BOARD OF DIRECTORS MEETING

Tuesday 1st November 2016 commencing at 1000

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

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000		**STAFF STORY**		
Board Business						
1.	**16/17/150**	1015	**Apologies**	Chair		--
2.	**16/17/152**	1016	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/153**	1017	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on; **4th Oct 16**	Read Minutes
4.	**16/17/154**	1020	**Matters Arising and Board Action List** - **Revised CBU Structure** - **Freedom to Speak Up**	Chair M Barnaby E Saunders/ S Igoe	To discuss any matters arising from previous meetings and provide updates and review where appropriate To provide an update on progress To provide	Read action list Verbal Verbal
5.	**16/17/155**	1030	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**16/17/156**	1040	**External Environment/STP Progress against strategic themes** - **Community Services** - **Liverpool Women's** - **Reconfiguration Options** - **Global Health** - **Cardiac Services**	L Shepherd J Stephens	To update the Board with regard to ongoing processes with the local health economy To provide an update on progress	Verbal Read report Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Inspiring Quality – Are we safe, are we caring and are we effective?						
7.	**16/17/157**	1105	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	**16/17/158**	1110	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held in: October 2016	Read minutes
9.	**16/17/159**	1115	**Mortality report Quarter 1 & 2**	R Turnock	To receive the Quarter 1 & 2 Mortality report	Read report
Great Talented Teams						
10.	**16/17/160**	1130	**People Strategy Update** - **Staff Survey** - **Workforce and Organisational minutes 5th September 2016**	M Swindell C Dove	To provide an update on the strategy and staff survey To receive the minutes held on: 5th September 2016	Read report Read minutes
Financial Growth, Safeguarding Core Business and Governance						
11.	**16/17/161**	1145	**Corporate Report**	J Stephens/ M Barnaby/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of September 2016	Read report
12.	**16/17/162**	1200	**Strengthening Financial Performance & Accountability in 2016/17 – Next Steps**	J Stephens	To discuss the latest publications from NHS Improvement	Read report
13.	**16/17/163**	1215	**Programme Assurance update** • **Clinical Quality Assurance Committee** **-Our patients at the Centre** • **Resource Assurance and Business Development**	J Gibson	To receive an update on programme assurance.	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			-Developing our business -services in the community - IM&T -supporting Frontline staff - Park, Community Estates and Facilities • **Workforce and Organisational Development**			
			1230 – 1300 LUNCH			
14.	**16/17/164**	1300	**Strategic framework for a new model of Integrated Community Child & Family Services across North Merseyside 2016 – 18**	Jane Lunt/ Alison Williams Liverpool CCG	To present and discuss the new model.	Read report
15.	**16/17/165**	1310	**Integrated Assurance Report** - **Board Assurance Framework**	E Saunders	To receive the monthly BAF update.	Read report
16.	**16/17/167**	1320	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on: 28th September 2016.	Read minutes
Patient Centred Services						
17.	**16/17/168**	1330	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
18.	**16/17169**	1345	**Hackathon Competition – Top 3**	D Powell	To receive a presentation from the top three winners from the recent Hackathon on Health and Wellbeing.	Presentation
Any Other Business						

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VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
19.	16/17/170	1400	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
	Date and Time of Next Meeting: Tuesday 6th December 2016 at **10:00am, Institute in the Park, Large Meeting Room**					

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

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 4th October 2016, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs P Brown	Acting Deputy Director of Nursing	(PB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)

In Attendance:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)

Observing:	Mr M Jones	Consultant Surgeon/Staff Governor	(MJ)

Agenda item: 129	Mrs S Brown	Project Manager and Decontamination Lead	

Apologies:	Mr C Duncan	CBU Director	(CD)
	Dr M Ryan	CBU Director	(MR)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mr D Powell	Development Director	(DP)

Patient Story

The Board welcomed patient Georgia and dad Simon to the meeting.

Georgia reported on her experiences as a patient at the Trust for over 18 years, noting the improvements offered by the new site including its disabled and wheelchair access, more private cubicles and the non-hospital feel of the new building. Georgia said her younger brother likes the play areas and the park.

Georgia raised some areas for improvement including doctors failing to knock before they enter the room. Rick Turnock agreed to remind colleagues of this. She also commented that although overall the food on offer is much improved, patients would like to be able to make toast on the ward. Toasters had not been permitted in the new building due to setting off the new fire alarms, however following feedback toasters were now being piloted. Georgia also commented that the outpatient Pharmacy was a very small and difficult to access at busy times; Louise Shepherd agreed and said that this was being reviewed.

Board of Directors Meeting
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Georgia said TVs had not been working within the High Dependency Unit, Mags Barnaby responded providing assurance on the on-going efforts to ensure all TVs are working across the Trust.

The Board thanked Georgia and Simon for taking the time to share their experiences as the feedback was very welcome.

16/17/119 Declarations of Interest
None declared.

16/17/120 Minutes of the previous meetings held on 6th September 2016
The Board received the minutes from the meeting held on 6th September 2016. Louise Shepherd highlighted two points for clarification:

- Liverpool Women's – reference needed to be made to the ongoing review of the service model being led by the CCG and Alder Hey's involvement in this process;

Resolved:
The Board:
a) reviewed and approved the minutes of the 6th September 2016, subject to the amendment above.

16/17/121 Matters Arising and Board Action list
Director of Human Resources
The Chair reported on Melissa Swindell's appointment as Director of HR passing on his congratulations on behalf of the Board.

Medical Director
The Chair welcomed Rick Turnock to his first Board meeting following his recent illness. Rick Turnock informed the Board he had returned in a three day per week part time role until his retirement in March 2016. The process to appoint his successor was underway.

Non-Executive Directors (NEDs)
Erica Saunders reported that the recent NED interview process had been completed. The Nominations Committee had agreed unanimously on their recommendation for appointment, which would be put to the full Council of Governors for approval shortly. She commented that the chosen candidate was of a very high calibre and would be a great asset to the Board.

Claire Dove had been re-appointed by the governors for her second term. Steve Igoe had also been re-appointed for a further year having completed his second term, following approval by the Council of Governors of the case made under the 'exceptional circumstances' provision within the Code of Governance.

Revised CBU Structure
Following Board approval the revised CBU structure, moving from five to three CBU's has been implemented.

Mags Barnaby reported on each of the CBUs and the appointments made to date:

Board of Directors Meeting
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Medicine
- Mary Ryan has been appointed as Director of the Medicine CBU
- Associate Chief Nurse interviews are planned
- Dan Grimes is appointed as Associate Chief of Operations (to December when he leaves the Trust; recruitment is underway for his replacement)

Surgery CBU
- Christian Duncan is appointed as Director of the Surgery CBU
- Denise Boyle is appointed as Associate Chief Nurse
- Adam Bateman is appointed as Associate Chief of Operations

Community CBU
- An interim Director has been appointed: Catherine McLaughlin. An external search is underway to recruit a Director of the Community CBU
- Brigid Doyle is appointed as Associate Chief Nurse
- Jacqui Flynn is appointed as Associate Chief of Operations

Transformation Team
- Expressions of interest are invited for the role of Director of Clinical Effectiveness and Service Transformation
- Rachel Greer is appointed as Associate Chief of Operations of Clinical Effectiveness and Service Transformation.

Initial sessions are in place to focus attention on establishing good governance across the three CBUs.

The CBUs were now planning their Clinical Director/ Service Group Lead posts. The Board were requested and agreed.

The chair thanked Mags Barnaby and teams for implementing the revised CBU structure.

Resolved:
The Board received an update on the revised CBU structure and requested a further update at the next meeting.

Water Safety
Mags Barnaby, who had now taken over as chair of the Water Safety Steering Group, provided an update to the Board on the group's outstanding actions, including cleaning issues and approving the water safety policy and annual committee business plan. Mags Barnaby agreed to share the business plan with the Board once approved.

16/17/122 Key Issues/Reflections
Junior Doctors 5 Day Strike Action
The 5 day Junior Doctors' strike action due to start tomorrow had been cancelled.

Further announcements were awaited from the British Medical Association.

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Internal Recovery Plan

The Board received an update on the Trust's Internal Recovery plan. Louise Shepherd noted the continued strong focus to reduce the Trust's deficit at the weekly Monday meetings.

16/17/123 External Environment/STP

Louise Shepherd provided an update of progress on the development of Cheshire and Merseyside plans, noting that the national STP model guidance document had been published last week.

The Board noted the recent negative media statements on the STP process nationally.

Locally the three Local Delivery Systems (LDS) would continue to move forward, engaging with local providers. The deadline for submission of STP plans was 21st October 2016.

Community Services
Sefton Community Services

The Sefton Children's Community services contract had been awarded to 5 Boroughs Partnership NHS Foundation Trust and Merseycare NHS Trust. It was noted that 5 Boroughs Partnership currently deliver children's community services to Knowsley. Jonathan Stephens had received initial feedback from the process and was due to meet with the Local Authority representatives for further details.

Liverpool Community Services

A consortium bid for the Liverpool community services bundle led by Bridgewater Community NHS Foundation Trust had been submitted. If Bridgewater was awarded the tender Alder Hey would be sub contracted to provide the children's community services element.

Liverpool Women's Reconfiguration Options

Alder Hey continued to work closely with Liverpool Women's and Liverpool CCG to resolve the issue of a viable future service configuration.

Global Health

The six month commercial programme submitted to Al Jalila Children's Hospital, Dubai had been approved. Al Jalila had asked the Trust to submit a further contract to continue partnership working.

Al Jalila's official hospital opening ceremony was due to take place in November. In December a medical conference would take place in Dubai. It was expected a number of representatives from the Trust would attend these events.

Cardiac Services

Alder Hey had previously been announced as joint host for north west cardiac services with Liverpool Heart and Chest NHS Foundation Trust. A meeting to commence the transfer of services from Manchester to Liverpool was being held tomorrow.

16/17/124 Serious Incident Report

Pauline Brown presented the Serious Incident report for August 2016. There had been one new SIRI, resulting from the lack of availability of neurosurgery equipment for an emergency procedure. An RCA panel has been scheduled.

There had been one new safeguarding incident; the patient had sadly passed away.

An update on the two ongoing serious incidents was received. The report for the never event: wrong side surgery had now been completed.

Two serious incident reports had been closed.

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

16/17/125 Clinical Quality Assurance Committee: Chair's update

The Board received the minutes from the meetings held in July and August 2016.

The Board discussed the implementation of Board committees managing programme assurance oversight since April 2016 and the requirement for this to be continually monitored.

Resolved:
The Board received the minutes of the meetings held in July, August 2016 and a verbal update from the meeting held in September.

16/17/126 Mortality Report - Quarter 4

Rick Turnock presented the Mortality Report for quarter four of 2015/16 and circulated a Paediatric Intensive Care Unit Mortality graph from 01/01/14 – 01/09/16, demonstrating an improving picture.

Erica Saunders reported on the last CQAC meeting where the Mazar's report had been presented and discussed. CQAC had requested that the Trust's process be reviewed in the context of the report and presented at the November CQAC meeting.

Resolved:
a) Board received the content of the Quarter 4 Mortality report.
b) Erica Saunders and Rick Turnock convene a working group to examine HMRG issues in light of the Mazar's report.

16/17/127 Winter Plan

Mags Barnaby presented the Trust's Winter Plan for 2016/17 highlighting the objective to maintain safe and accessible emergency and elective care throughout the winter period.

She highlighted the process to increase bed capacity in high pressure areas:

- Paediatric Intensive Care Unit to increase to 20 beds (16 beds last year).
- High Dependency Unit to increase to 17 beds (14 beds last year).

Going forward a regular weekly meeting would be held to ensure winter plans were meeting service need requirements and to agree adjustments if required.

This year would see the implementation of nurse facilitated discharge to support patient flow. It was anticipated once fully implemented the process would release six beds per day.

Nurse staffing levels were in a better position this year and a 'nursing pool' to cover sickness and maternity leave had been introduced.

Claire Dove asked if Pharmacy have any patient flow issues. It was noted that there were concerns and this would be monitored through the improvement group.

The Chair thanked Mags Barnaby and all those involved for the preparation of the Winter Plan.

Resolved:
The Board received the content of the detailed winter plans.

16/17/128 People Strategy update
Melissa Swindell presented the People Strategy progress update and the employee temperature checks for August 2016.

The Listening into Action 'Pass It On' event for the first cohort of teams to share their experiences through LiA would be held on 31st October 2016. It was agreed an invitation would be circulated to the Board.

Following ratification of the Leadership and Management Development Strategy earlier this year; the Leadership Values programme continues having recruited a second cohort, and will link with the new Management Induction running from October which will link in with the review of Corporate Induction content and processes.

The target for all non-medical PDRs to be completed between April-July had not been reached. This has been and will continue to be addressed at the monthly performance meetings. All CBUs have seen an increase.

The national staff survey would commence on 11th October 2016. Melissa Swindell agreed to update the Board at the November and December meetings.

Workforce and Organisational Development Key issues report 5th September 2016
The Board received the key issues report from the last meeting held on 5th September 2016.

Resolved:
a) The Board received and noted the content of the People Strategy update.

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b) An invitation to the October 'Pass It On' event would be circulated to the Board
c) Progress updates on the staff survey would be received at the November and December Board meetings.

16/17/129 Alder Hey in the Park

Sue Brown provided an overview of the Alder Hey in the Park project.

Decommissioning and Demolition – the demolition contract had now been agreed. Virgin was due to be on site soon to reposition cables. Rick Turnock highlighted that previous work on cabling had caused systems to go down. Sue Brown would inform Peter Young, Chief Information Officer to ensure minimum interference was caused.

The Chair queried if there were plans to remove the stained glass windows from the old Chapel. Sue Brown said this had been looked into however it would be a costly process. Sue Brown would come back to the Board with the expected cost.

R&E Phase 2 - there remains a gap to achieving full funding for the Research Institute phase 2 build, a review of the combined cost of the corporate office block and the Phase 2l research and education building is under a review, with potential to flex the funding between the two projects with some adjustments to size and specification of the corporate office block.

Resolved:
a) The Board received an update on the Alder Hey in the Park project.
b) The cost of removing the stained glass windows from the old chapel was to be received at the November Board.

16/17/130 Corporate Report

Financial Performance

Jonathan Stephens, Director of Finance, updated the Board on the control total. As reported at the meeting on 6 September 2016 the proposed control total agreed for 2016/17 was a £0.8m surplus (excluding asset impairments). Assumed at the time was the Trust would receive a £1m grant to support achievement. This is no longer the case but to compensate the control total has been revised downwards to a £0.2m deficit (excluding asset impairments). Therefore net zero impact. The Board noted and agreed the revised plan and control total.

It agreed that a separate Board session on the future financial strategy would be arranged for November.

Operational performance

The Emergency Department had improved their performance against the 4 hour target and activity compared to last year. Whilst there had been improvements in performance within Outpatients, a review of patient waiting times and DNAs was planned. Mags Barnaby agreed to give a presentation on progress with the improving Outpatients work stream at a future Board meeting.

Patient Safety Performance

The number of grade 2 and above pressure ulcers is exceeding this month's improvement target by 1. A pressure ulcer improvement project is to take place in September which includes a Rapid Improvement Event and incorporates a Tissue Viability training programme.

The robustness of data within the patient safety domain remained an area of focus. A resolution to this continued to be an action at Clinical Quality Assurance Committee meetings.

Resolved:
a) The Board received the corporate report for month 5.
b) A Board session on the future financial strategy was to be arranged for mid-November.

16/17/131 Single Oversight Framework

NHS Improvement had published a Single Oversight Framework that had come into effect from 1st October 2016, replacing the Monitor Risk Assessment Framework and the TDA Accountability Framework.

Discussions had been held at the Resources and Business Development Committee on ensuring that the corporate report and other internal assurance processes reflected the new framework.

Resolved:
The Board received the final published Single Oversight Framework effective from 1st October 2016, together with a letter from Jim Mackey explaining how NHSI intended to develop their approach.

16/17/132 Programme Assurance Update

A breakdown of each of the work-streams and a summary position was provided.

Joe Gibson, while conducting his forthcoming review of the Programme Assurance Framework, was asked to include a separate assessment (with advice on solutions) of the workload currently being experienced by CQAC in particular.

Resolved:
a) The Board noted the importance for the programme to meet the targets set.
b) To receive an update on the programme assurance review once completed.

16/17/133 Integrated Assurance Report

The Board received the assurance report from the last Integrated Governance Committee held on 14th September 2016 and the Board Assurance Framework. An update on the unresolved medical gas isolation valve risk was given, noting this would remain on the IGC agenda until resolved.

Resolved:
Board received the Integrated Assurance report.

16/17/134 Merseyside Internal Audit Agency Insight – Trust Assurance Framework

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Reviews

Steve Igoe asked the Board to note the assurance provided by the benchmarking exercise carried out by MIAA. The Chair commented that the assurance framework now felt very robust and he was confident in the work that is being done to sustain this.

Resolved:
The Board received the results of the MIAA 2015/16 Assurance Framework reviews for information.

16/17/135 Integrated Governance Committee membership
Resolved:
The Chair and Chief Executive agreed to resolve this item outside of the meeting.

16/17/136 Resource and Business Development Committee: Chair's Update
The Board received the minutes from the meetings held in July and August.

Ian Quinlan provided a verbal update from the meeting held in September noting improved performance but the continued high overspend in facilities.

Resolved:
The Board received the RABD minutes from the meetings held in July and August.

16/17/137 Research, Education and Innovation Committee
The Board received the minutes from the meetings held in: March and May 2016.

The Board discussed a governance framework to support new projects presented to the committee.

Michael Beresford updated the Board on progress with the National Institute for Health Research bids:
- Biomedical Research Centre - the Trust had been unsuccessful with this bid.
- Patient Safety Translational Research Collaboration - the Trust had been shortlisted.
- Renewal of Clinical Research Framework – an announcement was awaited.

Resolved:
The Board received the RE&IC minutes from the meetings held in: March and May 2016.

16/17/138 Audit Committee
The Board received the minutes from the meetings held in January, April and May 2016.

Jonathan Stephens gave a verbal update from the meeting held in September noting the re-appointment of External Auditors KPMG. The policy register had

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been presented at the September meeting. Any policy leads with no progress made to outstanding policies would be requested to provide an update at the November meeting.

Resolved:
Board received the Audit Committee minutes held in January, April and May as well as verbal update from the meeting held in September.

16/17/139 Freedom to Speak Up (Whistleblowing Policy)
The above policy was presented to the Board for ratification, following its approval at the Workforce and Organisational Development Committee in September.

Steve Igoe had agreed to attend the national Freedom to Speak Up event being held on 13th October 2016.

Resolved:
Board approved the Freedom to Speak Up (Whistleblowing Policy).

16/17/140 NHS England Annual Emergency Preparedness, Resilience and Response
Pauline Brown presented the following appendices for Board approval prior to submission to NHS England.
- Appendix A Statement of Compliance
The document had been submitted and ratified at the last Integrated Governance Committee.

- Appendix B Core Standards Improvement Plan
The Emergency Preparedness Group would monitor progress.

- Appendix C – J Included Major Incident and Business Continuity Policies and the Emergency Preparedness Annual report 2015-16.

Resolved:
Board approved appendices A-J for submission to NHS England.

16/17/141 Any Other Business
No further business was discussed.

Date and Time of next meeting: Tuesday 1st November 2016, at 10:00am, Large Meeting Room, Institute in the Park.

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

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
06.09.16	16/17/98	Community Services	formal reports on community services would be submitted to the Board	T Patten/J Flynn	01/11/2016	Item included on the agenda	
	16/17/121	MA Water Safety	To share the business plan with the Board once approved.	M Barnaby	10/01/2017	Ongoing	
04.10.16	16/17/126	Mortality report Quarter 4	To implement a working group to examine HMRG issues and Mazar's report	R Turnock/ E Saunders	01/11/2016	Ongoing	
04.10.16	16/17/128	People Strategy update	To invite the Board to the Listening into Action Pass it on Event	J Tsao	01/11/2016	Completed	
04.10.16	16/17/129	Alder Hey in the park	Virgin have previously removed cables and caused systems to shut down. Sue Brown agreed to inform Peter Young of this to ensure minimum disturbance is caused for the planned removal of cables.	S Brown	01/11/2016	Completed	
04.10.16	16/17/129	Alder Hey in the park	To provide an update on the cost to remove stained glass windows from the old site, chapel	S Brown	01/11/2016	To provide an update under: Alder Hey in the Park	
04.10.16	16/17/130	Corporate Report	To arrange a 1/2 day session on the future strategy in November	J Tsao	Nov 16	Completed	
04.10.16	16/17/130	Corporate Report	To provide an update on progress of Outpatients	M Barnaby	06/12/2016	Ongoing	
06.09.16	16/17/100	Child and Adult Mental Health Services (CAMHS) Review Report	To invite the Director of CAMHS to the Board for an update in December 2016.	J Tsao	06/12/2016	Ongoing	
04.10.16	16/17/132	Programme Assurance update	To review and feedback the on programme assurance workload for CQAC	J Gibson	06/12/2016	Ongoing	

STRATEGIC THEMES PROGRESS UPDATE

Community Services:

Liverpool Community Health: Liverpool bundle

The bid for the Liverpool bundle was submitted on 31 August. Bridgewater Community NHSFT led the tender in partnership with the GP Federation and Liverpool, City Council. Alder Hey will be sub-contracted to deliver paediatric services and there is a Memorandum of Understanding in place to support this. We expected to hear about the outcome of the procurement exercise by the end of September. This has been deferred to end October.

Liverpool Community Health: Sefton bundle

Alder Hey was shortlisted as a provider of the 0-19 service and was called to an interview on 2 September. Unfortunately we were unsuccessful in this tender.

Liverpool Community Health: non-core bundles

Following discussions with Liverpool CCG we have been informed that the two non-core paediatric service i.e. SaLT and Community Matrons, have both been awarded to Alder Hey.

Likewise Sefton CCG have informed us that the non-core paediatric services i.e., include Complex Needs nurses, Occupational Therapy, Physiotherapy, SaLT, and Neurodevelopmental nurse specialists will automatically be awarded to Alder Hey. Communication about the adoption of non-core bundles by Alder Hey will be delivered by LCCG once the outcome of the tender for the core bundle has been announced.

A project team has been established to manage the transition of services and staff from LCH to Alder Hey. (Please see attached draft project plan)

Milestone Plan -
AHIC - Transitional De

MIAA have been engaged to undertake and acquire Due Diligence for both the non-core 'lift and shift' bundles and the Liverpool core bundle.

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BOARD OF DIRECTORS

Tuesday 1st November 2016

Report of:	Chief Nurse
Paper Prepared by:	Director of Nursing and Clinical Risk Advisor
Subject/Title:	Serious Incidents Requiring Investigation
Background Papers:	n/a
Purpose of Paper:	This report summarises all the open serious incidents in the Trust and identifies new serious incidents arising in the last calendar month.
Action/Decision Required:	For information regarding the notification and management of SIRI's.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	• **Patient Safety Aim** – Patients will suffer no harm in our care. • **Patient Experience Aim** – Patients will have the best possible experience • **Clinical Effectiveness** – Patients will receive the most effective evidence based care.
Resource Impact	

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1. Background:

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

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

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

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

2. SIRI performance data:

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

3. Recommendations:

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

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New SIRI Incidents reported between the period 01/09/2016 to 30/09/2016:							
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Duty of Candour/ Being Open policy implemented
RCA 204 2016/17 StEIS 2016/25024	21/09/2016	SCACC	Grade 3 pressure ulcer under cannula.	Dianne Topping, Senior Nurse.	Information gathering commenced and RCA panel meeting scheduled.	Yes	Yes

New Safeguarding investigations reported 01/09/2016 to 30/09/2016: For information							
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Being Open policy implemented
StEIS 2016/23614	02/09/2016	ICS	SUDI - Patient was brought to A&E via ambulance following being found unresponsive at home. An ambulance was called and CPR commenced. Sadly despite resuscitation efforts, patient was pronounced dead at 0754hours.	Safeguarding Team	For information only	Yes	Yes

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On-going SIRI incident investigations (including those above)							
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance (or within agreed extension)	Duty of Candour/ Being Open policy implemented
RCA 199 2016/17 **Internal**	18/08/2016	SCACC	Unavailability of neuro equipment for emergency procedure.	Lisa Westley, Theatre Clinical Lead.	RCA panel held in September, report in draft writing stage.	Internal	N/A (no patient harm).
RCA 182 2016/17 **Internal**	02/06/2016	SCACC	Overdose of potassium in CVVH bag.	Sue Tickle, Sister, Critical Care	Further questions raised during quality check stage, questions answered, report in final quality check stage.	Internal	Yes
RCA 190 2016/17 StEIS 2016/14784	31/05/2016	ICS	Delayed transition of a 17.5 year old CAMHS patient.	Lindsey Marlton, Service Manager, CAMHS	Multi-agency RCA being led by Merseycare, awaiting response from Merseycare.	Yes	Merseycare to lead Duty of Candour process.

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

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			SIRI incidents closed since last report			
Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Outcome	Duty of Candour/Being open policy Implemented
Nil						

Safeguarding investigations closed since last report
Nil

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Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 19th October 2016,
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland, (Chair)	Non-Executive Director	AM
	Mags Barnaby	Interim Chief Operating Officer	MB
	Pauline Brown		PB
	Jeannie France Hayhurst	Non- Executive Director	JFH
	Hilda Gwilliams	Chief Nurse	HG
	Steve Igoe	Non-Executive Director	SI
	Erica Saunders	Director of Corporate Affairs	ES
	Jonathan Stephens	Director of Finance	JS
	Melissa Swindell	Interim Director of HR	MS
	Rick Turnock	Medical Director	RT

In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Jacqui Flynn	General Manager, Community Services	JF
	Joe Gibson	External Programme	JG
	Rachel Greer	General Manager NMSS	RG
	Gail Hewitt	Deputy Director of Quality	GH
	Dan Grimes	General Manager, Medical Spec	DG
	Mary Ryan	CD Integrated Community Services	MR
	Tony Rigby	General Manager, Quality Strategy	TR
	Lachlan Stark	Head of Planning and Performance	LS
	Julie Tsao	Committee Administrator	

| **Agenda item: 68** | Lynsey Marlton | CAHMS Service Manager | LM |
| **78** | Sarah Stephenson | Clinical Audit Manager | SS |

16/17/64 Apologies:

	Adam Bateman	General Manager Surgery	AB
	Mark Caswell	Consultant Paediatrics	MC
	Richard Cooke	DIPC	RC
	Christian Duncan	Clinical Director for NMSS	CD
	Simon Kenny	Clinical Director SCACC	SK
	Janette Richardson	Programme Manager	JR
	Paul Newland	CD Clinical Support CBU/CoBiochemis	PN
	Matthew Peak	Director of Research	MP
	Louise Shepherd	Chief Executive	LS

16/17/65 Declarations of Interest
None Declared.

16/17/66 Minutes of the previous meeting held on 17 August 2016
Resolved:
CQAC approved the minutes of the last meeting held on 17th August 2016.

16/17/67 Matters Arising and Action list
The action log reviewed and would be updated.

16/17/68 CQAC August Walkabout CAMHS Feedback
A discussion on the CAMHS Walkabout was held and the following points were noted:
- The new location for CAHMS was an improvement. The team were working together to make the environment feel less clinical.
- Waiting times had reduced from 20 to 6 weeks making a substantial difference to the pressure on the service.

- Self-referrals has been implemented and the service has seen their first person under this process which resulted in a positive patient experience.

Update on Referral pathways - findings from Children's Society report

Lyndsey Marlton reported on the: access denied a teenagers pathway through the mental health system published by the Children's Society July 2016 and gave a presentation on the CAHMS response.

One of the biggest areas for referrals was in Ellergreen, a new system was to be trailed to support the children in this area. Once in place an audit of the new process would be taken.

All Children's Centres have a named clinician, checks are now in place to ascertain if a patient is to be directed to the CAHMS team or local authority service providers.

For safety reasons patients were required to sign in on their arrival in clinic. Patients had fed-back they felt exposed their names were visible for everyone to see. In light of the patient feedback practice has changed and the register is now kept out of sight protecting the identity of service users.

A slide on referrals from Jan – December 2015 was discussed. A large number of referrals came from GPs. Following the implementation of self-referrals it was expected GP referrals would reduce.

A large number of GP referrals to CAMHS should be referred to services within the community. Members from CAMHS were attending GP Market training stalls to report on all of the pathways for mental health. Hilda Gwilliams asked for this to be an item on the Clinical Quality and Performance Group agenda for the meeting on Friday 14th October 2016.

The waiting times for CAMHS patients had been around 20 weeks. This had now been reduced to 6 weeks. Currently in Liverpool waiting times were at 2 weeks and Sefton was 3 weeks. Joe Gibson said the waiting time slide of planned vs actual times was a great graph clearly showing data.

Traditionally high DNA and cancellation rates had been around 33%. An 'opt in' process had been implemented in May 2016. This had reduced waiting times to 11%.

On – going development and service improvement included:
- the appointment of new CAMHS Divisional Director Andrew Williams.
- Specialist Eating Disorder Services had been commenced in April 2016. The services were meeting their waiting times target of 4 weeks.
- Extended on call hours to cover weekends would commence on 1st November 2016.

Resolved:
a) CQAC received the detailed CAMHS presentation and thanked Lindsey and the team for their continued work to improve CAMHS.
b) Hilda Gwilliams agreed to include an agenda item on the October CQPG meeting on mental health services pathways on the GP Training/Market stalls.
c) Lindsey Marlton agreed to keep the CQC updated on improvements to CAMHS.
d) CAMHS was to remain an item on the CQAC Agenda, Hilda Gwillams to agree timings.

Walkabout for October meeting

CQAC agreed for the October walkabout to be held in Outpatients.

Mags Barnaby reported on the Chairman's walkabout on the morning of 10th October would be in Outpatients asking Rachel Greer to inform the teams.

It was agreed Erica Saunders and Hilda Gwilliams would update the CQC KLOEs Checklist with the issues identified in the latest CQC report to enable and provide the walkabout team with focus.

16/17/69 Programme Assurance

CQAC went through the programme assurance summary and dashboard.

The Improving Outpatients project now has plans available for each work-stream and close attention should be given to any delays highlighted to ensure these are easily resolvable and the project remains on track. To support this Rachel Greer was asked to present an update to CQAC at the November meeting.

A request had been made for funding on the Complex need social workers project, funding had been declined.

Resolved:
a) CQAC received an update on programme assurance.
b) Rachel Greer agreed to present an update on the Improving Outpatients projects at the November CQAC.

16/17/70 Quality Strategy

Tony Rigby and Mary Ryan presented an update on progress following Board approval of the Quality Strategy, "Inspiring Quality", in April 2016.

Tony reported on the strong engagement from staff since the wide consultation to agree vision and aims of revision of the quality strategy in January 2016.

A Quality Strategy section on the intranet was currently being developed and was shown to CQAC. Tony played one of the videos on the site from the Children & Young People's Forum on what patients like and appreciate from staff. CQAC noted the strong positive message from the video and asked for this to be included in staff induction. Tony agreed to share the final version with the education team.

Tony stressed the strong link between Inspiring Quality and Listening into Action (LiA), which is the methodology that is driving implementation of the strategy, and how LiA is currently fulfilling the function of the planned Clinical Cabinet.
The Inspiring Quality Steering Group agendas were focused on three areas. Tony Rigby provided details of new initiatives under each area including:

Patient Safety
To promote a safe culture and ensure children are kept free from harm. An example of delivery includes implementing the Journey to the STARs (Safe, Together and Always Right) ward accreditation programme.

Patient Experience
To provide the best possible experience. Multisensory books were available on wards and pre-hospital visit apps were being developed. The Dewi Jones Centre had produced welcome booklets for staff, children, parents/carers and students.

Effective Care
To provide the most effective and evidence based care. Simulation sessions were being held in the Emergency department and cardiac surgery quality indicators had been further developed.

CQAC minutes 21st September 2016

A number of staff wellbeing and environment initiatives had been launched including a staff running club and Schwartz rounds.

The NHS fab change day was taking place on Wednesday 19th October 2016, and all staff are encouraged to make one change for the benefit of patients and themselves.

A revised governance structure was presented which clarified the roles of Inspiring Quality Steering Group and Clinical Quality Steering Group, and how they reported through to CQAC.

Anita Marsland thanked Tony, Mary and the teams for improving quality strategy across the Trust. A request was made to ensure corporate areas are also involved.

Resolved:
a) CQAC received the detailed presentation on Quality Strategy.
b) To include the Children's Forum video at Corporate Induction
c) To receive a quarterly update on the Quality Strategy.
d) Approved the revised governance arrangements for Inspiring Quality Steering Group and Clinical Quality Steering Group.

16/17/71 Nurse Staffing

Pauline Brown gave an overview of the nurse staffing levels across the Trust.

At the beginning of the year there had been a high staff turnover, high maternity and sickness leave. All three areas had improved within the last three months. The Reasons for this included the revised HR Sickness policy and closer working with the HR team.

The overall front line nursing recruiting position had improved from 52 January 2016 to 90.8 July 2016.

Previously it had been difficult to sustain nurses within Theatres, this had now been resolved.

Next steps are:
- Continue with recruitment drive / activities factoring high levels of attrition
- Continue to manage maternity leave through the Nurse Pool
- Focus on decreasing short term sickness / use of the new sickness policy
- Establishment reviews being undertaken in all in-patient areas post move
- Piloting in house e-roster system
- Monitor cap
- Establishment review underway in OPD
- Review of specialist nursing teams underway
- Focus on retention of staff: induction programme / preceptorship programme / educational programme / critical care course / succession planning / advanced nursing practice
- Application submitted in partnership with HEI to pilot Associate Nurse role
- Pharmacy Technician forerunner project commencing on Ward 4B
- Opportunity to review ways of working across community staff rotating into acute services

Resolved:
CQAC received the detailed presentation on nurse staffing levels across the Trust.

16/17/72 Quarter 1 Complaints report

Anne Hyson presented the quarter 1 complaints report noting the revised format as requested by commissioners.

For Quarter 1 the Complaints team had received 20 formal complaints, this was broken down into CBUs and compared to Quarter 1 in 2015. All CBUs have seen a reduction in complaints year on year.

There had been agreement that four complaints for this quarter could continue outside of the national timeframe, these complaints were still ongoing.

One case with the Ombudsman had been closed. A notification to investigate a health records case had been received and a response has been submitted.

The PALS team had received 410 enquires. Compared to the same quarter last year there has been a 20% increase. It was noted that the increase was likely to be higher as the team were unable to log all enquires. The Board thanked Anne Hyson and the team for the continued support.

Resolved:
The CQAC received the content of the Quarter 1 Complaints report, noting their thanks to Anne Hyson and the team.

16/17/73 Infection, Prevention and Control Action plan
Richard Cooke, Director of Infection, Prevention and Control presented the action plan to CQAC. A review from the CQC had recently been held. At the next review in 12 months time the CQC have asked to see a stronger focus within the action plan and teams working in unison rather than silos.

Julie Hughes who carried out an independent IPC review continued to work with the team. Hilda Gwilliams agreed to ask Julie Hughes to give a presentation at the October Clinical Quality and Performance Group scheduled for Friday 14th October 2016.

CQAC discussed the slow progress on the implementation of Sepsis 6. Members of the Executive team agreed to raise this at their weekly meeting. It was agreed CQAC would receive an update in October.

Resolved:
a) CQAC received the Infection, Prevention and Control Action plan.
b) Hilda Gwillams agreed to ask Julie Hughes to give a presentation at the October Clinical Quality and Performance Group.
c) Implementation of Sepsis to be raised at the Executive meeting and an update on progress to be received at the October CQAC meeting.

16/17/74 Mazar's report
Erica Saunders presented the executive summary from the independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust April 2011 – 2015. A copy of the full report was available on request from Julie Tsao.

CQAC noted the lack of respect and care for the deaths. Members of the Executive team agreed to update CQAC at the November meeting on the response to the Mazar's report.

Resolved:
a) CQAC received and noted the executive summary from the Mazar report.
b) An update on the response from the report would be received at the November CQAC.

16/17/75 Corporate report – Quality Metrics
Patient Safety

The number of grade 2 pressure ulcers and above is exceeding this months' improvement target by 1. A pressure ulcer improvement plan is to take place in September which includes a Rapid Improvement Event (RIE) and incorporates a Tissue Viability training programme.

Patient Experience
The collection and analysis of data for Friends and Family Tests and Inpatient Survey using SNAP database commenced on 1st July. The number of responses has significantly increased, however the quality of the data presented requires review and verification.

Hilda Gwilliams identified the weakest element on the data capture set relates to play and confirmed a business case has been developed and currently following due process. Once approved this will enable the wards and departments to deliver a fit for purpose service.

Clinical Effectiveness
The readmissions of patients with long term conditions within 28 days indicator and the discharge date later than planned (only surgical) indicator baselines are being established. Both indicators monthly totals have reduced compared to last month totals. The remaining clinical effectiveness indicators are on track to achieve 2016/17 annual targets.

Resolved:
CQAC received an update on Month 4 of the Corporate report, quality pages.

16/17/76 Clinical Quality Steering Group
Key Issues report August 2016
A new policy compliance reporting process had been implemented. A report was due to be shared with the Audit Committee tomorrow.

Key Issues report September 2016
A new Quality Contract Standards and CQUIN reporting process has been agreed. The quarterly Quality Contract and CQUIN report will be reviewed at CQSG prior to submission to commissioners.

The transfusion specialist reported there continues to be a problem obtaining blood transfusion training compliance report. Melissa Swindell had been informed this had been resolved and agreed to review this outside of the meeting.

Clinical Quality Steering Group Terms of Reference
CQAC approved the CQSG terms of reference.

Resolved:
a) CQAC received the CQSG Key issues August and September report.
b) CQAC approved the CQSG terms of reference.

16/17/77 Board Assurance Framework
Resolved:
CQAC received the monthly report and was asked to advise Erica Saunders of any concerns.

16/17/78 Clinical Audit and Effectiveness report
Sarah Stephenson, Quality and Governance Manager presented the Trust Clinical Audit Plan for 2016/17 (Appendix A).

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Sarah Stephenson reported on the NHS England 7 day survey that had taken place in March 2016 and is being repeated in September/October; this survey is required every 6 months until 2020/21 and is particularly time consuming. 120 records have to be submitted for the September survey with submission due in October. CQAC thanked Sarah and team.

Resolved:
a) CQAC received the bi-annual Clinical Audit and Effectiveness report.

16/17/79 Any other business
Gail Hewitt
Gail Hewitt was due to retire from the Trust next week. The Chair thanked Gail for her contribution to the Trust.

Date and Time of next meeting: - Wednesday 19th October 2016 at 10am, Large Meeting Room, Institute in the Park.

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TRUST BOARD REPORT

MORTALITY ASSESSMENT AT ALDER HEY
Medical Director's Mortality Report

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

Section two is the Quarter 2 Mortality report which includes a review of statistical analysis in PICU and Cardiac Surgery, followed by more detailed analysis of the place of death, teams involved and specifics about expected v observed deaths.

Section 1: Report from the Hospital Mortality Review Group (HMRG) Jan-Dec 2015

Summary table 2015:

Number of in-hospital deaths (Jan. 2015 – Dec. 2015)	66
Number of in-hospital deaths reviewed	66
Departmental/Service Group mortality reviews within 2 months (standard) – i.e. up to Oct. 2015	88% (57/66)
HMRG Primary Reviews within 4 months (standard)	41% (27/66)
HMRG Primary Reviews currently within 4 months status	69% (38/55)
Number of deaths within 30 days of discharge (Jan. 2015 – Dec. 2015)	18*
Number of 'within 30 days' deaths reviewed	11

∗3 of the 18 will be picked up by the LWH review process.

Summary table 2016:

Number of deaths (Jan. 2016 – Sep. 2016)	58
Number of deaths reviewed	9
Departmental/Service Group mortality reviews within 2 months (standard)	44/50 (90%)
HMRG Primary Reviews within 4 months (standard)	1/30 (3%)
Number of deaths within 30 days of discharge (Jan. 2016 – Apr. 2016)	17
Number of 'within 30 days' deaths reviewed	0

The HMRG has completed all of the mortality reviews of in-hospital deaths for the year 2015. The 2015 deaths were only completed last month. By looking at the 2016 summary table, it is clear that we are falling further behind the standard of a HMRG review within 4 months. However, most in-hospital deaths had completed at least one full Mortality Review within 2 months of their death – i.e. reviewed by a Service Group within the 2-month limit.

The HMRG has performed less well than previously in attaining its 4-month targets over the last 18 months for a number of reasons:

1) The number of deaths has remained higher than usual over the time period as can be seen by looking at the table below. This has resulted in the HMRG being unable to catch up with the workload. So although each meeting has covered about 6-7 cases throughout the year we have continued to fall behind. This has been highlighted to the medical director during the period.

	2014	2015	2016
Jan	2	9	6
Feb	4	2	7
March	3	3	10
April	4	7	7
May	3	3	8
June	7	6	6
July	6	5	6
Aug	2	5	8
Sept	6	4	2
Oct	8	8	
Nov	2	3	
Dec	7	11	
Total	**54**	**66**	**60**

2) Time constraints are becoming an issue because the group meets for 1 hour or perhaps 1½ hours once a month. This is currently not enough time to discuss all the cases due to the high numbers. Ideally the group needs to meet more frequently or for longer but this a voluntary commitment and has to be fitted around other clinical demands. The reviews are already done in members own time as there is no allocation of time in job plans for either reviews or the monthly meetings. It would therefore be difficult to ask for a greater time commitment.

3) Image Now has caused considerable difficulties in undertaking a review. Members are finding reviews take much longer to complete and some information is not accessible.

These issues have been addressed within limitations:

There needs to be discussion amongst the group about the most effective way of catching up whether the consensus is extra meetings or extending the length of the existing ones. This needs to be addressed promptly as inevitably the death rate will increase over winter. Some of the monthly meetings have already extended beyond the usual hour time allocation but this is only possible if enough members are available to stay enabling quorum.

The recruitment drive discussed in the previous report has been fairly successful with 5 consultants and 2 APNP's joining the group enabling reviews to be undertaken more rapidly. Reviews have been undertaken and completed fairly promptly but due to the backlog we are missing the standard.

The issues with Image Now are ongoing but there have been a number of meetings held with medical records and there is now an understanding of what the reviewer's requirements are. Some of the HMRG members are working with medical records to enable a solution to be reached as soon as possible. Whilst these issues are solved there is the compromise that a hard copy will be supplied to the reviewer. This should result in faster and more robust reviews.

Outputs of the new mortality review process for 2015:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	9	9	9	5	3	1
Feb	2	2	2	2	0	0
Mar	3	3	2	1	1	1
Apr	7	7	7	4	1	1
May	3	3	3	3	0	1
Jun	6	6	6	5	1	1
Jul	5	5	5	3	2	0
Aug	5	5	4	0	0	2
Sep	4	4	3	1	0	0
Oct	8	8	7	2	1	0
Nov	3	0	1	0	0	0
Dec	11	1	8	1	3	1

Outputs of the new mortality review process for 2016:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	6	4	6	1		
Feb	7	3	6		2	
Mar	10	2	10		1	
Apr	7		6			
May	8		7			
Jun	6		6			
Jul	6		4			
Aug	8					

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

Since the previous Trust Mortality Report there have been 7 cases where the HMRG mortality review conclusion was discordant with the Service Group/Departmental Reviews' conclusions.

In one case, it was downgraded in that the primary reviewer felt that the 'care provided was less than adequate and different management may have altered the outcome' whereas HMRG were of the opinion 'it would reasonably be expected to have altered outcome'

In 2 cases it was felt that aspects of organisational care could have been better in contrast to the service groups reviews which stated it was 'adequate'

In 3 cases HMRG felt that the clinical care was less than adequate and could have been improved upon although these had no impact on the outcome.

The last case the care was upgraded from the primary review.

Potentially avoidable factors and actions:

Since the previous Trust Mortality Report, there have been 2 in-hospital deaths where potentially avoidable factors may have played a role in the patients' death:

1) A 33-week gestation baby with gastroschisis who died following a hospital –acquired Gram negative (Klebsiella) sepsis (blood culture positive). Initially admitted to AHCH for laparotomy after her bowel became gangrenous. She was on the surgical ward for 6 weeks before becoming acutely unwell with sepsis. She deteriorated very quickly and despite all possible treatment she died.
   There was a delay in administering intravenous antibiotics to the patient. A level 2 RCA has been completed, which clearly identifies deficiencies in the rapidity of review and the administration of the antibiotics. Risk management have been contacted to ensure all the recommendations from the RCA have been implemented.

2) A 25-week gestation baby which was transferred from one of the DGH's for intravenous access. The baby had a number of issues – Respiratory distress syndrome requiring intubation, thrombocytopenia and then sepsis. The baby deteriorated and required inotropes and went into renal failure and therefore required central access therefore transferred to AHCH. The baby had a 9 hour stay on PICU and line inserted and then returned to DGH unfortunately dying 13 days later.
   The HMRG felt that care in the DGH could have been improved and this has been fed back. There were no issues raised about the care in AHCH.

The chart below shows the deaths by primary diagnostic/disease category.

Alder Hey Children's Hospital Deaths: Diagnostic Categories 2015 (n=60)
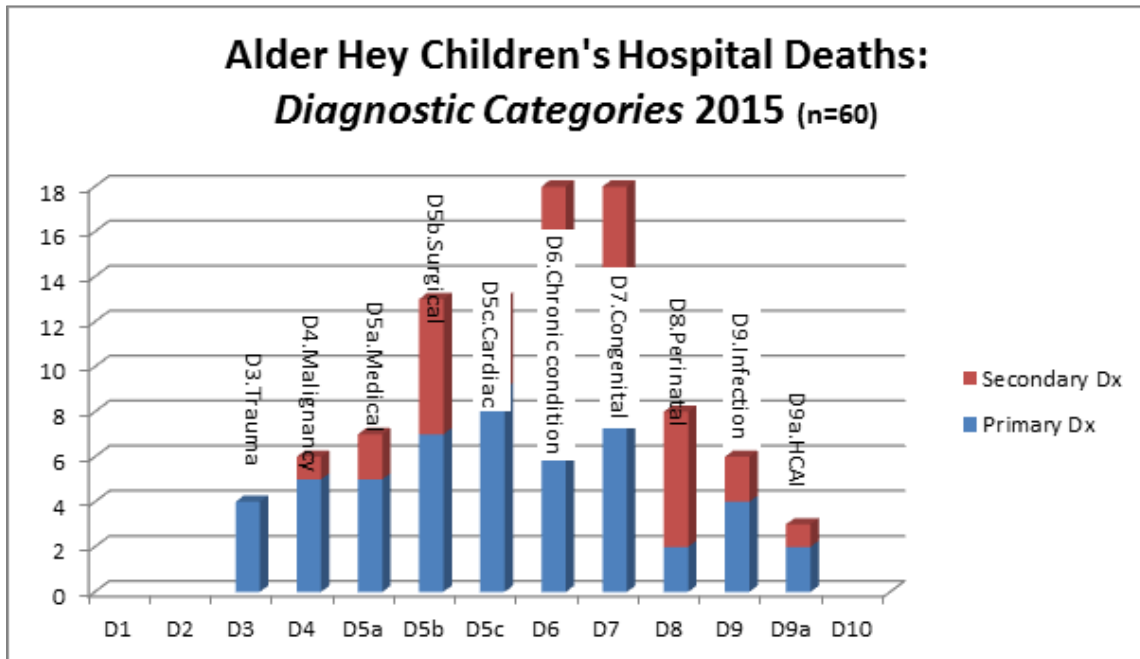
Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

D1.   Deliberately inflicted injury, abuse or neglect

D2.   Suicide or deliberate self-inflicted harm

D3.   Trauma & other external factors − *excludes deliberate self-inflicted harm (D2)*

D4.   Malignancy

D5.   Acute Medical or Surgical condition
              − subcategory D5a. Medical   D5b. Surgical   D5c. Cardiac

D6.   Chronic medical condition

D7.   Chromosomal, genetic and congenital anomalies

D8.   Perinatal / Neonatal event

D9.   Infection / Sepsis (proven or clinical)
              − subcategory D9a. Healthcare-associated infection (home or away)

D10.   Sudden unexplained, unexpected death / SUDI / SUDC − *excludes SUDE (D5*

The chart shows that the highest proportion of deaths in 2015 fell under the diagnostic categories: congenital; chronic medical conditions; cardiac; surgical; perinatal and medical.

The chart below shows the Recurring Themes identified in 2015 HMRG Reviews.

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Alder Hey Children's Hospital Deaths: *Recurring Themes* 2015 (n=60)

Chart with vertical axis labelled 0 to 25. Bars labelled along horizontal axis: R0, R1, R1a, R2a, R2b, R2c, R2d, R2e, R2f, R3a, R3b, R4, R5, R6, R7a, R7b, R8, R9, R10.

Labels on chart: R0.No RT, R2.Mx Issues, R3.Communication, R4.Death Inevitable, R5.Avoidable, R7.Documentation, R10.Good Practice, R9.Withdrawal

Recurring Themes

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

The chart demonstrates that in 2015: withdrawal of care occurred in 38% of deaths; and death was inevitable on admission in 30%. There was no recurrent theme in 32%.

The number of deaths in the tables for diagnostic and recurring themes is 60 although 64 cases have been reviewed by HMRG. The discrepancy is because further information was requested by the group prior to them being coded.

Primary Diagnostic review codes for 2016 are shown below:

Alder Hey Children's Hospital Deaths:
Diagnostic Categories **2016 (n=10)**
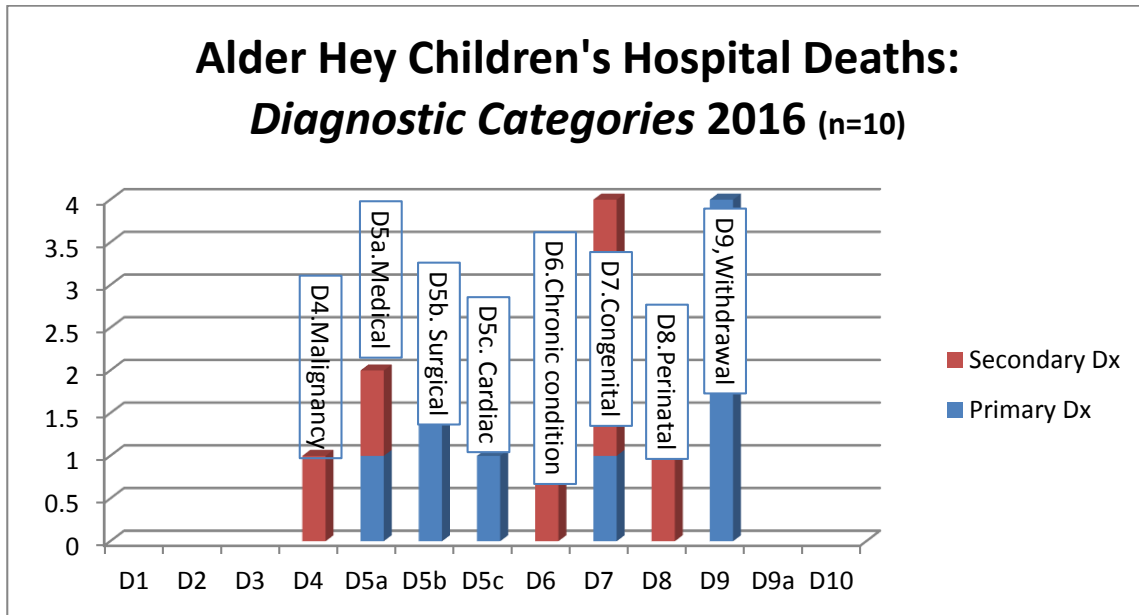
The commonest categories for the deaths so far in 2016 are Infection and congenital abnormalities but this only covers 10 deaths.

Alder Hey Children's Hospital Deaths:
Recurring Themes **2016 (n=10)**
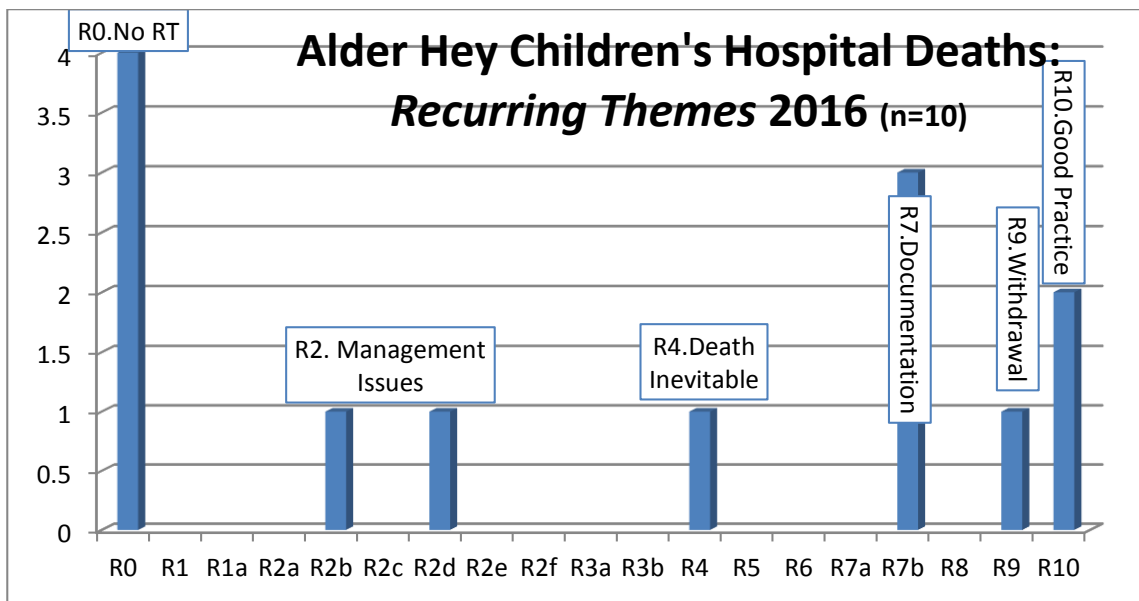
By looking at the chart the recurring themes are 40% no recurrent theme, 30% documentation issues – relating to Image Now, and 20% were felt to demonstrate good practice.

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Section 2: Quarter 2 Mortality Report: April 2016 – March 2017

1) Statistical analysis of mortality:

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

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

Sequential Probability Ratio Test (SPRT)

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

Below is the SPRT chart for PICU for the period 1 January 2014 – 30 September 2016:

SPRT PICU Mortality 1 January 2014 - 30 September 2016
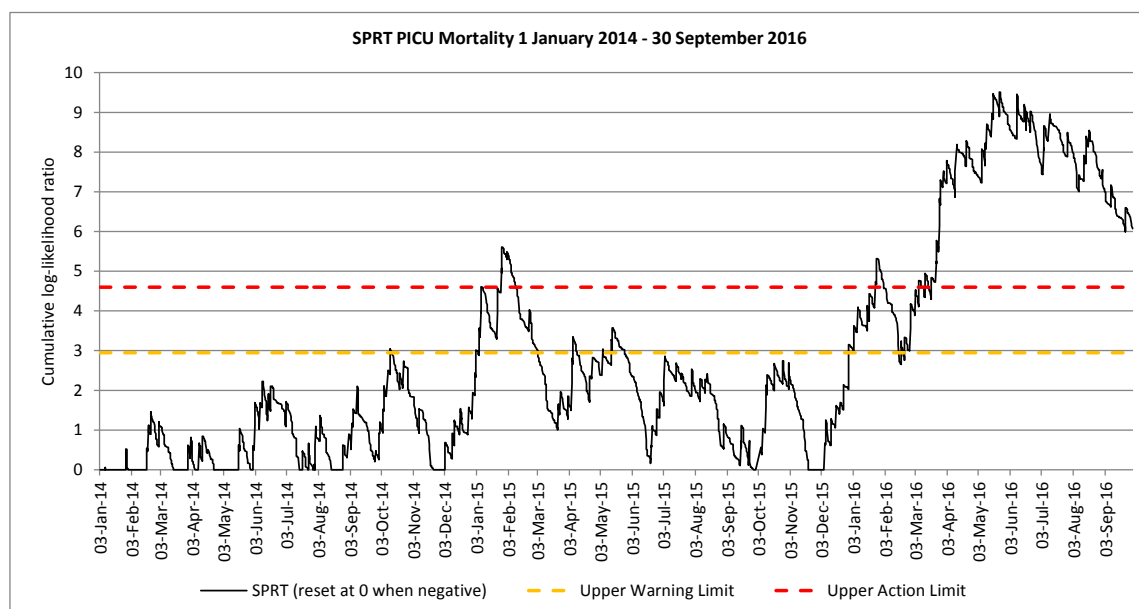
The SPRT chart is designed to test the two alternate hypotheses that the odds of death as doubled, and the odds of death as halved.
The x-axis plots each patient in sequence of discharge/death date; the y-axis plots the cumulative log likelihood ratio for a doubling odds of death.

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

The PICU mortality CUSUM + SPRT data for 2016 was reviewed due to the SPRT trend crossing the upper warning/action line and peaking in the April-June period. There have 53 deaths in PICU thus far this year 2016 (up to October). The PICU Team have assessed that more than 75% of these deaths have occurred in the patient groups: Death inevitable on PICU admission (in retrospect) 55% and Comorbidities + Chronic 22.5%. These deaths in patients with low (admission) PIM3 scores (i.e. chronic multiple comorbidity patients + numerous stable yet ultimately hopeless cases) have impacted on the SPRT peak. The SPRT trend is steadily settling once again.

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

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

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

Alder Hey Children's **NHS**
NHS Foundation Trust

VLAD Chart from 02/10/2015 to 29/09/2016

Total number of 30-day survivors = 340
Total number of 30-day deaths = 3

Y-axis: (Expected - Actual) Deaths within 30 Days

Legend:
- VLAD chart
- Surgical reinterventions
- Catheter reinterventions
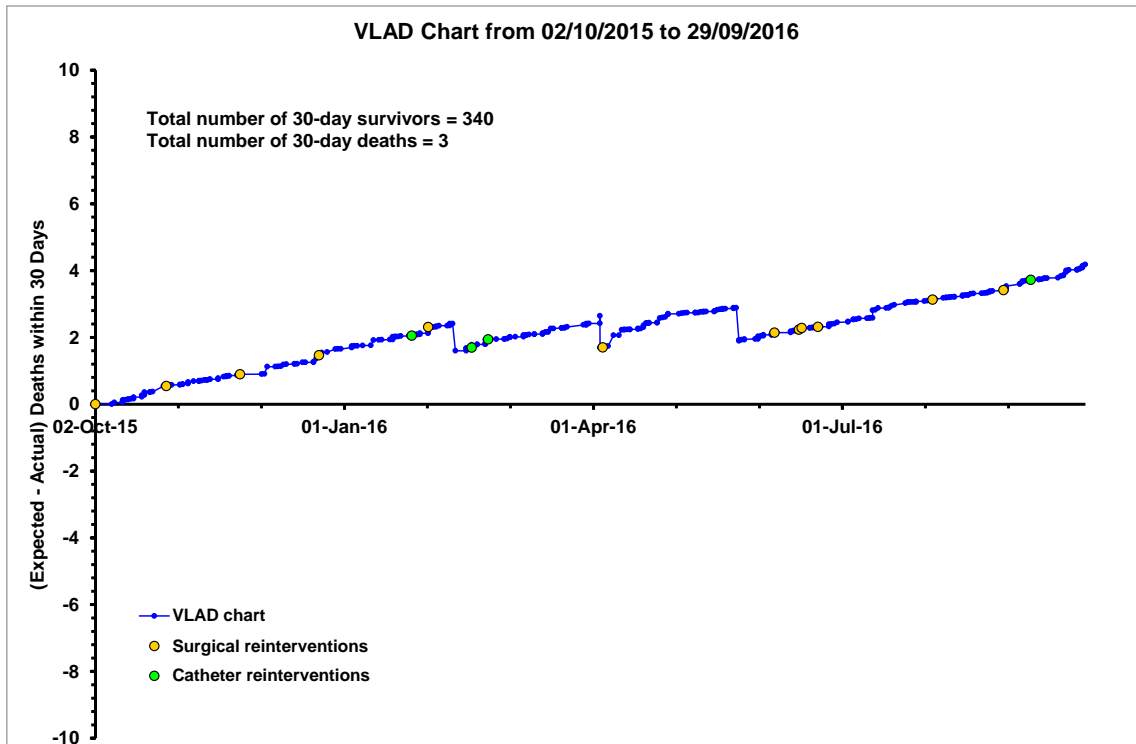
The VLAD chart above shows mortality is occurring lower than expected for the twelve months from October 2015 to September 2016. The survival rate at 30 days was 99.1% against an expected rate of 97.9%.

It is important to note that the risk factors included within the PRAiS model do not fully account for extreme prematurity and the model underestimates the risk for the highest risk patients. This is identified as patients with an estimated risk of above 10%.

2) Real time monitoring of mortality

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

i)   Below are the charts showing mortality by ward for 2016-17, and the previous year 2015-16.

Alder Hey Children's **NHS**
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Deaths by ward 2016-17
Data Source: Meditech

Legend:
- HDU
- PICU
- W3BG
- W3BY
- W3CB
- W3CY

Total: 37

Deaths by ward 2015-16
Data Source: Meditech

Legend:
- C2
- HDU
- PICU
- K2
- OUA&OUI
- W1CB
- W3BG
- W3CB
- W3CG

Total: 75
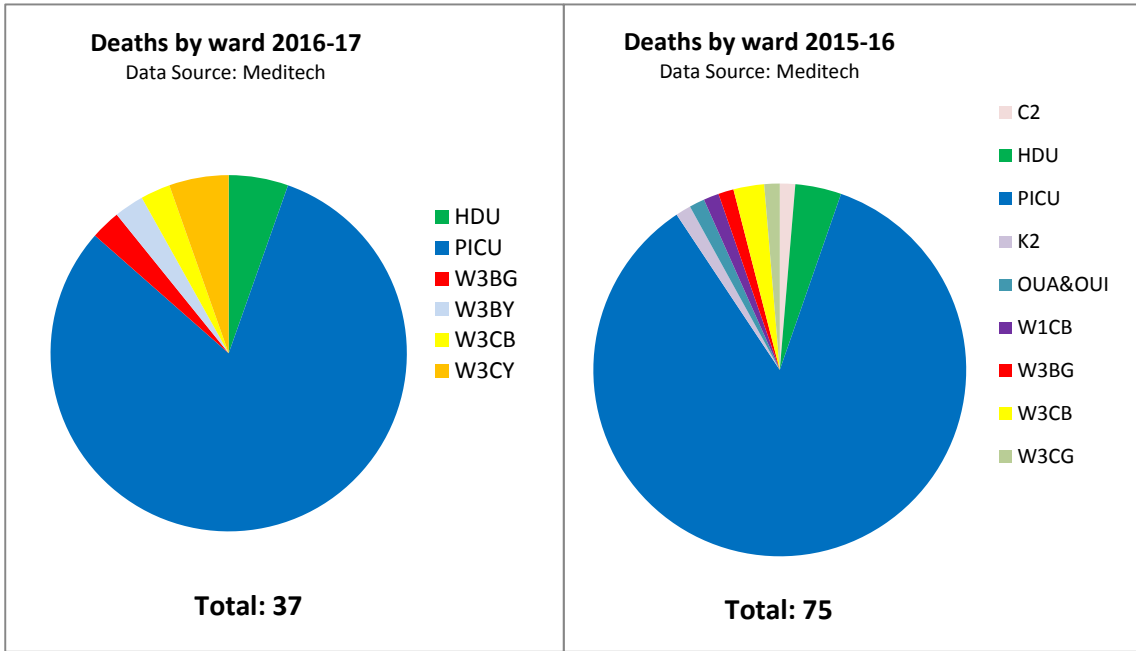
The charts show the highest number of deaths occur in the PICU department. This enables observations of deaths in specific ward areas over time and thus identifies any potential unusual patterns, particularly in non PICU wards.

ii) Below are the charts showing mortality by specialty prior to PICU for 2016-17, and the previous 3 years 2013-14 to 2015-16.

PICU Mortality - Specialty Prior to PICU 2016-17
Data Source: Meditech

Legend:
- Cardiology
- Cardiac Surgery
- Intensive Care Unit
- Neurosurgery
- Paediatric Surgery
- Nephrology
- Respiratory

Total: 30

PICU Mortality: Specialty prior to PICU 2013-14 to 2015-16
Data Source: Meditech

Legend:
- Accident & Emergency
- Burns
- Cardiology
- Cardiac Surgery
- Endocrinology
- Ear Nose and Throat
- Haematology & Oncology
- Intensive Care Unit
- Neonatal
- Neurology
- Neurosurgery
- Paediatric Medicine
- Paediatric Surgery
- Radiology
- Respiratory

Total: 157

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

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

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

Mortality within 7 days, 30 days and over 30 days from admission 2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
% Deaths over 30 days from admission	20%	29%	15%	39%	27%
% Deaths 8-30 days of admission	40%	32%	43%	17%	22%
% Deaths within 7 days admission	40%	39%	42%	44%	51%
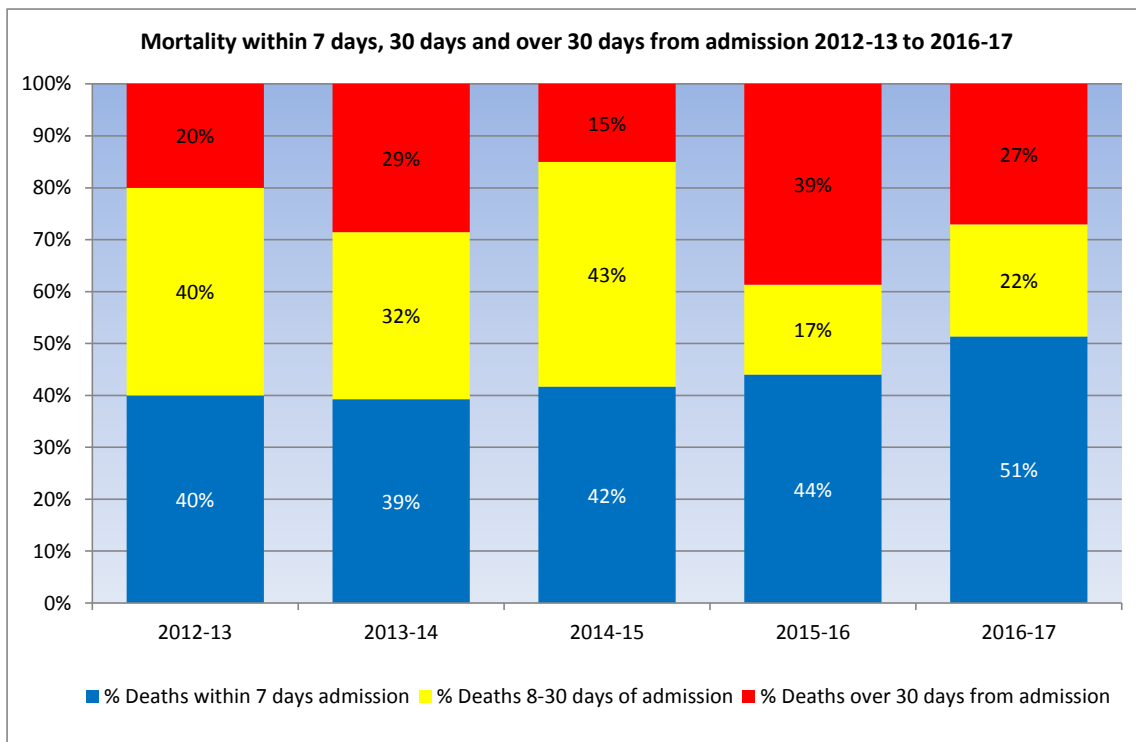
The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 40-60% of deaths occur within this time frame. In the current year 51% occurred within 7 days of admission, 22% occurred within 8-30 days from admission, and 27% deaths occurred over 30 days from admission.

3. External Benchmarking

a) Hospital Standardised Mortality Ratio (HSMR) – HED

HED allows the Trust to monitor and benchmark a number of hospital performance indicators including mortality. The HSMR is the ratio of the

observed number of in-hospital deaths divided by the number that is expected, and is based on 56 diagnoses. Although the scores are based on a basket of diagnoses that are more commonly found in adults, it allows a comparison of the performance of Alder Hey against other Trusts.

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

The chart below compares HSMR for Alder Hey against its peers for the period August 2015 to July 2016.

HSMR peer analysis: August 2015 - July 2016
Data Source: HED

Trust	HSMR
Alder Hey Children's NHS Foundation Trust	221.66
Birmingham Children's Hospital NHS Foundation Trust	139.77
Great Ormond Street Hospital For Children NHS Foundation Trust	201.75
Guy's and St Thomas' NHS Foundation Trust	217.9
Leeds Teaching Hospitals NHS Trust	223.77
University Hospitals Bristol NHS Foundation Trust	43.11

Legend: HSMR — HSMR 95% Lower CI — HSMR 95% Upper CI — England

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

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

HED has developed a Standardised Paediatric Mortality Index (SPMI); this is a paediatric specific ratio of the observed to expected in-hospital deaths

(multiplied by 100). A value of greater than 100 indicates higher mortality level than the average NHS performance, and a value of less than 100 indicates lower mortality level. The expected deaths are calculated from logistic regression models with a case-mix of: age, sex, ethnicity, trust type, emergency surgery flag, chronic condition flag, paediatric risk category, paediatric life-limiting conditions flag and diagnosis group. Diagnosis groups where there are less than 10 death events are excluded from the model. Children up to and including the age of 15 are included. The model is available in pre-release and the most recent data available is for the period 1 March 2015 – 29 February 2016.

SPMI: March 2015 - February 2016
Data Source: HED

Trust	SPMI
Alder Hey Children's NHS Foundation Trust	90.62
Birmingham Children's Hospital NHS Foundation Trust	121.24
Central Manchester University Hospital NHS Foundation Trust	136.21
Great Ormond Street Hospital For Children NHS Foundation Trust	85.57
Guy's and St Thomas' NHS Foundation Trust	155.92
Leeds Teaching Hospitals NHS Trust	149.97
Sheffield Children's NHS Foundation Trust	64.83
University Hospitals Bristol NHS Foundation Trust	131.02

The chart shows that Alder Hey has a lower mortality level than the average NHS performance.

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

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

PICU

It is important to recognise that 85-90% of our deaths occur in PICU as in other children's trusts. In the most recent PICANet report (2015 Annual Report of the Paediatric Intensive Care Audit Network January 2012-December 2014), mortality is displayed in funnel plots. The Standardised

Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions. The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by a recalibrated version of PIM2. Control limits are displayed on the funnel plots; variation within these limits is termed common-cause variation; variation outside of these limits is special-cause variation. Points above the upper control limit indicate higher than normal mortality; highlighting the need for further investigation into the mortality rate.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2014: PIM2r adjusted.
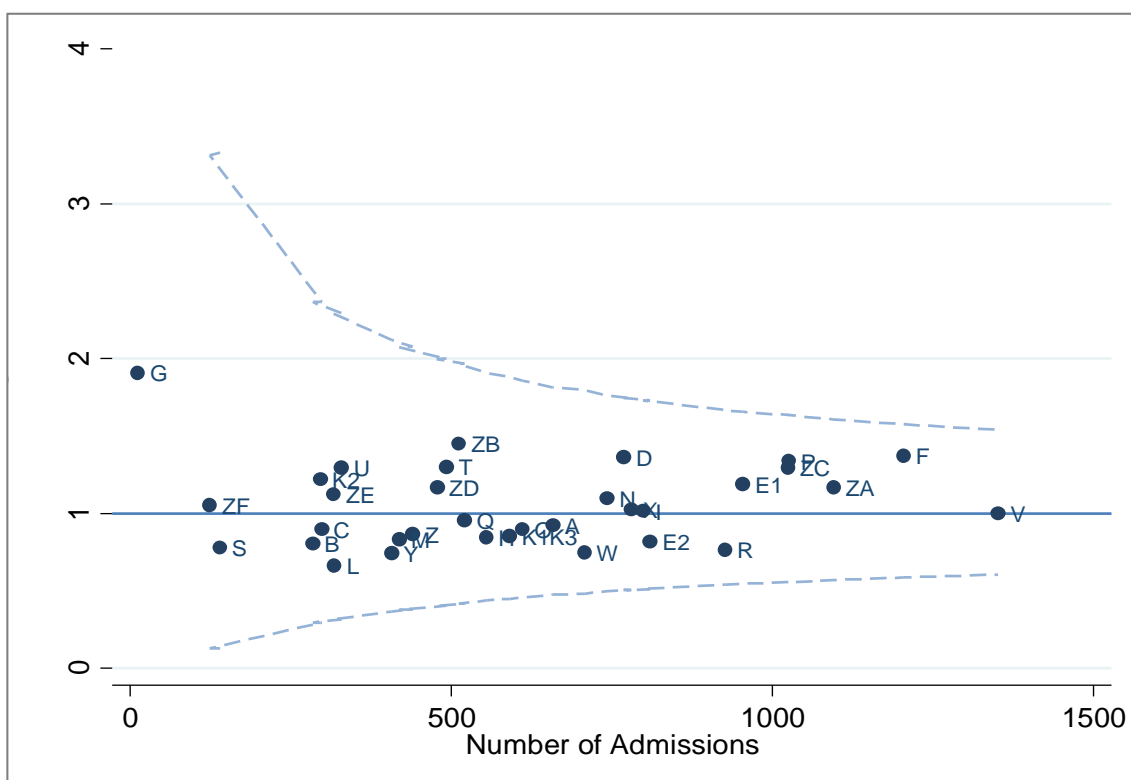
The funnel plot above shows Alder Hey at point 'P'. The SMR for Alder Hey is within the control limits of the funnel plot, suggesting mortality is under control.

Conclusions

This has been a difficult year to 18 months for the HMRG. We have fallen behind with the 4 month standard despite increasing membership due to the increased mortality numbers and the on-going issues with ImageNow. Due to the high numbers of deaths in March and the SPRT trend crossing the upper warning line the HMRG decided to review the March deaths to as an independent body to ensure there were no concerning issues/trends that needed to be highlighted - there have been none so far.

The cases that the group did raise concerns about already have RCA's that have been undertaken but what is not clear is that all the recommendations have been implemented, and the group is awaiting confirmation that these actions have been completed.

It is vital that the group catches up with the backlog of cases to ensure that the second review is undertaken in a timely manner and the group needs support to enable this to happen.

Statistical analysis of mortality using CUSUM and SPRT continue to be monitored, the action limit was exceeded in January and continues to be in September 2016 suggesting mortality is higher than expected. This has been carefully monitored by the PICU team and the deaths have all been reviewed to confirm there is no underlying factor.

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

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

Rick Turnock
Julie Grice
Kerry Morgan
24th October 2016

Alder Hey Children's **NHS**

NHS Foundation Trust

Board of Directors
1st November 2016

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

Section 1 - Engagement

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

People Support and Engagement

Listening into Action – The journey continues, with all clinical teams near to conclusion, those that have not realised all their intended actions will continue work using the LiA process. All teams have been requested to create a 3-5 minute presentation for the Pass it On event scheduled for 14 November; Stories of Change will be presented at this event and are now being prepared. All OPD work streams are still ongoing.

Development of Leaders

Following ratification of the Leadership and Management Development Strategy earlier this year; the Leadership Values programme continues having recruited a third cohort, and will link with the new Management Induction running from November which will link in with the review of Corporate Welcome content and processes. A Coaching Café will be held over the next month to invite those with experience of or interest in coaching to come along and find out more. An introduction to workplace coaching programme has been prepared, and will shortly be offered to staff.

Improving communication and hearing the employee voice

In the September Temperature Check, the Staff Friends and Family scores for place to work and place for treatment were 55% and 89% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. The 'place to work' score is an improvement on the score from the previous month and the local data is used to identify areas of concern.

Personal Development Reviews

The target for all non-medical PDRs to be completed between April-July was not reached. This has been addressed at the monthly performance meetings, however all CBUs have seen an increase since the July figures, and are currently reporting the following levels of compliance:

Med Spec: 82%
ICS: 70%
SCACC: 64%
NMSS: 52% (ward 4a a hotspot)

Those areas with low compliance have reported their hotspot areas and are actively working to address the gaps. This will be monitored at subsequent monthly performance meetings.

Staff Survey

The Staff Survey 2016 has been issued to all staff (by post and email) with a deadline of 2 December 2016 for completion. HR have a robust communications plan in place to support and encourage completion of the survey. The response rate last year was 43% and the Trust is aiming to improve upon this. In response to feedback from last year's survey the

Trust launched 'Listening into Action', a new way of engaging staff in making changes that matter to them. The Trust is also supporting managers to become better leaders with a new values-led development programme, with further opportunities for staff development being offered, including through our new apprenticeship scheme.

Section 2 - Availability of key skills

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

Effective workforce planning

Human Resources Business Partners continue to engage closely with finance colleagues and senior CBU and corporate managers to support strategic development and delivery of CIP requirements.

The workforce demand assessment was submitted to Health Education North West with very little growth expressed due to the financial position of the Trust. The submission recognised the key role that workforce transformation would play going forward in modernising the workforce and achieving both service plans and financial aims. The workforce CIP project continues to focus on reducing the variable pay costs arising from control of agency, bank, overtime, sickness and vacancies. Close engagement with NHSP colleagues is ongoing, who are in the process of increasing both internal and external banks across staff groups in the Trust (excluding medics) and seeking alternative agency routes where there are barriers to meeting Monitor Agency cap requirements. Weekly Monitor submissions are being completed in line with reporting requirements to detail totals of weekly agency shifts undertaken in various staff groups.

Workforce Spend Controls

Vacancy control panels have been in place since July 2016 to help the Trust manage its workforce gaps. The HR team has supported the development of a Vacancy and Pay Rate Risk assessment process, which introduces pay control parameters and Key Spend criteria; i.e. recruiting managers are asked to evidence the impact on safety standards, activity rates, income and statutory requirements should a post <u>not</u> be recruited to.

The following restrictions and opportunities are also in place:
- Overtime – to limit to only where necessary, and restrict level of authorisation. In addition, we have agreed no non-clinical overtime, unless exceptional circumstances.
- Bank/agency – to limit to only where necessary, and restrict level of authorisation
- Study Leave – to limit to statutory/mandatory, and CPD which will support the Key Spend Criteria
- Annual Leave Buy-Back Scheme – employees have the option to purchase additional annual leave, if their service can support it

Meetings are also taking place to review ongoing use of medical locums and to consider alternative use of STAFFflow to reduce cost of VAT and to enable a more streamlined approach to recruitment of medical locums within Monitor requirements. A meeting took place with STAFFflow on 4 October 2016 to review progress and to consider further developments. Use of STAFFflow has reduced to 50% of all locum bookings, and processes have been further clarified to specific users to ensure that bookings increase up to 100%. A new system TempRe was presented to management which has the potential to streamline

and simplify bookings and invoicing. An update document has been prepared and submitted for senior HR/Finance consideration.

The HR team are leading on discussions across defined staff groupings with staff nominated by senior CBU Management with a view to generating ideas and potential efficiency savings to assist the Trust with internal recovery plans. Outcomes of discussions will be reported to Financial Recovery Group

Junior Doctors

Work progresses with aligning rotas to the new contract, and we are still in the process of recruiting to the Guardian of Safe Working role. JDAT (Junior Doctors Action Team) have visited the Trust to review rotas. They have returned their findings in a summary report and appropriate action will be taken. We have already started to review rotas, in line with the report recommendations. The A&E rotas have been flagged as non-compliant, however we are investigating further.

The impact of new junior doctor contracts is anticipated to be low; there are no pay issues as such, however the and new old pay scales will be very different and will present a challenge for local departments to manage going forward.

Pathology – we are still awaiting a decision regarding the Pathology tender

Community Bid – HR are involved with the Community Bid Team in relation to a potential tender bid for Liverpool Children's Services (in partnership with main bidder Bridgewater NHS Trust) and work is currently progressing in association with the project team.

CAMHS Re-Organisation – Consultation has concluded and staff are now being appointed to roles in the new structure. A new clinical director of CAMHS has been appointed.

Quality & Risk Management - Formal consultation concluded 19th September 2016 on the proposal for changes to corporate and CBU structures to support an integrated and devolved risk and governance system. Overall, the proposed management structure affected only one post as part of consultation process. Next steps are to agree implementation date, proposed for December 2016.

Education, Learning and Development

Alder Hey has successfully acquired approval to deliver level 3 & 4 apprenticeships in clinical healthcare support. We will be able to utilise the Apprenticeship Levy to do this as a provider in our own right and hope to extend approval into other clinical and non-clinical related apprenticeship frameworks so as the levy can be reinvested. Further discussions have taken place with clinical specialists / leads and educators as to how we can develop our 'academy' vision. The North Mersey bid to become a test site for the nurse associate role was unsuccessful, however we now await feedback from the national tests sites as to the efficacy of the role.

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

Hotel Services

Two organisational change processes commenced on 8th September 2016 proposing that staffing levels for restaurant chefs and catering assistants are reduced at the weekend to

reflect the income/cost challenges within that area directly as a result of lower footfall at the weekend. A reduced service has been proposed involving provision of hot food and other snacks. The consultation process completed on 10th October 2016 with no amendments to the original proposals. Individual meetings are due to take place with staff members affected to review and consider options for available roles and redeployment where available .

Consideration is being given to an independent Cleaning Review report which has assessed the current domestics operation within the Trust and proposed a number of actions to potentially be implemented. A Project plan is being developed based on the report to deliver the recommendations within an appropriate timescale.

Section 3 - Structure & Systems

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

Effective Policies

Progress continues with the implementation of the new "Absence and Attendance Policy" and the "Management of Stress at Work Policy". CBU targeted training sessions with managers have already taken place, alongside HR drop-in Q & A sessions.

MASS – As part of the Trust's plans for financial recovery, a Mutually Agreed Severance Scheme (MASS) has been developed for use in creating job vacancies which can be filled by redeployment of Trust staff from other roles. The scheme will be available to receive applications for a six-week period in early October.

Employee Relations Activity

There are currently 7 formal cases ongoing with 1 staff member suspended. The HR Advisors are working well with Investigating Officers to ensure that investigations are concluded in a timely manner. In addition to formal cases, HR continues to advise managers on managing behaviours within their teams on an informal basis.

One non-medical case listed for an Employment Tribunal hearing in November 2016, with a claim of constructive unfair dismissal is still being worked through with the Trust legal advisors.

Corporate Report

The September Corporate Report shows all five HR KPIs not at target. These areas remain a key area of focus for the HR Team, and form elements of the priority projects plans going forward for Workforce Capability and Leadership & Management Development.

Section 4 - Health & Wellbeing

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

Creating a healthy workforce

We are building up a portfolio of Health and Wellbeing initiatives and offerings, linking in with Team Prevent and psychological services colleagues, including a new 'Couch to 5k' staff running club.

The Stress at Work task and finish group commenced in July 2016, are a sub group are due to meet in September to review current Trust interventions for managing stress at work. This group will link in with the LiA Enabler team for health and wellbeing, whose starting focus is to include a 'Saying Goodbye to Old Alder Hey' piece, before the demolition of the original hospital site begins in 2017.

Promoting positive attendance

The Trust's reported absence rate for September 2016 is 5.1%, which has slightly increased from the previous month.

We continue to focus on highlighting the importance of effectively managing sickness in line with the existing policy and putting in place a framework of additional management information and improving the current policy with updated training.

The HR team continue to meet weekly and monthly with General Managers, operational service leads and CBU management teams to review absence statistics/trends/hotspots and trigger information; to review and report on outstanding actions to support improved absence rates, to deliver focussed masterclass absence training and to provide one-to-one coaching in difficult and complex absence case work.

Leading in Equality & Diversity

The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce, which includes a review of recruitment and selection processes, working closely with local communities to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities. An update report on progress was presented at WOD committee early September.

Provision of Recruitment and Employment Services in-house

Background/Summary

The Recruitment and Employment Services successfully transferred back in-house to Alder Hey on 1st April 2016. Six months post transfer and the Recruitment and Employment Services team are now fully integrated into the HR dept. and have made significant positive impacts on recruitment processes.

The rationale and key drivers for the transfer of these services was to provide the same transactional services as provided by LWH, but at an enhanced quality standard, with improved processes and controls and at a reduced cost.

A full qualitative review and survey of the services was always planned for Oct/Mid Nov, as per business case proposal (October 2015). Results of this survey will be made available in mid Dec 2016.

Achievements to date

The transfer of these services has successfully set out what it was expected it would achieve, with potential for further opportunities. In summary the following has been achieved as a direct result of the transfer:

- Reduced overall cost of recruitment services – 30% savings, as no service provision charge is payable.
- Improved processes – introduction of streamlined e-forms have now been implemented, ensuring timely submission of information such as leavers' data which has contributed to the reduction of overpayments *(overpayments are currently the lowest that they have ever been since the monitoring of this data 18 months ago)*.
- Collaborative working with finance/IT/Security colleagues improving the way internal data is shared effectively relating to new staff, staff leaving staffing promotions etc.
- MIAA have undertaken and audit of starters and leaver's process and the output of that audit has confirmed <u>significant assurance</u> that robust processes are now in place and operating effectively.
- MIAA have undertaken an audit of the full recruitment process which has also confirmed <u>significant assurance</u> in relation to elements of the process.
- Improved management experiences of the service, which has been confirmed with positive feedback.
- Medical recruitment processes have become more joined up and aligned as a result of being managed by an on-site central team.
- KPI's measuring time to hire have been met every month since April 2016
- Reduction of Agency Spend in relation to nurses – the recruitment team have worked with lead nurses to ensure fast track processes have been put in place to

Sharon Owen, HRBP – Oct 16   1

Provision of Recruitment and Employment Services in-house

recruit to the nurse pool. The recruitment team have attended weekend recruitment fairs to support this.

- The Recruitment manager has built relationships with Skills for Health and has introduced 6 admin placements in to the Trust, with the expectation of further placements
- Links have been set up with the jobs centre to support the recruitment of BME staff.
- Ad-hoc recruitment training has been provided to managers
- The flexibility and availability for managers to just 'drop in' when needed to support elements of recruitment
- A E-file personnel system is now in place and auditable

Further opportunities

- Work related to improving services and processes will continue to be on-going and flexible to support the service needs of the Trust
- Links with job centre, skills for health and other partner agencies will continue to strengthen and promote Alder Hey as an excellent employer and an employer of choice.
- Potential to generate income,
    - by providing services for other Trusts
    - Charging for clinical attachments
    - Contractor DBS Admin charges
- Development of Values based recruitment
- Multiskilling within the HR Dept.

September 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Summary of monthly Employee Temperature Check for: September

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

The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work.** This question recorded an overall Disagreement score of **42%**.

Rating Scale for 12 questions

Question	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
In the last seven days, I have received recognition or praise for doing good work	16%	27%	22%	28%	8%
There is someone at work who encourages my development	11%	18%	17%	37%	17%
This last year, I have had opportunities at work to learn and grow	11%	17%	15%	37%	21%
At work, my opinions seem to count	10%	16%	19%	45%	11%
In the last six months, someone at work has talked to me about my progress	10%	15%	5%	46%	25%
The mission or purpose of my organisation makes me feel my job is important	7%	8%	27%	45%	13%
My supervisor, or someone at work, seems to care about me as a person	6%	7%	15%	54%	18%
At work, I have the opportunity to do what I do best every day	4%	22%	8%	53%	13%
I know what is expected of me at work	2%	2%		48%	47%
I have the materials and equipment I need to do my work right	2%	13%	6%	59%	19%
My associates or fellow employees are committed to doing quality work	5%		8%	51%	36%
I would consider some of my work colleagues to be good friends	5%		12%	53%	30%

🟥 Strongly Disagree   🟧 Disagree   🟦 No Opinion   🟩 Agree   🟢 Strongly Agree

Overall Engagement for 12 questions

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
7%	13%	13%	46%	22%

Page:1

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

■ Extremely Likely	■ Neither likely nor Unlikely	■ Extremely Unlikely
■ Likely	■ Unlikely	■ Don't Know
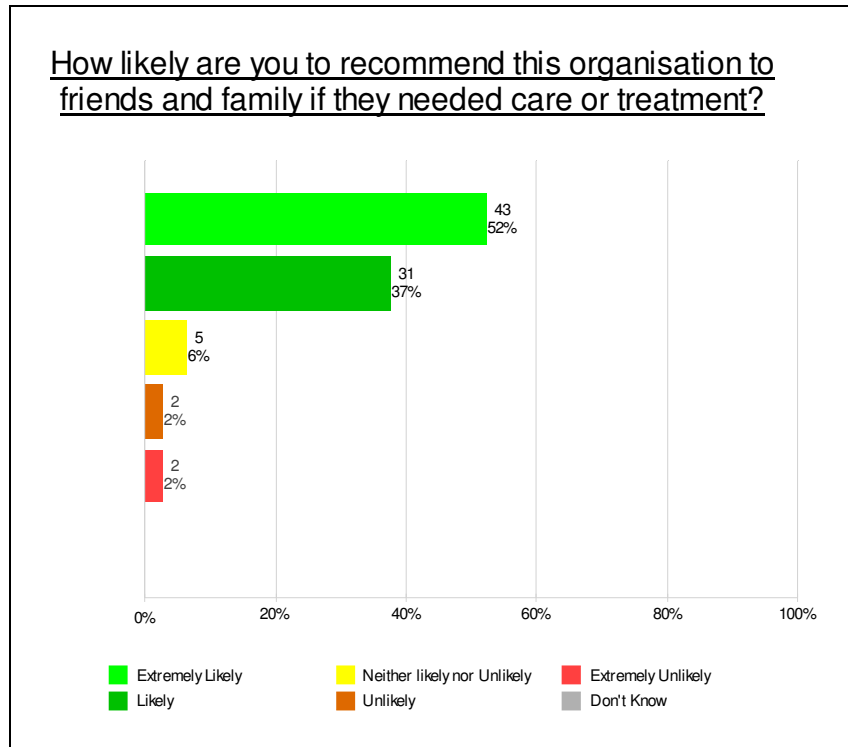
What is the main reason for the answers you have chosen?

staff are caring

The NHS in general is failing, so cannot make any further comment on this

I am proud to work with most FRONT LINE staff who make Alder Hey what it is! They are the ones who provide the amazing care for our patients and I would have no problems recommending any friends or family for care here. Although the systems don't work well at all.

Excellent, thorough doctors and nurses

The doctors here are still very committed and so are the nurses. It is the management of the hospital that is lacking in action - that affects staff, not the patients.

The patient is at the centre of all that is done at Alder Hey

some depts. are good but system is inefficient

Due to the extreme waiting times for appointments and the unreliable notes and booking system. As a clinician I know the patients rarely get the follow up I want for them

There is so much basic staff/equipment missing that i think the place is dangerous

Because I am proud to be part of Alder Hey Staff

spent time with my daughter and received care in this hospital. Staff caring and I was kept updated with plan of care.

I work here , I know people and care given in spite of everything is very good

i know the staff here are highly committed to patient care

I received good care as a patient here when I was younger

it is a great hospital and provides wonderful care

Page:2

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

I feel that there is a high level of quality and commitment to the work which is done and the outcomes for families is excellent

Trust doesn't seem to put patient first. Departments unable to provide high quality of care due to lack of funding and lack of communication from management.

Caring staff and doctors who do their best to care for patients.

It is still a good hospital

Trust the care provided.

The professionalism and care that is embedded in the organisation

I see the high quality of care and respect we show to patients and families we work with

caring, competent staff, clean environment

alder hey is a fantastic place to work!

Because you can see staff care about providing excellent services for the patients

BE ABIT CONCERNED ABOUT CUTBACKS AND HOW THEY WOULD AFFECT CHILD

Personal experience relating to the care of one of my children together with my broader knowledge of the skills and expertise of colleagues.

The majority of staff put children's care at the heart of their clinical practise.

The care here is second to none.

good quality care provided by vast majority of clinicians

Because the staff on the front line are great staff who would would look after your child to the best of there ability , just a shame that the management don't seem to care

there is work to be done a lot of staff are not happy and it has a knock on effect for how care is delivered.

Despite any problems. the majority of staff want to provide the best level of care and treatment to children.

I feel within this organisation it provides excellent quality of services to both patient an families.

BECAUSE THE STAFF ALL OVER THE HOSPITAL ARE ALL COMMITED TO GIVING THE BEST CARE THEY CAN

Because our team are dedicated and offer a great service to yp and their families, going above and beyond, despite the lack of faith/support from leads.

Excellent care to patients and families

We strive to deliver the best quality of care despite growing demands and pressures from high management

Staff at Alder Hey are very dedicated to their families, going the extra mile. Working over hours to cover children's and families needs, always with a smile.

Medical and surgical expertise

Good reputation, provide good treatment/aftercare

it is probably the only option for child healthcare in the area

How likely are you to recommend this organisation to friends and family as a place to work?

Extremely Likely	12 / 14%
Likely	34 / 41%
Neither likely nor Unlikely	17 / 20%
Unlikely	13 / 16%
Extremely Unlikely	6 / 7%
Don't Know	1 / 1%

Extremely Likely — **Neither likely nor Unlikely** — **Extremely Unlikely**
Likely — **Unlikely** — **Don't Know**
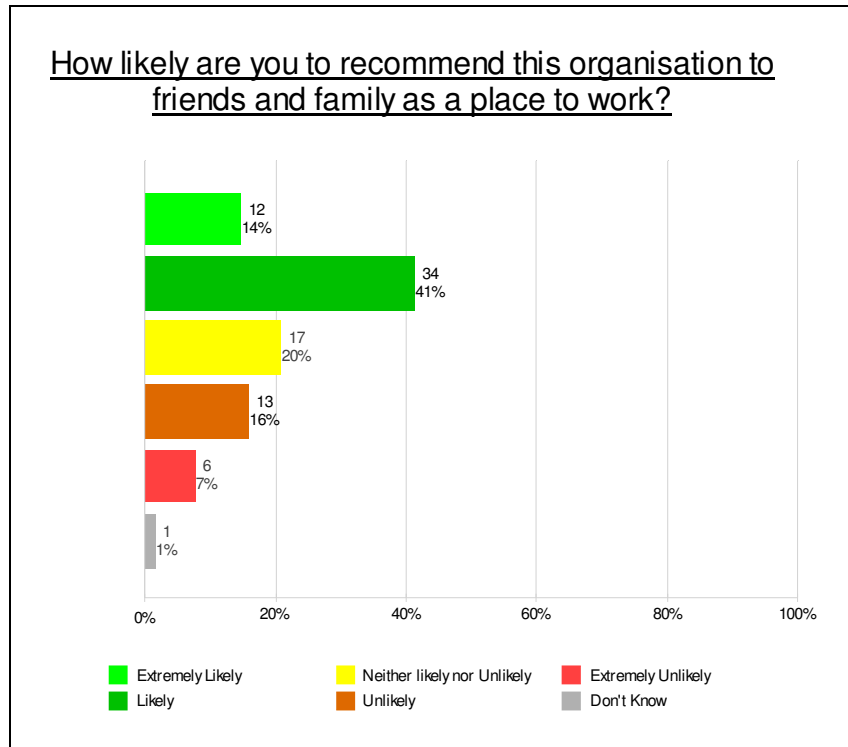
What is the main reason for the answers you have chosen?

nice place to work

Trust Board are out of touch with employees across the Trust.

Stress and management pressure is a big part of working at Alder Hey (depending in the Dept. one works in)

excellent doctors & nurses

Trust can take staff for granted but the annual leave and hours are great.

It is not the Alder Hey I started work in 6 years ago - the priorities are not right. When I call the hospital and am put on hold and made to listen to the "we have finally moved in - our world class...." I feel like saying - "what a load of rubbish" . Sorry, but this is true.

A lot of work has been undertaken to improve staff experience in the last 6 months.

I do find the Trust a happy and safe place to work, (albeit I am anxious now over the length of time it is taking to confirm my banding, and the not knowing is very worrying with so much change around us). I find all staff want to 'do their best' to benefit the children, I do too and I am proud to be part of that. I have found the trust executives to be supportive and sensitive in times of personal crisis and and personal social stresses. It is a good place to work. I would never doubt recommending the Trust to anyone for paediatric health care.

, stick in the mud staff attitude, blame culture, lack of just culture, inappropriate reporting culture, abuse of power

I am currently very unhappy in my post and wouldn't recommend it to anyone.

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

common sense has gone, paperwork is drowning the ability to do any work and distracting from doing any type of quality work. We rush just to get any patients through the system with inadequate information/results and the so-called safety checking a a surrogate for our inability to have basic equipment/staff available.

Friendly and caring and dedicated staff

friendly

I feel unsupported since the move to the new hospital

i think that there are areas in staffing that need improvement

I really enjoy my job and feel that in an ever changing environment that there are positive opportunities to develop

Staff not valued. No pride in work produced by department, more interested in saving money and meeting financial targets than quality of care and staff wellbeing.

We need more staff within the trust as there does appear to be a shortage.

I have always enjoyed my job and department, I know there are daily issues, but, there resolved.

Be good if they like working in a call centre!

The organisation has good intentions and genuine effort to continually improve and be the best

my team is friendly open and welcoming. AHH offers lots of opportunities to work with other professionals I would not have go the chance to work with in my previous trust. I have had a chance to share new ideas, develop them and implement them.

job satisfaction, friendly staff but would warn them of stresses.

I chose to bring my daughter here for treatment as opposed to my local hospital because of the quality of care we provide. it was an excellent experience.

I have worked in a variety of NHS organisations and find Alder Hey to be more committed to the care of patients, families and staff than any other.

AHCH is a lovely environment to work within however AHP progression is limited and they do not have any representation at senior management level.

This is a difficult one in the current economic climate.

very poor leadership, bullying culture from Managers, discrimination and unfair processes at work

Staff are not treated very well in this trust

it is a world renowned hospital, but morale is low

There have been some improvements in the way staff are managed.

Good medical staff

BECAUSE THERE IS SO MUCH CHANGE TO ALL OF THE UNITS AND IT IS NOT FOR THE BETTER. FUNDING IS COMING BEFORE CARE.

not all people find my place of work easy due to it being a high pressured environment.

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

Decisions are regularly made to change parts of the service with no communication, ignoring experienced clinicians opinions, often left in the dark until the last minute. Other parts of the service seem to know what is happening to our service before we do. Communication from Managers is non existent, there is also a blame culture from one team to another. Staff would rather put in an incident form about trivial incidents rather than speaking to the individual, it isn't currently a great environment to work in. Judged daily for the clinical decisions we make, despite having years of experience.

Resources and staffing levels are stretched to limit whilst staff are endeavouring to deliver high quality care

I enjoy working here due to the people I work with, the issues that make it less appealing are in all NHS trusts

We feel undervalued, we work always more hours and we still expected to do more. There is never a thank you for our contribution from line manager. We feel unsupported. The service does not invest in new resources to make our work easier and being able to help families better (e.g. equipment).

Lots of budget cuts, lots of negativity around the hospital. More stress day to day than in the old build. Having to deal with same complaints/enquiries over and over again. People not taking responsibility for what their roles involve; refusing to do what is required of them then try to push these jobs onto our dept or others. Dept doesn't get the recognition it deserves, always overlooked in old build and new.

I have worked here for nearly 18 years and it is not the organisation it was 18 years ago

UNDERSTAFFED

Alder Hey Children's **NHS**

NHS Foundation Trust

ANNEX A

WORKFORCE & OD COMMITTEE	Present:	Ms C Dove	Non-Executive Director (Part Attendance)	(CD)
MINUTES FROM MEETING		Mrs J France-Hayhurst	Non-Executive Director	(JFH)
5th September 2016		Mrs M Swindell	Director of HR & OD (Interim) (Chair)	(MKS)

	In Attendance:	Mrs C Liddy	Deputy Director of Finance	(CL)
		Mrs H Ainsworth	Equality & Diversity Manager (Part Attendance)	(HA)
		Ms M Salcedo	HR Business Partner	(MS)
		Ms J Richardson	Programme Manager	(JR)
		Mr J Gibson	External Programme Assurance	(JG)
		Mr P O'Connor	Lead Nurse	(PO)
		Ms H Blackburn	Medical Education & Revalidation Manager	(HB)
		Ms D Brannigan	Patient Governor (Parent and Carer)	(DB)
		Ms S Longmuir	Infection Control Nurse	(SL)
	Apologies:	Mr I Quinlan	Non-Executive Director	(IQ)
		Mr G Lamont	Associate Medical Director	
		Mr R Turnock	Medical Director (Part Attendance)	(RT)
		Mrs F Flanagan	Head of OD	(FF)
		Mrs L Dunn	Director of Marketing & Communications	(LD)
		Ms S Stephenson	Quality & Governance Manager	(SS)
		Mrs S Brown	Strategic Project Manager & Decontamination Lead	(SB)
		Mrs J Flynn	General Manager – ICS	(JF)
		Mrs H Gwilliams	Chief Nurse	(HG)
		Mr M Travis	Chair of Staff Side	(MT)

Agenda Item	Key Discussion Points	Action	Owner	Timescale
16/20 Minutes of the Previous Meeting & Introduction	The Committee considered the minutes of the last meeting held on 8th June 2016 and **approved** minutes as an accurate record.			
16/21 Matters Arising /Actions	The Committee considered the following under matters arising, any items not referred to are included in the agenda: **15/08 & 16/02 Engagement** The Committee noted ES's comments on how the Trust needs to formalise the requirement (linked into procurement) of an overarching framework on how we operate in the Community. ES to advance a discussion with the Trust Board.			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
16/22 Programme Assurance 'Developing our Workforce'	**Developing Our Workforce – Programme Assurance Framework** The Committee received an updated programme assurance summary for August 2016 completed by Executive Sponsors of the assurance framework/External programme assessor and Assurance Team. The purpose of this assurance framework is to ensure the monitoring of robust processes for progression of three key projects: Developing High Quality Leadership & Management and Starters & Leavers Process are both on track with milestone plans. The Committee noted the challenge to address Capability and Sustainability Project – detailed plans and financial information still to be fully developed (only 8 of the 15 individual plans are available on Sharepoint). Risk Log is available and evidence of review is required with EIA/QIA's still to be completed for each individual plan. Overall project RAG status is red. JG noted that this work stream needs to be explicit about achievement against both in year (non-recurring) and the future recurring benefits that are essential and referenced that the programme dashboard shows these targets as 16/17 3.5m and 17/18 £1m. Decisions have been made to temper goals in this financial year. To address the financial challenge the pace of this workstream needs to be increased as a matter of urgency. Work has now started to develop for the following cross cutting themes with timescales put in place to then enable financial opportunities to be assessed and allow implementation to commence: AHP Review Specialist Nurse Review Job Planning MKS to bring a summary/matrix of developments to the next meeting.	Summary of action plans to be presented	MKS	12th October
	CL informed the Committee that a generic PID has been signed off. PIDs for the 3 themes will be brought back to the next meeting. The Committee **agreed** the content of the report.	PIDs to be presented	CL	12th October
16/23 Progress Against the People Strategy	**Board Update People Strategy for July 2016 & September 2016** The Committee received a regular report prepared by the Interim Director of HR & OD. The purpose of the report is to present to the Board a monthly update of activity for noting and/or discussion. All papers supporting progress against the people strategy are noted as previously read.			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
	The Committee **noted** the content.			
	Listening into Action Update MKS outlined the activity that has commenced with the LiA scheme, with particular attention brought to the next steps. Identification of 7 'enabler' teams (increased from 5). As there is significant work being undertaken following the OPD review, five work streams developed from this review will form the five LiA 'Enabler' teams; LiA's role will be supportive to ensure no duplication of effort. The two remaining 'Enable' teams have been identified as 'Employee Health & Wellbeing and 'Communication'. 'Pass it on' event has been arranged to engage staff. There have been a significant number of 'quick wins' – with staff leading change. A robust programme for sharing these wins through our Communications Team is in place. The Committee **noted** progress.			
	Junior Doctor Update Strike action - MKS provided assurance to the Committee that plans to support the strike action are being reviewed. A meeting has been scheduled for the 6th September to pull together plans to cover the strike action due to commence on 12th September and continue to Friday 16th September inclusive, followed by further dates to be confirmed. MKS informed the Committee that St Helen's & Knowsley are lead employers for junior doctors. The contracts are currently under review by the lead employer. Medical Staffing Officer, supported by Skills for Health are progressing a piece of work relating to junior doctor rotas to ensure they are compliant with the new contract. The Committee **noted** progress.			
	Summary of monthly Employee Temperature check for July MKS confirmed that the monthly temperature issued on the 12th of the month is to be refreshed going forward.			
	Streamlining Streamlining development has been brought to the Committee for endorsement, prior to being presented to Trust Board. MKS informed the Committee that the Trust alongside all other organisations in Cheshire & Merseyside have committed to engage in a workforce streamlining programme in the North West. The expected outcomes are to reduce the time it takes to place staff in post; create a standardised			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
	approach to statutory compliance with national recruitment standards; and to remove duplication of time taken to deliver core skills training. MKS outlined the projected benefits and funding arrangements to support this process. CD raised a concern about how Streamlining will broker diversity within the process. MKS to bring this to the attention of Streamlining leads. The Committee **endorsed** the approach.			
	Apprenticeship Update The Committee received a verbal summary on the reformed Apprenticeship Levy that comes into effect April 2017. MKS advised that a regional strategic piece of work is taking place and the team at Alder Hey are keen to explore opportunities around becoming a training provider to draw down from the £18M available through Merseycare. CL made reference to a 'higher apprenticeship model' and if this could be reviewed to train nurses in a different way (new model). MKS advised we will be monitoring the regional strategy/levy to review how best to develop processes. The Learning & Development Officer is currently reviewing the Trust strategy. MKS advised that the Learning & Development officer is currently liaising with the Director of Learning at Blackburne House to discuss how Blackburne House can support the Trust going forward. The Committee **noted** content.			
	Mutually Agreed Severance Scheme (MASS) The Committee received a verbal summary of the MAS Scheme. The scheme is designed to mirror the national guidance and the purpose of the scheme is to support the Trust's plans for financial recovery. The Trust wishes to run the scheme from 12th September to 21st October 2016 and will be available through the Clinical Business Units. The paper will be presented at Trust Board on 6th September 2016 for formal sign-off. NHS Improvement has assured the Trust that they expect the Treasury to review and approve the scheme during the week commencing 5th September 2016. The Committee **noted** progress			
	Agency Usage Update & Temporary Spend The Committee received a report presented by the Interim Director of HR&OD. The purpose of the report is to advise on the processes in place, outline problem areas and inform the Committee of steps being taken to reduce these costs. It was noted that reducing agency spend continues to be a challenge. MKS advised that the top			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
	problem areas where total temporary spend (which includes bank and overtime as well as agency) being used over above establishment continue to be SCACC, Medical Specialties and Facilities. Nursing agency usage – PO noted that following a review of Pulse Agency costs, along with feedback received from national meetings around Pulse being cap non-compliant and marginalised; it has been agreed to pull usage of this agency. Other avenues are being explored to bring expenditure into line and to entice staff away from Agency by making the nursing offer more attractive – i.e. newly qualified nurses who would normally come in at the bottom of a grade, look at the possibility of appointment coming in at a higher point in the grade. The Committee noted the content.			
	Employee Health & Wellbeing Service Contract The Committee received a report that was presented to Trust Board in July 2016. The purpose of the report is to outline the significant improvements in service since collaboration commenced in 2011 between Alder Hey & Team Prevent; along with plans for the future. Particular attention was brought to: • The timeline measuring employee absence to management referral to the Team Prevent Service has substantially reduced by 38% (from May 2014-June 2015 the average timeline was 33 days, and from May 2015-June 2016 the average was 20.3 days). • In February 2015 the 'early intervention centre (EIC) was rolled out, recently this has become a Central Support Service (CSS). This increase in resource has assisted the Trust in taking a positive approach to management absence with initial employee contact through the service increasing by 52% from May 2015 to May 2016. • An improved drive to get employees to attend their booked OH appointments has reduced the DNA rate to 6%. • Plans moving forward to adopt a holistic approach to employee health and wellbeing, in line with the Trust's values, focussed on Prevention and Early Intervention, which encourages employees to take responsibility for their own health. Jointly develop an integrated Health and Wellbeing Strategy; Occupational Health Needs Assessment – that will inform and shape the Health Improvement Strategies for the key occupational health issues of stress, Musculoskeletal Disorders and the aging workforce. The Committee **noted** the content.			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
	Flu Plan The Committee received from the Infection Control Nurse data extracted from the 2015/2016 flu vaccination campaign along with an updated flu plan for 2016/17. SL informed the Committee that overall last year's flu vaccination campaign went really well, with the Trust total uptake coming in at 79%. The aim is to improve on percentage this year. SL referenced the flu vaccination breakdown report and outlined the plans in place this year to target lower uptake areas. Training for vaccinators has commenced. Drop in sessions will be available under the tree house in the atrium, with trained vaccinators across the Trust in various departments. The Flu Fighter Team will also be visiting wards and departments to ensure that staff can receive the vaccine with ease. SL advised that a comma strategy has been established to include social media, screen savers and posters. The Committee were assured that the campaign was on track and thanked SL for joining WOD. The Committee **noted** the content.			
	Equality & Diversity The Committee received from the Equality & Diversity Manager/HR Business Partner the revised Workforce Race Equality Standard (WRES) reporting template for 2016 and the WRES Action Plan for July 2016. HA/MS advised that the revised WRES reporting template has been brought to the Committee for notification only and stated that 'present data on applied/shortlisted recruitment' (WOD action number 15/02) has been incorporated into WRES unify 2 section and will be monitored as part of the task group objectives to address the under-representation of BME staff. As itemised in the WRES Action Plan, focus has been levelled on 4 key objectives by a Task Group: • To increase the number of BME staff at Alder Hey • Intervention to decrease discrimination • Develop links with local communities etc. to increase the number of BME staff at Alder Hey • Data held in ESR HA/MS charted progress made towards the above key objectives, as outlined in the plan issued to WOD. A number of observations/suggestions were raised to support the 4 key objectives:			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
	• NHS Jobs – look to ensure awareness of this site throughout the wider BME groups/engagement with communities. • Look at how other companies have developed BME career progression E&D general update – HA advised that as a priority the Trust is looking at the whole pathway to support parents and children with learning disabilities. PO added that we do not specifically employ learning disability nurses at the Trust and there is a requirement to consider how this impacts across teams. Looking at the bigger picture, PO advised that a piece of work is taking place at Edge Hill to support learning disability i.e. drive health passports, engaging the wider CAMHS, national strategy, CQUINs driver. The Committee **noted** the content.			
	Stress at Work Task & Finish Group The Committee received from the HR Business Partner the proposed action plan to support stress at work for information. The Committee **noted** the content of the proposed action plan			
	Library & Knowledge Management Strategy 2013-2015 The Education Services and Revalidation Manager advised that the Library & Knowledge Management Strategy is due for a review and sign-off at the Medical Education Board. Due to the Medical Education Board cancellation, HB requested that this strategy be deferred to 2017, when it will be reviewed along with the Quality Assurance Framework/Education Strategy as they both tie in together. The Committee **agreed** the deferral.			
16/24 Key Workforce Risks – Review of top Workforce Risks action planning against most significant risks	**Workforce Performance Monitoring** The Committee considered a regular report prepared by the Interim Director of HR & OD concerning the key risks relating to workforce monitoring for July 2016. The purpose of the report is to update on key targets/measures and advise of actions to support improvement. MKS advised that the format of this document is to be reviewed. The Committee **noted** the content of the report.			
16/25 Legislation, terms & conditions, employment	The Committee considered the following Equality Impact Assessments and policy for approval/ratification.			

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Agenda Item	Key Discussion Points	Action	Owner	Timescale
policies – review & ratification/approval	**EIA – Sickness Absence and Management of Attendance** The Committee **approved** the EIA for the Sickness Absence and Management of Attendance **EIA – Management of Stress at Work Policy** The Committee **approved** the EIA for the Management of Stress at Work Policy **Whistleblowing Policy/National Policy – Freedom to Speak up: raising concerns (Whistleblowing)** The current policy was due for review in June 2016. Following receipt of the national policy - Freedom To Speak Up: Raising Concerns (Whistleblowing) Policy in April 2016, and subsequent advice sought from Trust lawyers it is recommended that the Trust adopt the national policy. The national policy will be presented to board on 6th September for endorsement of this approach. MKS advised that training will be rolled out to key individuals. Discussion took place about the removal of the word 'whistleblowing' from the front page and ES advised that we could review that locally. The Committee **approved** the use of the National Policy at the Trust.			
AOB	The Chair advised that she will liaise with Trust Board to review if the Committee is on track.			
Review of Meeting	CD thanked everyone for their contribution to the Committee.			
Date of Next Meeting	**Wednesday 12th October 2016, 2pm-4pm, Room 5, Mezzanine, CHP**			

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Action List

Minute Reference	Action	Who	When	Status
Programme Assurance 'Developing Our Workforce'				
	Programme Assurance/progress update			
16/22	• Summary/matrix of development of actions • PIDs to be presented for AHP/Specialist Nurse Review/Job Planning	MKS CL	October 2016 October 2016	
People Strategy Overview & Progress Against Strategic Aims				
	Engagement			
15/08 16/02	• Develop Values in Procurement, values based recruitment – develop opportunities to incorporate into the Procurement processes/standards for contractors. Liaise with Deputy Director of Finance to progress to review employment opportunities.	MKS/CL	Ongoing	
	Creating A Healthy Workforce			
15/26	• Review current suitability of Junior Doctors mess – progressed by the Development Director	MKS/DP	Ongoing	
15/26	• Discuss with Occupational Health analysis on outcomes of OH referrals, supporting people back to work process and review of stress levels and report back (Health & Wellbeing Strategy)	MKS	September 2016	Complete
	Equality & Diversity			
15/03	• Present data on applied/shortlisted recruitment – currently being reviewed.	HA	September 2016	
15/03	• Align E&D deliverables with people strategy	DA/HA	Ongoing	Update at future meetings
16/03	• Arrange Task & Finish Group to progress diversity agenda issues in conjunction with HR lead	HA/MKS	September 2016	Update Received 5/9/2016 Complete
	Availability of Key Skills			
15/15, 15/30	• Pilot supported by Manchester & Warwick University – non medical pharmacists – update on developments – MKS to make enquiries re affected workforce and feedback to MT	SB/MT/MKS	Ongoing	Periodic update on progress
	Improving Communications			
15/20	• Arrange a meeting to discuss how to reach small hard to reach groups. Initial meeting took place with Director of Marketing & Communications – feedback on progress	LD/MKS/LiA	September 2016	LiA Engagement in place Complete
	Leadership & Management Development Strategy			
15/31 16/03	• Update on progress of Leadership & Management Development Strategy	FF	Ongoing	
	Implementing The Apprenticeship Model			
16/11	• Update on progression of work at Blackburn House & apprenticeship levy.	PD/MKS	Progressing	

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Key Workforce Risks – Review of Top Workforce Risks			
16/12	CBU PDR completion - explore outside of WOD recording processes linked to name to highlight completion/none completion/yet to be arranged.	MKS/CBU's	ASAP	

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Corporate Report

Sep 2016

Corporate Report

Alder Hey Children's **NHS**
NHS Foundation Trust

Table of Contents

Executive Summary

Sep 2016

Alder Hey Children's NHS
NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

ED performance sustained and passed Q1 & Q2. Trust in top 6% of Trusts across England for Acute ED performance. Activity has improved against the same period last year, all access standards achieved, volume of longest waiting patients continues to reduce, WAR meeting established and activity run rates monitored, DQ group established to target key areas of concern that skew data, CAMHS waiting times reducing in line with plans.

Challenges

Activity (spells) up against the same period last year however still behind plan but gap reducing and continues to be reviewed through weekly activity review meetings. There remain a number of challenged specialties that the CBU teams are working with. Theatre productivity improving but still behind 90% target; OP "actual" productivity declined despite increased "booked" activity. Focus on improving productivity through Improvement groups. DQ issues still require constant validation but being managed through DQ improvement group. Gaps in Junior Dr rotas require ongoing management and solution.

Patient Centred Services

Improvement noted again from previous month. All access targets achieved for Month 5 achieved, ED 4 hour target achieved but some deterioration noted across other quality indicators, CAMHS DNA rates have improved against new and follow ups as a result of CBU specific actions. Facilities performance has improved against 7 of the 8 standards. Productivity has improved against all standards.

Excellence in Quality

Improvements are evident across patient safety and clinical effectiveness particularly in relation to reduced levels of harm from medication errors and from other clinical incidents. There was a Grade 3 pressure ulcer reported in month, plus a case of MRSA bacteraemia associated with a line insertion. A post infection review has been undertaken with appropriate actions being put in place.
Improvement in recognition and reporting of grade 2 or higher pressure ulcers continues to be reflected in the report following a clear focus on education by the tissue viability nurse.

Financial, Growth & Mandatory Framework

"At the end of September the Trust is reporting a trading deficit position of £4.2m which is in line with plan. Income is ahead of plan by £1.8. Elective activity is behind plan in the month by 12% and outpatient activity is behind plan by 4%.
Pay budgets are £1.5m overspent to date relating to use of agency staffing. The Trust is on track with the CIP target. Cash in the Bank is £4.4m. Monitor risk rating of 2."

Great Talented Teams

Sickness absence has increased slightly from last month up to 5.1%, this is over the required target. Mandatory training compliance has reduced slightly to 73%, and Corporate Induction attendance has increased by 23% to 88.9%. Medical appraisal compliance is at 5.1%. General PDR rates are now at 66%, up 8% following the closure of the completion window.

Leading Metrics
Sep 2016

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Aug 2016	Sep 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	98.3 %	96.3 %	▼	
RTT: 90% Admitted within 18 weeks		86.3 %	88.9 %	▲	
RTT: 95% Non-Admitted within 18 weeks		88.8 %	87.5 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.0 %	▼	
Diagnostics: Numbers waiting over 6 weeks		1	0	▼	
Average LoS - Elective (Days)		3.0	2.5	▼	
Average LoS - Non-Elective (Days)		1.8	1.7	▼	
Daycase Rate	0.0 %	65.9 %	65.3 %	▼	
Theatre Utilisation - % of Session Utilised	90.0 %	85.1 %	86.9 %	▲	
28 Day Breaches	0.0	3	5	▲	
Clinic Session Utilisation	90.0 %	82.9 %	82.2 %	▼	
DNA Rate	12.0 %	12.4 %	9.9 %	▼	
Cancelled Operations - Non Clinical - On Same Day		14	16	▲	

Excellence in Quality

Metric Name	Goal	Aug 2016	Sep 2016	Trend	Last 12 Months
Never Events	0.0	0	0	—	
IP Survey: % Received information enabling choices about their care	90.0 %	99.1 %	93.0 %	▼	
IP Survey: % Treated with respect	90.0 %	99.7 %	100.0 %	▲	
IP Survey: % Know their planned date of discharge	60.0 %	69.0 %	71.2 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	94.9 %	92.7 %	▼	
IP Survey: % Patients involved in play and learning	65.0 %	30.7 %	31.0 %	▲	
Pressure Ulcers (Grade 2 and above)	10.0	11	16	▲	
Total Infections (YTD)	56.0	41	51	▲	
Medication errors resulting in harm (YTD)	40.0	24	29	▼	
Clinical Incidents resulting in harm (YTD)	338.0	239	301	▲	

Great and Talented Teams

Metric Name	Goal	Aug 2016	Sep 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	65.4 %	86.8 %	▲	
PDR	90.0 %	58.5 %	66.1 %	▲	
Medical Appraisal	100.0 %	5.3 %	5.1 %	▼	
Sickness	4.5 %	4.8 %	5.1 %	▲	
Mandatory Training	90.0 %	76.6 %	73.0 %	▼	
Staff Survey (Recommend Place to Work)		45.1 %	55.4 %	▲	
Actual vs Planned Establishment (%)		90.7 %	91.7 %	▲	
Temporary Spend ('000s)		924	899	▼	

Financial, Growth and Mandatory Framework

Metric Name	Aug 2016	Sep 2016	Last 12 Months
CIP In Month Variance ('000s)	96	42	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-846	2239	
Capital Expenditure YTD % Variance	-16.0 %	-14.2 %	
Cash in Bank (£M)	2.9	4.5	

Exceptions
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
Average LoS - Elective (Days)	3.1	2.8	3.0	3.1	2.8	2.8	3.0	2.8	3.1	2.8	2.9	3.0	2.5	
DNA Rate	13.4%	13.4%	11.8%	12.8%	11.9%	12.6%	14.6%	12.9%	12.6%	12.6%	11.9%	12.4%	9.9%	
Cancelled Operations - Non Clinical - On Same Day	14	17	34	10	19	24	47	30	28	16	20	14	16	
IP Survey: % Know their planned date of discharge	58.7%	53.3%	42.9%	34.9%	40.0%	35.3%	44.2%	62.0%	59.3%	54.3%	53.9%	69.0%	71.2%	
Staff Survey (Recommend Place to Work)	59.1%	54.1%	54.1%	38.3%	52.7%	46.9%	44.2%	27.8%	43.6%	50.5%	48.5%	45.1%	55.4%	

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

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
RTT: 92% Waiting within 18 weeks (open Pathways)	92.1%	92.1%	92.2%	92.2%	92.2%	92.5%	92.3%	92.2%	92.1%	92.0%	92.1%	92.1%	92.0%	
Daycase Rate	76.9%	75.1%	74.5%	75.6%	74.1%	74.6%	75.0%	70.0%	66.6%	67.4%	67.6%	65.9%	65.3%	
IP Survey: % Received information enabling choices about their care	96.7%	95.6%	97.3%	90.7%	96.0%	96.1%	93.7%	95.2%	94.2%	97.4%	190.3%	99.1%	93.0%	
Total Infections (YTD)	56	65	73	89	103	111	119	6	17	25	33	41	51	
Cash in Bank (£M)	16.9	17.0	16.6	18.2	17.4	17.8	10.6	6.9	7.9	7.0	4.2	2.9	4.5	

Challenge (Top 5 based on % change)

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
28 Day Breaches	4	2	2	10	4	5	7	7	11	3	4	3	5	
Corporate Induction	100.0%	80.9%	91.7%	96.8%	85.7%	72.2%	87.1%	64.3%	94.2%	96.2%	97.1%	65.4%	86.8%	
Sickness	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	5.3%	5.2%	4.8%	4.5%	4.8%	4.8%	5.1%	
Pressure Ulcers (Grade 2 and above)	8	11	13	13	15	22	24	3	6	8	9	11	16	
Mandatory Training	78.9%	77.2%	84.0%	83.7%	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	73.0%	

Patient Safety
Sep 2016

Alder Hey Children's NHS — NHS Foundation Trust

Summary

Medication errors resulting in harm have remained ahead of target and show a significant improvement over 2015.
Reported pressure ulcers are higher than 2015 - this is associated with improved recognition and reporting since the appointment of a dedicated tissue viability nurse.
There has been one Serious Incident reported in September associated with a grade 3 pressure ulcer, and there have been no Never Events in month.
Clinical incidents resulting in harm remains ahead of target, in particular incidents resulting in moderate harm or higher are significantly lower than 2015.

Legend: ▬ 16/17   ▬ 15/16   ▬ Threshold

Medication Errors

Medication errors resulting in harm (YTD)   **29** ▼ (goal: 40.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	7	11	18	18	24	29						
15/16	8	20	29	33	41	53	59	65	67	71	76	85

Pressure Ulcers

Pressure Ulcers (Grade 2 and above)   **16** ▲ (goal: 10.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	6	8	9	11	16						
15/16	2	3	5	7	8	8	11	13	13	15	22	24

Readmissions to PICU within 48 hrs

Readmissions to PICU within 48 hrs (YTD)   **11** ▲ (goal: 8.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	1	1	3	6	8	11						
15/16	1	1	2	3	4	5	6	7	8	11	13	14

Never Events

Never Events   **0** — (goal: 0.0)

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

Incidents

Clinical Incidents resulting in harm (YTD)   **301** ▲ (goal: 338.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	50	91	158	193	239	301						
15/16	70	130	212	268	319	372	418	473	507	563	607	670

Clinical Incidents resulting in moderate, severe harm or death (YTD)   **5** ▲ (goal: 30.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	2	3	3	3	5						
15/16	4	5	10	12	13	14	15	16	16	19	23	26

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total)   **1** —

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	3	4	4	5	6						
15/16	1	1	4	4	5	7	8	8	10	11	13	15

Patient Experience
Sep 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

Inpatient Survey

Metric Name	Goal	Aug 2016	Sep 2016	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	94.9 %	92.7 %	▼	
% Patients involved in play and learning	65.0 %	30.7 %	31.0 %	▲	
% Know their planned date of discharge	60.0 %	69.0 %	71.2 %	▲	
% Received information enabling choices about their care	90.0 %	99.1 %	93.0 %	▼	
% Treated with respect	90.0 %	99.7 %	100.0 %	▲	

Friends and Family

Metric Name	Required Responses	Number of Responses	Aug 2016	Sep 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	250	86	90.9 %	94.2 %	▲	
Community - % Recommend the Trust	29	5	TBC	80.0 %		
Inpatients - % Recommend the Trust	300	848	98.0 %	93.6 %	▼	
Mental Health - % Recommend the Trust	27	21	100.0 %	90.5 %	▼	
Outpatients - % Recommend the Trust	400	305	94.9 %	92.1 %	▼	

Complaints

Complaints   **34** ▲

— 16/17   — 15/16

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

PALS

PALS   **680** ▲

— 16/17   — 15/16

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

Clinical Effectiveness

Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust
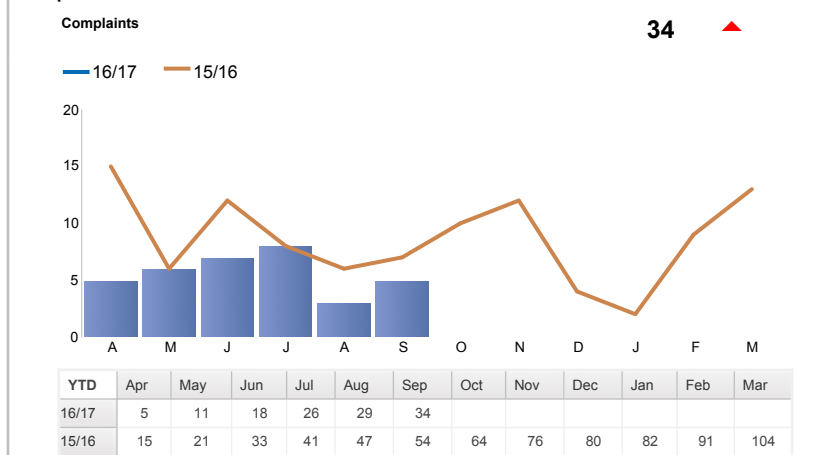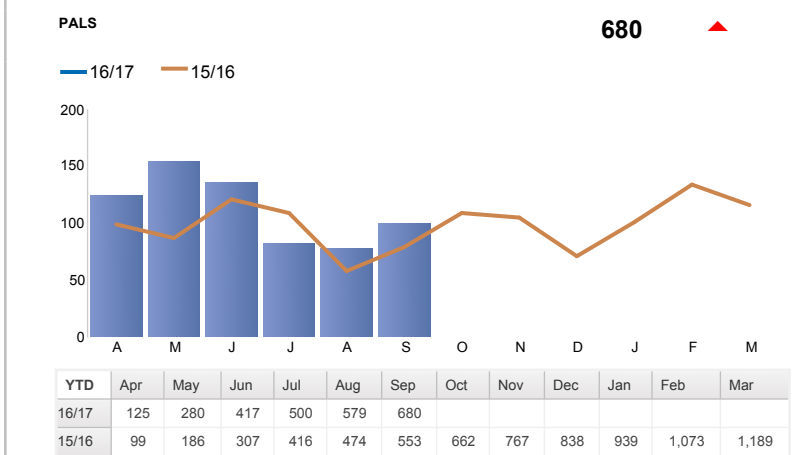
Summary

There was 1 MRSA bacteraemia reported in September. This was associated with a line insertion. A Post Infection Review has been undertaken and an action plan developed.
Acute readmissions of patients with long term conditions remains low compared to the period April to June. There may be a seasonal variation effect. This measure continues to be monitored monthly to establish a baseline for improvement.

Infections

Total Infections (YTD)

51 ▲
(goal: 56.0)

Legend: 16/17, 15/16, Threshold
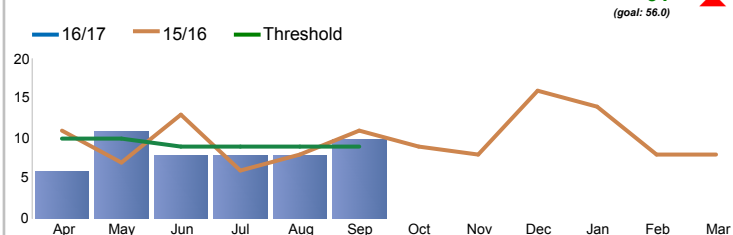
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	17	25	33	41	51						
15/16	11	18	31	37	45	56	65	73	89	103	111	119
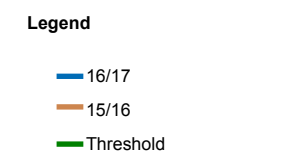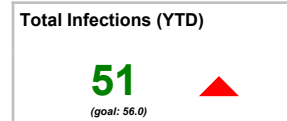
Total Infections (YTD)

51 ▲
(goal: 56.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD)

1 ▲
(goal: 0.0)

Hospital Acquired Organisms - C.difficile (YTD)

0 ▬
(goal: 0.0)

Outbreak Infections (YTD)

0 ▬

Cluster Infections (YTD)

0 ▬

Legend
— 16/17
— 15/16
— Threshold

Hospital Acquired Organisms - MRSA (BSI)

1 ▲
(goal: 0.0)
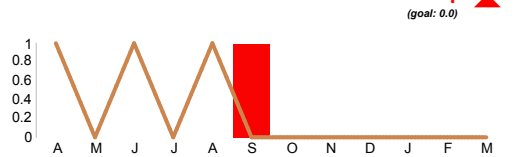
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0	1						
15/16	1	1	2	2	3	3	3	3	3	3	3	3

Hospital Acquired Organisms - C.difficile

0 ▬
(goal: 0.0)

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

Acute readmissions of patients with long term conditions within 28 days

36
(Est. Baseline)
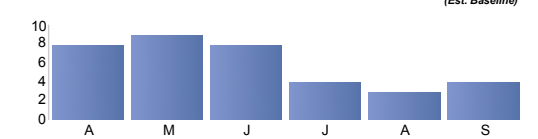
YTD	Apr	May	Jun	Jul	Aug	Sep
16/17	8	17	25	29	32	36

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical)

273
(Est. Baseline)

% of patients with an estimated discharge date discharge later than planned (only surgical)

3.1 %
(Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	75	161	246	266	273	273						
15/16	47	88	118	265	393	530	626	714	790	882	961	1,046
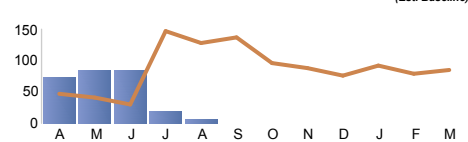
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5.4%	5.7%	5.7%	4.6%	3.8%	3.1%						
15/16	3.4%	3.3%	2.9%	4.8%	5.7%	6.4%	6.7%	6.7%	6.7%	6.7%	6.6%	6.5%

Access
Sep 2016

Alder Hey Children's
NHS Foundation Trust

Summary

Incomplete pathway, cancer and diagnostic standards achieved; admitted and non admitted standards failed in line with national guidance and produced as a reference point. Bed occupancy increasing in line with elective activity and overall has increased against the same period last year. NEL demand has also started to increase.GP referrals into the hospital have increased from the previous month and Choose & Book availability has matched this as capacity becomes available. No patients have been waiitng greater than 52 weeks in line with national guidance.

18 Weeks

RTT: 90% Admitted within 18 weeks — **88.9 %** ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.3%	91.5%	86.0%	88.1%	87.6%

RTT: 95% Non-Admitted within 18 weeks — **87.5 %** ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.7%	88.3%	85.7%	88.4%	87.9%

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

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
92.1%	92.2%	92.3%	92.1%	92.1%

Open Pathways Weekly Profile — **Sep 2016**

0-18 Wks	19-36 Wks	36-51 Wks
10,980	796	52

Cancer

**Cancer: 2 week wait from referral to date 1st seen - all urgent referrals** — **100.0 %** —

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament — **100.0 %** —

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
100.0%	100.0%	96.3%	100.0%	100.0%

All Cancers: 31 day wait until subsequent treatments — **100.0 %** —

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

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

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
100.0%	99.7%	99.9%	100.0%	99.9%

Waiting Times Failed	**0** ▼
Waiting Times Passed	**6** —

Number of Diagnostics
400

Admissions and Discharges

Metric Name
- IP: Admissions (Spells)
- IP: Discharges (Spells)

Bed Occupancy

Bed Occupancy (Funded Beds) — **76.2 %** ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	79.0%	79.8%	81.0%	76.6%

Provider

Convenience and Choice: Slot Availability — **99.3 %** ▲ *(goal: 96.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	99.6%	93.7%	96.9%	97.5%

Referrals Received (GP)

Emergency Department

Sep 2016

Alder Hey Children's NHS
NHS Foundation Trust
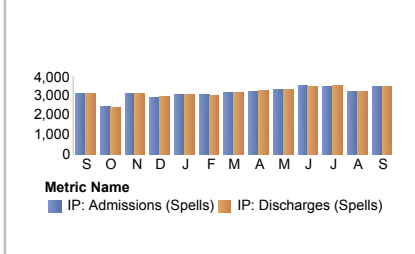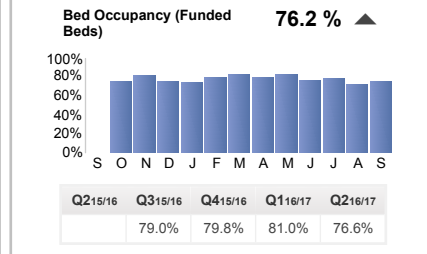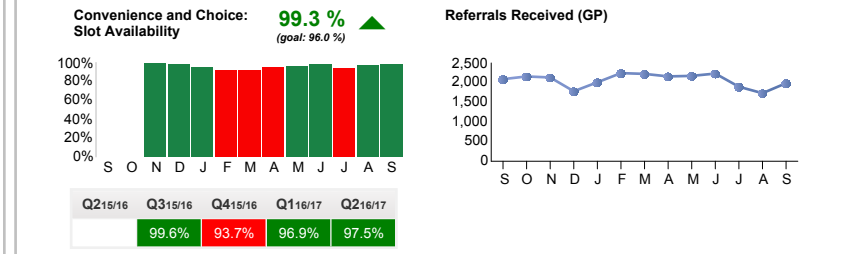
Summary

Trust achieved 96.26% in month resulting in 96.25% in Q2, a significant achievement in national, as well as local, context.

Attendances resumed to predicted levels which has enabled the team to manage flow much more effectively.

Representatives from the department are now attending an NHS Improvements led initiative to look at best practice approaches to flow and the team will be sharing this knowledge which will inform management of surges in attendances at peak times over the coming months.

ED

ED: 95% Treated within 4 Hours   **96.3 %** ▼
(goal: 95.0 %)

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
95.3%	82.8%	84.5%	95.0%	96.6%

ED: Total Time in ED (95th Percentile)   **238.0 mins** ▲
(goal: 240.0 mins)

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
736.0	1,101.4	1,046.0	754.0	705.0

ED: Longest Wait Time (Hrs)   **9.6** ▲
(goal: 0.0)

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
27.8	44.6	35.7	31.8	27.6

ED: Number Treated Over 4 Hours

173

ED to Inpatient Conversion Rate

17.6 %
Sep 2016

ED

ED: 15 minute 'Time to Initial Assessment' (95th Percentile)   **0** —

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
0.0	0.0	0.0	0.0	0.0

ED: 60 minute 'Time to Treat Decision' (Median)   **61.0 mins** ▲
(goal: 60.0 mins)

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
205.0	273.0	270.0	221.0	184.0

ED: Percentage Left without being seen   **2.1 %** ▲

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
3.0%	6.5%	5.9%	3.1%	2.1%

ED: Number of Attendances

4625 Sep 2016
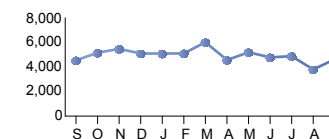
Ambulance Services

Ambulance: Acute Compliance   **84.0 %** ▼
(goal: 85.0 %)

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
81.9%	82.8%	85.9%	88.9%	86.5%

Ambulance: Average Notification to Handover Time (mins)   **4.5 mins** ▲
(goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes   **5** ▲
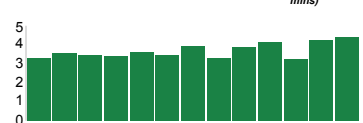
Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
10.0	7.0	16.0	14.0	16.0

Ambulance: Patients Waiting between 45 and 60 minutes   **1** —

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
3.6	0.0	0.0	3.0	3.0

Productivity & Efficiency
Sep 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

Day case rates increased but lower than last year; was pre-move where overnight EL activity was reduced. Theatre productivity has increased again following continued focus on productivity. OP utilisation has reduced despite increased bookings to available slots however DNA rates have reduced which is likely due to cashing up of clinics so CBU's are currently validating. Overall activity against the same period last year has increased. Hospital non-clinical cancellations have increased with 5 of the 16 due to bed availability but as a proportion of overall activity this has reduced.

Length of Stay

Average LoS - Elective (Days) — **2.5** ▼

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
2.8	3.0	2.9	2.9	2.8

Average LoS - Non-Elective (Days) — **1.7** ▼

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
2.6	2.5	2.4	1.9	1.8

Day Case Rate

Daycases (K1/SDCPREOP) — **608** ▲

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
1,892	1,300	1,738	1,715	1,722

Daycase Rate — **65.3 %** ▼ *(goal: 0.0 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
75.6%	75.0%	74.6%	68.0%	66.3%

Bed Refusals

Bed Refusals — **0** — *(goal: 0.0)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
0	1	0	1	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * — **86.9 %** ▲ *(goal: 90.0 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	76.8%	81.5%	85.6%	85.5%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) — **2.6 %** ▼ *(goal: 0.8 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
2.5%	2.8%	3.0%	2.6%	2.6%

Cancelled Operations - Non Clinical - On Same Day — **16** ▲

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
60	61	90	74	50

28 Day Breaches — **5** ▲ *(goal: 0.0)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
21	14	16	21	12

Outpatients

Clinic Session Utilisation * — **82.2 %** ▼ *(goal: 90.0 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
76.3%	75.3%	82.6%	84.8%	82.9%

OP Appointments Cancelled by Hospital % — **13.6 %** ▼ *(goal: 5.0 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
14.2%	15.7%	15.0%	14.0%	14.0%

DNA Rate — **9.9 %** ▼ *(goal: 12.0 %)*

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
14.5%	12.6%	13.1%	12.7%	11.4%

OP: New/Follow Up — **2.4** ▲

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
2.3	2.3	2.3	2.3	2.3

Facilities

**Sep 2016**

Alder Hey Children's **NHS**
NHS Foundation Trust

Summary

Audit compliance is 100%. Very high risks areas have scored 98% which hits the National Standard's target. High risk areas are 95% which also hits the National Standard of 95%. Significant areas are 98% which is above the National Standard of 85%. There were no low risk areas due for audit this month and so I have recorded the score from the previous month as a score of 100% or 0% would have been misleading.

Facilities

Cleanliness Performance VH — 98.0 % (goal: 98.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.0%	96.3%	96.5%	96.8%	97.5%

Cleanliness Performance H — 95.0 % (goal: 95.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.0%	97.0%	94.8%	94.4%	94.4%

Cleanliness Performance S — 98.0 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.4%	95.0%	94.6%	96.2%	93.0%

Cleanliness Performance L — 100.0 % (goal: 75.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
82.0%	96.0%	100.0%	88.2%	98.2%

Facilities

Audit Compliance — 100.0 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
85.1%	98.8%	98.4%	68.0%	100.0%

Facilities - Other

Routine Maintenance Resolution — 96.4 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.7%	95.6%	67.3%	98.8%	97.4%

PPM% — 98.2 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
96.3%	30.8%	92.6%	89.4%	97.8%

CAMHS

Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Summary

Access and waiting times continue to improve in accordance with plan. Weekly monitoring and scrutiny in place to ensure maintenance of reduced waiting times.

Waiting Times

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

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
0.0	14.2	18.8	0.0	6.0

CAMHS: Avg Wait to Partnership Appt (Weeks)   **0.0**
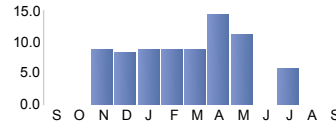
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
0.0	17.4	26.9	25.9	6.0

DNA Rates

CAMHS: DNA Rate - New   **9.7 %** ▼
(goal: 10.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
23.0%	18.7%	20.4%	15.2%	12.5%

CAMHS: DNA Rate - Follow Up   **12.8 %** ▼
(goal: 14.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
17.0%	15.1%	14.2%	14.8%	13.7%

Tier 4 Admissions

CAMHS: Total Admissions to DJU   **2** —

CAMHS: Referrals Received

External Regulation

Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust
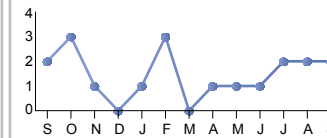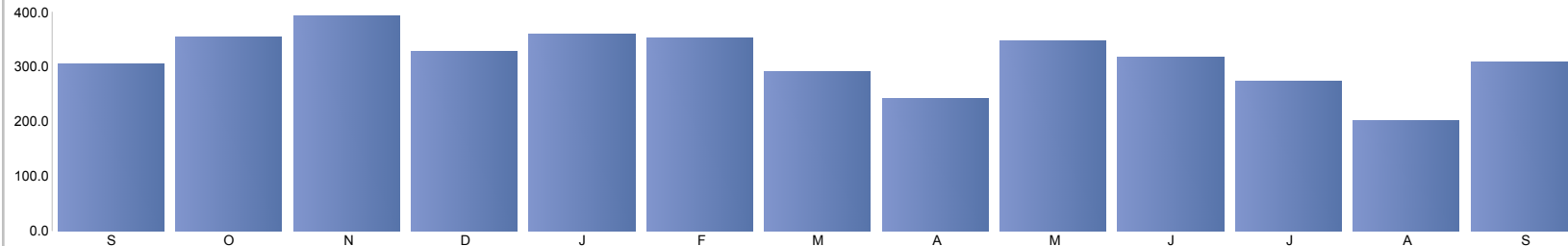
Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and as at the end of Quarter 1 have been rated by NHS Improvement as Green for Governance with a Financial Sustainability Rating of 2 which is in line with our plan.

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor   Sep 2016

Metric Name	Goal	Aug 16	Sep 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	98.3 %	96.3 %	▼
RTT: 90% Admitted within 18 weeks		86.3 %	88.9 %	▲
RTT: 95% Non-Admitted within 18 weeks		88.8 %	87.5 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.0 %	▼
Monitor Risk Ratings (YTD)	3.0	2	2	—
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	—
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	—
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	—
Hospital Acquired Organisms - C.difficile	0.0	0	0	—

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
89.3%	91.5%	86.0%	88.1%	87.6%

RTT: 95% Non-Admitted within 18 weeks

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
93.7%	88.3%	85.7%	88.4%	87.9%

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

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
92.1%	92.2%	92.3%	92.1%	92.1%

Monitor - All Cancers

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

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
100.0%	100.0%	96.3%	100.0%	100.0%

All Cancers: 31 day wait until subsequent treatments

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
95.3%	82.8%	84.5%	95.0%	96.6%

Monitor - C difficile

Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
2	0	0	0	0

Monitor - Data Completeness

No Data Available

Workforce
Sep 2016

Alder Hey Children's **NHS** | NHS Foundation Trust

Summary

Sickness absence has increased slightly from last month up to 5.1%, this is over the required target. Mandatory training compliance has reduced slightly to 73%, and Corporate Induction attendance has increased by 23% to 88.9%. Medical appraisal compliance is at 5.1%. General PDR rates are now at 66%, up 8% following the closure of the completion window.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Last 12 Months
Add Prof Scientific and Technic	2.8%	4.3%	4.1%	4.5%	4.2%	2.0%	2.4%	2.9%	2.2%	4.1%	3.9%	5.3%	
Additional Clinical Services	7.6%	8.8%	7.6%	7.0%	6.7%	7.6%	7.0%	6.3%	5.8%	4.8%	5.1%	6.1%	
Administrative and Clerical	3.8%	4.6%	4.7%	4.2%	4.6%	4.0%	4.4%	4.1%	4.3%	4.9%	4.7%	5.0%	
Allied Health Professionals	1.4%	2.3%	2.4%	3.6%	2.4%	2.7%	2.6%	1.8%	3.0%	3.6%	2.2%	3.3%	
Estates and Ancillary	5.5%	7.6%	9.4%	8.6%	9.0%	7.5%	7.6%	10.0%	9.4%	10.2%	8.1%	7.3%	
Healthcare Scientists	1.5%	1.3%	2.0%	2.2%	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	1.4%	2.8%	
Medical and Dental	0.8%	1.7%	1.5%	1.8%	1.9%	2.0%	1.5%	1.4%	1.9%	2.6%	3.0%	2.9%	
Nursing and Midwifery Registered	5.8%	6.8%	6.5%	7.4%	7.6%	7.1%	6.7%	5.3%	4.7%	4.8%	5.4%	5.4%	
Trust	4.6%	5.6%	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	5.1%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Last 12 Months
Add Prof Scientific and Technic	171	174	174	177	179	180	185	189	190	191	194	198	
Additional Clinical Services	352	346	348	359	360	360	355	354	354	356	363	394	
Administrative and Clerical	532	534	531	529	532	525	536	536	543	546	550	561	
Allied Health Professionals	126	127	127	126	126	127	126	126	126	127	126	126	
Estates and Ancillary	169	172	173	172	173	172	188	190	190	191	191	192	
Healthcare Scientists	102	102	100	100	99	100	100	100	103	104	103	105	
Medical and Dental	229	231	235	237	230	235	236	238	238	235	239	247	
Nursing and Midwifery Registered	948	947	945	948	952	947	937	944	941	937	936	951	

Staff in Post Headcount (rolling 12 Months)

Staff Group	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Last 12 Months
Add Prof Scientific and Technic	192	195	196	197	198	200	205	209	210	211	215	219	
Additional Clinical Services	414	410	411	422	423	425	420	420	418	418	426	456	
Administrative and Clerical	623	625	622	619	623	614	626	626	634	637	643	655	
Allied Health Professionals	155	156	156	155	155	156	155	156	155	156	155	155	
Estates and Ancillary	212	214	213	211	211	210	237	239	239	240	240	241	
Healthcare Scientists	113	113	111	111	110	111	111	110	113	114	112	114	
Medical and Dental	266	268	271	274	269	275	275	277	275	273	277	284	
Nursing and Midwifery Registered	1,076	1,073	1,070	1,073	1,077	1,070	1,060	1,066	1,066	1,063	1,061	1,076	

Finance

Temporary Spend ('000s) — **899** ▼

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	3	3	3	3	3

Actual vs Planned Establishment (%) — **91.7 %** ▲

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	92.0%	97.7%	93.4%	88.7%	90.6%

Appraisals

Medical Appraisal — **5.1 %** ▼ (goal: 100.0 %)

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	97.1%	97.1%	90.5%	32.7%	5.2%

PDR — **66.1 %** ▲ (goal: 90.0 %)

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	89.9%	90.1%	90.1%	14.8%	59.8%

Training

Corporate Induction — **86.8 %** ▲ (goal: 100.0 %)

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	87.1%	88.2%	83.5%	86.8%	80.6%

Mandatory Training — **73.0 %** ▼ (goal: 90.0 %)

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	75.8%	81.7%	82.8%	81.4%	76.3%

Health and Safety

RIDDOR — **0** —

	Q215/16	Q315/16	Q415/16	Q116/17	Q216/17
	4	9	6	0	0

Performance by CBU
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	70.1%	84.6%	84.4%	85.9%
Convenience and Choice: Slot Availability	100.0%	99.4%	98.9%	99.4%
DNA Rate (Followup Appts)	12.4%	9.8%	8.5%	8.7%
DNA Rate (New Appts)	13.1%	11.6%	8.8%	9.1%
Normalised I & E surplus/(deficit) In Month ('000s)	279	870	2,236	-122
Referrals Received (GP)	571	334	780	300
Temporary Spend ('000s)	296	96	165	231
Theatre Utilisation - % of Session Utilised		84.5%	86.5%	88.0%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	7.0	2.9	2.3	2.8
Average LoS - Non-Elective (Days)	1.0	2.8	2.1	2.9
Cancelled Operations - Non Clinical - On Same Day	0	1	8	4
Daycases (K1/SDCPREOP)	1	80	344	167
Diagnostics: % Completed Within 6 Weeks		100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	29	27	46	10
OP Appointments Cancelled by Hospital %	13.2%	12.0%	14.4%	14.9%
RTT: 90% Admitted within 18 weeks		100.0%	90.7%	83.1%
RTT: 92% Waiting within 18 weeks (open Pathways)	89.1%	93.5%	91.3%	96.4%
RTT: 95% Non-Admitted within 18 weeks	84.2%	89.0%	86.6%	94.1%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	97.0%	96.5%	95.7%	97.0%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	1	0	0
Medication Errors (Incidents)	21	23	11	36

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	83.3%	100.0%	50.0%	91.7%
Mandatory Training	73.4%	77.0%	74.4%	75.6%
PDR	74.3%	84.0%	53.2%	69.5%
Sickness	5.4%	5.7%	6.1%	6.2%

CBU Performance - Clinical Support
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Theatre Utilisation - % of Session Utilised		70.5%	80.2%	79.4%	70.6%	72.0%	76.5%	83.2%	80.1%	82.1%	76.3%	76.0%	88.5%	
Temporary Spend ('000s)	15	12	12	-18	8	9	9	7	7	10	11	15	11	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,011	-705	-908	-787	-842	-994	-964	-911	-944	-881	-1,022	-903	-600	
Expenditure vs Budget ('000s)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	86.0%	93.0%	96.0%	97.9%	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	89.0%	
Imaging - % Reporting Turnaround Times - ED	76.0%	76.0%	72.0%	100.0%	91.0%	92.0%	91.0%	83.0%	65.0%	88.0%	93.0%	89.0%	89.0%	
Imaging - % Reporting Turnaround Times - Inpatients	86.0%	93.0%	81.0%	83.0%	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	85.0%	
Imaging - % Reporting Turnaround Times - Outpatients	96.0%	96.0%	97.0%	98.0%	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	89.0%	
Imaging - Waiting Times - MRI % under 6 weeks	100.0%	100.0%	95.0%	96.0%	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	90.0%	
Imaging - Waiting Times - CT % under 1 week	87.9%	87.9%	88.0%	96.0%	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	90.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	95.4%	96.1%	95.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	95.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	99.6%	99.6%	92.0%	85.0%	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	88.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	100.0%	100.0%	88.0%	91.0%	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	91.0%	
BME - High Risk Equipment PPM Compliance	88.0%	87.0%	89.0%	87.0%	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	90.0%	
BME - Low Risk Equipment PPM Compliance	87.0%	75.0%	76.0%	78.0%	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	78.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	57.0%	63.0%	59.0%	87.0%	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%	64.0%	44.0%	
Pharmacy - Dispensing for Out Patients - Complex	65.0%		100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Medication Errors (Incidents)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pathology - % Turnaround times for urgent requests < 1 hr	78.2%	71.9%	75.1%	79.6%	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	91.3%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	98.8%	98.5%	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	98.7%	90.9%	100.0%	81.0%	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	100.0%	

Workforce

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Corporate Induction	100.0%	77.8%	100.0%	87.5%	71.4%	0.0%	75.0%	50.0%	100.0%	100.0%	100.0%	66.7%	100.0%	
PDR	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	0.8%	12.7%	32.5%	75.9%	78.3%	83.8%	
Sickness	2.4%	3.2%	4.0%	4.5%	5.2%	5.2%	4.3%	4.8%	4.6%	3.9%	3.8%	2.9%	3.8%	
Mandatory Training	84.2%	80.3%	87.2%	87.2%	86.8%	86.2%	86.5%	85.6%	85.9%	84.4%	84.1%	80.6%	75.8%	

CBU Performance - ICS

Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Key Issues

Robust monitoring of the CAMHS waiting times have seen waits for both choice and partnership improve to within an 18 RRT. This has been achieved by weekly reporting.

Community Paediatrics. An action plan is being produced to support monitoring of all pathways and trajectories to support compliance. Weekly monitoring and reporting processes have now been established

Support Required

None

Operational

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	72.6%	66.6%	75.0%	74.2%	76.2%	71.1%	75.9%	77.3%	75.4%	76.5%	75.2%	74.5%	70.1%	
DNA Rate (New Appts)	17.5%	19.3%	14.7%	17.3%	15.8%	17.6%	17.8%	15.0%	14.0%	16.4%	16.4%	17.1%	13.1%	
DNA Rate (Followup Appts)	15.0%	14.2%	13.1%	14.5%	13.6%	14.4%	15.6%	15.6%	16.0%	13.4%	13.7%	16.2%	12.4%	
Convenience and Choice: Slot Availability			100.0%	100.0%	100.0%	98.8%	87.2%	85.3%	95.7%			92.1%	100.0%	
Referrals Received (GP)	647	650	658	561	617	672	644	595	635	630	523	438	571	
Temporary Spend ('000s)	203	260	232	247	204	272	297	185	348	216	204	311	296	
Normalised I & E surplus/(deficit) In Month ('000s)	534	530	692	446	651	728	401	402	321	541	70	169	279	

Patient

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
RTT: 90% Admitted within 18 weeks						100.0%								
RTT: 95% Non-Admitted within 18 weeks	90.6%	92.3%	87.8%	86.7%	84.4%	86.3%	84.6%	84.7%	75.1%	80.7%	82.2%	81.0%	84.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	93.3%	93.8%	91.1%	92.3%	91.8%	91.4%	92.4%	91.9%	91.4%	89.6%	91.5%	89.3%	89.1%	
Average LoS - Elective (Days)	3.50	8.00	3.80	4.50	6.00	1.00	1.00	3.00	5.50	5.50	5.00	3.50	7.00	
Average LoS - Non-Elective (Days)	1.75	1.79	1.94	2.15	1.81	1.68	1.79	1.15	1.12	1.07	1.11	1.01	1.01	
Hospital Initiated Clinic Cancellations < 6 weeks notice	18	46	33	1	3	0	6	1	1	3	12	18	29	
Daycases (K1/SDCPREOP)	1	0	0	0	0	0	1	1	0	2	0	2	1	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	11.4%	14.6%	13.7%	14.9%	11.9%	12.1%	13.1%	14.8%	11.2%	12.8%	11.3%	14.1%	13.2%	
Diagnostics: % Completed Within 6 Weeks					100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		

Quality

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Medication Errors (Incidents)	12	15	23	25	26	30	34	7	11	13	14	15	21	
Cleanliness Scores			99.0%	99.0%	95.0%	98.0%	95.0%	98.0%	98.0%	97.0%	93.0%	93.0%	97.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Corporate Induction	100.0%	81.8%	100.0%	100.0%	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	83.3%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	74.3%	
Sickness	4.7%	5.3%	6.4%	4.8%	4.3%	5.0%	5.1%	4.9%	4.6%	5.3%	5.6%	5.0%	5.4%	
Mandatory Training	75.8%	76.2%	79.1%	76.6%	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	73.4%	

CBU Performance - Medical Specialties
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised		64.0%	79.7%	76.5%	74.6%	79.8%	79.1%	77.8%	77.3%	77.7%	82.8%	81.8%	84.5%	
Clinic Session Utilisation	76.3%	65.6%	79.6%	77.0%	81.1%	79.8%	83.1%	81.1%	81.6%	82.4%	82.9%	83.4%	84.6%	
DNA Rate (New Appts)	12.3%	11.5%	13.1%	13.2%	11.9%	11.7%	12.1%	11.2%	12.6%	12.0%	11.2%	15.1%	11.6%	
DNA Rate (Followup Appts)	14.3%	15.9%	12.5%	15.0%	13.1%	14.4%	16.5%	16.4%	15.3%	15.0%	13.0%	11.8%	9.8%	
Convenience and Choice: Slot Availability			100.0%	100.0%	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	99.4%	
Referrals Received (GP)	349	328	319	305	350	387	382	370	414	415	318	303	334	
Temporary Spend ('000s)	151	129	132	129	114	108	98	162	147	84	105	80	96	
Normalised I & E surplus/(deficit) In Month ('000s)	250	359	909	749	669	629	822	356	662	900	571	582	870	

Patient

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	94.9%	96.7%	95.8%	100.0%	
RTT: 95% Non-Admitted within 18 weeks	93.6%	90.5%	90.1%	83.9%	85.0%	89.2%	86.2%	91.7%	91.6%	90.6%	86.6%	89.5%	89.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	95.6%	94.0%	95.9%	95.7%	96.4%	96.8%	97.7%	97.0%	96.6%	96.4%	95.0%	94.4%	93.5%	
Average LoS - Elective (Days)	2.92	3.28	3.89	3.52	4.71	2.98	3.82	2.92	3.41	2.32	2.84	3.74	2.88	
Average LoS - Non-Elective (Days)	2.73	3.36	2.15	2.40	2.32	2.39	3.99	3.10	3.50	2.28	1.99	2.88	2.80	
Hospital Initiated Clinic Cancellations < 6 weeks notice	16	22	8	3	0	3	6	4	2	0	32	14	27	
Daycases (K1/SDCPREOP)	74	31	71	73	74	76	71	76	50	85	54	61	80	
Cancelled Operations - Non Clinical - On Same Day	1	2	2	1	2	2	3	1	0	1	1	1	1	
OP Appointments Cancelled by Hospital %	12.3%	16.1%	12.0%	12.8%	10.5%	12.6%	12.8%	14.8%	12.6%	11.9%	15.8%	13.6%	12.0%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
Medication Errors (Incidents)	11	13	17	20	22	25	27	1	6	7	10	16	23	
Cleanliness Scores	97.0%		95.5%	96.5%	94.5%	98.0%	98.0%	99.0%	99.0%	93.0%	96.0%	96.0%	96.5%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	1	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Last 12 Months
Corporate Induction		100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	75.0%	100.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	3.6%	20.7%	47.9%	73.5%	80.2%	84.0%	
Sickness	5.4%	3.5%	5.1%	5.0%	6.9%	7.5%	6.7%	6.6%	5.2%	3.6%	3.8%	5.0%	5.7%	
Mandatory Training	85.8%	81.3%	86.9%	87.2%	87.3%	85.5%	84.8%	85.4%	87.1%	86.3%	81.1%	79.2%	77.0%	

CBU Performance - NMSS
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Theatre Utilisation - % of Session Utilised		75.7%	79.1%	72.1%	78.5%	82.8%	83.7%	85.4%	85.3%	87.8%	83.6%	86.1%	86.5%	
Clinic Session Utilisation	74.5%	61.4%	82.4%	81.6%	86.3%	84.1%	86.2%	88.8%	89.4%	88.8%	86.9%	85.3%	84.4%	
DNA Rate (New Appts)	12.2%	10.8%	12.5%	12.6%	11.4%	10.4%	12.3%	10.8%	10.1%	10.7%	10.0%	10.7%	8.8%	
DNA Rate (Followup Appts)	12.5%	10.4%	9.5%	10.5%	9.6%	11.1%	13.8%	11.7%	10.5%	11.8%	11.4%	10.4%	8.5%	
Convenience and Choice: Slot Availability			99.3%	99.6%	96.1%	97.5%	98.5%	97.0%	95.7%	97.4%	94.3%	99.3%	98.9%	
Referrals Received (GP)	799	826	817	652	741	842	871	861	819	839	743	681	780	
Temporary Spend ('000s)	147	134	121	132	123	134	224	156	171	161	164	176	165	
Normalised I & E surplus/(deficit) In Month ('000s)	1,736	1,498	1,283	1,330	1,803	1,646	1,474	1,707	1,907	2,046	2,485	1,942	2,236	

Patient

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	81.5%	83.0%	100.0%	80.4%	79.7%	75.9%	86.5%	86.7%	83.8%	87.9%	86.7%	86.5%	90.7%	
RTT: 95% Non-Admitted within 18 weeks	92.6%	92.8%	84.7%	86.0%	87.3%	80.2%	84.2%	89.1%	89.8%	89.3%	88.2%	91.2%	86.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	89.6%	89.9%	90.0%	90.0%	89.8%	90.5%	89.8%	89.5%	89.9%	90.2%	90.4%	91.1%	91.3%	
Average LoS - Elective (Days)	2.64	2.09	2.20	2.55	2.03	2.42	2.69	2.54	2.89	2.56	2.66	2.33	2.26	
Average LoS - Non-Elective (Days)	1.86	1.87	2.38	2.84	1.79	2.07	2.99	2.50	2.18	2.48	2.03	2.27	2.14	
Hospital Initiated Clinic Cancellations < 6 weeks notice	51	9	49	39	39	64	24	29	11	26	22	38	46	
Daycases (K1/SDCPREOP)	416	234	318	284	357	371	360	330	327	396	363	334	344	
Cancelled Operations - Non Clinical - On Same Day	10	6	26	3	11	9	10	14	18	7	7	10	8	
OP Appointments Cancelled by Hospital %	14.6%	18.9%	14.8%	18.2%	19.5%	18.4%	18.4%	17.7%	14.6%	13.6%	14.7%	14.8%	14.4%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Medication Errors (Incidents)	11	12	14	15	19	22	30	0	2	4	6	9	11	
Cleanliness Scores	98.3%		98.7%	98.0%	96.3%	91.0%	95.0%	96.3%	94.7%	94.3%	94.3%	95.0%	95.7%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Corporate Induction		88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	62.5%	50.0%	
PDR	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	10.1%	21.1%	40.6%	51.9%	52.6%	53.2%	
Sickness	3.6%	4.4%	4.6%	5.3%	5.0%	3.8%	4.8%	4.6%	4.8%	4.3%	4.7%	6.8%	6.1%	
Mandatory Training	82.2%	79.7%	86.8%	86.9%	87.8%	84.1%	84.3%	85.3%	88.6%	88.0%	84.0%	77.6%	74.4%	

CBU Performance - SCACC
Sep 2016

Alder Hey Children's **NHS**
NHS Foundation Trust

Key Issues

Financial performance: full income forecast for Q3-4 completed in M6: forecast over-achievement of activity across all PODs of 1,177. We expect to deliver plan across DC and EL. The gross income position for the CBU is however expected to be £0.4m less than plan driven by lower than expected prices in DPS NEL and a shortfall in excess bed days
Theatre utilisation: metric reviewed by Chief of Operative Care and has led to a new method which captures the unpaid break of 30 mins during all day lists. All months have been re-based. Irrespective of this change this metric improved in Sep.

Support Required

Operational

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Theatre Utilisation - % of Session Utilised		79.1%	81.5%	79.1%	83.1%	83.1%	87.3%	86.6%	86.8%	89.1%	88.2%	86.1%	88.0%	
Clinic Session Utilisation	70.5%	66.7%	81.2%	85.6%	85.6%	87.9%	81.0%	84.1%	86.6%	86.6%	84.9%	83.4%	85.9%	
DNA Rate (New Appts)	10.3%	13.9%	9.7%	10.3%	9.7%	10.4%	13.7%	9.9%	11.0%	10.0%	9.3%	9.6%	9.1%	
DNA Rate (Followup Appts)	11.9%	12.0%	9.7%	7.3%	9.8%	10.1%	13.2%	10.0%	9.5%	9.8%	8.2%	11.0%	8.7%	
Convenience and Choice: Slot Availability			100.0%	97.9%	98.4%	84.8%	88.8%	98.1%	98.9%	100.0%	100.0%	100.0%	99.4%	
Referrals Received (GP)	292	352	336	262	300	341	325	332	303	346	310	309	300	
Temporary Spend ('000s)	250	268	218	222	237	221	319	274	271	231	296	196	231	
Normalised I & E surplus/(deficit) In Month ('000s)	457	-267	-119	253	-179	-156	1,351	-391	90	376	174	138	-122	

Patient

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	95.9%	91.5%	100.0%	86.1%	94.5%	96.6%	89.0%	88.8%	89.1%	85.1%	85.2%	83.0%	83.1%	
RTT: 95% Non-Admitted within 18 weeks	95.5%	83.8%	94.7%	88.4%	90.1%	92.2%	91.1%	93.1%	92.9%	90.5%	91.0%	88.8%	94.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.8%	97.3%	97.3%	96.6%	96.1%	96.0%	95.7%	96.6%	96.1%	96.8%	95.9%	96.4%	96.4%	
Average LoS - Elective (Days)	4.37	3.28	3.20	2.99	3.36	3.29	2.85	3.24	3.25	3.65	3.33	4.19	2.78	
Average LoS - Non-Elective (Days)	4.29	3.22	4.16	3.66	3.20	5.20	3.50	3.72	3.81	3.39	4.11	3.27	2.89	
Hospital Initiated Clinic Cancellations < 6 weeks notice	4	1	3	1	0	1	1	1	0	1	2	7	10	
Daycases (K1/SDCPREOP)	183	56	118	104	118	112	174	165	118	144	154	126	167	
Cancelled Operations - Non Clinical - On Same Day	3	9	6	6	6	12	11	12	10	8	12	3	4	
OP Appointments Cancelled by Hospital %	15.8%	22.3%	16.9%	19.1%	15.0%	12.5%	13.6%	13.5%	14.7%	14.0%	13.7%	14.7%	14.9%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Medication Errors (Incidents)	13	17	20	24	27	34	40	6	8	15	22	31	36	
Cleanliness Scores	96.5%		97.4%	92.2%	95.0%	94.6%	97.0%	96.4%	96.6%	94.0%	95.0%	97.2%	97.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Last 12 Months
Corporate Induction	100.0%	88.9%	75.0%	100.0%	92.3%	25.0%	100.0%	50.0%	100.0%	87.5%	100.0%	64.7%	91.7%	
PDR	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	3.5%	13.9%	37.5%	47.0%	50.9%	69.5%	
Sickness	6.9%	6.5%	7.5%	7.0%	7.0%	7.0%	6.6%	5.7%	4.6%	4.3%	5.0%	5.3%	6.2%	
Mandatory Training	85.2%	81.3%	89.1%	88.3%	85.8%	87.5%	87.1%	86.9%	87.0%	87.0%	83.6%	78.9%	75.6%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended September 2016

	In Month			Year to Date			Full Year		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Forecast £'000	Variance £'000
Clinical Income									
Elective	3,917	3,571	(346)	21,085	20,617	(468)	42,982	42,398	(583)
Non Elective	2,203	2,205	2	13,531	13,088	(443)	26,512	25,750	(762)
Outpatients	2,513	2,500	(13)	13,663	13,728	66	28,190	27,658	(531)
A&E	437	503	66	2,662	2,401	(261)	5,310	5,356	46
Critical Care	1,902	2,152	249	11,603	12,122	520	23,739	24,179	440
Non PbR Drugs & Devices	1,553	1,853	299	9,335	9,766	431	18,665	19,897	1,232
Excess Bed Days	392	342	(51)	2,388	2,486	98	4,765	4,619	(146)
CQUIN	245	236	(9)	1,471	1,493	22	2,942	3,079	137
Contract Sanctions	0	(16)	(16)	0	(76)	(76)	0	(153)	(153)
Private Patients	15	4	(10)	88	152	64	176	244	68
Other Clinical Income	4,782	4,930	148	17,442	19,584	2,142	37,524	40,962	3,438
Non Clinical Income									
Other Non Clinical Income	1,736	1,822	86	10,061	9,785	(276)	21,661	22,378	717
Total Income	**19,695**	**20,101**	**406**	**103,329**	**105,146**	**1,817**	**212,465**	**216,367**	**3,902**
Expenditure									
Pay Costs	(10,481)	(11,692)	(1,211)	(67,950)	(69,435)	(1,486)	(134,564)	(137,896)	(3,332)
Drugs	(1,363)	(1,835)	(473)	(8,286)	(9,665)	(1,379)	(16,555)	(18,820)	(2,266)
Clinical Supplies	(1,386)	(1,366)	20	(8,328)	(8,641)	(313)	(16,704)	(17,279)	(575)
Other Non Pay	(1,522)	(1,311)	210	(13,068)	(11,832)	1,236	(24,840)	(23,003)	1,837
PFI service costs	(290)	(285)	5	(1,768)	(1,710)	58	(3,526)	(3,439)	87
MASS/Restructuring	0	(27)	(27)	0	(48)	(48)	0	(48)	(48)
Total Expenditure	**(15,041)**	**(16,516)**	**(1,475)**	**(99,399)**	**(101,331)**	**(1,932)**	**(196,188)**	**(200,485)**	**(4,297)**
EBITDA	**4,654**	**3,585**	**(1,069)**	**3,930**	**3,815**	**(115)**	**16,277**	**15,882**	**(395)**
PDC Dividend	(97)	(81)	16	(581)	(487)	94	(1,161)	(1,087)	75
Depreciation	(522)	(428)	94	(3,140)	(2,991)	149	(6,333)	(5,698)	635
Finance Income	0	1	1	5	19	14	15	22	7
Interest Expense (non-PFI/LIFT)	(84)	(93)	(8)	(495)	(509)	(14)	(1,042)	(1,114)	(72)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(3,998)	(4,125)	(127)	(7,995)	(8,249)	(254)
Trading Surplus / (Deficit)	**3,285**	**2,297**	**(987)**	**(4,279)**	**(4,278)**	**1**	**(240)**	**(243)**	**(4)**
One-off normalising items									
Government Grants/Donated Income	511	1,359	847	1,637	1,684	47	2,352	3,170	818
Depreciation on Donated Assets	(160)	(85)	75	(956)	(862)	93	(1,990)	(1,826)	164
Normalised Surplus/(Deficit)	**3,636**	**3,571**	**(65)**	**(3,598)**	**(3,456)**	**141**	**122**	**1,101**	**978**
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,097)	(177)
Gains/(Losses) on asset disposals	0	2	2	0	431	431	0	431	431
Reported Surplus/(Deficit)	**3,636**	**3,572**	**(63)**	**(3,598)**	**(3,025)**	**572**	**(1,798)**	**(565)**	**1,233**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	19,695	20,101	406	103,329	105,146	1,817	212,465	216,367	3,902
Expenditure £000	(16,410)	(17,804)	(1,393)	(107,607)	(109,424)	(1,816)	(196,188)	(200,485)	(3,906)
Normalised Surplus/(Deficit) £000	3,636	3,571	(65)	(3,598)	(3,456)	141	122	1,101	978
Trading Surplus/(Deficit) £000	3,285	2,297	(987)	(4,279)	(4,278)	1	(240)	(243)	(4)
WTE	2,968	3,052	(84)	2,968	3,052	(84)			
CIP £000	506	548	42	2,016	2,092	77	7,200	6,300	(900)
Cash £000	1,227	4,467	3,240	1,227	4,467	3,240			
CAPEX FCT £000	1,929	1,704	226	4,518	3,878	640	10,167	10,689	9,211
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	2,426	2,128	(298)	13,049	12,351	(698)	26,950	24,907	(2,043)
Non Elective	1,321	1,268	(53)	8,071	7,619	(452)	16,071	14,657	(1,414)
Outpatients	17,909	17,206	(703)	96,192	95,791	(401)	199,463	187,056	(12,407)
A&E	4,595	4,619	24	28,022	27,762	(260)	55,899	59,152	3,253

Alder Hey Children's NHS Foundation Trust
CAPITAL PROGRAMME 2016/17

POTENTIAL

	Prior Year Expenditure	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	1,506	260	9	251	1,058	448	610	2,270	2,792	2,075	717
RESEARCH & EDUCATION	4,697	0	100	(100)	0	255	(255)	0	0	255	(255)
ESTATES TOTAL CAPITAL	6,203	260	109	151	1,058	703	355	2,270	2,792	2,330	462
NETWORKING, INFRASTRUCTURE & OTHER IT	3,072	221	67	154	378	184	194	440	440	440	0
ELECTRONIC PATIENT RECORD	6,172	58	11	47	350	113	237	700	700	738	(38)
IM & T TOTAL CAPITAL	9,244	280	79	201	727	297	430	1,140	1,140	1,177	(37)
MEDICAL EQUIPMENT		1,220	1,361	(141)	1,690	1,550	139	2,761	2,761	2,761	0
CHILDRENS HEALTH PARK		130	27	103	802	248	555	3,514	3,514	1,060	2,454
ALDER HEY IN THE PARK TOTAL	17,320	1,349	1,518	(169)	2,492	2,781	(289)	6,275	6,275	5,221	1,054
OTHER		40	(2)	42	241	98	143	482	482	482	(0)
OTHER	802	40	(2)	42	241	98	143	482	482	482	(0)
CAPITAL PROGRAMME 16/17	33,569	1,929	1,704	226	4,518	3,878	640	10,167	10,689	9,211	1,478

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycases	0	0	0	£159	£0	-£159	£0	-£159
		Elective	0	0	0	£175	£0	-£175	£0	-£175
		Non Elective	477	323	-154	£219,260	£217,977	-£1,282	£69,656	-£70,938
		Excess Bed Days	6	1	-5	£2,318	£299	-£2,019	-£63	-£1,955
		Outpatient New	228	166	-62	£76,901	£56,048	-£20,853	£103	-£20,956
		Outpatient Follow-up	24	10	-14	£8,109	£3,376	-£4,733	-£0	-£4,733
		Ward Attender	1	0	-1	£182	£0	-£182	£0	-£182
		A&E Attendance	4,595	4,619	24	£436,507	£421,429	-£15,078	-£17,368	£2,290
	Accident & Emergency Total		**5,332**	**5,119**	**-213**	**£743,612**	**£699,130**	**-£44,481**	**£52,327**	**-£96,808**
	CAMHS	Elective	0	0	0	£262	£0	-£262	£0	-£262
		Outpatient New	212	275	63	£0	£0	£0	£0	£0
		Outpatient Follow-up	1,058	1,522	464	£14,762	£8,441	-£6,321	-£12,804	£6,483
	CAMHS Total		**1,270**	**1,797**	**527**	**£15,024**	**£8,441**	**-£6,583**	**-£12,804**	**£6,220**
	Community Medicine	Outpatient New	402	284	-118	£32,499	£14,519	-£17,980	-£8,414	-£9,566
		Outpatient Follow-up	792	513	-279	£4,833	£2,870	-£1,963	-£262	-£1,702
		Ward Attender	0	1	1	£0	£0	£0	£0	£0
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£15	£0	-£15	£0	-£15
	Community Medicine Total		**1,195**	**798**	**-397**	**£37,348**	**£17,389**	**-£19,959**	**-£8,676**	**-£11,283**
	Diabetes	Outpatient New	33	19	-14	£6,948	£4,011	-£2,937	-£27	-£2,910
		Outpatient Follow-up	3	23	20	£314	£2,272	£1,958	-£234	£2,192
		Ward Based Outpatient	0	0	0	£44	£0	-£44	£0	-£44
	Diabetes Total		**36**	**42**	**6**	**£7,305**	**£6,283**	**-£1,023**	**-£261**	**-£762**
	Paediatrics	Daycases	34	21	-13	£28,766	£13,022	-£15,743	-£4,535	-£11,208
		Elective	14	1	-13	£16,170	£11,623	-£4,547	£10,502	-£15,049
		Non Elective	273	357	84	£310,042	£387,570	£77,528	-£17,227	£94,755
		Excess Bed Days	71	44	-27	£26,516	£16,699	-£9,816	£351	-£10,168
		Outpatient New	339	394	55	£78,088	£90,955	£12,867	£226	£12,641
		Outpatient Follow-up	465	452	-13	£65,575	£63,452	-£2,123	-£332	-£1,791
		Ward Attender	20	5	-15	£2,761	£702	-£2,059	-£4	-£2,055
		Ward Based Outpatient	179	2	-177	£25,192	£281	-£24,911	-£1	-£24,910
		OP Procedure	0	3	3	£34	£0	-£34	-£380	£346
	Paediatrics Total		**1,396**	**1,279**	**-117**	**£553,143**	**£584,304**	**£31,161**	**-£11,400**	**£42,561**
ICS CBU Total			**9,229**	**9,035**	**-194**	**£1,356,432**	**£1,315,547**	**-£40,885**	**£19,187**	**-£60,072**
Medical Specialties CBU	Allergy	Outpatient New	69	46	-23	£15,816	£10,660	-£5,155	£67	-£5,223
		Outpatient Follow-up	77	81	4	£10,859	£11,503	£643	£72	£572
		Ward Attender	0	0	0	£49	£0	-£49	£0	-£49
		Ward Based Outpatient	0	0	0	£33	£0	-£33	£0	-£33
		OP Procedure	0	1	1	£51	£0	-£51	-£127	£75
	Allergy Total		**147**	**128**	**-19**	**£26,808**	**£22,163**	**-£4,645**	**£13**	**-£4,658**
	Dermatology	Daycases	2	0	-2	£1,312	£0	-£1,312	£0	-£1,312
		Outpatient New	183	167	-16	£24,810	£22,575	-£2,235	-£25	-£2,210
		Outpatient Follow-up	601	606	5	£59,248	£59,382	£134	-£333	£467
		Ward Attender	1	0	-1	£66	£0	-£66	£0	-£66
		Ward Based Outpatient	9	0	-9	£864	£0	-£864	£0	-£864
		OP Procedure	98	58	-40	£11,231	£6,657	-£4,574	-£11	-£4,563
	Dermatology Total		**894**	**831**	**-63**	**£97,532**	**£88,615**	**-£8,917**	**-£368**	**-£8,549**
	Endocrinology	Daycases	101	77	-24	£105,704	£81,844	-£23,860	£1,499	-£25,359
		Elective	8	4	-4	£11,728	£5,033	-£6,696	-£692	-£6,003
		Non Elective	2	2	0	£3,882	£2,421	-£1,461	-£738	-£723
		Excess Bed Days	14	11	-3	£5,002	£3,558	-£1,444	-£497	-£947
		Outpatient New	72	59	-13	£28,706	£23,620	-£5,086	-£62	-£5,023
		Outpatient Follow-up	399	288	-111	£77,182	£56,839	-£20,344	£1,142	-£21,485
		Ward Attender	18	12	-6	£3,471	£2,321	-£1,150	£0	-£1,150
		Ward Based Outpatient	36	99	63	£6,994	£19,149	£12,155	£3	£12,153
		OP Procedure	0	1	1	£0	£0	£0	£0	£0
	Endocrinology Total		**650**	**553**	**-97**	**£242,669**	**£194,784**	**-£47,885**	**£654**	**-£48,539**
	Gastroenterology	Daycases	142	137	-5	£156,321	£165,776	£9,456	£15,373	-£5,917
		Elective	45	26	-19	£86,124	£48,265	-£37,859	-£1,550	-£36,309
		Non Elective	11	11	0	£28,651	£36,576	£7,925	£7,541	£384
		Excess Bed Days	181	25	-156	£71,640	£10,781	-£60,859	£903	-£61,762
		Outpatient New	112	93	-19	£29,756	£24,854	-£4,902	£186	-£5,088
		Outpatient Follow-up	301	274	-27	£47,829	£42,738	-£5,090	-£790	-£4,300
		Ward Attender	7	28	21	£1,047	£4,368	£3,321	-£66	£3,387
		Ward Based Outpatient	229	47	-182	£36,281	£7,332	-£28,949	-£111	-£28,838
	Gastroenterology Total		**1,028**	**641**	**-387**	**£457,649**	**£340,690**	**-£116,958**	**£21,486**	**-£138,444**
	Haematology	Daycases	26	69	43	£31,412	£42,296	£10,884	-£40,814	£51,698
		Elective	3	1	-2	£22,854	£888	-£21,967	-£6,090	-£15,876
		Non Elective	17	18	1	£50,180	£52,787	£2,606	-£1,266	£3,872
		Excess Bed Days	4	2	-2	£1,742	£599	-£1,143	-£268	-£874
		Outpatient New	24	26	2	£10,981	£12,234	£1,253	£325	£928
		Outpatient Follow-up	167	66	-101	£36,339	£14,616	-£21,723	£212	-£21,935
		Ward Attender	87	176	89	£18,996	£37,703	£18,707	-£711	£19,418
		Ward Based Outpatient	0	0	0	£29	£0	-£29	£0	-£29
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17
	Haematology Total		**328**	**358**	**30**	**£172,551**	**£161,123**	**-£11,428**	**-£48,614**	**£37,185**
	Immunology	Outpatient New	14	22	8	£3,231	£5,092	£1,861	£26	£1,835
		Outpatient Follow-up	10	23	13	£1,448	£3,316	£1,868	£71	£1,798
		Ward Attender	5	28	23	£650	£3,931	£3,280	-£20	£3,301
		Ward Based Outpatient	18	39	21	£2,555	£5,475	£2,920	-£28	£2,948
	Immunology Total		**47**	**112**	**65**	**£7,885**	**£17,815**	**£9,930**	**£48**	**£9,882**
	Metabolic Disease	Outpatient New	5	6	1	£2,107	£2,304	£197	£0	£197
		Outpatient Follow-up	33	19	-14	£12,712	£7,296	-£5,416	£0	-£5,416
	Metabolic Disease Total		**39**	**25**	**-14**	**£14,819**	**£9,600**	**-£5,219**	**£0**	**-£5,219**
	Nephrology	Daycases	104	66	-38	£67,209	£74,857	£7,648	£32,290	-£24,642
		Elective	34	7	-27	£21,841	£6,903	-£14,938	£2,446	-£17,385
		Non Elective	4	5	1	£7,387	£11,819	£4,432	£2,425	£2,007
		Excess Bed Days	17	20	3	£6,464	£5,990	-£474	-£1,520	£1,046
		Outpatient New	17	28	11	£2,044	£3,305	£1,261	£0	£1,261
		Outpatient Follow-up	138	143	5	£16,284	£16,880	£596	-£0	£596
		Ward Attender	87	63	-24	£10,321	£7,437	-£2,884	-£0	-£2,884
		Ward Based Outpatient	62	54	-8	£7,343	£6,374	-£968	£0	-£968
	Nephrology Total		**465**	**386**	**-79**	**£138,892**	**£133,564**	**-£5,327**	**£35,641**	**-£40,969**
	Oncology	Daycases	347	205	-142	£199,276	£150,182	-£49,093	£32,410	-£81,503
		Elective	29	34	5	£176,491	£168,497	-£7,994	-£38,457	£30,463
		Non Elective	36	53	17	£91,276	£132,253	£40,976	-£1,667	£42,643
		Excess Bed Days	30	7	-23	£13,649	£2,492	-£11,157	-£688	-£10,469
		Outpatient New	11	6	-5	£2,877	£1,554	-£1,323	-£0	-£1,323
		Outpatient Follow-up	275	287	12	£71,092	£74,316	£3,224	£193	£3,031
		Ward Attender	15	38	23	£3,938	£9,840	£5,902	£26	£5,876
		Ward Based Outpatient	20	5	-15	£5,158	£1,295	-£3,863	£3	-£3,866
	Oncology Total		**764**	**635**	**-129**	**£563,757**	**£540,428**	**-£23,329**	**-£8,180**	**-£15,149**
	Respiratory Medicine	Daycases	11	14	3	£10,742	£31,150	£20,408	£17,297	£3,111
		Elective	5	2	-3	£12,899	£3,709	-£9,190	-£1,045	-£8,145
		Non Elective	64	80	16	£60,590	£89,124	£28,534	£13,930	£14,604
		Excess Bed Days	50	303	253	£15,833	£114,924	£99,091	£18,828	£80,263
		Outpatient New	83	52	-31	£24,616	£15,429	-£9,187	-£46	-£9,141
		Outpatient Follow-up	279	210	-69	£41,912	£33,548	-£8,364	£2,009	-£10,373
		Ward Attender	1	80	79	£142	£12,562	£12,420	£566	£11,854
		Ward Based Outpatient	150	70	-80	£22,499	£10,991	-£11,508	£495	-£12,003
		OP Procedure	152	90	-62	£21,977	£515	-£21,463	-£12,509	-£8,954
	Respiratory Medicine Total		**795**	**901**	**106**	**£211,211**	**£311,952**	**£100,741**	**£39,524**	**£61,217**
	Rheumatology	Daycases	188	181	-7	£157,858	£142,404	-£15,454	-£9,277	-£6,177
		Elective	22	8	-14	£22,293	£10,434	-£11,860	£2,303	-£14,163
		Non Elective	1	1	0	£1,481	£674	-£808	-£331	-£477
		Excess Bed Days	11	22	11	£4,185	£7,355	£3,170	-£1,089	£4,259
		Outpatient New	61	54	-7	£9,142	£8,121	-£1,021	-£9	-£1,012
		Outpatient Follow-up	184	163	-21	£27,691	£24,514	-£3,178	-£27	-£3,151
		Ward Attender	28	17	-11	£4,160	£2,557	-£1,603	-£0	-£1,603
		Ward Based Outpatient	13	26	13	£2,029	£3,910	£1,881	£0	£1,881
		OP Procedure	0	0	0	£16	£0	-£16	£0	-£16
	Rheumatology Total		**509**	**472**	**-37**	**£228,857**	**£199,968**	**-£28,888**	**-£8,429**	**-£20,459**
Medical Specialties CBU Total			**5,665**	**5,042**	**-623**	**£2,162,629**	**£2,020,703**	**-£141,926**	**£31,775**	**-£173,700**
NMSS CBU	Audiology	Outpatient New	765	554	-211	£72,590	£52,374	-£20,215	-£183	-£20,032
		Outpatient Follow-up	262	317	55	£24,761	£29,960	£5,198	-£0	£5,198
		OP Procedure	1	3	2	£155	£113	-£42	-£232	£190
	Audiology Total		**1,029**	**874**	**-155**	**£97,506**	**£82,447**	**-£15,059**	**-£415**	**-£14,644**
	Burns Care	Daycases	0	3	3	£154	£3,410	£3,256	-£1,726	£4,982
		Elective	7	1	-6	£18,177	£2,203	-£15,974	-£335	-£15,639
		Non Elective	27	19	-8	£69,244	£45,719	-£23,525	-£2,452	-£21,073
		Outpatient New	34	32	-2	£6,689	£6,341	-£348	£12	-£361
		Outpatient Follow-up	94	75	-19	£10,688	£8,573	-£2,115	£13	-£2,128
		Ward Attender	4	31	27	£509	£3,544	£3,035	£0	£3,035
		Ward Based Outpatient	12	2	-10	£1,419	£229	-£1,190	£0	-£1,190
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17
	Burns Care Total		**179**	**163**	**-16**	**£106,897**	**£70,018**	**-£36,880**	**-£4,488**	**-£32,392**
	Dentistry	Daycases	108	85	-23	£62,465	£51,282	-£11,183	£2,033	-£13,216
		Elective	12	3	-9	£7,581	£4,649	-£2,932	£2,783	-£5,714
		Non Elective	1	1	0	£1,200	£980	-£220	-£106	-£115
		Excess Bed Days	1	0	-1	£324	£0	-£324	£0	-£324

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

In-Month

Specialty	Point of Delivery									Notes
Dentistry	Outpatient New	126	118	-8	£4,513	£4,197	-£316	-£30	-£286	
	Outpatient Follow-up	161	138	-23	£5,738	£4,909	-£829	-£7	-£822	
	OP Procedure	34	17	-17	£5,440	£2,758	-£2,683	£16	-£2,699	
Dentistry Total		**443**	**362**	**-81**	**£87,260**	**£68,774**	**-£18,486**	**£4,690**	**-£23,175**	
ENT	Daycases	121	103	-18	£137,678	£112,480	-£25,199	-£4,494	-£20,705	
	Elective	102	89	-13	£144,620	£120,180	-£24,439	-£5,629	-£18,810	
	Non Elective	23	31	8	£35,538	£35,970	£432	-£12,405	£12,837	
	Excess Bed Days	28	5	-23	£11,183	£2,125	-£9,058	£124	-£9,183	
	Outpatient New	382	350	-32	£42,285	£39,133	-£3,152	£383	-£3,535	
	Outpatient Follow-up	550	362	-188	£37,566	£24,871	-£12,694	£157	-£12,851	
	Ward Attender	0	1	1	£18	£69	£50	£0	£50	
	Ward Based Outpatient	5	0	-5	£359	£0	-£359	£0	-£359	
	OP Procedure	189	259	70	£24,757	£33,324	£8,568	-£594	£9,162	
ENT Total		**1,401**	**1,200**	**-201**	**£434,005**	**£368,153**	**-£65,852**	**-£22,458**	**-£43,394**	
Epilepsy	Outpatient New	12	7	-5	£2,766	£1,550	-£1,216	-£4	-£1,212	
	Outpatient Follow-up	29	13	-16	£5,288	£2,298	-£2,990	-£79	-£2,911	
Epilepsy Total		**41**	**20**	**-21**	**£8,055**	**£3,849**	**-£4,206**	**-£83**	**-£4,123**	
Maxillo-Facial	Outpatient New	79	72	-7	£11,332	£9,933	-£1,399	-£398	-£1,002	
	Outpatient Follow-up	156	65	-91	£22,617	£10,461	-£12,156	£1,042	-£13,198	
	Ward Attender	0	0	0	£20	£0	-£20	£0	-£20	
	OP Procedure	0	0	0	£47	£0	-£47	£0	-£47	
Maxillo-Facial Total		**235**	**137**	**-98**	**£34,015**	**£20,394**	**-£13,621**	**£645**	**-£14,266**	
Neurology	Daycases	9	12	3	£10,653	£15,950	£5,297	£2,155	£3,143	
	Elective	7	7	0	£14,131	£13,174	-£957	-£1,603	£646	
	Non Elective	8	9	1	£16,579	£20,250	£3,671	£2,391	£1,280	
	Excess Bed Days	54	477	423	£21,955	£142,395	£120,440	-£50,931	£171,371	
	Outpatient New	99	126	27	£27,491	£34,928	£7,437	-£124	£7,561	
	Outpatient Follow-up	287	267	-20	£78,361	£74,015	-£4,346	£1,027	-£5,373	
	Ward Attender	2	17	15	£673	£4,713	£4,039	£0	£4,039	
	Ward Based Outpatient	26	0	-26	£7,257	£0	-£7,257	£0	-£7,257	
Neurology Total		**493**	**915**	**422**	**£177,100**	**£305,424**	**£128,325**	**-£47,086**	**£175,411**	
Neurosurgery	Daycases	1	1	0	£782	£603	-£179	-£79	-£100	
	Elective	19	31	12	£116,428	£155,067	£38,639	-£35,818	£74,457	
	Non Elective	30	28	-2	£190,156	£193,919	£3,763	£17,054	-£13,291	
	Excess Bed Days	71	45	-26	£23,890	£14,993	-£8,897	-£84	-£8,813	
	Outpatient New	72	62	-10	£6,441	£5,517	-£923	-£56	-£868	
	Outpatient Follow-up	198	203	5	£17,272	£18,065	£793	£324	£469	
	Ward Attender	43	31	-12	£3,818	£2,759	-£1,060	£0	-£1,060	
	Ward Based Outpatient	0	3	3	£12	£267	£255	£0	£255	
	OP Procedure	0	0	0	£31	£0	-£31	£0	-£31	
	Neuro HDU	146	184	38	£142,626	£136,698	-£5,928	£0	-£5,928	
Neurosurgery Total		**580**	**588**	**8**	**£501,457**	**£527,888**	**£26,431**	**-£18,659**	**£45,091**	
Ophthalmology	Daycases	45	32	-13	£40,182	£28,408	-£11,774	-£5	-£11,769	
	Elective	10	1	-9	£13,785	£2,108	-£11,677	£711	-£12,388	
	Non Elective	2	0	-2	£2,282	£0	-£2,282	£0	-£2,282	
	Excess Bed Days	6	0	-6	£2,329	£0	-£2,329	£0	-£2,329	
	Outpatient New	331	346	15	£50,281	£53,705	£3,424	£1,145	£2,279	
	Outpatient Follow-up	1,233	1,106	-127	£123,013	£107,369	-£15,644	-£2,956	-£12,688	
	Ward Based Outpatient	2	0	-2	£242	£0	-£242	£0	-£242	
	OP Procedure	0	35	35	£70	£4,215	£4,145	-£1,836	£5,980	
Ophthalmology Total		**1,630**	**1,520**	**-110**	**£232,184**	**£195,805**	**-£36,379**	**-£2,940**	**-£33,438**	
Oral Surgery	Daycases	37	28	-9	£31,584	£26,405	-£5,179	£2,451	-£7,630	
	Elective	16	17	1	£35,935	£62,462	£26,527	£25,415	£1,112	
	Non Elective	12	11	-1	£13,470	£13,052	-£418	£1,112	-£1,530	
	Excess Bed Days	2	0	-2	£1,129	£0	-£1,129	£0	-£1,129	
Oral Surgery Total		**68**	**56**	**-12**	**£82,118**	**£101,918**	**£19,801**	**£28,979**	**-£9,178**	
Orthodontics	Daycases	0	0	0	£97	£0	-£97	£0	-£97	
	Outpatient New	6	2	-4	£930	£322	-£608	-£1	-£607	
	Outpatient Follow-up	18	57	39	£1,512	£4,714	£3,202	-£29	£3,231	
	OP Procedure	15	18	3	£1,859	£2,349	£490	£53	£437	
Orthodontics Total		**39**	**77**	**38**	**£4,398**	**£7,385**	**£2,987**	**£23**	**£2,964**	
Plastic Surgery	Daycases	71	96	25	£72,801	£98,887	£26,086	£174	£25,912	
	Elective	27	12	-15	£40,680	£15,079	-£25,601	-£3,120	-£22,480	
	Non Elective	102	92	-10	£125,240	£115,915	-£9,325	£2,479	-£11,803	
	Excess Bed Days	4	0	-4	£835	£0	-£835	£0	-£835	
	Outpatient New	254	248	-6	£36,162	£35,745	-£417	£449	-£866	
	Outpatient Follow-up	479	425	-54	£53,041	£46,404	-£6,638	-£638	-£6,000	
	Ward Attender	3	15	12	£300	£1,638	£1,338	-£31	£1,368	
	Ward Based Outpatient	11	2	-9	£1,216	£218	-£997	-£4	-£993	
	OP Procedure	71	133	62	£8,486	£16,358	£7,872	£457	£7,416	
Plastic Surgery Total		**1,021**	**1,023**	**2**	**£338,761**	**£330,244**	**-£8,516**	**-£235**	**-£8,282**	
Sleep Studies	Elective	27	15	-12	£49,285	£25,396	-£23,889	-£1,985	-£21,904	
	Non Elective	0	1	1	£0	£4,310	£4,310	£0	£4,310	
	Excess Bed Days	0	2	2	£0	£611	£611	£0	£611	
Sleep Studies Total		**27**	**18**	**-9**	**£49,285**	**£30,317**	**-£18,968**	**-£1,985**	**-£16,983**	
Spinal Surgery	Daycases	0	0	0	£658	£0	-£658	£0	-£658	
	Elective	14	9	-5	£378,988	£300,987	-£78,000	£63,288	-£141,288	
	Outpatient New	23	63	40	£3,950	£10,613	£6,663	-£27	£6,690	
	Outpatient Follow-up	81	91	10	£8,593	£9,368	£775	-£306	£1,082	
	OP Procedure	0	1	1	£0	£0	£0	£0	£0	
Spinal Surgery Total		**119**	**164**	**45**	**£392,188**	**£320,968**	**-£71,220**	**£62,955**	**-£134,175**	
Trauma And Orthopaedics	Daycases	47	38	-9	£68,394	£57,572	-£10,822	£1,837	-£12,659	
	Elective	68	61	-7	£256,641	£256,290	-£351	£27,598	-£27,949	
	Non Elective	64	60	-4	£159,951	£134,096	-£25,855	-£16,195	-£9,659	
	Excess Bed Days	36	30	-6	£12,301	£10,133	-£2,168	-£59	-£2,109	
	Outpatient New	798	681	-117	£120,280	£102,681	-£17,599	£25	-£17,624	
	Outpatient Follow-up	1,186	1,391	205	£119,756	£138,431	£18,675	-£1,995	£20,670	Activity high due to physio activity recorded under this spec
	Ward Attender	0	1	1	£27	£98	£71	-£3	£74	
	Ward Based Outpatient	0	1	1	£0	£98	£98	£0	£98	
	OP Procedure	46	256	210	£8,053	£61,069	£53,016	£16,133	£36,883	Activity high due to fracture clinic coding
	Gait New	23	14	-9	£27,497	£16,408	-£11,089	-£20	-£11,069	
	Gait Follow-Up	19	23	4	£22,350	£26,956	£4,606	£64	£4,542	
Trauma And Orthopaedics Total		**2,288**	**2,556**	**268**	**£795,251**	**£803,832**	**£8,581**	**£27,385**	**-£18,804**	
NMSS CBU Total		**9,592**	**9,673**	**81**	**£3,340,478**	**£3,237,417**	**-£103,061**	**£26,326**	**-£129,388**	
SCACC CBU — Cardiac Surgery	Elective	38	22	-16	£487,540	£284,743	-£202,797	£2,472	-£205,269	Includes £20k estimated flex/freeze benefit
	Non Elective	12	10	-2	£231,636	£197,058	-£34,578	£3,423	-£38,001	
	Excess Bed Days	66	72	6	£29,397	£28,630	-£767	-£3,547	£2,780	
	Outpatient New	10	5	-5	£6,930	£3,600	-£3,330	-£0	-£3,330	
	Outpatient Follow-up	31	17	-14	£21,988	£12,240	-£9,749	-£0	-£9,749	
	Ward Attender	0	2	2	£0	£1,440	£1,440	£0	£1,440	
	OP Procedure	0	2	2	£0	£0	£0	£0	£0	
Cardiac Surgery Total		**156**	**130**	**-26**	**£777,492**	**£527,710**	**-£249,782**	**£2,348**	**-£252,129**	
Cardiology	Daycases	18	25	7	£50,402	£69,883	£19,481	£1,613	£17,868	
	Elective	17	16	-1	£68,108	£69,151	£1,043	£6,106	-£5,063	
	Non Elective	9	4	-5	£43,361	£5,779	-£37,583	-£12,971	-£24,612	
	Excess Bed Days	17	0	-17	£6,904	£0	-£6,904	£0	-£6,904	
	Outpatient New	179	153	-26	£42,769	£36,434	-£6,335	-£41	-£6,294	
	Outpatient Follow-up	440	520	80	£58,190	£67,591	£9,401	-£1,106	£10,507	
	Ward Attender	12	6	-6	£1,551	£780	-£771	-£13	-£758	
	Ward Based Outpatient	32	5	-27	£4,170	£650	-£3,520	-£10	-£3,510	
Cardiology Total		**725**	**729**	**4**	**£275,455**	**£250,267**	**-£25,187**	**-£6,422**	**-£18,765**	
Gynaecology	Daycases	1	1	0	£1,118	£1,015	-£104	£142	-£245	
	Elective	1	0	-1	£702	£0	-£702	£0	-£702	
	Outpatient New	26	25	-1	£3,696	£3,588	-£108	-£4	-£104	
	Outpatient Follow-up	42	45	3	£3,987	£4,165	£178	-£65	£243	
	Ward Attender	0	0	0	£13	£0	-£13	£0	-£13	
	OP Procedure	0	0	0	£16	£0	-£16	£0	-£16	
Gynaecology Total		**70**	**71**	**1**	**£9,531**	**£8,767**	**-£765**	**£73**	**-£837**	
Intensive Care	Elective	0	1	1	£896	£1,493	£597	-£535	£1,132	
	Non Elective	16	6	-10	£35,977	£23,174	-£12,804	£9,625	-£22,429	
	Excess Bed Days	32	0	-32	£12,282	£0	-£12,282	£0	-£12,282	
	Outpatient New	10	19	9	£7,078	£14,007	£6,929	-£16	£6,945	
	Outpatient Follow-up	37	91	54	£26,093	£67,087	£40,994	£3,150	£37,844	
	Ward Based Outpatient	5	0	-5	£3,369	£0	-£3,369	£0	-£3,369	
	OP Procedure	1	6	5	£61	£0	-£61	-£673	£612	
	PICU	508	554	46	£908,529	£958,490	£49,961	£0	£49,961	
	HDU	416	280	-136	£500,086	£440,386	-£59,700	£0	-£59,700	
	Cardiac HDU	256	219	-37	£250,398	£178,349	-£72,049	£0	-£72,049	
	Cardiac ECMO	5	60	55	£16,824	£118,201	£101,377	£0	£101,377	
	Respiratory ECMO	0	6	6	£0	£44,510	£44,510	£0	£44,510	
Intensive Care Total		**1,285**	**1,242**	**-43**	**£1,761,592**	**£1,845,697**	**£84,104**	**£11,552**	**£72,552**	
Paediatric Surgery	Daycases	127	133	6	£149,295	£157,476	£8,181	£1,285	£6,895	
	Elective	51	51	0	£217,877	£163,425	-£54,451	-£53,151	-£1,301	
	Non Elective	122	138	16	£476,490	£342,544	-£133,946	-£195,645	£61,698	
	Excess Bed Days	248	25	-223	£97,845	£9,896	-£87,949	£22	-£87,971	
	Outpatient New	205	216	11	£36,281	£38,184	£1,902	-£51	£1,954	
	Outpatient Follow-up	322	341	19	£37,311	£39,030	£1,719	-£423	£2,142	
	Ward Attender	79	84	5	£9,102	£9,609	£507	-£110	£617	
	Ward Based Outpatient	34	0	-34	£3,965	£0	-£3,965	£0	-£3,965	
	OP Procedure	0	0	0	£15	£0	-£15	£0	-£15	
	Neonatal HDU	155	240	85	£110,046	£110,046	-£0	£0	-£0	
Paediatric Surgery Total		**1,344**	**1,228**	**-116**	**£1,138,229**	**£870,211**	**-£268,018**	**-£248,073**	**-£19,946**	
Urology	Daycases	155	220	65	£145,236	£211,094	£65,858	£5,180	£60,678	
	Elective	14	18	5	£52,745	£61,413	£8,668	-£8,914	£17,582	

In-Month

SCACC CBU	Urology	Non Elective	3	7	4	£10,798	£40,069	£29,271	£15,463	£13,808
		Excess Bed Days	6	0	-6	£2,327	£0	-£2,327	£0	-£2,327
		Outpatient New	113	107	-6	£20,437	£19,249	-£1,188	-£22	-£1,167
		Outpatient Follow-up	237	242	5	£36,039	£36,237	£198	-£627	£825
		Ward Attender	4	3	-1	£555	£449	-£106	-£8	-£98
		Ward Based Outpatient	0	0	0	£62	£0	-£62	£0	-£62
		OP Procedure	0	0	0	£23	£0	-£23	£0	-£23
	Urology Total		532	597	65	£268,223	£368,512	£100,289	£11,073	£89,216
SCACC CBU Total			4,112	3,997	-115	£4,230,522	£3,871,163	-£359,359	-£229,449	-£129,910
Clinical Support CBU	Radiology	Daycases	119	133	14	£120,499	£217,057	£96,558	£82,058	£14,499
		Elective	15	11	-4	£25,730	£24,330	-£1,400	£6,025	-£7,425
		Non Elective	3	1	-2	£18,804	£6,890	-£11,914	£236	-£12,150
		Excess Bed Days	62	0	-62	£25,403	£0	-£25,403	£0	-£25,403
	Radiology Total		199	145	-54	£190,435	£248,276	£57,841	£88,319	-£30,479
Clinical Support CBU Total			199	145	-54	£190,435	£248,276	£57,841	£88,319	-£30,479
Grand Total			28,798	27,892	-906	£11,280,496	£10,693,106	-£587,390	-£63,841	-£523,549

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycases	1	1	0	£854	£1,294	£440	£579	-£139
		Elective	1	0	-1	£940	£0	-£940	£0	-£940
		Non Elective	2,912	2,355	-557	£1,337,163	£1,616,241	£279,078	£534,827	-£255,748
		Excess Bed Days	39	33	-6	£14,138	£13,309	-£829	£1,336	-£2,165
		Outpatient New	1,226	1,029	-197	£413,045	£347,432	-£65,613	£637	-£66,251
		Outpatient Follow-up	129	57	-72	£43,557	£19,245	-£24,311	£0	-£24,311
		Ward Attender	3	0	-3	£979	£0	-£979	£0	-£979
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338
		OP Procedure	0	1	1	£0	£134	£134	£0	£134
		A&E Attendance	28,022	27,762	-260	£2,662,055	£2,401,251	-£260,805	-£236,092	-£24,712
	Accident & Emergency Total		**32,333**	**31,239**	**-1,094**	**£4,472,730**	**£4,399,243**	**-£73,487**	**£301,286**	**-£374,773**
	CAMHS	Elective	1	0	-1	£1,410	£0	-£1,410	£0	-£1,410
		Outpatient New	1,140	1,511	371	£0	£427	£427	£427	£0
		Outpatient Follow-up	5,680	9,005	3,325	£79,287	£69,363	-£9,924	-£56,332	£46,408
	CAMHS Total		**6,822**	**10,516**	**3,694**	**£80,696**	**£69,790**	**-£10,906**	**-£55,905**	**£44,998**
	Community Medicine	Daycases	0	1	1	£0	£862	£862	£0	£862
		Outpatient New	2,162	1,686	-476	£174,554	£90,101	-£84,453	-£46,041	-£38,412
		Outpatient Follow-up	4,253	3,274	-979	£25,961	£25,543	-£418	£5,557	-£5,975
		Ward Attender	0	10	10	£0	£0	£0	£0	£0
		Ward Based Outpatient	5	0	-5	£0	£0	£0	£0	£0
		OP Procedure	1	0	-1	£83	£0	-£83	£0	-£83
	Community Medicine Total		**6,420**	**4,971**	**-1,449**	**£200,598**	**£116,506**	**-£84,092**	**-£40,484**	**-£43,607**
	Diabetes	Outpatient New	176	71	-105	£37,317	£14,988	-£22,329	-£100	-£22,229
		Outpatient Follow-up	15	117	102	£1,685	£11,558	£9,873	-£1,189	£11,063
		Ward Based Outpatient	2	0	-2	£237	£0	-£237	£0	-£237
	Diabetes Total		**193**	**188**	**-5**	**£39,238**	**£26,546**	**-£12,693**	**-£1,290**	**-£11,403**
	Paediatrics	Daycases	185	125	-60	£154,503	£78,041	-£76,462	-£26,469	-£49,993
		Elective	77	17	-60	£86,850	£34,559	-£52,291	£15,503	-£67,794
		Non Elective	1,668	1,868	200	£1,890,802	£2,017,407	£126,605	-£100,689	£227,293
		Excess Bed Days	383	520	137	£142,418	£172,701	£30,283	-£20,498	£50,781
		Outpatient New	1,821	1,782	-39	£419,418	£411,374	-£8,044	£1,023	-£9,067
		Outpatient Follow-up	2,496	2,458	-38	£352,211	£345,058	-£7,153	-£1,806	-£5,347
		Ward Attender	105	40	-65	£14,830	£5,616	-£9,214	-£29	-£9,185
		Ward Based Outpatient	959	340	-619	£135,310	£47,733	-£87,577	-£248	-£87,329
		OP Procedure	1	7	6	£184	£0	-£184	-£887	£703
	Paediatrics Total		**7,696**	**7,157**	**-539**	**£3,196,526**	**£3,112,488**	**-£84,037**	**-£134,100**	**£50,062**
ICS CBU Total			**53,464**	**54,071**	**607**	**£7,989,788**	**£7,724,574**	**-£265,215**	**£69,508**	**-£334,722**
Medical Specialties CBU	Allergy	Outpatient New	369	349	-20	£84,947	£80,773	-£4,174	£407	-£4,581
		Outpatient Follow-up	413	444	31	£58,326	£62,813	£4,487	£156	£4,331
		Ward Attender	2	1	-1	£265	£140	-£124	-£1	-£124
		Ward Based Outpatient	1	1	0	£176	£140	-£36	-£1	-£35
		OP Procedure	2	14	12	£275	£1,082	£807	-£691	£1,498
	Allergy Total		**787**	**809**	**22**	**£143,989**	**£144,950**	**£960**	**-£130**	**£1,090**
	Dermatology	Daycases	11	1	-10	£7,045	£591	-£6,454	-£41	-£6,413
		Outpatient New	985	867	-118	£133,258	£117,203	-£16,055	-£129	-£15,926
		Outpatient Follow-up	3,229	3,339	110	£318,229	£326,894	£8,666	-£2,129	£10,795
		Ward Attender	4	0	-4	£357	£0	-£357	£0	-£357
		Ward Based Outpatient	47	29	-18	£4,642	£2,737	-£1,905	-£121	-£1,784
		OP Procedure	525	488	-37	£60,323	£56,026	-£4,297	-£76	-£4,220
	Dermatology Total		**4,801**	**4,724**	**-77**	**£523,853**	**£503,451**	**-£20,402**	**-£2,497**	**-£17,906**
	Endocrinology	Daycases	544	515	-29	£567,750	£557,272	-£10,478	£19,897	-£30,375
		Elective	44	31	-13	£62,995	£43,360	-£19,635	-£1,009	-£18,626
		Non Elective	15	8	-7	£23,675	£26,107	£2,432	£13,471	-£11,039
		Excess Bed Days	83	25	-58	£30,502	£9,595	-£20,907	£381	-£21,287
		Outpatient New	384	328	-56	£154,183	£131,314	-£22,869	-£345	-£22,524
		Outpatient Follow-up	2,144	1,642	-502	£414,555	£324,502	-£90,054	£6,952	-£97,005
		Ward Attender	96	100	4	£18,641	£19,342	£701	£3	£698
		Ward Based Outpatient	194	600	406	£37,563	£116,052	£78,489	£16	£78,474
		OP Procedure	0	1	1	£0	£0	£0	£0	£0
	Endocrinology Total		**3,504**	**3,250**	**-254**	**£1,309,865**	**£1,227,544**	**-£82,321**	**£39,364**	**-£121,685**
	Gastroenterology	Daycases	765	685	-80	£839,615	£776,049	-£63,567	£24,032	-£87,598
		Elective	241	217	-24	£462,581	£404,528	-£58,053	-£11,237	-£46,815
		Non Elective	66	50	-16	£174,732	£128,045	-£46,687	-£3,935	-£42,753
		Excess Bed Days	1,106	401	-705	£436,900	£157,312	-£279,589	-£1,133	-£278,456
		Outpatient New	603	499	-104	£159,824	£133,355	-£26,469	£997	-£27,466
		Outpatient Follow-up	1,617	1,295	-322	£256,892	£201,993	-£54,899	-£3,734	-£51,165
		Ward Attender	36	111	75	£5,623	£17,315	£11,691	-£262	£11,954
		Ward Based Outpatient	1,231	491	-740	£194,869	£76,591	-£118,278	-£1,160	-£117,118
	Gastroenterology Total		**5,664**	**3,749**	**-1,915**	**£2,531,037**	**£1,895,188**	**-£635,849**	**£3,569**	**-£639,418**
	Haematology	Daycases	140	264	124	£168,720	£166,686	-£2,034	-£151,301	£149,267
		Elective	18	13	-5	£122,754	£50,613	-£72,141	-£40,104	-£32,037
		Non Elective	102	95	-7	£306,028	£157,156	-£148,872	-£128,124	-£20,748
		Excess Bed Days	24	33	9	£10,622	£10,347	-£274	-£3,963	£3,689
		Outpatient New	129	144	15	£58,980	£67,951	£8,970	£1,991	£6,980
		Outpatient Follow-up	894	303	-591	£195,181	£67,371	-£127,811	£1,242	-£129,052
		Ward Attender	467	912	445	£102,027	£195,369	£93,342	-£3,685	£97,026
		Ward Based Outpatient	1	1	0	£158	£214	£56	-£4	£60
		OP Procedure	1	0	-1	£91	£0	-£91	£0	-£91
	Haematology Total		**1,776**	**1,765**	**-11**	**£964,560**	**£715,706**	**-£248,854**	**-£323,949**	**£75,094**
	Immunology	Outpatient New	75	114	39	£17,357	£26,386	£9,029	£134	£8,895
		Outpatient Follow-up	55	195	140	£7,777	£28,118	£20,341	£600	£19,742
		Ward Attender	25	131	106	£3,494	£18,391	£14,897	-£96	£14,993
		Ward Based Outpatient	97	319	222	£13,725	£44,784	£31,059	-£233	£31,292
	Immunology Total		**252**	**759**	**507**	**£42,352**	**£117,679**	**£75,327**	**£405**	**£74,922**
	Metabolic Disease	Outpatient New	29	28	-1	£11,317	£10,752	-£565	£0	-£566
		Outpatient Follow-up	178	164	-14	£68,275	£62,976	-£5,299	£2	-£5,301
		Ward Based Outpatient	0	12	12	£0	£4,608	£4,608	£0	£4,608
	Metabolic Disease Total		**207**	**204**	**-3**	**£79,592**	**£78,336**	**-£1,256**	**£2**	**-£1,258**
	Nephrology	Daycases	560	503	-57	£360,987	£422,214	£61,227	£97,802	-£36,575
		Elective	184	54	-130	£117,310	£75,656	-£41,654	£41,278	-£82,932
		Non Elective	24	28	4	£45,048	£54,732	£9,684	£2,126	£7,558
		Excess Bed Days	105	77	-28	£39,420	£32,068	-£7,351	£3,156	-£10,507
		Outpatient New	93	140	47	£10,979	£16,408	£5,429	-£118	£5,547
		Outpatient Follow-up	741	871	130	£87,461	£102,813	£15,352	-£1	£15,353
		Ward Attender	470	451	-19	£55,435	£53,236	-£2,199	-£0	-£2,199
		Ward Based Outpatient	334	350	16	£39,438	£41,314	£1,876	£0	£1,876
	Nephrology Total		**2,511**	**2,474**	**-37**	**£756,077**	**£798,441**	**£42,363**	**£144,242**	**-£101,879**
	Oncology	Daycases	1,863	1,468	-395	£1,070,331	£978,867	-£91,464	£135,501	-£226,965
		Elective	156	186	30	£947,954	£1,068,211	£120,257	-£63,950	£184,208
		Non Elective	220	333	113	£556,652	£763,707	£207,054	-£77,711	£284,765
		Excess Bed Days	183	420	237	£83,240	£177,798	£94,558	-£13,004	£107,562
		Outpatient New	60	36	-24	£15,451	£9,322	-£6,129	-£0	-£6,129
		Outpatient Follow-up	1,478	1,719	241	£381,844	£444,859	£63,015	£896	£62,119
		Ward Attender	82	350	268	£21,151	£90,629	£69,478	£235	£69,243
		Ward Based Outpatient	107	55	-52	£27,702	£14,242	-£13,460	£37	-£13,497
	Oncology Total		**4,150**	**4,567**	**417**	**£3,104,326**	**£3,547,634**	**£443,309**	**-£17,996**	**£461,304**
	Respiratory Medicine	Daycases	58	89	31	£57,695	£101,234	£43,539	£13,170	£30,370
		Elective	29	7	-22	£69,283	£9,490	-£59,794	-£7,151	-£52,643
		Non Elective	393	371	-22	£369,512	£440,292	£70,779	£91,579	-£20,800
		Excess Bed Days	304	729	425	£96,560	£263,449	£166,889	£32,248	£134,641
		Outpatient New	444	373	-71	£132,218	£110,711	-£21,507	-£295	-£21,211
		Outpatient Follow-up	1,499	1,328	-171	£225,115	£210,913	-£14,201	£11,464	-£25,666
		Ward Attender	5	95	90	£761	£14,760	£13,999	£515	£13,485
		Ward Based Outpatient	806	659	-147	£120,847	£103,476	-£17,371	£4,658	-£22,029
		OP Procedure	816	505	-311	£118,042	£11,153	-£106,890	-£61,925	-£44,965
	Respiratory Medicine Total		**4,355**	**4,156**	**-199**	**£1,190,033**	**£1,265,478**	**£75,445**	**£84,263**	**-£8,818**
	Rheumatology	Daycases	1,012	1,092	80	£847,874	£857,462	£9,588	-£57,653	£67,242
		Elective	118	30	-88	£119,740	£78,016	-£41,724	£47,525	-£89,249
		Non Elective	9	5	-4	£9,034	£7,829	-£1,205	£2,806	-£4,011
		Excess Bed Days	66	123	57	£25,523	£43,764	£18,242	-£3,445	£21,687
		Outpatient New	326	310	-16	£49,104	£46,621	-£2,483	-£51	-£2,432
		Outpatient Follow-up	988	940	-48	£148,733	£141,216	-£7,517	-£306	-£7,211
		Ward Attender	149	87	-62	£22,344	£13,084	-£9,260	£0	-£9,260
		Ward Based Outpatient	72	98	26	£10,899	£14,738	£3,839	£0	£3,839
		OP Procedure	1	0	-1	£87	£0	-£87	£0	-£87
	Rheumatology Total		**2,741**	**2,685**	**-56**	**£1,233,336**	**£1,202,730**	**-£30,606**	**-£11,124**	**-£19,483**
Medical Specialties CBU Total			**30,748**	**29,142**	**-1,606**	**£11,879,021**	**£11,497,136**	**-£381,885**	**-£83,849**	**-£298,036**
NMSS CBU	Audiology	Outpatient New	4,110	2,596	-1,514	£389,887	£245,991	-£143,896	-£289	-£143,607
		Outpatient Follow-up	1,407	1,845	438	£132,995	£174,276	£41,281	-£95	£41,375
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95
		OP Procedure	7	18	11	£834	£1,880	£1,046	-£192	£1,238
	Audiology Total		**5,524**	**4,460**	**-1,064**	**£523,717**	**£422,243**	**-£101,474**	**-£575**	**-£100,899**
	Burns Care	Daycases	0	34	34	£828	£63,745	£62,917	£5,537	£57,380
		Elective	38	4	-34	£97,633	£13,980	-£83,653	£3,828	-£87,481
		Non Elective	167	121	-46	£422,288	£300,161	-£122,127	-£6,613	-£115,514
		Outpatient New	182	96	-86	£35,928	£18,687	-£17,241	-£298	-£16,943

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

Year-to-date

CBU	Specialty	Point of Delivery	Plan Act	Act Act	Var Act	Plan Income	Act Income	Var 1	Var 2	Var 3	Notes
NMSS CBU	Burns Care	Outpatient Follow-up	503	407	-96	£57,406	£46,524	-£10,882	£73	-£10,954	
		Ward Attender	24	178	154	£2,734	£20,347	£17,613	£0	£17,613	
		Ward Based Outpatient	67	20	-47	£7,622	£2,286	-£5,336	£0	-£5,336	
		OP Procedure	1	1	0	£91	£112	£22	-£13	£34	
	Burns Care Total		**981**	**861**	**-120**	**£624,528**	**£465,842**	**-£158,686**	**£2,513**	**-£161,199**	
	Dentistry	Daycases	579	569	-10	£335,504	£331,266	-£4,238	£1,590	-£5,829	
		Elective	65	9	-56	£40,718	£8,767	-£31,951	£3,167	-£35,118	
		Non Elective	7	2	-5	£7,316	£1,959	-£5,357	-£211	-£5,146	
		Excess Bed Days	7	0	-7	£1,974	£0	-£1,974	£0	-£1,974	
		Outpatient New	677	599	-78	£24,240	£21,306	-£2,933	-£150	-£2,783	
		Outpatient Follow-up	865	610	-255	£30,817	£21,698	-£9,119	-£31	-£9,088	
		Ward Attender	0	1	1	£0	£36	£36	£0	£36	
		OP Procedure	181	170	-11	£29,221	£27,424	-£1,797	£7	-£1,804	
	Dentistry Total		**2,381**	**1,960**	**-421**	**£469,791**	**£412,456**	**-£57,335**	**£4,372**	**-£61,706**	
	ENT	Daycases	651	585	-66	£739,486	£635,700	-£103,786	-£28,662	-£75,123	
		Elective	550	469	-81	£776,768	£668,992	-£107,776	£6,018	-£113,794	
		Non Elective	139	157	18	£216,730	£209,808	-£6,923	-£35,191	£28,268	
		Excess Bed Days	170	232	62	£68,202	£107,529	£39,327	£14,689	£24,638	
		Outpatient New	2,051	1,570	-481	£227,118	£174,940	-£52,177	£1,118	-£53,295	
		Outpatient Follow-up	2,955	2,020	-935	£201,769	£138,743	-£63,027	£834	-£63,860	
		Ward Attender	1	2	1	£99	£137	£38	£1	£38	
		Ward Based Outpatient	28	0	-28	£1,930	£0	-£1,930	£0	-£1,930	
		OP Procedure	1,015	1,621	606	£132,971	£207,242	£74,270	-£5,045	£79,315	
	ENT Total		**7,562**	**6,656**	**-906**	**£2,365,073**	**£2,143,091**	**-£221,982**	**-£46,238**	**-£175,744**	
	Epilepsy	Outpatient New	67	58	-9	£14,857	£12,846	-£2,011	-£31	-£1,980	
		Outpatient Follow-up	155	122	-33	£28,405	£21,567	-£6,838	-£742	-£6,096	
	Epilepsy Total		**222**	**180**	**-42**	**£43,262**	**£34,413**	**-£8,849**	**-£773**	**-£8,076**	
	Maxillo-Facial	Outpatient New	424	335	-89	£60,867	£45,987	-£14,880	-£2,078	-£12,802	
		Outpatient Follow-up	838	352	-486	£121,476	£52,280	-£69,196	£1,273	-£70,469	
		Ward Attender	1	1	0	£106	£133	£27	-£13	£40	
		OP Procedure	2	10	9	£250	£1,271	£1,021	-£454	£1,475	
	Maxillo-Facial Total		**1,265**	**698**	**-567**	**£182,699**	**£99,671**	**-£83,028**	**-£1,272**	**-£81,756**	
	Neurology	Daycases	50	58	8	£57,217	£66,113	£8,896	-£564	£9,460	
		Elective	36	43	7	£75,900	£78,262	£2,362	-£12,509	£14,871	
		Non Elective	51	56	5	£101,106	£189,442	£88,336	£78,320	£10,017	
		Excess Bed Days	330	1,440	1,110	£133,894	£545,763	£411,869	-£37,863	£449,732	
		Outpatient New	531	604	73	£147,659	£167,158	£19,499	-£873	£20,372	
		Outpatient Follow-up	1,540	1,395	-145	£420,885	£386,708	-£34,177	£5,365	-£39,542	
		Ward Attender	13	80	67	£3,616	£22,177	£18,561	£0	£18,561	
		Ward Based Outpatient	141	68	-73	£38,975	£18,850	-£20,125	-£0	-£20,125	
	Neurology Total		**2,691**	**3,744**	**1,053**	**£979,252**	**£1,474,472**	**£495,221**	**£31,876**	**£463,345**	
	Neurosurgery	Daycases	6	6	0	£4,199	£3,964	-£235	-£127	-£108	
		Elective	102	147	45	£625,349	£777,111	£151,762	-£128,054	£279,816	
		Non Elective	184	155	-29	£1,159,674	£1,003,334	-£156,339	£24,260	-£180,599	
		Excess Bed Days	435	441	6	£145,696	£147,931	£2,235	£172	£2,063	
		Outpatient New	385	367	-18	£34,594	£32,659	-£1,935	-£331	-£1,604	
		Outpatient Follow-up	1,062	992	-70	£92,771	£88,278	-£4,493	£1,583	-£6,076	
		Ward Attender	230	248	18	£20,509	£22,070	£1,560	£0	£1,560	
		Ward Based Outpatient	1	9	8	£64	£801	£736	£0	£736	
		OP Procedure	1	0	-1	£165	£0	-£165	£0	-£165	
		Neuro HDU	876	1,110	234	£855,759	£1,025,678	£169,919	£0	£169,919	
	Neurosurgery Total		**3,281**	**3,475**	**194**	**£2,938,781**	**£3,101,827**	**£163,045**	**-£102,498**	**£265,543**	
	Ophthalmology	Daycases	243	144	-99	£215,822	£117,640	-£98,182	-£10,219	-£87,963	
		Elective	53	32	-21	£74,041	£48,071	-£25,970	£3,367	-£29,337	
		Non Elective	10	4	-6	£13,917	£4,067	-£9,850	-£1,648	-£8,201	
		Excess Bed Days	39	0	-39	£14,202	£0	-£14,202	£0	-£14,202	
		Outpatient New	1,778	1,793	15	£270,066	£282,643	£12,577	£10,273	£2,303	
		Outpatient Follow-up	6,624	5,194	-1,430	£660,714	£545,561	-£115,153	£27,453	-£142,606	
		Ward Attender	0	1	1	£0	£85	£85	£85	£0	
		Ward Based Outpatient	13	3	-10	£1,300	£256	-£1,044	-£43	-£1,001	
		OP Procedure	2	46	44	£376	£5,461	£5,086	-£2,491	£7,576	
	Ophthalmology Total		**8,762**	**7,217**	**-1,545**	**£1,250,437**	**£1,003,784**	**-£246,654**	**£26,693**	**-£273,346**	
	Oral Surgery	Daycases	198	166	-32	£169,641	£156,138	-£13,503	£14,126	-£27,629	
		Elective	89	72	-17	£193,008	£230,988	£37,979	£74,086	-£36,106	
		Non Elective	76	50	-26	£82,145	£63,965	-£18,180	£9,695	-£27,875	
		Excess Bed Days	13	3	-10	£6,888	£1,249	-£5,639	-£399	-£5,240	
	Oral Surgery Total		**375**	**291**	**-84**	**£451,683**	**£452,340**	**£658**	**£97,507**	**-£96,849**	
	Orthodontics	Daycases	0	1	1	£521	£522	£1	-£555	£556	
		Non Elective	0	1	1	£0	£980	£980	£0	£980	
		Outpatient New	31	21	-10	£4,998	£3,547	-£1,451	£153	-£1,604	
		Outpatient Follow-up	98	160	62	£8,121	£13,309	£5,188	-£5	£5,192	
		OP Procedure	78	141	63	£9,985	£18,863	£8,878	£876	£8,002	
	Orthodontics Total		**207**	**324**	**117**	**£23,625**	**£37,221**	**£13,596**	**£469**	**£13,127**	
	Plastic Surgery	Daycases	380	474	94	£391,022	£466,175	£75,153	-£21,219	£96,372	
		Elective	144	38	-106	£218,495	£69,345	-£149,150	£11,714	-£160,864	
		Non Elective	619	501	-118	£763,781	£666,285	-£97,496	£48,549	-£146,045	
		Excess Bed Days	22	36	14	£5,091	£12,154	£7,063	£3,995	£3,068	
		Outpatient New	1,365	1,448	83	£194,231	£207,943	£13,712	£1,859	£11,853	
		Outpatient Follow-up	2,574	2,479	-95	£284,891	£270,671	-£14,220	-£3,720	-£10,500	
		Ward Attender	14	75	61	£1,612	£8,189	£6,577	-£153	£6,730	
		Ward Based Outpatient	59	14	-45	£6,530	£1,529	-£5,001	-£29	-£4,972	
		OP Procedure	381	594	213	£45,578	£73,109	£27,531	£2,090	£25,441	
	Plastic Surgery Total		**5,559**	**5,659**	**100**	**£1,911,231**	**£1,775,400**	**-£135,831**	**£43,087**	**-£178,917**	
	Sleep Studies	Elective	145	118	-27	£264,713	£184,215	-£80,497	-£31,176	-£49,321	
		Non Elective	0	4	4	£0	£13,288	£13,288	£0	£13,288	
		Excess Bed Days	0	40	40	£0	£12,229	£12,229	£0	£12,229	
	Sleep Studies Total		**145**	**162**	**17**	**£264,713**	**£209,732**	**-£54,981**	**-£31,176**	**-£23,805**	
	Spinal Surgery	Daycases	2	4	2	£3,533	£6,790	£3,257	£160	£3,096	
		Elective	77	66	-11	£2,035,584	£1,976,457	-£59,127	£233,330	-£292,457	
		Non Elective	0	3	3	£0	£20,403	£20,403	£0	£20,403	
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795	
		Outpatient New	126	253	127	£21,216	£42,620	£21,404	-£108	£21,512	
		Outpatient Follow-up	434	439	5	£46,153	£45,193	-£960	-£1,478	£519	
		OP Procedure	0	4	4	£0	£0	£0	£0	£0	
	Spinal Surgery Total		**639**	**966**	**327**	**£2,106,486**	**£2,152,258**	**£45,772**	**£231,904**	**-£186,133**	
	Trauma And Orthopaedic	Daycases	250	252	2	£367,353	£390,458	£23,105	£20,846	£2,260	
		Elective	368	333	-35	£1,378,449	£1,527,691	£149,242	£279,255	-£130,013	
		Non Elective	389	369	-20	£975,467	£915,347	-£60,120	-£8,946	-£51,174	
		Excess Bed Days	221	127	-94	£75,018	£41,875	-£33,143	-£1,272	-£31,871	
		Outpatient New	4,286	3,897	-389	£646,039	£587,590	-£58,448	£142	-£58,590	
		Outpatient Follow-up	6,372	7,981	1,609	£643,222	£794,018	£150,795	-£11,687	£162,483	Activity high due to physio activity recorded under this spec
		Ward Attender	1	10	9	£146	£782	£636	-£228	£863	
		Ward Based Outpatient	0	2	2	£0	£196	£196	£0	£196	
		OP Procedure	246	1,664	1,418	£43,252	£435,817	£392,564	£143,735	£248,829	Activity high due to fracture clinic coding
		Gait New	126	150	24	£147,692	£175,800	£28,108	-£214	£28,322	
		Gait Follow-Up	103	122	19	£120,044	£142,984	£22,940	£342	£22,598	
	Trauma And Orthopaedics Total		**12,362**	**14,907**	**2,545**	**£4,396,682**	**£5,012,557**	**£615,875**	**£421,972**	**£193,903**	
NMSS CBU Total			**51,957**	**51,560**	**-397**	**£18,531,959**	**£18,797,307**	**£265,348**	**£677,862**	**-£412,514**	
SCACC CBU	Cardiac Surgery	Elective	173	154	-19	£2,221,707	£1,817,085	-£404,622	-£158,813	-£245,809	Includes £20k estimated flex/freeze benefit
		Non Elective	75	60	-15	£1,453,101	£1,062,265	-£390,835	-£99,542	-£291,293	
		Excess Bed Days	395	774	379	£176,384	£341,053	£164,669	-£4,850	£169,519	
		Outpatient New	52	67	15	£37,222	£48,239	£11,017	-£0	£11,017	
		Outpatient Follow-up	164	106	-58	£118,102	£76,319	-£41,784	-£0	-£41,784	
		Ward Attender	0	8	8	£0	£5,760	£5,760	£0	£5,760	
		OP Procedure	0	3	3	£0	£0	£0	£0	£0	
	Cardiac Surgery Total		**859**	**1,172**	**313**	**£4,006,516**	**£3,350,721**	**-£655,794**	**-£263,205**	**-£392,590**	
	Cardiology	Daycases	119	117	-2	£326,286	£361,835	£35,549	£42,332	-£6,783	
		Elective	123	106	-17	£484,298	£444,693	-£39,605	£27,019	-£66,624	
		Non Elective	67	65	-2	£315,433	£231,978	-£83,455	-£72,704	-£10,750	
		Excess Bed Days	104	156	52	£42,105	£58,121	£16,016	-£5,030	£21,047	
		Outpatient New	964	874	-90	£229,718	£208,124	-£21,593	-£236	-£21,357	
		Outpatient Follow-up	2,366	2,783	417	£312,544	£361,742	£49,199	-£5,919	£55,117	
		Ward Attender	63	62	-1	£8,328	£8,059	-£269	-£130	-£139	
		Ward Based Outpatient	170	48	-122	£22,399	£6,240	-£16,160	-£100	-£16,059	
	Cardiology Total		**3,976**	**4,211**	**235**	**£1,741,110**	**£1,680,793**	**-£60,317**	**-£14,769**	**-£45,548**	
	Gynaecology	Daycases	7	10	3	£6,005	£8,112	£2,107	-£618	£2,725	
		Elective	3	10	7	£3,770	£13,236	£9,465	£1,274	£8,192	
		Outpatient New	138	160	22	£19,850	£22,960	£3,110	-£24	£3,134	
		Outpatient Follow-up	228	247	19	£21,414	£22,859	£1,446	-£358	£1,804	
		Ward Attender	1	0	-1	£68	£0	-£68	£0	-£68	
		OP Procedure	1	0	-1	£87	£0	-£87	£0	-£87	
	Gynaecology Total		**377**	**427**	**50**	**£51,194**	**£67,167**	**£15,973**	**£273**	**£15,700**	
	Intensive Care	Elective	2	3	1	£4,813	£4,788	-£24	-£1,295	£1,270	
		Non Elective	97	83	-14	£219,409	£404,177	£184,767	£216,757	-£31,990	
		Excess Bed Days	174	146	-28	£65,969	£59,968	-£6,001	£4,565	-£10,566	
		Outpatient New	52	93	41	£38,017	£68,561	£30,544	-£76	£30,621	
		Outpatient Follow-up	199	528	329	£140,148	£389,252	£249,104	£18,278	£230,826	
		Ward Based Outpatient	26	0	-26	£18,093	£0	-£18,093	£0	-£18,093	
		OP Procedure	3	29	26	£325	£649	£324	-£2,602	£2,926	
		PICU	3,049	3,268	220	£5,451,172	£5,693,929	£242,757	£0	£242,757	

Year-to-date

CBU	Specialty	POD	Actual	Plan	Var	Actual £	Plan £	Var £	Var £	Var £
	Intensive Care	HDU	2,495	2,215	-280	£3,000,516	£3,037,737	£37,221	£0	£37,221
		Cardiac HDU	1,536	1,416	-120	£1,502,388	£1,127,754	-£374,634	£0	-£374,634
		Cardiac ECMO	28	123	95	£100,944	£283,116	£182,172	£0	£182,172
		Respiratory ECMO		52	52		£327,233	£327,233	£0	£327,233
	Intensive Care Total		**7,660**	**7,956**	**296**	**£10,541,795**	**£11,397,164**	**£855,370**	**£235,627**	**£619,742**
	Paediatric Surgery	Daycases	683	688	5	£801,881	£836,368	£34,486	£28,405	£6,081
		Elective	276	252	-24	£1,170,240	£991,771	-£178,469	-£78,369	-£100,100
		Non Elective	745	839	94	£2,905,896	£2,582,142	-£323,755	-£689,891	£366,137
		Excess Bed Days	1,511	451	-1,060	£596,712	£166,661	-£430,051	-£11,471	-£418,580
		Outpatient New	1,101	1,081	-20	£194,871	£191,096	-£3,776	-£256	-£3,520
		Outpatient Follow-up	1,732	1,735	3	£200,403	£198,636	-£1,767	-£2,102	£335
		Ward Attender	423	513	90	£48,886	£58,682	£9,796	-£672	£10,468
		Ward Based Outpatient	184	49	-135	£21,298	£5,605	-£15,693	-£64	-£15,629
		OP Procedure	1	0	-1	£83	£0	-£83	£0	-£83
		Neonatal HDU	931	1,441	511	£660,279	£660,278	-£0	£0	-£0
	Paediatric Surgery Total		**7,585**	**7,049**	**-536**	**£6,600,549**	**£5,691,238**	**-£909,311**	**-£754,420**	**-£154,890**
	Urology	Daycases	833	1,224	391	£780,081	£1,158,271	£378,190	£12,640	£365,549
		Elective	73	106	33	£283,300	£362,223	£78,924	-£51,923	£130,847
		Non Elective	19	24	5	£65,853	£74,942	£9,089	-£9,423	£18,513
		Excess Bed Days	34	5	-29	£14,191	£1,893	-£12,298	-£184	-£12,114
		Outpatient New	610	629	19	£109,771	£113,155	£3,384	-£127	£3,510
		Outpatient Follow-up	1,271	1,420	149	£193,571	£212,631	£19,060	-£3,680	£22,741
		Ward Attender	20	25	5	£2,981	£3,744	£763	-£65	£828
		Ward Based Outpatient	2	38	36	£331	£5,691	£5,359	-£98	£5,458
		OP Procedure	1		-1	£125	£0	-£125	£0	-£125
	Urology Total		**2,862**	**3,471**	**609**	**£1,450,203**	**£1,932,549**	**£482,346**	**-£52,860**	**£535,206**
SCACC CBU Total			**23,319**	**24,286**	**967**	**£24,391,367**	**£24,119,633**	**-£271,733**	**-£849,353**	**£577,620**
Clinical Support CBU	Radiology	Daycases	638	723	85	£647,213	£1,074,788	£427,574	£340,924	£86,650
		Elective	83	35	-48	£138,199	£63,120	-£75,079	£4,877	-£79,956
		Non Elective	17	12	-5	£114,674	£131,867	£17,193	£52,023	-£34,830
		Excess Bed Days	380	140	-240	£154,921	£48,049	-£106,872	-£9,005	-£97,867
	Radiology Total		**1,118**	**910**	**-208**	**£1,055,007**	**£1,317,824**	**£262,816**	**£388,819**	**-£126,003**
Clinical Support CBU Total			**1,118**	**910**	**-208**	**£1,055,007**	**£1,317,824**	**£262,816**	**£388,819**	**-£126,003**
Grand Total			**160,605**	**159,969**	**-636**	**£63,847,143**	**£63,456,474**	**-£390,669**	**£202,987**	**-£593,655**

NHS Improvement

7 October 2016

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Provider Chief Executives
Copied to Provider Finance Directors

Dear colleague

Strengthening financial performance & accountability in 2016/17: next steps

On the 21 July 2016, NHS Improvement and NHS England published the document 'Strengthening Financial Performance and Accountability in the NHS', which sets out the pressing need to stabilise finances in the NHS and kick-start an expenditure reduction programme in 2016/17. Many providers have risen to this challenge and the sector achieved its aggregate financial plan at Quarter 1.

I am now writing to you ahead of Quarter 2 regarding a series of next steps and follow up actions.

High pay bill growth

NHS Improvement regional teams have been engaging with those Trusts that experienced high pay bill growth in 15/16 and 16/17 to better understand the business decisions and Board governance arrangements that supported this level of investment and led to Boards making a decision to invest in pay bill that their Trust could not afford.

NHS Improvement regional teams will be in touch this month to discuss the outcome of this work. In advance of these discussions please would you and your Board take the opportunity to fully review the investments in pay that the Trust has made over the past two years to ensure that this investment remains appropriate. Where investments have been undertaken without Board approval please could you ensure that your Board is content with any delegated decisions. NHS Improvement regional teams will be requesting Board assurance updates as part of the review meetings held in October 2016.

Agency staffing

I appreciate your hard work and the progress over the last year in reducing spending on agency staff. However, across the sector we are falling short of what is needed and must do more to reduce over-reliance on agencies. Regional directors will be writing to you shortly to set out further actions in relation to agency spending – some universal and some reserved for Trusts that are missing their agency expenditure ceiling. These will include:

- Greater transparency, including national publication and sharing of Trust-level agency expenditure across regions.

- Measures to ensure boards have sight of prices paid and spending at cost centre level and are actively holding executives to account on reducing agency expenditure across all parts of the Trust.

- Requiring Chief Executive oversight and further reporting to NHS Improvement across areas of high concern, including off-framework use, high-price overrides and on-call rates.

- Action in respect of high on-call rates, grade inflation, high bank rates and payments for hours not worked; these are often reported to us and we will work with trusts to understand where this is occurring and intervene.

- A closing down of the use of senior interims through a national approvals process and more effective use of internal NHS senior leadership capacity.

- An initiative to drive close local collaboration and mutual support on agency.

As an immediate step, to help your Trust and your relationship team develop a better understanding of your agency spending and where the biggest challenges are, we ask all NHS Trusts and Foundation Trusts to provide the following information at Quarter 2:

a) Monthly agency spending broken down by cost centre/service line (request already sent to trusts on 3 October 2016).

b) A list of your 20 highest-earning agency staff (anonymised, in the template provided in Appendix 1).

c) A list of agency staff that have been employed for more than 6 consecutive months (also anonymised, in the template provided in Appendix 1).

A thorough understanding of service line data should also help you when identifying where services are being delivered by agency staff in an unaffordable and sub-optimal way. Work is ongoing to review services which are unsustainable for financial, quality or other reasons and it is expected that the plans being developed to provide many of these services in other ways will be reflected in the Operational Plan and STP process but where there are benefits to be realised in 2016/17 I would expect these plans to be pursued. Rotas supported by high cost agency usage in areas such as radiology may provide a particular opportunity.

Protocol for revising financial forecasts

The' Reset' emphasises the responsibility of NHS Trust and Foundation Trust Boards to ensure the delivery of financial balance, whilst maintaining the quality of healthcare provision. It is however recognised that in exceptional circumstances it may be necessary for an NHS Trust or Foundation Trust Board to consider revising its financial forecast during the year. If these circumstances occur it is expected that the Trust Board's primary focus is the delivery of a recovery plan demonstrating the actions and mitigations that they will put in place to ensure that any deterioration in financial position is managed and recovered at the earliest possible time.
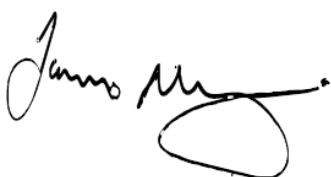
In order that NHS Trust and Foundation Trust Boards are able to demonstrate the highest standards of governance, and for the purposes of consistency and transparency, we are introducing a protocol for any adverse change to a financial forecast that we expect all Trust Boards to adhere to. A copy of the protocol and assurance statement is attached as Appendix 2a and 2b.

Publishing information

Finally, I would like to make you aware that from Quarter 2 NHS Improvement will be publishing Trust level financial and performance information in our quarterly report. An example of the type of information that will be published is contained within the attached Appendix 3 for your information. We also require all Trusts to clearly post their quarterly finance and performance reports on their Trust website in a transparent and timely manner.

I hope that this update is helpful. NHS Improvement will be working closely with you over the forthcoming months to support the delivery, and where possible improvement, in the Trust's forecast financial outturn for 2016/17 and beyond.

Yours sincerely

Jim Mackey
Chief Executive

Enclosures
Appendix 1 – Template for Trusts with Highest Agency Usage
Appendix 2a – NHSI Protocol for Changes to an In-Year Financial Forecast
Appendix 2b – Template Assurance Statement
Appendix 3 – Publishing Quarterly Finance and Performance Information

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

	Long term agency use - please enter all individual agency staff employed for over 6 months								
	Staff group	**Grade**	**Department**	**# months service**	**Hourly rate**	**Monthly cost**	**Reason for usage**	**Action taken**	**Risk Rating**
1	Medical	Speciality doctor	Geriatric Medicine	25	£140	£22,400	Specialist doctor that have struggled to recruit to	Given notice that arrangement will end on x date	
2									
3									
4									
5									
6									
7									
8									
9									
10									
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12									
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30									

Highest cost agency workers

	Staff group	Grade	Department	# months service	Hourly rate	Monthly cost	Reason for usage	Action taken	Risk Rating
1	Medical	Speciality doctor	Geriatric Medicine	25	£140	£22,400	Specialist doctor that have struggled to recruit to	Given notice that arrangement will end on x date	
2									
3									
4									
5									
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19									
20									

Appendix 2a

Protocol for Changes to an In-Year Financial Forecast

1. Introduction

1.1 NHS Trusts and Foundation Trusts submitted financial plans for 2016/17 that in aggregate totalled a £580 million deficit. These plans were quality impact assessed and signed off by individual Trust Boards prior to submission.

1.2 The achievement of financial balance, whilst maintaining the quality of healthcare provision, is a key objective for all organisations. The future success of the NHS depends on providers and CCGs delivering or over achieving the plans that they have signed up to and Trust Boards must take organisational and personal accountability for meeting their financial and performance commitments.

1.3 In exceptional circumstances it may be necessary for an NHS Trust or Foundation Trust Board to reconsider its planned forecast outturn position. In this event, the Trust Board's primary focus must be the identification and delivery of a recovery plan that demonstrates the mitigating actions being implemented that ensure any proposed revision to forecast outturn is minimised, managed and fully recovered at the earliest possible time.

1.4 To demonstrate the highest standards of governance and for purposes of consistency and transparency, the protocol set out below should be followed by all Trust Boards considering the reporting of a deterioration in the forecast outturn against their planned position for the year.

1.5 The introduction of this protocol by NHS Improvement should not be taken by Trust Boards as permission to deteriorate financial positions. All reporting revisions must be accompanied by the actions required to return to planned positions.

2. Protocol

2.1 Revisions to forecast outturns can only be made once a Trust's plan for the year has been agreed and only at Quarter 2 and Quarter 3 reporting points in the year and can only be made through the standard quarterly reporting process.

2.2 In advance of formally reporting a forecast outturn variance from plan, Trusts are required to have discussed the financial deterioration with the NHS Improvement Executive Regional Managing Director and Regional Director of Finance.

2.3 This engagement must be underpinned with a Trust prepared report that clearly exemplifies:

- The key financial drivers for the deterioration;

- An analysis of the underlying causes;

- The actions being taken to address the deterioration and evidenced confirmation that:

  o Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed;

  o The senior clinical decision making body with the Trust has been engaged with and are party to the identification and delivery of the recovery actions;

  o The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions.

2.4 This recovery plan described must explicitly reference:

- Details of the additional measures immediately implemented to improve financial control and working capital/cash management, including capital programme review. This will include all discretionary spend, agency/locum spend, supplies and consumable spend and delegated commitment range and levels.

- Details of how the trust is reviewing:

  o The affordability of planned investments to improve service quality and performance;

  o The acceleration of the delivery of productivity opportunities identified by the Carter Review;

  o The acceleration of proposals for sub-scale service consolidation or closure;

  o The impact on patient safety and experience of recovery actions;

- The demonstration of quarter on quarter improvement in I&E run-rate from the point the revision is submitted and how CIP delivery is being maximised.

2.5 When a formal revision to outturn forecast under this protocol is made through the national reporting process, it must be accompanied by an Assurance Statement signed by the Trust Director of Finance, Chief Executive and Chair in respect of the organisation's adherence to this protocol and their commitment to the delivery of the Trust recovery plan. This statement will be addressed to the Chair and Chief Executive of NHS Improvement and will be formally reported to NHS Improvement's Board.

2

2.6   Monitoring arrangements will be determined by the Executive Regional Managing Director to ensure that focus and delivery is maintained.

3

Adverse Changes to Forecast Protocol - Board Assurance Statement

	Board Response
The board are required to respond "Confirmed" or "Not confirmed" to the following statements (notes below)	

Where a provider plans to make an adverse change to an in-year forecast it must be reported through the national reporting process and accompanied with this Board Assurance Statement which has been signed by the Trust Chair, Chief Executive and Director of Finance

For finance:

The Board has been fully briefed on the planned adverse change to forecast and has adhered to the NHS Improvement protocol for *'Adverse Changes to the In-Year Forecasts'* prior to requesting the change	
All reporting revisions are accompanied with detailed actions to confirm how the position will be recovered and the original financial plan will be delivered	
The Board is full committed to the delivery of the Trust recovery plan and will actively monitor the recovery plan milestones	
In advance of formally reporting a forecast outturn variance from plan the Trust has discussed the financial deterioration and remedial actions with the NHS Improvement Regional Managing Director and Regional Director of Finance	

For governance:

Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed	
The senior clinical decision making body within the Trust has been engaged with and are party to the identification and delivery of the recovery actions	
The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions	

Board Declaration

I can confirm that in my capacity as a member of the Trust Board, I understand the financial forecast, its key drivers and where there has been a variance signalled, I can confirm that additional actions to deliver the original plan that was signed off by this Trust Board have been considered in full by Clinical Decision Making Groups the Finance Committee and the Board as a minimum

Signed on behalf of the board of directors

Signature	_____	Signature	_____
Name		Name	
Capacity	Chief Executive	Capacity	Chair
Date		Date	
Signature	_____	Signature	_____
Name		Name	
Capacity	Finance Director	Capacity	Audit Committee Chair
Date		Date	

Publishing Quarterly Finance and Performance Information

From Quarter 2 NHS Improvement will be publishing Trust level financial and performance information in our quarterly report. An example of the type of information that we may publish by Trust is below.

In addition Trust Boards are required to clearly post their quarterly finance and performance reports on their Trust website in a transparent and timely manner.

Financial Performance Information
- Year to date financial performance
- Forecast financial performance
- Control total acceptance
- Access to STF Funding

Performance Information
- A&E 4 Hour performance against the standard and the agreed STF trajectory
- Patients waiting over 6 weeks for a diagnostic test
- RTT incomplete performance against the standard and the agreed STF trajectory
- The number of patients waiting over 52 weeks for treatment
- 62 Day Cancer performance against the standard and the agreed STF trajectory
- Cancer performance against the standard for 2 week GP referral and Breast Symptoms and 31 day wait from diagnosis to first treatment
- Ambulance response times performance against the standard for Red1 and 2 and A19
- Infection control – the number of C.Difficile cases

Agency Information
- Agency Information
- A list of your 20 highest-earning agency staff (anonymised)
- A list of agency staff that have been employed for more than 6 consecutive months (anonymised)
- Agency expenditure as a share of total workforce costs
- Agency expenditure performance relative to agency ceilings

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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Programme Assurance Summary
Change Programme (work stream reports attached for reference)

Alder Hey Children's **NHS**
NHS Foundation Trust

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

1. The assurance framework and associated dashboard continues to show variability in the application of programme management standards across the projects that form the change programme. Executive Sponsors are requested to use the evidence summarised by the assurance ratings and increase confidence in delivery by resolving the issues that will improve these leading indicators of success.
2. The Internal Recovery Programme that is integrated with, and works alongside, the change programme continues to provide a disciplined weekly forum where the achievement of goals is robustly managed and teams supported; however, it is important to recognise that there remains a significant degree of risk critical to note that we still have a £1.7m gap in our revised, target including achievement of control total.

C Liddy 27 Oct 16

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

1. This Board reports integrates the assurance reporting received (from the work streams) by WOD on 12 Oct and CQAC on 19 Oct 16. It also includes the report that will go to R&BD on 4 Nov 16. The relevant report from the most recent RE&I sub-Committee has previously been reported to Board.
2. The 6-month review on the performance and results of the new assurance framework – commissioned by the Audit Committee from the External Programme Assurance – is being conducted in the period 25 -31 Oct 16 and will report to the Audit Committee on 24 Nov 16.
3. The shortfall in the planned level of CIP attributed to the work streams in the programme continues to be actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework).

J Gibson   27 Oct 16

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

The Month 6 CIP performance across the Trust showed an over achievement of £0.1m (23%) in August. The largest variances to date are Neuroscienes, MSK and specialist Surgery (£0.4 ahead of plan), Surgery, Cardiac, Critical Care, Anaesthetic (£0.103m behind target) and Clinical Support Services (£0.182m behind target). The main reason behind slippage is the timing of schemes starting. The full year forecast is £6.3m a gap of £0.9m. The Trust needs to plan to £7.2m recurrently and in year to allow for slippage and failed schemes (i.e. contingency of 25%).

Programme Assurance Summary
Our Patients at the Centre

Alder Hey Children's **NHS**
NHS Foundation Trust

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

The annual savings target for this workstream is £1,046k and the latest forecast is 875k – this position is the same as last month. The recurrent requirement is £1m and this figure needs to be finalised and the recurrent budgets amended by the 27th October to inform the 17/18 plans.

The Improving Outpatients project now has plans available for each workstream and close attention should be given to any delays highlighted to ensure these are easily resolvable and the project can remain on track.

The position with rehab within Complex Care should be clarified at the earliest opportunity so that plans can be produced/updated to reflect the model agreed.

Jonathan Stephens 13 October 2016

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

1. The improvements in the ratings within this work streams are to be commended and now efforts should be made to consolidate this position and maintain the green ratings for 'Best Operative Care' and 'Improving Outpatients'.
2. The issues surrounding the 'Complex Care Made Simple' initiative – in particular rehabilitation – should continue to be escalated until resolved.
3. Given the longstanding priority of the Trust to improve the Outpatients service, the focus and attention of this project should be regular (monthly) reporting of benefits - what is measurably improving? – to engender confidence both within the project team, and all stakeholders, that the project is delivering on success criteria.
4. The financial benefits need to be resolved in a timely fashion to inform the 17/18 planning round now underway.

J Gibson   13 Oct 16

Programme Assurance Framework
Our Patients at the Centre (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	13 October 2016
Workstream Name	Our Patients at the Centre	Executive Sponsor	Mags Barnaby/ Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
CQA 3.2	Best Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction	Mags Barnaby	🟢	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan shows some delays. Comms /Engagement plan developed. Evidence of risk management available. **Last updated 26 September 2016**
CQA 3.3	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	Mags Barnaby/ Hilda Gwilliams	🟢	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	PID/scope and Team have now been confirmed. Targets/benefits tracker created, details of metrics required for all workstreams. Milestone Plans available for each workstream, some delays evidenced. Comms activities being developed for each workstream. Risk log reviewed. **Last updated 26 September 2016**
CQA 3.4	Complex Care Made Simple	The aim of this project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs	Mags Barnaby	🟠	🟢	🟡	🟡	🟡	🟢	🟡	🟢	🟢	Steering Group notes available on Sharepoint. Benefits tracker has been created and is updated regularly. Detailed plan is available, however Rehab position key milestone missed - scope/approach to be clarified. Comms tracker available and parent rep on SG. Risk Log to be reviewed. **Last updated 23 September 2016**
CQA 3.6	Clinical Support Services	Resolve the potentially conflicting priorities of making efficiencies whilst continuing to provide a flexible approach to supporting clinical services, maintaining a focus on delivering high quality services to patients	Mags Barnaby										Project ratings have been removed as confirmation has been received that this will form part of Internal Recovery/CIP.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Best Operative Care	G/A	505,304	469,400	(35,904)	
Improving Outpatients	G/A	156,250	136,744	(19,506)	
Complex Care Made Simple	A	291,571	194,368	(97,203)	
Clinical Support Services	G/A	93,750	75,000	(18,750)	
Total		1,046,875	875,512	(171,363)	

Programme Assurance Summary
Developing Our Business

Alder Hey Children's **NHS**
NHS Foundation Trust

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

The forecast for International Clinical Business remains ahead of plan, £178k against the target of £112k; this over-performance of £66k may in part mitigate the overall work stream which remains below the annual target by £812k due to under-performance in Strategic Partnerships and CBU Business Development.

Claire Liddy – 27 October 2016

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

As previously highlighted, the success of the 'International Patients' indicates that it may be appropriate for a further **'stretch' target** considered, in terms of mitigation across the work stream.

The 'Strategic Partnerships' project still needs to address the assurance ratings remaining amber in key domains (effective team, benefits, milestone plans, stakeholders engaged); the sub-Committee will want to address the current red rating for risk management **(last reviewed in Jun 16).**

The 'Other Business Development' shortfall in financial contribution – **now forecasting to deliver some 46% of target** - should continue to be a focus of the 'Internal Recovery Group'; the reasons for such a shortfall will want to be understood as part of the planning for FY17/18.

Joe Gibson   27 Oct 16

Programme Assurance Framework
Developing Our Business Workstream Update

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

The above workstream accommodates the following projects:
- Strategic Partnerships – Andy McColl
- International Clinical Business and Non NHS Patients – Angie May

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Strategic Partnerships	LWH Pathology contract extended by 3 months, team still awaiting decision on contract award	Yes
	Homecare tender submitted, awaiting feedback.	Yes
International/Non NHS	International Business Partnership with Dubai Al Jalila Hospital expected within the month. Hospital to open 1st November. Contract still with legal team.	Yes
	2 Chinese doctors are currently observing in the General Surgery Department for 3 months (September-December)	Yes
	International patients continue to be monitored and dealt with on a case by case basis by the business development team.	Yes

Milestones for Next Month:

Project	Key tasks to be delivered in month
Strategic Partnerships	LWH - Preferred option decision from NHS England
International/Non NHS	Al Jalila Hospital Opening, expect to obtain patient referrals into AHFT

Issues for Escalation to Sub-Committee:

No issues to raise.

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	17 October 2016
Workstream Name	Developing Our Business	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 2.1	Strategic Partnerships	To grow and strengthen existing partnerships, as well as to look for new opportunities as a means to improve the quality of care across the region	Jonathan Stephens	Amber	🟡	🟢	🟡	🟡	🟡	🔴	🟢	🟢	July SG actions available (M&BD Group). Benefits to be confirmed (WHH) and tracking established for non-financial benefits. Milestone Plan shows delays. Evidence required of stakeholder engagement. Risk log needs to be reviewed (date of last review June). QIA/EA complete. **Last updated 2 September 2016**
R&BD 2.2	International Clinical Business and Non-NHS Patient Services	The aim of the project is to grow existing operations and brand name beyond the domestic region by increasing our international footprint	Jonathan Stephens	Green	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	July Steering Group notes available (M&BD Group). Benefits defined, tracking process being developed. Milestone Plan on track. Comms Plan available. Risk Log up-to-date. EA/QIA complete. **Last updated 30 August 2016**
R&BD 2.3	Other Business Development	CBU Business Development Plans	Jonathan Stephens										Financial tracking information now available. Programme Assurance information/details to be reviewed end of June 2016.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	R	114,600	34,610	(79,990)	
International Clinical Business	G/A	112,000	178,509	66,509	G/A because of posted value of £68,903 against the forecast
CBU Business Development	R	1,273,400	447,446	(795,953)	
Total		1,500,000	688,178	(811,821)	

Programme Assurance Summary
New Services in Communities

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

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

The Executive Sponsor should now , with the recent appointment of a Project Manager, address the amber rating which indicates that the project team is not fully effective (with reference to the definition of ratings guidance).

Claire Liddy 27 October 2016

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

Given that the deficit against CIP target for the 'Existing Community Services – Quality Improvement' project has not improved, the sub-Committee will want to again assure itself - given the focus on the financial 'Internal Recovery' - that the Sponsor is ensuring that the project team will drive the identification and realisation of benefits that could contribute to the FY16/17 position.

The assurance ratings for achievement of 'project milestones' and 'stakeholder engagement' should also be a focus for resolution within the next month.

Joe Gibson   27 Oct 16

Programme Assurance Framework
Existing Community Services Update (to be completed by Executive Sponsor)

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

Following the CBU restructure, a ICS CBU revision of the governance structure of the current projects is underway.

The **Existing Community Services** project will report into the CBU Business meeting on a monthly basis. A revision of the PID will require two of the existing work streams being transferred to the Medical Specialities CBU, these are General Paediatrics Reflux Clinic and A&E UC24 activity.

The **Developing a Partnership Model Project** will be revised to ensure that both the developing the model aspect and the transferring of services aspect are separated out and reported on separately.

This has created a **Transitional Delivery Project Team**. A separate GANTT chart and Risk Register is under development and will be uploaded to Sharepoint shortly. The team will meet fortnightly and meeting actions will also be uploaded to Sharepoint.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
CAMHS	Training Awareness session on call with 1st/2nd on call	Yes
DEVELOPMENTAL PAEDIATRICS	Review ADHD/ASD Job Plans	No
DEVELOPMENTAL PAEDIATRICS	Identify clinical area for ADHD/ASD Patients in Community	Yes
AMBULATORY - Improved access for babies with feeding difficulties (GORD Service)	Service to go live	No

Project	Key tasks to be delivered in month	
CAMHS	Commencement of pilot for extended hours and weekend on-call	
DEVELOPMENTAL PAEDIATRICS	Launch of ASD Pathway	
DEVELOPMENTAL PAEDIATRICS	Implement new referral process for ADHD pathway	
GENERAL PAEDIATRICS IN ED	Improve use of UC24 to 90%	
AMBULATORY – Improved access for babies with feeding difficulties	Service due to go live	

No Executive Sponsor Identified.

Issues around funding stream for implementing the Ambulatory reflux clinic.
General Paediatrics (GORD Clinic) and A&E UC24 activity should now be reported under the Medical Specialties CBU

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	17 October 2016
Workstream Name	New Services in Communities	Executive Sponsor	Therese Patten/Mags Barnaby

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 4.2	Existing Community Services - Quality Improvement	To deliver quality improvement of existing services within the ICS CBU, specifically in the following services: Child & Adolescent Mental Health Services (CAMHS), Neurodisability and General Paediatrics'	Mags Barnaby	🟠	🟡	🟢	🟡	🟡	🟡	🟢	🟢	🟢	No evidence of recent project meetings. PID contains details of benefits, tracking/evidence under development. Milestone Plan updated, shows some delays. Comms/ Eng Plan to be updated and evidence provided where possible. Risk Log up-to-date. **Last updated 21 September 2016**

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

Programme Assurance Summary
Developing IM&CT and EPR

Alder Hey Children's **NHS**
NHS Foundation Trust

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

The assurance ratings for the projects within this work stream have recently been reviewed and updated, following the previous "suspension" period.

Teams should focus on providing the information as highlighted by the dashboard ratings , to ensure good governance arrangements are maintained and prompt escalation of issues via the Steering Group to ensure successful delivery of all projects within this work stream.

Claire Liddy 27 October 2016

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

The relative lack of assurance on both the 'EPR Development' and 'Community Infrastructure' projects is of concern and the sub-Committee should seek clear assurances that the ratings will be improved within the next month.

Joe Gibson   27 Oct 16

Programme Assurance Framework
Developing IM&CT and EPR Update

Alder Hey Children's **NHS**
NHS Foundation Trust

Work Stream Summary:

The next phase of development of the MEDITECH 6 system is underway with the ED department implementing and some further enhancements to the ordering process going live in early November. The team are also prioritising supported the integration and implementation of the Clinical Utilisation Review system (key CQUIN target for 2016/17) which successfully went live on 10th October 2016.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
EPR	CUR system integrated and live. Final preparationz for next phase of the projects underway.	Y
Imaging	PACS upgrade complete. Testing of Clinical Collaboration tool underway with key stakeholders for Other Ologies and planning work has started for the integration of PACs to the eSaturnus Theatre Integration system.	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
EPR	Detailed planning for next phase of project deliverables. CUR system accessible and interface testing underway.
Imaging	Other Ologies - go live in Medical Photography w/c 14th November (subject to clinical sign off and agreement from Medical Photography team)

Issues for Escalation to Sub-Committee:

None

Programme Assurance Framework
Developing IM&CT and EPR Update

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

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

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Connectivity	Review / Health check of Citrix environment	Y
Community Connectivity	Review of Service desk incidents relating to remote access problems	Y
Community Connectivity	Implement recommendations from technical review (Health Check)	Y
Community Connectivity	Test new desktop and address any issues identified	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Community Connectivity	Move the new desktop into live.
Community Connectivity	Attend Agile Working Workshop 03/11 to further progress and assess IT Requirements.
Community Connectivity	Begin Remote access solution option appraisal based on the above.

Issues for Escalation to Sub-Committee:

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	27 October 2016
Work stream Name	Developing IM& CT and EPR	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

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

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

Programme Assurance Summary
Supporting Front Line Staff

Alder Hey Children's **NHS**
NHS Foundation Trust

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

> The overall performance trend for the work stream continues as last month, with the financial forecast at £743k above target, largely driven by Coding/Capture.
>
>
>
> **Claire Liddy - 27 October 2016**

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

> This continues to be an exemplar work stream certainly in terms of the compliance with project and assurance standards overall.
>
> The continued success of the 'Coding and Capture' project should be recognised.
>
> Conversely, the 'Medicines Optimisation' and facilities projects are achieving only marginally above 50% of the targeted efficiencies; the reasons for these shortfalls will need to be well understood and remedial actions taken, before planning for FY17/18 is complete.
>
>
> **Joe Gibson   27 Oct 16**

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	17 October 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens/Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 7.1	Procurement	Deliver best in class purchasing. Action the team 10 point plan to ensure service delivered to CBUs is high standard, with great customer service and releases £1m	Jonathan Stephens	🟩	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	Steeering Group meeting notes available. Benefits tracked via Financial Tracker. Detailed workplan is available on Sharepoint - updated recently. Stakeholder Engagement plan/information available for August . Risk log up-to-date. QIA/EA signed off by Execs. **Last updated 8 September 2016**
R&BD 7.2	Coding & Data Capture	To deliver best in class coding service that improves the depth of doing. To ensure the trust is getting paid for activity it delivers; to educate and train end users and clinicians to capture all activity	Jonathan Stephens	🟩	🟢	🟢	🟡	🟢	🟢	🟡	🟢	🟢	Project Team notes available for July. Targets & benefits detailed in PID, tracking/visibility required of non-financial benefits. Detailed Milestone Plan available which is broadly on track. Engagement matrix available. Risk Log needs to be reviewed. EA/QIA complete. **Last updated 14 September 2016**
R&BD 7.3	Medicines Optimisation	Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines. It requires a holistic approach, an enhanced level of patient centred professionalism	Rick Turnock	🟩	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	Steering Group meeting notes available. PID complete. Tracking of non-financial benefits available. Workplan is updated regularly. Evidence of Comms/Engagement activities available on SharePoint. Risk Log reviewed. QIA/EA signed off by Execs. **Last updated: 31 August 2016**
R&BD 7.4	Facilities	The project aims to review all Facilities Services to ensure that all services are maximising quality at the lowest cost resulting in a CIP contribution of £500k	Hilda Gwilliams	🟧	🟢	🟢	🟡	🟡	🟡	🔴	🟢	🟢	Evidence of Project Team meetings available for June. Milestone plan has been updated, shows some delays and some tasks outstanding which should be marked as complete or missed so position is clear. Risk Log currently checked out (last update visible March/June). QIA/EA signed off by Execs. **Last updated: 23 September 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	G/A	1,018,000	1,002,584	(15,416)	
Coding & Data Capture	G	900,000	2,105,006	1,205,006	
Medicines Optimisation	A	500,004	275,442	(224,562)	
Facilities	A	500,000	276,358	(223,642)	
Total		2,916,004	3,659,390	743,387	

Programme Assurance Summary
Developing The Park, Community Estate and Facilities

Alder Hey Children's NHS
NHS Foundation Trust

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

The assurance ratings for the projects within this work stream have recently been reviewed and updated, following the previous "suspension" period. Teams should focus on providing the information as highlighted by the dashboard ratings, to ensure good governance arrangements are maintained and prompt escalation of issues via the Steering Group to ensure successful delivery of all projects within this work stream.

The PID for Agile Working is due to be finalised at the end of October and should be presented to the next sub-Committee meeting for approval.

Claire Liddy – 27 October 2016

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

The Executive Sponsor, Strategic Programme manager and project teams should be commended on the significant improvement in these assurance ratings. The standard now needs to be sustained throughout the life of the work stream.

Joe Gibson   27 Oct 16

Programme Assurance Framework   October   2016

Site Development Update - Park, Community Estate and facilities

Work Stream Summary:

This work stream consists of a number of projects which focus on development of the park, land, additional campus buildings and relocation of existing services including the community services . Demolition , decommissioning, temporary departmental moves, residential and the corporate /clinical block have all commenced and are at varied stages of their specific project programme.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Estate	Meetings with Local Authority estate and Children's centre leads to discuss any potential estate that would suit the purposes of the community services have taken place. Meeting held with Community service managers to discuss the new community model. Workshops with staff arranged to build the specification for the estate requirements. Will be looking to identify potential sites in the next qtr.	y
Residential/land project	Dialogue discussions continue in the next stage of the bidding process with three bidders still participating. This stage will conclude in December and a bidder selected in January.	Y
Decommission/demolition	Site clearance is complete. B1/D1 office accommodation has occurred. Main demolition tender awarded and Hoarding work in progress, with Asbestos survey underway. Phasing of demolition has slightly changed to support the release of land for site developers.	N- 6 months behind plan
Corporate/clinical block	Exec Team approval granted to reduce size of Corporate Office and utilise space in R&E Phase 2. £2.850M of loan funding acquired for the Corporate Office will we transferred to the R&E Phase 2 Development (upon confirmation it does not breach terms of loan). Corporate office will be reduced to 3,555M2 with an affordability cap of £12.0M. R&E Phase 2 will accommodate 75 Corporate Office Desks.	N- 3 month behind plan,
Park development	Head Terms of reference under discussion with the local Authority. Engagement work with local educational/community groups ongoing. Partnership development ongoing. Key partnership with Lancs. Wildlife Trust set up. Woodland development plan outlined. Funding bid to Dream Fund submitted, feedback received. Further funding opportunities being explored. 2 day Hackathon event delivered successfully. Defect strip of parkland resurfaced.	Y
Alder centre	Charitable bid to LIBOR completed and submitted, visits to other similar centres arranged and a user visioning event planned for 26th October.	Y
Agile working	Group meetings diarised. A meeting with Greater Manchester police held and learning from their project shared. Project group to have a follow up discussion on renaming this project and clarify the approach to be taken, key milestone dates to be reviewed. TJ will be leading this project from October.	y

Project	Key tasks to be delivered in Quarter
Corporate/clinical block	Progress RIBA Design Competition and select design and design team. Fix Project Scope.
Residential/land project	Continue dialogue sessions with bidders and evaluate bids in December, awarding the bid in January 2017.
R&E Phase II	Receive updated pricing from Morgan Sindall and agree scope/price in line with affordability. Develop Contract with Morgan Sindall. Fix specification and special requirements with HEIs. Develop Funding Agreements and Agreements for Lease.
Alder centre	Visioning event with users, go to RIBA design competition if LIBOR funding successful

Issues for Escalation to Sub-Committee:

- **Currently No budget identified for residual estate**
- **Whole Programme slippage due to demolition pricing review and clearance of IM&T links**
- **Additional costs of IM&T links works from Virgin.**

Programme Assurance Framework

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

Sub-Committee	RABD	Report Date	27 October 2016
Work stream Name	Developing The Park, Our Community Estate and Facilities	Executive Sponsor	David Powell & Melissa Swindell

Current Dashboard Rating:

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

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

Programme Assurance Summary
Developing Our Workforce

Alder Hey Children's NHS
NHS Foundation Trust

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

The pace within this Workstream should be increased, as the current gap remains at £240k

Focus should continue on the cross cutting projects to enable the financial opportunity to be confirmed, so that implementation can commence as soon as possible.

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

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

Jonathan Stephens 29 September 2016

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

The work stream is now explicit about achievement against both in-year (non-recurring) and the future, recurring, benefits; the programme assurance framework is showing a forecast recurrent gap of £2.6m recurrent benefit. The cross-cutting projects now being initiated will need to demonstrate considerable potential, quickly, if the original targets are to retain any validity.

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

The Committee will wish to consider the current financial ratings across the work stream – 5 black, 2 red, 8 green – and direct actions to bring all ratings to green within agreed date milestones.

Joe Gibson 5 Oct 16

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

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

Capability and Sustainability work stream:

QIA/IA have been completed for all CBU workforce CIP plans. Outstanding QIA from corporate areas being pursued. Plans now signed off for two of the cross-cutting projects; Consultant Job Planning and Specialist Nursing Review. Agreement reached at weekly turnaround meeting to extend the review to looking at all staff groups cross-CBU with a view to identifying the £2.5m recurrent gap. Volunteers sought for each group to start to look at the options.

The Workforce Steering Group continues to meet fortnightly to track progress.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Capability & Sustainability	MASS approved and launched Revised approach to CIP agreed Notice given to Pulse agency; significant reductions in agency spend	N
Developing High Quality Leadership & Mgt	3rd cohort of Leadership by Values Action Learning Set being organised.	Y
Starters & Leavers Process	Final meeting held to close of all actions	Y

Project	Key tasks to be delivered in month
Capability & Sustainability	Gaps in plans – each staff group to have named individuals to take forward the review.
Developing High Quality Leadership & Mgt	Leadership & Management interventions to continue
Starters & Leavers Process	n/a

Issues for Escalation to Sub-Committee:

The sub-Committee is requested to:

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

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	WOD	Report Date	28 September 2016
Workstream Name	Developing Our Workforce	Executive Sponsor	Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
1.0 Developing Our Workforce 16/17 £3.5m and 17/18 £1m													
WOD 1.1	Workforce Capability & Sustainability	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Melissa Swindell	🔴	🟡	🟡	🔴	🔴	🔴	🔴			Steering Group meetings arranged. Overarching PID is complete, however detailed plans and financial information to be fully developed (only 8/15 of individual plans available on Sharepoint). Risk Log is available to be fully completed and evidence of review required. EA/QIA to be completed and signed off for each individual plan. **Last updated 4 May 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Developing Our Workforce	**R**	1,135,121	**894,980**	**(240,142)**	Recurrent forecast gap of £2.6m give Red RAG rating

STRATEGIC FRAMEWORK FOR A NEW MODEL OF INTEGRATED COMMUNITY CHILD & FAMILY SERVICES ACROSS NORTH MERSEYSIDE

2016 - 2018

'Doing the right thing, in the right place, at the right time'

Oct 16

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EXECUTIVE SUMMARY

Across Merseyside, children and young people experience higher levels of poor health and inequalities compared to the rest of the country. Poor health outcomes and life chances result from poverty and reduced quality of life including living conditions. These risk factors impact on health outcomes and life chances from birth and accumulate throughout childhood, generating poorer health and life outcomes in adulthood. There is a large body of evidence demonstrating that early disadvantage tracks forward to generate excess morbidity in adult life, reinforcing the need for a focus on the Early Years.[i] The economic costs of health inequalities, which have their origins in childhood, are immense.[ii]

This strategy describes proposals for a new way of working for community child and family services in North Merseyside, to meet the needs of local families and children and ensure a sustainable and productive service environment for the future. It summarises challenges faced by the current system, and offers a framework to support delivery of the Healthy Liverpool Blueprint and Shaping Sefton strategy, and meet the requirements of the Cheshire and Merseyside Sustainability Transformation Plan and the Five Year Forward View.

There is a shared ambition to deliver the right care, at the right time in the right place, reorganising services so that demand is redistributed to improve preventative outcomes. Collaborative working between primary and secondary services will help unify clinical care, while integrated working with local authority colleagues will sharpen the focus on the child's learning and development needs, and support for carers. Through collaboration, clinical services will be able to ensure that the child's learning and social needs are met, while still providing excellent clinical care. The system will work together to provide outcome-focused, child and family-centred services.

Integrated care is seen as the principal mechanism for the achievement of a collaborative and coordinated child and family system, providing the tools to connect health care (primary, secondary) with other service systems (social care, education, community). The philosophy of care includes a focus on improving outcomes through delivery of integrated care pathways, spanning community and specialist services, and using evidence-based integrated assessments and interventions. This, alongside the Early Help programme, has huge potential to transform lives.

Proposals are derived from the evidence-base, as well as 'bottom up' dialogue with over 300 practitioners and clinicians, all with expert knowledge of local services. At a Children's Health & Wellbeing Summit in 2015 delegates committed to the adoption of a children's rights-based approach for implementation across the whole system.

The central building block will be a comprehensive neighbourhood-based network of family focused services, each supported by integrated teams of skilled children's workers. The model proposes building on the success of collaborative approaches developed by children's centres, enhancing the community-based offer by integrating health services into a social model of delivery which has a focus on keeping children happy, healthy and safe. One of its underpinning principles is the concept of 'no wrong door', a short-hand for saying that we need to do the right thing for children and families in the right way at the right time. This means that access to services needs to be simple and straightforward, and that services should feel timely, joined up and integrated for families and professionals alike.

The leadership from health, social care and education will 'act as one' at a locality level, designing and implementing services that support timely delivery of preventative and early help services, aligning demand for services with improved child health outcomes and more effective service utilisation.

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The model is based on proposals for new ways of working, joining-up and co-locating services in response to integrated improvement principles. To work effectively, it must be informed by a clear understanding of the needs of local children and families, combined with a clear understanding of service utilisation. A whole-system culture change is required, collapsing boundaries between organisations and sectors to enable collaboration for the collective 'good', pooling resources in order to realise the benefits and efficiencies of a fully integrated system. The capability of new technologies must be harnessed to improve information–sharing and needs assessment.

Oversight and adaptive system leadership will be provided by a North Mersey Transformation Board with membership from all key delivery partners. As the model becomes a shared mission across commissioners and agencies, so the improvements it will realise will become a reality for children and families.

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REFERENCES

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1. INTRODUCTION

This report describes a strategic framework for a new way of working for community child and family services across Merseyside in order to meet the needs of local families and children and ensure a sustainable and productive service and support environment for the future. It summarises challenges faced by the current system, and offers a framework to support delivery of the Healthy Liverpool Blueprint and Shaping Sefton strategy as well as respond to the requirements of the Cheshire and Merseyside Sustainability Transformation Plan and the Five Year Forward View.

The framework sets out a shared ambition to deliver the right care, at the right time in the right place, reorganising services so that demand is redistributed to improve preventative outcomes. Closer working between primary and secondary services will unify clinical care, while integrated working with local authority colleagues will sharpen the focus on the child's learning and development needs, and support for carers. Through collaboration, clinical services will be able to ensure that the child's learning and social needs are met, while still providing excellence clinical care. The system will work together to provide outcome-focused, child and family-centred services.

Integrated care is seen as the principal mechanism for the achievement of a collaborative and coordinated child and family system. Local delivery partners have committed to working together to provide integrated care across the spectrum of health and social need, in the context of a sustainable place-based model with the power to bridge organisational and service boundaries. Implementation will be practitioner and clinician-led, and organised around priority global service themes, such as *Giving Children the Best Start in Life, Supporting Sick Children at Home, Effective Use of Unplanned and Urgent care, Supporting Children with Disabilities.* Underpinned by a growing body of bespoke intelligence, the model will use asset-based approaches, aiming to build resilience and strengthen families.

Over 300 staff have been involved in developing these proposals, with support from the following project partners: Liverpool and Sefton local authorities and clinical commissioning groups, Alder Hey Children's NHS Foundation Trust, Liverpool Women's Hospital, and many voluntary and community sector organisations. Proposals are evidence-based, and work within statutory and legislative frameworks. The proposals align with, and draw on local and city region strategies for: child poverty and life chances; multi-agency neglect strategies; Early Help: parenting, children and young people's plans: mental health (CAMHS) plans.

A list of documents which provide greater background and detail to particular aspects of this proposal can be found in Appendix 1, and include local source documents and reports.

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2. CASE FOR ACTION: WHY CHANGE IS NEEDED

For child health services, a key driver is the **epidemiological shift** that has taken place over the last 40 years, and is such that service models now require substantial recalibration[iii]. There has been an increase in childhood lifestyle risk factors particularly obesity, mental distress and malnutrition, and also chronic health conditions, principally asthma, diabetes, cystic fibrosis, cerebral palsy, developmental disabilities and preterm birth complications such as lung disease, retinopathy of prematurity and delay. Many of these risk factors and health conditions have social origins[iv] and are mostly preventable, while the treatment of rare conditions requires better access to specialist services and expertise. A proactive approach is needed for long-term condition management in children. These changing needs pose significant challenges to the current child health system, not least in respect of how it prioritises allocation of resource.

The model must also find ways to **address the broader determinants of health**. Across Merseyside, children and young people experience higher levels of poor health and inequalities compared to the rest of the country. Poor health outcomes and life chances result from poverty and reduced quality of life including living conditions. These risk factors impact on health outcomes and life chances from birth and accumulate throughout childhood, generating poorer health and life outcomes in adulthood. There is a large body of evidence demonstrating that early disadvantage tracks forward to generate excess morbidity in adult life, reinforcing the need for **a focus on the Early Years**.[v] The economic costs of health inequalities, which have their origins in childhood, are immense.[vi] This is crucial to the development of sustainable health services – for example, more than half of Alder Hey activity is used by children under five.

Children are not 'little adults', they have a dynamic developmental physiology, and their needs are constantly changing. **Timely delivery of children's services is essential**. While the importance of an immediate response is well understood for acute presentations, there is no equivalent sense of urgency for children with developmental or psychological conditions. Delays mean that the child will almost certainly fall behind in their development and have lower school readiness levels. Missing these milestones will significantly diminish their life chances.[vii]

Long waits for essential services can be exacerbated by fragmentation and disjointed care pathways. The provider landscape for children and families in Liverpool and Sefton across public and voluntary sectors is particularly complex. **'Integrated care'** is increasingly being advocated as a means to overcome fragmentation of care within and between organisations that provide health care and associated services. Standardised and integrated approaches are needed across key service domains, and **the workforce needs to be supported** in applying these approaches.

Finally, it is essential to **consider the needs of the whole family**. When a child is ill, significant demands are placed on their parents/carers, and this can cause stress as well as impact adversely on income levels, creating a cycle of hardship and disadvantage which is difficult for the family to manage.[viii] The evidence tells us that supporting positive interventions with a family will have more impact on a child's wellbeing than any other single factor. Stable and secure home circumstances and confident parenting will help ensure that the child flourishes and achieves, developing social and self-care skills, self-esteem and health literacy.

These are systemic difficulties[ix] and it is clear that improvements to health outcomes and service responses for children such as these cannot be met by the health system alone. The next section describes how this will be achieved.

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3. THE VISION

This strategy underpins an ambition for the model to improve health outcomes, meet the needs of local families and children, and manage the efficiency challenges faced by the current service system. In essence, this means re-organising services so that demand for services is redistributed effectively and care is delivered at the right time, in the right place across the spectrum of need.

The vision is to improve outcomes for children, young people and families through overseeing the development and implementation of a comprehensive, integrated model of care.

"I want my family's health to have a positive start with a strong network of local support until my child attends school. My midwife and health visitor will work in partnership with my GP and other early years services, ensuring that I can access services quickly if my child needs help or is sick without visiting ED.

My child's development, he/r learning and health needs are spotted and addressed early with the support of skilled professionals. My child will learn and reach he/r potential at home, in the community, in school and in the workplace. S/he will grow up healthy, happy and safe from harm. If s/he should need continued support from services as she grows, the transition to adult services will be smooth and well-planned."

4. IMPROVEMENT FRAMEWORK

This section describes an improvement framework to support implementation of this new model of integrated care for child and family services. It proposes a set of guiding principles, and describes at a high level, a suite of improvement initiatives clustered around the priority service themes. These proposals for the transformation of child and family services apply the place-based thinking [x] and integrated approaches [xi] laid out in the Healthy Liverpool Blueprint and Well-Sefton initiative, and draw on the emerging evidence base about 'what works' in integrated care for children and families [xii].

Statutory and legislative duties

There are a number of legislative and statutory responsibilities that must be discharged, supported by an inspection framework. This provides opportunity to address inadequacies and failings within our systems that are resulting in sub-optimal experiences and outcomes for children and young people. The challenges that exist in key areas of children's community services, have highlighted inequitable resource which must be addressed.

Focus areas are:
- **SEND**
- **Safeguarding**
- **Ofsted and CQC**

Implementation of this strategy can mitigate the risks associated with inspection and it is imperative that combined pressures on children's services do not compromise the ability of the whole system to keep children healthy, happy and safe.

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4a. APPROACH TO IMPROVEMENT: UNDERPINNING PRINCIPLES

Use of integrated tools and approaches: Integration encompasses a wide range of processes and methods, ranging from the micro (eg integrated care management) to the macro (eg integrated multi-agency services, pooled budgets, shared intelligence and information systems). In the context of this project, integration care means *"the management and delivery of services so that children and families receive a continuum of preventive and curative services, according to their needs over time and across different levels of the …system"[xiii]*. Integrated care is the product of integration. Existing integrated approaches will be identified and built upon eg the CAMHS Partnership, Children's Centres, the Early Help Assessment Tool (EHAT)

Child and family-centred: *"The patient's perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to impose the patient's perspective as the organising principle of service delivery"[xiv]* Children and families are often the source of innovative solutions for both practitioners and commissioners. The child's journey through the service system will be viewed from the families' perspective and used to inform quality standards for the revised model of service. Essentially we are looking for an accountable care system for children.

Workforce development: empowered, skilled and connected: There will be sustained support for clinicians and practitioners to provide them with the tools to innovate and develop leadership capability. *"We want everybody in the… system to be part of changing the system. A deliberate strategy of everybody feeling, and being, part of change – believing they are the.. system's architects."[xv]*

A sense of urgency: One of the biggest wastes in the health system is patients' time, often resulting in referral to another part of the system where another wait takes place. A focus on tackling waits is a key mechanism for removing waste as well as improving patient experience and preventative health outcomes[xvi].

Prevention and early intervention: The new model will have a clear focus on prevention and early identification, and will promote self-management and personalised approaches. There is no place for arguments about prevention versus intervention: both are essential. The model will instead aim to create a seamless span of provision across the spectrum of universal and specialised services. The model will apply the concept of **proportional universalism,** meaning integrated neighbourhood support, with additional activity and resources being targeted at the most disadvantaged areas and groups.

Early years focus: As early disadvantage tracks forward to influence health and development trajectories in later life, investment in preventive interventions in early years is more cost effective [xvii].

Supporting parents: Stable and secure home circumstances and confident parenting will help ensure that the child flourishes and achieves, developing social and self-care skills, self-esteem and health literacy. The evidence tells us that supporting positive interventions with a family will have more impact on a child's wellbeing than any other single factor.

Needs-led and evidence-based: Flexible and rigorous project methodology where activities are systematically reviewed to ensure all decisions are based on the best available evidence in terms of health need, and what works.

Focus on outcomes: An outcomes-focused approach to community services for children and families means staying alert to the difference that an intervention will make the child's life. It requires all those working with the family to focus first and foremost on the things that are important to the child. Outcomes will be measured at the level of the individual as well as population, and include care services as well as health improvement.

'Place-based' working: Co-terminus services provide greater potential for integrated 'cradle to grave' care, so services will be organised on neighbourhood footprints. The determination of neighbourhoods will be agreed with commissioners, based on clear criteria, eg. levels of need and deprivation, accessibility and transport links, natural communities, reporting requirements.

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4b. IMPROVEMENT OUTCOMES

The anticipated benefits of the new model will be cross-cutting, at the level of populations and individuals as well as services and interventions. A needs-led approach with a focus on outcomes reflects the importance of a whole population approach and underpins the model. Integrated care delivery is one of the means by which improvements to health outcomes can be achieved.

The proposed model is designed to support delivery of the following improvement outcomes:

- All children have the best start in life and the percentage of children achieving a good level of development improves (ready to learn age 2.5, ready for school age 5)
- Increase numbers of mothers breast-feeding for 6 – 8 weeks
- A reduction in women smoking during pregnancy and at the time of delivery
- An increase in women who abstain from alcohol throughout pregnancy
- An increase in ante-natal assessments
- A reduction in hospital admissions and shorter lengths of stay for children with conditions such as respiratory conditions, diabetes and epilepsy
- Improvements in patient experience
- A reduction childhood developmental delay and missing milestones such as nutrition gross and fine motor development. .
- A reduction in waits for neurological development, CAMHS and SALT services
- An increase in the number of children who are a healthy weight
- Increase in the number of parents accessing education and/or employment.
- Increased educational attainment
- Reduction in the number of children and young people not in education or employment
- Reduction in numbers of children who are Looked After
- Reduction in persistent absence from school
- Increase the number of children who achieve good immunisation status
- Annual reduction in the number of under 18 conceptions
- Reduction in referral to children's social care including re-referrals.
- Reductions in the length of time children are classed as 'in need'

See also page 16, for a driver diagram which shows the connection between the strategic aims and interventions.

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5. EARLY HELP IN THE CONTEXT OF THE COMMUNITY MODEL

Early Help refers both to help in the critical early years of a child's life, when the fundamental building blocks of future development are laid, and also help throughout a child, young person and family's life too. This should happen as soon as possible when difficulties emerge in order to prevent problems from becoming entrenched or escalating.

Early help is underpinned with Universal Services to identify the need for support at an early stage for those families who may need it. Effective early help may occur at any point in a family's life, from pre-birth to teenage years.

The development of an effective early help offer is the responsibility of all strategic partners, and is a responsibility shared with families and their communities. Our ambition is that families, particularly those with multiple and complex needs, will have access to co-ordinated early help in accordance with need as soon as difficulties are identified. This support should be personalised, multi-agency, evidence based and embedded within a whole family approach.

Children and young people in those families will be supported to live safe, healthy and fulfilling lives, and to develop into responsible adult citizens. Early help can break the intergenerational cycle of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems themselves. Early help can reduce demand for higher cost specialist services and achieve greater use of community based universal preventative services. Families and local communities will become resilient through early help.

The aim of the Levels of Need Framework (shown on next page) is to assist the workforce in assessing and identifying a child's level of need; what type of service/ resources may meet those needs, and the process to follow in moving from an identification of need to provision of services. It is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. It is crucial to ensure a range of service provision is available to meet the needs of children in the community and to ensure that the appropriate services are accessed to meet those needs in a strong integrated manner.

It is this framework that underpins and drives the connectivity between need and intervention. There is an implied multi-agency, out of hospital, approach to the delivery of the Early Help system, and this resonates with the framework to deliver a community based model of care across health and social care.

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NHS Liverpool Clinical Commissioning Group

Liverpool City Council

Alder Hey Children's NHS Foundation Trust

Promoting Children's Wellbeing in Liverpool - Levels of Need as a Continuum

Level 1

Universal Services

These are children who make good overall progress through appropriate universal services.

No additional, unmet needs or there is/has been a single need identified that can be/has been met by a universal service.

Level 2

Additional Needs - Multi Agency Early Help

Children whose needs cannot be met through universal services who require additional support. It includes children whose current needs are unclear. Team around the family will identify lead professional to co-ordinate support. Early Help Assessment Tool (EHAT) needed.

Level 3

Complex Needs - Multi-Agency Early Help

Increasing level of unmet needs are more complex and co-ordinated support is required to prevent concerns escalating. It includes children whose needs are not being met. Team around the family will identify lead professional and support can prevent escalation of concerns. Childrens/ Families. Early Help Assessment Tool (EHAT) needed.

Level 4

Acute/ Specialist, Including Safeguarding

These are children who have experienced significant harm who are at risk of significant harm (section 47) and includes children where are are significant welfare concerns (section 17). A single assessment co-ordinated by a social worker is required to determine the level of support/ intervention.

Universal Services (available at any stage)

Effective Information Sharing

Contact Careline immediately for concerns that a child has suffered or is likely to suffer significant harm.
(Level 4) or where you are not certain.

The windscreen model is used for illustration only and does not necessarily reflect the proportions of families within Liverpool that under the level of needs described. Consent is always the needed when offering single or multi-agency support to families and parental engagement is fundamental. This enables effective sharing of information and appropriate support being put in place regardless of the level of need. However, consent is not needed when there are significant welfare concerns or likely risk/harm for a child.

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6. DESCRIBING THE NEW MODEL AND ITS PARTS

In November 2015, Liverpool CCG launched a blueprint for community services which included a Neighbourhood Delivery model.

6a. NEW MODEL OBJECTIVES

- To create a citywide system of integrated community care, for children and families, aligned with CCG localities (as well as the GP neighbourhoods) by utilising existing services, from across the city, as community assets.
- To ensure the integration and collaboration of neighbourhood services within the community model.
- To provide clear points of access and a more streamlined co-ordinated response to high quality child health and wellbeing expertise in the community.
- To provide accessible early help across the continuum of need from universal preventive approaches to more targeted help for families experiencing complex and multiple difficulties
- To optimise capacity within the community to respond to children and family's needs.
- To create a system that reduces dependence on inappropriate care or care settings and supports good decision making by families; thus improving health equity, reducing the time people live with ill health and maximising their life potential
- To reduce costs associated with inappropriate use of services and enable the refocusing of resources from crisis intervention to prevention.
- To ensure that the community workforce comprises the skills and expertise of those already employed and experienced with families from statutory and voluntary sectors
- To ensure that the services commissioned are evidence-based and have clear outcomes aligned to them.
- To invest in evidence based interventions with good evidence of effectiveness and improved outcomes for children and their families.
- To align children and families services with adult community care to ensure a 'life course' approach with clear pathways at the point of transition.
- To embed a 'Whole Family' approach where services are based on the knowledge of the individual, the family, and the community and involve families as partners in building capacity and resilience

In addition, The Cheshire and Merseyside Women's and Children's Services Partnership was chosen as an Acute Care Collaboration Vanguard site as part of NHS England's New Care Models programme. The Partnership will develop a high quality, clinically and financially sustainable whole system model of care for women's and children's services. The Partnership will initially focus on gynaecology, maternity, neonatal and paediatric services. The partnership programme will be underpinned by the following principles that will apply to all elements of the transformation work:

- Be clinically led;
- Co-designed with staff, public, patients and partner organisations;
- Be based on robust clinical research and evidence;
- Work across sectors to ensure better integration;
- Align the need to improve the quality of services with available resources;
- Take an innovative and transformational approach

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6b. THE VISION FOR NEIGHBOURHOOD FAMILY CENTRES

The new model will have a primary focus on laying down the foundations for health in children and young people, tackling the social determinants of illness, and building resilience in families. The central building block will be a comprehensive neighbourhood-based network, each supported by integrated team of skilled children's workers. The model proposes building on the successful integrated approaches developed by children's centres, enhancing the community-based offer by extending the range and scope of integrated services, particularly health services.

These neighbourhood networks will be the 'go to' place for advice in relation to early years and healthy child development. Every family will be able to access a core programme of services that includes maternity care, dental care and the Healthy Child Programme, as well as community learning, parenting support and welfare advice.

Proposals for clustering services around global outcomes themes are as follows: *Giving Children the Best Start in Life, Keeping Children Healthy and Safe, Supporting Sick Children at Home, Effective Use of Unplanned and Urgent care, Supporting Children with Disabilities, Supporting Children with Mental Health Conditions, Supporting Children with Long Term Conditions.* These service themes will provide a structure for bringing together key clinicians from primary and secondary care to work with colleagues from the Local Authority and Voluntary Sector in order to establish a common culture of shared care and seamless service delivery that spans from community into acute. The model will apply the learning from initiatives such as CAMHS partnership, which brings together all those working in the field of child and adolescent mental health as a multi-agency community in order to improve communications and service delivery.

Delivery of Community, Universal, Universal Plus and Universal Partnership Plus services will be aligned with the Early Help Strategy. An emphasis on Early Help will support early intervention. Families whose children have additional needs will have timely access to co-ordinated early help and care. The offer will be integrated, evidence-based and personalised, embedded within a whole-family approach. Collaboration will help services improve support to children and families, preventing the escalation of problems, promoting resilience and self-care.

There will be clear points of access to services with a streamlined response co-ordinated at a neighbourhood level by a lead practitioner. There will be a shared approach to assessment and intervention.

Each integrated team will link to the multi-agency safeguarding hub (MASH), and multi-agency working will be strengthened to improve support for children and young people with complex needs and/or safeguarding issues, for example, child abuse and neglect, female genital mutilation (FGM), child sexual exploitation (CSE) and gang membership, children and young people who are looked after or disabled.

Mental health practitioners and speech and language therapists will visit teams regularly to provide advice and support in relation to particular children, or run drop-in advice sessions.

The neighbourhood networks will make effective and creative use of every available asset across the local economy in order to be affordable and sustainable. Partnerships with voluntary and community sector organisations will provide a wide range additional activities and support, enhancing the core offer. Teams will support public health improvement and

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increase 'upstream' prevention activity. They will connect systematically with initiatives that help lift families out of poverty and promote a culture of empowerment and learning: training, volunteering, employment, jobs and social enterprise; basic skills in literacy, numeracy and IT; access to apprenticeships; support for debt, housing, domestic abuse, English as a second language (ESOL).

6c. THE VISION FOR COMMUNITY CHILD HEALTH RESOURCES

The community infrastructure will provide rapid and early access to co-ordinated care and expert multi-disciplinary assessments for children with neuro-developmental conditions in Liverpool, Sefton and Knowsley. It will bring together key clinicians and social care staff, providing assessment and diagnosis, and providing a 'one-stop' multi-agency resource for families.

For children who are referred into this service from the community, the length of time it takes from community referral to diagnosis will be minimal, with children under 5 being prioritised. Children will have personalised care plans and families will receive immediate feedback after diagnosis.

Acting as a bridge between the hospital and home, the MDT system for complex / neurodisability children will develop and co-ordinate personalised child and family centred care plans. Whether the child is in hospital in Liverpool Women's, Alder Hey or a District General Hospital, they will oversee the smooth transition of these plans into a fully integrated package of support for when the child returns home with their family. They will enable seamless working with the neonatal intensive care unit, ensuring that babies and their families receive proactive care and follow up after discharge. Condition specific service pathways (such as ASD, Downs syndrome, NF1) will be fully aligned with the Healthy Child programme especially with regard to feeding, behaviour, sleep.

The neighbourhood teams will work with this (complex) MDT to develop a system of liaison and advice, enabling front-line staff to grow their skills in working with children with neuro-developmental conditions and/or complex clinical needs, secure in the knowledge that they have the support of expert staff.

The neighbourhood infrastructure will act as a conduit for drawing paediatric expertise into the community. Extended clinical roles will enable staff such as physiotherapists, CAMHS and paediatricians - to provide consultancy, supervision and advice, and/or training and education, particularly in relation to CYP with complex needs. This will provide a robust governance platform to underpin delivery of exceptional evidence-based care and sharing of good practice across and between multidisciplinary teams.

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A specific project is underway to develop and specify community nursing pathways for children with additional and complex health needs. The project aims are to:

- Review all the current provider community nursing specifications for children with additional and complex needs with a focus on quality, outcomes and cross organisational working.
- Develop and implement clear pathways of care for community nursing support for children with additional and complex needs, defining the role and organisational responsibilities of providers.
- Engage all provider stakeholders to ensure successful implementation of the pathways.
- Ensure the successful integration of teams and pathways.
- Work with LCCG team to communicate pathways.
- Make any necessary amendment to current specifications, including development of KPIs.
- Complete the draft joint LCCG/LCCC Children and Young People's Continuing Care Policy and Processes.
- Identify any longer term key workforce development requirements if required.
- Ensure the above is fit for purpose for the successful integration into the Healthy Liverpool Community model.

The outputs of this project will support the delivery of a number of key aims, as documented in the "RCPCH Facing the Future: Together for Child Health 2015" publication. The overarching principles are:

- Every child should have timely access to high-quality unscheduled care services that are safe, effective and caring, that promote good health and wellbeing and that reduce the impact of illness on the child and their parents and carers.
- No child should be in hospital when care can be provided to an equivalent or better standard outside the hospital in their locality and closer to their home if appropriate (right care, right time and right place).
- Service providers, planners, commissioners and users should work together across hospital and community services, primary and secondary care and paediatrics and general practice to design and deliver efficient and effective unscheduled care in a geographical network which is responsive to the needs of local children and their parents and carers.

6d. THE VISION FOR LOCALITY WORKING

The neighbourhood teams will bring together the locality leadership from health, social care and education as a virtual team and will be empowered to:

- Design and implement a whole family approach for families whose needs are complex and/or where safeguarding concerns exist
- Align CAMHS and neuro-development care pathways with the Early Help system
- Co-ordinate an integrated approach to workforce development
- Test out systems that support timely delivery of preventative and early help services, aligning demand for services with improved child health outcomes and more effective service utilisation
- Oversee the implementation of 'no wrong door' - meaning that access to services needs to be simple and straightforward, and that services should feel timely, joined up and integrated for families and professionals alike.

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CAMHS services will be co-located in the Locality Hubs, signalling a stronger shift towards a psycho-social model of delivery, as well as the need to improve system capability in working effectively with families where parental illness or distress is impacting adversely on a child's outcomes.

The footprint of localities and neighbourhoods will accord with those used by Liverpool, Sefton and Knowsley Clinical Commissioning Groups and Councils, as well as with local GP neighbourhoods and Education Consortia.

6e. The Healthy Liverpool Neighbourhood Delivery Model for Children and Families

Healthy Liverpool	What will this look like for children and families?	System leadership
Community care teams - *Integrated teams aligned to neighbourhoods*	Provision of early help and support to children with additional needs Parent support and education Shared learning and workforce development Delivery of Maternity and Healthy Child programmes	LCC, SMBC, LCH, CCGs
Specialist Clinical Integration - *Community Child Health Resources*	Co-ordinates safe and effective care in the community for children with rare and complex conditions, particularly neurodevelopmental conditions Integrated specialist MDTs, with access to specialist equipment to aid diagnostics and assessment Timely and proactive care and assessment for children with neuro-disabilities and pre-term birth conditions Co-ordinates care for sick children at home and in the community	Alder Hey, LWH
Managing complex needs *Locality leadership teams*	Joins up education, social care and clinical systems for management of social complexity Co-ordinates access to support for parents with learning disabilities, mental health conditions, substance misuse	Local authorities, Alder Hey, LCH

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	Tackles impact family homelessness and domestic violence	
	Aligns CAMHS and neuro-developmental services with other Early Help services	
	Co-ordinates an integrated programme of workforce development	
Neighbourhood Learning Collaboratives	Develops neighbourhood-based system of liaison with education and GP consortia	Local authorities, CCGs, VCS
	Communities of practice improve communications and maximise community assets across neighbourhoods.	

INTEGRATED COMMUNITY MODEL: SUMMARY OF AIMS, DRIVERS AND INTERVENTIONS

Aim	Driver	Intervention
Improved outcomes for children (health and wellbeing, mental health, neuro-disability, long-term conditions, sick children at home, need for unplanned care)	**Keep children healthy and safe** / **Workforce development - skilled & confident in working with children**	• Involving and listening to children & families • Integrated Family Health and Wellbeing teams • Neighbourhood Family 'Hubs' • Safeguarding children including interventions at 'edge of care' • Delivery of Healthy Child Programme 0-19 • Provision of Early Help and support to vulnerable children and those with additional needs • Active links with education and GP consortia • Evidence-based parent support and education • Shared learning initiatives
	Capacity to address the social needs of families	• Locality leadership • Integration of CAMHS, AS, ADHD and Early Help pathways • Co-location of CAMHS and Early Help Hub teams
Improved service utilisation – *right care, right time, right place* - so that demand is redistributed, releasing capacity to meet unmet need	**Care for children with rare and/or complex conditions in the community** / **Safe and timely transfers of care**	• Community Child Health Resources • Co-locate key groups of staff • MDT assessment & treatment • Proactive care children with neuro-disabilities • Roll out POINT (discharge planning) model • Care co-ordination & professional leadership to support safe and timely transfers of care • Care pathways for children with neuro-disability, ASD and ADHD • Income maximisation and benefits advice service • Alignment of community nursing roles to meet new requirements • Zero waits for developmental paediatrics, SALT • Expand new roles - nurse social workers

Improved experience of services by children and their parents	Management of long-term conditions	• Develop integrated care pathways for medical conditions such as asthma, continence, diabetes
	Improve access to mental health support	• Pre-referral consultation service into children's centres, schools and other settings • Zero waits for specialist CAMHS • New eating disorder services
	Appropriate use of unplanned care	• Pilot delivery of outpatient clinics in GP practices • Diversion schemes from Alder Hey emergency department • Test feasibility of Children's Primary Care Centre
	Ensure that the model is effective in addressing population need	• Health needs assessment • Linking data-sets, sharing information • Consult and involve children and families • Shared outcomes focus across whole system • Evaluation

7. MAKING

An outline mobilisation plan is included as Appendix 3, listing key project implementation groups and first year priorities. The system leadership will need to adopt a stepped approach to implementation, remaining flexible and adaptive.

Lead partners will need to involve stakeholders and children and families in improvements, producing iterative action plans with good ownership at local and strategic levels. It is essential to harness the effort of the collective in order to be effective in delivering the desired outcomes.

The Liverpool multi-agency Children and Families Transformation Board, has the potential to oversee the next stage of consultation and development if it is expanded to include partners from Sefton and Knowsley. Existing governance arrangements that have been established across the partnership will support and direct all mobilisation and delivery plans.

8. CONCLUSION

The consultation model is based on proposals for new ways of working, joining-up and co-locating services in response to integrated improvement principles. To work effectively, it must be informed by a clear understanding of the needs of local children and families, combined with a clear understanding of service utilisation. A whole-system culture change is required, collapsing boundaries between organisations and sectors to enable collaboration for the collective 'good', pooling resources in order to realise the benefits and efficiencies of a fully integrated system. The capability of new technologies must be harnessed to improve information–sharing and needs assessment.

Oversight and adaptive system leadership will need to be provided by a North Mersey Transformation Board with membership from all key delivery partners. As the model becomes a shared mission across commissioners and agencies, so the improvements it will realise will become a reality for children and families.

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APPENDIX ONE: SOURCE DOCUMENTS

- *Intelligence need for integrating children's services.* Melisa Campbell, Liverpool University Public Health and Policy, March 2016

- *Scoping report into intelligence to support integration of children's services.* Melisa Campbell, David Taylor Robinson, Richard Jones, Liverpool University

- *Liverpool Mayoral report on children's centres,* Cllr Paul Clein, Liverpool City Council, October 2015

- Alder Hey's Strategic Plan 2014 – 19

- Report of Alder Hey Study visit to Child Development Centres 2015

- Report on stakeholder engagement for new model of Integrated Children's Services in the Community, 2015. January 2016, Alder Hey

- *Integrating Liverpool child health services for better outcomes: exploring the role of the Primary Care Paediatrician.* Summary report of scoping exercise carried out May – July 2015. Francine Verhoeff F & Clare Mahoney, Alder Hey, October 2015

- *A paediatrician out of hospital settings: discussion paper.* Melisa Campbell & David Taylor-Robinson, Liverpool University Public Health and Policy, October 2015

- *Improving outcomes for children and families in Sefton: developing an integrated community model.* Report of workshop held 8th March 2016. Donna Webster for Liverpool CCGs.

- Alder Hey Child Development Centre Business Case, Aug 2015

- Liverpool Children's Transformation Business Case, May 2016

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- Cost-benefit analysis toolkit for family centre health and well-being services, April 2016

Available via request to: alex.naylor@liverpoolccg.nhs.uk or gabrielle.rice@alderhey.nhs.uk

APPENDIX TWO: SAMPLE TERMS OF REFERENCE FOR A LEARNING COLLABORATIVE

NEIGHBOURHOOD COMMUNITY OF PRACTICE FOR CHILDREN AND FAMILIES

BACKGROUND AND RATIONALE

The Community of Practice is a learning and communication tool designed to support the implementation of integrated community model for children and families.

The model describes a new way of working in the community with a strong focus on prevention and early intervention, neighbourhood-working, integrated care approaches. One of its underpinning principles is the concept of 'no wrong door', a short-hand for saying that we need to do the right thing for children and families in the right way at the right time. This means that access to services needs to be simple and straightforward, and that services should feel timely, joined up and integrated for families and professionals alike.

Family Health and Wellbeing hubs are key component of the new community model. The collective aim is to improve outcomes in respect of the following:

- Giving every child their best possible start in life
- Keeping children healthy and safe
- Strengthening and building resilience for families, carers and communities

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- Effective use of unplanned and urgent care

- Supporting children with disabilities

- Supporting children with long-term conditions

- Supporting sick children at home

PURPOSE

To provide a forum for practitioners and clinicians working with children and families in the neighbourhood to meet to support the implementation of the new community model for their neighbourhood.

OBJECTIVES

The above aim will be achieved by**:**

- Championing the terms of the Healthy Liverpool Strategy and the Early Help Strategy

- Becoming a learning community, developing local relationships, sharing expertise and learning from each other, and hosting discussions relating to improvement themes, and topics of mutual interest.

- Sharing ideas for service changes which will result in improved outcomes for local children and families, and more efficient use of resources

- Developing a system of liaison and collaboration across services and agencies, ensuring that the CoP links effectively with the local education consortia and primary care neighbourhoods

- Promoting a shift in culture and practice across child and family services towards a model which promotes resilience, prevention and a whole family approach.

- Promoting seamless and integrated working across the multi-agency service system for family health and well-being, stimulating the development of clinical and

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practitioner relationships which will contribute to improved care for children and families,

- To evaluate and monitor the effectiveness of the community of practice in contributing to the delivery of the family health and wellbeing model

METHOD

A community of practice (CoP) is a group of people who share a craft and/or a profession. The group can evolve naturally because of the members' common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their field. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally (Lave & Wenger 1991).

The method of *Community of Practice* is preferred, as this can enable members to identify their own priorities and create a supportive yet challenging and dynamic environment where colleagues from different settings and perspectives can share issues of current concern and test out improvements. All of this will be underpinned by the experience and expertise of service users and partner organisations.

UNDERPINNING PRINCIPLES

- Collaborative working with a focus on problem-solving
- Uses community development approaches
- Tackling local health inequalities and addressing inverse care law
- Service improvement, authority to implement improvements and test out ideas
- Supporting the delivery of evidence based clinical practice
- To reduce fragmentation and duplication of resources.

MEMBERSHIP

There will be places at each meeting for up to 25 participants, subject to demand and interest.

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The core membership will be representatives from public and voluntary organisations commissioned to deliver child and family services in the neighbourhood.

The community will meet not more than 12 times from Jan 2016 – Dec 2016, once a month on a Wednesday lunchtime, with sandwiches and refreshments provided, from 12.30 – 2pm, depending on levels of interest.

EVALUATION AND REVIEW

- Evaluation will be both formative and summative
- Each session will include an opportunity to reflect on the value and impact of the CoP in contributing to the delivery of outcomes
- Evaluation report and review at six months.

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APPENDIX 3: Proposed Integrated Community Model Mobilisation Framework

Projects	Deliverables	Start	Review	Lead
Development of integrated community based child Health resources	Clinical & professional dependencies drive shared model	Nov 2016	Feb 2017	CCG
	Activity plan - based on bottom up modelling of demand and capacity	Nov 2016	Jan 2017	CCGs/AH
	MDT assessment & diagnosis is introduced and extended	Apr 2017	ongoing	AH
	Implementation of care pathways – NICU & ND	Sept 2016	Sept 2017	AH/CCGs
	Multiple community paediatric nurse teams are co-ordinated from a central point & care co-ordination role in the community is developed	Nov 2016	Nov 2017	CCGs/AH
Neighbourhood Family Centres	Neighbourhood hubs are identified	Nov 2016	Mar 2017	LCC
	Alder Hey & other agencies' liaison roles are mapped onto hubs	Nov 2016	Mar 2017	LCC/AH
	The effectiveness of neighbourhood learning collaboratives as a service improvement tool is tested and evaluated – also potential as participation tool for staff & VCS & families	Nov 2016	ongoing	LCC/AH
	Norris Green 'proof of concept' pilot moves into next phase of implementation	Nov 2016	June 2017	AH/LCC/LCCG
Integrated Locality Leadership	Integrated team leadership is identified & developed for each neighbourhood – so that Health & Local Authority leadership 'acts as one' at locality level	Nov 2016	Nov 2017	LCC/AH
	Learning from Norris Green pilot is reviewed and adopted where appropriate	Nov 2016	June 2017	LCC/AH
	The same assessment tools and care plans are used by Health and LCC services for children & families where there are significant development and social needs	Nov 2016	Nov 2017	LCC/AH
	Options for co-location are reviewed	Nov 2016	Mar 2017	AH
Workforce development	Learning & development programme covering paediatric care pathways, child development and common childhood conditions	Nov 2016	ongoing	LFP & AH
	Learning & development programme covering skills for collaborative & integrated care, discharge planning & care co-ordination	Nov 2016	ongoing	LFP & AH
Intelligence	Task group to oversee: public health needs assessment; review of data sources and data linkages; review service utilisation across key pathways; develop predictive model for improvement targets; apply cost-benefit tool to improvement targets; iLINKs for children's services; develop evaluation framework	Sept 2016	Sept 2017	CCGs, Public Health, L'pool University

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Oct 16

REFERENCES

[i] Whitehead M (Chair) , B. C., Barr B, Bowles J, Caufield R, Doran T, Harrison D, Lynch A, Mcinroy N, Pleasant S, Weldon J. 2014. Due north: report of the independent inquiry on health equity for the north. University of Liverpool and Centre for Local Economic Strategies, Manchester. September 2014.http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf

[ii] Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., Mcneish, D., Grady, M. & Geddes, I. 2010. Fair society, healthy lives: Strategic review of health inequalities in England post-2010. The Marmot Review: London UK. 2010.

[iii] Kossarova, L., Devakumar, D., and Edwards, N. (February 2016) Briefing: *The future of child health services: new models of care.* Nuffield Trust

[iv] Torpy, J. M., Campbell, A. & Glass, R. M. 2010. JAMA patient page. Chronic Diseases of children. *JAMA*, 303, 682. in Taylor Robinson, David (27th March 2016) *Briefing note: Developing a Public Health Research Strategy,* Alder Hey Children's NHS Foundation Trust

[v] Whitehead M (Chair) , B. C., Barr B, Bowles J, Caufield R, Doran T, Harrison D, Lynch A, Mcinroy N, Pleasant S, Weldon J. 2014. Due north: report of the independent inquiry on health equity for the north. University of Liverpool and Centre for Local Economic Strategies, Manchester. September 2014.http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf

[vi] Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., Mcneish, D., Grady, M. & Geddes, I. 2010. Fair society, healthy lives: Strategic review of health inequalities in England post-2010. The Marmot Review: London UK. 2010.

[vii] To be inserted

[viii] May et al. BMC Health Services Research 2014, 14:281 *Rethinking the patient: using the Burden of Treatment Theory to understand the changing dynamics of illness.* http://www.biomedcentral.com/1472-6963/14/281

[ix] Kossarova, L., Devakumar, D., and Edwards, N. (February 2016) Briefing: *The future of child health services: new models of care.* Nuffield Trust

[x] http://www.kingsfund.org.uk/publications/place-based-systems-care

[xi] http://www.liverpoolccg.nhs.uk/media/1072/the-blueprint.pdf, http://www.southseftonccg.nhs.uk/Library/SSCCG%20Shaping%20Sefton%20September%202015.pdf, http://www.southportandformbyccg.nhs.uk/Library/SFCCG%20Shaping%20Sefton%20September%202015.pdf

[xii] Kossarova, L., Devakumar, D., and Edwards, N. (February 2016) Briefing: *The future of child health services: new models of care.* Nuffield Trust

[xiii] WHO (2008) Integrated Health Services, What and Why? Technical Brief No.1

[xiv] Shaw et all 2011 after Lloyd and Wait 2005

[xv] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/quest-integrated-care-new-zealand-timmins-ham-sept13.pdf

[xv] ibid

Tickell C. The Early Years: Foundations for life, health and learning. An independent report on the early years foundation stage to Her Majesty's Government.

Munro E. the Munro review of child protection, a child centred system. The Stationery Office, 2011

Marmot MG, Allen J, Goldblatt P, et al. Fair society, healthy lives: Strategic review of health inequalities in England post 2010. The Marmot Review: London UK. 2010

[xvii] Field F. The Foundation Years: preventing poor children becoming poor adults: The Stationery Office/Tso, 2010

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Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday, 1 November 2016

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2016/17 BAF- October position
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF update report
Action/Decision required	The Board is asked to note the October position relating to the Board Assurance Framework.
Link to: ➤ **Trust's Strategic Direction** ➤ **Strategic Objectives**	By 2020, we will: ➤ be internationally recognised for the quality of our care *(Excellence in Quality)* ➤ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities *(Patient Centred Services)* ➤ have a fully engaged workforce that is actively driving quality improvement *(Great Talented Teams)* ➤ be a world class, child focussed centre of research & innovation expertise to improve the health and wellbeing outcomes for babies, children & young people *(International Research, Innovation & Education)* ➤ have secured sustainable long term financial and service growth supported by a strong international business *(Growing our Services and Safeguarding Core Business)*
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Alder Hey Children's **NHS**
NHS Foundation Trust

Board Assurance Framework 2016/17

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

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

BAF Risk Register - Overview at 26 October 2016
3.1: Financial Environment (S)
3.2: Business Development and Growth. (S)   2.3: IT Strategic Development (S)
3.3: Developing the Paediatric Service Offer (S)   4.1: Workforce Sustainability & Capability (S)   4.2: Staff Engagement (S)
4.3: Workforce Diversity & Inclusion (S)   1.1: Maintain care quality in a cost constrained environment (S)
2.2: Failure to fully realise the Trust's Vision for the Park (B)   2.1: New Hospital Environment (S)
5.1: Research, Education & Innovation (B)
1.2: Mandatory & compliance standards (W)

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Alder Hey Children's **NHS**
NHS Foundation Trust

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

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Changes since October 2016 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static, in line with the expected month 7 position. Improvements were seen in risks relating to Failure to fully realise the Trust's Vision for the Park and Research, Education & Innovation. A worsening position is reported for Mandatory & Compliance Standards due to endoscopy equipment sterilisation equipment/process.

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

  No major change as at September - key actions: to establish regular flow of international patients to identified beds, progress relationship in Dubai and accelerate arrangements with Stoke.

- ***Mandatory and compliance standards (MB)***
  Forecast activity and performance plan in place, subject to any unforeseen issues. Endoscopy equipment sterilisation equipment/process has failed on Friday 21st October, and business recovery plans in place which may adversely affect endoscopic activity and performance for up to 12 weeks.

- ***Developing the Paediatric Service Offer (RT)***
  No significant change in risk

Internal risks:
- ***Maintain care quality in a cost constrained environment (HG)***
  Five places for ANP development - process for recruitment completed.

- ***New Hospital Environment (DP)***
  Aim is to clear rump of residual commissioning issues through deal with Proj. Co.; to be confirmed in November 2016.

- ***Financial Environment (JS)***
  Control total revised £0.2m deficit - no net impact from that agreed by Board in September. Trust achieved revised plan for Q2 which means it will qualify for 6/12ths of £3.7m stf. This funding is reflected in the Q2 results. Plan = £4m deficit, actual = £4m deficit. Trust forecasting achievement of year end control target of £0.2m deficit (excluding impairments and grants). Current financial risk to address over the second half of the year to ensure delivery = £2.6m. Mitigation part of weekly internal recovery programme and the actions to address this risk focused on reducing overspending in facilities, nurse pay, energy and activity run rate improvement. At this stage risk rating unchanged. Stock-take of forecast to be tracked monthly with update Q3.

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Alder Hey Children's **NHS**

NHS Foundation Trust

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Risk improved: meeting held with LCC - updated Business Case presented & discussed.

- ***IT Strategic Development (JS)***
  Trust met financial control total for Q2 so awaiting update re next steps for progressing Global Digital Excellence proposal. Meeting in London 21 October - verbal update for Board 1 November. I&MT strategy refresh will be finalised once next steps confirmed.

- ***Workforce Sustainability & Capability (MS)***

  Nurse agency spend has seen a significant reduction across October- no breaches in 3 weeks over October. Initial discussion taken place with workforce group reps exploring opportunities for efficiencies across each work group.

- ***Staff Engagement (MS)***
  Staff survey distributed to all staff; 20% response rate as of 26/10/16. LiA continues with increasing stories of change and quick wins being shared with staff.

- ***Workforce Diversity & Inclusion (MS)***
  The 6 individuals have commenced their work placements with Skills for Health. The Trust has been given accreditation to deliver apprenticeships, so we will be exploring how we can use this to support the workforce diversity agenda.

- ***Research, Education & Innovation (DP)***
  Risk improved: contract agreed for innovation 'apps hopper'. Meetings with Edge Hill, LJMU & UoL to explore offering.

Erica Saunders
Director of Corporate Affairs
November 2016

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.1	Strategic Objective: Excellence In Quality	Risk Title: Maintain care quality in a cost constrained environment		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Hilda Gwilliams	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-2	Trend: STATIC

Risk Description
Failure to maintain appropriate levels of care quality in a cost constrained environment

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

Assurance Evidence	Gaps in Controls/Assurance
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Quality reporting redesigned in line with Quality Strategy and corporate aims. New report scheduled to be received at Board	Chief Nurse & Deputy Head of Information continuing to refine data
Successfully implement all Change Programme workstreams to improve efficiency and flow	Alder Hey Board Assurance Committees operating to revised Terms of Reference
Roll out PFCC model for all appropriate services	Links to patient experience domain - further work awaited
Continue to maintain nurse staffing pool	Ongoing

Executive Lead's Assessment
JULY 2016: The Quality Strategy 2016-2020 continues to be rolled out. All new starts commencing Sept 2016. From May-Sept a total of 90 WTEs have been recruited improving workforce resilience going into winter months. SEPT 2016: Forty five newly recruited nurses commenced in September 2016, Plus a further round of national open recruitment has taken place in September. OCT 2016: Five places for ANP development - process for recruitment completed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

15.2 BAF

BAF 1.2	Strategic Objective: Excellence In Quality		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Margaret Barnaby	**Type:** Internal, Known		Current IxL: 5-1	Target IxL: 3-2	Trend: WORSE

Risk Description

Failure to deliver on all mandatory and compliance standards due to lack of engagement with internal throughput plans and targets

Existing Control Measures

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Performance Review Group meeting monthly with CBU Dashboards under development for implementation in Sept
• CBU Performance Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: Monitor, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board
• Run Rate Task & Finish Group completed. Actions resulted in improved productivity in July and August, the closure of 4 IP beds that were not needed to support activity and improved staffing planned for PICU/HDU	• Early Warning indicators now in place
• Due to sickness absence of a consultant in Gastroenterology and the recent resignation of another consultant in the same specialty, maintenance of the RTT waiting times standard is at increased risk	

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board A&E Target Recovery Plan	Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances - discussions on-going with commissioners. Quarter 1 Performance delivered, Quarter 2 Performance on track. Winter Planning to support elective and emergency activity advanced. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
The Medical Director, Nurse Director and Director of Operations are meeting in August with CBU Lead and CBU GM to agree mitigating actions	Each CBU completed an activity forecast, together with a performance forecast against local plan and against reportable standards and has in place mitigation - including extra sessions and validation of waiting lists
Review bed capacity and staffing model for seasonal variation	Complete: refreshed annually in December
Theatre improvement and cancelled operations improvement plan required	Agreed that 5 elective inpatients will be undertaken as day case patients during the winter season.
Implement devolved governance structure (quality governance teams within CBUs)	New CBU structure implemented together with devolved governance structure

Executive Lead's Assessment

JULY 2016: The Trust is currently in a stronger position in terms of performance and compliance. Unforeseen changes in workforce introduces some further uncertainty, which are managed proactively. Ongoing work will be to strengthen the planning and preparation for delivery of performance so that it is more business as usual.
SEPT 2016: Following a detailed review in August there is no further update for September.
OCT 2016:Forecast activity and performance plan in place, subject to any unforeseen issues. Endoscopy equipment sterilisation equipment/process has failed on Friday 21st October, and business recovery plans in place which may adversely affect endoscopic activity and performance for up to 12 weeks.

Board Assurance Framework 2016-17

Alder Hey Children's NHS
NHS Foundation Trust

BAF 2.1	Strategic Objective: Patient Centred Services	Risk Title: New Hospital Environment		
	Related CQC Themes: Safe, Effective, Well Led			
Exec Lead: David Powell	Type: Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to deliver world class healthcare due to constraints of new environment

Existing Control Measures

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

Assurance Evidence	Gaps in Controls/Assurance
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly. Further meeting arranged to review energy performance	Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Producing report to Trust Board on closure of issues	

Executive Lead's Assessment

JULY 2016: Risk reduced from 4-3 to 4-2. Additional control measures and evidence documented in-month. SEPT 2016: Risk remains static. Further meeting arranged to review energy performance.
OCT 2016: Aim is to clear rump of residual commissioning issues through deal with Proj. Co.; to be confirmed in November 2016.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Patient Centred Services	**Risk Title: Failure to fully realise the Trust's Vision for the Park**		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: BETTER

Risk Description

Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures

• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	

Assurance Evidence	Gaps in Controls/Assurance
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Broaden stakeholder engagement	Produced & circulated newsletter. Held 2 meetings of Shadow Board
Completion of all appointments to the Team	Team appointed
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	Meeting held with LCC Team. Heads of Terms under review
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Review of income opportunities under way

Executive Lead's Assessment

JULY 2016: Gaps in controls & assurance updated as above.
SEPT 2016: Meeting arranged with LCC to discuss park Heads of Terms.
OCT 2016: Risk improved: meeting held with LCC - updated Business Case presented & discussed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.3	Strategic Objective: Patient Centred Services	Risk Title: IT Strategic Development		
	Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led			
Exec Lead: Jonathan Stephens	Type: Internal, Known	Current IxL: 3-4	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare

Existing Control Measures

• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Investment in IM&T Team (2016/17 budget)

Assurance Evidence	Gaps in Controls/Assurance
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews	IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
MEDITECH 6 update planned July 2016 to resolve a number of current operational user issues	
Conclude the review of IM&T Infrastructure	
IM&T Strategy development & approval	Draft for October 2016
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	

Executive Lead's Assessment

JULY 2016: Medi-tech 6 July implemented as planned further changes planned between now and January 2017.
Trust invited to bid for centre for global digital excellence funding - bid submitted outcome known 1st week in September. SEPT 2016: Trust confirmation of bid success due mid October - favourable feedback received.
OCT 2016: Trust met financial control total for Q2 so awaiting update re next steps for progressing Global Digital Excellence proposal. Meeting in London 21 October - verbal update for Board 1 November. I&MT strategy refresh will be finalised once next steps confirmed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Growing Our Services & Safeguarding Core Business	**Risk Title: Financial Environment**		
	Related CQC Themes: Safe, Effective, Responsive, Well Led			
	Exec Lead: Jonathan Stephens	**Type:** Internal, Known	**Current IxL:** 4-4	**Target IxL:** 4-2	**Trend: STATIC**

Risk Description
Failure to deliver 2016/17 Income and Expenditure plan and planned Continuity of Service Risk Rating

Existing Control Measures	
• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Capital Planning Review Group
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	• COO Task & Finish Group targeted at increasing activity in line with planned levels
• CIP subject to programme assessment and sub-committee performance management	

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & specialty performance results	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Focus on activity delivery	Recovery plans under development and review
Improve delivery of clinical business developments to meet local CCG outsome needs, e.g. as part of Healthy Liverpool, to achieve and exceed financial targets	COO task & finish group established; targeted at increasing activity in line with planned levels
Plans to address CIP shortfall - scheme PIDs to be complete by end of May - progressing against milestones agreed	Trust in discussions with NHSI re. formal approval of required £8m interim cash support

Executive Lead's Assessment
JULY 2016 : Following review of forecast financial risk at Month 2, Trust established internal recovery programme with the aim of developing actions to ensure overall financial plan delivered by the end of the financial year. Forecast risk gap identified as £5m (including £1m slippage contingency). To-date counter measures of £3.3m to £3.6m identified leaving gap to resolve of £1.9m to £1.6m. Focus on review of service line performance and reducing spend in cost overrun areas - nursing pay & facilities and delivery of elective activity run rate. Trust also in discussion with NHSi re control total which may change plans currently agreed.
SEPT 2016: Trust has agreed control total with NHSI. Target surplus £0.8m. for the year. Trust will receive STF of £3.7m for the year. First 6 months share dependent on delivery of Q2 revised plan and profile. Trust plans will be update for Q2. Trust risk to manage to ensure delivery of overall year end control (including operational pressures) = £2.5m. Weekly internal recovery process on-going to address this. Note of original £5m internal pressures, circa £3.5m of recovery schemes identified and validated. Month 5 performance ahead of plan.
OCT 2016: control total revised £0.2m deficit - no net impact from that agreed by Board in September. Trust achieved revised plan for Q2 which means it will qualify for 6/12ths of £3.7m stf. This funding is reflected in the Q2 results. Plan = £4m deficit, actual = £4m deficit. Trust forecasting achievement of year end control target of £0.2m deficit (excluding impairments and grants). Current financial risk to address over the second half of the year to ensure delivery = £2.6m. Mitigation part of weekly internal recovery programme and the actions to address this risk focused on reducing overspending in facilities, nurse pay, energy and activity run rate improvement. At this stage risk rating unchanged. Stock take of forecast to be tracked monthly with update Q3.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Growing Our Services & Safeguarding Core Business	**Risk Title: Business Development and Growth.**		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	**Current IxL: 4-3**	**Target IxL: 4-2**	**Trend: STATIC**

Risk Description
Risk to business development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities

Existing Control Measures	
• CBU Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 2016 Change Programme Projects (Strategic Partnerships & International Clinical Business and non NHS Patient Services)
• Five year plan agreed by Board and Governors in 2014	• Capacity Plan identifies beds and theatres required to deliver BD Plan.
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	

Assurance Evidence	Gaps in Controls/Assurance
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Workshop held in June to identofy options for bridging business development gap	Alternative schemes being developed. Report to RABD
Identify models and services to provide to non NHS patients / commercial offers	Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases

Executive Lead's Assessment
JULY 2016: Challenges to delivery of additional core specialty activity in 2016/17 due to need to focus on delivering baseline activity required to meet plans and contracts. Good progress in international patient treatments, with forecast income exceeding plans. Currently reviewing bed capacity and utilisation to assess if further international cases can be accommodated to help bridge £0.7m business development gap. SEPT 2016: no major change, circa £100k additional contribution from international work in Q3/4 will reduce in year gap from £0.7m to £0.6m. OCT 2016: no major change as at September - key actions: to establish regular flow of international patients to identified beds, progress relationship in Dubai and accelerate arrangements with Stoke.

Board Assurance Framework 2016-17

Alder Hey Children's NHS
NHS Foundation Trust

BAF 3.3	Strategic Objective: Growing Our Services & Safeguarding Core Business	Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Richard Turnock	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Derogations secured in relation to specialist service specs.

Assurance Evidence	Gaps in Controls/Assurance
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level. Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pursue the community tender incorporating the public health offer	

Executive Lead's Assessment

JULY 2016: No major changes in any of the areas - the work highlighted above is still on going to aid risk reduction.
SEPT 2016:Cardiac service agreed but RAG rating amber.Improvement in middle grade provision for gen paeds.
OCT 2016:no significant change in risk

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.1	Strategic Objective: Great Talented Teams	Risk Title: Workforce Sustainability & Capability		
	Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led			
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time

Existing Control Measures

• Compliance tracked through the corporate report and CBU dashboards	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• Mandatory training reviewed and updated in summer 2014	• OLM restructured to include key competencies
• All training records available online and mapped to competency framework	• E-learning updated in January 2015 with one click access
• Permanent nurse staffing pool	• 'Developing our Workforce' workstream implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Low compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Education Governance group to support implementation, setting up in September, reporting through WOD
Build and sustain leadership capacity and capability	Leadership and management project has commenced, but has experienced slippage due to competing priorities
Sickness Policy refreshed	Implemented 1 July 2016
Develop our Education Strategy	
Task & Finish Group to review prior action failures and identify solution	Action Plan signed off at WOD
Review mandatory training programme - July 2016	Review still underway, to conclude by end Sept 2016
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support

Executive Lead's Assessment

JULY 2016: Work on actions identified above to be accelerated, following the focus in Q1-2 on process improvement to support financial turnaround. SEPT 2016: HENW Workforce Planning submission completed. Notice given to nurse agency, PULSE, which should result in lower agency costs - this in response to successful cohort of nurses commencing employment. Workforce Steering Group continues to monitor workforce financial position.
Projects to review all workforce groups to commence October 16.
OCT 2016: nurse agency spend has seen a significant reduction across October- no breaches in 3 weeks over October. Initial discussion taken place with workforce group reps exploring opportunities for efficiencies across each work group.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description
Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures	
• Internal Communications Strategy.	• Refine Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Temperature Check Reports to Board (monthly)
• Values based PDR process	• People Starategy Reports to Board (monthly)
• Listening into Action methodology	• Staff surveys analysed and followed up (shows improvement)

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Overarching Engagement Strategy Reward & Recognition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Communications Strategy published	
Analysis of Staff Survey	Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	Remains in progress

Executive Lead's Assessment
JULY 2016: The LiA way of working has identified numerous quick wins in our bid to engage staff as much as possible and improve Alder Hey as a workplace; meanwhile ten clinical teams are working to a plan to make identified improvements for patients in specific areas. SEPT 2016: LiA continues at pace, with the next 20 teams being identified to take forward their improvements. Preparation for the Staff Survey is underway, which launches on the 11th October. OCT 2016: Staff survey distributed to all staff; 20% response rate as of 26/10/16. LiA continues with increasing stories of change and quick wins being shared with staff.

BAF 4.3	Strategic Objective: Great Talented Teams		Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description
Failure to proactively develop a future workforce that reflects the diversity of the local population

Existing Control Measures	
• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	

Assurance Evidence	Gaps in Controls/Assurance
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards	Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Increase declaration rates with Equality Act 2010	Actioned, with all organisation reports reporting on protected characteristics where required
Work with partner organisations to develop effective BME recruitment strategy	Underway, and plan to be produced
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support

Executive Lead's Assessment
JULY 2016: Focus on this area will continue to increase as it plays a key role in the implementation and embedding of our Trust values. SEPT 2016: Deadlines for submission of EDS2 and WRES met. Task and Finish Group working together to identify proactive ways to increase diversity amongst the workforce. Agreed a pilot with Skills for Health to support 6 individuals currently without employment to have a work placement within Alder Hey. OCT 2016: the 6 individuals have commenced their work placements with Skills for Health. The Trust has been given accreditation to deliver apprenticeships, so we will be exploring how we can use this to support the workforce diversity agenda.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** International Innovation, Research & Education	**Risk Title: Research, Education & Innovation**		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: BETTER

Risk Description
Failure to develop a cohesive approach to research, innovation & education.

Existing Control Measures	
• Establishment of RIEC Steering Board	• Steering Board reporting through to Trust Board
• RABD review of contractual arrangements	• Programme assurance via regular Programme Board scrutiny

Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team	Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with our charity colleagues to raise the profile of our research and innovation capability.	
Develop a robust commercial Education Business Model	
Appointment of commercial post to support implementation	
Educational Partnerships to be cemented	

Executive Lead's Assessment
JULY 2016: risk remains static; actions on-going. SEPT 2016: Secured ERDF funding for Innovation Team. Risk remains static. OCT 2016: risk improved: contract agreed for innovation 'apps hopper'. Meetings with Edge Hill, LJMU & UoL to explore offering.

Alder Hey Children's **NHS**
NHS Foundation Trust

Resource and Business Development Committee
Minutes of the meeting held on **Wednesday 28th September 2016**, **at 9:30am,**
Large Meeting Room, Institute in the park

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Liddy	Deputy Director of Finance	CL
	Anita Marsland	Non-Executive Director	AM
	Jonathan Stephens	Director of Finance	JS
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Louise Dunn	Director of Marketing and Comms	LD
	Joe Gibson	External Programme	JG
	Laurence Murphy	Head of contracting	LM
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
	Rick Turnock	Medical Director	RT
	Julie Tsao	Committee Administrator	JT
Apologies:			
	Claire Dove	Non-Executive Director	CD
	Hilda Gwilliams	Chief Nurse	HG
	Andy McColl	Business Development	AMc
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Louise Shepherd	Chief Executive	LS
	Peter Young	External IM&T Consultant	PY

16/17/108 Minutes of the previous meeting held on 30th August 2016
> **Resolved:**
> RABD received and approved the minutes of the previous meeting.

16/17/109 Matters Arising and Action log
> The actions for this meeting had been included as an item on the agenda.
>
> RABD noted the meeting was not quorate. It was agreed items approved would be subject to approval of Claire Dove, Non-Executive Director.

16/17/95 Finance report
> For July the Trust is reporting a normalised deficit of £1.1m, £0.1m behind plan. Income is ahead of plan by £0.5m and expenditure is behind plan in the month by £0.6m. The year to date deficit is £6.2m which is now £0.6m behind plan. The main reason why the Trust is behind plan is due to the adverse variance of £0.8m against planned government grant income. This is a timing issue and not an underlying concern. The trading position excluding grants is £0.2m ahead of plan. Cost overrun variances are offset in overall terms by income. Cash in the Bank is £4.2m, Monitor risk rating is 2.

> **Pay Cost Control**
> At the end of month 04, cash in bank was £4.2m, £3.3m greater than plan, this positive variance relates to working capital balances.
>
> The pay variance budget was £197k for month 4. Actions to improve the overspend include;
>
> CBU Temporary spend 12 month forecast – CBU required to provide recurring trajectory. This is being reviewed and monitored by the fortnightly workforce steering group.

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Resource and Business Development Committee Minutes
28.09.16

A discussion was held on the continued actions to reduce agency spend within Facilitates.

A Mutually Agreed Severance Scheme (MASS) has been developed and will be presented to Trust Board next week for approval. As the Trust is in receipt of internal financial recovery from the Department of Health approval will also be required from NHS Improvement.

Ian Quinlan queried the process for approving expenses, Alison Chew agreed to look into this outside of the meeting and provide an update once received.

The Trust has reduced payments to suppliers to 1 payment run per week (from 2) and has been controlling the amount of cash being paid out. The target is to pay 95% of invoices within 30 days. For the year to July, the Trust paid 86% of invoices within 30 days. The creditor days for July were shown as 23.76. Ian Quinlan asked if this could be shown at 30 days going forward.

RABD went through the top 10 organisations owing amounts for more than 90 days. To provide further detail asked for the date once the payment had become outstanding to be included.

Resolved:
RABD received and noted the content of the Finance report for month 4.

16/17/96 Workforce CIP
This item had been included under; 16/17/95 Finance report.

16/17/97 Agency Compliance report
All bookings for non-medical agency posts were now being managed through the NHSP agency system.

Resolved:
RABD received the content of the agency compliance report.

16/17/98 Internal Financial Recovery
Andy McColl gave a presentation on the Trust's recovery plans noting the £5.2m target. A timeline of processes in place to meet the target was presented. The Trust Board would review progress at the end of quarter 2.

Schemes are now being implemented and the value of "Delivered Plans" will be reported in early September, alongside the Month 5 financial position.

Following a budget cleanse a number of actions going forward were to be implemented;
- No further overtime for non-clinical staff (offer time back in lieu).
- Remove all budgets for Hospitality and Discretionary Spend
- Waiting List initiatives would require counter signing by a General Manager
- Clarity required where expenditure crosses CBU budgets (eg Estates and Building Services budgets).
- Require ESR cleansing exercise
- Recruitment control – Risk Assessment reviewed by Vacancy Panel
- Workforce reviews

The current forecast is at £3.3m leaving an estimated gap of around £1.9m.

Going forward the biggest areas of overspend would continue to be reviewed. One proposal was to increase booking sessions within Theatres.

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Resolved:
a) RABD received an update and the content of the internal financial recovery plans.
b) An update on delivered plans would be presented at the September RABD.

16/17/99 Project Initiation Documents
Residential Development Project
Sue Brown presented the Residential Development PID for approval and provided an update on the bids presented to develop housing on a section of the old hospital site. A meeting was in the diary for tomorrow to shortlist the bids presented.

Resolved:
RABD APPROVED the Residential Development PID.

The Springfield Park Re-development Project
A project Manager had commenced and had been in post for over 6 weeks.

Discussions between the Trust and Liverpool City Council to agree joint funding of the project continued.

Resolved:
RABD APPROVED the Springfield Park Re-development Project.

16/17/100 Programme Assurance 'developing our business'
Developing our business Work-stream
Overall the work stream is below the annual target by £0.8m, which has remained at a similar value for the past few months despite a Horizon Scanning Workshop.

Therese Patten provided an update on International and non NHS Patient services.

Cardiac cases from Stoke were to take place to see if this pathway would be right. A review of the Cheshire and Merseyside Neonatal transport was in progress.

As the outcome of C&M Neonatal review and the Cardiac pathway from Stoke was unclear Mags Banaby queried whether it would be suitable to review the £0.8m gap. Therese Patten responded advising the outcome of the C&M Neonatal Transport review would be clearer following a meeting later today.

RABD discussed the winter elective cases that did not take place last year, due to financial targets these cases would be required to go ahead this year. Mags Barnaby suggested a review to test the winter elective plans was to take place.

Resolved:
An update on the developing our business work-stream was received.

Services in Communities Work-stream
Services in communities work-stream was £35K behind plan. Mags Barnaby agreed to provide an update at the next meeting on closing the gap.

The bid for Liverpool Children's community services 0-19 will be submitted tomorrow.

The outcome of the bid for Sefton Community Services 0-19 was due to be announced in September.

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

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Supporting Frontline Staff Work-stream

Overall the work stream continues to achieve financial targets by £0.7m, driven by Coding/Capture. Facilities and Medicines Optimisations are both behind and under review by the Steering Committee. Coding and Procurement have been asked to stretch beyond the annual target and are creating action plans.

RABD thanked Claire Liddy for her leadership on this work stream.

Resolved

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

16/17/101 Monthly Debt Write Off

4 proposed write offs for the total of £5,059.85 was presented.

2 of the proposed write offs related to the Trust's previous HR/Payroll providers Capita and 2 related to patient requests for medical records. Numerous efforts had been made for the payments to be reimbursed however as there was no strong evidence to continue to pursue or it would be uneconomical to continue RABD was asked to approve the proposed write offs for August 2016.

Resolved:

RABD APPROVED the total of £5,059.85 write offs for August 2016.

16/17/102 Contract Income Monitoring

Gary Wadeson presented the Contract report for June 2016, and went through the 2016/17 main contract concerns as follows;

NHS England are to undertake a 'deep dive 'into the Orthopaedic over performance.

A team of nurse social workers have been employed by the Trust with the specific objective of progressing discharge for long-stay patients with complex health & social care needs .

NHS England have rejected the Trust's request to fund the above team from the savings in excess bed day charges that have arisen citing discharge planning is 'business as usual' noting the current level of over performance and the likely further income generation from any freed up capacity . It is proposed to escalate this decision to Director level and ask that funding for the direct costs of the team is made available.

CCG have invested an additional £1.2m in the Community Paediatric service with the investment conditional on achieving a number of milestones . The trust achieved the quarter 1 waiting time trajectory & performance will continue to be closely monitored.

Liverpool CCG have commissioned a review of activity recording & coding on the Emergency Decision Unit to be undertaken in September.

The Trust has submitted a quarter 1 CQUIN report to Commissioners & is awaiting feedback . Due to the likelihood of failing to achieve a number of CQUIN milestones , referred to in last month's report, a £100k sanctions provision has been included in the end of July financial position .

NHS Improvement and NHS England announced a series of policy & pricing proposals for the 2017/2018 national tariff on the 2nd August 2016. Early indication is that the impact on the Trust would be a reduction of £1.6m under the draft proposal split loss of £0.6m (1%) on in-patients, loss of £1.3m (9%) on out-patients and a gain of £0.3m (7%) on A & E.

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The tariff was due to be published in September 2016 followed by a consultation period.

Resolved:
RABD noted the report indicating an underperformance of £317k (0.6%) of clinical income for quarter 1 , a description of the current main contract issues & the early indication of the impact of changes to national tariff for 2017/2018 .

16/17/103 PFI Contract Monitoring report
The ongoing dispute for a settlement deal with Project Co. regarding the non-performance mainly attributable to construction defects continues.

Drainage issues reported at the June RABD continued to be a small concern as the majority of pipe issues had been resolved. Due to this Project co. was no longer fining the Trust.

All cleaners were not completing the form to indicate the toilets had been cleaned. A review of the process was being looked into.

A number of TV's purchased by the Trust had not been commissioned by IT to install. This was a main priority for IT to install the remaining 15 TVs.

A query was raised on the response times to medical equipment and assurance the response was in time before a piece of equipment became unsafe. Graham Dixon said staff are advised to turn off a piece of equipment if they have safety concerns.

Resolved:
RABD received an update on the PFI monitoring report noting the improved service from Interserve over the last three months.

16/17/104 Springfield Park 'Structure' Heads of Terms
Discussions continued to agree a contract between Alder Hey and Liverpool City Council.

Resolved:
Sue Brown said it was hoped to be resolved over the next few months and would update RABD in November.

16/17/105 Corporate Performance update
Lachlan Stark went through the overall CBU performance noting the longest patient waiting time had reduced from last month's report.

Graham Lamont and teams continued to try and reduce the junior doctor gap although this continued to be a national concern.

Workforce
Sickness absence shows a reduction from last month and - at 4.9% - is now only 0.4% above target. Mandatory training compliance as at 81.8%, although Corporate Induction attendance has increased to 94%. Medical appraisal compliance is at 0% as the new monitoring window has opened. Work continues on improving all KPIs.

Emergency Department
Trust achieved the monitor trajectory for 93.6%. Attendances during May, were in line with trust predications.
Resolved:
RABD received and noted the content of the corporate report for month 3.

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16/17/106 Weekly waiting times update

The incomplete pathway cancer & diagnostic standards have all been achieved and in line with planning assumptions the admitted and non-admitted performance remains below the original 90 & 95% standards.

Resolved:

RABD received the content of the weekly waiting times report.

16/17/107 Marketing and Communication Activity report
Resolved:

RABD received and noted the contents of the positive July report.

16/17/108 Community Children's services 0-19 Sefton Bid

Following submission of a bid for the Sefton Community Children's services the Trust had been invited to interview on Friday. The bid had been submitted at the maximum of £5.7m.

There was uncertainty as to whether the bid also included social service and corporate functions. It was noted clarity would be sought on this point at the interview.

Resolved:

RABD received an update on the Sefton services Children's bid 0-19. An outcome of the bid was due in September.

16/17/109 Any Other Business

No further business was reported.

16/17/110 Date and Time of the next meeting: Wednesday 28th September 2016 at 9:30am, Level 1, Room 5.

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT	Date: 25/10/16				Period: October 2016																					SRO: David Powell	
Site & Park Development	Report Number:									5																Author: Chris McCall	
Programme 2016/17	Sep-16				Oct-16					Nov-16				Dec-16				Jan-17					Feb-17					
Week Commencing	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27		
Temporary Moves																											**Project completed**	
Decommissioning & Demolition (Phase 1 & 2)																											Main demolition contract awarded. Hoarding work in progress and asbestos survey underway. Demolition phasing has changed slightly to support the release of land for site developers	
Residential																											Stage 2 dialogue discussions ongoing with the 3 shortlisted bidders. This stage will conclude in December with each developer presenting their final bid on 13th. Preferred bidder will be selected in January 17.	
Park																											Engagement with local groups/stakeholders and exploring various funding options continues. Newsletter for the local community completed. Heads of Terms under discussion with the Local Authority.	
Corporate Offices/Clinical on-site																											Exec Team approved reduction in size of Corporate Office and utilise space in R&E Phase 2 (75 desks). Corporate office will be reduced to 3,555m^2 with an affordability cap of £12m.	
Research & Education Phase II																											£2.85m of loan funding acquired for the Corporate Office to be transferred to the R&E Phase 2 development (following confirmation that the terms of the loan are not breached).	
Community																											Meetings have taken place with Local Authority estate and children's centre leads to identify any potential estate that would be suitable for community services. Workshops with staff arrange to determine the specification for estate requirements.	
Agile Working																											Project team met with Greater Manchester police to learn from their experience of implementing Agile. The project team is planning a workshop for November to clarify the approach and review programme timescales.	
On-site Residual																											PID approved at RABD. Currently scoping out/identifying all residual services.	
Alder Centre																											Outcome of LIBOR bid expected mid November 16. Visits to other similar centres have been arranged to explore their innovative designs.	
Commercial																											Discussions continue with Police regarding occupying space in corporate offices with a view to a deal on acquiring the Eaton Road police station site. Veterinary surgery proposed land swap with Trust, decision to be made by Trust in due course.	

Issues for Escalation	
Currently no budget identified for residual estate Whole Programme slippage due to demolition pricing review and clearance of IM&T links Additional costs of IM&T links works from Virgin.	