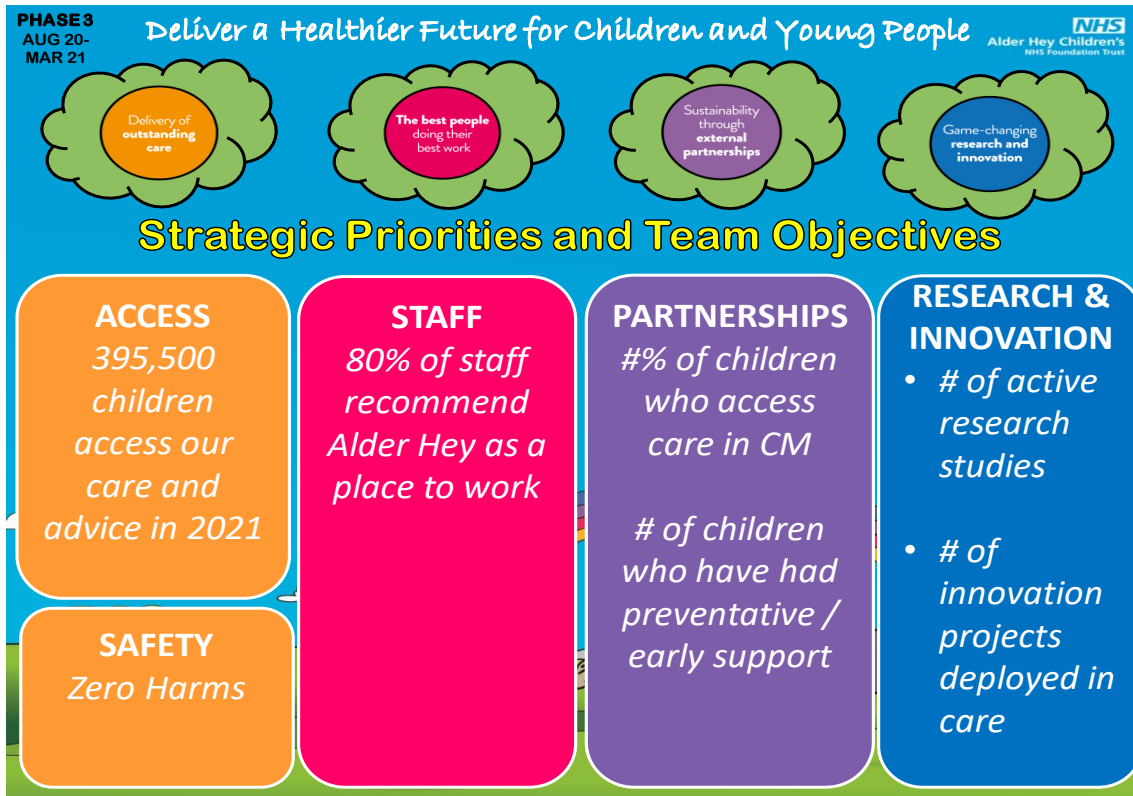
Alongside the breakthrough objectives and requirement to fulfil the strategic objectives as set out in the Trust's people plan there will be the requirement to complete defined actions as set out by NHSE/I during 2020/21. We will continue to review and monitor our strategic goals and national requirements to support transformation and the phase 3 recovery.

### **7.0 Our Transformation Plan**

Given the unprecedented context we are now operating in we have had to fundamentally assess our operational plan for the rest of the year. We have been cognisant of our strategic objectives in developing this plan and have found not only that many of our already planned objectives align and support recovery, indeed we delivered significant elements of Our Plan rapidly in the opening months of COVID, with huge progress in aspects such as staff advice, support and welfare, digital working etc. We have however had to ensure our response is focussed and necessarily narrower than our original year 1 of 'Our Plan'. We have also wanted to build on our learning from Phase 2 and 3 of dealing with the pandemic in our thinking about how best to tackle the re-start and recovery phase.



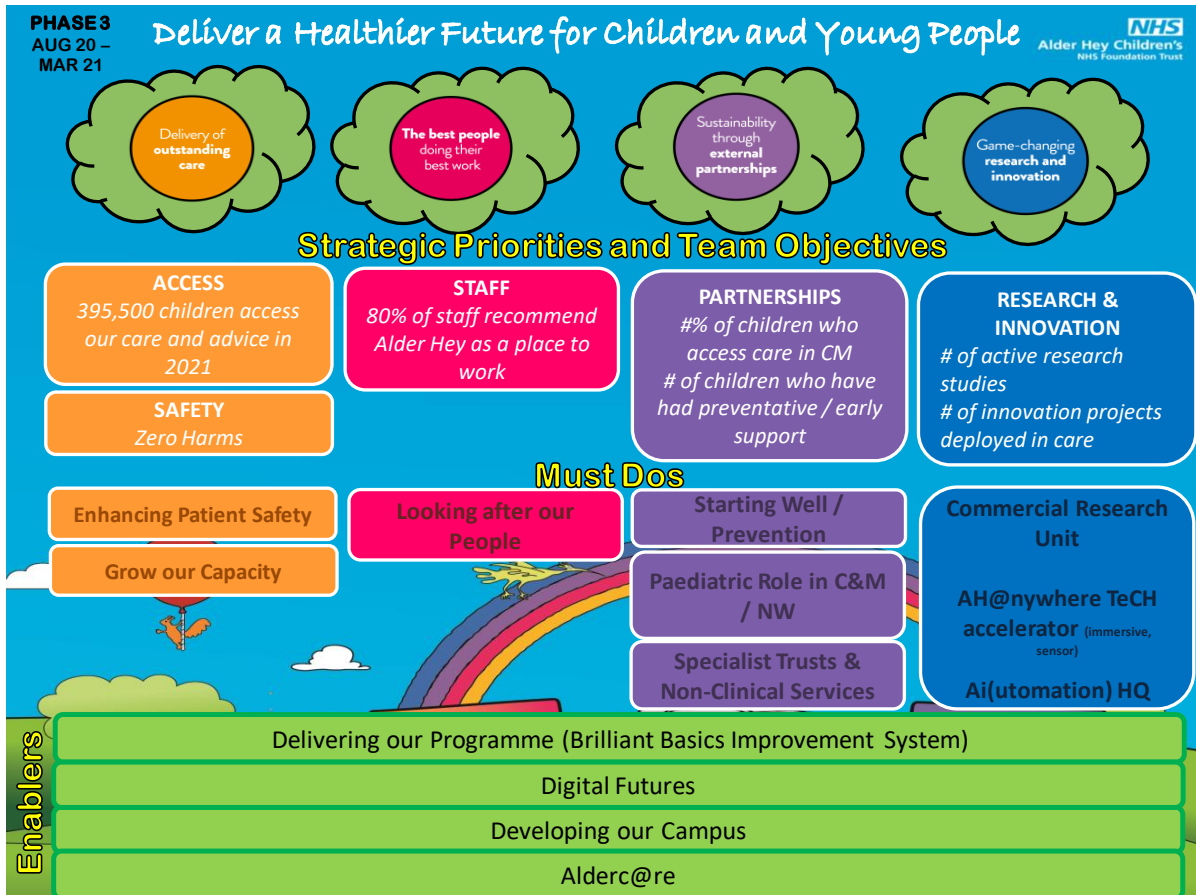
To continue to support our vision 'to deliver a healthier future for children and young people' and to ensure a bespoke response to this unprecedented situation, we have further developed our high level objectives in relation to phase 3 of our response. These are referred to below as our 'Strategic Priorities and Team Objectives' and are outlined in figure 1 below:



**Fig 1: Strategic Priorities and Breakthrough Objectives**

Since the last Trust Board, we have further developed our transformational projects now locally referred to as 'Must Dos' to ensure alignment of the projects with the *strategic priorities and team objectives* with a focus on ensuring all our *must do projects* demonstrate their value to one or more of these objectives.

With the support of our partners, KPMG, and guided by the principles of the Operational Excellence model, we have further fine-tuned our delivery programme. Using a strategic filter, we have been able to reduce our *must do projects* from 29 to 11. The strategic filter accessed each *must do project* on factors such as sufficient data, alignment to the 5 *strategic priorities and team objectives* as well as impact. The 11 projects we have prioritised are outlined in figure 2 below.



**Fig 2: Delivery Programme**

A summary table of the mapping exercise carried out to ensure alignment is outlined in table 1 overleaf:

**Table 1: Alignment of transformational projects against 5 strategic priorities and team objectives**

No.	Transformational Change	Exec Lead responsible for Transformational Change	Safe care	Access to care	Safe staff	Advocate for children & young people	Research & Innovation
			No Harms	395,500 children access our care and advice in 2021	80% of staff recommend Alder Hey as a place to work	#% of children who access care in CM # of children who have had preventative / early support	TBC
AH-01	Safety Culture	Nicki Murdock / Nathan Askew	●	●	●		●
AH-02	Grow our Capacity	Adam Bateman	●	●	●	●	●
AH-03	Looking after our People (Agile, EDI, Wellbeing)	Melissa Swindell	●	●	●		
AH-04	Starting Well	Dani Jones		●		●	
AH-05	Specialist Trust Collaboration	Dani Jones				●	
AH-06	Paeds. Role in Cheshire & Mersey	Dani Jones		●		●	
AH-07	Research & Innovation(Comercial Research Unit, Ahanywhere Tech, AI(utomation HQ)	Claire Liddy	●	●	●	●	●
AH-08	Digital Futures	Kate Warriner	●	●	●	●	●
AH-09	Developing our Campus	David Powell		●	●		
AH-10	Alderc@re delivery	Kate Warriner	●		●		●
AH-11	Brilliant Basics Improvement System	John Grinnell	●	●	●	●	●

Throughout July and August, we have tested for any overlap and duplication by completing detailed plans on a page for all *must do projects* as well as testing whether the scale of the whole programme remains focussed and achievable by carrying out some resource analysis. The output of the resource analysis is in the form of a matrix which is outlined in figure 3 below. This analysis shows a fairly even spread on leadership however the resource implications on some supporting teams will need to be reviewed to ensure that the organisation has the capacity to deliver the entire programme.

Figure 3: Draft Resource Matrix for Delivery Programme

Updated Initiative	Exec Sponsor									Clinical Teams				Non-Clinical Teams					
	Dep. CEO/DOF	COO	MD	Dir. Innovation	Chief Nurse	Dir. Strategy	CIO	HRD	Dir. Development	Surgery	Medicine	Community	Research	Facilities	Finance	Info & IT	HR	Education	Corp Services
AH-01 Enhancing Patient Safety			L		L					S	S	S	S	S	S	S	S	S	S
AH-02 Growing our Capacity		L								S	S	S			S	S	S		
AH-03 Looking after our People								L		S	S	S	S	S	S	S	S	S	S
AH-04 Starting Well / Prevention						L					S	S				S		S	S
AH-05 Specialist Trust & Non-Clinical Services						L						S	S	S	S	S	S	S	S
AH06-Peeds Reach, C&M, N.West						L				S	S					S			S
AH-07 Research & Innovation				L								S	S	S	S	S	S	S	S
AH-08 Digital Futures							L			S						S			
AH-09 Developing our Campus									L	S		S		S					S
AH-10 Alderc@re							L									S			
AH-11 Brilliant Basics Improvement System	L									S	S	S	S	S	S	S	S	S	S

**Key**  
L = Leading  
S = Supporting

Since the last Trust Board detailed scoping and in some cases delivery is already underway with the 11 *must do projects* with plans on a page plans available as appendices of this paper. In addition, we have continued our work with our KPMG partners in developing our 'Delivering our Programme (Brilliant Basics Improvement System)' programme which will be one of the key enablers to support us in the delivery of our strategic priorities and team objectives. Further details of this programme will be available at the next Trust Board on the 24<sup>th</sup> September 2020. Details of each of the major transformation projects are shown in the appendices to this report.

Progress against our *strategic priorities and team objectives* will be overseen weekly at Strategic Execs which will temporarily act as a proxy for Programme Board for the remainder of 2020. The assurance framework for this programme will have a focus on outputs and outcomes and this will be provided via sub-committees commencing in October 2020. The assurance update for each of the *must do projects* will include a benefits realisation profile, which quantifies the contribution each project makes to the *strategic priorities and team objectives*. Each of the project templates can be found in the appendices section of this document.

## 8.0 Financial Plan

As a result of the COVID 19 pandemic, in March 2020, the national 20/21 operational and financial planning process was suspended and an interim COVID-19 finance regime, Phase 1, was put in place, primarily to provide stability and also to ensure that organisations focused on responding to the COVID 19 emergency. During this phase, the payment system has been redesigned with a move away from a tariff based payment system (PBR) to a fixed block payment. The Trust has been paid a fixed level of income based on 19/20 activity levels with no growth, no expectation to deliver efficiencies (CIP), and with a retrospective top up payment for any excess costs or COVID 19 expenditure, resulting in a reported breakeven position.

As we are now entering into Phase 3, NHSI/E are reviewing the framework in place and have extended the Phase 1 regime to the end of September with a Phase 3 regime expected to be in place from 1<sup>st</sup> October to 31<sup>st</sup> March, and although not yet confirmed, have started to outline the anticipated changes to be put in place.

The expectations are that it will be a continuation of a block/fixed income at similar levels to 19/20, but with a bigger emphasis on financial grip and restraint and a focus on working as a system to achieve financial balance. The retrospective top up will cease from 1<sup>st</sup> October and individual organisations will no longer need to achieve a breakeven position. This will be replaced by a system managed envelope, with the CCG managing a fixed amount of funding to be distributed to providers to cover ongoing COVID 19 expenditure. The payment model will be linked to delivery of the Phase 3 activity targets at a system level with a penalty for failure to achieve the targets and an incentive payment for additional activity above targets.

### What does it mean for Alder Hey?

#### Alder Hey's Overarching Financial Strategy:

*To improve underlying run rate from current deficit to a break even within the next 2 years, and reach a £5m surplus by 2024.*

Alder Hey has achieved financial success over recent years in meeting and overachieving on its control total through one off commercial agreements, allowing us to attract circa £50m in cash through NHS incentive funds and building up a cash reserve of £100m that has been committed to invest in our 5 year capital development programme.

`Our Plan` financial goal is to move to a £5m surplus, however, despite the recent financial achievements, our underlying position is a trading deficit; £1.6m deficit in 19/20, increasing to £4m deficit in 20/21. This deterioration is largely driven by internal cost pressures such as capital charges and local service investments, set against a baseline which already included a deterioration driven by a reduction in paediatric tariff from 2017/18. If we continue to trade at a deficit position and with the changing national architecture that is expected, our cash balances will reduce and our ability to continue to invest in the capital programme will be restricted. We need to be a sustainable organisation, generating cash through our trading performance to allow us to meet our long term financial obligations, whilst also reinvesting in our people and our services.

Table 1: Alder Hey underlying financial position:

	17/18 £m	18/19 £m	19/20 £m	TB Approved Plan 20/21 £m
Reported Position Surplus/(Deficit)	1.20	4.40	1.60	(4.10)
Remove PSF/STF	(4.40)	(6.20)	(3.30)	0.00
<b>Alder Hey Underlying Position Surplus/(Deficit)</b>	<b>(3.20)</b>	<b>(1.80)</b>	<b>(1.70)</b>	<b>(4.10)</b>
CIP included in Plan	7.60	6.90	6.00	4.00
As a %	3%	3%	2%	1.5%

Impact of the Phase 3 regime on 20/21 Financial Plan

The 20/21 plan as approved by the Board in April was a £4.1m deficit and included assumed delivery of £4m CIP by the end of March 2021. The anticipated phase 3 financial framework has inherent challenges for Alder Hey which if not resolved, will increase the current deficit position by the end of March 2021. We are actively in dialogue with NHSI/E to seek a resolution to the issues and mitigate the impact to the £4.1m deficit as outlined in the table below.

Area	Potential issue within expected Phase 3 framework	Est Risk Value £m	Action being taken	RAG Rating
NICE Drugs	Newly commissioned NICE drugs currently claimed through retrospective top up that is due to cease	£4-£4.5m	Formally lodged with NHSI/E. Expectation this bundle of drugs will remain outside of block and will be reimbursed, awaiting new guidance	Green
Block Payment errors	Omissions and errors in the block payment methodology, resulting in loss of income to Alder Hey	£0.5m	Formally lodged with NHSI/E methodology errors and awaiting updated block allocations	Yellow
Commissioner investments	Commissioner investments agreed post M9 19/20 not included in block allocations	£1.5m-£2m	Formally lodged with both NHSI/E and local CCGs. Expectation CCG will make additional payments above block post M7 to cover investments. If not may need to consider disinvestment in areas to switch off spend.	Yellow
COVID	COVID reimbursement managed by CCG for C&M system from M7, no clear mechanism of how funds will flow to provider	£3m	Awaiting updated guidance and C&M proposal on how will be managed. Review of all AH COVID costs with any avoidable costs being switched off to mitigate risk	Red
Non clinical income	Expectation non clinical income (car park, catering, education, R&D) will be reinstated to 19/20 levels by M7.	£1.3m-£1.7m	Awaiting updated guidance and block allocations.	Red
Capital Charges	Blocks based on 19/20 capital charges and AH 20/21 plan includes stepped increase in line with capital plan investment	£2m	Formally lodged with NHSI/E issue, latest update expectation block allocations for M7 onwards will be revised to take account of increased capital charges using Q1 20/21 as baseline and not 19/20.	Yellow
Restoration Costs	No funding source identified for any additional costs to restore activity levels	£TBC	Awaiting guidance, work ongoing to quantify and validate any additional costs required to March 21	Red
Paediatric Tariff	No solution to shortfall in funding through paediatric tariff for complex children and young people.	£2.8m	Case presented to NHSI pricing team from CHA and lobbying continues for interim solution to be found for 20/21 and 21/22	Yellow

The expected changes in national financial architecture and continuation of a block and fixed income level, requires a change in the Trust current financial approach and mind set, it will not be credible to assume delivery of the financial strategy through growth and doing more to increase our clinical income. It requires a new radical approach to drive better value from the existing Alder Hey funding envelope, maximising innovation and transformation opportunities and also leveraging non NHS income opportunities.

**Our New Financial Approach: Managing The Alder Hey £**

The new approach will consist of 4 key components:

**1. Inclusive Financial Stewardship:**





- A more collective approach embedded with ownership of money and accountability to drive continuous improvement.

**2. Organisational Excellence:**

- Devolved accountability for local decision making, making things happen, with a very clear set of parameters on success and failure and clear escalation process. A performance framework focused on improvement of run rate.

**3. Investment Strategy:**

- A new approach to funding investments which utilises existing funds along with maximising on non NHS income opportunity to allow reinvestment into core services and strategy.

**4. System Working:**

- A move towards a C&M and North West resource envelope to deliver a paediatric population health approach, which improves outcomes and keeps CYP safe.

To support the new financial framework, 4 work-streams have been established with Executive lead and oversight and weekly reporting into the Sustainability Delivery Group.

Work-Stream	Objective	Executive Lead
<b>Repurposing</b>	Identify areas of staffing or resource within existing spend that are no longer required and that can be moved to support priority investment into new areas.	Kate Warriner
<b>Non Clinical Services Review</b>	To undertake a review all non-clinical expenditure, within Corporate and other clinical support areas. This review will aim to improve efficiency and VFM of non-clinical functions, moving the Trust to "upper quartile" from a benchmarking perspective when considered against its peers.	John Grinnell
<b>Productivity</b>	Agree a set of KPIs that will drive getting the most out of our existing resources, deliver better value and operational excellence. This will increase the number of children and young people that are treated at Alder Hey and meet the needs of the Phase 3 plan.	Adam Bateman
<b>COVID 19</b>	Clear process and approvals in place for COVID 19 expenditure, ensuring it is aligned to national guidance and reduces risk of non-reimbursement.	John Grinnell

Whilst we await the formal phase 3 financial guidance, it seems inevitable that we are moving towards this new NHS finance regime, and if we don't signal a significant shift in managing resources, we will jeopardise our ability to invest in delivering our strategic direction as outlined in `Our Plan`. It is essential that the Board have received the scenarios to present the potential impact on cash and capital of the new regime and once the guidance has been received and clarity sought, the impact and scenarios will be presented to RABD and Trust Board.

**9.0 Key Risks**

The Trust has continued to monitor its risks and associated mitigations in relation to Phases 2 and 3 via a specific COVID risk register which continues to be overseen weekly through the Operational Board and monthly at Trust Board. The Covid risk register underpins the Board Assurance Framework and taken together these documents have been adapted to

fully reflect the organisation's risk profile. The overarching COVID risk register themes have remained consistent during Phase 2 as follows:

- Risk of patient harm due to delays in treatment and potentially not presenting for treatment:
- Uncertain system environment including, finance, commissioning changes, ICS/Cell etc.
- Increased risk to staff welfare (short and long term, including staff absence, BAME, PTSD etc.
- Risk of infection to CYP, families and our staff.
- Cyber Security threat.

Within each theme a range of specific operational risks have been described and scored; these are tracked using a heat map which is summarised in the monthly report to the Board having received scrutiny at the weekly Operational Delivery Board. The Trust Board will continue to have oversight of these risks ensuring appropriate mitigations are in place. The risks will be further updated as national guidance emerges as some of our most significant risks relate to the wider system and the future funding arrangements.

## 10.0 Communications and Engagement

The COVID-19 Pandemic meant that we had to rapidly adapt our '**communications cascade**' and now have a variety of delivery methods for information and engagement. Much of our revised approach has been [delivered through](#) a new model of live CEO led broadcast sessions that give up to the minute situation reports, expands on key themes and importantly offers an open question and answer session. We will continue to deliver and evolve this model as the feedback has been very positive however we recognise that we need to also mature our devolved communications and engagement model.

Marketing and Communications will continue to deliver top line messaging that provides core information and builds engagement. We will provide more support to Leaders across Alder Hey to help them build their own effective communication methods for their own audiences.

At a corporate level we will deliver all staff information through: Network Notices; All-staff email; use of the Intranet; a weekly News Digest; a fortnightly E-newsletter; live broadcasts; and Alder Hey Life. We will also return to the quarterly "Town Hall" events, producing online broadcasts renamed as 'Alder Hey Now'. These will be used to reinforce the Plan with a focus on how teams are making our vision a reality. This event will be filmed in front of a small socially distanced live audience, and feature pre-recorded segments.

To deliver effective communications at a devolved level the Marketing and Communications Team will provide advice and support to colleagues to help them to communicate routinely to their colleagues. To assist we will produce digital toolkits which may include key messages, graphics, PowerPoint templates, and template copy. We are also seeking to introduce a monthly live broadcast by Directors with their Divisions and departments, covering topics of Divisional interest and importance, but also amplifying corporate messages, and offering a Q&A.

In addition, to reach staff individually who are traditionally “hard to reach” we will develop the Intranet fully using SharePoint.

We will also work to:

- Re-establish/revitalise communications networks, particularly with regional and other Specialist Children’s Trusts, to share experiences and develop shared messaging. This could, for instance, produce powerful combined communications on themes such as ‘Safe to Access’, and supporting equity of access.
- As we are coalescing around breakthrough objectives that include ‘Safe care’ and ‘Access to care’, our public-facing brand communications and Digital Front Door are even more critical. We **will** reassert our brand, alongside that of the NHS, through more sophisticated and consistent use, to build Trust and confidence in a healthcare system where COVID is **now a continued** reality of how we operate.

Providing digital access to not only information about our Trust and services, but actual access to those services via packages such as Attend Anywhere, means that a world-class Digital Front Door is now more important than ever. What was once a window that people gazed through is now a door that they step through. Our Digital Front Door – and by necessary extension, our website – **will be a** platform that not only provides access but also brand-builds through a second-to-none digital experience.

### 11.0 Governance arrangements

The Trust Board approved revised governance arrangements as the COVID incident took hold which was centred on maintaining oversight of delivery and safe care whilst at the same time freeing up time to deal with the situation. This was supported by National Guidance from our regulators which removed certain mandated activities to reduce the burden. Subsequently NHSE/I have reinstated some reporting requirements during Phase 2, whilst reminding boards of the need to continue effective oversight via appropriate governance arrangements.

The Board agreed that it would be vital to build on this agile approach to governance and the benefits that this had brought during the pandemic, based upon the following principles:

- Reflects and supports our post Covid-19 plans
- Enabling but safe – maintaining the reduced burden
- ‘Form follows function’ – risk based approach
- Measure what matters: high level KPI’s
- Better alignment with information flows/data driven
- Greater Divisional focus
- Improved accessibility for governors to committees for transparency

Our Director of Corporate Affairs has been leading a review of our governance arrangements to ensure they remain fit for purpose and reflect the imperatives emerging from Phase 3. The scope and objectives of this review have been:

- Safe re-start requires robust governance and decision-making
- Respond to the emerging NHS landscape
- New organisational shape/revised Plan

- Post COVID ways of working with assurance to reflect this
- Keep pace with DHSC requirements of Boards
- Effective use of management time eg via digital tools
- Opportunity to address issues raised in Well Led reviews e.g. timeliness of information
- Opportunity for NEDs to revisit committee work and agree optimum 'fit'.

The proposed governance arrangements were approved at the July Board and are in the process of being finalised to enable the re-set to be implemented from September. The revised arrangements will be the key vehicle that oversees the transformational programme and wider progress strategically against 'Our Plan' and risks to delivery

Operational delivery will be overseen by a weekly Care Delivery Board Chaired by the COO. Both the Strategic Executive meeting and the Operational Board have senior Divisional representation as it is key that we continue of our journey of Divisional empowerment and ownership.

As described above, our risk management processes have been developed to meet the needs of the context within which we are operating. Part of the reset includes the formation of an Audit & Risk Committee which will oversee strategic risks with the Operational and corporate risk reviews being embedded in the Care Delivery Board. The Board will need to keep its overall risk appetite under review as the risk profile linked to the pre-COVID version of 'Our Plan' evolves as set out above.

We have also enhanced and adapted our performance reporting which now includes a daily COVID Sit Rep report, sub Sit Rep reports for key areas such as PPE availability and staffing, a weekly dashboard that is reviewed at Operational Board and by NEDs, and a monthly corporate report that the sub-committees and trust Board receive. We will continue to adapt our reporting arrangements as we progress through the next phase, aligned to the risks we are managing.

## 12.0 Next Steps

The Board are asked to:

- Approve the Final Operational Plan 20-21 incorporating Phase 3 guidance
- Recognise that the full financial architecture and impact on Alder Hey is not fully understood and will need to be brought back to the Trust Board at a future point
- Approve this plan as a basis for the formal submission 21<sup>st</sup> September 2020
- Recognise there will be further iterations and significant work on safety culture and access priorities.

## Appendices

AH-01 Enhancing Patient Safety

AH-02 Growing our Capacity

AH-03 Looking after our People

AH-04 Starting Well / Prevention

AH-05 Specialist Trust and Non-Clinical Services

AH-06 Paeds role in Cheshire & Mersey, N.West

AH-07 Research and Innovation

AH-08 Digital Futures

AH-09 Developing our Campus

AH-10 Alderc@re

AH-11 Delivering our Programme (Brilliant Basics Improvement System)

# AH-01 Enhancing Patient Safety@Alder Hey

<b>Project Sponsorship</b>
Executive Lead: Nicki Murdock and Nathan Askew
Owner: Clinical Divisions
Project Manager: Megan Field

Resources (Leading / Supporting)	
M: Acute	S
M: Complex	S
M: Specialist	S
M: Hem/Onc/Pall/EoL/Inf.	S
M: Laboratory	S
M: Pharmacy	S
M: Radiology	S
S: Anaesthetics	S
S: Burns & Plastic	S
S: Cardiac & Cardiology	S
S: Cleft, Dental & Oral Sx	S
S: Critical Care	S
S: ENT & Audiology	S
S: Neuro & Craniofacial	S
S: Ophthalmology	S
S: Orthopaedic & Urology	S
S: Theatres	S
S: Medical Engineering	S
CAMH: Outpatients	S
CAMH: Complex Care & Comm. Nursing	S
CAMH: Comm. Therapies	S
CAMH: Mental Health	S
CAMH: Develop. Paeds	S
CR: CRF	S
CR: EATC	S
CR: PMRU	S
CR: CNRU	S
CR: A. Div Res Directors	S
CR: Gov, Quality & Contr	S
CR: Clinical Res Delivery	S
CR: Comm Partnerships	S
Facilities	S
Finance	S
Information & IT	S
HR	S
Education	S
Corporate services (other)	L

**Project Overview**

Alder Hey has a number of systems and committees with oversight of patient safety, but there is a potential for gaps in the patient safety system with reduced effectiveness, reduced oversight and lack of assurance. Safety of patients at Alder Hey depends on managing a number of considerations ranging from individual patient factors, human factors, to equipment design and system design. Addressing these challenges will enable Alder Hey to achieve its safety vision; to continuously improve patient safety. To do this we will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (INSIGHT)
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (INVOLVEMENT)
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (IMPROVEMENT).

KPIs and Objectives					The objectives and actions we will take under each of these aims are set out below and are aligned with the NHS Patient Safety Strategy [A]:
Outstanding Care (Zero harm)	Outstanding Care (Access to Care)	Best People (80% staff recommend)	Great Partnerships	Research and Innovation	
Patient safety KPI to be developed with each Division	Related KPI:	Related KPI:	Related KPI:	Related KPI:	<b>INSIGHT:</b> <ul style="list-style-type: none"> <li>Adopt &amp; promote key safety measurement principles and use culture metrics to better understand how safe care is</li> <li>Use new digital technologies and informatics to support learning from what does and does not go well</li> <li>Introduce the Patient Safety Incident Response Framework to improve response to and investigation of incidents</li> <li>Implement a new Patient Safety Lead</li> <li>Improve the response to new and emerging risks</li> <li>Share insight from incidents to prevent harm.</li> </ul> <b>INVOLVEMENT:</b> <ul style="list-style-type: none"> <li>Establish principles and expectations for the involvement of patients, families, carers and other lay people in providing safer care</li> <li>Create the first system-wide and consistent patient safety syllabus, training and education framework</li> <li>Establish patient safety specialists to lead safety improvement within and across the clinical divisions</li> <li>Ensure staff are equipped to learn from what goes well as well as to respond appropriately to things going wrong</li> <li>Ensure the whole Trust is involved in the safety agenda.</li> </ul> References: A) <a href="https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/">https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/</a> B) <a href="https://www.health.org.uk/publications/reports/the-improvement-journey">https://www.health.org.uk/publications/reports/the-improvement-journey</a> C) <a href="http://www.ihl.org/resources/Pages/IHWhitePapers/Framework-Improving-Joy-in-Work.aspx">http://www.ihl.org/resources/Pages/IHWhitePapers/Framework-Improving-Joy-in-Work.aspx</a>
Other:	Other:	Other:	Other:	Other:	
<b>IMPROVEMENT:</b> <ul style="list-style-type: none"> <li>Learn and Adopt- NHS Patient Safety Strategy; Internally and from Other Trusts</li> <li>Embrace Quality Improvement (Improvement Journey- Health Foundation) [B]</li> <li>Promote Joy at Work (Institution for Healthcare Improvement) [C]</li> <li>Improve and streamline Governance Systems and Meetings</li> </ul>					

Scope	
<b>In scope</b> <ul style="list-style-type: none"> <li>Patient Safety; Quality Governance; Patient Safety Metrics</li> <li>Patients within the catchment area for Alder Hey and those patients referred to Alder Hey</li> </ul>	<b>Out of scope</b> <ul style="list-style-type: none"> <li>Performance of other KPIs</li> <li>Patients not referred to Alder Hey.</li> <li>Patients who have transitioned to other organisations.</li> </ul>

Assumptions / Dependencies	
<b>Assumptions</b> <ul style="list-style-type: none"> <li>Buy in from executive and non executive board to prioritise Safety</li> <li>Nominated clinician from each division for Patient Safety.</li> </ul>	<b>Dependencies</b> <ul style="list-style-type: none"> <li>Increased resource kept to a minimum but there are some posts that need to be created / repurposed: Patient Safety Director as a new post and appointment; Dedicated support from internal communications team; Identify a training budget £30,000</li> </ul>

Key Milestones	A	S	O	N	D	J	F	M	A	M	J	J
<b>High level activity (20/21)</b>												
Work with Divisions and others to craft the new Governance structure and the KPI for BI/Digital	X	X	X	X	X	X	X	X	X			
Identify the Faculty for Quality			X	X								
Identify Faculty for Safety			X	X								
Patient Safety Day (November 24th)				X								
Daily Patient Safety Huddle				X								
Patient Safety Culture Survey			X									
Recruit to Patient Safety Position				X	X							
Patient Safety Network within each Division					X							
Human Factors Education				X								
Patient Safety Learnings Programme							X					



# AH-02 Growing our Capacity

## Project Overview

In response to COVID-19 pandemic in March 2020 clinical capacity was redirected to support the COVID-19 surge plan and activity across the organisation was significantly reduced to comply with evolving safety measures, leaving a cross-divisional backlog of appointments and long delays to treatment.

This project aims to restore higher levels of activity across the organisation by ensuring there is sufficient capacity, staffing and space available to safely manage our demand and clear the backlog efficiently thereby improving access to care for children and young people.

. How will we achieve this:

- Develop our workforce (numbers, new roles and working to boundaries of practice) to achieve the new capacity
- Develop a theatre schedule that provides adequate sessions to meet demand, including extended sessions
- Redesign a Outpatient schedule that provides a adequate clinic sessions to meet demand, including extended sessions
- A physical space plan to provide adequate beds, clinic rooms and theatre sessions
- Financial analysis of capacity plan

## Objectives

Safe Care	Access to Care	Great place to work	Advocate for CYP	Pioneering Research and Innovation
Reduced waiting lists	Provide care to 400,000 children & young people in 2021	Related KPI:	Related KPI:	Related KPI:
Other:	No child will wait over 52 weeks for care	Other:	Other:	Other:

- Additional 92 WTE staff available in clinical services to support growth
- 295 staffed beds (includes additional 12 surgical beds to accommodate 'aspirational' level of growth. See planned care level below.
- Planned care at 142% of pre-covid capacity
- Outpatients at 119% of pre-covid capacity
- Diagnostics at 100% of pre-covid capacity

## Scope

### In scope

- Revised outpatient clinic schedules and template rebuild, allocation of OPD rooms, InTouch room booking system
- Revised theatres sessions and extended sessions
- Radiology schedule and capacity plan
- Pay arrangements and integrated workforce plan
- Compare physical bed space to required bed spaces from the capacity & demand model

### Out of scope

## Assumptions / Dependencies

- **Planning assumption** is to identify required capacity to reduce backlogs within 9 months
- **Outpatients:** The capacity and demand tool is based on predictive models of learnt algorithm using 3 years worth of data to determine ratio and timescale for new/ follow-up/ urgent/ routine/ backlog patients.
- **Emergency demand:** is based on predictive methodology for admissions via ED, with all other emergency admission categories based on 2019

### Dependencies

- All Outpatient Services submitting revised clinic templates that meet a 1.25PA job plan to the live teams template and additional slots are added to new/existing templates in line with demand
- Theatres department submitting redesigned schedules with extended hours
- Capacity and demand modelling being utilised by the services
- Sufficient staffing and job plans to support additional capacity
- Sufficient space identified for additional clinics both face to face and digital
- Support services workforce levels and open hours match the redesigned schedules
- GIRFT recommendations
- Expansion build (new Meditech)

## Key Milestones

	A	S	O	N	D	J	F	M	A	M	J	J
High level activity (20/21)												
Agree model/ tool for workforce plan (light-touch method)												
B&S build revised OPD templates inline with submitted templates from specialties												
Go live with redesigned templates												
Aligned workforce plan and clinic/theatres space to increase in capacity												

## Project Sponsorship

Executive Lead: Adam Bateman  
Owner: Service managers

## Resources (Driving / Supporting)

M: Acute	
M: Complex	
M: Specialist	
M: Heam/Onc/Pall/EoL/Inf.	X
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
S: Burns & Plastic	X
S: Cardiac & Cardiology	X
S: Cleft, Dental & Oral Sx	X
S: Critical Care	
S: ENT & Audiology	X
S: Neuro & Craniofacial	X
S: Ophthalmology	X
S: Orthopaedic & Urology	X
S: Theatres	X
S: Medical Engineering	
CAMH: Outpatients	X
CAMH: Complex Care & Comm. Nursing	
CAMH: Comm. Therapies	X
CAMH: Mental Health	
CAMH: Develop. Paeds	
Clinical Research Division	
Facilities	
Finance	X
Information & IT	X
HR	X
Education	
Corporate services (other)	

# AH-03 Looking after our People: Flexible Working, Wellbeing, Equality Diversity & Inclusion

## Project Overview

**1. Flexible Working:** To design, develop and implement the flexible agile plan. Optimising office accommodation and estate, flexible home working and optimising digital Increased staff satisfaction and work life balance. Improved office environment, accommodation. Estate rationalisation and improved productivity. 100% of staff identified as 'mobile' workers working flexibly by January 2021 Improved 'health and wellbeing' responses in the staff survey. Reduction in stress related sickness absence ...Ensure all staff have the right equipment to do their job well whatever their setting...All those identified as mobile workers will have the equipment they need to work safely and effectively from home. To support the sustainability agenda; to obtain a reduction in car parking requirements in order to manage car parking capacity for families and key onsite workers

**2. EQI:** Develop a strategic plan to address inequalities and access to opportunities which will include specific actions; To reach equality in BAME representation across the workforce pipeline by 2024 To increase numbers of under-represented groups in Band 7+ positions

**3. Wellbeing:** Increased percentage of staff rating "my organisation takes positive action on health and wellbeing" in the Staff Survey 2. More staff are aware of and accessing the support on offer and more reflective sessions are being offered to all staff. 3. SALS fully operational and launched and ring-fenced funding for staff wellbeing & counselling provision in place. 4. Agreed measure of staff wellbeing in place and in regular use across the organisation as part of business as usual. Ground Truth Tool implemented across the organisation. All staff able to access Psychological First Aid training ([Look](#), [Listen](#), [Link](#))

Objectives 80% staff recommend Alder Hey

Outstanding Care (zero harm)	Best People (80% staff recommend)	Great Partnerships	Research and Innovation
Related KPI:	Related KPI:	Related KPI:	Related KPI:
Other:	<p><b>Flexible Working:</b> 100% of staff identified as 'mobile' workers working flexibly by January 2021</p> <p>Adopt Flexible working principles across the trust</p> <p>Rationalisation of estates</p> <p><b>Wellbeing:</b> Improved 'health and wellbeing' responses in the staff survey. Improve Leadership capability</p> <p>Reduction in stress related sickness absence</p> <p><b>EQI:</b> Establish task Force</p> <p>Establish a programme of positive Action</p> <p>Useful &amp; careful listening through networks &amp; specific groups to monitor &amp; challenge progress</p> <p>Review recruitment practices</p>	Other:	<p>1. Define the approach to flexible working that the Trust will adopt; this will include definition of 'mobile' workers. A process to support the earlier return to the office for employees with extenuating circumstances (no more than 10%). Set up a project steering group to lead the project &amp; a 'working group' consisting of staff currently working from home to feed into the project and sense check plans. Undertake a detailed analysis of the organisation to identify all 'mobile workers' and map this to IT requirements. Clear Guidance for all teams and staff on 'mobile working' User Group established to ensure solutions meet the needs of our staff. Working with an expert partner, implement an agile 'change management' programme to support and focus on three separate groups of staff: Individual staff, Line Managers, Teams. Survey staff and teams to collect ongoing feedback and respond to suggestions and concerns</p> <p>2. Establish a task force, led by Claire Dove, NED, with a specific focus on supporting black colleagues, in response to the Black Lives Matters campaign. Board level awareness training to be mandatory for all Board members</p> <p>3. Increase awareness of mental health and wellbeing through psychoeducation and communications (briefings intranet, trainings). Re-launch Wellbeing Steering Group. Increase accessibility of psychosocial support by:</p> <p>-Increasing visibility of and connection to staff support available (Staff Advice &amp; Liaison Service (SALS), Clinical Health Psychology, Spiritual Care, Alder Centre, Care First)</p> <p>-Providing increased opportunities for reflection through the development of virtual Schwartz Rounds, Team Time sessions, and virtual Staff Common Rooms</p> <p>-Ensure sustainability of support through: investment in the development of SALS, Continued investment in staff counselling beyond COVID. Embed active monitoring of staff wellbeing through: Regular measurement and screening &amp; Regular debriefing</p>

## Scope

<p><b>In scope</b></p> <ul style="list-style-type: none"> <li>Working from home survey, onsite survey</li> <li>Project planning</li> <li>Baseline data gathering</li> <li>Personal Work Plan</li> <li>Change management</li> </ul>	<ul style="list-style-type: none"> <li>Revised catering offer</li> <li>Estates rationalisation</li> <li>Car park rationalisation</li> <li>Policies</li> <li>Implementation</li> </ul>	<p><b>Out of scope</b></p> <ul style="list-style-type: none"> <li>Anything not deemed within scope as per the milestone plan</li> </ul>
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## Assumptions / Dependencies

<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>Hit milestones</li> <li>Hit benefits</li> <li>Staff, team Engagement</li> </ul>	<p><b>Dependencies</b></p> <ul style="list-style-type: none"> <li>WkSpace capacity to work with us</li> <li>Baseline Data/BI</li> <li>Communications</li> </ul>
--	---

## Key Milestones

High level activity (20/21)	A	S	O	N	D	J	F	M	A	M	J	J
Agreed Programme of Work	Flexible Working	EQI Wellbeing										
Onsite survey, baseline data mangers, departments & Analysis	Complete	Ongoing										
WkSpace review project deliverables/ WkSpace project timeline change management, Personal Work Plan letter	Complete	Ongoing										
Establish Task Force		Ongoing										
Specific Actions from National Guidance	Complete	Ongoing										

Project Sponsorship	
Executive Lead: Melissa Swindell Owners: Cath Kilcoyne, Sharon Owen, Claire Dove, Jo Potier, Divisions, HR, Project Manager: Clare Rider	
Resources (Driving / Supporting)	
M: Acute	Y
M: Complex	Y
M: Specialist	Y
M: Heam/Onc/Pall/Eol/Inf.	Y
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	Y
S: Burns & Plastic	Y
S: Cardiac & Cardiology	Y
S: Cleft, Dental & Oral Sx	Y
S: Critical Care	
S: ENT & Audiology	Y
S: Neuro & Craniofacial	Y
S: Ophthalmology	Y
S: Orthopaedic & Urology	Y
S: Theatres	
S: Medical Engineering	
CAMH: Outpatients	
CAMH: Complex Care & Comm. Nursing	Y
CAMH: Comm. Therapies	Y
CAMH: Mental Health	Y
CAMH: Develop. Paeds	Y
Clinical Research Division	Y
Facilities	
Finance	Y
Information & IT	Y
HR	Y
Education	Y
Corporate services (other)	Y

# AH-04 Starting Well / Prevention

## Project Overview

At Alder Hey, we recognise and act on our role as advocates for the wellbeing and health of children and young people. It is our ambition to 'build a healthier future for children and young people' through ensuring every child has the best start in life and positively impacting on social value and the public health and wellbeing of our communities in Liverpool and Cheshire and Merseyside. **This project is a three-point interconnected plan: 1. Starting Well, 2. Public Health & Prevention at Alder Hey, and 3. Alder Hey action on Health Inequalities.**

**1. Starting Well** is a partnership programme to drive better future for C&YP/Families in Liverpool through proactive, integrated use of resources and partnership commitment to maximise outcomes. It is evolved from the pre-existing Children's Transformation Programme Board (paused as a result of Covid-19), and is now being redesigned in light of refined One Liverpool priorities. The Board will lead on delivery of (not exclusive) community C&YP MDTs focused on specific cohorts (such as perinatal mental health, obesity and asthma), Early Help and Mental Health in schools – all aimed at identifying care needs earlier, and taking action before needs worsen. This links closely with LHP's Starting Well research priorities and programme.

**2. Public Health and Prevention at Alder Hey** is about working in partnership with LCC PH to develop AH's plan for Prevention and grow our internal AH PH resource; all with the ambition of tackling wider determinants of health and providing greater care and resources upstream before C&YP/families require secondary/tertiary care support.

**3. Alder Hey action on Health Inequalities** will ensure we systematically identify, understand and act on any areas of inequality; this will range from targeted action in more deprived areas of our city/region, ensuring equity of access to services for groups such as BAME and those with disabilities, to broader approaches to tackling the wider determinants of health through our PH/Prevention plan (as per 2).

## Objectives

Safe Care	Access to Care KPI's	Great place to work	Advocate for CYP
Early identification of needs/problems → contributes to no harm objective	Equitable system access for C&YP		# of children who have received preventative / early support Target - Y1: 100% of pathways have prevention/ Increase in use of advice and guidance/GP hotline Y3: Decrease in number of avoidable admissions Y5: Measurable improvement in Outcomes such as reduced obesity and improved asthma management
Service resilience in communities			AH in leadership role for C&YP across C&M and NW

**Advocacy for C&YP is identified as one of 5 key breakthrough objectives in Alder Hey's phase 3 plan.** We are focused on reducing the needs of C&YP by identifying them and supporting them early, before their needs worsen, and before they require more acute care. We will measure progress on this by monitoring admissions avoided and also by measuring children and families' experience of care.

**Alder Hey will drive improvements in outcomes for C&YP by leading system change with external partners, actively committing leadership and clinical resource to support this, and by developing our internal resources and capability in Starting Well and Prevention.** As the Starting Well board is refreshed during Autumn, quarterly updates on progress within system plans will be brought through Trust Board.

## Scope

### In scope

- Build and lead the Starting Well system change programme & Board with external partners
- Delivery of One Liverpool's Children, Young people and Family priorities
- Optimise links with the LHP's Starting Well research programme to improve outcomes for Liverpool's Children
- Build our Public Health and Prevention approach & capability internally (including joint resource with LCC)
- Targeted action on Health Inequalities at Alder Hey internally, and through aligned system priorities
- Focus on ensuring Equality of Access to services for disadvantaged groups & geographies
- Re-orientate our services to promote healthy development in children, so that at every opportunity Alder Hey truly improves health in Liverpool and beyond

### Out of scope

- Anything not deemed within scope as per the milestones outlined in the delivery plan below

## Assumptions / Dependencies

### Assumptions

- Engagement and appropriate representation from all organisations involved in Starting Well
- Programme Management resource allocated from Provider Alliance
- Joint Role with Public Health LCC recruited to

### Dependencies

- Clinical Leadership and engagement to enable fuller development of our Trust-wide plan for Prevention
- Interdependency of Health Inequalities agenda with wider Inequalities approach at Alder Hey
- Resources to promote Prevention and Public Health
- Communications strategy
- Baseline data/BI support

## Key Milestones

	A	S	O	N	D	J	F	M	A	M	J	J
High level activity (20/21)												
Identification of named Executive Board lead for Health Inequalities												
AH role in prevention 'Think Tank' clinical session (internal plan development)												
Prevention and the Alder Hey £ - internal session												
Joint appointment PH LCC/AH - recruit												
Starting Well and Prevention – Paper to Trust Board (joint with LCC) – including recommendation for AH PH Governance												
System Communications re: Alder Hey contribution to prevention (following Think Tank & Trust Board)												
Development of AH Prevention Strategy by KPMG LLP, a UK limited liability partnership and a member firm of the KPMG network. KPMG LLP is a Swiss entity. All rights reserved.												
Prevention in every pathway (scheduled for completion Oct 21)												

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## Project Sponsorship

Executive Lead: Dani Jones  
Medical Exec Lead: A. Hughes  
Owner: Sara Naylor

## Resources (Driving / Supporting)

M: Acute	Y
M: Complex	Y
M: Specialist	Y
M: Heam/Onc/Pall/EoL/Inf.	Y
M: Laboratory	Y
M: Pharmacy	Y
M: Radiology	Y
S: Anaesthetics	
S: Burns & Plastic	
S: Cardiac & Cardiology	
S: Cleft, Dental & Oral Sx	
S: Critical Care	
S: ENT & Audiology	
S: Neuro & Craniofacial	
S: Ophthalmology	
S: Orthopaedic & Urology	
S: Theatres	
S: Medical Engineering	
CAMH: Outpatients	Y
CAMH: Complex Care & Comm. Nursing	Y
CAMH: Comm. Therapies	Y
CAMH: Mental Health	Y
CAMH: Develop. Paeds	Y
Clinical Research Division	Y
Facilities	
Finance	
Information & IT	Y
HR	
Education	Y
Corporate services (other)	Y

# AH-05 Specialist Trusts & Non-Clinical Services

**Project Overview**

**This project will bring four local hospitals across Liverpool together as an Alliance;** Alder Hey Children's NHS Foundation Trust, Liverpool Heart & Chest, The Walton Centre and The Clatterbridge Cancer Centre. The aim is to propel delivery of world-leading specialist services, research, education and innovation, drive shared culture of excellence, optimise resources and productivity, derive resilience and best practice.

In addition, the project will undertake a complete review of all expenditure of a non-clinical nature, within Corporate and other clinical support areas. This review will look to improve the efficiency and value for money of clinical support functions with a view to enabling the Trust to be recognised as an "upper quartile" organisation from a benchmarking perspective when considered against its peers, thus releasing resources to improve front line clinical activities.

**Objectives**

Safe Care	Access to Care KPI's	Great place to work	Advocate for CYP	Pioneering Research and Innovation	
Centre of Excellence/ standards of care – standard setting across the region	Financial benefits – better value from procurement, digital, estates etc – greater proportion of funding for front line	Shared workforce approaches and skillsets	Optimised transition pathways into specialist care	Shared approach to put Liverpool & C&M on the map for research & innovation	-Deliver excellent standards of care and digitally-enabled pathways -Deliver single, seamless all-age specialist services for patients -Attract and retain the best talent, supporting our staff to perform at their full potential, through our Centres and Academies -Put Liverpool & C&M on map for health research, innovation and education -Create a centre of excellence in partnership with Liverpool Health Partners, industry, HEIs and the LEP that drives inward investment -Explore national and international opportunities for growth -Drive better value from procurement, digital/IT, finance, HR and Estates & Facilities -Reduce waste and eliminate wherever possible duplicated and inefficient processes across corporate areas. -Improve the use of Robotic Process Automation (RPA) across the support functions within the Trust, aligned with the Blue Prism programme of work.
Service resilience		Attract and retain the best talent Enable people to reach their potential	Focused multi-specialty approach to prevention agenda e.g. all age diabetes, cancer, obesity	To improve the use of RPA facilities within the support functions of the Trust.	
Improved support functions releasing resource to the front-line clinical services	Upper quartile benchmarking when compared to peers	Release more time for staff to spend on value added activities			
Providing greater insight to support improved and more effective decision making & service re-design		Create a more resilient workforce			

**Scope**

<b>In scope</b> - All areas outlined in Objectives, specifically non-clinical facing support and Corporate functions	<b>Out of scope</b> • Anything not deemed within scope
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**Assumptions / Dependencies**

<b>Assumptions</b> <ul style="list-style-type: none"> <li>Support from 4 x Specialist Trust Boards (confirmed) &amp; support from C&amp;M to pursue (confirmed)</li> <li>Commitment from Execs and senior Trust management.</li> <li>Support from DMO, finance &amp; other colleagues where appropriate.</li> <li>Support from all non-clinical colleagues across the trust as required.</li> <li>Collaboration with other Specialist Trusts across C&amp;M to identify common opportunities</li> </ul>	<b>Dependencies</b> <ul style="list-style-type: none"> <li>Positive engagement from managers and staff across connected services</li> </ul>
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**Key Milestones**

High level activity (20/21)	A	S	O	N	D	J	F	M	A	M	J	J
Agreed programme of work & finalise cost comparators	In progress											
Establish Specialist Trust Governance & regular meetings												
Deliver plan & implementation of collaborative work streams;	In progress											
Routine Comms with 4 x Specialist Trust Boards												
Secure C&M support for Specialist Trusts - engage regularly	In progress											
- Corporate Functions	In progress											
- Non-Clinical elements of Medicine & Revisit as req'd												
- Non-Clinical elements of Surgery & Revisit as req'd	In progress											
- Non-Clinical elements of C & MH & Revisit as req'd												
- Additional workstreams												
Develop implementation plans and activities with leads & BH's												
Monitor implementation and measure progress												

**Project Sponsorship**

Executive Lead: Dani Jones/J Grinnell  
 Owner(s): N Murdock/ K Warriner /M Swindell / M Flannagan / C Liddy / K Jones

**Resources (Driving / Supporting)**

M: Acute	
M: Complex	
M: Specialist	
M: Heam/Onc/Pall/EoL/Inf.	
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
S: Burns & Plastic	
S: Cardiac & Cardiology	
S: Cleft, Dental & Oral Sx	
S: Critical Care	
S: ENT & Audiology	
S: Neuro & Craniofacial	
S: Ophthalmology	
S: Orthopaedic & Urology	
S: Theatres	
S: Medical Engineering	
CAMH: Outpatients	
CAMH: Complex Care & Comm. Nursing	
CAMH: Comm. Therapies	
CAMH: Mental Health	
CAMH: Develop. Paeds	
Clinical Research Division	Y
Facilities	Y
Finance	Y
Information & IT	Y
HR	Y
Education	Y
Corporate services (other)	Y



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# AH-06 Paeds reach – C&M, NWest

<b>Project Sponsorship</b>
Executive Lead: Dani Jones Medical Execs: A. Hughes/ A. Bass Owner: Sara Naylor

**Project Overview**

This project encompasses 3 core elements;

1. Coordination of Paediatrics across C&M – through C&M Paeds network and W&C Programme (inc. 111 first)
2. C&M Paeds Capacity (Surgery initially – and developing into Outpatients) – model to allow for effective operational/mutual aid arrangements for C&YP recovery across C&M
3. Development of the NW Surgery in Children (SIC) ODN – Shadow ODN initially to develop shared Winter + Covid plans, developing into formal ODN in April 21

Data from hospitals across both Cheshire & Merseyside (C&M) and the North West (NW) shows there is a high & growing waitlist for paediatric planned surgery, accelerated by the COVID-19 pandemic (thanks to ceasing elective surgery & reduced theatre capacity) however there are other pre-existing challenges in surgery in children that contribute to this; workforce / training for surgeons and anaesthetists with fewer clinicians operating on C&YP, gradual decline in C&YP receiving surgery in a DGH across all specialities, an increase in no. of C&YP receiving surgery in specialist centres (e.g. 0-4yrs routine procedures), a year on year growth for GPS in specialist centres increasing by 6%, and C&YP needing specialised surgery often needing a Paediatric Critical Care (PCC) bed, which results in increased waiting times for some specialised surgery. Establishment of new SIC ODN will focus on meeting constitutional targets for C&YP awaiting elective surgery across the region, provide an understanding of the scale of elective paediatric surgery demand across the NW and C&M, and capacity and resource required to respond to it. This will ensure equitable care for children and young people with improved access to sustainable high quality services across the region.

**Objectives**

Safe Care	Access to Care KPI's	Great place to work	Advocate for CYP	
Increased / effective use of PCC bed capacity	Reduction in paediatric planned surgery wait time	Staff working at their optimum skill levels	AH in leadership role for C&YP across C&M and NW	All 3 elements will contribute to establishment of robust network of care arrangements, to enable more resilient, flexible and sustainable solutions, and allow for a co-ordinated approach to winter planning across the region. This work will help organise services so that all C&YP can access high quality care that meets their individual needs as close to home as possible and at the time they need it. This networked care will facilitate local leadership, accountability for changes in service, meet the changing needs of patients and maximise staff development.
Reduction harms associated with long waits	Provision of specialist surgery in specialised tertiary hospitals	Appropriate staffing levels & rotas	% of children who have equal access to care in NW Target - Y1: No material waiting list variance between sites Y3: Fully recovered C&M Paeds backlog	
Implementation of GIRFT surgery recommendation	Improved access to care closer to home - provision of appropriate surgery in DGHs			

**Scope**

<b>In scope</b>	<b>Out of scope</b>
<ul style="list-style-type: none"> <li>• Implementation of a PCC and SIC ODN</li> <li>• Co-ordinated winter planning across all organisations with C&amp;M and the NW</li> <li>• Operational implementation of 111 first</li> <li>• Exploration of the development of a co-ordinated paediatric WL approach across the region</li> </ul>	<ul style="list-style-type: none"> <li>• Anything not deemed within scope as per the milestones outlined in the delivery plan below</li> </ul>

**Assumptions / Dependencies**

<b>Assumptions</b>	<b>Dependencies</b>
<ul style="list-style-type: none"> <li>• Continued C&amp;M Cell support to develop Paeds Model</li> <li>• The proposed ODN is commissioned &amp; fully funded</li> <li>• Engagement and appropriate representation from all organisations involved</li> <li>• Full attendance at project / network meetings as required</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient time from the identified representatives</li> <li>• Engagement from identified representatives and high attendance to project meetings, when required</li> <li>• Engagement of required resources identified to help drive / support the project</li> <li>• Communications strategy</li> </ul>

**Key Milestones**

	A	S	O	N	D	J	F	M	A	M	J	J
High level activity (20/21)												
Identify problems for all organisations within C&M and the NW	Done											
Identify baselines for all organisations within C&M and the NW	In progress											
Identify membership i.e. nominated lead(s) from all hospitals	Done											
Coordinated C&M and NW approach to winter planning												
Establishment of Shadow NW SIC ODN	Funding agreed											
Commissioning and implementation of formal PCC & SIC ODN (inc. implementation of GIRFT Paed Surgery recommendations)												
Implementation of 111 first – at AH, and with C&M Paed Network												
Capacity Modelling & development of a co-ordinated Paediatric WL approach												
Post-implementation and outcomes review												

**Resources (Driving / Supporting)**

<b>M: Acute</b>	Y
<b>M: Complex</b>	
<b>M: Specialist</b>	
<b>M: Heam/Onc/Pal/EoL/Inf.</b>	
<b>M: Laboratory</b>	
<b>M: Pharmacy</b>	Y
<b>M: Radiology</b>	Y
<b>S: Anaesthetics</b>	Y
<b>S: Burns &amp; Plastic</b>	Y
<b>S: Cardiac &amp; Cardiology</b>	Y
<b>S: Cleft, Dental &amp; Oral Sx</b>	Y
<b>S: Critical Care</b>	Y
<b>S: ENT &amp; Audiology</b>	Y
<b>S: Neuro &amp; Craniofacial</b>	Y
<b>S: Ophthalmology</b>	Y
<b>S: Orthopaedic &amp; Urology</b>	Y
<b>S: Theatres</b>	Y
<b>S: Medical Engineering</b>	Y
<b>CAMH: Outpatients</b>	
<b>CAMH: Complex Care &amp; Comm. Nursing</b>	
<b>CAMH: Comm. Therapies</b>	
<b>CAMH: Mental Health</b>	
<b>CAMH: Develop. Paeds</b>	
<b>Clinical Research Division</b>	
<b>Facilities</b>	
<b>Finance</b>	
<b>Information &amp; IT</b>	Y
<b>HR</b>	
<b>Education</b>	
<b>Corporate services (other)</b>	Y

# AH-07: R&I

## Project Overview

This strategic area focuses on strengthening Alder Hey's position as a world renowned institute for Paediatric R&D/I. The strategic theme will aim to grow our capacity to deliver increased research and innovation activities by providing more staff the time and opportunity to participate in meaningful and impactful R&D/I. This will allow more children and young people to have access to quality Research & Development/ Innovation as part of their care. The theme will also include a sharp business development plan with commercial focus in order to achieve sustainability

## Objectives

Safe Care	Access to Care KPI's	Great place to work	Advocate for CYP	Pioneering Research and Innovation	
Ai(utomation) HQ: Improving patient and staff experience	Ai(utomation) HQ: Improving patient and staff experience	Ai(utomation) HQ: Improving patient and staff experience			<ul style="list-style-type: none"> <li><b>AH@nywhere TeCH accelerator (sensors, immersive)</b> This workstream will aim to solve AH problems through use of tech scouting for sensors, immersive and other tech to promote more CYP staying well at home.</li> <li><b>Ai(utomation) HQ: Improving patient and staff experience</b> This work stream will aim to solve AH problems (staff and CYP) through AI to make experience better through automation and data science.</li> <li><b>Commercial research unit</b> This work stream will grow numbers of trials</li> </ul>
AH@nywhere TeCH accelerator (sensors, immersive)	AH@nywhere TeCH accelerator (sensors, immersive)		AH@nywhere TeCH accelerator (sensors, immersive)		
	Commercial research unit	Commercial research unit			

## Scope

<b>In scope</b> All areas outlined in Objectives	<b>Out of scope</b> Digital futures
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## Assumptions / Dependencies

<b>Assumptions</b> Innovation resourced to deliver	<b>Dependencies</b> Digital futures
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## Key Milestones

High level activity (20/21)	A	S	O	N	D	J	F	M	A	M	J	J
Project initiation												
Setup & Feasibility (tech scouting, user centred design)												
Pilots / trials start												
Review & scale & diffuse												

## Project Sponsorship

Executive Lead: Claire Liddy  
Owner: Jo Blair / Emma Hughes

## Resources (Driving / Supporting)

M: Acute	
M: Complex	
M: Specialist	
M: Heam/Onc/Pall/EoL/Inf.	
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
S: Burns & Plastic	
S: Cardiac & Cardiology	
S: Cleft, Dental & Oral Sx	
S: Critical Care	
S: ENT & Audiology	
S: Neuro & Craniofacial	
S: Ophthalmology	
S: Orthopaedic & Urology	
S: Theatres	
S: Medical Engineering	
CAMH: Outpatients	
CAMH: Complex Care & Comm. Nursing	
CAMH: Comm. Therapies	
CAMH: Mental Health	
CAMH: Develop. Paeds	
Clinical Research Division	Y
Facilities	Y
Finance	Y
Information & IT	Y
HR	Y
Education	Y
Corporate services (other)	Y



# AH-08 Digital Futures

Building on the Trust's HIMSS 6 Accreditation and the successful completion of GDE the Digital Futures strategy pledges to deliver even more digitally enabled improvement across a number of themes. Making huge contributions to the Trust's Zero harm goal there are a number of digital initiatives underway where technology will assist clinicians to provide safer care for our Children and Young People, from reducing Medication errors at the bedside and also in the Pharmacy Dept to reducing Blood labelling and Human errors using Closed Loop technology, which is a major factor in the HIMSS 7 Programme. Ensuring clinical staff have one digital 'single source of the Trust' through the Paper Free Programme will help clinicians make quicker and more educated decisions on patient care.

Plans are also underway for the establishment of a Centre for Virtual Medicine, encompassing a whole range of different technologies which will improve patient safety and quality of care. These include Telemedicine and remote ward rounds which proved so crucial during COVID-19 and the ever evolving Virtual Consultation arena which has now been expanded from Outpatients and embraced by the Emergency Dept also to combat winter pressures. The concept being Alder Hey will lead the way and support other smaller Trust's in the region to provide care utilising this technology.

The strategy also sets out to improve the quality and experience of Alder Hey's staff, ensuring they have the best digital tools available in order for them to perform at the highest level. The deployment of Office 365 coupled with the Trust wide Service Improvement Plans have laid the foundations to build upon, with Office 365 Phase 2 about to commence staff will only reap the benefits of utilising Microsoft's latest offering. The main contribution to this theme is the implementation of the Meditech upgrade - Alder C@re, which will see the Trust, be the first in the country to migrate to its modern and flexible platform making the system easier to navigate, enhancing access physically and geographically and improving our data quality.

Finally, the compilation of the above will make improve the experience of our Children, Young People and Families. Ensuring they only tell their story one through a cohesive and comprehensive electronic record, reducing medication errors and patients having to be re-bleed and embracing virtual technology for distraction therapy and continuity of care are some of the main contributing factors in this area.

## Objectives

Outstanding Care (zero harm)	Best People (80% staff recommend)	Great Partnerships	Research and Innovation	Vision: Create and ethos of outstanding Digital Excellence and create the best experience for our Staff and our Children, Young People and Families
Related KPI: Eradicate Medication/Breast Milk administration errors	Related KPI: Improving user experience and giving clinicians best digital tools available	Related KPI: Supporting other Trust's thorough Centre of Virtual Medicine	Related KPI: Improving and transforming care through data analytics	Main Priorities and Objectives <ul style="list-style-type: none"> <li>Digital Safety Improvement and contribute to Zero Harm</li> <li>Best Digital Tools available for our staff improving user experience</li> <li>One single electronic patient record</li> <li>Improve experience for Children, Young People and Families</li> </ul>
Other: Eradicating patients being re-bleed	Other:	Other:	Other:	

## Scope

In scope	Out of scope for Phase 1
<ul style="list-style-type: none"> <li>HIMSS Stage 7 – Closed Loop Medication Bedside and Pharmacy Dept, Closed Loop Blood Specimen Collection and Expressed Breast Milk</li> <li>Centre for Virtual Medicine – Virtual ED, Virtual Consultations, Telemedicine, Paper Free – Paper Free OP, Legacy scanning</li> </ul>	

## Assumptions / Dependencies

Assumptions	Dependencies
<ul style="list-style-type: none"> <li>Assuming all paper can be digitised safely</li> <li>Assuming the same levels of care can be provided using virtual technology</li> </ul>	<ul style="list-style-type: none"> <li>Buy in and leadership from Clinical and Operational Teams</li> <li>Suppliers ability to deliver solutions in line with Trust deadlines</li> <li>Availability of staff for training</li> </ul>

## Key Milestones

	A	S	O	N	D	J	F	M	A	M	J	J
High level activity (20/21)												
Safety Culture: Digital Safety Programme (HIMSS Stage 7, Closed Loop Technologies, Paperfree)												
New Models - Centre for Virtual Medicine												
Specialist Trust and Non Clinical Services: Digital Collaboration and Service Digital Priorities												
Looking after our People: Digitally enabled staff inc Agile Working and Office 365 Phase 2												

Project Sponsorship	
Executive Lead: Kate Warriner/Adam Bateman/Nicki Murdock	
Owner: TBC	
Resources (Driving / Supporting)	
M: Acute	
M: Complex	
M: Specialist	
M: Haem/Onc/Pall/EoL/Inf.	
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
S: Burns & Plastic	
S: Cardiac & Cardiology	
S: Cleft, Dental & Oral Sx	
S: Critical Care	
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S: Ophthalmology	
S: Orthopaedic & Urology	
S: Theatres	
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CAMH: Complex Care & Comm. Nursing	
CAMH: Comm. Therapies	
CAMH: Mental Health	
CAMH: Develop. Paeds	
Clinical Research Division	
Facilities	
Finance	
Information & IT	
HR	
Education	
Corporate services (other)	

# AH09 Developing our Campus

## Project Overview

The aim of this project is to remove the buildings used on the retained estate to allow the reinstatement of Springfield Park by mid 2022. This will be achieved by creating new, modern buildings (the Alder Centre, the Clinical Hub/Dewi Jones Cluster and a new Neonatal building) to help support and improve existing services while also using the Trust's existing estates capacity in a more efficient way.

By introducing higher levels of agile working across the Trust and exploring the possibility of using other buildings such as the Police Station on Eaton Road and other sites where possible, the aim is for Alder Hey to be a more efficient and greener working environment which will benefit from being part of the reinstated park while also reducing energy costs and supporting the Trust's Green Travel plan by reducing on-site staff car parking.

## Objectives

Outstanding Care (zero harm)	Best People (80% staff recommend)	Great Partnerships	Research and Innovation	
Related KPI:	Related KPI:	Related KPI:	Related KPI:	Using the data emerging from the agile project, align the resource requirements for desk and office space with the future strategy for the AH estate
				Reinstate Springfield Park as agreed with LCC.
				Relocate staff from retained estate.
Other:	Other:	Other:	Other:	Construct Alder Centre, Cluster and Neonatal builds.
				Renovate acquired buildings/spaces.

## Scope

In scope	Out of scope
<ul style="list-style-type: none"> <li>Planning and reinstatement of Springfield Park inc. demolitions and landscaping</li> <li>Removal of Catkin and associated car parks</li> <li>Construction of Alder Centre, Cluster (Dewi Jones/Hub), Neonatal</li> <li>Redevelopment of purchased buildings and Police Station</li> </ul>	<ul style="list-style-type: none"> <li>Park enhancement (lighting, café, city farm)</li> <li>Ongoing maintenance of park</li> <li>North East Plot construction</li> <li>Car parking allocations to staff</li> </ul>

## Assumptions / Dependencies

Assumptions	Dependencies
<ul style="list-style-type: none"> <li>Agile working rate of 50% to be accepted across trust</li> <li>Agreement from Exec to obtain additional buildings where required</li> <li>Off-site parking solutions and Green Travel plan to be mandated by Trust</li> </ul>	<ul style="list-style-type: none"> <li>Agile working group</li> <li>Car parking group/Green Travel Plan</li> <li>Decision on use of Knotty Ash Nursing Home</li> </ul>

## Key Milestones

	A	S	O	N	D	J	F	M	A	M	J	J
High level activity (20/21)												
Reinstate phase one of Springfield Park												
Reduce on-site car parking												
Complete Alder Centre												
Demolish Oncology, Genetics and other structures												

Project Sponsorship	
Executive Lead: Owner: David Powell	
Resources (Driving / Supporting)	
M: Acute	
M: Complex	
M: Specialist	
M: Heam/Onc/Pall/EoL/Inf.	
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
S: Burns & Plastic	
S: Cardiac & Cardiology	
S: Cleft, Dental & Oral Sx	
S: Critical Care	S
S: ENT & Audiology	
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CAMH: Mental Health	S
CAMH: Develop. Paeds	S
Clinical Research Division	
Facilities	S
Finance	
Information & IT	
HR	
Education	
Corporate services (other)	D



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Document Classification: KPMG Confidential

<b>Project Sponsorship</b>
Executive Lead: Kate Warriner/Adam Bateman/Nicki Murdock
Owner: TBC

**Project Overview**

**AlderC@re is the new version of Meditech, Phase 1 Strong Foundation will be delivered in 2021. Key highlights include:**

**AlderC@re (Meditech EXPANSE):**

- Web Based Medical Notes – that can be tailored to the needs of clinical team.
- New Theatres Module – that can be tailored to individual surgical specialties
- ReStart of Scheduling – rebuilt module with improved functionality, a fresh start essential for 'Brilliant Booking'

**Hardware:**

- Fully resilient server infrastructure for AlderC@re

**Objectives**

Outstanding Care (zero harm)	Best People (80% staff recommend)	Great Partnerships	Research and Innovation	Vision:
Related KPI: Improve the safety of our EPR through our Clinical Safety approach	Related KPI: Improving user experience and giving clinicians best digital tools available	Related KPI: Working in partnership with other Trusts implementing Meditech Expanse	Related KPI: First Trust in the country to move to new Meditech system	Making the working environment easier for all and supporting staff to deliver outstanding and the safest care for all our patients.
Other:	Other:	Other:	Other:	<b>Priorities:</b>
				<ul style="list-style-type: none"> <li>• A clear, complete and accessible electronic patient record</li> <li>• Effective communication and handover of patients</li> <li>• Improved accessibility and user experience</li> <li>• Clearly defined user experience benefits, enhancing patient safety</li> </ul>

**Scope**

<b>In scope</b> Health Information Management (HIM) Meditech Information System, Registration, Community Wide Scheduling, Theatres, Abstracting, Role Based Access, EDM – ED Clinician Notes, PCM – Clinician Notes, OM – Order Management, Laboratories, Pharmacy/Medicines, Integrated Document Management / Radiology, Data Repository, Data Mapping / Migration, Nursing and Sepsis	<b>Out of scope for Phase 1</b> <ul style="list-style-type: none"> <li>• Oncology</li> <li>• Patient Portal</li> <li>• Surveillance</li> <li>• Materials Management</li> </ul>
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**Assumptions / Dependencies**

<b>Assumptions</b>	<b>Dependencies</b>
<ul style="list-style-type: none"> <li>• Systemic improvements in Clinical Safety</li> <li>• Access to AlderC@re Test for all users</li> <li>• Focus on 'user experience' with a baseline of current experience</li> <li>• AlderC@re Leads in place</li> </ul>	<ul style="list-style-type: none"> <li>• Operational engagement and sign off of AlderC@re design</li> <li>• Digital Training – robust training programme</li> <li>• Data Quality/System Controls</li> </ul>

**Key Milestones**

High level activity (20/21)	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O
Stage 1: Programme Initiation (commenced)	█	█													
Stage 2: Planning and Preparation	█	█													
Stage 3: Clinical Design and Build	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Stage 4: Testing, Training, Service Engagement															
Stage 5: Phase 1 Cutover (Go Live Date TBC in 2021)															

**Resources (Driving / Supporting)**

M: Acute	
M: Complex	
M: Specialist	
M: Heam/Onc/Pall/EoL/Inf.	
M: Laboratory	
M: Pharmacy	
M: Radiology	
S: Anaesthetics	
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Information & IT	
HR	
Education	
Corporate services (other)	

# AH-11 Delivering our Programme (Brilliant Basics Improvement System)

**Project Overview**

The Delivering our Programme is a programme of work which aims to create the framework to develop staff that are empowered to continuously improve care. The programme has so far supported the executive team to set a 'True North' for the organisation which will soon be cascaded to every division, directorate and ward through a standard strategy deployment methodology. Strategic priorities and team objectives have also been selected based upon their alignment to True North. The programme will also support the roll out of the Brilliant Basics Management System which will enable wards and units to continuously manage and improve their performance. The Centre of Excellence will facilitate the delivery of major projects and staff will have the opportunity to develop skills based upon lean management principles, after being recruited and trained. There will also be a small number of improvement projects that are steered through this programme to ensure/drive success in key priority areas.

**Objectives**

Safe Care	Access to Care	Great place to work	Advocate for CYP	Pioneering Research and Innovation	By deploying the True North and Strategic Planning Framework, this will have a positive impact on all of these domains. It is not intended to be a cost improvement programme but will support the Trust in achieving a more sustainable financial position.
No Harms	Provide care to 400,000 children & young people in 2021	80% of staff recommend Alder Hey as a great place to work	##% of children who access care in CM	# of active research studies	
	No child will wait over 52 weeks for care		# of children who have had preventative/ early support	# of innovation projects deployed in care	

**Scope**

<p><b>In scope</b></p> <ul style="list-style-type: none"> <li>• Strategy Deployment</li> <li>• Leadership Behaviours</li> <li>• Brilliant Basics Improvement System</li> <li>• Step Change Projects</li> <li>• Centre of Excellence</li> </ul>	<p><b>Out of scope</b></p> <ul style="list-style-type: none"> <li>• Any items outside of the workstream below</li> </ul>
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**Assumptions / Dependencies**

<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• KPMG will be able to continue to support with the entire programme</li> <li>• Point of Care will be supporting with quality improvement training</li> </ul>	<p><b>Dependencies</b></p> <ul style="list-style-type: none"> <li>• Sufficient time from the executive team to lead on workstreams</li> <li>• Improvement must be embedded as a cultural norm to sustain improvements therefore all staff must engage in the programme</li> <li>• Sufficient time to coach direct delegates, and support</li> </ul>
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**Key Milestones**

Please see following slide

**Project Sponsorship**

Executive Lead: John Grinnell  
 Owner: All Departments / Services

**Resources (Driving / Supporting)**

M: Acute	S
M: Complex	S
M: Specialist	S
M: Heam/Onc/Pall/EoL/Inf.	S
M: Laboratory	S
M: Pharmacy	S
M: Radiology	S
S: Anaesthetics	S
S: Burns & Plastic	S
S: Cardiac & Cardiology	S
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S: Theatres	S
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CAMH: Comm. Therapies	S
CAMH: Mental Health	S
CAMH: Develop. Paeds	S
Clinical Research Division	S
Facilities	S
Finance	S
Information & IT	S
HR	S
Education	S
Corporate services (other)	S

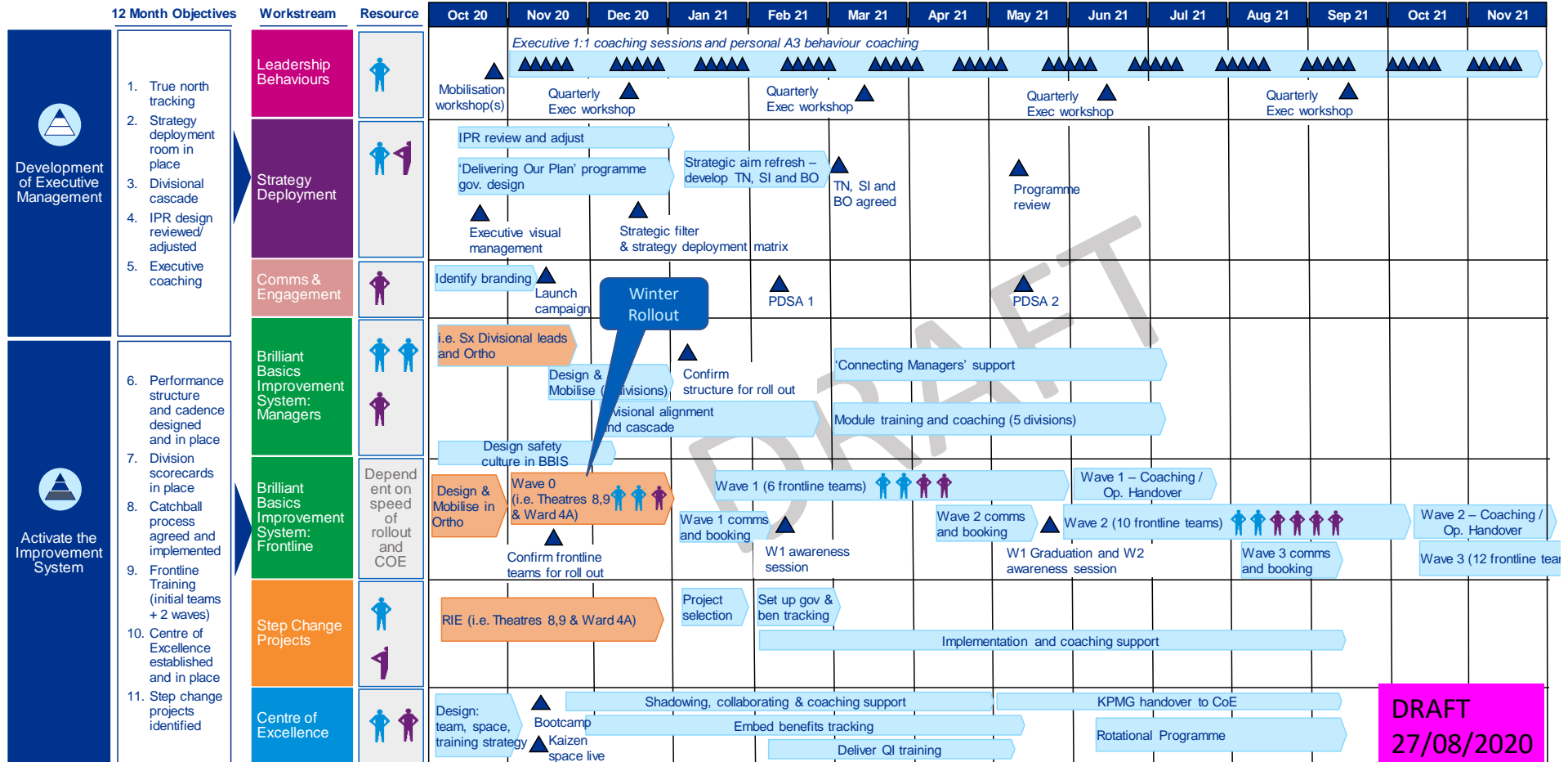


Alder Hey Children's

NHS  
Alder Hey Children's  
NHS Foundation Trust

# Activities for 12 months: Option 2

Total KPMG resources = 8 Total AH resources = x



## BOARD OF DIRECTORS

Tuesday 8<sup>th</sup> September 2020

<b>Paper Title:</b>	Flu Campaign: Review of 2019/2020 and plans for 2020/2021
<b>Executive Lead:</b>	Medical Director
<b>Report of:</b>	Flu Campaign Steering Group
<b>Paper Prepared by:</b>	Jennie Williams, Senior Improvement Manager
<b>Purpose of Paper:</b>	Decision <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Regulation <input type="checkbox"/>
<b>Background Papers and/or supporting information:</b>	None
<b>Action/Decision Required:</b>	To note <input type="checkbox"/> To approve <input checked="" type="checkbox"/>
<b>Link to:</b> ➤ <b>Trust's Strategic Direction</b> ➤ <b>Strategic Objectives</b>	Delivery of outstanding care <input checked="" type="checkbox"/> The best people doing their best work <input checked="" type="checkbox"/> Sustainability through external partnerships <input type="checkbox"/> Game-changing research and innovation <input type="checkbox"/> Strong Foundations <input type="checkbox"/>
<b>Resource Impact:</b>	

## Flu Campaign: Review of 2019/2020 and plans for 2020/2021

Jennie Williams, Senior Improvement Manager, 01/09/2020

### 1. Introduction

Across the country, we are currently seeing the direct and indirect consequences of the COVID-19 pandemic on the NHS and social care. As we progress into winter, the impact of COVID-19 will continue and we are likely to endure the co-circulation of both COVID-19 and influenza. Planning this year is more challenging than ever in light of staff absence uncertainties and how long COVID-19 policies, e.g. social distancing, travel, will remain in place. It is therefore of paramount importance to vaccinate those at risk of contracting and spreading flu in order to protect as much of the population as possible and minimise further impact on the NHS and social care.

This paper contains a look back at the 2019/2020 flu campaign and also projects forwards to the planning of the 2020/2021 campaign.

The Department of Health has outlined specific requests that every NHS organisation completes the Healthcare Worker Flu Vaccination Best Practice Management Checklist by December 2020. In the context of this checklist, this paper outlines the actions that Alder Hey needs to address.

### 2. Background

#### Look back - Flu Campaign 2019/2020

The 2019-20 staff influenza campaign officially launched on the 1<sup>st</sup> October 2019 and ended 31<sup>st</sup> January 2020.

#### Total numbers of frontline staff vaccinated by staff groups (March 2020)

Group (baseline)	% 2018-19	Baseline	Uptake Overall	% Uptake 2019-20
1-Doctors (ESR)	65%	379	275	72.5%
1-Rotational /Junior staff	75%	209	152	72.7%
2- Nurses (ESR)	80.7%	1227	1054	85.9%
3- Support to Tech (ESR)	67.4%	396	539	73.4%
4- Support to clinical (ESR)	64.5%	288	247	78.8%
<b>TOTAL FRONT LINE STAFF UPTAKE</b>	<b>75.29%</b>	<b>2642</b>	<b>2124</b>	<b>80.39%</b>

The Trust achieved the 80% target set by the DH/CCG and saw a 5.1% increase in percentage of staff vaccinated. The only staff group that reached the 80% target was nursing although most, with the exception of rotational/junior staff, saw an increase in the percentage of staff vaccinated.



**Numbers of other staff groups vaccinated (March 2020)**

	% 2018-19	Overall uptake	% 2019-20
Non front line staff vaccinated (ESR)	41.56%	558	50.6%
Volunteers		35	
Medical students		67	
Nursing students		134	
Non ESR Non-clinical (including University)		94	
Interserve		11	

There was a 9.04% increase in permanent non-front line staff vaccinated. There was an increase in the number of volunteers from 2018-19 (27 vaccinated).

**Uptake by division 2019-20**

Department	% 2018-19	Staff Vaccinated	Percentage uptake 2019-20
Medical Division	78.78%	721	85.8%
Surgical Division	72.31%	818	81.8%
Community Division	45.9%	285	64%
Clinical Research Business Unit	90.9%	18	85.7%
Nursing & Quality	78%	21	95%

**Ward uptake 2019-20**

**Compliance target changed from 75% to 80% in 2019-20**

Ward (baseline)	% 2017-18	% 2018-19	2019-20 Number Vaccinated	% 2019-20
Dialysis			4	100%
Burns Unit	95%	94%	16	94%
3B	91%	93%	59	91%
4C	90%	89%	69	93%
AED	92%	88%	93	92%
3C	82%	88%	62	91%
PICU	75%	81.4%	163	94%
3A	84%	81%	62	87%
HDU	N/A	79%	78	87%
1C	83%	78.6%	64	90%
1C Neo	-	-	28	93%
4B	80%	69%	61	80%
4A	74%	70.5%	61	82%
SDC	64%	64.5%	24	92%

Medical Day case	-	83%	9	90%
Theatres	61%	61.9%	93	77%
DJU	47%	54.1%	23	82%
ANNUAL TARGET	75%	75%		80%

NB. There was a significant improvement in the number of areas which achieved the DH target in 2019-20.

#### 2.1. What worked well 2019-20

- Campaign funding for dedicated resources
- Clear and direct communications
- Drop in sessions - captured staff on a flexible basis to fit around their working day
- Ward based vaccinators were able to vaccinate their peers within their usual working days
- Walk rounds for departments without vaccinators offered much more coverage
- Additional nursing hours for the IPCT to assist with delivery of vaccine
- Better utilisation of Team Prevent hours

#### 2.2. Challenges in 2019-20

- Time requirement for inputting of consent forms and analysis of data
- Access to some clinical teams in Community
- Prioritisation of campaign by service managers
- Lack of complete data for non-permanent staff (i.e. rotational medical staff)
- Medical Support within the divisions
- Vaccines for > 65 years were only administered by Team prevent

#### 2.3. Challenges for 2020-21

- Aspirational target of 100% vaccination for Healthcare workers
- Impact of COVID 19 on the campaign; vaccinations will take longer due to IPC requirements and we will need to avoid crowding and adhere to social distancing measures for the flexible drop-in sessions to maximise uptake

#### 2.4. Conclusion

The 2019/2020 staff Influenza vaccination campaign was moderately successful with an uptake achievement of 80%, 5% more than the previous year. Whilst there is always small percentage of staff that are unable to be vaccinated due to rare allergy or adverse reactions to the vaccine, there are still significant improvements to be made.

3. **Look Forward – Flu campaign 2020/2021**

The flu campaign for 2020/2021 aims to build on good practice from previous flu seasons and to reflect the need to achieve maximum coverage this year. Unlike previous years, this year’s campaign is utilising a quality improvement approach which is outlined in the following section.

3.1. **Vision**

The overall vision is to have a flexible, adaptable and accessible approach to the vaccination programme that maximises uptake across all parts of the workforce.

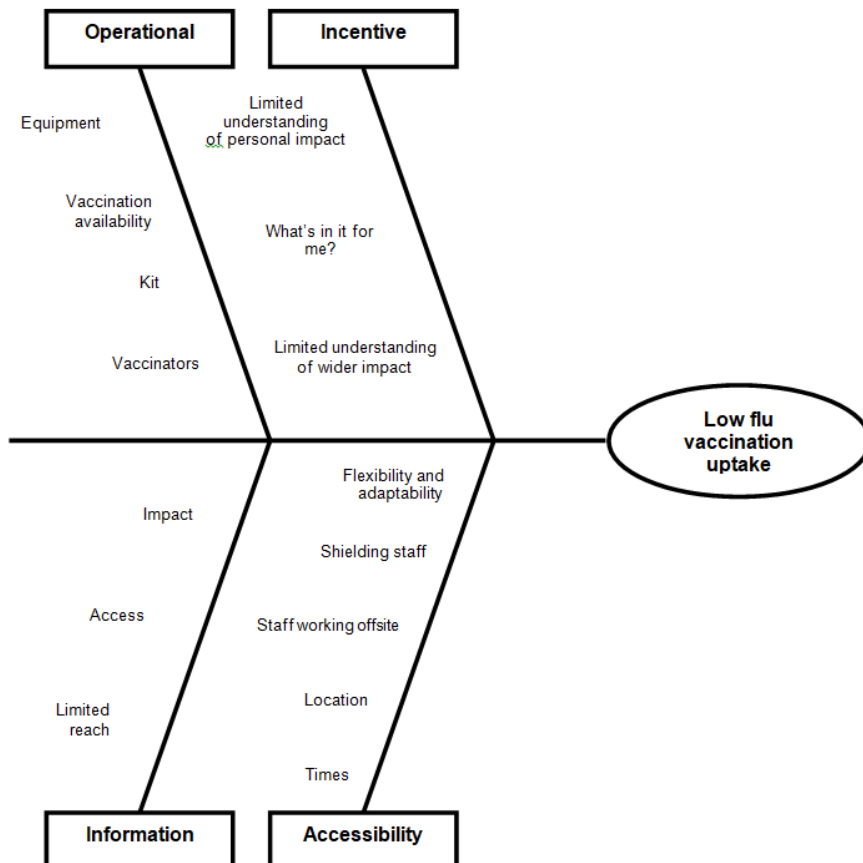
3.2. **Goals**

The Department of Health has outlined a requirement for 100% of staff to be offered the vaccination but we aim for this to be 100% of staff employed by Alder Hey to have the vaccination within 8 weeks of the start date (Monday 28<sup>th</sup> September 2020).

Success will be determined by the increasing percentage of the workforce that are confirmed to have had the vaccination over the time period stated. In addition, we also have cohorts of students and volunteers that will be included in the vaccination campaign similar to previous years. We also want to include our PFI partners based within the Trust (the requirements for this are being explored at present).

3.3. **Analysis of the Problem**

Following discussions at the Flu Steering Group on Wednesday 12<sup>th</sup> August, the following diagram outlines the potential causes of previously lower than desired flu vaccination uptake.



Data from last year’s campaign indicates lower uptake in certain areas. Learning from last year has identified areas of challenge and potential solutions to these challenges.

3.4. **Future state**

3.4.1. *Ideas in development – go live WB 14<sup>th</sup> September 2020*

The development and utilisation of a Flu App that allows staff to register, record that the vaccination has taken place and enables all documentation and reporting requirements through the use of live data that will steer the adaptable and flexible, but targeted approach to the campaign.

3.4.2. *Ideas implemented already*

Utilising a team approach – building on existing working relationships to ensure that we plan to achieve maximum uptake. As an example, the Community Division have developed a specific steering group that utilises a strong divisional knowledge and drive to optimise uptake.

3.4.3. *Incentives*

Rather than the usual pen and sticker we are building on our social duty to support the reduction of health inequalities through supporting the UNICEF Vaccine for a Vaccine campaign. Our Children and Young People Forum are also supporting the campaign and wish to explore other local initiatives that support reduction of health inequalities.

3.4.4. *Vaccination Session Planning*

The vaccines are being delivered within the following schedule:

Number of vaccines	Week delivery anticipated
1000	18 <sup>th</sup> September
1000	30 <sup>th</sup> September
850	9 <sup>th</sup> October
1000	23 <sup>rd</sup> October
1200	6 <sup>th</sup> November

Assuming the planned schedule is in line with actual delivery, the vaccinations will start from Monday 21<sup>st</sup> September through peer vaccinators. From Monday 28<sup>th</sup> September Team Prevent will start to add in sessions based on the hours already agreed.

Capacity and demand modelling is taking place at present to ensure that we have sufficient vaccines for the planned activity over the coming weeks. The provision of further flexible and adaptable sessions will then be planned in conjunction with our peer vaccinators and Team Prevent using the data as outline in the following section.

3.4.5. *Measurement for Improvement*

The campaign will be driven by the data. Weekly meetings have been scheduled where a report of the uptake and any variance will be shared with key colleagues from across the organisation who will aim to reduce this variance by targeted approaches utilising existing relationships within divisions. Our peer vaccinators and Team Prevent will also be guided by the data to focus on those areas of poor uptake, either through cross-departmental working (peer vaccinators) or through walk-around sessions (Team Prevent).

3.4.6. *Supporting Children and Young People to Receive a Flu Vaccination*

It is also important for the Board to note that all hospital trusts have been asked to offer vaccinations to those clinically at risk and eligible patients attending ED of for in- and out-patient appointments. A project was run last year to support this. We are in the process of scoping how this will operate this

year through Alder Hey playing a leading role in providing vaccinations for the children and young people that we are in contact with through usual service delivery.

4. **Conclusion and Recommendations**

The target for 2019/2020 was achieved overall and although the barre has been raised for 2020/2021, we are confident we will achieve close to 100% of staff vaccinated.

This paper concludes by recommending that the Board:

1. Identify a champion from the Board to support the flu campaign.
2. Promote flu vaccinations through getting theirs done – photo’ opportunities to be arranged.
3. Commit to achieving the ambition of vaccinating all frontline healthcare workers.
4. Agree to the incentives identified.

ENDS