Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

Tuesday 2th April 2019 commencing at 09:40

Venue: Large Meeting Room, Institute in the Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Infection Prevention and Control Mandatory Training – Led by Valya Weston Associate DIPC (0940 – 1000)						
PATIENT STORY (1000 – 1015)						
1.	**19/20/01**	**10:15**	**Apologies**	Chair	To note apologies.	For noting
2.	**19/20/02**	**10:16**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate.	For noting
3.	**19/20/03**	**10:16**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **Tuesday 5th March 2019**	Read Minutes
4.	**19/20/04**	**10:20**	**Matters Arising and Action Log:** **First meeting with Manchester Children's Hospital Partnership Board**	Chair D Jones	To discuss any matters arising from previous meetings and provide updates and review where appropriate. To provide an update to Board.	Verbal Verbal
5.	**19/20/05**	**10:30**	**Key Issues/Reflections**	All	Board to reflect on key issues.	Verbal
Strategy						
6.	**19/20/06**	**10:50**	**International Child Health** - **Revised Strategy update and first year's progress** - **Strategic Delivery Plan** - **Special Professional Leave proposed policy**	B Pizer/ S Falder	To receive an update on progress to date and future direction.	Read report
7.	**19/20/07**	**11:05**	**Integrated Care Partnership**	L Shepherd	To update the Board on progress of the Strategy	Verbal
8.	**19/20/08**	**11:10**	**Draft Strategic Plan**	D Jones	To undertake a brief workshop	Presentation/ Workshop

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Delivery of Outstanding Care						
9.	**19/20/09**	**12:10**	**Mortality Report Quarter 3**	N Murdock	To receive the quarterly update	Read report
10.	**19/20/10**	**12:20**	**Safeguarding Annual Report**	J Knowles	To brief the Board on 2018 Safeguarding Annual Report	Read report
Lunch (1230 – 1300)						
11.	**19/20/11**	**13:00**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month.	Read report
12.	**19/20/12**	**13:10**	**Global Digital Exemplar (GDE) update**	K Warriner/ C Fox	To update the Board on the programme.	Read report
13.	**19/20/13**	**13:20**	**Arts update**	M Flannagan	To update the Board on progress from the last meeting	Read report
14.	**19/20/14**	**13:30**	**Alder Hey in the Park Site Development update** - **Liaison Committee Minutes: From the meeting on 26.02.19**	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation. To receive the approved minutes from February 2019.	Read report Read minutes
15.	**19/20/15**	**13:40**	**Clinical Quality Assurance Committee: Chair's report:** - **Chair's verbal update from the meeting on the 20.03.19** - **Minutes from the meeting held on 20.02.19**	A Marsland	To receive a verbal report of key issues from the March meeting and the approved minutes from February 2019.	Read minutes
The Best People Doing Their Best Work						
16.	**19/20/16**	**13:45**	**People Strategy:** - **Staff Survey Action Plan** - **Junior Doctors** - **Chair's verbal report from the Workforce Organisational Development Committee**	M Swindell M Swindell N Murdock C Dove	To provide an update. To present the current position To update the Board on the current position To receive a verbal report of key issues from the March meeting.	Read report Read report Verbal Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			took place on the 01.03.19			
17.	**19/20/17**	**14:00**	**Staff Influenza Vaccination Programme - Update**	H Gwilliams	To provide an update.	Read report
Sustainability Through External Partnerships						
18.	**19/20/18**	**14:05**	**Joint Neonatal Partnership – Alder Hey and Liverpool Women's Hospital.**	A Bateman	To update the Board on progress towards the single service model.	Verbal
Strong Foundations						
19.	**19/20/19**	**14:10**	**Operational Plan 2019/20**	Executive Team	To APPROVE the final Operational Plan for 2019/20 prior to submission to NHS Improvement on 4th April 2019.	Read report
20.	**19/20/20**	**14:25**	**Alder Hey Ventures**	D Powell/ R Lea	To brief the Board as to the requirements and obligations of the wholly owned subsidiary.	Verbal
21.	**19/20/21**	**14:30**	**Register of Shareholder interests**	J Grinnell	To provide a monthly update	To Follow
22.	**19/20/22**	**14:35**	**Business Continuity Plan – Brexit**	J Grinnell/ L Stark	To update the Board as to preparations for a 'no deal' exit from the EU.	Presentation
23.	**19/20/23**	**14:45**	**Programme Assurance update:** - **Deliver Outstanding Care.** - **Growing External Partnerships.** - **Solid Foundations.** - **Park Community Estates and Facilities.**	N Deakin	To receive an update on programme assurance including the 2018/19 change programme.	Read Report
24.	**19/20/24**	**14:50**	**Resources & Business Development Committee Report:** - **Chair's verbal update from the meeting held on 1st April 2019**	I Quinlan	To receive a verbal report of key issues from the last meeting and the approved minutes from February 2019.	To Follow

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			- **Minutes from the meeting held on 27th February 2019.**			
25.	**19/20/25**	**14:55**	**Integrated Governance Committee Report:** - **Verbal update from the last meeting held on 13th March 2019** - **Minutes from the meeting held on 15th January 2019**	K Byrne	To receive a verbal report of key issues from the March meeting and the approved minutes from January 2019.	Read minutes
26.	**19/20/26**	**15:00**	**Corporate Report** - **Monthly update by Executive Leads.**	J Grinnell/ A Bateman/ HGwilliams/ M Swin dell	To note delivery against financial, operational, HR metrics and quality metrics and mandatory targets within the Corporate Report.	Read report
27.	**19/20/27**	**15:05**	**Board Assurance Framework**	Executive leads	To receive an update.	Read report
28.	**19/20/28**	**15:15**	**For Information:** - **Trust Board Work-plan**	E Saunders	To recirculate the amended document.	Read report
Any Other Business						
29.	**19/20/29**	**15:20**	**Any Other Business**	All	To discuss any further business before the close of the meeting.	Verbal
Date And Time Of Next Meeting: Tuesday 7th May 2019 at 10:00am, Large Meeting Room, Institute in the Park.						

REGISTER OF TRUST SEAL
The Trust Seal was not used during the month of **March 2019.**

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Minutes of the meeting held on **Tuesday 5th March 2019 at 10:30am,**
Large Meeting Room, Institute in the Park

Present:	Dame Jo Williams	Chair	(DJW)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Ms K Byrne	Non-Executive Director	(KB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs A Marsland	Non-Executive Director	(AM)
	Dr N Murdock	Medical Director	(NM)
	Mr D Powell	Development Director	(DP)
	Mr I Quinlan	Vice Chair	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Director of HR & OD	(MS)
In Attendance:	Ms L Cooper	Director of Community Services	(LC)
	Ms S Falder	Director of Clinical Effectiveness and Service Transformation	(SF)
	Mr M Flannagan	Director of Communications	(MF)
	Mrs D Jones	Director of Strategy	(DJ)
	Ms J Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mrs C Umbers	Associate Director of Nursing and Governance	(CU)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator (minutes)	(JT)
Apologies:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Mr C Duncan	Director of Surgery	(ChrD)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Dr A Hughes	Director of Medicine	(AH)
	Prof L Kenny	Executive Pro Vice Chancellor	(PLK)
Agenda item: 327	Valya Weston	Associate Director of Infection, Prevention and Control	
328	Anne Hyson	Head of Quality/Complaints Manager	
330	Peter Young	Chief Information Officer	
338	Lachlan Stark	Head of Performance and Planning	
	Natalie Deakin	Programme Assurance Manager	

Patient Story
The Chair welcomed Vanessa, mum of Jamie and Jamie's uncle Neil to the Board meeting. Vanessa told Jamie's story. Jamie had been born with complex issues and was diagnosed with cerebral palsy. Up to the age of six Jamie experienced many chest infections, this was later diagnosed as aspiration. Jamie was also diagnosed with epilepsy and he contracted line infections and sepsis. In spite of all of these setbacks, the family received news yesterday that it was likely Jamie would be home in the next two to four weeks.

Vanessa and Neil spoke highly of communication between the clinical teams on Ward 4B, noting they had not experienced this on all wards.

Neil raised issues with regard to disabled car parking spaces being used by vehicles with no badge displayed; he also commented on the cost of parking for families who attend the hospital

for long periods. The Chair thanked Vanessa and Neil for sharing their experiences with the Board and advised that the issues raised would be looked into and a response would be provided through Val Shannon.

Anita Marsland, Cathy Umbers and Nicki Murdock agreed to review the care of Jamie and feedback to CQAC. Following the meeting, three months parking charges were refunded to the family who had not been made aware of long term parking concessions during Jamie's stay. Jo Minford also had a long discussion with Vanessa and Neil with regard to Jamie's clinical issues and these will be followed up.

18/19/322 Declarations of Interest

There were none to declare.

18/19/323 Minutes of the previous meetings held on 5th February 2019

The Board APPROVED the minutes from the meeting held on 5th February 2019.

18/19/324 Matters Arising and Action Log

Safeguarding and Information Governance Mandatory Training

Prior to the meeting Board members had attended Safeguarding and Information Governance mandatory training sessions.

Responses to the two actions on the log have been included under the People Strategy item.

18/19/325 Key Issues/Reflections

Louise Shepherd reported on actions to be taken this month in relation to the situation in the multi storey car park. From 11th March 2019 the Executive team, Interserve contractors and other Senior Managers would park on the retained estate. It was estimated this would free around 50 car park spaces in the multi storey. A car parking attendant has been employed to manage the flow of traffic in the multi storey car park, including the designated provision for patients and visitors on the lower two floors. These actions and further details would be communicated to staff this week.

Louise Shepherd reported on further developments relating to the Liverpool Integrated Partnership. Liverpool City Council and Liverpool Clinical Commissioning Group are working with trusts to identify and address health priorities across the city. Steve Ryan, retired Medical Director, was leading a clinical review of paediatric services across Cheshire and Merseyside.

Louise Shepherd reported on a meeting held yesterday with Margaret Carney, local authority Chief Executive to develop children's services across Sefton.

Claire Dove highlighted a recent good news story regarding a bus driver Norman who stopped his bus outside Alder Hey saving a baby from choking. Claire asked if anything was being done to thank Norman for his actions. Mark Flannagan said the communications team are leading on this.

The Patients' Forum was relaunched last month and currently has 26 members. Twelve members are due to meet with Simon Stevens, Chief Executive of NHS England to discuss making the NHS Long Term Plan child reading friendly.

Lisa Cooper noted national Child Takeover Day is to be held on Friday 23rd November 2019. Plans were currently being developed for this.

Dani Jones reported on two workshops held in Aintree and Speke with clinicians and GPs across the city to develop children's services in these areas.

18/19/326 Progress against Strategic Plan 2018-21

Following the last report on the Strategic Plan received at the November Board Dani Jones provided an update on areas of progress, highlighting the following areas:

Patient Flow – a number of processes had been implemented on six wards. The percentage of children discharged by 12:00pm has increased by 4.7%. Adam Bateman added that implementation across all wards was now required.

Best in Outpatient Care – two areas of improved patient satisfaction have been seen in relation to patient flow and booking as well as improved play and distraction.

The first partnership Board with Manchester Children's Hospital was to be held on Thursday 7th March 2019. Dani Jones agreed to update the Board at the next meeting on 2nd April 2019.
Action: DJ

Champions were being sought in divisions to lead on research.

Louise Shepherd noted the development of a joint strategy with Liverpool Health Partners and Liverpool Women's NHS Foundation Trust on women's and children's services.

Resolved:
Board noted progress against the strategic plan.

18/19/327 Infection Prevention and Control Quarter 3 Report

Valya Weston updated the Board for quarter 3, noting all current objectives are on track with six new objectives requiring progress.

One of the targets reported to NHS Improvement for hospital acquired infections related to Gram-Negative BSI. This target would not be met for quarter 4. The E coli component of this target would not be met by the end of quarter 4. Valya Weston agreed to contact NHSI with reported themes from the RCAs undertaken for E Coli bacteraemia and to discuss how the Trust's findings can be benchmarked with other paediatric trusts.
Action: VW

Kerry Byrne queried if an independent review of the IPC action plan had been completed. Valya Weston said she was Chair of a Lead Nurse Network and would request a peer review to be actioned.
Action: VW

Adam Bateman highlighted that line infections are currently at 10% and asked what plans are in place to reduce or eliminate further line infections. A national event on vascular access was being held on 11th April 2019 to review and improve on current procedures.

Louise Shepherd asked if progress was being made on hand hygiene. Valya Weston responded noting new processes in place including 'hand hygiene heroes' on all wards and departments. Further progress reports would continue to be received at the Clinical Quality Assurance Committee.

Resolved:
Board received the Infection, Prevention and Control Quarter 3 report.

18/19/328 Complaints Report Quarter 3

The Board reviewed the quarter 3 report noting the increased number of complaints received for Community Paediatrics in relation to cancelled and long waiting times for ADHD/ASD appointments. Currently children and young people are waiting up to 9 months for an appointment.

Lisa Cooper advised that she is meeting with commissioners to discuss a review of current ADHD/ASD service pathways and improvements required. There are a number of developments underway including transition of patients over 18 years old and shared care pathways. Lisa Cooper agreed to provide an update presentation in July.
Action: LC

Going forward Anne Hyson agreed to present a deep dive into one of the high categories of concern.
Action AH

Resolved:
The Board received the Complaints Report for Quarter 3.

18/19/329 Serious Incident Report

The Board received and noted the contents of the Serious Incidents report for January 2019. During this reporting period there were two new Serious Incidents in relation to unexpected deaths and a Never Event.

Serious Incident 1
Four month old baby presented at Alder Hey via ED on 15.01.19 with a bronchiolitis type illness and admitted to Ward 4C. The patient was managed with Airvo and nasal cannula oxygen plus a mixture of bottle and NGT feeds. The baby later became tachycardic and went into cardiac arrest. CPR was carried out, sadly there was no response. A Root Cause Analysis is currently being carried out.

Serious Incident 2
24 week gestation baby, transferred from Liverpool Women's Hospital for central line insertion. The baby had undergone previous surgery for NED and had previous line insertion problems. The baby had many known co-morbidities. The baby sadly died following transfer to the Intensive Care Unit at Alder Hey. A Root Cause Analysis is currently being carried out.

Never Event
A wrong site block was performed on a patient. Full checks were completed and the 'stop before you block' process undertaken, however this was before the local anaesthetic was drawn up. Markings were noted as part of the check; however the operator position changed for ergonomics with the ultrasound scan.

The error was identified and immediate action was taken, including the declaration of the incident as a 'never event' and a full Duty of Candour discussion held with the family. The patient was unharmed and a Root Cause Analysis is currently being carried out.

Resolved:
The Board received the Serious Incident report for January 2019.

18/19/330 Global Digital Exemplar

Assurance has been received from NHS Digital that milestone five was successfully met and funding will be made available.

As part of milestone six, 52 specialty packages are due to be live by 30th November 2019. Peter Young reported the staggered go live dates and support groups that have been set up. The Board noted the extension of an IT System provider that may take place this year and a possible delay to the November go live date. NHS Digital would be made aware of any changes.

Peter Young updated the Board on Share2Care. Alder Hey is leading the roll out of the programme across Cheshire and Merseyside. Louise Shepherd noted the programme had been highly praised at the last Chief Executive Officers meeting.

E-Consent has been established and has gone live to provide a platform for patients, parents and carers to provide an electronic signature to consent for treatments.

Progress with Voice Recognition was continuing; 1:1 sessions are in place for clinicians who would like support with the system.

A gap analysis for HIMSS Level 6 and 7 has been carried out to address areas requiring action.

On behalf of the Board the Chair noted this would be Peter Young's last meeting, thanking him for his achievements and wishing him well in the future. Kate Warriner was due to commence the role of Chief Information Officer on 1st April 2019.

Resolved:
The Board noted the monthly GDE report and programme benefits.

18/19/331 Alder Hey in the Park Site Development Update

David Powell provided a regular update to the Board with regard to the key components of the site as they currently stand.

Park and land

Engagement continues with the Friends of Springfield Park to develop the design of the Park. A further workshop was held in February with good local engagement, this was followed up with a feedback presentation, sharing the ideas on the design of the future park which now has a south to north position. This was welcomed and the group continues to be positive about the plans. A planning application for all phases of the park development and site masterplan is due to be submitted at the end of March. This entails some specific expertise and care management/interaction with the public, Cullinan and Turkington have been appointed to complete this work.

The Board noted that discussions were ongoing with the City Council and Step, the preferred bidder previously selected for the purchase of the land at the Alder Road end of the site. Engagement and consultation with the community will take place over the coming months.

Temporary Car Park

Plans to open the temporary car park from the 25th March 2019 are in place. Weekly meetings are ongoing to ensure all remedial works are completed with appropriate lighting and routes in and out of the site clearly communicated to staff and visitors.

Institute in the Park Phase II

The project manager continues to work with the Architectural advisor and Morgan Sindall to rectify the snagging issues since occupation of the building, this is making

progress, with security being a key issue. Gate and door access will be resolved by the end of February. Security cameras are likely to need further work over the next 4 weeks, this is currently being progressed by the project manager.

Alder Centre
Louise Shepherd asked if the development of the Alder Centre would be agreed by 31st March 2019. David Powell advised that the project was currently on track.

Resolved:
The Board received the Park Site Development update.

18/19/332 Clinical Quality Assurance Committee
Anita Marsland briefed the Board on the key issues from the most recent CQAC meeting. Following a discussion on the patient safety domain it was agreed that Nicki Murdock, Sian Falder and Jo Minford would carry out a safety review and report the findings at the June CQAC.
Action: NM, SF and JM
Resolved:
The Board received and noted:
- The minutes from the Clinical Quality Assurance Committee meeting held on 16th January 2019.
- To receive an update on the safety review at the June CQAC.

18/19/333 People Strategy Update
The Board received and noted the contents of the People Strategy report for February 2019. The following points were highlighted and discussed:
- The Trust celebrated the 2018 Annual Star Awards Celebration on 8th February 2019. Initial staff feedback had been extremely positive.
- 61 apprentices are now working in the Trust.

Staff Survey Report 2018
Melissa Swindell presented NHS England Staff Survey report for 2018, which included comparisons to similar trusts. The highlights from the 2018 survey show significant improvements across the majority of areas from the 2017 survey. The survey is in a new format this year, themed into 10 different headings; Alder Hey has improved across all themes, with statistically significant improvements in four of these areas; relationships with line managers, quality of appraisals, safety culture and staff engagement.

One of the areas for improvement is inclusion of Black, Minority, Ethnic staff and staff with disabilities. Whilst two working groups are in place for members of staff further support would be looked into. This area is highlighted in the Board Assurance Framework as a key issue for the Trust.

A review into what else could be provided for staff as part of Health and Wellbeing was also to take place.

The high staff survey response rate of 60% was noted with a focus to continue to improve going forward.

Feedback would be broken down into departments and circulated to teams for them to work on local actions.

Claire Dove asked if diversity of apprenticeships and reporting on modern day slavery could be looked into.

Progress on the 2018 Annual Report for the Framework of Quality Assurance for Responsible Officers and Revalidation

Further to the presentation of the above report at Trust Board in September 2018, two specific actions were identified with regard to medical appraisals:

- A robust process is now in place between Medical HR and Medical Education to ensure all new medical recruits are registered and included in the appraisal system. This action can now be closed.
- Information from complaints and PALS concerns are incorporated into the appraisal process. A number of changes have been made to the way how complaints can become a point of learning and reflection.

Gender Pay Gap

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap as at 31st March 2018. The Board received a breakdown of the data collated.

Specific objectives for 2019 will be to 'support all female, including part-time female medical and dental staff, to apply for Clinical Excellence Awards'. This will be achieved by:

1. Understanding why fewer female and part time female medical and dental staff apply and as far as possible take steps to address this
2. Improve the support, advice and guidance provided to female and part-time female medical and dental staff in relation to applications for Clinical Excellence Awards.

Resolved:

The Board received and noted:

- People Strategy report for February 2019
- NHS England Staff Survey Results 2018
- Progress on the 2018 Annual Report for the Framework of Quality Assurance for Responsible Officers and Revalidation
- Gender Pay Gap report to be published on 31st March 2019.
- Workforce Organisational Development Committee minutes from the meeting held on 23rd October 2018.

18/19/334 Freedom to Speak up Guardian

Erica Saunders presented a paper addressing the remaining actions from the January stocktake report. The first recommendation is that following review of the arrangements, Kerry Turner takes on the role of Guardian for the Trust and that the Senior Independent Director continues to provide support as appropriate under the Raising Concerns Policy; and secondly, linked to this that an average one day per week is allocated to Kerry Turner in the first instance to carry out the role, with a review date for three months' time. Kerry Turner will assess the time required for the team of advocates and make a recommendation to the Board at the next update.

Erica Saunders agreed to draft a letter from the Chair to the National Guardian, Dr Henrietta Hughes to inform her of the change to Alder Hey's arrangements, which had been discussed during her visit to the Trust at the end of last year.

Resolved:

The Board APPROVED the recommendation to allocate Kerry Turner a day a week for the Freedom to Speak up Guardian role.

18/19/335 Joint Neonatal Partnership – Alder Hey and Liverpool Women's Hospital

Adam Bateman updated the Board on the joint appointment of Mary Passant as the new Neonatal Programme Manager.

A letter from the Specialised Commissioners confirming £0.8m to support the development of a joint Neonatal Unit was received on 25th February 2019.

The Estates team are currently reviewing three options for the Neonatal Unit however as all three options exceeded the agreed funding, further work was to continue to bring the project back in budget.

Resolved:
The Board received the update on the Joint Neonatal Partnership.

18/19/336 Kark Review of the Fit and Proper Persons Test

Erica Saunders presented the Kark Review of the Fit and Proper Person Test outlining the recommendations, two of which had been accepted by the Secretary of State to date. The Chair of NHS Improvement had been tasked with consideration of the remaining recommendations.

Resolved:
The Board received the Kark Report noting the recommendations.

18/19/337 Non-Executive Director Recruitment

The Board received the Job Description and Person Specification for the Non-Executive Director role. An exercise would be undertaken with the Nominations Committee of the Council of Governors using a skills inventory in order to assess the right skill mix for the two posts. Gatenby Sanderson would be supporting the process.

Appointment of Senior Independent Director

Dame Jo Williams reported that a new Senior Independent Director was required to be appointed from among the Non Executives in consultation with the Council of Governors; Steve Igoe had previously held this role for a number of years.

The Board was asked to support the proposal to appoint Anita Marsland to this additional role. This was discussed with members of the Council of Governors at an informal meeting on 28th February 2019. A paper will be submitted to the Council on 12th March at its next formal meeting to approve the proposal.

Resolved:
The Board:

- Received an update on the recruitment of two Non-Executive Directors.
- The Board supported the proposal to appoint Anita Marsland as Senior Independent Director and that this be presented to the Council of Governors on 12th March 2019.

18/19/338 Business Continuity Plan for EU Exit

Lachlan Stark presented the most up to date position with regard to the Trust's contingency plans ahead of the planned EU Exit on 29th March. He reported that an event to test the business continuity plans had taken place. A protocol had now been agreed for the distribution of short life drugs across trusts if there were supply issues. A stocktake on Medical Devices was due to be completed by Friday 8th March 2019. Plans for products to be received out of hours are also being established.

Contacts and support has been provided to the 65 members of staff identified as EU nationals.

A communication group for EPRR leads across trusts is in place and plans have been tested externally. Internal plans are also to be tested.

Lisa Cooper asked if updates on Brexit would be communicated to the Patient Forum Group. Mark Flanngan advised communication to staff and patients is to be circulated on Friday 8th March 2019.

Resolved:
The Board received the business continuity plan in relation to the EU Exit noting that monthly updates would now be received.

18/19/339 2019/20 Draft Control Total and Budget Setting

Following the Board's decision at the last meeting not to accept the Trust's Control Total due to the potential £6m risk, John Grinnell updated the Board on the current position.

Taking into account the non-acceptance of the Control Total the Trust's budget for 2019/20 is a deficit position of £2.9m.

As local commissioners have not yet confirmed any contracts, an assumption has been made that there will not be any significant commissioner downsides included in the budget.

Following a calculation error of £2.3m a call to resolve this was to take place with NHS Improvement this afternoon. A response to Sir David Henshaw, previous Chair's letter to Baroness Harding, Chair of NHSI on this matter had not yet been received.

Ten other trusts in the North West have also not accepted their Control Total.

The Board noted the current Cost Improvement Plans and a proposal from the Divisions to rebrand CIP to Value Improvement Plan.

Final submission of the 2019/20 Operational Plan to NHS Improvement is due on 4th April 2019. An update on progress would be presented at the Resource Business Development Committee on 27th March 2019 with an update on the submission at Trust Board on 2nd April 2019. If required Board members would be contacted prior to the April Board meeting.

Resolved:
The Board noted the current position and plans in place to resolve matters before the final submission on 4th April 2019.

18/19/340 Programme Assurance Update

Natalie Deakin presented the Programme Assurance report for January 2019.

A discussion was held in relation to 'overall delivery ratings'. Some areas are potentially too ambitious when starting a project therefore they are not meeting the target however some are working towards or extremely close to. The Programme Board now need to alter targets when recognising they are not achievable.

Resolved:
The Board received and noted the update on the assurance status of the change programme for January 2018.

18/19/341 Resource and Business Development Committee

Ian Quinlan gave a verbal update from the meeting held on 27th February 2019 noting the focus to meet the 2018/19 Control Total.

Resolved:
The Board received and noted the approved minutes from the Resource and Business Development Committee held on 27th February 2019.

18/19/342 Audit Committee

Kerry Byrne updated the Board from the last Audit Committee held on 24th January 2019, noting the Committee's approval for KPMG to review the governance surrounding the Acorn partnership, an innovation company in which the Trust is a shareholder.

Resolved:
The Board received and noted the minutes from the meeting held on 22nd November 2018 and a verbal update from the meeting held on 24th January 2019.

18/19/343 Corporate Report

Performance
Performance against national standards remains strong with delivery of the nationally mandated access and cancer standards. Emergency Department performance was currently 92.1%, although plans are in place in the department to ensure that the peak demand expected in March is addressed; the Board noted the Trust's performance against the target was among the best in the country.

The Board have previously received reports that raised concerns around the levels of clinic utilisation. Adam Bateman advised that a deep dive on actions being taken to address this was reported on at Resource and Business Development Committee on 27th March 2019.

Finance
The Trust delivered an in month surplus of £5m which was aligned to plan (including PSF incentive). Cumulatively the Trust has delivered a surplus of £17.5m which is marginally ahead of plan (including PSF). This is enabling achievement of a Use of Resources rating of 1. Cash balances were £20m which is £8m behind plan however this is due to PSF incentive money now being transacted at the end of the year which is a change on the original guidance. Focus remains on agreeing contracts with Commissioners.

Safe
Hilda Gwilliams reported that as clinical incidents resulting in minor harm and above were higher than expected in 8 out of the 10 months, a review was underway.

A discussion took place on the corporate report data and how it was presented. Nicki Murdock, Erica Saunders and Hilda Gwilliams would review.
Action: ES, NM, HG

Caring
Cathy Umbers highlighted the increase of Children and Young People who would recommend the Trust to receive care.

Resolved:
The Board received and noted the contents of the Corporate Report for month 10.

18/19/344 Board Assurance Framework (BAF)

The Board received the BAF update for February 2019. Erica Saunders reported that the majority of strategic risks had been picked up through substantive agenda items. As agreed at the last Board meeting the EU Exit had been added as a new strategic risk.

Kerry Byrne noted future Integrated Governance Committees would be carrying out a deep dive on an area of risk within the BAF to provide an added layer of assurance.

Resolved:
The Board received and noted the content of the BAF update.

18/19/345 Trust Board Work-plan

It was noted the Board received monthly updates on Global Digital Exemplar however there are currently no general IT updates.

Kate Warriner, Chief Information Officer would be attending Board meetings once she joined the Trust in April and would be asked to update.

The Board was asked to send comments back to Julie Tsao before approving at the April Board.

18/19/246 Any Other Business

No further business was discussed.

Date and Time of next meeting: Tuesday 2nd April 2019, 10:00am, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for April 2019							
05.03.19	18/19/326	Progress Against Strategic Plan 2018-2021	To provide an update from the first parthership Board meeting with Manchester Children's Hospital	Dani Jones	02.04.19		To receive an update under Matters Arising
Actions for May 2019							
23.01.19	18/19/143.3	PFI	To update the Board on progress against pipes	Graeme Dixon/David Powell	02.04.19		As this item was being presented to the March IGC this item was deferred until April 2019- Item was deferred to April ICG to be presented at May Board
05.02.19	18/19/302	People Strategy Update	To develop a strategy on education including research for Junior Doctors	Nicki Murdock	7.5.19		
05.03.19	18/19/327	Department of Infection, Prevention and Control	To provide an update on the response from NHSI in relation to reported themes from the RCAs undertaken for E Coli bacteraemia and to discuss how the Trust's findings can be benchmarked with other paediatric Trusts.	Valya Weston	7.5.19		To update the Board under the Quarter 4 report
05.03.19	18/19/327	Department of Infection, Prevention and Control	To request a peer review of the IPC action plan at the next Lead Nurse Network at the next meeting on Monday 25th March 2019	Valya Weston	7.5.19		To update the Board under the Quarter 4 report
05.03.19	18/19/328	Complaints Quarter 3 Report	Going forward Anne Hyson agreed to carry out a deep dive on one of the high categories of concern.	Valya Weston	7.5.19		To update the Board under the Quarter 4 report
Actions for July 2019							
05.03.19	18/19/328	Complaints Quarter 3 Report	To provide an update on the review of ADHD/ASD services	Lisa Cooper	02.07.19		

Status	
Overdue	
On Track	
Closed	

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update

Alder Hey

Department of International Child Health

Strategic Delivery Plan

2019 - 2022

Index

1. Executive Summary

In April 2018 the Trust Board agreed to formally establish the Department of International Child Health (ICH). The Department strives to deliver the key functions that are required to realise the Trust's strategic aim to be an internationally recognised children's hospital of excellence.

We are building on the partnership and humanitarian work our staff have been part of for over 30 years and integrate International Child Health into a core aspect of what we do at Alder Hey.

The Department strategy focuses on six key themes: international health partnerships, humanitarian 'mission' work, commercial/business development, education and training, research and innovation.

Our departmental strategic delivery plan sets out our vision, our aims and how we will deliver success over the next three years.

- ✓ We will establish an evidence based set of measures and a reporting framework that enable us to measure the impact our international activity has on improving the health of children in the geographical regions we are working in and the benefits to Alder Hey.
- ✓ We will create and deliver a communication plan that provides clear and consistent communication with staff, patients and external national and international organisations to build our global reputation.
- ✓ We will establish a governance framework that establishes criteria for developing international partnerships that will enable the evaluation of outcomes to demonstrate successful partnership delivery.
- ✓ We will develop a portfolio of activity across Low, Middle and High Income regions.
- ✓ We will develop resources and processes that facilitate staff to undertake international activity as part of their role within the Trust. The will include financial and administrative support and access to an online knowledge resource.

We undertook a staff survey in 2018 to gain an understanding of the range of overseas work our staff participate in and explored the benefits this type of work has on the staff, the organisation and our patients back here at Alder Hey. We also now understand the specific support our staff require to continue to undertake this valuable work. The Department of International Child Health is committed to developing reliable infrastructure that supports our staff to work internationally.

Delivering this vision will establish Alder Hey's reputation as a truly global organisation and will contribute to improving the health of the World's children.

Barry Pizer Sian Falder Angie May

2. An introduction to the Department of International Child Health

Alder Hey has a long history of our staff being engaged with International Child Health activities. Amongst many examples, for over 30 years there has been an association with clinical services and research in Malawi and for over 20 years a close relationship with Kanti Children's Hospital, Kathmandu, Nepal. Our humanitarian work includes cardiac and cleft lip and palate surgery in India and plastic surgery and anaesthesia in Nepal. We have also had some commercially based initiatives in Dubai and China.

We now want to build on this excellent work and develop a co-ordinated approach and put in place systems and processes that support our staff undertaking this work and help to integrate International Child Health as a core aspect of what we do at Alder Hey. A summary of these activities is provided in Appendix 1.

In April 2018 the Trust Board agreed to formally establish the Department of International Child Health (ICH) that will contribute towards realisation of the Trust's strategic aim to be an internationally recognised children's hospital of excellence.

The Department brings international child health activities together covering the following key themes:

- International health partnerships
- Humanitarian 'mission' work
- Commercial/business development
- Education and training
- Research
- Innovation

2.1 Why International Child Health matters?

To the World's children

Although 17,000 fewer children die each day than in 1990, more than five million children still die before their fifth birthday each year.

Despite determined global progress, an increasing proportion of child deaths are in Sub-Saharan Africa and Southern Asia. Four out of every five deaths of children under age five occur in these regions.

Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families.

The health and welfare of children is a core component of the Sustainable Development Goals including: no poverty, good health and well-being and gender equality and the associated indicators

e.g. under-5 mortality, neonatal mortality, early childhood development, child marriage, sexual violence against children.

To the Trust

Alder Hey's strategic plan set out the ambitious aim to grow existing operations and brand name beyond the domestic region by growing our international footprint. To help deliver this goal, International Child Health will be integrated into strategic planning, leading to Alder Hey establishing a reputation as a truly global organisation, rather than just a very good children's hospital. In addition, Health Education England and others have outlined the benefits that NHS staff that have worked internationally bring to their NHS Trust and this is confirmed by our own staff survey. Increasing our global reputation enables us to explore commercial opportunities internationally, which provides additional income to support organisational sustainability.

To our staff

In 2018 we undertook a Trust-wide survey to understand more about the types of activity our staff were undertaking internationally, what support they had received and how the Department of ICH could facilitate and support their work overseas. The findings from this survey are summarised in Appendix 2.

Our strategy has been developed with reference to the feedback we received particularly in relation to providing information about opportunities to become involved, administrative support and shared learning.

Our staff outlined many benefits that working overseas brought to their patients, their own personal and professional development and to the organisation.

Our survey said…

"Challenges clinical skills."

"Gives experience and increased confidence. "

"Makes me a better doctor/nurse/person"

"Improved teaching experience, education, communication skills, critical thinking, problem solving, innovation, better group/team working and leadership

2.2 Department of ICH - Purpose

The Department provides a central point of information and support for international working, together with a governance structure for activities where it has primary responsibility.

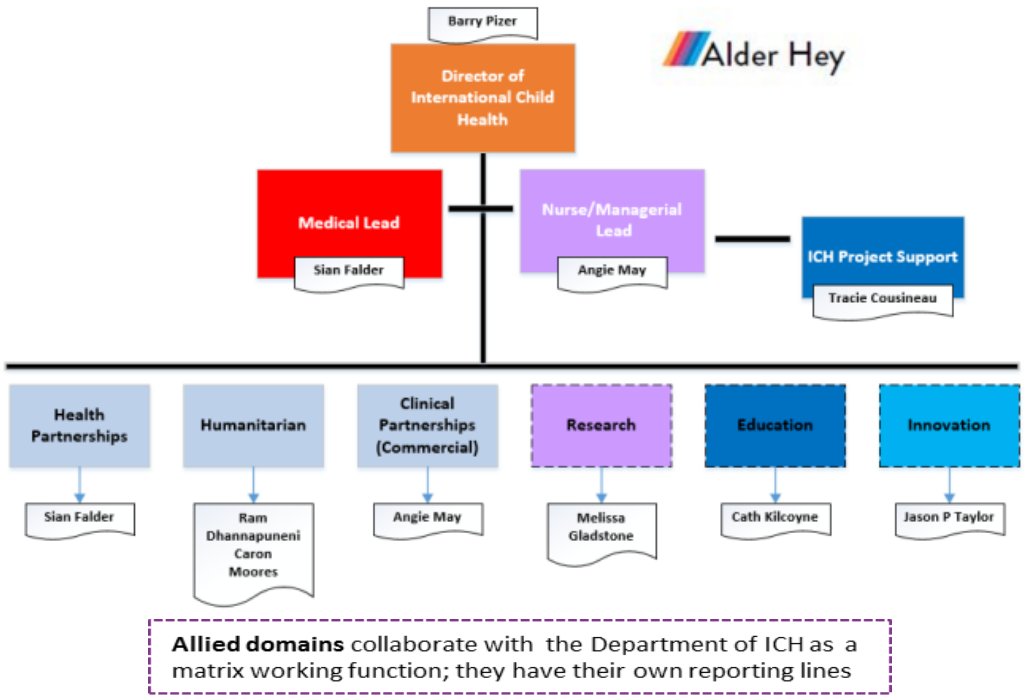
The following departmental functions were agreed by the Board in April 2018:

- To coordinate international child health work and establish links with other organisations to deliver a cohesive strategy
- To support the development and delivery of Alder Hey's offer, taking into account a resourcing plan and due diligence
- To develop a risk structure with robust governance and commercial systems
- To capture the benefits of international working

2.3 Department Structure & Governance

The Department of ICH has executive sponsorship from the Deputy Chief Executive, John Grinnell and is led by a Director, Professor Barry Pizer. Meetings are chaired by a non-executive Director. The Department follows the 'three at the top' model of the Alder Hey divisional structure with a Medical lead (Sian Falder) and Managerial Nurse lead (Angie May). The International Project Support Officer (Tracie Cousineau) provides project support and administration. Each of the defined areas of activity have a dedicated lead and additional support is provided as required by the communication & marketing team, finance and interim support from Joe Gibson.

The Department of ICH encompasses several domains that involve international child health activities. The structure of the Department of ICH shown below illustrates the domains of activity for which it has sole responsibility (Partnerships, Humanitarian and Commercial) and includes the domains for which it is a conduit to the international arena (Research, Education and Innovation).



It is clearly recognised that many overseas projects will include overlapping areas of activity e.g. Health Partnerships may include a strong education and research component. Furthermore, some projects will include activities that would suggest sole or joint leadership by established departments (the Academy, Innovation and Research). The Department of ICH fully recognises the 'autonomy' of these departments and will ensure an absence of conflict between departments with respect to ownership and leadership of overseas activities. Where joint leadership is suggested, the Department of ICH will work collaboratively with other departments to optimise the delivery of each activity.

It is anticipated that as the Trust matures its commercial approach there will be a degree of overlap with other departments' strategies. The Department of ICH will work collaboratively to support the integration of International Child Health into the wider strategic planning and Trust development processes.

3. The future for the Department of International Child Health

3.1 Our vision

Our vision is that the Department of ICH will enable Alder Hey to:

- contribute to improving the health of the World's children
- continue to grow its international paediatric brand with a reputation for excellence
- be a proven partner with a track record of international delivery
- have a balanced portfolio of income-generating and philanthropic activities in many areas of paediatric health delivery
- integrate International Child Health into strategic planning and Trust development establishing Alder Hey's reputation as a truly global organisation

3.2 Making the vision reality

We have identified outcomes and measures that will enable us to track our progress towards achieving our vision.

Aims	What does success look like?	How will we measure success?
Contribute to improving the health of the World's children.	Demonstrable evidence of the impact of international activity on children's health in the targeted area.	We will ensure all partnerships, whether commercial or not, incorporate outcome measures as part of their remit.
Continue to grow its international paediatric brand with a reputation for excellence.	An extended global footprint.	Record of international activity, including international speakers at conferences, camps undertaken, formal partnerships and media activity.
Be a proven partner with a track record of international delivery.	Established partnerships with successful evaluation of delivery of aims and objectives.	A set of goal based partnership outcomes that will include: completed project reports, references from partners, increased demand for international work, income.
Balanced portfolio of income-generating and philanthropic activities in many areas of paediatric health delivery.	A resource to support philanthropic activities. A range of philanthropic activities in LICs sponsored by the Dept. ICH. An international partnership with a commercial basis in a MIC/HIC.	Number of completed visits to LICs. Number of international commercial partnerships. Work in low resource countries is cost-neutral to Alder Hey - balanced by income from work in HIC
Integrate International Child Health into strategic planning and Trust development.	Organisational infrastructure, governance in place to support international activity with representation across the organisation, e.g. HR support, risk management, educational opportunities for staff development etc.	Evidence of collaboration with other key departments: Academy, Research and Innovation. Divisional support of ICH activities. Policies and procedures in place to govern ICH work. Use NHS England's Benefits Tool to measure the benefits of staff undertaking international activity.

3.3 Health partnerships

Health partnership and humanitarian activities may take the following forms:

- Formal, long-standing relationships/links between Alder Hey and partner organisations ideally underpinned by an MOU
- Less formal working relationships with the potential to develop into a long-term partnership
- Longer sabbaticals / regular commitments in low resource settings as part of a formal partnership
- Regular 'mission' work with recognised organisations adhering to the above aims
- Single short-term visits as part of an organised response to humanitarian crisis

We aim to continue to foster and grow our existing partnerships and develop one new link in the next three years.

Knowledge exchange is at the heart of our partnerships and we will approach partnership development with the inclusion of education, research and innovation as key domains of the partnership, where appropriate.

Nepal

The formal link between Alder Hey and Kanti Children's Hospital remains very active. Over the next three years, the partnership will focus on continuing the burns link led by Sian Falder and the oncology links led by Barry Pizer and expand the partnership to include child protection. It is hoped that 2019 will be a watershed year in the development of children's cancer services at Kanti with the formation of a relationship between Professor Pizer and the UK based charity World Child Cancer to support the service and the appointment of two young and dynamic paediatric oncologists (DFID bid for a grant of £135,000 submitted). Over the next three years we aim to establish a departmental database for oncology and train two nurses a year. Supported by two North West Charities, So the Child May Live and Health Exchange Nepal, Dr Jamuna Acharya (Alder Hey) and others are leading on the external support for the development of child protection in Nepal. We will be delivering child protection training and ensure that child protection has been adopted by the Ministry of Health, NGO's and UNICEF.

Malawi

The Department aims to enhance the link between the Queen Elizabeth General Hospital, Blantyre, Malawi and Alder Hey. This is the central hospital for the Southern Region offering specialist paediatric services and has a long historical connection with Alder Hey. There are opportunities for students, junior staff (academic and those taking time out of programme) to contribute and learn through conducting research with support from the Malawi Liverpool Wellcome Trust, through supporting training programmes for medical students, nurses, allied health professionals or doctors and for developing new low cost technology to support the care of children and young people in Malawi.

New Links

Successful partnerships start with good relationships being established between clinicians in partner institutions. Through engagement with staff we will identify areas of geographical and specialist interest and provide support to develop new links and potential partnerships.

3.4 Humanitarian activities

Individuals and teams from Alder Hey have conducted humanitarian work over many years. The following examples are well established, but our survey highlighted numerous, largely unrecognised, activities.

Healing Little Hearts

The work of the charity Healing Little Hearts is well established and has worked independently of Alder Hey. Our hope is to sign a memorandum of understanding between Healing Little Hearts and Alder Hey. We will explore opportunities for Alder Hey medical and nursing trainees to attend the camps which would contribute to their learning experience. We will also looking at joint research projects and multicentre studies.

The Northern Cleft Foundation

Established in 2011, the Foundation ('Giving Smiles for Life') includes several key delivery staff from Alder Hey. Numerous outreaches in India have now been run in Mysore, Hyderabad, Kerala and Nagpur and over 1500 children and adults with cleft lip and palate have been helped to date.

3.5 Medium/High income settings

Commercial Clinical Partnerships/International Clinical Services

In the absence of a formalised partnership strategy, our approach has been to expand our network with international agencies. This approach has resulted in interest from international organisations in the Middle East and China and has enabled us to develop our offer in terms of knowledge exchange, consultancy and the provision of clinical services.

At a high level the Partnership offer is as follows:

- Development of specialised paediatric clinical pathways and models of care appropriate for children and their families.
- Technology-enabled remote clinical support and patient management to offer remote clinical solutions to the most complex patients (patient consultation, multi-disciplinary patient reviews, remote radiology service including first and second opinion reporting)
- Referral of patients to specialist clinicians and services at Alder Hey (e.g. orthotics, gait lab)
- Visiting specialist programme for specialist paediatric services in international facilities Health Systems Development: Establishing the governance and clinical management processes for the delivery of complex health services to ensure clinical safety and quality requirements are implemented and maintained.
-

In order to develop truly collaborative international partnerships we need to go beyond the traditional transactional approach to be able to conceptualise solutions and adapt deliverables for different healthcare systems and cultures. The Department of International Health will work within the wider commercial strategy to maximise opportunities for income generation.

The Department will provide the overarching lead for potential new international collaborations where the "ask" is not clearly defined. We will facilitate and co-ordinate the logistics of international visits in collaboration with key stakeholders. We will jointly explore commercial opportunities across the domains until such point there is a defined offer at which time the lead will transfer to the appropriate department.

3.6 Education and Training

Alder Hey has a proud record providing education and training. Ongoing commitment has been enhanced by the newly formed Alder Hey Academy that is a key stakeholder and is represented through membership of the Department of ICH meetings.

The Academy has a key role to play within commercial clinical partnerships and will work collaboratively to identify potential commercial opportunities. Where there is a commercial educational opportunity, the Academy will generally lead this project but keep the Department of ICH informed of such activities. Any cross business opportunities will be led by representatives from each domain that is involved.

Supported by the Academy, The Department of ICH will co-ordinate up to 8 clinical placements free of charge to be delivered as 4 cohorts that are linked to the schedule of the commercial international observership programme. The Department of ICH will aim to provide the capacity to support any agreed additional clinical placements that may be required that outside of this schedule.

The Department will undertake a training needs analysis to support staff being prepared to work overseas and will develop an "introduction to working internationally" educational resource and signpost staff to continuing professional development opportunities within higher education.

The Department of ICH will hold an annual International Child Health conference supported by the Academy.

3.7 Research

The Department is exploring how to link more senior as well as junior health professionals in gaining experience and academic training through a variety of opportunities that will support future innovative international research at Alder Hey.

Alder Hey academic trainees either as Academic Foundation doctors or as Academic Clinical Fellows have opportunities to conduct research in International Child Health and many have gained prestigious fellowships in the past. We hope that there will be a drive to support others at many levels who may be able to take some time out of programme or in the future, possibly funded time to support research activities in International Child Health.

3.8 Innovation

The Innovation department will work collaboratively with the Department of ICH to further develop its partnerships with industrial and health partners to provide the following services:

- Thought leadership
- Product development
- MedTech trials
- Expert consultancy

Central to enabling this will be the utilisation of our focal point for Innovation, the Innovation Hub: a co-working space with specialist equipment and a full programme of events and training that will catalyse staff and stakeholders to co-create future innovations.

A specific area of collaboration between the Department ICH and Innovation is to provide thought leadership around innovation in settings with limited resources and technological constraints. This environment creates a need to think differently and find creative solutions known as 'Frugal Innovation'. This will involve engaging with relevant stakeholders to better understand local challenges and to contribute to programmes of health innovation co-creation.

4. Delivery

4.1 How will we achieve success?

- ✓ We will develop a portfolio of activity across low, middle and high Income regions.
- ✓ We will establish a governance framework including criteria for developing international partnerships that will enable the evaluation of outcomes to demonstrate successful partnership delivery.
- ✓ We will develop resources and processes that facilitate staff to undertake international activity as part of their role within the Trust. The support will include financial, administrative and access to an online knowledge resource.
- ✓ We will use an evidence based set of measures and a reporting framework that enable us to measure the impact our international activity has on improving the health of children in the geographical regions we are working in and the benefits to Alder Hey.
- ✓ We will create and deliver a communication plan that provides clear and consistent communication with staff, patients and external national and international organisations to build our global reputation.

4.2 Approach to our delivery

The culture of the department is in line with the Trust vision for "living our values" which is exemplified by clinical engagement and leadership with a supportive and enabling management style. The domains of education, research and innovation each have their own separate lines of corporate responsibility that are managed outside of the remit of the Department ICH. We will work collaboratively with the heads of these services to define roles and responsibilities and

facilitate honest and trusting relationships. Each leader will be equally valued and understand others' perspectives so that the work of the department can be really effective.

We will seek to develop further opportunities for staff across the wider multi-disciplinary team to participate in international programmes of work and ensure equality of opportunity.

We will aim to integrate International Child Health into strategic planning and Trust development through expanding representation from the Divisions across the multi-disciplinary team to influence and shape decision-making within the department.

4.3 Core infrastructure to support international activity

Support for staff

Historically staff have invested their own time and resources in working to support the International Child Health agenda. The Department aims to support staff by:

- Developing and negotiating of special paid leave
- Endorsement of projects that are eligible for special paid leave
- Risk assessment
- Regional travel information
- Insurance
- Networking / links – to other staff, or relevant organisations
- Health advice and potentially vaccinations
- Organisation of placements for link partners visiting Alder Hey
- Help with writing funding applications
- Management of grant budgets

There is an expectation that any staff undertaking international work will maintain standards of professional behaviour and uphold Alder Hey values during the time overseas. In return for support the Department will require a written report of activities with photographs (with appropriate consent). This information will enable us to promote the activity both within Alder Hey and externally.

Project Support & Administration

The Department is set up to operate in line with "brilliant basics" to "grow the future". This means we are focused on building reliable infrastructure, systems and processes that rely on good administration and governance. We have a dedicated project support officer to co-ordinate international activities that include the following:

- Co-ordination of international visits to Alder Hey within the domain of the Dept. of ICH
- Collating information about other international visits/activities undertaken across the Trust
- Providing support to staff to arrange their international activity
- Providing project support for international projects
- Collating reports following international activity
- Undertaking an annual survey

A single point of contact email inbox has been established and is monitored by the project support officer; ICH@alderhey.nhs.uk.

Knowledge Portal

The Department provides a valuable resource of information and to prevent knowledge loss we are establishing an intranet/internet based knowledge portal.

Having access to a knowledge base will help staff prepare to work internationally for the first time and help more experienced staff to remain up to date on key developments and potential risks. A single knowledge database provides ease of access to a consistent standard of current and relevant information and maximises the use of resources.

The benefits of a single knowledge base has far reaching effects; it helps to move from being reactive to proactive and encourages collaboration and engagement. To ensure the availability of good quality information requires the department to widen its networks with other organisations involved in global.

4.4 Communication

The department stands outside of the three main divisions within Alder Hey. We therefore need to demonstrate the core purpose and shared vision of ICH to staff and external audiences. A key landmark in our communications will be an annual **international conference promoting and celebrating the achievements of our ICH activity**.

In addition, we will work on the following to promote the presence of ICH as a key part of Alder Hey's wider brand:

Narrative development

We will, within work already being done on our core narrative and brand, clearly articulate the purpose of the Department and, in the process highlight particularly as a benefit our humanitarian activities. This will be a 'story based' narrative as opposed to a set of core messages as this allows for now organic development and growth, e.g. the addition of users' own examples and evidence. It is this narrative development that will drive much of our external, media and digital, awareness raising work.

Brochure ware

For our commercial offer we will develop a comprehensive marketing suite of brochure ware (print and online) that articulates the Department's offer and supports the customer journey from exploration through to linking; the basis of this already exists: the general folder and the website; further work is required to review the latter to ensure that it fulfils its purpose to good effect.

Social Media: Twitter

An active presence on social media; the aim should be to position the Department as a thought leader in the field of international paediatric healthcare, engaging with relevant individuals and organisations throughout the globe to help 'amplify our voice'

Engagement

There will be a series of engagement activities and devices to embed ICH as core to Alder Hey. For example:

- **'Alder Hey International Child Health Week'**: a designated week of focused promotion including a continuous presence in the hospital atrium and outreach activity for community colleagues; a staffed 'market stall' in the atrium will dispense information and advice to staff interested in our international activity and partnerships. We will design and produce a multiple-use pop-up banner stand.

- **Merchandise**: We will explore how to further engage staff during this week through the supply of a selection of relevantly branded merchandise that should serve a practical purpose. Ideas include but are not limited to:
  - Passport holder
  - Luggage tags
  - Luggage straps
  - travel pillow
  - Eye mask
  - travel socks
  - Canvas travel bag

- **International Nurses Day**: Take the opportunity given by the annual International Nurses' Day to showcase nurses talking about their international experiences and what it has meant for them; the impact it has had upon returning to their day job. Offer information to nurses about our international work, how they can get involved, and how their involvement can enrich them personally and professionally.

- **'New links' open evenings/days/mornings**: Catered events where staff who are interested in our international work and who have their own areas of geographical or specialist interest can explore support and the development of new links/potential partnerships. The event can include a short but engaging presentation from a member of staff who has undertaken international work (but not as the main focus of the event); can be targeted at consultants, nursing staff and AHPs.

- **'Brown bag' lunches/breakfasts**: Informal get-togethers, presentation from and discussion with members of staff who has undertaken international work. The aim of these events is to raise the profile of our international work and engage people with it. (It's called a 'brown bag' event because, traditionally, they would be conducted over lunchtime and attendees would bring their own lunch.)

Annual Review

This will be an accessible summary of activity undertaken by and through the department over the course of the previous calendar year. The aim will be engagement as opposed to reporting and should therefore take an inclusive approach that doesn't seek to serve a narrow audience. The

Annual Review should therefore be rich with content of broad human interest; be bright, colourful and photo-heavy. (All content would be cached on intranet.)

Ongoing presence

There will also be:

- Regular content in the Alder Hey staff newspaper **Alder Hey Life**
- Regular presence on the agenda for **Latest with Louise**
- Regular **Grand Round**: talks sponsored by the Department

4.6 Resources

Much of the activity is funded by charitable donations and grants. There are nominal staffing costs as the majority of the team undertake this activity as part of their wider role within the Trust. The resourcing of the Department remains within the corporate budget. Over the next three years we will explore the feasibility of raising funds for our health partnership and humanitarian work by allocating a percentage of income from commercial activities using a "corporate responsibility" approach. We will also lead the delivery of an annual international conference to support the running costs of the Department.

4.7 Measuring success

A delivery plan has been developed to support delivery of the strategy and includes key milestones, quantifiable performance measures and timelines (Appendix 3). The Department will track delivery against the plan and provide reports as outlined in the reporting framework.

We will use tools such as NHS England's Benefit Tool to help understand more about the impact of the work we undertake internationally; the benefits to the children we help; the clinicians we work with and how this benefits our staff and patients.

Achieving the Trusts' aspiration.

Appendix 1 - Examples of International Activities

Health Partnerships

We have established equitable two-way health partnerships. These provide a link between institutions in high income and those in low income settings with clear benefit to both partners.

Kanti Children's Hospital, Kathmandu, Nepal

The Kanti partnership has been active for over 20 years and has a formal MOU originally signed in 2014 and revised in 2018. There are exchange visits between team members in burns, oncology, resuscitation training and child protection.

Humanitarian Work

Our clinicians work in many countries to deliver high quality care and help to build a sustainable healthcare infrastructure. This work is philanthropic in nature and is typically funded by independent charities. It is underpinned with the principles of collaboration and provides support for clinical colleagues in other countries. There are many examples including:

Healing little Hearts: Alder Hey staff from the cardiac teams (including surgeon, nurses, perfusionist, and anaesthetist) regularly spends week-long visits working with local teams in Asia, Africa and Eastern Europe to carry out complex cardiac surgery for children who would otherwise not have access to the highly specialised care. Our team also supports the establishment of paediatric cardiac surgical centres by training local medical staff.

Northern Cleft Foundation : Alder Hey's cleft surgeons, orthodontists, anaesthetists and nurses work with this UK registered charity providing free cleft surgery to children in India.

Research

Historically, much of Alder Hey's research with children has been carried out on a global basis: internationally based clinical trials in oncology, pharmacology, infectious diseases, neurology, neurosurgery, orthopaedics, respiratory medicine, and rheumatology are ongoing. Alder Hey is a key player in these international trials and particularly focuses on excellence in working with children and families within the research conducted. World-leading research is being conducted in collaborative field trials globally by many leaders at Alder Hey: Prof Atif Rahman (child and maternal mental health), Prof Nigel Cunliffe (infectious disease), Dr Melissa Gladstone (child development and disability), Dr Mike Griffiths (encephalitis), Prof Enitan Carrol (infectious diseases), Prof Stephen Allen (nutrition) and Prof Calum Semple (Ebola).

Education

Much of the Academy's activity involves providing educational opportunities for overseas clinicians and other workers in the healthcare sector. The Academy was awarded 1st place in the North West Greater China Awards 2019 in the Education Link category for securing a contract with Beijing to deliver clinical observerships to Chinese Healthcare clinicians which doctors, nurses and pharmacists. The Academy is seeking to expand operations in China that has the potential to bring opportunities across other commercial domains.

A joint venture between Consultant Anaesthetists from Alder Hey and Glasgow Children's Hospitals delivered the first 'SAFE Sudan' Paediatric Anaesthesia Course in November 2018, training 11 local faculty and 40 Sudanese Anaesthetists in the management of paediatric surgical patients.

Innovation

The vision for the innovation division is to develop 'A World Leading Centre of Excellence that Accelerates the Impact of Game Changing Innovation for Children & Young People'. In practice this means providing thought leadership, developing new products, delivering expert consultancy and trialling medical technology. Key stakeholders include Trust staff, NHS, industry, academia and children & young people. Core technology areas include: Artificial Intelligence, Sensors, Visualisation, MedTech and Apps. This ground-breaking work is clearly applicable to improve the health of children on a global basis, including those living in resource poor nations.

Commercial activities

To achieve the Trusts strategic aim to grow its international footprint the team has engaged with government trade organisations. This led to an understanding of what Alder Hey can offer on a commercial basis to the international market which resulted in a commercial partnership with Al Jalila Children's Hospital (Dubai) with potential opportunities in Xi'an province China. The core areas of interest to the international market are design and build, clinical consultancy and clinical services.

Appendix 2

Staff survey summary

In June 2018, we undertook a survey to map out the current International activity undertaken by Alder Hey staff; this was further updated in October 2018. A total of 201 staff responded of which 79 staff had been involved in some form of international work and of those not currently undertaking international work the majority were very interested in becoming involved.

- Nurses were the largest staff group represented.
- Staff were most interested in humanitarian and educational activities.

Some of the knowledge and experience our staff share

Education

Knowledge exchange, delivery of training face to face and web based, presenting at conferences and hosting of visiting doctors and nurses. The subjects include neonatal, cardiac, mental health, triage and APLS.

Research

Our teams are involved in international clinical trials including thalassaemia & malnutrition, child development & disability, cancer and interoperability of drugs.

Clinical

We provide clinical services including disaster response and accompanying patients on international visits and repatriation. Working with NGO's and charities such as VSO, Mercy Ships, So the Child May Live and the Northern Cleft foundation.

Our staff outlined many benefits that working overseas brought to their patients, their own personal and professional development and to the organisation. Despite these benefits, 60% of survey respondents said they had not received any support from Alder Hey.

Staff said they would benefit from support in the following areas;

- Access to information
- Sharing other people's experiences
- Administrative support for arrangements, visas etc.
- Special professional leave
- Support to create education & research opportunities/ partnerships
- Help to connect with other agencies
- Communications to promote the link
- Support for courses applicable to ICH (ETAT etc.)
- Financial resources to support the work
- Fundraising jointly with Alder Hey charity
- Strategic links with international countries in areas of excellence and opportunities to host and participate in visits
- Equipment loans

The Department of International Child Health is committed to developing reliable infrastructure that supports our staff to work internationally.

- ✓ We are developing an intranet knowledge base to help staff prepare to work internationally for the first time and help more experienced staff to remain up to date on key developments and potential risks
- ✓ We have a dedicated project support officer to co-ordinate international activities and visits, collate information and prepare reports.
- ✓ We are providing support to staff to arrange their international activity and exploring how we can help staff with travel information, risk assessments, travel health advice, help with writing funding applications, management of grant budgets and supporting networking links.
- ✓ We are providing project support for international projects and we are working with the communication team to embed a clear and consistent stream of communication to staff, patients and external national and international organisations. The culmination of this will be an annual international conference promoting and celebrating the achievements of our staff internationally.
- ✓ We are exploring a range of options to support funding and our aim over the next three years is to secure additional income through corporate responsibility avenues and income generating activities such as the conference.
- ✓ We are aiming to provide endorsement for special professional leave.

Appendix 3

Delivery Plan

Delivery Tracker
Dept of ICH v1.xls

Alder Hey

	Dept ICH Task & Finish plan	Measure	RAG	Lead(s)	Date	Update
	Aim/Task					
1.0	**Contribute to improving the health of the world's children**					
1.1	Establish a process for each activity/project to measure its outcome abd report	Set of measurements.		**ALL**	**Jan-21**	
1.2	Develop intranet knowledge database providing high quality information re international work	Active intranet portal		**AM**	**Apr-20**	
1.3	Engagement with potential partners re education opportunities (e.g. RCPCH, LSTM)	Number of opportunities		**SA**	**Ongoing**	
1.4	Deliver clinical observerships	8 per annum		**AM/TC**	**Mar-20**	
1.6	Secure delivery of ETAT course at the Trust	First ETAT at the Trust		**SA**	**Nov-19**	
1.7	Develop an "introduction to working internationally" educational resource & signposting	Information resource re courses		**AM**	**Dec-20**	
2.0	**Continue to grow its international paediatric brand with a reputation for excellence**					
2.1	Develop a core narrative articulating department purpose	Narrative summary		**CB**	**Jun-19**	
2.2	Active presence on social media (twitter) promoting though leadership	Social media report		**CB**	**Ongoing**	
2.3	Implement series of engagement events (see strategy)	Number of events, attendance and output		**CB/AM/TC**	**Ongoing**	
2.4	Develop branded merchandise	Set of merchandise		**CB/TC**	**Oct-19**	
2.5	Establish routine of regular online and published content	Reported activity		**CB/AM/TC**	**Ongoing**	
2.6	Develop ICH webpages	Live content		**CB/TC**	**Oct-19**	
3.0	**Be a proven partner with a track record of international delivery**					
3.1	Establish criteria for the development and evaluation of partnerships	A set of goal based partnership outcomes		**SF/MG/AM**	**Jan-21**	
3.2	Grow our existing partnership and develop new links.	Reach and number of countries collaborated with		**SF/MG/AM**	**Annual plan**	
4.0	**Develop a balanced portfolio of income-generating and philanthropic activities**					
4.1	Nepal: Establish child protection course. Oncology database and nurse training	Reported activity		**BP/SF**	**Jan-21**	
4.2	Healing little hearts: Sign a memorandum of understanding, opportunities for trainees to attend camps, joint research projets.	Reported activity		**RD**	**Jan-21**	
4.3	Malawi			**MG/AM**		
4.4	Undertake annual survey of activity	Activity reports		**TC/AM**	**Each July**	
4.5	Deliver international annual conference (link to UN International Childrens' Day)	Conference, attendance numbers & income		**All**	**01/11/2020**	
4.6	Scoping of Dept. ICH commercial opportunities (Linked to Trust plan)	Plan of activity		**AM**	**Sep-19**	
5.0	**Integrate International Child Health into strategic planning and Trust development**					
5.1	Establish income stream through corporate responsibility & income generation	Amount of income		**BP/AM**	**Mar-22**	
5.2	Develop resources and processes that support staff to deliver international work	Policy document		**AM/TC**	**Aug-19**	
5.2.1	Paid leave					
5.2.2	Risk assessment					
5.2.3	Travel information including vaccinations					
5.2.4	Insurance					
5.2.5	Organising placements					
5.2.6	Support to write funding applications					
5.2.7	Management of grant budgets					
5.3	Links to other staff/organisations	Set of benefit measures		**MG/AM**	**Jan-21**	

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD REPORT

MORTALITY ASSESSMENT AT ALDER HEY
Medical Director's Mortality Report

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

Section two is the Quarter 3 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)

Summary Table

Number of deaths (Jan. 2018 – Dec. 2018)	55
Number of deaths reviewed	41
Departmental/Service Group mortality reviews within 2 months (standard)	47/55 (85%)
HMRG Primary Reviews within 4 months (standard)	25/43 (58%)
HMRG Primary Reviews within 6 months	33/37 (89%)

The HMRG performance target of reviews within 4 months has dropped this quarter to 58% but 89% have been completed within 6 months. An increased number of cases have been very complex requiring discussion at multiple meetings resulting in less reviews being covered within 4 months. The group is of the opinion that it is important to have all relevant information to achieve a complete and effective review and to discuss it fully. Therefore, it is appropriate to take the necessary time, and it unlikely that we will ever achieve 100%. The standard of 4 month is useful so reviews are done in a timely manner and if there is a concerning trend it will be identified in a reasonable time period.

We are still undertaking a number of changes in our mortality process to improve and meet the National Guidelines released at the end of last year.

The process recommended is a one tier process but as we already have a 2 tiered and more thorough process we will continue with the process we have (as will the majority of specialised children's' Trusts). The data output will need to conform with the national requirements, so it can be entered into the soon to be established child mortality database. The areas that we are currently addressing:

1. Ensure that there is engagement outside the Trust by sharing reviews with the relevant DGH's, GP's and other appropriate healthcare organisations

2. As a group we are still aiming to improve learning across the Trust to ensure that we all learn from our deaths to improve the care we provide

3. Within the Trust we are still striving to ensure engagement across all teams and there is good attendance at the HMRG meetings from a wide variety of groups.

4. We are working on our engagement with the families to ensure that they have a voice in the process but in such a way that it is sensitive to their needs and emotional well-being.

Outputs of the mortality review process for hospital deaths for 2018:

Outputs of the new mortality review process for hospital deaths for 2018:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2-month timescale	HMRG Reviews within 4-month timescale	HMRG Reviews within 6-month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable		RCA/72 Hour Review	Learning Disability
							Internal	External		
Jan	7	7	5	4	7	3		1		1
Feb	1	1	1	1	1	0				
March	6	6	6	6	6	0				1
April	6	6	6	4	4	4		1		1
May	4	4	4	4	4	0				
June	4	4	3	2	4	3				2
July	4	4	3	1	2	2			2 (both 72-hour reviews)	1
August	5	5	3	1	5	3		1		1
Sept	3	3	3	1		1				1
Oct	3	1	3	1		1				
Nov	7		6							
Dec	5		4							

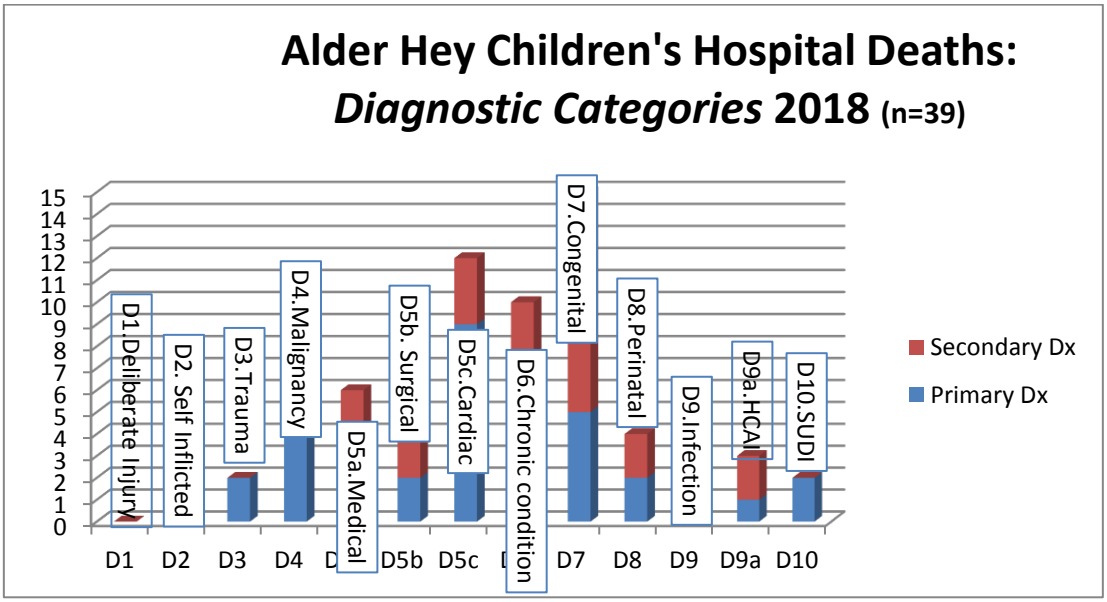
Discordant Conclusions of the HMRG vs the Departmental review

Since the last quarterly mortality report there have been ten cases where there have been discrepancies between the departmental and the HMRG review.
In 2 cases, the care was rated as better by the HMRG review than the local one when it was rated as adequate by the HMRG but not by the departmental review.
In 3 cases, the care was considered to be less than adequate in contrast to the departmental review where it was rated adequate.
In another 3 cases, the departmental reviews considered the care to be an example of good practice but the HMRG downgraded it to adequate. Another 2 cases, where the care was considered as adequate, the HMRG rated it as 'aspects of clinical care could have been better'. Lastly, in one case the care which the departmental review raised aspects of clinical care could have been better the HMRG review considered parts of the organisational care could have been improved on in addition.

Potentially Modifiable factors and Actions

Over this period there have been 0 potentially avoidable deaths identified by the HMRG process.

Primary Diagnostic Categories



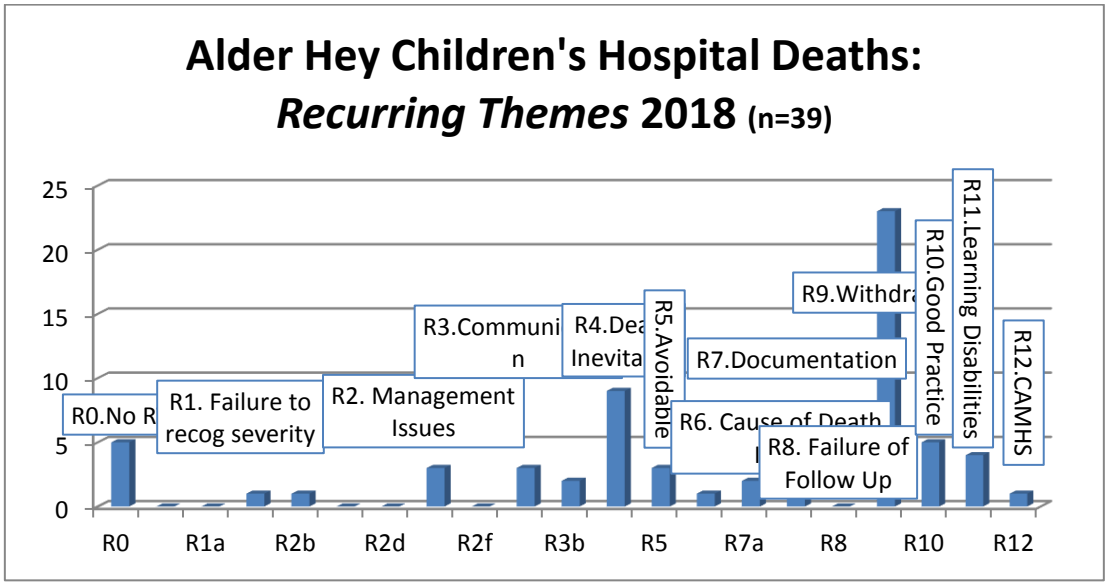
Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

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 most common primary diagnostic category is cardiac 23% which is not surprising since Alder Hey is a major cardiac unit. A number of children are transferred for assessment and unfortunately have very significant lesions which are inoperable or palliative. The next highest category is chronic medical conditions -15.4% closely followed by congenital 12.8%. A considerable number of the children who die in the hospital have complex medical conditions resulting from congenital conditions so these figures correspond with the hospital caseload.

There is only one hospital acquired infection recorded which has the primary cause of death and 2 as a secondary cause. The child with the hospital acquired infection had a number of reviews and the infection was unfortunate rather than due to lack of care. The others were children who were immunocompromised or had a prolonged PICU stay.

Primary Recurrent Themes



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 commonest theme is clearly withdrawal of care in 58.9% of cases which shows that the intensive care team are providing the best possible care until they feel all treatment options are futile, then with the full agreement of the family withdrawing intensive care whilst ensuring the child is comfortable.
The next common theme is death -inevitable prior to admission, this occurred in 15.4% of cases. This is when even with optimum care there is nothing that the teams in AHCH can do to prevent death. This may not be apparent prior to transfer and may require investigations to be undertaken in AHCH to complete a full assessment and discuss all treatment options or lack of.
The next two themes are no theme and examples of good practice which are both 12.8%.

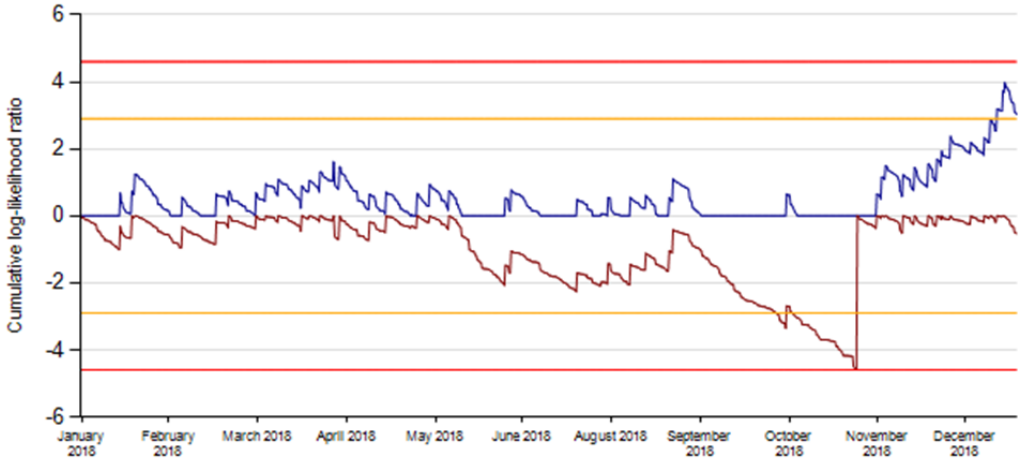
There are no worrying recurrent themes that are becoming apparent during the case reviews.

Section 2: Quarter 3 Mortality Report: October 2018 – December 2018

1) Statistical analysis of mortality:

a) RSPRT (Risk-adjusted resetting probability ratio test)

In the RSPRT (Risk-adjusted resetting probability ratio test) Plots present the mortality of your unit cumulatively, based on what is predicted by PIM3 score. Between the orange lines is a 'safe zone' with the variability you might expect day to day. Between the red lines at the top of the chart can be regarded as a 'warning zone'.

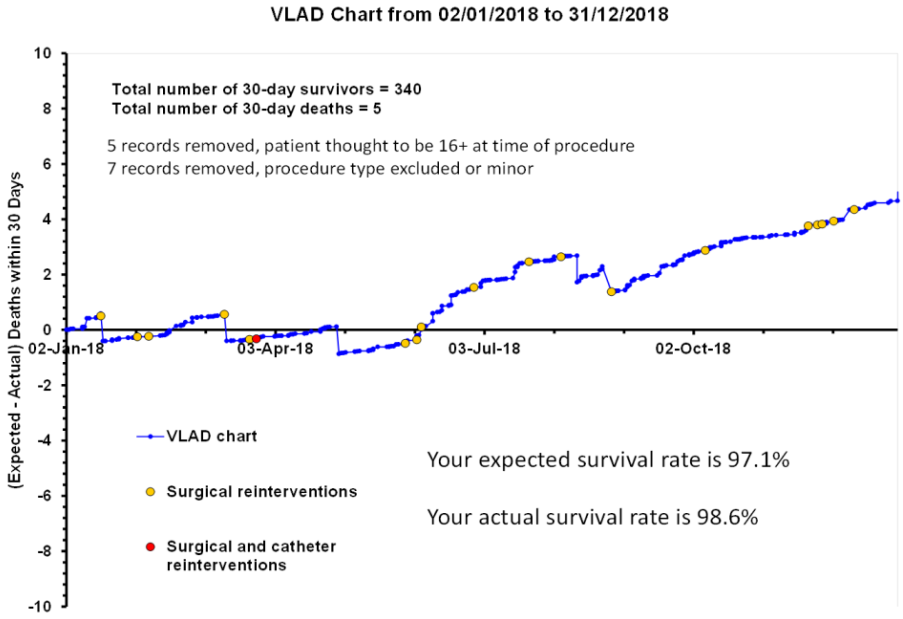


Until there is a death, the top line stays flat and the bottom line gradually drops. When a death occurs, the top line moves up and the bottom line moves closer to zero. When either line touches the red line, the graph resets to zero.
This data is nationally validated because it is generated by PICANet.
The above RSPRT chart indicates that we have been in "Safe Zone" between January 2018 and December 2018. We had a total of 48 deaths in 2018. Between October 2018 and December 2018 we had 14 deaths, 12 of them belonged to the "Death inevitable on PICU admission" group in retrospect. Of the 2 unexpected deaths, one patient died after acute lung injury and brain injury following inhalational burns in a house fire and the other was a neonate post-complex cardiac surgery. All PICU deaths + RSPRT trends are discussed in the following month and monitored regularly.

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

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

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

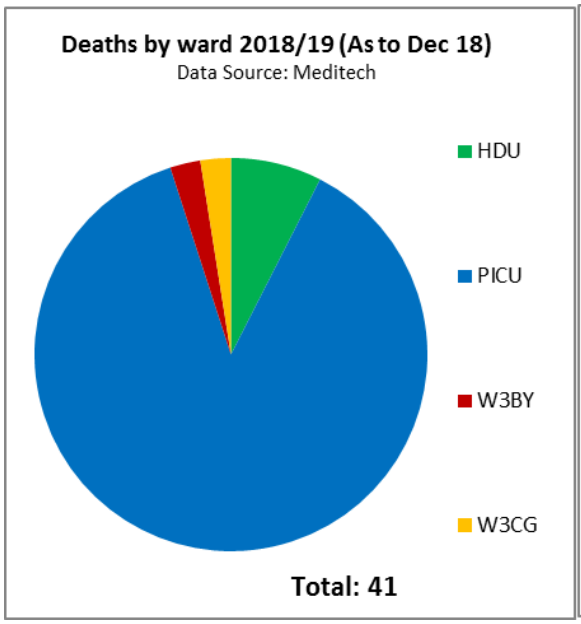


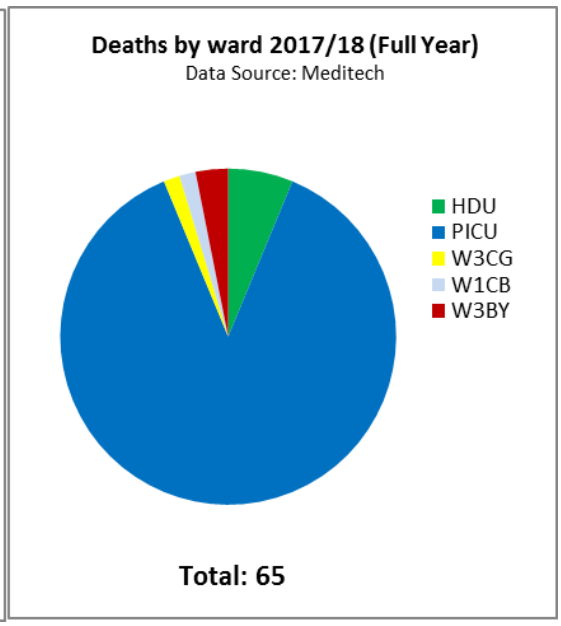
The VLAD chart above shows mortality is occurring lower than expected for the twelve months from January 2018 to December 2018. The survival rate at 30 days was 98.6% against an expected rate of 97.1%.

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.

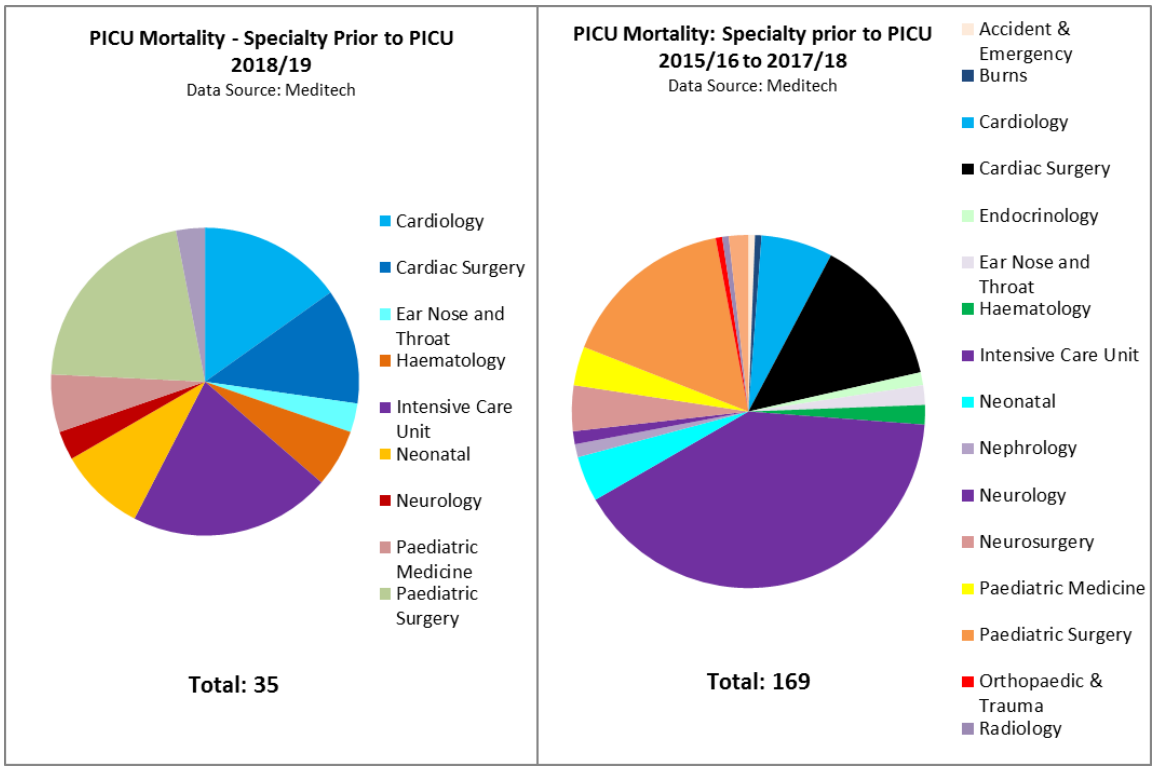
i) Below are the charts showing mortality by ward for 2018/2019, and the previous year 2017/18.





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

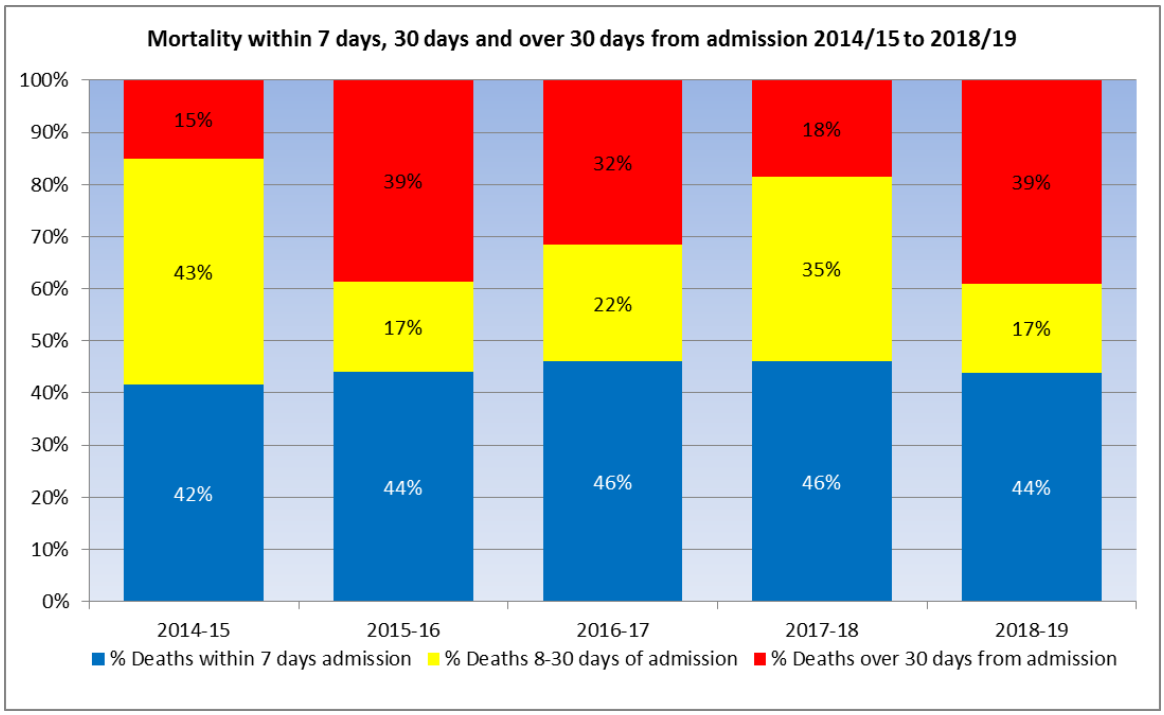
ii) Below are the charts showing mortality by specialty prior to PICU for 2017-18, and the previous 3 years 2014-15 to 2016-17.



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

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

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

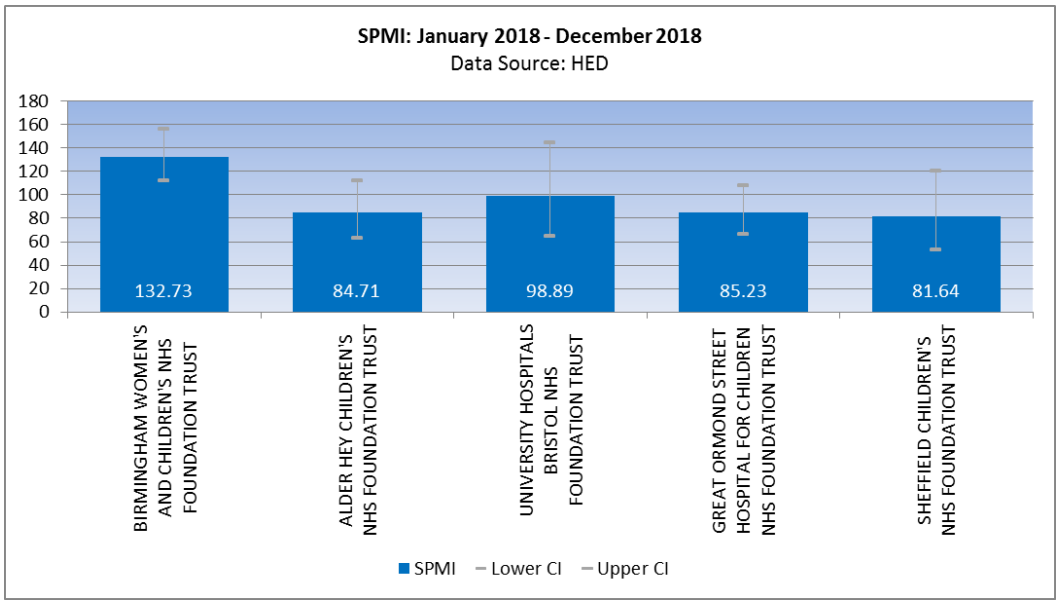


The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 44-46% of deaths occur within this time frame. In the current year (Apr – Dec) 44% occurred within 7 days of admission, 17% occurred within 8-30 days from admission, and 39% deaths occurred over 30 days from admission.

3. External Benchmarking

a) Standardised Paediatric Mortality Index (SPMI); – HED

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 1st January 2018 to 31st December 2018.



The chart shows that Alder Hey has a lower mortality level than the average NHS performance with 50 deaths against 59 expected deaths. However Alder Hey's SPMI is similar to the hospital's with similar work load – Great Ormond Street and Bristol.

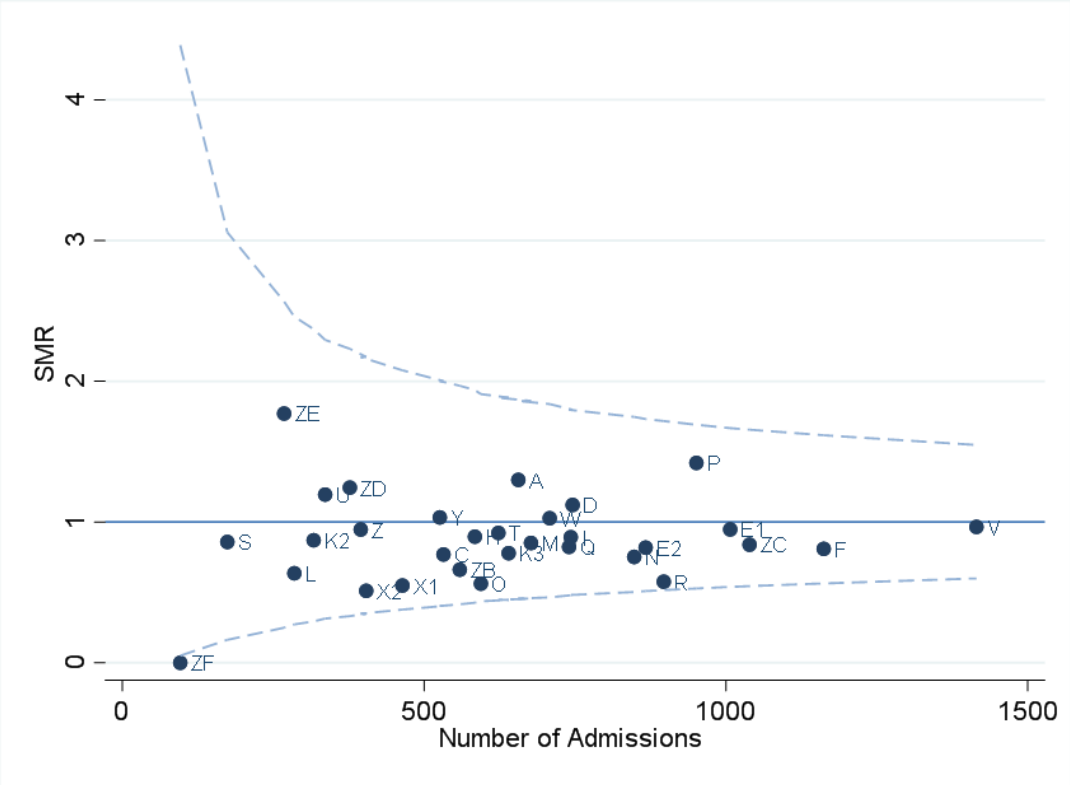
b) External benchmarking against comparator organisations for specific patient groups in addition to HED.

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 (2018 Annual Report of the Paediatric Intensive Care Audit Network January 2015-December 2017), 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 PIM3. 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, 2016: PIM3 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

The HMRG is functioning well although there have been a number of challenging cases resulting in less cases reviewed within the 4 months. The process continues to adapt according to the national guidelines and there will need to be a number of changes over the next few months to ensure we meet the national requirements. Our process is robust but needs to provide the data required to input into the national database. We need to strive to engage clinicians both internally and externally and the links with the CDOP process will change following the guidelines. We continue to review every in-patient death in HMRG and the majority of deaths have at least one departmental group review in addition.

There is clearly considerable amount of work to be done to improve the process and increase engagement and communication across the Trust.

Learning from deaths is the key goal and we are now trying to ensure that this occurs across the organisation.
The statistics relating to paediatric deaths are difficult as they are so many variables and different figures cover slightly different aspects.
The Trust that is the most comparable to AHCH is probably Birmingham children's Hospital NHS Foundation Trust and we are comparable to them with SPMI which is reassuring.

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

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

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

Safeguarding Service

Annual Report

2017/18

Report Authors	Julie Knowles Assistant Director of Safeguarding & Service Group Lead for Statutory Services
Completion Date	25th September 2018
Submission Date to Board	CQSC – 9th October 2018 Executive Board -

Executive Summary

In keeping with all NHS organisations, Alder Hey has a statutory duty to make arrangements to effectively safeguard and promote the welfare of children and adults accessing services.

The safeguarding team are based within the new Rainbow Centre, which is situated on the ground floor near the Emergency Department and provides a 'hub' for the co-ordination of the safeguarding service across the whole Trust.

Key achievements of 2017–2018 include:

- Demonstration through the CCG quality assurance process a level of 'significant assurance' across both children's and adult safeguarding.
- Effective management of the Safeguarding Service and appropriate escalation to ensure the Executive Team are sighted on all significant Safeguarding issues.
- Provision of strategic leadership to Liverpool Community Health Trust's Safeguarding Service during a period of interim management by Alder Hey.
- Achieving full safeguarding training compliance (>90%) across all levels as set by the CCG.
- Revision of the safeguarding Training Strategy to enhance the training programme and reflect key learning from local and National guidance.
- Support for both the strategic and operational management of a high profile complex situation.
- Collaborating closely with the CCG to further enhance service delivery of the LAC & Adoption service.
- Continued contribution to the development of the Community Transformation Agenda to progress a model of integration between the Acute Tertiary Services and Community Services to meet the needs of children, young people and their families across the whole continuum of need.

Priorities for the forthcoming year:

- Development of the Digitalisation of Statutory Services to enhance patient care.
- Work in collaboration with the CCG to further develop the health assessment pathway for new into care children.
- To work with NHS England Specialist Commissioners in developing a bespoke service for historic sexual abuse.
- To review the safeguarding supervision framework to ensure all specialist services are adequately supported.
- To collaborate closely with the executive team to develop policies that will better support staff in the management of parents displaying challenging and aggressive behaviours.
- To review and develop systems to better capture activity data, including FII cases.
- Further development of the Safeguarding children/adult training strategy to take account of the changing needs of the workforce, to include specialist topics pertinent to a Tertiary setting and ensure full compliance with the Intercollegiate guidance.
- To continue working in collaboration with the safeguarding CCG service in the development of Key Performance Indicators that are measurable and reflect the safeguarding / LAC service delivery model provided by a tertiary children's hospital with a specialist safeguarding service in order to achieve compliance.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 2nd April 2019

Report of:	Chief Nurse
Paper Prepared by:	Chief Nurse and Trust Risk Manager
Subject/Title:	Duty of Candour and Incident Management, including all incident investigations of moderate harm or above and Never Events
Background Papers:	Seven Steps to Patient Safety. National Patient Safety Agency 2004. Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. Revised Never Events Policy and Framework (NHSI 2018) Never Events List 2018 Incident Investigation reports.
Purpose of Paper:	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.
Action/Decision Required:	Note and approve current assurance position.
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	n/a

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1. Background:

NHS England published a revised 'Serious Incident Framework' in 2015, and an updated 'Never Events Policy and Framework' and updated 'Never Event' list in January 2018. The NHS England Serious Incident Framework (2015) defines the fundamental purpose of patient safety investigation, i.e. to learn from incidents, not to apportion blame (except in specific defined circumstances such as criminal activity, repeated same/similar errors) whilst identifying a system-based method for conducting investigations (root cause analysis).

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, set specific requirements for registered organisations such as Alder Hey NHS Foundation Trust, about the incidents that must be reported to the CQC. The Trust has a responsibility to report to the CQC serious incidents and 'Never Events' that relate to patient safety/patient harm. In addition, the Trust has a statutory duty to apply Duty of candour for all moderate and above harm incidents, and Never Events.

In November 2014 a statutory Duty of Candour was introduced for all Secondary care providers registered with CQC in England as set out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The introduction of Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of a regulated activity. In April 2015 this became law for all providers and the CQC guidance requires Trusts to achieve a verbal Duty of Candour for moderate harm and above incidents within 10 working days. This should be followed up with a written Duty of Candour in a suitable timeframe.

There are three levels of investigation identified within the NHS, where regulation 20 applies, as follows:

- Level 1 (60 working days to complete) – This is a concise Internal Investigation, suitable for less complex incidents usually at moderate harm level (meaning short term harm), and managed by individuals or a small group.

- Level 2 (60 working days to complete) – This level of investigation is conducted for all severe or catastrophic/death harm incidents. This is a comprehensive Internal Investigation, requiring management by a multidisciplinary team, involving experts and reportable to the Strategic Executive Information System (StEIS), which is accessible to the CCG, CQC and Department of Health.

- Level 3 (6 months to complete) – This is an independent investigation, externally conducted, where the integrity of the organisation has the potential to be challenged.

Current position

Table 1 shows the Trust's 2018/19 performance for serious incidents requiring investigation (SIRI). All SIRI investigations are monitored via the monthly investigation performance assurance meetings with individual Divisions, focusing on the management of investigations, including lessons learned and assurance of progress with actions for improvement. In addition, a bi -monthly report of progress with actions, from SIRI investigations is presented to the Clinical Quality Steering Group, with exceptions reported to Clinical Quality Assurance Committee.

During this reporting period, there were two serious incidents reported. There were no safeguarding incidents reported and no never events. There were no SIRI's closed during this reporting period.

Table 2 shows the cumulative position; there are five open serious incident investigations.

Table 3 shows the Trust had one moderate harm incident during this reporting period; which complies with external requirements, including the regulatory requirement for duty of candour.

Table 1 Serious Incidents requiring investigation (SIRI) performance data:

SIRI (General)													
	2017/18			2018/19									
Month	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
New	0	0	0	1	1	1	1	0	0	0	1	2	2
Open	3	3	3	2	3	2	2	4	3	0	0	3	5
Closed	4	0	0	0	0	2	1	1	1	3	0	0	0
Safeguarding													
Month	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
New	0	0	0	0	0	0	0	0	0	0	0	0	0
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
Never Events													
Month	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
New	0	0	0	0	0	0	2	0	0	0	0	1	0
Open	0	0	0	0	0	0	0	0	0	0	0	0	1
Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position													
5													

Table 2 Ongoing serious incidents requiring investigation (cumulative):

On-going SIRI incident investigations							
Reference Number	**Date investigation started**	**Division**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour applied**
StEIS 2019/3312	08/02/2019	Medicine	**Unexpected death:** The patient was admitted from ED suffering from septic shock. Multiple inotropic support was provided and the massive haemorrhage protocol was	**Nursing lead:** Tammy Walker, Staff Nurse, ED **Medical lead:** Shirley Mulvaney, ED Consultant	Investigation gathering underway; After Action Review to be undertaken.	Report due for submission to CCG and CQC 08/05/2019.	Completed.

			activated. The patient deteriorated and went into multi organ failure. Full intensive care support was supported until the afternoon of the 6.02.19; patient sadly passed away.				
StEIS 2019/3163	07/02/2019	Surgery	**Unexpected death:** The patient was admitted from the Emergency Department (ED) on the 03.02.19 after collapse at home. Gastro-jej tube changed on the 01.02.19. Following the procedure the patient suffered a Perforated bowel secondary to migration of Gastro-jej tube. Laparotomy and repair of bowel perforation performed on the 04.02.19 (01.30), patient returned to PICU (03.00). Multiple inotropic support was provided; patient sadly went into multi organ failure. Extensive discussion with teams involved in the care. Decision to withdraw treatment; patient sadly died at 16:38.	Kelly Black, Surgical Matron	Investigation gathering completed; panel meeting held 20/03/2019.	Report due for submission to CCG and CQC 07/05/2019.	Completed.

StEIS 2019/1967	24/01/2019	Surgery	**Never Event Wrong Site Surgery - Wrong site anaesthetic block:** A wrong site block was performed on a patient. Full checks were completed and the 'stop before you block' undertaken, however this was before the local anaesthetic was drawn up. Markings were noted as part of the check; however the operator position changed for ergonomics with the ultrasound scan. The error was identified and immediate action was taken, including the declaration of the incident as a 'never event' and a discussion held with the family.	Paula Clements, Theatre Matron	Panel meeting held 22/02/2019; RCA report being written.	Report due for submission to CCG and CQC 18/04/2019.	Completed.
StEIS 2019/1718	22/01/2019	Medicine	**Unexpected death:** Four month old baby was admitted to Alder Hey via ED on 15.01.19 with a bronchiolitis type illness, admitted to Ward 4C. The patient was managed with Airvo and nasal cannula oxygen plus a mixture of bottle and NGT feeds. Respiratory PCR positive for coronavirus, human metapneumovirus and rhino/enterovirus. The	**Nursing lead:** Amanda Turton, Head of Acute Care **Medical lead:** Theo Anbu, Consultant	RCA panel meeting held 07/03/2019; RCA report being written.	Report due for submission to CCG and CQC 16/04/2019.	Completed.

			baby previously had multiple attendances to the Trust. Just over 12 hours pre acute collapse, the baby became tachycardic and had episodes of fever for which she was given paracetamol and ibuprofen on the ward. At 12:00 on 19.01.19, a cardiac arrest call was issued because the baby had been found moribund and peri-arrest on the ward by her mother. The cardiac arrest team resuscitated her with assisted ventilation, dextrose and fluid boluses, IM and IV antibiotics. The baby was intubated on the ward, a high dose adrenaline infusion started and quickly transferred to PICU. Shortly after arriving in PICU, she went into PEA and CPR was commenced at 12:55hrs. Sadly, the baby did not respond to resuscitation and this was discontinued at 13:20 hours				
StEIS 2018/30070	19/12/2018	Surgery	**Unexpected death:** 24 week gestation baby, transferred from Liverpool Women's Hospital for central line insertion. The	Stefan Verstraelen, Head of Quality, Surgery	First panel meeting held 04/03/2019; second panel meeting held 11/03/2019, RCA report being written.	Extension requested due to the complexity of the case (joint investigation with Liverpool	Completed.

			baby had undergone previous surgery for NED and had previous line insertion problems. The baby had many known co-morbidities. The baby died following transfer to the Intensive Care Unit at Alder Hey Children's Hospital.	**Nursing lead:** Joanna McBride, Head of Nursing, Cardiac and Critical Care Services **Medical lead:** Peter Murphy, Consultant		Women's NHS Foundation Trust). Extension agreed. Report progressing. Expected date of completion is 18/04/2019.	

Table 3 Moderate harm incidents:

	Duty of Candour (excluding SIRIs)							
Reference Number	**Date investigation started**	**Type of investigation**	**Division**	**Incident Description**	**Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour applied**
33772	18/02/2019	RCA Level 1	Surgery	1000x overdose of medication (hydrocortisone).	Joanna McBride, Head of Nursing, Cardiac and Critical Care Services	Information gathering ongoing.	22/05/2019	Completed.

END

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
2 April 2019

Subject/Title	Global Digital Excellence (GDE) Programme Update
Paper prepared by	Kate Warriner, Chief and Digital Information Officer Cathy Fox, Programme Director for Digital Kerry Morgan, GDE Programme Manager
Action/Decision required	The Board is asked to note the updated progress of the Trusts GDE Programme the achievement of Milestone 5 and the commencement of Milestone 6
Background papers	N/A
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	IM&CT Strategy Significant contribution to the strategic objectives for:- - Clinical Excellence - Positive patient experience - Improving financial strength - World class facility

1.0 Executive Summary

The purpose of this paper is to provide the Committee with an update on the progress of the Trusts Global Digital Exemplar (GDE) Programme; the achievement of Milestone 5 and the commencement of Milestone 6.

2.0 Update of Progress

Since the previous update to the Board on 5 March 2019 the Trust continues to ensure phase six milestones are achieved; primary areas of work include:

Specialty Packages

Work is ongoing in Tranche one with requirements gathering and build. There has been excellent engagement from the specialties involved in the Tranche one, as well as testing taking place for Cardiac Surgery and Cardiology. Engagement is underway for Tranche two and three, with several specialties already requirements gathering in advance of their commencement date. Positive conversations are also taking place with services outside of the original 18 identified for 2019 to understand their requirements.

Benefits baseline: No digitised clinical pathways. Average length of stay 2.78 days. Individual specialty packages have bespoke benefits identified and are available to view in the SOPB on SharePoint.

Share2Care – Regional Interoperability

All 7 sites are connected to the platform; four sites are operational and three other sites are to go operational mid-April . Three sites are publishing clinic letters to the live platform and the remaining sites are working toward publishing clinic letter by the end of April . The migration of the central servers to the data centre is progressing well and will be completed by 15 April. The team are progressing testing the connectivity between the two systems across Cheshire & Merseyside STP (e-Xchange) and Lancashire & South Cumbria (L&SC) STP (LPRES). These systems are now federated in test environment and proved that L&SC team can see C&M records against patients.

Work is progress to on-board 11 other NHS organisations (Acute, Community and Mental health) and the team have carried out multiple on site demonstrations and engagement sessions for local teams. Further sessions are scheduled with various sites and stakeholder groups.

Benefits baseline: Pre-implementation survey undertaken. Findings identified that 0% of clinicians are able to access clinical information they need easily; 0% are satisfied with the current process for accessing clinical information from other Trusts. Time taken to collate information from other Trusts ranges from hours to days.

E-Consent

E-Consent will provide a means for patients and/or Legal Guardian to consent to treatment electronically. This will ensure an electronic signature can be given and consent can also be emailed to the patient and/or Legal Guardian.

The e-consent pilot study is well underway after its launch on February 20th. A number of consultants are using the system to display the risks and benefits for different procedures and gain consent from patients and/or Legal Guardians using an electronic signature. A pilot review meeting is due to take place in early April to evaluate the system before moving forward with the e-Consent project.

Benefits baseline: E-consent taken in paper format; baseline timings to complete form to be calculated. Patient experience to be monitored throughout the pilot.

Patient Portal

Several workshops have been held with both NHS England and NHS Digital to discuss Alder Hey's requirements for the patient portal. At the last workshop (January 2019), the various scenarios that can be faced at Alder Hey were mapped out.

In March 2019, NHS Digital's Citizen ID Team, the team who are working on the back-end solution for the patient portal with regards to the authentication side of the system, documented the technical journey for the various scenarios along with the suggested data sources to mitigate the risks associated with them. This proposal has been presented to both the Trust's Safeguarding and IG teams who fully support the concept.

A technical evaluation is now currently in the process of being completed by NHS Digital's technical team to determine if the proposed solution is viable and to confirm the vector of trust level it meets. This needs to meet the security standard level 9 and is subject to testing.

Regarding the front-end development aspect of the portal i.e. the NHS App interface, a conversation is to be held with NHS England's Digital Strategy Delivery Lead to discuss fitting Alder Hey into the NHS App development roadmap sooner than anticipated. Funding for this is yet to be agreed.

Benefits baseline: Information is not readily available to patients; average turnaround time from submitting a Patient Access Request to receiving their record is 21 calendar days. Average PALS and Complaints relating to communication failures, conflicting information and query regarding appointments is 72 per quarter.

3.0 Summary of Key Benefits

Project	Aim	Measurement	Baseline Position	Improvement Target	Actual Progress to Target (current)
Booking & Scheduling Project	Increased income from backfilling cancelled outpatient	Income received minus costs of resource to call and	£0	£34,453	£203,554 Oct-Dec 2018

	appointments - bi-directional texting	backfill appointment slots			
Voice Recognition	Safer handover of care between the Trust and Primary Care	Average turnaround time for letters in working days	16 working days	3 working days Dec-2018	2.5 working days Dec-2018
Bi-directional interface with kiosks	Improve patient experience in booking in for outpatient appointments	Number of appointments added on the day	Appointment not available in InTouch Required concierge assistance	Appointments available in Intouch	3590 Appointments available in Intouch Oct-Dec 2018

4.0 Milestone Assurance

The assurance for milestone 5 has been completed; work on milestone 6 has commenced.

5.0 Next deliverables

Work on milestone 6 has commenced, by November 2019 we will deliver:

- **HIMSS level 6 -** The Trust underwent a formal gap analysis assessment for HIMSS Stage 6 EMRAM assessment in December 2018. Feedback has now been received and an action plan developed to ensure achievement of level 6 is completed by April 2019. In terms of HIMSS level 7, a parallel piece of work is being carried out to identify the gaps to be addressed for HIMSS level 7 along with an action plan to address these with a view to a full assessment taking place in early January 2020.
- **Bedside medication verification:** A pilot was undertaken in January 2019; an action plan has been developed to ensure this can be rolled out across the Trust. Updates are provided at GDE Programme Board.
- **Complete a total of 52 Speciality Package deployments:** 32 specialties are live, 2 are due to go live in April, and a further 18 by November 2019.
- **Patient Portal –** Develop a secure online web portal that gives patients and their responsible guardian view-only access to patients own health records.
- **Share2Care –** Integration of the E-Xchange platform with EMIS.
- **Nordinet (Endocrinology) PC Pal –** live
- **API/FHIR interfacing –** included within Share2Care

6.0 Recommendations

The Board are asked note the progress of the Trusts GDE Programme; the achievement of milestone 5 and the on-going progress towards Milestone 6.

Kate Warriner
Chief Digital and Information Officer 25 March 2019

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

2nd April 2019

Report of:	Director of Marketing and Communications
Paper Prepared by:	Vicky Charnock, Arts Co-ordinator & Dr Jane Ratcliffe, Consultant
Subject/Title:	Arts at Alder Hey
Background Papers:	None
Purpose of Paper:	To present to the Board an update of activity for noting and/or discussion.
Action/Decision Required:	none
Link to: **Trust's Strategic Direction Strategic Objectives**	Delivery of Outstanding Care
Resource Impact:	Subject to identification of funding sources - £208,000

1. SUMMARY

We have a well-established Arts for Health Programme that is funded entirely through the active fundraising support of our Charity and through the charitable funding of the external partners who deliver many of our activities.

Over the years, (since 2002), we have been able to develop significant events and activities for the benefit of children and young people. These activities not only enhance their in-patient experience, but arguably provide a therapeutic benefit.

In recent months a small team has been working to examine what we do and how we can develop a shared vision for Arts in Healthcare that matches our strategy of expanding and improving our care for children and young people. The shared Vision that we have developed is best summed up as: **Every child in our care should have an Arts experience**. This Vision is a challenge for us all to develop what we do.

The foundation of our work is an extensive programme that, despite funding not being predictable or sustainable, continues to be introduced across Alder Hey in a variety of forms with a variety of benefits.

We have ambitions to expand participation in Arts for Health through increased partnership working across our region. In addition, we have an ambition to focus on research about the impact of Arts for Health, adding to the body of knowledge about the potential health benefits of a planned programme.

The funding for our Arts for Health comes generously via Alder Hey Charity's collaboration to obtain Trusts and Foundations' support, along with a greater sum that is raised directly by our delivery organisations, who themselves are charitably funded. Whilst this has, to date, delivered an Arts for Health Programme worth having, we do not believe that we can deliver our more ambitious agenda without a more certain and corporately agreed approach to the longer term.

As part of this we want to increase our Arts for Health capability through two additional posts that will:

1.1. Ensure continued delivery of existing plans.

1.2. Allow a focus by our Arts Lead on developing stronger partnerships with more organisations, including new areas such as fine arts, museums and the creative industries.

Support is requested for the approach outlined in this paper, which requires further work to identify sources of funding for the additional two posts required, totalling some £58,000, and also to lock in guaranteed year-on-year funding of the order £150,000 to allow us to deliver the vision laid out in this paper.

1. Background

Alder Hey established Alder Hey Arts in 2002 with a vision to develop an interactive Arts programme which engaged children, their families and staff; 'Arts for all in our community'. Patients who had long term conditions spoke of being bored in hospital and Play Specialists looked for inspiration to engage more innovatively with them. An Arts 'taster day' in 2003 at TATE Liverpool for the Play Specialists started this programme. Most of them had not been in a modern art gallery before and this event gave them confidence to explore modern art and return and bring their families. A professional development course was designed to support their delivery of arts activities with patients in Alder Hey. In 2004, a 'Cultural Champions Group', a congress of arts and cultural organisations from across Merseyside met and started to work with Alder Hey. With Arts Council England, North West, (ACENW), a 'Cultural Learning' strategy was developed for Alder Hey. A grant of £50,000 from ACENW, together with matched funding from the Trust Charity and support in kind from the Trust allowed the appointment of an Arts Coordinator and eight, twelve week Cultural Champion residencies in Alder Hey. Alder Hey became an active participator in Liverpool as European Capital of Culture in 2008 and these relationships have sustained and developed. Following this, the participatory programme was funded by the Alder Hey Children's Charity (until 2014) and a variety of external grant making Trusts and Foundations.

Since then the establishment of the Cultural Champions programme, the programme has grown exponentially and Alder Hey has established itself nationally as one of the leading protagonists of paediatric arts in healthcare delivery. During that time, the programme has won a number of awards including the inaugural NHS England's Excellence in Participation programme, and most recently in 2017 was cited as an example of national good practice in the All-Party Parliamentary Group in Arts, Health and Wellbeing Inquiry. It is clear that Arts for Health at Alder Hey is not a "nice to have", but an essential and contributing part of our healthcare delivery.

2. Why Arts?

The arts are now commonly used as part of treatment and recuperation within the health sector. It has long been recognised that there is a connection between the arts and health and that through engagement with the arts, there can be positive benefits to emotional and physical health and wellbeing**.** Numerous examples of evidence based research have shown how people benefit from being in a conducive environment enhanced by good design and art, as well as from active engagement in creative pursuits.

The Study of the Effects of the Visual and Performing Arts in Healthcare undertaken by Dr Rosalia Staricoff at Chelsea and Westminster Hospital 1999-2003 found that the length of stay of patients on a trauma and orthopaedic ward was one day shorter when they experienced visual arts and live music, and their need for pain relief was significantly less than those in the control group; live music was very effective in reducing levels of anxiety and depression; visual arts and live music reduced levels of depression by a third in patients undergoing chemotherapy; and staff recruitment and retention were improved.

Our own research has shown similar benefits: a study conducted in 2013 in collaboration with the Alder Hey's Pain Team, showed that children and young people experienced

significantly less pain after participating in a dance and movement session. 92% of participants saw improvement in the experience or perception of pain.

We also know from hundreds of our case studies the profound impact that participating in the arts can have over a sustained period of time. These include young people who have regained their confidence sufficiently to re-enter mainstream education, those who have chosen the arts as a career path from their involvement in our programmes and those who have told us that the arts offered them a lifeline whilst they were in hospital.

3. Our Vision: Every child in our care should have an Arts experience.

Our delivery of arts in healthcare makes Alder Hey a special place. With an award winning building and location in the park, we have the opportunity to deliver our personalised healthcare in a unique setting and strengthen our position as one of the leading protagonists of paediatric arts in healthcare.

At Alder Hey, art is much more than humanising the environment because it is grounded in the most important values and principles, where creativity is patient led and patient centred and supported by artists whose ideas and vision are the catalysts for our children and young people's imaginations to take off. No longer constrained by working in an outdated hospital building, Alder Hey in the Park enables us to embed the arts in our personalised delivery of healthcare. We believe that Alder Hey will be at the heart of the way we understand culture, health and wellbeing, a beacon for delivering personalised healthcare innovatively by actively incorporating the arts.

4. What we currently do

Our current practise encompasses all aspects of the participatory arts: dance and movement; music, storytelling; visual arts; animation; performing arts; comics and cartoon making; film making; creative writing; and digital arts. Many of our patients take part in an art form that is new to them. We have established partnerships with arts organisations such as Tate Liverpool, Live Music Now, Bluecoat Display Centre, DadaFest, Comics Youth, Manchester Metropolitan University and University of Liverpool. In 2017 – 18, we worked directly with 5,000 patients and their families and delivered nearly 500 workshops. The programme runs from Monday to Friday with activities happening on most days.

Since the move into Alder Hey in the Park, we have a purpose built performance space with the potential to live stream to the patients' bedsides. In 2017 – 18, we delivered 18 live arts performances, which were enjoyed by hundreds of children and their families.

The programme in 2017-18 was supported exclusively by a number of external Trusts and Foundations. These have included: The Big Lottery Fund Peoples Project, Awards for All, The Youth Music Foundation, Wallace and Gromit Children's Charity and The Hemby Trust. This funding has totalled £103,000 which was secured through Alder Hey Children's Charity. In addition, we have worked with our cultural partners who have in turn secured their own funding to enable their activity at Alder Hey. These funders include: Children in Need, Arts Council England, Awards for All, P H Holt and the Department of Communication and the Arts' Catalyst Australian Arts and Culture Fund. This funding totalled approximately £200,000.

The part time Arts Coordinator post has continued to be funded by the Alder Hey Children's Charity who solely manages the programme.

We have a number of major confirmed projects for 2019 – 21. These include:

4.1. Medical Mavericks:

A stop frame animation project exploring the lives of three medical pioneers who had connections to Liverpool, led by Twin Vision. The project works with long term patients across the hospital to produce an animated film about each medical pioneer. These films will form the basis of an educational app which will be rolled out to schools and colleges across Liverpool. A touring exhibition in 2019 will conclude the project: venues include Tate Liverpool, Museum of Liverpool, Central Library, Liverpool Medical Institution and Alder Hey. This programme has been funded by the Heritage Lottery Fund (£73,000).

4.2. DadaFest:

A participatory arts programme aimed at long term patients in partnership with DadaFest, a national deaf arts and disability arts organisation. Held over three years, the programme offers young people up to 20 hours of one to one time with an artist which reflects their interests and experiences. The programme also includes a showcase event each year from a nationally renowned disabled performer, as part of the annual International DadaFest Festival. This programme has been funded by Children in Need (£92,000).

4.3. ELATION:

A participatory dance and movement programme led by Small Things Dance Collective, and aimed at children and young people on the Neuro Rehabilitation and Cardiac Units. Running until the end of 2019, the programme also showcases 4 ward based performances. This programme is funded by Children in Need (£53,000).

4.4. Sound:

A participatory music programme delivered by Liverpool Philharmonic Orchestra's cellist, Georgina Aasgaard over a period of three years. The sessions will cover all in-patient wards and the Dewi Jones Mental Health Unit. This programme is funded by Children in Need (£30,000).

4.5. Music:ED:

A research study led by Cascade Music and delivered in partnership with clinicians from the Emergency Department and University of Liverpool. The study, running from January – April 2019, will attempt to assess whether a live music intervention reduces the stress and anxiety of patients who are receiving invasive procedures. This programme is funded by the Hugh Greenwood Fund (£25,000).

4.6. Young Makers:

A series of contemporary craft making residencies, in partnership with Bluecoat Display Centre, the region's leading contemporary craft centre. In 2019, Rachael Howard, printmaker, will deliver two residencies on two in-patient wards over a period of three months. This programme is funded by Awards for All (£10,000).

4.7. Patient Stories:

An eight month participatory programme exploring the power of comics, cartoons and zines, led by Comics Youth, the recent recipients of the 2018 Royal Society for Public Health's Arts and Health Award. Sessions will use drawing and comic production to support wellbeing and mental health of patients on the Oncology Unit. This programme is funded by P H Holt and The Will Charitable Trust (£14,500).

5. What others deliver

5.1. Great Ormond Street Hospital

Has had both a commissioning arts programme and a participatory programme since 2007. The programme employs three full time permanent members of staff: Head of Programme; Commissions Manager; Participatory Programme Manager. These three members of staff are funded by the Trust's own charity. During 2017, the programme engaged directly with 13,000 participants and ran 400 workshops. The programme runs every day from Monday to Friday, and on some weekends.

The Head of Programme applies on an annual basis for funding for the participatory programme to the Trust's own charity. Last year, the arts programme was awarded £102,000 to run the participatory programme for 12 months. Art commissions are not included on this funding and these are applied for separately.

5.2. Royal Hospital for Sick Children, Edinburgh

Has had an arts-for-health and wellbeing programme since 2014. The programme employs three permanent members of staff: Arts Programme Manager (full time; Arts Activity Coordinator (full time); Weekend Activity Coordinator (part time). The two full time members of staff are funded and employed by the hospital's charity and the weekend coordinator is funded by an external grant. During 2017, the programme ran 750 workshops. The programme runs seven days a week, with activities taking place on most days.

The Arts Programme Manager applies on an annual basis for the participatory programme from the Trust's own charity. Applications are made in August, with a decision made in November for the following January start. In November 2017, the programme was awarded £160,000 which included funding for the two full time posts. The application in November 2018 for the 2019 programme was for £210,000 to include increased outreach programmes.

5.3. Manchester Children's Hospital

The Arts for Health service at Manchester is run by Lime, the oldest hospital arts programme in the country and which has been running since the 1970s. Lime is staffed by a Director of Arts, who is funded by the hospital's charity and a Project Officer, also funded by the hospital charity. All programmes are charitably funded by the hospital charity or external trusts and foundations. Lime also has a separate Music Service, delivered by music practitioners who are funded by Youth Music Foundation. Lime Music for Health has its own Project Coordinator who is also funded by Youth Music Foundation.

Traditionally, Lime Arts has focused on significant art commissions to enhance the hospital environment, but is now moving towards a more participatory programme. Most recently, Lime has received funding from Arts Council England to develop a series of printmaking residencies and set up a printmaking studio within the hospital premises.

6. Future priorities

We have clear, priorities for Arts at Alder Hey that are:

6.1. Increase Opportunities for Participation:

Significantly expand the arts for health programme to meet demand in supporting clinical objectives, improving patient experience and enhancing the physical environment. We know from extensive evaluation that our patients and their families, as well as our staff, want more of the arts programmes in clinical spaces. We would like to be able to move from a five days a week service to seven days a week. Our current focus is long term patients on the in-patient wards but would like to expand to address more waiting areas, outpatients and the CAMHS Service.

6.2. Expand Partnerships:

Bring the best of artistic practice to Alder Hey through building a national and international partnership programme. We have a state of the art building, with a purpose built performance space, which allows us, with increased resources, to showcase the best of arts practice for our children and young people. Whilst we already participate in national festivals and events such as DadaFest International, The Big Draw, BBC Music Day and National Art Week, there is so much that could be achieved e.g. participation in the Liverpool Biennial of Contemporary Art.

6.3. Establish leading research/evidence base:

Place Alder Hey at the heart of evidence-based arts and health practice. Music:ED is a small research study taking place in A&E, and we need to build on this and expand our partnerships with local universities.

6.4. Training:

Establish Alder Hey as a leader in delivering arts and health based training, particularly in the development of formalised CPD training for artists. Alder Hey has been delivering mentoring and training programmes, particularly for early career artists since 2008. In particular, we have developed a strong reputation for supporting the career development of early career dancers and musicians. To date, these programmes have been supported by Arts Council England and The Youth Music Foundation. With additional resources, we could extend to other art forms.

The British Medical Journal argued in 2009 (What Training Do Artists Need in Healthcare Settings? Moss and O'Neill) for the need for a formal training programme for professional artists working in the healthcare sector, and identified the gaps in the arts sector for such training. They also suggested that the health sector needed to formalise its current 'ad hoc' approach to employing artists. We have strong links with many educational partners such as Manchester Metropolitan University's Arts for Health Department and believe there is a key role for Alder Hey in its Children's Health Park setting to develop a national accredited art for health training programme.

6.5. Use Alder Hey as an alternative 'hub'

Liverpool is a vibrant cultural city. Alder Hey can tap into that vibrancy by seeking partnerships with arts and other relevant bodies across the city and wider. The use of Alder hey as a "space" for events, viewings, and other activity can not only add to the patient experience we seek, but can also position us as a significant partner across our region in a new area.

This potential should be explored more fully, with the current Arts Co-ordinator devoting allocated time to so doing. The potential outcome for this is: more and significantly higher profile partnerships with our museums; joint work with creative and visual industries; collaboration with arts organisations; more linkage into post-City of Culture inspired activity that will allow us to reflect Liverpool's arts and culture experience today and in the future.

7. Synergy with Patient Experience

The Arts for Health programme has a clear mirror with the activities delivered as part of our Patient Experience Programme. Their work includes the distraction of children and their families through entertainment, events and celebrity visits, support through the volunteer programme and regular features such as visits from the therapy dog. However, the aims and objectives of the arts for health programme remain distinct in their ability to support the clinical objectives of the hospital, to engage children deeply in new cultural experiences and offer a personalised, patient centred approach to healthcare. The Arts for Health Programme showcases the best possible arts, partnering with highly established arts organisations and working with specialised, experienced professionals.

Recently there has been closer alignment of the Arts and the general Patient Experience work. This includes practical considerations such as the use of the Performance Space and discussion around seasonal events such as Christmas, Halloween and Easter.

8. Delivering a sustainable approach to deliver our Vision

8.1. Current income and expenditure

Of the projects listed in section 5, over half are funded by our cultural partners who have secured their own charitable funding from a range of trusts and foundations in order to work in partnership with us. These projects are: Medical Mavericks; DadaFest; Music:ED; ELATION. This external support totals **£243,000** in funding. The remaining projects have been secured from external trusts and foundations through Alder Children's Charity. It is worth noting that the arts programme is only able to apply to these organisations through the Alder Hey Children's Charity.

This financial year (2018 – 19) has seen the Arts for Health programme spend **£63,462.10** from money paid directly into the Arts for Health Fund by external trusts and foundations, which is administered through Alder Hey Children's Charity.

The current amount in the Arts for Health Fund is **£48,224.90.** This is allocated for specific projects from external trusts and foundations, and there is no non-allocated funding available for new projects. There is also a further **£28,051.87** funded by Alder Hey Children's Charity for music on the in-patient wards.

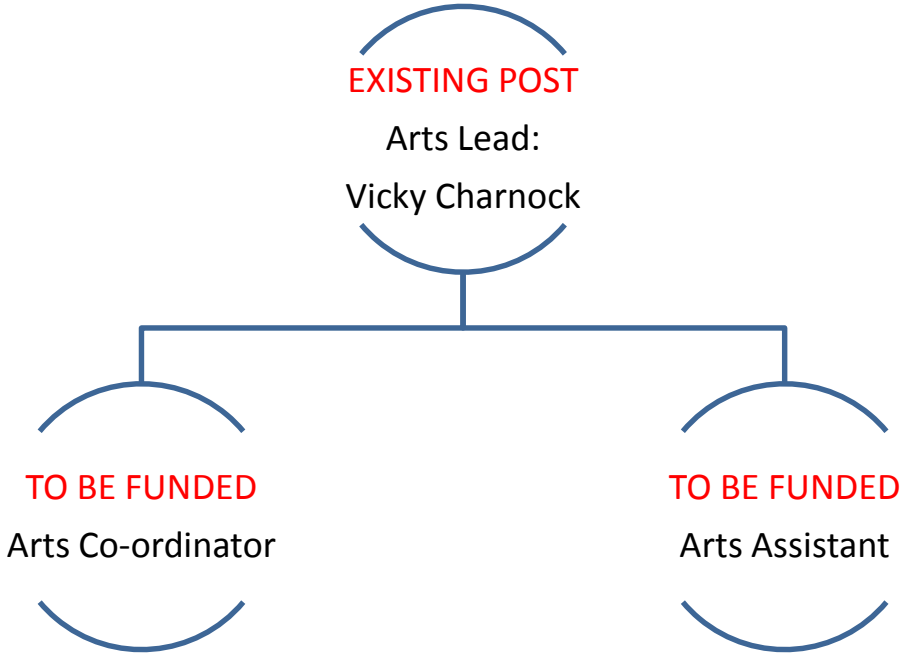
The Charity continues to offer great support in securing funds from external trusts and foundations, and remains committed to supporting the arts for health programme.

Alder Hey Arts for Health Fund: spend in 2018/19	£63,462.00	*Funding for this received direct from Trusts and Foundations, obtained by our Charity*
Remaining Arts for Health Fund	£48,225.00	*Funding for this received direct from Trusts and Foundations, obtained by our Charity*
Alder Hey Charity funding for music on in-patient wards	£28,051.00	*Direct funding from the Charity*
TOTAL FUNDING THROUGH ALDER HEY CHARITY	**£177,199.00**	*This includes the Arts Lead salary at Band 6*
Externally funded activity - delivered by funded providers	£243,000.00	*NOTE: These organisations received funding for their activity from other charities*

8.2. Staffing:

With more sustained funding and high level commitment to the significant benefits of our Arts for Health Programme, we can deliver our ambitions through an expanded Arts for Health team.

The comparison with Great Ormond Street Hospital and the Royal Hospital for Sick Children shows us that more participatory activity can be achieved with patients, with a bigger group of dedicated arts staff to make this happen. Both hospitals have three core members of staff. Therefore, we suggest that we create an enhanced department as follows:



The Arts Lead will manage the overall programme, and will provide a new focus on developing new partnerships to deliver more significant activity, e.g. joint working with museums, arts bodies, etc. as indicated in 6.5 above.

The Arts Coordinator is expected to be a Band 5 post (gross cost of £25K - £30K depending on experience) and will co-ordinate participatory projects and residencies, including weekend activities.

The Arts Assistant is expected to be a Band 4 post (gross cost of £23K - £28K depending on experience) and will provide administrative and technical support to the programme.

8.3. What we need to deliver our Vision:

Currently funding is largely drawn from external grants and is time limited. Many funders will not fund the continuation of existing projects, preferring instead to fund new initiatives and therefore many of the projects that we deliver are temporary.

We know from well-established evidence and our own experiences, that sustained arts intervention is the most effective in making a difference to patients. Short term funding makes it extremely difficult to plan in the long term, so the programme often becomes reactive and led by the funders' objectives, rather than our own. Sustained and regular funding would enable us to plan on a long term basis and give us a solid foundation from which to work. Simply put, with more resources, we can do more – more participatory engagement with patients across the whole hospital, an expanded live arts programme and new partnerships with cultural providers.

To lock in the planned and future activity we suggest that need to find a way to guarantee year-on-year funding of the order £150,000, this includes funding the current Arts Lead post. We also require further funding of some £58,000 for the additional posts identified above, to allow us to deliver the vision laid out in this paper.

9. What we need next

The Trust Board is invited to consider this report and to provide a view on the importance of Art for Health in Alder Hey. This will then guide future funding decisions, for example, in discussion with the Alder Hey Charity.

Appendix

Case Study: Impact of Arts on Patient

Musical Mentoring was a Youth Music funded project run by the Arts for Health department at Alder Hey's Children's Hospital in Liverpool. (http://www.alderhey.nhs.uk/departments/arts-for-health/) It aimed to inspire and develop children and young people who were long term patients through music making, whilst simultaneously improving the experience of being in hospital. Run in partnership with Live Music Now North West, the project also trained and supported four early career musicians from the organisation who wanted to develop their skills and practice in paediatric healthcare. (http://www.livemusicnow.org.uk/).

When the Musical Mentoring project began, Sian was a sixteen year old long term patient at the hospital, who had complications with her insulin production and was prone to collapsing. She also suffered from depression and anxiety and had been home schooled. In June 2015, she started having regular sessions with percussionist Delia Stevens, one of the musicians delivering the project. Sian had previously played the clarinet but had struggled with her self-esteem and confidence. When Delia began working with her, it became apparent that Sian had a natural aptitude for music but needed support and mentoring to give her confidence and belief in her own abilities. The pair worked together to extend Sian's musical knowledge, try different drumming techniques and create compositions based on Sian's favourite music genre, heavy metal. They devised soundscapes using rhythms of Sian's favourite bands and layering them up, and finally a whole composition which they performed to her mum, sister, staff nurse and teacher.

During sessions, Sian had opened up to Delia that she struggled with confidence and that music with Delia lifted her mood. It was a great distraction, helping to clear her mind. She really wanted to have a musical career and questioned Delia about her career and musical journey.

Following many months in hospital, Sian was discharged from hospital only to be readmitted in February 2016. Her sessions resumed with Delia, and this time, they worked together to create a composition which would be performed in a musical celebration event, the culmination of this project. At this, Sian performed with five other professional musicians in the main atrium of the hospital, playing both guitar and drums, and performing her own composition to around 70 people in the audience. This was a hugely successful event and for Sian, a sign of the great steps she had taken.

"It was really cool performing in the main atrium and it was also scary. I was more confident with the guitar than the drums."

During her time away from hospital, Sian had been so inspired by working with Delia that she started having both guitar and drumming lessons. She had also joined a metal band, writing original material and playing guitar and drums.

"I've been in Alder Hey a lot but this is the first music project I've participated in. It has really helped me to be here. I was very inspired by Delia and started having music lessons. Music is my life. It's my distraction and coping mechanism for being here. I looked forward to the music sessions. For example, I was on a fast, having lots of bloods taken but having the time with Delia helped me to forget all that. Awesome! Doctors look at the physical side but don't

necessarily consider the mental. I've struggled with my mental health but music helps me to manage this. Music is definitely a confidence builder."

For the musician Delia, the project was also significant:

"These sessions also meant a lot to me as I felt it became an equal, creative partnership in an unlikely environment. Time passed incredibly quickly as we were always bouncing ideas off each other and were so engaged in what we were doing. I am pleased that I got to learn about her interests and that we could tie this in with the music making."

Sian was one of many patients at Alder Hey who received significant benefit from the Musical Mentoring project. 76% of patients who took part in the project said that it enabled them to forget about their illness or condition and 85% of patients felt that the hospital experienced had been significantly improved due to music making. Musical Mentoring enabled Alder Hey to deliver musical engagement on an unprecedented scale and has clearly demonstrated the value and benefits of music making within a paediatric healthcare environment. Since the conclusion of the project, Alder Hey has continued to work with the four musicians from Live Music Now in delivering regular music sessions for long term patients and has plans to develop a "buddy system", where the skills and experiences gained from Musical Mentoring can be passed onto other early career musicians.

HIGHLIGHT REPORT Site & Park Development February 2019

SRO: David Powell
Author: Sue Brown

Key

	Planned project timeline
	On track
	up to 3 months delay
	Over 3 months delay

The Park	Engagement continues through design groups and the friends of Springfield Park. Further meetings with local residents and the FoSPwere held in February and March with good local engagement , this was followed up with a feedback presentation, sharing the ideas on the design of the future park which now has a south to north position. Planning application work remains on track for all phases of the park development and site masterplan, submission date is the end of March. This entails some specific expertise and care management/interaction with the public, Cullinan and Turkington have been appointed to complete this work.
Future Site Development	Currently there has been no external funding approval for the neonatal development at AHCH to increase the cots from 9-24. David Powell has discussed a number of options with senior Clinicians and execs regarding the best positioning for the unit. An options appraisal has been developed for consideration by clinicians and the executive team during March. The design brief is currently in progress and due for completion by 31st March.
New Schemes: Institute Phase II	Progress with security is being made, by the end of March security Camera will be installed and at the access system is being made live on the 1st April (Gate and door access) . Fire alarm aspiration system has been replaced and refuge connection to the main hospital is planned to complete by the ned of March, it is currently awaiting commissioning in agreement with Interserve. The University of Liverpool are scheduled to move into the building on the 28/29th March, all plans in place.
New Schemes: The Alder Centre	Continued work up of a contract with Whitfield and Brown as the Construction Contractor have been ongoing over the month of March and expected signature from all parties should be achieved by the end of the month. When this occurs it is expected that Whitfield and Brown will be mobilising on site within a two week period.
New Schemes: Community Cluster	The tender for the construction contract has been in operation over the last three months and was due to conclude at the end of March. At this stage there is currently only one interested bidder and current discussions are lily to continue in view of the potential for increasing costs and market instability. This is to support due diligence and at this early stage to control the potential for escalating costs. A period of 4-6 weeks to value engineer the plans and design will now occur with all parties.
Supporting scheme. Infrastructure	Ongoing review of future infrastructure requirements in relation to additional new builds, high voltage electrical substation, water mains, foul and fresh water drainage
Site Clearance-Demolition and decommission Phase 2	Decommissioning by the way of emptying the current old theatres has already commenced in prep for asbestos studies, as departmental moves has occurred further decommissioning will commence over the next month.
Site Clearance-relocation of on-site services/corporate teams	Movement of staff and departments commenced in December and will continue through until the end of March 2019 . Departments moved-Psychology, Community Division Mgt, Community Paediatrics (ND). Feedback to date from staff who have moved has been very positive. Additional long term planning will be required for a number of other services including Medical Records and Transcription. The contract for the police station is now in some delay which sets this programme back by one month, this is due to the police delaying the issue and signing of the lease. The development team is continuing to push this forward to complete at the earliest convenience.
Site Clearance: Temporary car park	Car park in situ, planning permission now gained. Barrier installation and lighting install in progress , A weekly meeting is taking place to ensure we can open the car park as planned on 1st April 2019 . Communications have been put in place for both staff and patients/visitors.

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ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

Title	**Liaison Committee Meeting Minutes**	
Date / time	Tuesday 26th February 2019, 12:00hrs	
Location	Executive Meeting Room, Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool L12 2AP	
Present	**Trust:**	John Grinnell (Trust Deputy CEO and Finance Director) **JG** David Powell (Development Director) **DP** Claire Liddy (Trust Representative) **CL** Graeme Dixon (Head of Building Services) **GD** Rachel Lea (Trust Associate Director of Development) **RL**
	Project Co Directors:	Alan Travis (Laing O'Rourke, Explore Investments) **AT** Andy Pearson (John Laing Investments Ltd) **AP** Tristan Meredith (Interserve Developments) **TM**
	Other Project Co Attendees:	Andrew Saunders (Project Co Representative) **AJS** Carl Roberts (Interserve FM) **CR** Darren Taylor (Project Co) **DT**
Apologies	Louise Shepherd (Trust CEO) **LS** Bob Marsden (Interserve Investments) **BM**	

Item	Discussion	Action
1.0	**Quorum** – the meeting was quorate as defined within clause 12.1 of the PA.	**Note**
2.0	**Previous Minutes dated 15 January 2019** – The previous minutes were accepted as an accurate record of the meeting. Two actions remained open from the previous Committee Meeting. Specifically; 1. CR to issue independent ventilation validation reports to the Trust (& Project Co) 2. RL requested that the November and December 2018 Performance Reports were updated for audit purposes. RL to discuss with Mark Felton.	**Note** CR CR

3.0	**Key Issues / Hot Topics**	
3.1	Pipework corrosion DP advised Committee members that a written progress update was due to be delivered to the Trust Board during April 2019, and that GD was compiling the supporting report. Attendees discussed at a high level the principle of non-destructive testing of the existing pipework installations. AJS advised this would be discussed further at a consortium meeting to be held during the second week of March 2019, AJS agreed to arrange for the output from this meeting to be relayed to DP and GD. GD stressed the importance of agreeing next steps. DP advised Committee members that the Trust were seeking a response from Project Co by mid-March 2019. AJS acknowledged this point but advised that Project Co may not be able to meet this timescale.	**Note** **AJS** **Note**
3.2	Hot and cold-water temperatures CR confirmed that good progress was being made with achieving the required water temperatures. Remedial works are ongoing, and the issuance of weekly progress updates continues.	**Note**
3.3	Theatre Temperatures Attendees acknowledged that IFM had engaged DSSR to undertake a review of the relevant design and commissioning data. CR advised that IFM were working with stakeholders to plug any perceived information gaps.	**CR**
5.0	**Any Other Business**	
5.1	Nothing to report.	**Note**
6.0	**Next Meeting**	
6.1	Tuesday 19 March 2019; 1200hrs – Executive Meeting Room	**Note**

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 20th February 2019
10.00 am, Large Lecture Theatre, Institute in the Park

Present:	Anita Marsland	(Chair) Non-Executive Director
	Dame Jo Williams	Chair of Alder Hey Children's NHS Foundation Trust
	Adam Bateman	Chief Operating Officer
	Denise Boyle	Associate Chief Nurse - Surgical Division
	Lisa Cooper	Director of Children & Young People Community & Mental Health
	Erica Saunders	Director of Corporate Affairs
	Jeannie France-Hayhurst	Non-Executive Director
	Adrian Hughes	Acting Joint Medical Director & Director, Medicine Division
	Pauline Brown	Director of Nursing
	Mark Flannagan	Director of Communications and Marketing
	Dani Jones	Director of Strategy
	Cathy Umbers	Associate Director of Nursing & Governance
	Andrew Williams	Director of Child & Adolescent Mental Health

In Attendance:

Agenda Item:		
18/19/152	James Ashton	Sepsis Specialist Nurse
18/19/152	Glenna Smith	General Manager – Medicine Division
18/19/154	Lucy Howell	Project Manager, Clinical Utilisation, SAFER Bundle, Comprehensive Mental Health
1819/156	Natalie Deakin	Change Programme Manager
18/19/158	Liz Edwards	Head of Clinical Audit & NICE Guidance
18/19/160	Valya Weston	Associate DIPC, Infection, Prevention & Control
18/19/160	Dr. Chris Parry	Consultant Microbiologist
	Julie Creevy	Executive Assistant (Minutes)

18/19/148	**Apologies:**	
	Christian Duncan	Divisional Director, Surgical Division
	John Grinnell	Deputy Chief Executive/Director of Finance
	Hilda Gwilliams	Chief Nurse
	Anne Hyson	Head of Quality – Corporate Services
	Jo McPartland	Clinical Director/SGL for Cancer Services & Laboratory Medicine
	Matthew Peak	Director of Research
	Louise Shepherd	Chief Executive
	Melissa Swindell	Director of HR & OD
	Sarah Stephenson	Head of Quality – Community
	Stefan Verstraelen	Head of Quality – Surgery
	Tony Rigby	Deputy Director of Risk & Governance
	Cath Wardell	Associate Chief Nurse – Medicine Division
	Julie Williams	Appointed Governor

18/19/149 Declaration of Interest

None declared

18/19/150 Minutes of the previous meeting held on 16th January 2019

Resolved:

CQAC approved the minutes of the previous meeting held on 16th January 2019.

18/19/151 Matters Arising and Action Log

Action Log

AM congratulated Dame Jo Williams on her recent appointment as Chair of Alder Hey Children's NHS Foundation Trust. Dame Jo stated that she would continue to attend future CQAC meetings.

AM welcomed Nicki Murdock, Medical Director to her first CQAC meeting, NM commenced in post on 28th January 2019.

18/19/01–Detect Update - PB stated that the DETECT study meeting which was re-scheduled for 14th February 2019 did not take place due to key personnel being unavailable, this meeting has been rescheduled for 12th March 2019 in order to progress this issue further.

18/19/122-Programme Assurance Update – PB stated that GS & ND are due to meet shortly with regards to any outstanding issues relating to evidence on Sharepoint, - this item would be followed up offline.

18/19/123-Quality Metrics – 'Update reports to be shared at future CQAC meeting', - PB confirmed that a meeting had been scheduled in February 2019 to progress this issue further.

18/19/134-Inspiring Quality Update to be received in March 2019 – this is included as an agenda item.

18/19/125-Joint CQAC & CQSG meeting – A joint committee meeting had been arranged for CQAC/CQSG for 17th April 2019, this item to be removed from the action log.

18/19/137-Transition update – Transitiional issues discussion required at Divisional Triumvirate meeting – J Rogers to attend a Divisional Triumvirate meeting – during March 2019 - LC/PB to feed back to JR.

Executive Strategy Discussion regarding external collaboration – DJ confirmed that she had spoken with Martin Farran, Director of Adult Services, Liverpool City Council, who warmly received a strategic discussion with Alder Hey. HG & L Cooper to be involved in future discussions. Executive Team are continuing to progress this issue, in order to address ongoing challenges regarding Transition.

LC provided an update regarding her recent meeting with Healthwatch. Healthwatch discussed future listening events, which would encompass a range of focus groups/surveys/broader views, in order to enable a much richer report going forward. Discussion was really positive, and programme is

currently being drafted by Healthwatch, LC confirmed that she would provide further updates once appropriate. This item to be closed and removed from the action log.

'10 Steps Transition pathway link' – this item had been completed on 16th January 2019, therefore this item to be closed and removed from the action log.

18/19/141-'CQC Action Plan update' – Report to be provided regarding training figures – PB stated that there is a date to meet with appropriate colleagues, with regards to training figures with the aim of a future report for CQAC.

18/19/141 'AH to review outstanding Radiology issues in order to address outstanding issues' - CQAC received assurance that significant progress had been made against all outstanding actions, with expected completion of actions within deadlines. Radiology action to be removed from the action log.

18/19/142- 'Friends & Family feedback action plan', this is on the agenda to be presented at April 2019 CQAC meeting.

18/19/152 **Sepsis Update**

CQAC noted the Sepsis Steering Group notes from the meeting held on 19th December 2018, which focussed on antibiotic administration time, MIAA, Board presentation on 8th January 2019, Meditech Standard documentation, DETECT/VitalPac, E-learning/ESR, PID.

CQAC noted the ED Sepsis Audit undertaken in January 2019 by Dr. A Kerr, ED Sepsis Lead, R Greenwood-Bibby, ED Sepsis Nurse Speicalist.

Key issues as follows:-

- Antibiotic Administation Times – have been able to capture data regarding intravenous antibiotics prescriptions for sepsis across all wards. Although it may appear that the Trust are not improving/getting closer to the 90% target, the Trust are now able to provide detail across the Trust. The data reflects a consistent awareness of sepsis, but with current data there is a struggle to distinguish between the truly septic/sick patients, and those who have other infection. It is hoped with the change in electronic documentation that the Trust can be more specific with data set using those who have their sepsis status activitated by clinicians, rather than from prescription.
- MIAA Sepsis Audit – the Trust is awaiting an external report from MIAA. J Ashton had further contacted MIAA again to request an update, during January MIAA were awaiting quality assurance/checking from the MIAA team, prior to the draft being released. JA stated that MIAA had request an increased number of documentation to be shared with MIAA, which had not previously been requested on commencing the audit. ES stated that MIAA have clear ToR for audits undertaken at the Trust, and that if the data requests were outside of these ToR that she would follow this up with MIAA, if appropriate. JA to keep ES updated as appropriate if requests are felt outside of agreed ToR.
- Sepsis Board presentation had been presented at Trust Board on 8th January 2019 by David Porter.

- Meditech Standard Docs Update – work completed on the new standard documentation and integration of sepsis status in clinical electronic documentation. System went live on 18th February 2019. Signficant work completed by Meditech, with videos showing how to use. Currently awaiting as to whether this would feed into informatics and generate accurate data. This is currently being reviewed by the team.
- Sepsis Mandatory training – increase in overall compliance with sepsis training on ESR. Practice Educators had received feedback and continue to monitor. Complaince from clinicians remained low. JA had identied the need to encourage engagement with the aim is for with the new documentation this may be an opportunity for improvement.
- Junior Doctor training – Highlighted issues that the Junior doctors are not on ESR system and therefore they are not included within the training numbers. Work is currently underway with Learning & Development Team who are currently working on a solution. Learning & Development team are generating another report in order to capture induction/training records. AM stated that this issue had remained an ongoing concern. NM stated that she would follow this up with M Swindell re agreeing a prompt solution, with CQAC receiving a briefing report at March CQAC meeting.

  Action: NM to liaise with MS re ESR training records solution, with aim of presenting position statement/report to March CQAC meeting.

- PID – this is currently being reviewed and updated to represent the current position, taking into account changes that have already been made and potential future developments.
- IM Antibiotics – JA is working with V Hughes, Head of Nurse Education and the practice educator team regarding this, ideas would be presented to the Medicine Management Committee for progression regarding awareness and training.
- IV Access Escalation Flow Chart – JA had met up with the IV Team in order to develop a flow chart with regards to IV Access in patients with clinical deterioration/sepsis concerns. A draft had been drawn up which required discussion with the lead for ANPs, as it incorporates ward based ANPs within the escalation response. This would be monitored and fed back to the steering group by JA. PB stated that monitoring would be required, in order to review the impact on admin times.
- Roll out of the new electronic documentation and the implementation of the sepsis status for each patient.

  NM queried whether the Trust uses Intra Osseous, and stated that it would be relatively easy to train staff, it was agreed that an offline discussion is required with NM and appropriate colleagues to discuss potential use of Intra Osseosis going forward.

  Action: A Hughes to address issues at next Sepsis Steering Group, ensuring NM is invited to the next Sepsis Steering Group meeting, together with Resus colleagues

  Action: Offline discussion to take place at Sepsis Steering Group.

  GS confirmed that there would be a further detailed update at CQAC in April 2019.

AB questioned training figures which was still below target,- JA confirmed that this is due to the ESR issue/generating report issue, rather than a compliance issue.

AM thanked GS & JA for informative update.

18/19/153 Comprehensive Mental Health Update

A Williams, Director of Child & Adolescent Mental Health provided a Comprehensive Mental Health update, key issues within the report as follows:-

- Update included details of the Comprehensive Mental Health Strategy in order to deliver improvements in mental health services to meet the needs of children and young people.
- To address issues regarding children who may wait too long to be seen in CAMHS or experience delays in accessing the most appropriate care to meet their needs. To reduce any fragmented or difficult to navigate mental health services for children and their families.
- This would be achieved by a review of Tier 4 provision and expand bed base, delivery of a comprehensive Eating disorder service, Review Alder Hey role within the local CAMHS partnership in Liverpool, improve integration of CAMHS with acute pathways of care on site, and through improvements in responsiveness.
- Update include a position statement regarding Dewi Jones Unit, Eating Disorder Service, Eating Disorder service performance, Crisis Care, Combined Data, patient experience.

New Developments as follows:-

- Team had recruited a temporary post for the increased liaison with A&E and the wards following admission, with positive initial feedback received from ward and A&E staff.
- Awaiting outcomes from the 8 vanguards that deliver crisis care for children and young people. It is likely that new investment would be linked to the adoption of a model that has proved effective for the particular population.
- Crisis Care is a work stream in the Mental Health Programme of the STP – the Trust needed to be cognisant of developments within this area and ensure that a locally responsive CYP offer is part of what is being developed, to ensure the voice of C&YP are paramount.
- Development of links with Psychological Services (Medicine) and Complex Care (Community).
- Development of a model for the alternative care of young people with learning difficulties and complex neurodevelopment presentation.

Improving Responsiveness:-

- Nationally CAMHS services are multi-disciplinary and truly community based.
- Traditionally it had been challenging to establish clinics, and therefore the full benefits afforded by business intelligence systems.
- Increase in agile working and ensuring smarter use of clinic rooms had resulted in staff being more engaged whilst working in clinics.
- The Trust has accurate PTL for assessment and treatments.

- Psychiatrists work in clinic templates and non-medical staff are to follow this quarter.
- Patient pathways would be visible centrally, and the process will allow a much improved patient journey.

Dame JW asked whether the crisis response key times are correct, and whether this is truly the peak time for patients requiring help. AW stated that the Team could potentially extend peak times up until 10.00 as numbers are small, with the aim of ensuring appropriate cover is provided without over resourcing.

JFH queried whether the Trust had considered using an APP, which could improve patient experience for those patients in need of help and support, in order to further improve resilience. Both AW & JFH agreed to have an offline discussion to discuss this issue further.

Action: JFH & AW to have an offline discussion regarding APP benefits to support CAMHS patients and families.

ES queried whether the crisis care concordat remained in existence, AW confirmed that the concordat was particularly adult focussed, ES stated the importance of ensuring that the C&YP voice is heard ES emphasised the importance of ensuring that all registration requirements are included, AW confirmed that both he and LC had flagged this and had visited Chester.

CU queried why the support service in ED was temporary – AW stated that the aim was to recruit temporary support, followed be a period of testing of data, with the aim of potentially looking to increase resource if deemed appropriate.

AM thanked AW for update.

18/19/154 Patient Flow update

AB & Lucy Howell presented an update regarding Patient Flow, key issues as follows:-

- Patient Flow update included the requirement to improve Trust processes around patient flow in order to enable timely implementation of clinical decisions, and to support patients through their pathway efficiently, whilst minimising any delays and reducing time spent in hospital.
- To enable children and families to spend less time in hospital when it is safe and appropriate to do so. To safely increase inpatient capacity to enable access for patients to receive their care.
- This would be achieved by expanding day surgery service, pre-operative assessments and planning and implementing SAFER Model using CUR as the main enabler.
- CQAC noted the Patient Flow high level plan which detailed key timelines
- Patient flow had introduced the following steps:-
  - Introduction of Hospital Manager of the week.
  - 13:00 bed meeting – moved to 12.00.
  - Introduction of 15:30 forward look meeting with Crib sheet.
  - Introduction of Crib sheet at 8.30 and 12.00 bed meetings.
  - Audit impact of Patient Flow in control.

Next Steps:-

- All consultants to undertake systematic morning ward rounds, meaning each patient would be reviewed by 12.00 pm.
- All patients to have a clear criteria for discharge with an LDD (Likely Discharge Date).
- First step-down from ICU to be scheduled for 10.00 am.
- 30% of patients to be discharged home in time for lunch.
- Review stranded patients from 7 days in order to ensure delayed discharges do not occur.

All next steps would be discussed and agreed at a monthly SAFER steering group to ensure a full Trust SAFER roll out in September 2019.

AB stated that Wards 4C and 3A are currently using this model which had demonstrated reduced delays.

Dame Jo W questioned how staff and patients had perceived this model. AB stated that positive responses had been received, with the teams embracing the huddle. AB highlighted the importance of raising cultural awareness throughout the Trust.

AW queried whether any themes/problems had been highlighted. AB stated that issue had been identified around Specialty reviews i.e. Gastro.

AM thanked AB and LH for update.

18/19/155 Models of Care Update

AH presented the General Paediatrics and high dependency care update, key issues as follows:-

- General Paediatric & High Dependency Models of Care Workshop had been arranged to take place on Monday 18th March 2019 – 2.30 pm – 5.00 pm, Institute in the Park. The aim of the Workshop is as follows:-
  - Provide safe and effective care for acute emergency medical Admissions.
  - To reduce preventable deterioration in children, and to provide a rapid response when a child deteriorates.
  - To meet national medical staffing standards for PICU and HDU across 7 days.
- To provide holistic paediatric care to surgical patients who require it
- To support attractive and fulling jobs and careers.

AH stated that good progress made to date.

AM thanked AH for his update.

18/19/156 Programme Assurance Update

N Deakin, Delivery Management Office Lead presented the Programme Assurance Update**,** key issues as follows:-

- Overall, for the 'Delivery of Outstanding Care' programme, project governance is good with 6 out of the 7 projects rated Green, and only one Amber rated project. However, delivery ratings still required improvement.

- Sepsis project – the ratings for overall delivery should be addressed and agreement of the new target thresholds, with a detailed plan for 'year 2' now required.
- Focus is required on the benefits within the programme of work that cannot be tracked easily, and investigate possible solutions for tracking, in order that improvements could be measured.
  ND highlighted the importance regarding any benefits which are not measurable to be reviewed and removed if required.

  AM stated that there is still work to do. DJ questioned regarding closure process which needed to be built into the Strategic 5 year plan.

  NM highlighted the importance of communicating programme updates throughout the Trust in order to advise staff on closed projects etc, with the need to build this into programme to ensure improved communication across the Trust. This would be discussed at next Programme Board in order to agree appropriate process going forward.

  AM thanked ND for update.

18/19/157 CQC Action Plan update

ES presented the CQC action plan, key issues as follows:-

- CQAC noted that good progress had been made with regards to Radiology.
- Meeting would take place on HG return from leave in mid March 2019 with HG/PB/CU/ES regarding outstanding actions in order to focus on these actions, prior to next Engagement meeting scheduled to take place on 12th March 2019, with the trajectory to close down actions as appropriate.
- ES stated that there would be actions that would never be closed, due to the nature of the issue within the plan, however these items would be separated out from the action plan and would be monitored going forward.
- ES confirmed that an exception report would be shared at the next CQAC meeting.
- CU stated that there had been significant improvement as a result of support from L Taylor, Outpatient Matron.
- CU stated that the 2 red items within the End of Life Care could be resolved and this would be followed up with mtg with the teams.
- Trust Wide action plan – DJ & ES Developing Strategy Plan, good route to ensure appropriate plan is in place, as not every service would have its own distinct strategy. In time there would be separate strategies.

Dame J W stated that it was extremely positive to see such progress which had been made.

AM thanked AM for update.

18/19/158 7DS Board Assurance Submission Report

AH provided an update of 7DS Board Assurance Submission report which detailed priority standards, changes to reporting requirements, 7DS board assessment framework, regulatory requirements and actions to be taken to facilitate the delivery of 7DS assessment, key issues as follows:-

- Priority standards are as follows:-

- Standard 2: time to initial consultant review – First consultant review within 14 hours.
- Standard 5: Access to consultant led diagnostics – Assessment based on weekday and weekend availability of six diagnostics tests to appropriate timelines, either on site or by a formal arrangements with another provider
- Standard 6 is a priority standard: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines.
- Standard 8: Ongoing daily consultant-directed review – Assessment based on consultant job plans to deliver 7DS, robust MDT and escalation protocols, local audits and reference to wider metrics.

In addition to declaring compliance against these priority standards, the self-assessment also now required a commentary against Standards, 1,3, 4, 7, 9 and 10.

- Trial run is from November 2018 to February 2019. All providers of acute services are required to complete the sample and gain board assurance of the self-assessment.
- Full implementation of the 7DS board assessment framework would take place in March to June 2019, this would follow the same process of completing the measurement template and subsequent board assurance for the self assessment.
- The self assessment is based on local data, such as consultant job plans and local clinical audits as outlined in the full 7DS board assurance framework guidance.
- The 7 day service board assessment framework illustrated the Trust position in terms of meeting the required compliance (90%) for the priority standards. The framework facilitates a narrative to demonstrate work in progress to meet compliance.
- CQAC noted the regulatory requirements within the update.
  Actions to be taken to facilitate the delivery of 7DS assessment.
- A working group is to be developed to agree the process for continuous monitoring of 7DS compliance, with a view to developing a programme for 7DS assessment within the Medical, Surgical and Community Divisions – plans to achieve standards by 2020.
- The updated framework would be presented within Divisional Integrated Governance Committee bi-monthly and Clinical Quality Assurance Committee would received quarterly reports.

CQAC received and noted the 7Day services update.
AM thanked AH for his update.

18/19/159 Corporate Report – Quality Metrics

PB presented the Corporate Report – Quality Metrics, key issues as follows:-

- Incidents reported during December showed a decrease, which was similar to previous years and not uncommon, with the minor harm and above figures pro rata.
- PB provided details regarding a recent catastrophic incident regarding an unexpected death of a baby, which had resulted in a joint level 2 RCA with Liverpool Women's Hospital, currently awaiting the outcome/findings of RCA.
- There had been no never events since September 2018.

- Caring domain had shown real improvements with regards to recommending the Trust.
- A&E - 10% increase had been significant, which was a real credit to A&E.
- Training through Patient Experience Team was currently taking place with Meridian System with regards to capturing Friends and Family information.
- Significant decrease in PALS concerns, specifically within the Community Division. LC confirmed that there had been a significant amount of work completed to date working collaboratively with parents/families/children and young people with ADHD, AHD, Transition and that the division had seen real improvements following engagement with patients and families, which had resulted in reduced PALS concerns.
- Sepsis remained Red, however with the recent launch of standard documents, the team envisaged improvements going forward.
- Increase in number of admissions to PICU during December – this was not unusual for this time of year, and team are linking in with DETECT for unwell patients.
- Responsive – expected date of discharge – this now appeared live on white Boards.
- Play and learning – full update being presented at March CQAC meeting.
- Increased number of children involved in choice regarding care with sustained improvement during the last 4 month period.
- Staffing remains over and above 90% month on month which is positive, in terms of recruitment and retention. With the nursing team involved in working with Cheshire & Mersey, with further information being shared at April 2019 Trust Board meeting.
- PB stated that staff working within the Tissue Viability team had made a significant difference, with tangible engagement across the Trust.

NM stated that the Trust needed to be more ambitious with regards to 10% target – and that the goal should be to aspire to reach higher than the 10% current target.

AM thanked PB for her update.

18/19/159 Board Assurance Framework

ES presented the Board Assurance Framework, key issues as follows:-

- 1st Risk – Survey – regarding how children and young people respond to services.
- Staffing – assurance with the recruitment programme continuing at pace.
- Building risk 3 – AB updated CQAC regarding recent incident on the Neonatal unit with water ingress into the Neonatal unit with 5 neonates within the unit at the time, with 4 of the single rooms not safe to use, resulting in the unit being vacated. CQAC noted vulnerability within the system, with regards to current position. D Powell, Development Director and Exec Lead for Innovation was due to have a call with Project co to discuss timescales for pipework replacement in order for rectification within the programme.

AM thanked ES for her update.

18/19/160 Quarter 3 DIPC report

AM welcomed C Parry to his first CQAC meeting in his role of Consultant Microbiologist.

VW & C Parry presented the Quarter 3 DIPC report, key issues as follows:-

- The work plan for 2018-19 consisted of 14 objectives and a total of 118 deliverables. To date 75% (88/118) of the total deliverables had been completed. 19% (23/118) of the total deliverables are in progress. VW stated that the IPC team are on target as planned regarding work plan.
- VW stated that hand hygiene throughout the Trust had been raised during a recent love bug day held on 13th February 2019, when hand hygiene heroes had been launched.
- 'Hand decontamination – Children's Hygiene initiative', VW confirmed that due to Industry partner reorganiation plans, that unfortunately the Industry partner is unable to continue with this initiative. VW is currently in the process of identifying an alternative Industry partner to work with Alder Hey.
- Hand hygiene app had been developed, team are looking at how to take this forward.
- VW stated that she is in the process of developing a CLABSI Summit.
- IPC team are reviewing Community division and how IPC support is delivered for community staff.
- Meeting scheduled on the afternoon of 20th February 2019 to discuss tissue viability to develop Business Plan regarding Community, to ensure that what is delivered on community sites, mirrors the rest of the organisation.
- NM queried whether IPC team had comparable benchmarking data, VW articulated the difficulty is regarding the way in which other comparable Trusts collect data. VW confirmed that data would be available for PICU.
  NM asked who would lead the data standards, VB confirmed that this would be both Alder Hey and IPS. VW stated that she was in the process of liaising with IPS co-ordinator in order to ascertain how the Trust can receive national data standards.
- IPC are reviewing tissue viability, medical devices, and the team are working with Southampton University in order to look at how the Trust can alter our rates of incidents.
- NM queried with VW regarding vascular access and Intra Osseous needles. VW stated that she had emailed colleagues in America regarding comparison rates, - VW would share with NM once available.
- LC stated that the Mental Health Division currently had no infection prevention support, and that the model for IPC support within the hospital would work for Community Division.
  LC stated that there had been a significant recruitment drive for child volunteers to be involved in IPC, and engagement to date had been positive. Agreed that LC and Vickie Lam, Assistant Practitioner would liaise re any future requirements for child engagement.

Action: Offline discussion with LC and Vickie Lam - Assistant Practitioner.

AM thanked VW & CP for update.

18/19/161 **Private Patient Policy**

Following discussion at CQSG, it was agreed that the Private Patient Policy would be deferred to a future CQAC, once CQSG policy group had reviewed policy further and amended as appropriate.

18/19/162 **Clinical Quality Steering Group key issues report**

DB presented the Clinical Quality Steering Group key issues report from January 16th 2019 meeting, which included minutes from the Clinical Quality Steering Group held on 13th December 2019, contents which were noted (also as per January CQAC update), key issues as follows:-

- Duty of Candour – 100% compliant with no breaches.
- Resus update – issues regarding cardiac arrests not being recorded on meditech – this issue had now been rectified.
- APLS target would be reached by end February 2019.
- PLS target on track.
- Issue had been raised regarding bleeps – this had been audited and system is working satisfactory.
- Accessible information report had been well received by Commissioners, regarding accessible information for parents, children & young people, team are reviewing how information could be recorded onto meditech.
- NICE compliance currently on plan with 95% of baseline assessments undertaken, improved position.
- Good progress had been made regarding Nutrition, with meeting scheduled for 8th March with Executive ownership support from L Cooper.
- IT connectivity issues had been raised through Patient Safety meeting, which was being managed through Divisional Boards.
- After action reviews had taken place to reflect on incidents which were well received for all involved.
- CQSG medical representation had been addressmued as NM attended her first CQSG on 12th February 2019.

Dame Jo W queried the formal process regarding accessible information and asked how this process would move forward. PB confirmed that she had met with meditech earlier this week and that she envisaged that this action would be actioned within the next 2-3 weeks period.

AM thanked DB for her update. On behalf of CQAC AM thanked DB and CQSG members for continued support to CQAC to date, and that CQAC members looked forward to liasing further at Joint CQAC and Clinical Quality Steering Group meeting on the morning of 17th April 2019.

18/19/162 **Any Other Business**

None.

18/19/163 **Date and Time of Next meeting**

10.00 am – Wednesday 20th March 2019, Large meeting room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

2nd April 2019

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update for March 2019
Background Papers:	
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	none
Link to: **Trust's Strategic Direction Strategic Objectives**	The Best People Doing their Best Work
Resource Impact:	None

1. Staff Engagement

Reward & Recognition

The Trust celebrated the 2018 Annual Star Awards Celebration on 8th February 2019. Plans are underway in preparation for next year's event including a review of categories to include "inspiring quality", "financial good practice".

The current focus of the Reward and Recognition group is on arranging a large scale/high profile summer event, bringing together staff and the local community on the Alder Hey and Springfield Park site.

Signposting to the NHS Fellowship and the NHS Retirement Foundation has been incorporated into the Trust retirement process. This provides an opportunity for those who are considering retirement, the continuation of social interaction after work which includes various events, activities, social circles, discounts and offers.

Staff Survey

Following the excellent response rates to the staff survey (60%) and results which highlight clear improvements across the majority of the survey themes the HR & OD team has been working hard to break down the Trust data into meaningful reports for divisions, departments and relevant networks.

The divisional and departmental breakdowns of the staff survey results are currently being distributed to the relevant heads to support them with facilitating 'Big Conversations' with their staff.

The key principle of these conversations is to discuss their own responses and identify their key strengths and areas of focus for the year ahead, ultimately agreeing 3 priorities for 2019/20.

These conversations will be supported by HR & OD if required.

Presentations are also being delivered to the various networks including LGBTIQ+, BAME, Disability network and the Health and Well-being group to identify key trends relevant to their network and support action plans for the year ahead.

Improving Staff Wellbeing

The Trust is commitment to changing and challenging attitudes towards mental Health and continuing work on a complete Action to sign up to the Employer Time to Change Pledge, which is run by mental health charity, Mind. The HR team are

working collaboratively with communications on the launch of the Health and Wellbeing Strategy and the Time to Change Pledge.

Brexit- EU Settlement Scheme

For the right to work in the UK after 31/12/2020, EU citizens must apply for UK immigration status under the EU Settlement Scheme. On 29/11/18 the Home Office launched a pilot of the scheme for individuals working in the health and social care sectors.

To date **17** individuals (27%) have confirmed either UK Citizenship or Settled/ Pre-settled status.

The HR department continue to be contact with individuals through specific communications on-going with on a 1:1 basis with EU colleagues. The HRBP's are supporting the divisions in offering wrap round support to staff including signposting and guidance.

2. Workforce Sustainability and Capability

Agenda for Change New Pay Deal – Transition of Band 1 to band 2 staff

Staff side and management met in February 2019, to agree the communications documentation that would be issued to the band 1 staff affected by the transition from band 1 to band 2;

- Domestic Assistants
- Catering Assistants
- Linen Assistants

This communication clearly articulates the transition from band 1 to Band 2 in accordance with the refreshed national Terms and Conditions of Service. This was circulated and those staff in early March and staff have 1 month to decide whether they wish to transition across to band 2 or remain on a spot salary.

A number of drop in sessions for band 1 staff, were in conducted w/c 11th March 2019, with good attendance from all 3 groups of staff. Staff also have the opportunity to have a 1:1 meeting with their line manager to discuss further. Approximately 35 staff have already expressed their wish to move across to band 2. This will take affect from April 2019.

Education, Learning and Development

Apprenticeships- Apprenticeships- The Apprenticeship Team have exceeded the annual target of 50 Apprentices by the end of March 2019. Currently there are 57 'live' Apprentices a further 6 have signed their Apprenticeship agreements, making a

total of 63. If we are to meet our Public Sector target we will need to increase the annual target by a further 25%. The target for the next twelve months is being discussed with HR Director and Deputy HR Director about how to achieve the growth.

Apprenticeship week 4th – 8th March during Apprenticeship Week a 3 day event was held in the Atrium. This generated much interest and the team are currently evaluating the event and following up the enquiries. Moving forward monthly sessions will be held in the Atrium to attract the next wave of Apprentices.

In March the team delivered a presentation to Levy and non-levy employers on behalf of the Liverpool City Region (LCR) Combined Authority. The theme of the event was to encourage Levy payers to gift 10% of their unspent Levy to non-levy employers, in a bid to retain the funds in the city region..

The Trust is in current discussions re gifting 10%of unspent Levy before the end of April so that the funds can be utilised and retained in the region.

Alder Hey have been presented with an Employer award by Southport College for building excellent relationships and our outstanding commitment to support Alder Hey Staff with Apprenticeship opportunities; this is an excellent achievement in year one of the Apprenticeship programme.

Mandatory Training- Mandatory training figures have decreased slightly to 88.77% for Core Mandatory Training (from 89.58% in Jan) and decreased slightly (from 88.14% in Jan) to 87.45% in February for Overall Mandatory Training.

The key outlier in terms of low compliance continues to be Information Governance, despite the additional sessions being offered by the Information Governance Lead and additional communication prompts to encourage staff to update their training records it continues to struggle. We are working with the IG lead to identify ways to improve compliance for this topic over the coming months.

The team will also continue to ensure that staff and managers are aware of outstanding requirements and providing communication directly to individual's outstanding mandatory training.

Library Update- The Library & Knowledge service has successfully bid for £23k from the Health Care Libraries Unit to develop an APP for staff and trainees to coordinate learning experiences and to update the e-Learning room in the library to support training.

The annual submission against national standards for libraries, the Library Quality Assurance Framework (LQAF) has been assessed and we have maintained 96% compliance.

3. Employee Relations

Employee Consultations

Organisational Change

Portering

Following a meeting with trade unions, arrangements were made to meet with key affected individuals during early March 2019 with a view to progressing along the basis of the alternative proposals. Further discussions are now taking place between Facilities Management and the Chief Nurse to agree the basis of progression

Emergency Department Reception team

An organisational change consultation to review the shift rotas within the reception team, has now concluded, following good engagement from the reception team with a number of suggestions for alternative arrangements having been considered by management, some of which was included within the final rota. Discussions are now taking place with individual staff to implement the new shift patterns expected to be in place by the beginning of June 2019.

Home Care

Due to continued decreases of packages within the Home Care team and as a result of no expansion in the service since November 2016 a further 5.5 WTE, 7 in total, band 3 HCA's roles are at risk. Formal consultation ended 13th March. All 'at risk' staff have been successfully reallocated back into Home Care roles, as vacancies (due to resignations) have arisen during the consultation period.

Day Case Theatres

The Surgical Day Case (SDC) Surgical Admissions Lounge unit currently have separate staffing models and a format of working which have previously enabled the departments to provide continuity of care to patients and families whilst also meeting the flexible working requirements of the staff. As part of service development from November 2018 the department will be introducing a process of staggered admissions. Batched admissions will help the service to manage activity times and staffing requirements and also enable the service to provide a safe and high quality admission route for patients.

In order to support these changes the SDC and SAL services will need to review the current shift patterns across both teams. The current arrangements are not currently conducive to supporting a batched admission process and a dynamic nursing model

is required that enables the service to provide safe, effective quality care and enhance patient experience.

Catering Dept

A number of staff briefing sessions were conducting on 14th March 2019 to launch the proposed organisational change within the dept. The proposed changes affect the rotas of the Catering Assistants, Chefs and Supervisors. This is following recommendations made from an external catering review.

The 30 day formal consultation process has now commenced. Group consultation meetings and individual 1:1 meetings with staff are to follow.

Employee Relations Activity

The Trust's ER activity is currently is detailed below:

Department & Case type	No.
Corporate	**1**
Bullying and Harassment	1
Community	**2**
Disciplinary	2
Medicine	**7**
Capability	1
Disciplinary	6
Surgery	**5**
Disciplinary	2
Grievance	1
Bullying and Harassment	2
Grand Total	**15**

Employment Tribunal Cases

The Trust has received the judgement outcome of the ET Claim relating to disability discrimination and protected disclosure which was held at the Liverpool Employment Tribunal on 12th November 2018, concluding on 23rd November. The ET found in favour of the Trust and dismissed all claims by the claimant. The ET Appeal date is due around end March 2019.

There will be a de-brief to identify both Trust wide and Divisional learning lessons.

The Trust has been notified of an Appeal to an Employment Tribunal claim that was resolved in favour of the Trust in December 2017. An update is awaited from the Trust solicitors.

The Trust has received a notification of an ET case relating to a member of staff who feels they have suffered detrimental treatment, following their request for set days, through a flexible working request. The Trust is currently working with our Solicitors to progress.

4. Corporate Report

The HR KPIs in the December Corporate Report are:

- Sickness rates have remained static at 5.6 %
- The Rolling 12 month sickness figure has also remained static at **5.52%**
- Core Mandatory training compliance decreased to **89%**
- PDR compliance is at **90%**

Alder Hey Children's NHS
NHS Foundation Trust

Staff Survey 2018 – Trust Action Plan

Theme / Area	Action	Responsible	Timescale
Staff feeling unwell due to work related stress.	Employer Pledge Action Plan Template. Time to change action plan	• Health and Wellbeing Group	• Launch May 19
The perception of staff regarding how much the organisation cares about and takes positive action for their health and wellbeing.	• Development of People Strategy with Health and Wellbeing at the core. • Communication Strategy around Health and Well Being. • Leadership Development focusing on Health and Well Being. • Development of a Suite of resources and toolkits to support managers.	• Deputy Director of HR & OD • Health and Wellbeing Group • L&D • HR	• May 19 • May 19 • May 19 • April 19
Staff not being offered appropriate adjustments that they require for their work.	• Creation of a SOP for Risk Assessments. • Guidance and Training for Managers on Reasonable Adjustments. • Empowering the networks to champion best practice & learning.	• Health & Safety • Equality & Diversity Lead • Equality & Diversity Lead	• April 19 • May 19 • Ongoing
Staff not reporting and reported incidents not being prevented from happening again.	• Ulysses Training provided to support staff in reporting incidents and managers on following up incidents to ensure actions take place. • Big Conversations to identify why staff are not reporting.	• Health & Safety • Heads of Department / Division	• Ongoing • April – May 19
Not having enough staff to do their job properly.	• Reduction of Sickness Absence to 4% to ensure staffing levels improve. • Embedding of a new electronic roster system to ensure that appropriate levels and skills of staff are available on each shift.	• Health and Wellbeing Group Division / Department leads – Supported by HR • Phil O'Connor/Sharon Owen	• March 20 • September 19
Senior Management not acting on staff feedback, involving staff in important decisions and communicating effectively with staff.	• Local Mary Seacole Programme Launched to support formal Leadership Training – 3 Cohorts to commence in 2019. • Launch of the in-house Strong Foundations Programme for all Leaders – 6 Cohorts to commence in 2019/20.	• L&D • L&D	• Jan – June 19 • May 19
Staff feeling that they can't deliver the care they aspire to.	• Big Conversations at divisional and departmental level to identify why staff feel they can't deliver the care they aspire to and develop action plans.	• Heads of Department / Division	• April – May 19
Focusing on the quality of appraisals; ensuring they are useful to improve staff outputs & objectives.	• PDR Training Sessions offered to all reviewers on site and in the community. • Delivering short workshop on the importance of high quality appraisals at Surgery's 'Investing in Staff' session.	• L&D • L&D	• March – May 19 • 29th March 19
Staff experiencing abuse from service users.	• Re-designed and re-launched conflict resolution training for front facing staff. • New Policies to support nursing staff in particular with handling service users and families.	• P Brown, V Hughes, J Kiernan, E Twigg, G Murphy, D Shaw • Director of Nursing	• W/C 18th March 19 • April 19
Directorate / Departmental 'Big Conversations'.	• Directorate Reports sent to heads of directorate. • Departmental Reports sent to heads of department. • Divisions / Departments to hold 'Big Conversations' and identify their 3 key areas for the year ahead from the results linking into their organisational plans.	• HR / L&D • HR / L&D • Division / Department leads – Supported by HR / L&D if required	• W/C 25th March 19 • W/C 1st April 19 • By 31st May 19

Wellington House
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martin.wilson1@nhs.net

Friday 7 September 2018

To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

Health care worker flu vaccination

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

a) Recent National Institute for Health and Care Excellence (NICE) guidelines[1] highlight a correlation between lower rates of staff vaccination and increased patient deaths;

b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;

c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;

d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

[1] https://www.nice.org.uk/guidance/ng103

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by

asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website http://www.nhsemployers.org/flufighter

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely

- signed jointly by the following national clinical and staff side professional leaders -

Prof Stephen Powis .....National Medical Director, NHS England and on behalf of National Escalation Pressures Panel

Prof Paul Cosford .. Medical Director & Director of Health Protection, Public Health England

Prof Jane Cummings..... Chief Nursing Officer, NHS England

Sara Gorton (Unison).....Co-chair, National Social Partnership Forum

Prof Dame Sue Hill..... Chief Scientific Officer, NHS England

Dame Donna Kinnair. Acting Chief Executive & General Secretary, Royal College of Nursing

Prof Carrie MacEwen..... Chair of the Academy of Medical Royal Colleges

Ruth May..... Executive Director of Nursing, NHS Improvement

Dr Kathy Mclean..... Executive Medical Director NHS Improvement

Danny Mortimer (NHS Employers).....Co-chair, National Social Partnership Forum

Pauline Philip .....National Director of Urgent and Emergency Care

Suzanne Rastrick..... Chief Allied Health Professions Officer, NHS England

Keith Ridge.....Chief Pharmaceutical Officer, NHS England

John Stevens .....Chairman, Academy for Healthcare Science

Gill Walton..... Chief Executive, Royal College of Midwives

Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	
A4	Agree on a board champion for flu campaign (3,6)	
A5	Agree how data on uptake and opt-out will be collected and reported	
A6	All board members receive flu vaccination and publicise this (4,6)	
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	
A8	Flu team to meet regularly from August 2018 (4)	
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	
B3	Board and senior managers having their vaccinations to be publicised (4)	
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	
C2	Schedule for easy access drop in clinics agreed (3)	
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this (3,6)	
D2	Success to be celebrated weekly (3,6)	

Reference links

1. http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C
2. http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf
3. http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf
4. http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf
5. http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf
6. https://www.nice.org.uk/guidance/ng103/chapter/Recommendations

Appendix 2 – Example opt out forms for local adaptation and use

Form to be potentially co-branded by NHS organisation and key trade unions

Dear colleague,

Did you know that 7 out of 10 front line NHS staff had the flu vaccine last year, and in some departments more than 9 out of 10 staff were vaccinated?

The flu jab gives our body the information it needs to fight the flu, which stops us from contracting and spreading the virus. For those of us who work in care settings, getting the flu jab is an essential part of our work. In vaccinating ourselves we are protecting the people we care for, and helping to ensure that we are able to provide the safest environment and effective care for patients.

We want everyone to have the jab. The sooner you get it, the more people you can protect. We hope that you will agree to having the vaccine – this really helps to protect patients, you and your family. But, if you choose not to have the flu vaccine, we want to understand your reasons for that by filling in this anonymous form.

Signed

Chief Executive, Medical Director, Director of Nursing, and Trade Union representative

Please tick to confirm that you have chosen not to have the vaccine this year:

☐ I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to my patients. But I still don't want the vaccine.

Please tick each of the boxes below that apply to your decision not to have the jab.

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

☐ I don't like needles
☐ I don't think I'll get flu
☐ I don't believe the evidence that being vaccinated is beneficial
☐ I'm concerned about possible side effects
☐ I don't know how or where to get vaccinated
☐ It was too inconvenient to get to a place where I could get the vaccination
☐ The times when the vaccination is available are not convenient
☐ Other reason – please tell us here ▸

_____

Thank you for completing this form.

Name of NHS Trust	Alder hey Children's NHS Hospital Trust

1. Total uptake and opt-out rates (all trusts)

	Total numbers	Rates
Number of frontline HCW	2431	100%
Uptake of vaccine by frontline HCW	1823	75.29%
Opt-out of vaccine by frontline HCW	134	5%

2. Higher-risk areas (only trusts with relevant areas – a minimum of which are set out in 7 September letter)

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken
3B Oncology	45	42 (93%)	0	N	Nil
PICU	156	127 (81.4%)	4	N	Nil
HDU	105	83 (79%)	5	N	Nil
1C	89	70 (78.6%)	5	N	Nil

3. Actions taken to reach 100% uptake ambition (all trusts)

The Campaign 2018-19

The Staff influenza vaccination programme at Alder hey Children's NHS Foundation Trust commenced on the 2nd October 2018. The programme was led by the Infection Prevention & Control team with 70 hours of Occupational Health support allocated by Team Prevent. The Trust offered all Staff members the Flu vaccination by undertaking the following;

- Information about the Staff Influenza Vaccination programme was displayed on the front page of the Staff intranet from the beginning of September 2018. A webpage for the campaign included the timetable for the drop in sessions and the List and locations of the Ward based vaccinators. The start of the campaign was launched at Trust Team brief.

- The consent / declination form was also available on the web page and details of the Flu email address. There was also a Flu fighter Screensaver with Photographs of members of the Infection prevention services team advertising the next available Drop in session for vaccines. These were also provided as posters which were displayed in the atrium and near lifts and in Offices and were updated by the Volunteers.

- Communication team posted pictures of staff who had been vaccinated on social media including the Alder hey face book page

- Trust Staff were able to email a Flu email inbox to request a vaccinator visited their department or to find out when the next sessions were.

- 56 Trust Staff were trained to vaccinate for the 2018-19 season. This ensured that

there was a Ward based vaccinator available in all ward areas and departments such as Pharmacy, Theatres and Emergency Department and Outpatients. The vaccinators also included Night matrons to ensure that all staff undertaking permanent nights had access to the vaccine.

- The campaign was launched with a drop in session on Monday the 8th October 2018 in the atrium were a team of vaccinators vaccinated staff from 9am- 4pm and over 300 staff were vaccinated. A full morning of vaccination was offered on the 12th November from 9.30-1pm.14 drop in sessions lasting 1-2 hours were held during the first 10 weeks of the campaign and were held at differing times of the day. Sessions were also held in the Institute for Staff clinical / non clinical staff based there. There were sessions provided by Team prevent for staff not based at the CHP. Staff were also able to drop into the IPC Team office during office hours Monday to Friday for their vaccination if a vaccinator was present from the beginning of November 2018.

- Vaccinators with a trolley and portable fridge visited all Wards and departments.

- From October to February there were walk rounds three times a week. This ensured areas where there were no vaccinators were offered the vaccine i.e. Biomedical engineering, Therapies, Radiology, CAMHS, Rainbow, Special feeds, Dietetics, the Doctors and Specialist Nurses based in the 2nd floor offices.

- Vaccination was offered to all new starters including student nurses, medical staff medical students and Staff attending mandatory training sessions after the Infection Control session from October 2018 to February 2019.

- Team Prevent provided 14 drop- in clinics offsite offered staff attending appointments their vaccine. 34.3 hours of Team prevent clinics were provided out of 70 hours allocated.

- During November 2018 and January 2019 the Divisions were sent lists of Staff who hadn't yet had their Vaccine. Staff were contacted by their Managers and requested to have their vaccine referring to the Flu vaccination timetable or to complete their declination form. 134 staff completed declination forms or verbally refused the vaccine.

- In January 2019 all permanent clinical staff and rotational staff who hadn't yet had their vaccination were emailed by the Infection prevention Team inviting them to be vaccinated.

- Flu fighter pens were available for staff being vaccinated at the beginning of the campaign. These proved very popular again and had run out by the end of October. The Flu Fighters national resources from NHS England were utilised this year including stickers and information leaflets.

- Campaign Lead attended the NHS Employers Flu fighters conference on the 25th Match 2019 to identify new ideas and strategies for the 2019-20 campaign

- End of season review organised for the 12th April 2019 to discuss learning and begin to plan for the 2019-20 campaign

4. Reasons given for opt-out (all trusts)

Reason	Number
I don't like needles	2
I don't think I'll get flu	7
I don't believe the evidence that being vaccinated is beneficial	7
I'm concerned about possible side effects	3
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccine	1 (Community)
The times when the vaccination is available are not convenient	0
Other reason	113

OUR PLAN
INSPIRED BY CHILDREN

NHS
Alder Hey Children's
NHS Foundation Trust

Operational Plan 2019/20

CONFIDENTIAL

Contents

1. Links to the local Health and Care Partnership for Cheshire and Merseyside

Alder Hey's planning process has taken full cognisance of the Cheshire and Merseyside Health and Care Partnership (C&M HCP) plan.

The C&M HCP Vision is to improve the health and wellbeing of the region's 2.6 million population through creating a strong, safe and sustainable health and care system that is fit for the future. This is delivered through three priorities:

- delivering care more efficiently
- improving the quality of care
- improving the health and care of the population

This vision is being taken forward by Alder Hey in a number of ways.

'PLACE' based working

During 2019/20, our plans will be developed in collaboration with our three largest 'place' populations, through three collaborative fora; the Liverpool Provider Alliance, the Sefton Provider Alliance and the Knowsley 'Place' agenda. Each is at varying stages of development, but we are committed to working in partnership at a system level, to co-create meaningful plans for the long term that are inclusive of the needs of Children and Young People (CYP). All three areas are in the process of collaboratively setting priorities for 2019/20.

Alder Hey are members of Liverpool's NHS England-sponsored 'system capability programme', which will coalesce a shared vision and develop the 'One Liverpool plan' during Q1 of 2019/20. This will encompass key developments such as transformation of outpatient care, and development of a new model of integrated community care, both of which are reflected in Alder Hey's strategic and operational plans.

Liverpool City Council have led the city's successful partnership bid to become a UNICEF child friendly city. This puts the voice and rights of CYP firmly at the heart of the City's plans, and Alder Hey are a committed partner in this development. The UNICEF programme will be developed through 2019/20, and initial indications from Children are that health and wellbeing is a significant theme. Alder Hey will support this in partnership, through the Children's Transformation programme, focusing efforts on positively impacting development in the very early years (0-5) and infant mortality.

The new model of community care for CYP is being developed in partnership across health and social care, to implement a proactive, multi-agency team way of working that wraps around children and families close to home. This will be piloted in 2019/20 through two 'hubs' in Speke and Aintree neighbourhoods. Implementation has been funded through the C&M HCP Women's and Children's programme (linking the 'place' plan with the system plan), and is being undertaken in collaboration with wider STP areas to share learning and coalesce plans and models where appropriate. Implementation will be led through a shared innovation role, hosted at Liverpool City Council. The two pilot hubs will be evaluated and a wider implementation plan developed through 2020/21 and beyond.

Excellent joint working with Liverpool Women's NHS Foundation Trust (LWH) continues in developing the new 7 day single Neonatal service across our two sites. This supports the HCP aims to improve the health and care of the population through delivery of safe maternity, neonatal, gynaecology and paediatric services. To support this single service, funding has been secured to develop a new Neonatal Intensive Care Unit here at Alder Hey, which will be designed to have the same look and feel as the LWH site, to ensure a seamless experience for mothers, babies and families.

The Trust's Community and Mental Health services are working collaboratively across health, social care education and the voluntary sector to deliver system improvements for children and young people. This includes developing new relationships with HEIs, with new roles and training opportunities and community services to respond to changing needs across system; ensuring that children and young people can receive their care more locally through improvements in pathways with primary care and transformed community services.

Strategic and Enabling Programmes

Alder Hey's plans also focus on delivery of a range of strategic and enabling work streams of the C&M HCP. We are active members and take a leading role in several system-wide programmes;

STP Programme	Alder Hey Role	How the vision and priority transformation programmes are being taken forward in Alder Hey's planning
Women's and Children's (W&C) programme	Alder Hey and Liverpool Women's Hospital Chief Executive Officers are joint SRO's from April 2019.	The 2019/20 W&C plan is focused on delivery of the local maternity system plan, and development of a sustainable paediatric workforce for the region. This is directly reflected in Alder Hey's own workforce plans for 2019/20 and beyond.
Acute Sustainability programme	Active membership of the Programme Board.	Alder Hey contributes to a shared understanding of how acute paediatric and neonatal care is performing under its current configuration. This will enable effective and well-informed decisions to be made and will help to identify areas of focus and opportunity. We continue to consider and act upon the design solutions developed through the programme, as well as progressing specific areas of work, such as partnership working with Southport & Ormskirk hospital to support a range of paediatric clinical pathways.
Digital Revolution	The AH Chief Executive is SRO for this programme.	This programme is focused on progressing delivery of the 'Digit@ll' digital roadmap; this is directly reflected in the Alder Hey digital plan.
Collaboration at Scale (CaS)	Active membership of the Programme Board.	Alder Hey are committed to supporting & enabling the long term sustainability of health & care services in C&M. The Trust is working in partnership with local Trusts in identifying collaboration at scale opportunities with the following services: o HR & Payroll o Procurement o Finance o Estates & Facilities o Governance, Risk & Legal Services o Pharmacy

2. Activity Planning

The Trust continues to refine and develop its approach to capacity and demand models to support delivery of current waiting times in line with the 2019/20 Operational Planning Guidance and the current NHS Constitution. Our approach to developing our plans has been through collaborating with our coordinating commissioners (Including Specialist Commissioning) to agree levels of activity; we have participated with network activity discussions and through these agreed activity levels which will continue to achieve core waiting time targets. These remain a priority and we have continued to develop our planning approach using our Intensive Support Team (IST) developed database that supports delivery of waiting times, waiting lists, service developments and NHS Constitution requirements. We continue to closely monitor waiting list size and have seen a steady reduction of patients waiting as we flex capacity to manage demand. Also in line with the Trust's previous approach, the baseline demand for next year has been modelled by Specialty and by Point of Delivery. This is based on an average demand level and takes into account the profiled activity plan. We have again considered seasonal impact upon available capacity and have profiled our activity plan accordingly. We continue to plan around revised activity levels to reflect winter demand and occupancy levels to maintain elective and non-elective flow. Each activity plan has been developed by the respective management team by reviewing forecast outturn and amending accordingly. Our planning assumptions are that "Brexit" business continuity plans are robust within the provision of drugs, devices and consumables that are being managed centrally in tandem with our locally developed plans.

Elective pathway planning

The approach to 2019/20 capacity and demand planning identified paediatric sub-specialities that have capacity constraints which may impact on their ability to deliver 18 week RTT pathways and/or deliver against anticipated contract volumes and growth. The Trust also continues to closely track diagnostic and cancer standards in parallel to ensure these are achieved. These specialties are monitored each week through the Trust's established weekly performance forum, within which remedial plans are developed as required. Community CAMHS consists of five sub-specialty areas: crisis care and single point of access, specialist CAMHS (Liverpool/Sefton) and the newly established eating disorder service. In addition the Trust provides a Tier 4 inpatient unit for children. Community CAMHS, provided in Liverpool and Sefton, is funded on a block contract agreement. During 2018/19 additional funding to support improvements in accessing mental health services in a crisis has resulted in the development of a crisis care model with access to support seven days per week. Neurodevelopmental Paediatrics provides expert diagnostic and management provision for children with neurodevelopmental, neuro-disability and complex needs. 2018/19 saw the consolidation of the Neurodevelopmental pathway in Liverpool and resulted in shorter waits for patients undergoing the diagnostic pathways for ASD. In Sefton, the development of a diagnostic pathway has been agreed and will be implemented during 2019/20.

Emergency pathway planning

The brand and reputation of the hospital has continued to be a strong pull for parents across the city and beyond; the Trust had planned accordingly for a further increase in A&E attendances following year on year increases, with the trend continuing. In liaison with the co-ordinating commissioner (Liverpool CCG) and local A&E Delivery Board, the Trust continues to develop plans that will mitigate the demand placed upon the A&E team. This is incorporated into ongoing A&E improvement plans and strive to achieve the four hour waiting standard. We have continued to evolve with our approach to managing flow through the implementation of a senior operational management rota for each day of the working week, using Clinical Utilisation review to manage delays, implement SAFER across our wards to support flow and improve open and staffed bed availability through targeted recruitment campaigns. This ensures that the capacity

is available to support outflow from the A&E department. Primary Care Streaming has also been enhanced and contributed to the Department's success.

Programme Management

To support the Trust's planning assumptions, its approach to managing 2019/20 capacity and demand shortfalls is based upon leveraging the synergies created through the clinically led Divisional structures and support via a formal transformational approach and methodology. This is supported by established Delivery Management Office (DMO) assurance processes and monitored through an Executive Lead Board. The key projects that will support capacity planning through improved productivity and efficiency include:

- Brilliant Booking
- Patient Flow
- Best in Outpatient Care
- Comprehensive Mental Health Care
- Models of Care

These programmes of work will continue to be clinically led with management support and clear Executive sponsorship. This is underpinned by the Trust's Inspiring Quality Strategy and our focus on patient safety, staff satisfaction, effective care, the right environment and service reliability. This ensures that each programme has a specific Project Initiation Document and milestone plan attached which is formally monitored through the programme governance structure. The models of care project links to the 7 Day Services (7DS) agenda which is being driven nationally. Alder Hey has recently enhanced its governance arrangements to support improvement against the national standards; a revised working group will be established to agree the process for continuous monitoring of 7DS compliance, with a view to developing a programme for 7DS assessment within the Trust's clinical Divisions. The updated framework will be presented within Divisional Integrated Governance Committees on a bi-monthly basis and to the Clinical Quality Assurance Committee bi-annually. A revised Corporate Report was implemented early in 2018/19 allowing detailed focus on SMART objective developments where required. Our activity and access targets are also monitored weekly through our Communication Cell structure which is led by our Chief Operating Officer.

3. Quality Planning

Our priorities going forward continue to be driven by compliance with national and local standards as part of our 'Brilliant Basics' programme and we remain committed to the Trust's vision to deliver '*a healthier future for children and young people'* whilst striving to be world leading in our approach to innovation, research and achievement of the best clinical outcomes.

This vision is clearly and extensively displayed across the organisation in an eye-catching format, including new graphics in the public areas of the hospital which are widely viewed and recognized by staff and visitors. The vision forms the basis of annual Personal Development Reviews, bringing the whole strategy to life for all staff, enabling each and every staff member to clearly identify how their role and involvement is fundamental to Alder Hey's success. The strategic plan on a page (Diagram 1) represents a real drive to deliver the basics of healthcare brilliantly, with a focus on '*delivery of outstanding care*' and providing the right support to our workforce in terms of recruitment, retention and valuing and recognizing our staff for the great things they do, thereby ensuring we have '*the best people doing their best work'*. The Trust will also focus energy on '*growing the future*' with a strong emphasis on '*sustainability through external partnerships'* and continuing to invest in '*game changing research and innovation'.*

These plans are underpinned by the strong foundations laid by the Trust over a number of years and which we will continue to further strengthen to ensure the sustainability of Alder Hey as an outstanding child-centred organisation.

The Trust has in place a robust governance structure from Ward to Board to provide assurance of high quality treatment and care. All of the Trust's operational risk registers and operational plans including quality improvement programmes are generated from staff at every level and they are supported by the Executive team to deliver all elements of the operational plan, including change management.

The Trust has strong governance processes with the Director of Corporate Affairs as the designated lead for governance matters and the Chief Nurse and Medical Director accountable for driving and providing assurance of a quality service across the Trust.

The Board is provided with regular scheduled reports:

- The Board Assurance Framework details the risks and mitigations against the achievement of the strategic objectives and is reviewed at every Board of Directors meeting, and also at the Integrated Governance and Clinical Quality Assurance Committee meetings, which are formal Board committees.
- The internal audit programme has a strong focus on testing the quality governance systems of the Trust via MIAA (internal auditors). The Trust's Audit Committee robustly scrutinises the findings including recommendations and monitors any associated actions for improvement.

Divisional bi-monthly performance reviews with the Triumvirate (Divisional Director, Associate Chief Nurse and Associate Chief Operating Officer) are held with the Executives to discuss their Division's performance. Any causes of deficits in the provision of a quality service are addressed with management and clinical leads with actions for improvement agreed.

Following the three CQC inspections in 2017/18, the Trust was rated as overall Good, with Outstanding in the Caring domain, following the publication of the reports in June 2018. The Trust is committed to continuous improvement and is currently making good progress with the action plans in response to the associated reports. The action plans are owned and implemented by the most appropriate staff and progress is monitored and assured at Trust Board level. We remain registered with CQC without conditions and are fully compliant with the registration requirements.

Quality Improvement

The Trust has continued to place strong focus on improving quality in the past 12 months, and has further refined the '*Inspiring Quality*' strategy. A Quality Summit was held in 2018, involving over 100 staff, parents/carers and external partners to gather a wide range of views and ideas around putting children first, reducing harm and improving outcomes.

This information, along with views of the children and young people's forum and other sources was collated into themes and used to build the Inspiring Quality Delivery Plan 2019-21. This requires a significant change in approach to how we deliver quality improvement at Alder Hey and has been approved by the Trust Board along with significant financial investment, reflecting absolute commitment to delivery of the plan.

The three key aims of the Inspiring Quality Delivery Plan are:

1. **Put children first**
2. **Be the safest children's Trust in the NHS**
3. **Achieve outstanding outcomes for children**

To deliver these, we need to focus on changing how we work in four key areas:

- **Do everything *with* children and families**
  We will establish a system of working in equal partnership with children and families to design services and pathways together, using the principles of experience based co-design, and ensure children and families are involved in all aspects of quality improvement, from inviting representatives onto the Inspiring Quality Steering Group to involving them in design and implementation of local quality improvements.

It is the duty of our staff to actively explore the quality of care from from a patient's perspective. We will provide learning opportunities for our staff to enable them to use patient shadowing, active listening and recognizing the role of empathy in compassionate care, so that they are supported to better understand the patient's care experience and what matters to individuals and groups of patients.

Additionally we will work with teams and a Trust research fellow to explore the application of goal-based outcomes in Alder Hey. Asking children and young people what their care goals are can be a powerful way to facilitate shared decision making and more personalised care. It helps centre care around what matters to the child or young person. A goal-based outcome tool has been successfully used in Child and Adolescent Mental Health Services for some years and this is an emerging research focus for other specialties.

- **Communicate Safely**
  Communication came up as a central theme with both staff and parents at the Inspiring Quality Summit. Safe, effective communication is crucial to improving patient safety. It includes not just the obvious issues of exchange of information and medical hand-over but also the way we make patients feel, how we work together as teams and with families, how we invite feedback and how we feel safe to raise and escalate concerns. Our plan is to improve our safety culture built upon openness and continual learning, by developing a performance aware, resilient workforce, working with children, families and external partners.

  We will implement ideas such as a high level daily safety briefing including executive directors and other senior leaders; routine systematic safety huddles across the organization; Schwartz rounds to provide support for staff in a safe environment in which to share experiences and improve psychological well-being, improvements to our incident reporting and root cause analysis processes; and encouragement of child and family safety challenge.

  We will provide training for our teams on communicating safely using different tools such as SBAR (Situation, Background, Analysis, Response) and PACE (Probe, Alert, Challenge, Escalate) and will provide an 'advanced communication course' for staff who have challenging conversations with patients, families or colleagues as a part of their work. We will further improve our safety culture by providing 'Human Factors' training to help understanding of situational awareness.

  We will continue our focus on reducing preventable harm to children by maintaining our robust assurance mechanisms for tracking and monitoring a range of safety metrics, plus by working with external partners such as 'Civil Eyes' and 'Getting it Right First Time' to better understand our ssafety parameters.

  To move towards our aim of being the 'safest children's Trust in the NHS' we will take a 'narrow and deep' look at specific areas over a defined period of time, with initial focus remaining on deterioration in patients and medication errors. A safety improvement taskforce will be established which will consider aggregated analysis of information sources to help identify ans set priorities for reducing harm with individuals, teams and Divisions.

- **Transform patient care through digital technology - Global Digital Exemplar (GDE)**
  Alder Hey was selected amongst the most technologically advanced hospitals in the UK as a 'digital exemplar' to drive new ways of using digital technology to drive radical improvements in the care of patients. The Trust has made great progress over the second year of the GDE Programme of work. We plan to continue this work into the final year with a particular focus on:
  - Continue with the development of bespoke packages for clinical teams; including digitisation of clinical pathways to reduce variation and ensure evidence based best practice is the norm at Alder Hey. Strong emphasis is placed on NICE guidelines and National Standards when reviewing the clinical pathways.

- Improvements to processes around clinical correspondence and speedier communication of other electronic documentation.
- Development and roll out of the Share2Care Interoperability platform across the North West; an electronic platform used to share clinical information between all health and social care providers. This will help to ensure that clinicians are in possession of all the information they need for their patient encounters, to allow for the best possible patient care. The Trust will remain fully involved in the development of the 'Digit@ll' digital roadmap across the STP footprint.
- HIMSS level 7 accreditation; the HIMSS "Electronic Medical Record Adoption Model", EMRAM is a unique evaluation model, which analyses the maturity of IT environments in hospitals and enables benchmarking during the implementation of Electronic Medical Record (EMR) technology. The model identifies the level of EMR capabilities ranging from limited ancillary department systems through to a paperless EMR environment.

  In addition, we will pioneer the application of Artificial Intelligence in children's healthcare by further developing the capabilities of the Alder Play App to empower children and young people in managing their own healthcare and creating an interactive 'patient portal' so patients can access their own records and see information about their care.

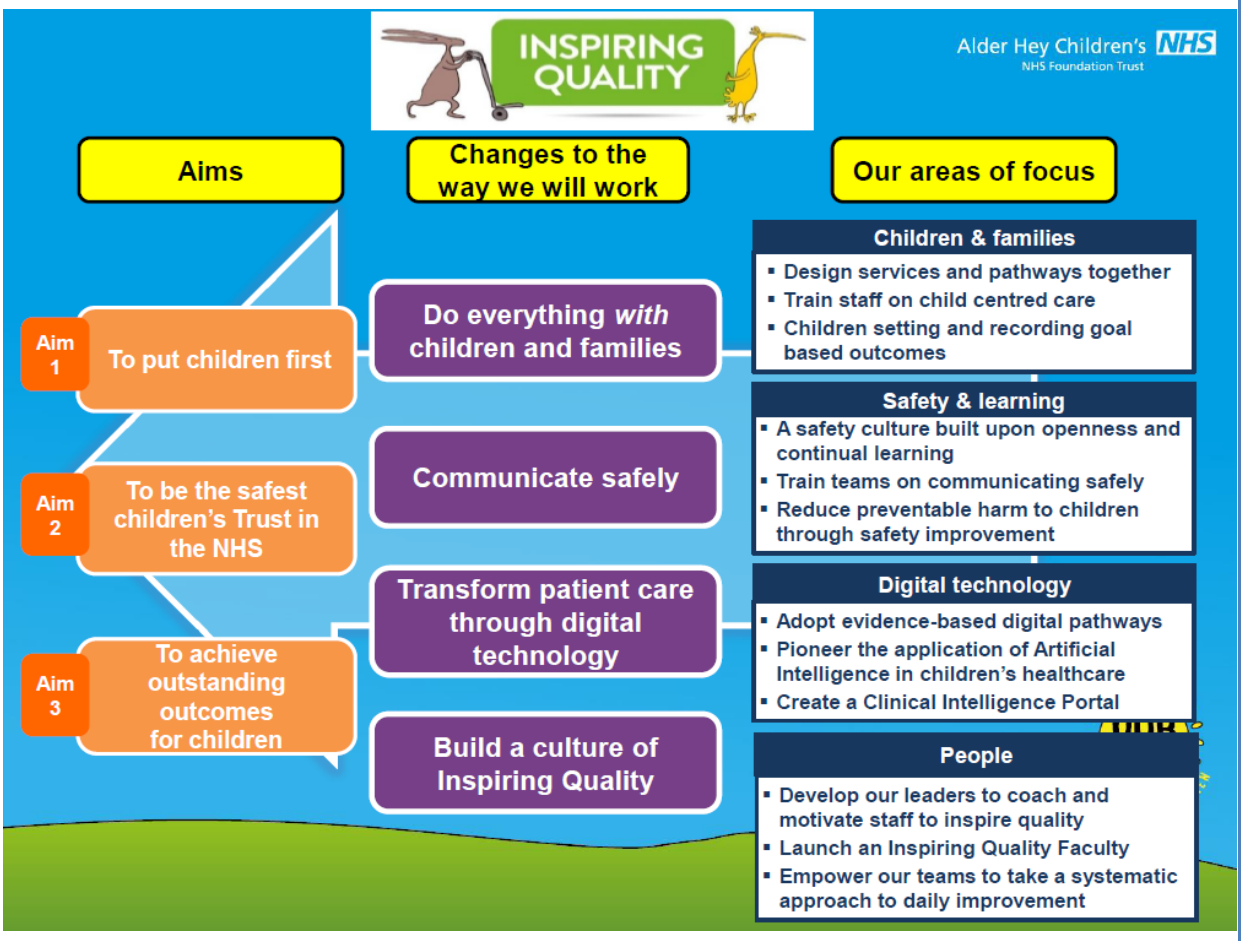
  We have created a 'clinical intelligence portal' to provide easy access to real-time data through a bespoke dashboard for each clinical team, plus easy access to clinical guidelines and policies.

  The Trust has a clear focus and drive on improving its systems and processes utilising the most advanced technology and ultimately improving clinical outcomes for our children and young people.

- **Build a culture of Inspiring Quality**
  Inspiring Quality will create a cultural shift in the organisation. However, we recognise the conditions need to be right to make this cultural change. This includes leadership capacity and capability, a means of involving and supporting all staff and a means of ensuring sustainability.

  We will develop our leaders to coach and motivate staff working through the framework of the Alder Hey Leadership Strategy and delivered through an in-house leadership programme ("Strong Foundations") to our leaders at every level.

  We will launch an 'Inspiring Quality Faculty' to deliver learning and development to staff. This will comprise of experts and coaches in quality improvement, including internal and external partner members, and will help to train staff in the use of Inspiring Quality tools, techniques and approaches.



Quality Governance

Whilst *Inspiring Quality* is very much about setting out an improvement manifesto for Alder Hey, we recognise that NHS organisations are part of a stringent regulatory framework which has quality standards and good governance at its heart. CQC's report on 'Quality Improvement in hospital trusts' published in September 2018 takes examples from six trusts and attempts to draw together common strands of successful QI approaches, including:

- identifying a need for a QI approach
- building the right skills and culture among staff
- applying specific QI techniques

CQC is clear that those organisations that it rates as Outstanding have a quality improvement culture embedded throughout. The report drew its methodology largely from the Well Led domain, which is indicative of the regulators' ongoing focus on the governance of quality and how it assures other key domains including safety.

Alder Hey has a strong track record of responding to changes and challenges in the regulatory environment, keeping its underpinning systems and processes under review to ensure that we are compliant, or, where deficits are identified, taking decisive action to deliver improvement. This approach has been underpinned by regular self-assessment and reflection against the Quality Governance

Framework, originally published by Monitor and subsequently adopted as the basis for the joint CQC/NHS Improvement Well Led Framework for leadership and governance set out by NHSI in June 2017. The Well Led Framework measures organisations against a broadly similar structure of eight KLOES: Leadership, capacity and capability; vision and strategy; culture; clear roles and systems of accountability; processes for managing risk and performance; appropriate and accurate information; staff and stakeholder engagement and learning, improvement and innovation. The Alder Hey Board commissioned its own independent Well Led review from MIAA and AQuA in 2018, which concluded that the Trust was a well led organisation 'that has lived values, a talented Board, a determined strategic intent and a momentum to developing a clinical leadership model'.

NHS Improvement's Single Oversight Framework, against which it monitors the performance of all NHS providers, has the Quality of care as the first of its five key themes for the sector as a whole, the others being finance and use of resources; operational performance; strategic change and leadership and improvement capability, which is essentially the Well Led Framework. The SOF contains a significant number of quality and performance metrics against which providers are monitored throughout the year; Alder Hey has a strong track record of delivery against national standards including access to treatment in A&E within 4 hours.

The Trust's QI approach will be underpinned by a continued commitment to deliver against existing national regulatory standards and respond to any emerging requirements, for example the CQC's inspection of research activities under the well-led domain from next year.

Alder Hey has continued to work towards strengthened governance arrangements in 2018/19 to continually improve our quality performance. The Trust's devolved governance model has continued to embed within the clinical Divisions with the support and direction of the corporate quality and governance leads. This has resulted in greater ownership of local quality related matters, resulting in improved ward to board reporting of risk, incidents and shared learning. Alder Hey is committed to the continued development of our open, learning culture and as part of this our teams are always keen to reflect upon lessons from events at other organisations. The report into the tragic events at Gosport War Memorial Hospital highlighted a range of themes, which are already key priorities for us to ensure we continue to deliver the safest possible service to our children and young people. These include: the importance of a robust safeguarding system; the need for clear processes for staff to raise concerns and be confident that they will be acted upon; the provision of training and support for staff in terms of human factors and situational awareness and crucially, the value of our well-established medication safety officer role and medicines reconciliation processes. Alder Hey has a clear objective to deliver outstanding care to all children and families and continues to deliver outstanding examples of clinical and non clinical excellence in all fields and specialities.

Our governance arrangements will continue to provide assurance that all changes and developments do not have an adverse effect on the quality of patient care, nor do they disadvantage any of the children, young people and carers that we serve, particularly those with disability or protected characteristics. This assurance is provided by undertaking a Quality Impact Assessment and an Equality Analysis for any proposed service developments or change projects. These are reviewed and signed off by the Medical Director or Chief Nurse.

The operating principles for the QIA framework at Alder Hey remain in place from previous years:

- The patient comes first – not the needs of any organisation or professional group
- Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers
- If we have concerns, we speak out and raise questions without hesitation
- We listen in a systematic way to what our patients and our staff tell us about the quality of care
- If concerns are raised we listen and 'go and look'

- We share our hard and soft intelligence on quality with others and actively look at the hard and soft intelligence on quality of others
- If we are not sure what to decide or do, then we seek advice from others
- Our behaviours and values will be consistent with the NHS Constitution

Triangulation of Indicators

The Board and its Assurance Committees review a suite of indicators on a monthly basis through the Corporate Report and receive actions for improvement. This is supported by the Change Programme that aims to deliver improvement projects that have quality, costs and delivery metrics identified; these are reported monthly to the Clinical Quality Assurance Committee. The overall governance of the Programme is undertaken via the Trust's Delivery Management Office (DMO), monitored at a monthly Programme Board. The triangulation of the key indicators agreed through this process will form part of the Trust's integrated governance reporting. For 2019/20 the Trust has prioritised three key indicators across quality, workforce and finance:

- No beds closed
- No nurse vacancies
- Elective and Daycase activity against plan.

4. Workforce Planning

The workforce planning process, developed within the context of the Trust's clinical, activity and financial strategies, remains an integral element of the local operational business planning process, and ensures that the Trust has sufficient staffing capacity and capability throughout the year to support the provision of safe, high quality services.

Alder Hey's planning process has taken full cognisance of the Cheshire and Merseyside Health and Care Partnership (C&M HCP) plan; we have a leading role in the Women's and Children's, Acute Sustainability, Digital Revolution and Collaboration at Scale (CaS) programmes. The Trust plans have also taken into account the workforce objectives in the Long Term Plan, and the system approach to urgent care, congenital heart services, neonates, and children's community and mental health services.

Workforce Focus for 2019/20

- ***Leadership*** - The new Leadership Strategy, aligned to Inspiring Quality, will support leaders at all levels to develop their management and leadership capability, including developing coaching skills as a critical element of their roles.

- ***Health & Wellbeing*** - A significant area of focus in 2019 will be mental health; the Trust is launching 'Time to Change', a national initiative focused on ending mental health discrimination and is developing an enhanced staff support system to provide advice, guidance and support on a range of domestic and work related issues. The group is also focused on reducing bullying and harassment, and are reviewing a novel approach to resolution, working in close collaboration with Trade Unions.

- ***Equality, Diversity and Inclusion*** - The three staff networks; BAME, Disability and the most recently established LGBTIQ+ Network are helping to develop plans for improving staff experience and to improve staff diversity. The Trust will also be working with local experts in community engagement to improve links and provide better access to employment opportunities for the local community. Apprenticeships will be a key component of these plans.

- ***Vocational development*** - The Trust will continue to build on its success of increasing opportunities to enter the workforce through supported pre-employment programmes, apprenticeships, work experience and voluntary roles. We will continue to utilise the Apprenticeship Levy, and build on our success as an employer provider, with the aim of delivering a minimum of another 50 apprenticeship starts in 2019/20.

- ***New Models of Care*** – this large scale transformation project aims to provide safe and effective care for acute emergency medical admissions, including enhanced consultant paediatric cover in the evening to match the arrival time of emergency admissions; reduce preventable deterioration in children, and to provide a rapid response when a child deteriorates; meet national medical staffing standards for PICU and HDU across 7 days; provide holistic paediatric care to surgical patients who require it, and support the development of attractive and fulfilling jobs and careers. The development of an Acute Care Team will also be integral to this.

- ***Neonatal Services –*** in readiness for establishing the new neonatal unit, we will begin to implement our workforce plan to develop our future neonatal workforce**.**

- ***Development of new roles –*** Alder Hey will continue to support Nurse Associates, and will be exploring the development of new roles in pharmacy, specialist nursing and AHP's, utilising opportunities from the Apprenticeship Levy to support these developments.

- ***E-rostering –*** The Trust will be working in collaboration with C&M partners to procure and deploy a new e-rostering system during 2019.

Workforce Challenges
The Trust is responding to a number of local, regional and national workforce challenges:

Description of Workforce Challenge	Impact on workforce	Initiatives in place
Supply of nursing/ODP staff	Difficulty in recruiting to agreed establishment, which includes the 'nurse pool'; reliance on bank staff;	-Collaboration with HEIs; all eligible students already offered employment on qualification -Additional placements being offered from HEI's out of region to expand the recruitment pool -Development of the apprenticeship 'trailblazer' for ODP's -Attendance at all local and regional recruitment events
Impact of Brexit on current staff and future pipeline	Difficulty in recruiting from EU countries; weakening of the potential recruitment pool; requirement to consider recruitment outside the EU	-Provision of advice, guidance and support for our EU staff -Scoping of international recruitment opportunities
Reducing temporary staffing spend, including bank and agency	Availability of temporary workers; impact on existing staff	-Standardisation of agency partners for non-medical (NHS Professionals) and medical (Staff Flow). Any exceptions require 'break glass' process -Working with the Cheshire and Merseyside Workforce Collaborative Programme at improving C&M Temporary Staffing position and work in partnership to increase collaboration across the STP. -Eliminate use of non-framework compliant providers -Conversion of all agency to NHS professionals

		and expedite recruitment -Enhanced spend reporting and transparency data -New Trust policy and process for advisors and consultancy. -Standardisation and reduction of Medical locum rates
Junior doctors	Rota gaps impacting upon the training and education of the junior doctors; junior doctor morale	-Newly appointed Medical Director directly engaging with the Junior Doctor workforce -Robust action plan in place in response to HEE feedback -Models of Care project launched to address rota and handover issues
Retention	Alder Hey does not have a high turnover, however in certain areas could lead to loss of skilled workforce; inability to recruit	-Development of specific Consultant Induction in 2019 -Revised Flexible Retirement Policy -Review of Exit Interview process -Increased professional development opportunities
Leadership	Capability of line management; impact upon retention; impact on engagement;	-New Leadership Strategy linked directly with the Inspiring Quality Programme -Delivery of Mary Seacole Programme in-house -Strong Foundations Programme
Health & Wellbeing	High sickness absence impacting upon optimum delivery of care; staff reporting higher levels of work related stress; morale	-Launch of 'Time to Change' mental Health Campaign -Review of approach to managing bullying and harassment

Current Workforce Risks:

Description of Workforce Risk (as described on the Board Assurance Framework)	Impact of risk (low, medium, high)	Risk Strategy Response	Timescales and progress to date
Diversity	Medium	-analysis of Staff Survey results from BAME and staff with a disability -community engagement	- LGBTQI+ Network launched -Community engagement review March 2019

		-develop apprenticeships -LGBTQI+ Network	
Engagement	Medium	-established Health & Wellbeing Group -improved staff recognition framework -Leadership Strategy implementation	-Significant improvements in the 2018 Staff Survey -Star Awards now live -Health & Wellbeing 2019 Plan -Leadership development programme in 2019
Workforce Sustainability	Medium	-apprenticeship strategy -pre-employment programme -nursing pipelines -training needs analysis	-Nursing recruitment events 4 x per year -56 apprentices since April 2018; propose an additional 50 in 19/20 -Review of recruitment and communications processes in 2019
Sickness Absence	High	-participating in the national NHSI Health & Wellbeing Programme -refreshed Sickness Absence Policy -enhanced training for managers -closer monitoring of sickness absence at divisional level	-Training delivered across Surgery; the remainder to follow in Spring 2019 -Reduction in sickness in Jan 19

Long-Term Vacancies

Description of long-term vacancy, including the time this has been a vacancy post	Whole time equivalent impact (WTE)	Impact on service delivery	Initiatives in place, along with timescales
Gastroenterology Consultant (vacant since 10/18)	1 WTE	Impact on patient waiting list	Use of locum consultants. Role has been re-advertised with one, possibly 2 applicants - pending assessment
Physiology (B7) (vacant since 12/18)	1 WTE	Impact on sleep study	Candidates very scarce for this role– re-advertising Jan 19.

Dietetics (vacant since 6/18)	2 WTE	Not able to meet increase in demand	Proposed retry for band 6 with implementation of bespoke training packages to cover gaps on paediatric expertise.
Community Paediatrics Doctor (vacant since 02/18)	2 WTE	Increase waiting times, not able to meet targets	Backfill via locum/agency, advertised wider i.e. LinkedIn, Twitter in last 3 months looking at Specialist Practice Nurse or potentially at Physician Associate and /or Pharmacy prescriber to broaden skill mix to match some of the tasks.
Consultant Psychiatrists (vacant since 9/18)	1 WTE	Increase waiting times, increase workload on other colleagues.	Backfill locum/agency advertised on LinkedIn and Twitter; post interviewed 4/12 no suitable candidates to reissue to advert end Feb
Critical care nursing-ongoing	10.16 WTE	Potential impact on service delivery within PICU and bed utilisation	Ongoing recruitment campaigns for PICU; relaunch of PICU module course; additional practice educators to support preceptorship development
Anaesthetists (vacant since 03/18)	3 WTE	Potential impact on theatre utilisation and non-elective lists	Working recruitment plan to focus on short, medium and long term including succession planning. Utilising locum roles to support department

Future Workforce Development

The Trust is developing its long term vision, through the Alder Hey Academy, to be the preferred place to be trained nationally and internationally, and to support the development of a nationally recognised sustainable paediatric workforce for the North West. We are working in partnership with the system, including HEI and local authority partners on the development of our campus, with a vision to become the 'knowledge quarter' for children and young people.

5. Financial Planning

5.1 Overview

- The Trust's financial plans for 2019/20 have been developed based on an agreed control total surplus of £1.628m set by NHSI. The control total includes a non-recurring Provider Sustainability Funding (PSF) of £3.363m.
- There remains an outstanding risk of Welsh commissioners agreeing to pay HRG4+/tariff inflation which would impact us by 1.75m and add a further challenge to meeting control. NHSi are aware of this risk and are supporting us finding a resolution.
- As the Trust is still in underlying deficit of £1.7m after the non-recurring PSF funding, it is required to deliver an additional national efficiency requirement of 0.5% or £1.124m.
- The plan achieves a UOR of 3 (in quarter 4) and a CIP of £6.0m (2.5%).
- The Trust Board acknowledges its allocated control total, recognising both that the plan laid out is challenging and carries a level of risk to be resolved, but also recognising the need to deliver financial sustainability and progress towards financial balance.
- The Trust has also raised formally our concerns regarding the reduction in the complex childrens tariff which has been a reduction in income to Alder Hey of 3.4m. We have lobbied this position through the UK Childrens Alliance and await a response from NHSi.
- The Trust has commenced contract negotiations with commissioners however these are yet to be finalised.
- The strategy for the next year continues to deliver against the Five Year Strategic Plan and focuses on operationalising key schemes including the campus development master plan, progressing strategic plans in terms of specialised services, expanding community and mental health offer, growing international and partnership models and expanding commercial offerings.

5.2 Key Risks to financial plan 2019/20

- The CiP Programme requires £6.0m of savings equating to 2.5%; this is a challenging target and to meet the Trusts strategic objectives requires recurrent sustainable savings.
- Wales Funding HRGv4+/inflation (£1.75m) has been assumed and included in control total assumptions.
- The capital plan has been agreed in light of national guidance, includes spend approved by the trust Board and is in line with the Trust's strategic plan, however there remains significant pressure on Capital Funding to allow the successful delivery of the Trust strategic including growth agenda.
- The financial plan for 2019/20 is challenging and contains risk, and takes into account opportunities for CIP and productivity and growth opportunity presented by the technology enabled by GDE and work programmes strategically led by the Cheshire and Merseyside Health Care Partnership.
- To support delivery of the financial plan, there is weekly focus on financial performance and an internal Sustainability Delivery Group Board has been established to tackle and monitor sustainability savings and any adverse deviation from plan. This meeting reports in weekly to the Executive team, the aim being to ensure the Trust takes prompt action to mitigate financial risks to support delivery of the plans agreed.

Actions that the Trust is taking to improve underlying deficit and to allow return to recurrent break-even; This programme of financial improvement is overseen by Resources and Business development committee on behalf of the Trust Board:

- Internal sustainability progress integrated with the Delivery Management Office (DMO) which tracks both CIP delivery and change project milestone delivery and benefits realisation
- Capital programme restricted and prioritised to align to strategic developments and ensure availability of essential medical equipment.
- Robust pay cost control measures led by the CEO, HRD, Chief Nurse and DoF; including a workforce sustainability plan which provides a fortnightly focus on significant pay cost variances and plans to reduce which includes temporary / agency spend; restrictions around temporary staffing and introduction of agency 'break glass' procedure and rigorous absence management policies
- Quality Improvement Team established led by clinicians, to drive through sustainability and transformation internally and externally.
- Weekly Executive led Communication cell established to monitor key performance indicators across quality, operational and financial domains.
- Cash improvement strategy to maintain minimum daily cash balance above £10m including daily reporting of cash balance and weekly cash flow monitoring and robust management of cash through various methods including implementation of a debt escalation policy, review and extension of payment terms wherever possible, review of supplier contracts to maximise discounts.

5.3 Financial Forecasts and Modelling

Table 1 presents the Income and Expenditure statement for 2019/20 compared to 2018/19 plan and forecast outturn.

Table 1 2018/19 Budget and outturn and 2019/20 Final Plan

	18/19 Plan £'000	18/19 Forecast £'000	19/20 Final £'000
Clinical Income	220,227	226,231	237,276
Non clinical Income	18,413	22,832	22,046
Total Income	**238,640**	**249,063**	**259,322**
Pay Costs	(152,113)	(154,038)	(169,468)
Non Pay Costs	(71,512)	(82,155)	(73,719)
Total Expenditure	**(223,625)**	**(236,193)**	**(243,187)**
Capital Charges/Interest	(16,804)	(14,659)	(17,870)
Underlying Deficit	**(1,789)**	**(1,789)**	**(1,735)**
One Off schemes	9,250	9,250	-
PSF Income	24,731	24,731	3,363
Control Total	**32,192**	**32,192**	**1,628**
Summary KPI's:			
CIP %	**3.0%**	**2.5%**	**2.5%**
CIP £	**£6.9m**	**£6m**	**£6m**
Cash	**£29.3**	**£31.2**	**£20.4**
UOR	**1**	**1**	**3**
WTE	**3,214**	**3,249**	**3,404**
Capital Spend	**£24m**	**£17.5m**	**£44.5m**

Key highlights of 2019/20 Plan

The financial plans for 2019/20 have been set taking account the Operational Planning guidance 2019/20 which set out the following changes:

- PSF transferred into urgent and emergency and non-recurrent PSF allocation of £3.363m.
- Income increased by £10m from 2018/19 forecast outturn.
- National CQUIN 1.25% into tariff and 1.25% part of contract
- CNST changes
- National Pay award included in tariff uplift and in pay costs
- Non-pay inflation included
- CiP £6.0m
- Capital plans supported by Trust Board at £44.5m for 2019/20
- Forecast cash balance as at March 2019 is based on month 11 forecast.

Single Oversight Framework Finance metrics

Table 2: Use of Resources (UoR) Rating

The UoR overall forecast risk rating of 3 for 2019/20:

Capital Service Cover rating	4
Liquidity rating	1
I&E Margin rating	2
Variance From Control total rating	2
Agency rating	1
Overall Rating	**3**

The overall NHSI Risk Rating at March 2020 is forecast at 3 due to reduced Control Total for 19/20 of £1.628m surplus. This is largely triggered by our PFI capital servicing requirements and lower control total for the year. We do not anticipate this will cause any advers impact with our regulators.

Activity Planning

Table 3: Activity Plan Movement from 18/19 to 19/20

POD	18/19 plan	18/19 outturn	19/20 plan	Movement from outturn	Movement from outturn %
Elective	5,653	4,714	5,495	781	16.6%
Daycase	21,977	22,636	23,445	809	3.6%
Non Elective	14,971	16,127	15,808	-319	-2.0%
Outpatients	184,928	191,185	200,506	9,321	4.9%
A&E	59,713	60,474	61,000	526	0.9%

Key Activity Changes

- Elective plan is 781 spells higher than the 2018/19 outturn reflecting a non-recurrent underperformance in year due to vacancies.
- Day case plan is 809 spells higher than outturn.
- Outpatient increase of 9,321 attendances relates to approved business cases in year.

Tariff Changes

The Trust has assessed the consultation tariffs which result in an overall tariff downside of £3.3m. This reduction is mainly driven by changes to Paediatric Top-ups. The Trust Board have escalated their concerns to the NHSI Board and challenged the validity of the proposed changes. Alder Hey, along with other Children's Alliance providers have expressed concern that the income reduction is not warranted and ultimately will result in sustainability issues for paediatric providers. NHSI pricing team have committed to work closely with specialist paediatric providers in 2019/20 to develop and implementable set of prices that deliver a suitable solution.

Commissioner Contracts

The Trust is close to signing 19/20 contracts with our main commissioners that reflect a reset of contract levels to 18/19 forecast outturn and incorporating national planning guidance, local growth, service development and notified contract changes. A number of areas are still outstanding which will be resolved in year , they can be summarised as:

- Targeted investment proposals due for decision in quarter 1
- Pipeline business cases e.g. Specialist Rehabilitation etc.
- Wales paying 19/20 national tariffs

The income plans for 2019/20 are largely based on the above contract agreements.

Cash and Borrowings

The forecast cash position for March 2020 is £20.4m. The starting position and closing position of cash is shown in table 4 below.

Table 4: Opening balance to closing balance cash position 2019/20

	£m
Opening Balance	**31.2**
I&E 1920 Control	1.6
add back Depreciation	7.1
Capex	-40.1
Donated income cash	1.8
Loan Community Cluster	7.0
PDC	7.3
Loan repay	-2.5
PFI repay	-2.2
Finance lease	-0.2
Receivables	21.0
Working capital Movements	-11.6
Forecast Cash March 2020	**20.4**

Cash forecast for end of March 2020 is £20.4m. The cash assumes receipt of PSF bonus cash incentive of £18.5m.

Efficiency Savings 2019/20

An efficiency strategy and approach has been developed and integrated with the Trust's Inspiring Quality focused on quality improvement and transformation initiatives aligned to the NHS Long Term Plan. The Trust's Cost Improvement Strategy is also cognisant of the priorities in the Cheshire and Merseyside Health and Care Partnership work programmes. The Trust's plan on a page outlines our priorities.

- For 2019/20 an in year financial target of £6.0m of CiP savings are required to deliver financial balance
- The Trust's Cost improvement Plans are constructured around improving clinical effectiveness. , The Trust will leverage initiatives such as 'Getting it Right First Time for Patients' to ensure that quality improvements drive financial sustainability. The Trust's CIP and saving plans will focus on the following six key themes, aligned to the overarching pillars of the Trust's change programme 2019/20:
    - Brilliant Basics

- Workforce
- Digital
- Partnerships and network
- Inspiring Quality
- Growth

	6 High Level Impact Themes	Possible Deliverables	Strategic Theme			

1	**Brilliant Basics**
	• Brilliant Booking
	• Theatre scheduling
	• SAFER
	• Community and Mental Health
	• Accurate recording
		• Improve E-access ands experience for patient
		• Do more for the same. Use innovation or AI to improve throughput of patients through
		  - theatre scheduling
		  - Bed mgt
		• Maximise use of technology to support community service models to provide capacity and reduce waiting time
		• Maximise robust and accurate recording, use e-coding and move to interoperable data capture				

2	**Workforce** • Reduce waste and increase time to care • Reduce temporary staff	• Implement E-Roster and E-job planning • Reduction of sickness absence rate to 4% • Role modernisation				
3	**Digital** • Outpatient transformation • Paperless and robotics • E-inventory	• Reduce face to face outpatients by 30% • Move any paper transaction process to paperless through use of Robotic Process Automation / intuitive tools • Implement E inventory systems by March 2020				
4	**Partnerships and Networks:** • Collaboration at scale	• Work with C & M Health Care Partnership on all CaS work programmes, Diagnostic, Corporate, Estates/ Facilities • Sharing of resources across alliance • Implement corporate services transformation programme				
5	**Inspiring Quality** • Reducing variation in clinical services	• Transform patient care through Digital technology – digital pathways and AI to improve outcomes and save lives • improve safety of care by reducing unwarranted variations using methodology • Better value for money from procurement of goods				
6	**Growth** • Business Development	• Maximize commercial income – international and private • Maximize commercial income - Education, Research and Innovation • Clinical growth i.e. specialized services				

- The development of CiP plans follows a structured process including the completion of comprehensive quality and equality impact assessments. Projects are managed through the Trust's change Programme Board, which is comprised of representatives from each clinical Division as well as Executive sponsors, supported by the Delivery Management Office (DMO).
- The Trust has a progressive and inclusive approach to identification of CIP utilising NHSI tools such as Model Hospital, GIRFT, NHS Efficiency Map in addition to the trusts internal data intelligence such as Service Line Reporting and Reference Costs.
- The Cost Improvement Programme for 2019/20 will continue to be governed through the Trust's Programme Assurance Framework and embedded within the Assurance Committees of the Board governance structure. CIP is also monitored on a weekly basis through the Sustainability Delivery Board, which is also attended by the Divisions ensuring collective ownership of the programme and related decision making.

Procurement Initiatives 2019/20

The Trust is committed to working with the national Operating Model (previously known as the Future Operating Model). Work has already commenced to transfer relevant non pay procurement spend to Category Towers allowing access to negotiated offers and participation in the National Contracted Products (NCP) Programme is also being progressed, with the Trust complying with the national arrangements where these products meet its needs. The Trust is also proactively engaging with Supply Chain Coordination Limited (SCCL) to transition current third party expenditure to the SCCL supply route where it is appropriate to do so. The national ambition is to increase the throughput via SCCL from 40% to 80% in line with national procurement strategy but, due to the Trust's paediatric specialism, and the often unique products which are purchased; this will present a challenge to the Trust.

The Trust has signed up to the Cheshire and Merseyside Health Care Partnership (C&M HCP) Collaboration at Scale (CaS) Memorandum of Understanding (MoU) which is aimed at reducing any unwarranted variation, removing duplication and maximising quality, resilience and value for money of non-pay spend and procurement functions. Part of this work will involve participation in joint purchasing initiatives and discussions around leveraging the collective spending power of the 19 trusts in the Cheshire/Mersey region. The wider debate around rationalising the procurement workforce and the sharing of resources, reduction of duplication and the optimisation of the limited procurement talent currently available within the region will be progressed with Cheshire and Merseyside procurement colleagues over the coming months.

Other strategic objectives for 2019/20 are:

- Continuation of the Zero Inflation policy: active resistance of all supplier inflationary uplift requests.
- Tightened controls on purchase order activity: All suppliers have been written to, outlining that invoices will not be paid without a valid purchase order. Trust staff are also provided with training on compliance with the Trust's Standing Financial Instructions and other financial governance obligations
- Ongoing engagement with all Divisions to identify further potential savings opportunities to add to the Procurement work plan
- Materials Management in Theatres: The Procurement Department has now taken over the responsibility for all Theatres purchases. This has resulted in service improvements being achieved in relation to better stock management, reduction of waste (expired stock) and improved processes
- Production of a comprehensive Procurement work plan which comprises a detailed list of savings schemes aimed at achieving the Procurement cost improvement target
- Catalogue Management: Where practicable, all items procured are covered by robust and compliant purchasing arrangements and catalogued to facilitate optimum value
- Better Business Intelligence - a suite of spend analysis reports and procurement dashboards have been produced to assist with the analysis of expenditure and monitoring of performance
- Alder Hey continues to use the PPIB benchmarking tool to benchmark prices for commonly purchased products and, where it is identified that the Trust is not obtaining best prices for certain products, the benchmarking information is being used as leverage to negotiate price improvements, where applicable.

Use of NHS Productivity Tools and Data Analytics

The Trust will continue to use benchmarking and improvement tools such as Model Hospital, Getting It Right First Time (GIRFT), Rightcare and Lord Carter's review[1] to identify variation and take account of opportunities available across the health and social care system. This, coupled with the use of internal data analytics such a Service Line Review (SLR) and Patient Level Costing (PLICS), will produce high quality information to improve patient outcomes and efficiency. The Trust is continually improving the way information is presented and will focus of the use of data visualisation applications and performance dashboards to identify trends with real time and historic information.

The Trust will focus on transforming corporate services, working in collaboration with all the C&M HCP work streams and other specialist trusts to eliminate corporate variation and duplication to drive down non-clinical costs and standardise processes across the organisation.

[1] Lord Carter Review June 2016 '*Productivity in NHS Hospitals*'

Digital Technology

The Trust will continue to maximise its Global Digital Exemplar (GDE) status to digitalise patient pathways and reduce variation. During 2019/20 the Trust will make full use of Robotic Process Automation (RPA) tools to enable more efficient transacting through the removal of paper transactions such as e-invoicing. The Trust is improving its procurement and financial systems to support standardisation of processes to allow interoperability with its partners and external clients.

Innovation

Innovation is a strategic objective within Alder Hey's the strategic plan. In 2019/20 the Trust's Clinical Innovation leads will work with healthcare professionals, patients, academia and industry to improve outcomes for patients, families, carers, staff and society. The Trust will have in place an innovation business plan aligned to the trust strategic objectives for the identification of priority projects such as AI, Sensors, Visualisation, Apps and Digital MedTech.

Agency Rules

The Trust has developed a plan around agency staffing caps. HR, Finance and Procurement have been working together to establish a robust 'break glass' process. So far the process has been effective in eliminating nurse agency use and additional actions are established to ensure a best practice approach using a number of controls.

The Trust is confident that the agency control of £3m will be achieved in 2019/20. The total agency costs (FOT) in 2018/19 was £1.3m with agency costs as a percentage of total payroll costs at 0.8%. For 2019/20 the agency costs as a percentage of pay costs is planned at 0.7%

The key actions the Trust is taking include but are not limited to:

- Standardisation of agency partners for non-medical (NHS Professionals) and medical (Staff Flow). Any exceptions require 'break glass' process
- We are working with the Cheshire and Merseyside Workforce Collaborative Programme at improving C&M Temporary Staffing position and work in partnership to increase collaboration across the STP
- Eliminate use of non-framework compliant providers
- Conversion of all agency to NHS professionals and expedite recruitment
- Enhanced spend reporting and transparency data
- New Trust policy and process for advisors and consultancy
- Standardisation and reduction of Medical locum rates.

Capital Planning

The Trust's capital programme 2019/20 has been developed to meet prior commitments and progress the completion of the redevelopment of the hospital site. The Trust successfully completed the charitably funded second phase of the Research and Education Insitute during 2018 that has enabled the progression of the Trust's estates strategy.

Table 5 below shows a summary of the 2019/20 schemes and how the programme will be funded. It should be noted that the plan for 2019/20 is based on premise the Trust delivers the 2018/19 Control Total of £32.2m and receives the additional PSF funding of £18.5m which is invested in the Trust capital programme. We are currently forecasting that this will be achieved however there are risks associated

with this relating to the planned PFI deal and land sale. If the £32.2m is not delivered and the additional PSF not fully received, the capital programme will need to be reduced.

Table 5: 2019/20 Capital Programme

CAPITAL PROGRAMME	£m
ESTATES & SITE DEVELOPMENT	24.6
IM&T	4.7
MEDICAL EQUIPMENT	4.8
OTHER	4.3
STP IM&T	6.1
TOTAL DRAFT CAPITAL PROGRAMME	**44.5**

FUNDED BY -	£m
DH LOAN	7.1
GDE PDC 2019/20	0.8
DEWI JONES PDC WAVE 4 2019/20	3.6
STP PDC 2019/20 (HSLI / LHCRE)	2.9
ALDER CENTRE LIBOR	1.7
AH CH FUNDED MED EQUIP	0.1
DEPRECIATION / AMORTISATION	9.4
CASH - STP PDC 2018/19 (HSLI / LHCRE) c/f	3.2
CASH - WIFI PDC 2018/19 c/f	0.2
CASH - GDE PDC 2018/19 c/f	0.5
CASH	15
Total	**44.5**

- Capital expenditure for 2019/20 is £44.5m which includes schemes delayed from 2018/19.
- Capital Plans exclude the C&M Partnership (STP) IT programme HSLI bids. Alder Hey is a host and the value equates to c£6m.
- Capital programme includes must do and essential schemes i.e.
  - High priority medical equipment
  - Essential site re-configuration to allow future disposal of land
  - New construction as part of the Site Development Master Plan
  - Centrally funded digital excellence project
  - Build the Libor funded bereavement centre, the Alder Centre
- The Trust was successful in being awarded £7m of capital STF PDC funding in November 2018 towards the reprovision of the children and adolescent inpatient/tier 4 mental health facility due to commence build in April 2019 with completion in June 2020.
- The Trust is continuing the detailed review and risk assessment of medical equipment replacement requirements over the next five years. The current plans assume all medical equipment will be funded by Trust cash (£3.2m), however early findings indicate more funding may be required. As mitigation the Trust is therefore reviewing the 'must do' requirements and will look to achieve a sustainable solution utilising lease options, charitable options, managed services etc.

- The Trusts is working collaboratively with the Cheshire and Merseyside Health Care Partnership (C&M HCP) Estates and Facilities work stream to develop the STP Estates Strategy Workbook taking account of place based needs to develop capital prioritisation criteria and approach across the region.

5.4 Key Organisational Risks 2019/20

Based upon the circumstances and operating context set out within this document, the Trust has identified its priority strategic risks for the year as follows:

- Control total
- Brexit
- Sustainable workforce
- Productive partnerships

6. Membership and Elections

The Board at Alder Hey has continued to work collaboratively with our Council of Governors to develop our future plans. The Trust Chair, SID and other NEDs are supported in this by our Lead Governor, who facilitates monthly informal meetings for Governors to keep them connected between the formal quarterly meetings. Last summer's election round again resulted in a number of new governors; in order to enable as many governors as possible to access the core skills module delivered under NHS Providers' *GovernWell* programme, the Trust commissioned an on-site course. This approach was highly successful and resulted in a collective action plan to improve communication flows; it is likely to be repeated on an annual basis. The new governors also underwent the Trust's local induction. More established governors are encouraged to take up some of the other modules, particularly around constructive challenge and accountability. The members of the Nominations Committee also underwent the NED recruitment training module. Alder Hey governors also participate in the North West Governors' Forum meetings.

Membership Strategy – the Council of Governors has an active Membership Committee which meets on a monthly basis and is mandated to lead the Trust's engagement programme with members and the wider community. It is supported by the Trust's Communications Team and works to an agreed set of objectives created to reflect the overall aims of the Membership Strategy, which was reviewed and approved by the Committee in 2018/19. The objectives for the coming year are a consolidation of previous work, given the ongoing nature of the governors' role around communication.

- **Newsletter** - to continue on a quarterly basis, with progress towards greater use of electronic communication and social media.
- **Member Communications** – this will again be a major focus in the coming year. The Trust has continued to support the 12 month internship role in partnership with the Management School at the University of Liverpool, which the Membership Committee has considered invaluable over the last two years. The postholder leads on the development of the membership database and will continue the effort to populate a greater number of members' email addresses and ultimately move to an electronic communication platform rather than printed media. The most recent intern has developed a stratified approach to member engagement, sensitive to the Trust's young demographic, which will be taken forward in the coming year.
- **New Governor Induction** – this will continue to take the form of a structured induction session accompanied by an information pack; the group approach used with this year's intake included an interactive session which linked well with the core skills training.
- **Training** – as indicated above, on-site training will again be commissioned in the coming year from NHS Providers.
- **Links to the Children and Young Peoples' Forum** – this will be the other major focus in the coming year as the Forum is to be re-launched, led by the Trust's Divisional Director of Community and Mental Health, with closer links and joint work between the two groups,

including the potential for Forum members of the right age group to stand for election as governors.

- **Annual Members' meetings** - the Committee also acts as a steering group for the planning and organisation of the Annual Members' meeting, the theme of which for the current year was the retiring Trust Chairman's reflections on his eight years in office, as well as the delivery of the statutory elements. In the coming years, consideration will be given to reinstating Trust Open Days within the new facilities.
- **Public Health** – given the Trust's role as leading the 'Starting Well' stream of Liverpool Health Partners' strategy and the imminent award of UNICEF Child Friendly City status to Liverpool, the governors will explore with the Board in the coming period how they can contribute to this effort.

Alder Hey Children's NHS
NHS Foundation Trust

Register of Company Shareholdings
As at 30th March 2019

Changes made since last reporting period:

Changes highlighted in blue

1. Filing of Company Accounts

In March, the Trust was required to file the company accounts for Alder Hey Ventures Ltd (Wholly Owned Subsidiary) for the period 1st July 2017 to 30th June 2018. The Trust asked Weightmans to act as company secretary and to prepare the statutory accounts as required. The company had no trading activity during the period and the account was filed as a Micro Entity. A copy of the accounts has been included in Appendix A.

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose & Product Description	Filing	Status
Alder Hey Ventures LTD	27.06.17	David Powell	100% wholly owned subsidiary	10837212	AH	Commercial No employees	Commercial, innovation, product development and exploit IP	Confirmation statement: 12.07. YE: 30.06.18 Accounts filed 27.03.19	'Active' Not used Not consolidated

2. New Companies formed with Alder Hey as Shareholder

The Trust entered into 3 shareholder agreements in March for companies that had already been established by ACORN on companies House.

Name	Date Alder Hey became SH	AH Director	Shareholdings	Company No	Address	Nature	Purpose
Hand Hygiene Solutions Ltd	18/03/2019	No	30%	11055776	Boundary Street, Liverpool	Commercial	Hand wash compliance App development and commercialisation

Cofoundary Enterprise 36	18/03/2019	No	30%	11112857	Boundary Street, Liverpool	Commercial	Respiratory patterns for children whilst at home, potential alternative for spirometry App development and commercialisation
Digital Audiology Technologies Ltd	18/03/2019	No	30%	10189060	Boundary Street, Liverpool	Commercial	Digitised gaming hearing test App development and commercialisation Managed through 3rd party

ACORN Partnership

A workshop has been scheduled to review the ACORN partnership with the support of KPMG and the key stakeholder's mid-April. The outcome of this workshop will be reported to the Trust Board in May. The Trust has sought a review from the legal advisors of the shareholders agreements for the individual Product Cos to benchmark against other commercial entities.

Full Master Company Register as at 30th March 2019:

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose & Product Description	Filing	Status
Alder Hey Ventures LTD	27.06.17	David Powell	100% wholly owned subsidiary	10837212	AH	Commercial No employees	Commercial, innovation, product development and exploit IP	Confirmation statement: 12.07. YE: 30.06.18 Accounts due: 27.03.19	'Active' Not used Not consolidated
Alder Hey Living Hospital LTD	24.04.17	John Grinnell Sir David Henshaw David Powell	50% JV with Alder Hey Children's Charity AH significant control	10835638	AH Charity	Commercial No employees	App development and commercialisation	Confirmation statement: 23.04.18 YE: 31.03.18 Accounts filed: 31.12.18	'Active' used Equity investment materiality
Asthma Buddy Ltd	18/05/2017	No	30.10%	10188710	Boundary Street, Liverpool	Commercial	Peer to Peer support for information on Asthma App development and commercialisation	Managed through 3rd party	Active
Doctors Hours Ltd	18/05/2017	No	30.10%	10188794	Boundary Street, Liverpool	Commercial	Junior doctors hours monitoring App development and commercialisation	Managed through 3rd party	Active
Bloom	18/05/2017	No	30.10%	10189548	Boundary	Commercial	Nurse revalidation	Managed through	Active

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose & Product Description	Filing	Status
Revalidation Ltd					Street, Liverpool		App development and commercialisation	3rd party	
Digital Audiology Technologies Ltd	18/05/2017	No	30.10%	10189060	Boundary Street, Liverpool	Commercial	Digitised gaming hearing test App development and commercialisation	Managed through 3rd party	Active
Fresh Wellness Ltd	30/06/2017	No	30.10%	10259396	Boundary Street, Liverpool	Commercial	Mental health support app App development and commercialisation	Managed through 3rd party	Active
Conquer Kids Phobia Ltd	27/04/2017	No	30.00%	10746202	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Blood Sense Ltd	27/04/2017	No	30.00%	10746341	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Physiopal Digital Ltd	27/06/2018	No	30.00% - person with significant control	10838856	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Remedy	27/04/2018	No	30.00%	10746292	Boundary	Commercial	App development	Managed through	Active

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose & Product Description	Filing	Status
Medpass Ltd					Street, Liverpool		and commercialisation	3rd party	
Sample Tracker Ltd	27/04/2018	No	30.00%	10746420	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Reel Medical Technology Ltd	27/04/2018	No	30.00%	10746455	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Acorn Partners Ltd	18/05/2018	No	27.5%	10188842	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Kids COPD Monitoring Ltd	14/12/2017	No	40.1%	11112790	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Pik Kit Ltd	15/12/2017	No	40.1%	11112815	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Kids Medicine Compliance Ltd	15/12/2017	No	40.1%	11112938	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Hand Hygenie Solutions Ltd	09/11/2017	No	30%	11055776	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose & Product Description	Filing	Status
Cofoundary Enterprise 36	15/12/2017	No	30%	11112857	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active

Registered Number 10837212

ALDER HEY VENTURES LIMITED

Micro-entity Accounts

30 June 2018

ALDER HEY VENTURES LIMITED **Registered Number 10837212**

Micro-entity Balance Sheet as at 30 June 2018

	Notes	*2018*
		£
Called up share capital not paid		-
Fixed Assets		-
Current Assets		1
Prepayments and accrued income		-
Creditors: amounts falling due within one year		0
Net current assets (liabilities)		1
Total assets less current liabilities		1
Creditors: amounts falling due after more than one year		0
Provisions for liabilities		0
Accruals and deferred income		0
Total net assets (liabilities)		1
Capital and reserves		1

- For the year ending 30 June 2018 the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.
- The members have not required the company to obtain an audit in accordance with section 476 of the Companies Act 2006.
- The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.
- The accounts have been prepared in accordance with the micro-entity provisions and delivered in accordance with the provisions applicable to companies subject to the small companies regime.

Approved by the Board on 26 March 2019

And signed on their behalf by:
David Powell, Director

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Change Programme

Programme Summary (to be completed by **Head of Programme Management**)

1. This Board report comprises of extracts from the assurance dashboard covering 4 of the 6 themes of the change programme as reporting to the Board sub-Committees: CQAC 20 March and R&BD 01 April .
2. Slide 2 of this programme assurance report contains the current scope for the18/19 change programme with slide 3 containing the evolving 19/20 change programme.
3. Of the 17 projects rated in this report with regards to the **overall delivery** assessment: none of the projects are green rated with 47% amber and 53% red. These percentage summary assessments show deterioration from the previous month. Executive Sponsors should support their project teams to attain greater confidence in delivery.
4. The **overall governance** position is satisfactory with 47% of the projects green rated, 41% amber and 12% red. Although the governance position is satisfactory, there is room for improvement in some areas.

N Deakin, Head of Programme Management and Independent Programme Assurance 26 March 19

CIP Summary (to be completed by **Finance Department**)

CIP Position as at 12th March 2019 by work stream

		In Year Forecast			Recurrent Savings			Risk Rating (In Year)					
Workstream	Exec Sponsor	Target £000's	Forecast £000's	Gap £000's	Target £000's	Forecast £000's	Gap £000's	Implemented (Posted) £000's	Fully Developed £000's	Plans in Progress £000's	Opportunity £000's	Gap £000's	Total £000's
Deliver Outstanding Care	Adam B/Hilda G	2,500	969	-1,531	2,500	1,043	-1,457	969	0	0	107	1,423	2,500
Growing Through External Par	Dani Jones	800	0	-800	800	0	-800	0	0	0	0	800	800
The Best People Doing Their B	Melissa Swindell	1,000	1,023	23	1,000	82	-918	1,023	0	0	20	-43	1,000
Game Changing Research and	David Powell	500	0	-500	500	0	-500	0	0	0	0	500	500
Strong Foundations	John G/Claire L	2,200	1,870	-330	2,200	1,874	-326	1,870	0	0	127	203	2,200
Park, Community Estate & Fac	David Powell	0	18	18	0	18	18	18	0	0	0	-18	0
Global Digital Exemplar (GDE)	Peter Young	1,000	255	-745	1,000	255	-745	255	0	0	0	745	1,000
Subtotal: Strategic Workstreams		**8,000**	**4,136**	**-3,864**	**8,000**	**3,272**	**-4,728**	**4,136**	**0**	**0**	**254**	**3,610**	**8,000**
Divisional Business		-1,043	2,518	3,561	-1,043	2,639	3,683	2,518	0	0	173	-3,734	-1,043
Unidentified		0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		**6,957**	**6,654**	**-303**	**6,957**	**5,911**	**-1,045**	**6,654**	**0**	**0**	**427**	**-124**	**6,957**

Change Programme 18/19

Trust Board

Programme Assurance Framework, DMO & Delivery Board

Alder Hey Children's NHS
NHS Foundation Trust

R&BD

Growing Through External Partnerships
John

1. Aseptics

Imminent Pipeline
- Neonatal Services

WOD

The Best People Doing Their Best Work
Melissa/Hilda

1. Portering
2. Apprenticeships
3. Catering

SG

Imminent Pipeline
- E-Rostering
- AHP 2023 & Beyond

CQAC

Deliver Outstanding Care
Hilda / Steve

1. Sepsis
2. Best in Outpatients (Y3)
3. Brilliant Booking & Scheduling
4. Comprehensive Mental Health
5. Patient Flow
6. DETECT Study
7. Models of Care

Park, Community Estate & Facilities

David

SG

R&BD

1. R&E2
2. Alder Centre
3. Park
4. Hospital Moves
5. Community Cluster
6. Energy
7. Residential Development

Game Changing Research & Innovation

David

RE&I

1. The Academy
2. Developing Apps and Products with Acorn Partnership
3. Expand Commercial Research
4. The Innovation Co. Project

Global Digital Exemplar

John/Steve

R&BD

PB

1. Speciality Packages
2. Voice Recognition

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

Change Programme 19/20

Trust Board

Programme Assurance Framework, DMO & Delivery Board

Alder Hey Children's NHS Foundation Trust

CQAC — Brilliant Basics

Adam Bateman

- Sepsis
- Best in Outpatients
- Brilliant Booking
- Comprehensive Mental Health
- Patient Flow
- DETECT Study
- Models of Care

- Theatre Scheduling
- Accurate Recording

The best people doing their best work · Delivery of outstanding care

WOD — Workforce

Melissa Swindell

- Portering
- Apprenticeships
- Catering

- E-Rostering
- AHPs 2023 & Beyond
- Reduce waste and increase time to care
- Reduce temporary staff

The best people doing their best work · Delivery of outstanding care

R&BD — Partnerships and Networks

Dani Jones

- Aseptics

- Neonatal Services
- Collaboration at scale

The best people doing their best work · Delivery of outstanding care

RE&I — Growth

John Grinnell

- The Academy Developing Apps and Products with Acorn Partnership

- Expand Commercial Research
- The Innovation Co. Project
- Business Development

Delivery of outstanding care · Game-changing research and innovation

R&BD — Digital

Kate Warriner

- Speciality Packages
- Voice Recognition

- Outpatient Transformation
- Paperless and Robotics
- E-Inventory

Sustainability through external partnerships · Game-changing research and innovation

R&BD — Park, Community Estate & Facilities

David

- R&E2
- Hospital Moves
- Alder Centre
- Community Cluster Park
- Energy

- Residential Development

CQAC — Inspiring Quality

Nicki Murdock

- Do Everything with Children
- Communicate Safely
- Transform patient care through Digital Technology
- Build a culture of Inspiring Quality

The best people doing their best work · Delivery of outstanding care · Game-changing research and innovation

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Delivering Outstanding Care

Work Stream Summary (completed by Independent Programme Assurance)

Overall, for the 'Delivery of Outstanding Care' programme, project governance is satisfactory with all projects rated amber or green. However, delivery ratings still require improvement.

The 'Sepsis' project has seen a deterioration in overall governance rating this month and agreement of the new target thresholds and a detailed plan for 'year 2' is required imminently.

The 'Comprehensive Mental Health' project has also seen a deterioration in some areas this month and the lack of any positive trends on metrics should be reviewed.

The 'Models of Care' project has seen an improvement in some areas this month but still requires clarification on metrics for success.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 12 March 19

Programme Assurance Framework

Alder Hey Children's NHS Foundation Trust

Delivering Outstanding Care (completed by independent Programme Assurance)

Sub-Committee	CQAC	Report Date	12 Mar 19
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Gwilliams/Bateman/Cooper

Current Dashboard Rating (sheet 1 of 3):

Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Outpatient Care	The Best in Outpatients Project aims to deliver an outstanding experience of outpatient services for children, families and professionals as well as safely increase the number of patients we see in clinic	Hilda Gwilliams											Evidence of Steering Group meetings available to 6 Mar 2019. PID is detailed and clear. Benefits are being tracked and positive trends are seen in 3 out of the 5 metrics however none have yet reached their targets. There is a comprehensive milestone plan being tracked however the 'workforce' work stream has consistently missed and revised milestones. Risks are managed via Ulysses and are all within review date. There is a planned approach to stakeholder engagement with some tracking of completion of engagement activities required. A second edition of an outpatient newsletter is available. EA/QIA signed and uploaded. **Last updated 11 Mar 19.**
Brilliant Booking and Scheduling	To provide a booking system that puts patients and families first and meet the needs of clinicians that use it.	Adam Bateman											Project team meetings are scheduled and documented up to 19 Feb 19. A comprehensive PID is available. New data indicates that not all specialties have seen positive trends from the changes introduced. Specialty plans for 10 specialities are available and are being closely tracked, but with several milestones delayed. There is a comprehensive suite of stakeholder engagement updated to 7 March 19 with presentations available to all specialities in preparation for Hybrid Booking Go Live. Risks are detailed and are within their review period. EA/QIA signed off and uploaded. **Last updated 12 Mar 19.**
Comprehensive Mental Health	Deliver improvements in mental health services to better meet the needs of children and young people. Be recognised as leading the way for CAMHS services nationally	Lisa Cooper											Evidence of CAHMS Board meetings (where Comprehensive Mental Health in a standing agenda item) evidenced to 6 Dec 18 however it is indicated that the Board met on 7 Mar 19. Project team meetings are scheduled fortnightly and evidenced to 17 Dec 18. There is a comprehensive PID available. 3 out of the 5 benefits are able to be measured with none of the three showing positive trends. A good milestone plan is in place but some milestone have now slipped with no revised dates for completion. A stakeholder analysis has been completed but further evidence required of wider stakeholder engagement. Risks are on Ulysses and are within their review period. A signed EA/QIA has been uploaded. **Last updated 11 Mar 19.**

Programme Assurance Framework

Delivering Outstanding Care (completed by independent Programme Assurance)

Alder Hey Children's NHS Foundation Trust

Sub-Committee	CQAC	Report Date	12 Mar 19
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Bateman/Hughes

Current Dashboard Rating (sheet 2 of 3):

Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Patient Flow	Improve our processes to enable timely implementation of clinical decisions, and support patients through their pathway efficiently: minimising delays and reducing time spent in hospital. This project consists of 3 workstreams; Expanding Day Surgery, Expanding Pre-Op Assessment and SAFER Bundle.	Adam Bateman											Evidence of SAFER Task Force evidence, for 3A & 4C and 3C & Burns up to 28 Feb 19. The PID refinement of benefits and high level milestones is now complete. A comprehensive benefits tracker is available with many trajectories now positive. There is a detailed milestone plan however some milestones have been missed and need revised dates. Evidence of wider stakeholder engagement is now required. All risks on Ulysses and within review date. An EA/QIA has been signed. **Last updated 11 Mar 19.**
Models of Care	**What:** Consultant led delivery of patient pathways is currently suboptimal for some patients. Care is not always organised around needs of the following patient cohorts: 1) Complex patients (Surgery & Medicine) 2) HDU 3) Specialities 4) General Paediatrics 5) Medical Management of Non-Complex Surgery Patients **Why:** To improve consistency of the management of deteriorating and high dependency patients (in terms of consultant lead, patient pathway and time of day / day of week)	Adrian Hughes											Evidence of project team meetings are available up to 11 Mar 19 for the Models of Care Design Group. Pathway threshold documents are available for nine specialities. A draft PID has been started but now requires completion. Various data packs are in evidence but the project still requires clear metrics for success. A high level milestone plan is available for the Models of Care work stream and a detailed plan available for the implementation of the ACT Team. There is evidence of stakeholder. Risks now available on Ulysees. No signed EA/QIA. **Last updated 12 Mar 19.**

Programme Assurance Framework

Delivering Outstanding Care (completed by independent Programme Assurance)

Alder Hey Children's NHS Foundation Trust

Sub-Committee	CQAC	Report Date	12 Mar 19
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Hughes/Gwilliams

Current Dashboard Rating (sheet 3 of 3):

Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Sepsis	To improve working within and across clinical teams.	Hilda Gwilliams											Sepsis Steering Group minutes to 19 Dec 18 with agendas and minutes. 'Year 2 PID' now uploaded but still in draft form. New benefits / targets now need to be signed off at Programme Board. Milestone Plan for 'year 2' PID now needs to be developed as current milestone plan on Sharepoint is not being tracked and requires further meaningful milestones beyond March 2019. The communications plan 2018-20 gives a high level list of activities but there is no tracked (for completion) milestone plan. All risks are within review date on Ulysses system. EA/QIA complete. **Last updated 11 Feb 19.**
DETECT Study	Using smart technology to reduce critical deterioration	Hilda Gwilliams											Evidence of project team meetings has been uploaded to SharePoint up to 5 Feb 19. A high level description of the scope is available in a 7 slide pack and a detailed PID has now been completed. Benefit metrics are outlined however not being tracked. A detailed Gantt Chart is available (uploaded 3 Dec 18) and will now need tracking on SharePoint. There are materials uploaded which indicate stakeholder engagement, including a presentation to Grand Round 5 Oct 18, but there is no communications plan in evidence. Risk register is in place and risks were last reviewed on 6 Dec 18. Risks now need to be uploaded to Ulysees. EA/QIA signed and uploaded. **Last updated 7 Feb 19.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Growing Through External Partnerships

Work Stream Summary (to be completed by Independent Programme Assurance)

The governance of the 'Aseptics' project is maintained to a satisfactory standard however specific focus is now required on risks. The overall delivery rating of the project has deteriorated significantly this month as benefits show no positive trends and the milestone plan now indicates significant delays on a number of key milestones.

The 'Neonatal Services' project has been in the pipeline for numerous months and initiation onto the 19/20 Change Programme should now be considered.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 25 Mar 19

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Growing Through External Partnerships

Sub-Committee	R&BD	Report Date	25 Mar 2019
Workstream Name	Growing Through External Partnerships	Executive Sponsor	Dani Jones

Current Dashboard Rating:

Project Title	Project Description	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Aseptics	Validate and commission aseptic unit. To provide internal service which reduces outsourcing to minimal levels. Take unit to licence to offer income generating opportunities.											Minutes of the Quality Management Meeting of the Aseptics Services Department are available up to 7 Feb 19. Scope is described by the 'Proposal for commissioning, validation and licensing of the Pharmacy Aseptic Services Unit' dated 16 March 2018' together with a 'Project Overview Document' dated 14 Jun 2018. Some of the targets and benefits are being closely tracked, others need to identify a sustainable way of measuring improvement. Benefits tracker last updated on 25 Mar 19, with none of the measures yet reaching aspired thresholds. A 'Project Milestone Plan' is in place and being tracked up to 25 Mar 2019 however a considerable number of milestones have been revised numerous times. Project risks are now out of review date on Ulysees. EA/QIA signed off. **Last updated 25 Mar 19.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Global Digital Exemplar

Work Stream Summary (completed by Independent Programme Assurance)

The GDE 'Statement of Projected Benefits' continues to estimate £2.08m cash realising benefits for 2018/19 with the Trust CIP tracker forecasting a contribution of £255k. The 'Statement of Projected Benefits' now requires updating to reflect the programme's current status.

For Speciality Packages, focus should continue on the completion of tranche 1 for delivery in April 2019.

The 'Voice Recognition' project is 'red' rated for delivery, due to the difficulty in realising the planned benefits. The project plan now has very few outstanding actions. The Exec Sponsor of the project should consider whether inclusion within the Changer Programme continues to be beneficial.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 25 Mar 19

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

Global Digital Exemplar (Completed by Assurance Team)

Sub-Committee	**R&BD**	**Report Date**	**25 Mar 2019**
Workstream Name	**Global Digital Exemplar**	**Executive Sponsors**	**John Grinnell**

Current Dashboard Rating:

Project Title	Project Description	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
GDE	Create exemplars that can inspire others by really showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness		●	●	●	●	●	●		●	●	GDE Delivery Group action log in evidence to 5 Mar 19 with Programme Board Minutes and Agenda in evidence up to 19 Mar 2019. Overall benefits profile and schedule has now been finalised. Internal CIP Tracker shows just £255k posted against a target of £1m, while the SoPB proposes £2.08m cash realising benefits in 2018/19 (VfM Tracker). Milestone Plan 'GDE Programme Workbook v8.1' would benefit from exact dates for milestone to be completed and the project team tab requires updating. Stakeholder evidence has been uploaded. Some risks are now overdue their review date on Ulysses. **Last updated 15 Mar 19.**
Speciality Packages	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways		●	●	●	●	N/A	N/A		●	●	Limited evidence of meetings taking place. PID is available. Overall benefits profile and schedule is shown on the SoPB tracker; however a more updated version is now required as the version on SharePoint was last updated in March 18. Project Plan was last updated on 13 Feb 2019 and indicate overall confidence that the tranche 1 deadline of April is likely to be met. A high level roll out plan is available. Evidence of stakeholder engagement last uploaded on 16 Oct 18. Comprehensive risk log last updated on 3 Jan 19 however this now needs reviewing. QIA/EA will be assured and assessed at project level. **Last updated 13 Mar 19.**
Voice Recognition	Deploy voice recognition solution in Medisec and Meditech		●	●	●	●	●	●		●	●	Limited evidence of effective project team meetings. PID and detailed project workbook on SharePoint. Details of financial benefits on separate document however these have not been realised as planned. Project Plan has no outstanding actions. Comms/engagement activities are detailed in workbook. Risks register is held and all risks are within review date in workbook as of 25 Mar. EA/QIA has been signed and uploaded. **Last updated 22 Mar 19.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Park, Community Estate and Facilities

Work Stream Summary (to be completed by Independent Programme Assurance)

Overall the governance and delivery ratings for the individual project management standards have improved this month but not enough to alter overall governance or delivery ratings.

Focus should remain on maintaining project management documentation to a good standard and some consideration should be given on whether some of the projects benefit from featuring on the Change Programme.

The Alder Centre and Community Cluster projects are delayed significantly as per the original plan. These delays should now be addressed by the Exec Sponsor and wider project teams.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 25 Mar 19

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Park, Community Estate and Facilities

Sub-Committee	R&BD	Report Date	25 Mar 2019
Workstream Name	Park, Community Estate and Facilities.	Executive Sponsor	David Powell

Current Dashboard Rating:

Project Title	Project Description	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
R&E 2	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard											There is no evidence of any meetings for over 4 months. The R&E Commissioning Plans and Mobilisation Plans are available to 9 Oct 2018. PID available, benefits still to be confirmed. Milestone Plan continues to show some significant delays with key milestones running late but is being tracked up until 9 Oct 18. Risks are still to be entered on Ulysses however there is an risk register albeit some sections are incomplete. There is a comprehensive issues log uploaded to SharePoint but is now out of date. EA/QIA completed and signed off. Evidence of closure report submitted to Programme Board on 31 Jan 19 but was not signed off. **Last updated 20 February 2019.**
Alder Centre	To plan, develop and construct the new Alder Centre within the park setting											Steering Group agenda for 21 Nov 18 but no minutes on SharePoint. Scope/approach defined in PID. Benefits defined in PID but no evidence of the tracking of benefits. Milestone Plan has been revised recently and is being closely tracked however shows the commencement of building work has slipped significantly from original planned date. No recent evidence of Comms/ Engagement activities. Risks are on Ulysses and are within date. EA/QIA complete. **Last updated 20 Mar 2019.**
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											Steering Group reports available to 21 November 2018.Evidence of reports suggest a planned steering group for January but no evidence whether or not this took place. Updated PID on SharePoint showing comprehensive suite of benefits and high level milestones through to end of project life cycle. A comprehensive benefits tracker has now been uploaded which indicates whether benefits are on/off track. There is a comprehensive and detailed Milestone Plan which is being tracked with a handful of missed milestones. There is a suite of evidence of stakeholder engagement. Risks are on Ulysees with one risk requiring further attention as past review date. EA/QIA complete. **Last updated 14 Mar 2019.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Park, Community Estate and Facilities

Sub-Committee	R&BD	Report Date	25 Mar 2019
Workstream Name	Park, Community Estate and Facilities.	Executive Sponsor	David Powell

Current Dashboard Rating:

Project Title	Project Description	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Hospital Moves	To re-provide a high standard of working accommodation for those teams and services currently lodged in interim facilities on the retained estate											Minutes of the 'Hospital Moves Steering Group' are available to 14 Aug 2018 and there is an agenda for the meeting planned for 16 Oct 2018; there are notes of the 'Records and Transcriptions meeting' up to 17 Sep 18. The PID dated 9 Jan 18 is available on SharePoint and provides a comprehensive summary of scope and approach. There is a lack of any recent information regarding communications and engagement. There is a comprehensive plan for hospital moves within the wider programme plan which is broadly on track apart from moves to the police station. Risks are within review date on Ulysees. EA/QIA signed, important to review during the project as different accommodation options are decided upon. **Last updated 14 Mar 19.**
Community Cluster	This project is currently at the exploratory and feasability stage and will be rated once fully launched											Draft PID uploaded 1 Feb 2018, 'Initiation' Slides uploaded 27 Mar 2018, Design Spec uploaded 27 Sep 18. Plan for this scheme is available in the wider programme plan 'Development site 2018-2021' however this shows slippage on a number of key milestones. A highlight report for March to be presented at Programme Board is available. Risks are not within review date on Ulysees. EA/ QIA complete but not signed by Exec Sponsor. **Last updated 14 Mar 2018.**
Energy	To bring down energy cost and ensure budget forecast matches contractual target. Forecast budget for next 12 months for all fuels in line with contractual usage.Once the contractual target of 46.7 G has been achieved look at ways of reducing further by means of energy awareness for staff.	N/A										Monthly energy committee minutes available until 13 Nov 18. The POD available on SharePoint gives no details of financial benefits expected for 2018/19. The project plan for 18/19 contains only 6 actions and was last updated July 2018 (2 of these relate to usage monitoring and 2 relate to a compensation claim; more detail is required if this is to be considered a project). QIA signed off for the 18/19 programme. **Last updated 17 Dec 18.**

Alder Hey Children's NHS
NHS Foundation Trust

Resources and Business Development Committee
Draft Minutes of the meeting held on: Wednesday 27th February 2019 at 9:30am in Large Meeting Room, Institute in the Park

Present	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Claire Liddy	Director of Operational Finance	(CL)
	Dame Jo Williams	Non- Executive Director (for item 18/19169)	(DJW)
In attendance	Mark Flannagan	Director of Communications	(MF)
	Dani Jones	Director of Strategy	(DJ)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Lachlan Stark	Head of Performance and Planning	(LS)
	Julie Tsao	Committee Administrator (*minutes*)	(JT)
Apologies	John Grinnell	Director of Finance	(JG)
	Adam Bateman	Chief Operating Officer	(AB)
	Phil O'Connor	Deputy Director of Nursing.	(POC)
	Sue Brown	Associate Director for Development	(SB)
	Graeme Dixon	Head of Building Services	(GD)

Agenda Item:

160 & 164	Andy McColl	Associate Chief Operating Officer – Surgery	(AMc)
160 & 164	Will Weston	Associate Chief Operating Officer – Medicine	(WW)
163			
168	Sara Naylor	Associate Director Financial Planning	(SN)
168	Rachel Lea	Business Accountant, Finance	(RL)
173	Jason Taylor	Innovation Manager	(JPT)

18/19/157 **Apologies**
The Chair noted the apologies above.

18/19/158 **Minutes from the meeting held on 23rd January 2019**
Resolved:
RABD approved the minutes from the last meeting held on 23rd January 2019.

18/19/159 **Matters Arising and Action log**
All actions on the log had been included on the agenda.

18/19/160 **Top 5 Risks/Key Priority Areas for 2018/19.**
RABD received the latest slides on the three areas below:
CIPs
The forecast outturn as at 11th February 2019 is 93% delivered. RABD noted the positive position.

Capital Programme
Month 10 saw an in month underspend against the submitted NHS Improvement plan of £1.427m due to profiling of schemes and slippage, with the programme currently underspent for the year by £5.646m.

PFI
RABD received the PFI

Elective Programme
Andy McColl presented the elective programme from April 2018 – January 2019. 778 spells behind plan was noted, this was mainly in relation to Pennine dental activity significantly less than proposed levels.

Will Weston presented the slide on scheduled activity per working day highlighting the reduction in activity over the summer months. A review was to be carried out to see if areas could be closed down during the summer months to match the low productivity.

Catering Update
RABD received the latest update from Catering noting Hilda Gwilliams would be attending RABD on 27th March 2019 with a more detailed update once she was back from leave.

18/19/161 **PFI Monitoring Contract**
RABD received the report and the update above.
Resolved:
The Committee noted the Building Services report for month 10.

18/19/162 **Finance Report**
The Trust is reporting a trading surplus for the month of £5m which is in line with plan.

Claire Liddy reported on the over performance with the NHSE contract. A year-end settlement was being negotiated.

The Welsh contract is still yet to be agreed. Lachlan Stark said conversations were being held to agree 2019/20 contract. Claire Liddy agreed to discuss this with Lachlan further outside of the meeting.

Resolved:
The Committee noted the contents of the Finance report for month 10.

18/19/163 **Programme Assurance**
Natalie Deakin presented the Programme Assurance report noting the decision made to no longer include the projects under Stronger Foundations. A closure report had been submitted to the Programme Assurance Board.

Natalie Deakin provided assurance on red rated projects advising the GDE project was running well however governance for updating the project was required.

Resolved:
RABD received the latest assurance report.

18/19/164 **Clinical Utilisation**
The under use of clinic time is long-standing, systemic and the causes are multi-factoral. The root causes had been identified and presented to service managers to agree an improvement for approval at the Operational Performance Delivery group. RABD received the divisional approach.

Dani Jones noted going forward for this to link in with the Change Programme.

Resolved:

RABD received an update against Clinical Utilisation.

18/19/165 **Marketing and Communications Activity Report**
Resolved:
RABD received and noted the contents of the Marketing and Communications Activity report.

18/19/166 **Board Assurance Framework (BAF)**
Erica Saunders presented the BAF report highlighting the closure of rooms on the Neonatal Unit due to burst pipes. Claire Liddy provided an update from the Liaison Committee held yesterday noting PFI have agreed to take action.

The development of building risks would now be presented at the April Board. This is to ensure the externally completed report has been completed and presented to Integrated Governance Committee prior to the Board meeting.

Resolved:
RABD received and noted the BAF cover report for month 10.

18/19/167 **Debt Write Off report**
RABD received the debt write off report for February 2019. Two submissions related to a private patient. It was unclear if the write offs are for the same or different patients. Due to this it was agreed to defer the Write off report until the March meeting.

Resolved:
Due to the unclarity of the write offs being for the same or separate private patients it was agreed to defer this report until the next RABD on 27th March 2019.

18/19/168 **2019/2020 Financial Plan**
Control Total
The Trust's Control Total from NHS Improvement for 19/20 is £2.8m. Claire Liddy highlighted a mathematical error with the calculation, this issue has been raised with NHSI and discussions are ongoing. As accepting the CT would put the Trust is a deficit position the CT is not currently being accepted.

Budget
Sara Naylor went through the risks if the Control Total was accepted and 2019/20 budget would start on a deficit of £2.9m.

Tariff
Rachel Lea went through the 2019/20 Tariff position highlighting:

- Loss of £3.7m income in 19/20 based on 18/19 activity
- NHSI assessment, based on 16/17 activity, calculates £1.4m loss therefore calculation error of £2.3m.

Capital Programme
RABD noted the 6 high priority schemes for the programme. It was agreed a further update would be presented at the Trust Board on 2nd April and at RABD on 22nd May 2019.
Action: CL

CIP Strategy
Sara Naylor noted the target of £6.5m, £4.1m has been identified as tactical and RAG rated.

The divisions have requested a re-brand of CIP to Value Improvement Plan. An engagement strategy was to commence.

Resolved:
RABD noted the position.

18/19/169 **Draft Operational Plan 2019/20**
RABD received the draft Operational Plan for approval before final submission on 4th April 2019.

The Trust has not accepted 2019/20 Control Total due to a calculation error in the Tariff adjustment. A meeting was being held later this week with NHS Improvement to resolve.

Resolved:
RABD APPROVED the Draft Operational Plan 2019/20.

18/19/170 **Corporate Report**

Performance
Lachlan Stark noted there had only been 11 cancelled operations for the month of January. 2 of the cancellations were due to no beds being available.

The Winter Plan was working well with low bed occupancy.

Workforce
Melissa Swindell highlighted the 5% reduction in staff sickness.

Resolved:
The Committee received and noted the Corporate Report for month 10.

18/19/171 **Global Digital Exemplar**
Since the previous update to the Committee on 23 January 2019 the Trust has received assurance from NHS Digital that milestone five was successfully met and funding will be made available, within the current financial year.

Standardised forms have been live since February 2018. Following a review of the system a new update was released on 18th February 2019. There are 17 new forms, 5 of these are considered mandatory in documenting the corresponding clinical task. Usage of these documents will be monitored by the Weekly Performance Meeting.

E-Consent has now gone live. This will ensure an electronic signature can be given and consent can also be emailed to the patient and/or Legal Guardian.

Cathy Fox said clinicians have feedback improvements around the voice recognition system.

Resolved:

RABD noted the progress of the Trusts GDE Programme and the on-going progress towards Milestone 5.

18/19/172 Item commercial in confidence

18/19/173 ERDF Health Innovation Exchange Programme

Jason Taylor provided an update on the progress of the ERDF funded Health Innovation Exchange Project for the period October – December 2018.

Performance for Innovation was mainly on track with minor under achievements that would be corrected over subsequent quarters. The larger increase in companies entering into a long-term collaboration with Alder Hey achieved earlier in the project than planned reflects an effort to overachieve delivery to mitigate project risks.

The project underspend for the quarter is due to
a) A reduction in Trust staff participating in the project
b) The project manager's time being ineligible as project expenditure for part of the quarter due to maternity leave.

The underspend was not unexpected and remains a project risk with plans to mitigate in place for the next quarter.

Jason Taylor reported on collaborations with Knowledge Base. Lone Worker App currently being trialled in Community and Mental Health Division with good engagement from staff.

Resolved:
RABD received the quarterly update on ERDF.

18/19/174 Any Other Business

No other business was reported.

Date and Time of Next Meeting: Wednesday 27th March 2019, 9:30am – 12:30pm, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS
NHS Foundation Trust

INTEGRATED GOVERNANCE COMMITTEE
15th January 2019
Time: 10:00-12:00
Venue: Institute in the Park, Large Meeting Room

Present:

Mrs K Byrne	Non-Executive Director **(Chair)**	(KB)	Ms L Calder	Minute Taker	(LC)
Mrs M Swindell	Director of HR & OD	(MS)			
Mrs E Saunders	Director of Corporate Affairs	(ES)			
Mrs P Brown	Director of Nursing	(PB)			
Mr A Bateman	Chief of Operations	(AB)			
Mr J Grinnell	Director of Finance	(JG)			

In Attendance:

Mrs C Barker	Chief Pharmacist	(CB)	Mr D Powell	Development Director	(DP)
Mr T Rigby	Deputy Dir. of Risk & Governance	(TR)	Mr C Duncan	Director of Division of Surgery	(CD)
Mr G Dixon	Operational Lead (Building Services)	(GD)	Ms L Fearnehough	Head of Technical Services	(LF)
Ms S Stephenson	Head of Quality (Community)	(SS)	Mrs C Liddy	Deputy Dir. of Finance & Bus. Dev	(CL)
Mr A Williams	Director of CAMHS	(AW)	Mrs C Fox	Programme Director for Digital	(CF)
Mr M Devereaux	Head of Facilities and Soft Services	(MD)	Mr M Flannagan	Director of Communications	(MF)
Mr A McColl	Assoc. Chief of Operations (Surgery)	(AM)	Mr J Williams	Head of Estates and Capital Planning	(JW)
Mrs J Hutfield	Compliance, Risk & Contracts Manager	(JH)	Mrs C Orton	Assoc. Chief Operating Officer (Research)	(CO)
Mrs J Keward	Lead Nurse Infection Prevention & Con	(JK)	Mrs R Douglas	Assoc. Chief Nurse Community	(RD)
Mrs L Robinson	Quality Assur & Compliance Manager	(LR)	Mrs D Boyle	Assoc. Chief Nurse (Surgery)	(DB)
Mrs E Menarry	EP and Business Continuity Manager	(EM)	Mrs J Fitzpatrick	Information Governance Manager	(JF)
Mrs C Wardell	Assoc. Chief Nurse (Medicine)	(CW)	Mrs V Weston	Assoc. Dir. of Infection Prevention & Con	(VW)
Mrs A Kinsella	Health & Safety Manager	(AK)	Mrs H Gwilliams	Chief Nurse	(HG)
Mrs S Dixon	GDE Programme Administrator	(SD)	Mrs J Ruddick	Head of Quality (Medicine)	(JR)
Mr D McCahill	Assoc. Dir. Operational IT	(DMc)	Mr W Weston	Assoc. Chief of Operations (Medicine)	(WW)
Mr A Hughes	Director of Medicine Division	(AH)	Miss J Gwilliams	Trust Risk Manager	(JG)
Mrs R Greer	Assoc. Chief of Operations (Community)	(RG)	Mrs L Cooper	Research Governance & Quality Lead	(LC)
Mr S Verstraelen	Head of Quality (Surgery)	(SV)	Ms K Morgan	Deputy Head of Information	(KM)
Mrs C Umbers	Assoc. Dir. Nursing & Governance	(CU)	Mrs L Cooper	Divisional Director of Community	(LC)

Apologies:

Mrs S Brown	Senior Project Manager	(SB)

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
Housekeeping						
	1.	**Apologies for absence**	Noted			
		Introduction	Kerry Byrne (KB) the new Chair of IGC introduced herself to the committee members. KB informed the committee that she is impressed by the time and effort that has been put into the IGC framework. There are still improvements to be made but overall it's good work.			
18/19/99	**2.**	**Minutes of previous Meeting**	The Committee considered the minutes of the previous meeting of the Integrated Governance Committee held on 20th November 2018. The Committee **APPROVED** the minutes as a correct record.			
	2.2	**Action list**	**Resolved** that: the Committee agreed all actions from 20th November 2018.			
	3.	**Risk Register Management Reviews**				
18/19/100	**3.1**	**Surgery Division**	Andy McColl (AM) presented the risk management report for Surgery. AM focused on the high risks from the Surgical Division for this reporting period. Risks from the Surgical Divisions report were highlighted as follows: • Total number of risks = 55 • Number of new risks identified since the last reporting period = 4 • Number of risks closed and removed from the risk register =17 • Number of risks with an overdue review date = 10			

Item No	Item	Key Point Discussions	Action	Owner	Time Scale
		• Number of risks with no agreed action plan = 3 • Number of high/extreme risks escalated to the Executive Team = 2 AM advised that Surgery risks are being actively managed. All risks were reviewed on 10th Dec 18, however due to the Christmas period no reviews have taken place over the last few weeks. There are 2 high risks with a score of 15+: Risk 964 score 15 – The process for planning and scheduling of elective lists is not sufficiently robust to prevent errors occurring. The Surgical Division are now moving forward with this risk. There is an electronic Meditech 6 pilot system in place for booking and scheduling and the Urology Dept. have agreed to pilot the proposed new pathway and the dept. have begun the pre-work before the go live date. Risk 964 score 16 – Concerns around junior doctor shortages in Surgery. Vacancies within middle grade surgical rotas across the Surgical Division. If a vacant shift is uncovered this poses a risk to patient care and safety as the rota becomes non-compliant with national guidelines and also poses a financial risk as the vacancies are often covered by locums at an enhanced rate of pay. JG asked what are the potential risks to risk 964 Planning and Schedule of not reducing the net risk? AM advised that the volume of incidents is less overall however if one or two patients are waiting longer than the listed waiting times the risk is still there. KB advised the concern is more about the impact. The Division do have live incidents, near misses and harm, however once the pilot is live we will have a better understanding.			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			AB advised that the Surgery Division risk register is now in a good position however still on-going work to complete. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/101	**3.2**	**Medical Division**	Cathy Wardell (CW) presented the risk management report for Medicine. Risks from the report were highlighted as follows: • Total number of risks = 101 • Number of new risks identified since the last reporting period = 7 • Number of risks closed and removed from the risk register = 14 • Number of risks with an overdue review date = 29 (29%) • Number of risks with no agreed action plan = 3 • Number of high/extreme risks escalated to the Executive Team = 4 CW advised the committee that Medicine Division risks are being managed however due to the Christmas period; there is a back log of reviews. Even though we have an allocated review date for the Division to review the risks it has been a real challenge as we have 37 services. CW advised the Division are working with the care groups for them to take more ownership. AB advised that staff need to allocate time in their diaries to update risks on the register so that they have consistency and are not building up. Also, if staff are not available then the risks should be transferred for that period to ensure risks are reviewed and are being managed in a timely manner and the register to reflect the position. CW focused on the high risks from the Medical Division for this reporting period.			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Risk no 1169 score 20 – Fragile Medical Workforce within the Haematology Service. The service is currently being managed on 1 full-time Consultant Haematologist, 1 Consultant Haematologist currently working to 6 PA's per week and not undertaking malignant work at present and 1 part time Locum Consultant Haematologist 6 PA's. A Specialty doctor started November 2018 and the service has a Registrar coming into post Feb 2019 for 12 months. Risk no 1668 score 15 – Test results not picked up when clinicians away from the office. Nik Barnes (Consultant) is undertaking a notices pilot and there was a meeting before the end of 2018 to discuss the long-term plan. CW advised this is a Trust wide issue and would better sit with IMT. CU advised that if consideration is being given to moving this risk a discussion with IM&T will need to be had. JG advised this is an agenda item for the GDE meeting and JG and AH will look at where it best sits to monitor progress. Risk no 1730 score 15 – IT design of the Neurophysiology Dept. Stand-alone EEG network and a stand-alone machine for EMG. This risk is sitting in Medicine however it's an IT risk. The key to this is bringing GDE into the network. The Division have been in touch with suppliers and waiting for a response which will be chased up. The triumvirate need to address this to get on top of the defined timescales. Risk no 1787 score 15 – Error in prescribing, preparation, administration and monitoring of parenteral nutrition. This is being managed robustly. CW advised the committee that the Medical Division still have a lot of work to complete, however they are confident the risks will have been reduced by the next reporting period to enable assurance of effective management of risk across the Division.	Risk 1668 – Agenda item for GDE meeting and JG & AH to look at.	JG&AH	Immediate

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Resolved that: the Committee NOTED the contents of the paper			
18/19/102	**3.3**	**Community Division**	Rachel Greer (RG) presented the risk management report for Community. Risks from the report were highlighted as follows: • Total number of risks = 47 • Number of new risks identified since the last reporting period = 8 • Number of risks closed and removed from the risk register = 5 • Number of risks with an overdue review date = 19 • Number of risks with no agreed action plan = 6 • Number of high/extreme risks escalated to the Executive Team = 1 • Changes in the risk profile or categories of risk being reported that need to be brought to the attention of the Integrated Governance Committee = 0 **New risks:** Risk no 1762 score 12 – Closure of Knowsley Neurodevelopmental Pathway Risk no 1767 score 12 – Cheshire & Merseyside Hearing Impairment Network is undergoing a CCG financial review Risk no 1774 score 12 – Risk of test results not being acted upon due to lack of indication when investigations have been completed Risk no 1777 score 12 – No designated infection, prevention and control support for the Community Division Risk no 1778 score 10 – Psychiatry partnership wait Risk no 1779 score 9 – Accident & Emergency Department Mental Health CQUIN 2017/18 Risk no 1781 score 10 – Storage of records at Dewi Jones Unit			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Risk no 1791 score 12 – OCS domestic and catering cover over the weekend RG advised the committee that like the other divisions due to the Christmas period minimum reviews have taken place over the last few weeks. The Division ensures risks are uploaded on the register once they have been identified. The Division have struggled with many of same issues as other divisions and also with staff not being on site it's harder to monitor. The Division recognise they need to improve the process within the service and will also undertake a full day to review the risk register with risk owners/managers. RG advised there have been an increase in the moderate risks and a need to get to a point to closing down risks. RG focused on the high risks identified for Community. Risk no 1524 score 16 – Lack of appropriate services to transition patients with ADHD. Risk of harm due to inappropriate care or advice provided to patients by paediatricians with lack of clinical knowledge about this age group. A letter has been sent to the CCG and a meeting is being arranged. The Trust Transition policy is now in place and there are regular updates at divisional board meetings. Andrew Williams (AW) advised they will have the transition of patients into Liverpool by April 19 and preparations for Sefton will follow. Transition is on as a high risk however they have not escalated as they are confident actions are in place to mitigate. KB advised the committee that staff need to allocate time in their diaries to update risks on the register as it's not acceptable that risks are overdue, with no review date or no action plan. KB advised the committee going forward if staff know they are unavailable the risk/s should be transferred for that period to ensure risks are consistently being reviewed.	Staff to closely monitor/update overdue risks and make arrangement for when	All	Immedia te

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			RG advised the committee that the Division are confident they are effectively managing the risks for Community, while recognising there is ongoing work required. **Resolved** that: the Committee NOTED the contents of the paper	unavailable to review		
18/19/103	**3.4**	**Infection Control Service**	Jo Keward (JK) presented the risk management report for Infection Prevention Control. Risks from the report were highlighted as follows: • Total number of risks = 10 • Number of new risks identified since the last reporting period = 2 • Number of risks closed and removed from the risk register = 2 • Number of risks with an overdue review date = 0 • Number of risks with no agreed action plan = 0 • Number of high/extreme risks escalated to the Executive Team = 1 • Changes in the risk profile or categories of risk being reported that need to be brought to the attention of the Integrated Governance Committee = 0 • JK advised in terms of the trend of risks they are keeping to the same level with one high risk. Risk no 1769 score – risk of patients acquiring influenza from staff as less than 75% of frontline staff have been vaccinated against flu and failure to meet CQUIN/NHS England Target of 75% of frontline staff vaccinated have been placed on the corporate risk register to be managed. JK advised IPC have had challenges around	Risk 1769 – Look at staff that have had flu vaccine outside of the	PB/JK	13th March 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Community getting staff vaccinated however Occupational Health is working on this. There is still time to vaccinate staff as the flu will still be out there for a few months. IPC are currently emailing staff that have not been vaccinated. They are currently at 71.9% vaccinations delivered and we need to ensure we reach the 75% target. There are some staff that had the vaccination through their GP's or other Trusts and we need to add in these figures. PB advised JK that they can pick this up outside of IGC meeting. Risk no 886 score 12 – Inadequate facilities and trained staff for cleaning of incubators. Incubators and baby therms as patient care equipment must be adequately decontaminated in order to prevent cross infection. Incubators are complex pieces of equipment that staff must be trained to clean adequately. Inadequately cleaned equipment may act as a reservoir for pathogenic organisms and lead to Hospital Acquired Infection. JK advised the committee that although there is ongoing work required, the Infection Control team are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper	Trust and add to the stats, outside of IGC meeting		
18/19/104	**3.5**	**Facilities**	Mark Devereaux (MD) presented the risk management report for Facilities. Risks from the report were highlighted as follows: Total no of risks 6, new risks since last report 0, risks closed and removed 0, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 0 (high risks). MD advised the committee that all risks are in review date and Facilities are satisfied with the progress at this point.			
18/19/105	**3.6**	**IM&T**	Duncan McCahill (DM) presented the risk management report for IM&T. Risks from the report were highlighted as follows:			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Total no of risks 23, new risks since last report 1, risks closed and removed 0, risks overdue 7, no of risks with no agreed action plan 2, high risks need escalating to Execs for their support 3 (high risks). Risk 1210 score 16 – Failure of data migration of legacy patient Pathology results and reports from Meditech 5 to Meditech 6 resulting in loss of patient data prior to June 2015. Pathology is required to store results/reports for 30 years to enable historic search when required. As a consequence of upgrading to Meditech 6 we have the risk of inability of storing information. A technical solution has been identified and work has commenced to virtualise the Meditech 5 environment with an aim to complete by the end of January 2019. Risk no 947 score 16 – Meditech infrastructure does not have hot fail over site (Disaster Recovery Platform) - The secondary (standby) solution for Meditech 6 is not yet commissioned and options around DR for this infrastructure is being scoped to ensure that for planned and unplanned downtimes are adequate to meet patient safety demand. Risk no 1187 score 16 – Server infrastructure no longer replicated to a secondary site. Approval was sought at exec level to order a replacement of the primary infrastructure. It was decided that a secondary site is required to be scoped and an options appraisal be conducted in order to identify a solution and resources in order to decide if this is required or not. DM advised there are no changes to report since the last reporting period. Some of the overdue risks IMT are waiting on quotes from suppliers. The risks are being reviewed however waiting on suppliers. CU advised IM&T that reviews should be documented on			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			the risk register otherwise it looks like no reviews have been undertaken. DM advised the committee that although there is ongoing work required, the IM&T are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/106	**3.7**	**HR**	Melissa Swindell (MS) presented the risk management report for HR. Risks from the report were highlighted as follows: MS advised the committee that HR do have overdue risks due to staff on leave over the Christmas period. Total no of risks 10, new risks since last report 0, risks closed and removed 0, risks overdue 6, no of risks with no agreed action plan 2, high risks need escalating to Execs for their support 0 (high risks). MS advised of the sickness levels within the Trust. Sickness levels are not the same in all areas and we need to look at how this is monitored at local level. We have a monthly temporary workforce spend as a result of the sickness absence. MS advised that the CQUIN is attached to the draft scores and due to that not meeting the target for Health and Wellbeing scores in the National NHS Staff Survey and it looks like we won't meet the caveat, however there is the possibility we can mitigate at the year end. MS advised that Human Resources have had a thorough review of the risk register and are comfortable with their current position.			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Resolved that: the Committee NOTED the contents of the paper			
18/19/107	**3.8**	**Finance**	John Grinnell (JG) presented the risk management report for Finance. Risks from the report were highlighted as follows: There are 3 risks identified on the finance risk register. New risks since last report 1, risks closed and removed 0, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 0 (high risks). JG advised the committee that Finance have 1 new risk identified and there are no risks overdue and no risks with an agreed action plan. JG advised the committee that the Finance department are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/108	**3.9**	**Estates**	Jean Hutfield (JH) present the risk management report for **Estates**. Risks from the report are highlighted as follows: Total no of risks 8, new risks since last report 0, risks closed and removed 4, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 0 (high risks). JH advised the committee that there are 4 remaining risks which have been reviewed 2 of which are fire safety risks. John Spark (JS) has reviewed his 2 outstanding risks and JH will meet JS this afternoon 13th January 2019 for an update. JH to provide an update at IGC 13th March 2019. JH advised the committee that the Estates Dept are satisfied with	JS to update JH on the 2 outstanding fire risks. JH to provide an update to March IGC	JS &JH	13th March 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/109		**Building Services**	Graeme Dixon (GD) presented the risk management report for **Building Services**. Risks from the report were highlighted as follows: Risks on register for Building Services. There are 10 risks identified - new risks since last report 0, risks closed and removed 4, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 3 (high risks). Risk no 1388 score 20 – Corroded Pipework. To date there are now 46 pin holes since occupation of CHP. Project plan received for the replacement/repair works currently underway. Discussed with Execs at recent Risk and Liaison Committee Meeting. GD advised that the pipework is a serious risk however is a common problem with other Trusts. GD advised we will know further information by Friday 16th March 18. Risk 1709 score 16 – Falling Ceiling Tiles – Risk to injure staff, patients or visitors. Daily observations are being performed and in total 600 ceiling tiles are to be replaced over the coming weeks. GD advised there has been a lot of progress in this area. The number of reported falling tiles has reduced to 4 reported in the last 5 months. By the end of January 2019 there will have been 400 tiles replaced. The ceiling tiles will be clipped into place by contractors LOR. The Trust will have significant assurance once the work is completed. Risk 825 score 15 – Internal Balconies. Horizontal handrail facilitates climbing, risk of potential fall from balcony. (Near miss	GD to provide update to May IGC meeting following further info on 16 March	GD	22nd May 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
18/19/110		**Directorate Projects**	incident with vulnerable patient leaving the ward). GD advised the handrail could be removed with a replacement of a metal strip across the glass to ensure the glass is not compromised. The Trust is awaiting a structural assessment to identify if the handrail can be removed. The assessment is to be completed by RJ Edwards, Structural Contractor. AK advised we are a 3rd party in this and where does the liability lay? There is ambiguity around should there be a hand rail. The Disability Discrimination Act (DDA) requires we have a handrail in place. There has been a Root Cause Analysis (RCA) completed and there is a task & finish group in place. The Trust has done all that can do to mitigate this risk at this point. KB advised that assurance reports for the 3 high risks are to be completed and submitted to IGC on 13th March 2019 GD advised the committee that although there is ongoing work required, Building Services are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper Jean Hutfield (JH) presented the risk management report for **Development Directorate Projects**. Risks from the report were highlighted as follows: Risks on register for Development Directorate. There are 10 risks identified - new risks since last report 0, risks closed and removed 10, risks overdue 0, no of risks with no agreed action plan 0 (team to address), high risks need escalating to Execs for their support 1 (high risks). Risk no 1245 score 12 – Planning objection to residential from local residents. Regular meeting with local residents and community	Assurance reports to be completed by GD for risk 1388/1709/ 825	GD	13th March 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			groups to share updates and information as well as running workshops to gain support and input to the design of the park/site. Executive support when negotiating with the Council on land and park development. There are financial implications with this risk - the land sale in partnership with Liverpool City Council, if unsuccessful could impact on the Trust's plans for future site development. The Development Directorate review all the Development project risks at the Development Meetings and this is triangulated with David Powell (DP) and the Water Board Meeting which he Chairs. GD advised there are various risks connected to the projects and they need to be picked up with DP & SB. JH advised the committee that even though there is ongoing work to complete the Development Directorate risk register, the risks are being managed by the team and they are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/111	**3.10**	**Health & Safety**	Amanda Kinsella (AK) presented the risk management report for **Health & Safety**. Risks from the report were highlighted as follows: Total no of risks = 6, new risks since last report = 0, risks closed and removed 1, risks overdue 0, no of risks with no agreed action plan 0 (team to address), high risks need escalating to Execs for their support 0 (high risks). Risk 799 score 16 – Failure to control contractors on site. Roles and responsibilities re Control of Contractors Policy to be agreed, review of Sky system implementation. Procurement process in place re Purchase Orders/Internal Audit to be planned this financial year. Risk 725 score 9 – Manual Handling Training. The Trust has 80% compliance of the training however we want to achieve 90%. AK advised it's the night staff we are not capturing and this is the area			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			we are now working on. AK advised the committee that Health & Safety are satisfied with the progress at this point. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/112 **18/19/112 a**	**3.11**	**Business Preparedness & Associated reports**	Elaine Menarry (EM) presented the **Preparedness & Associated reports**. Risks from the report were highlighted as follows: Total no of risks 13, new risks since last report 1, risks closed and removed 0, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 0 (high risks). EM advised the committee that a debrief meeting took place on 14th November 2018 and the learn lessons from the two IT incidents which occurred in October 2018 and key learnings are as follows: Incident no 32302 – IT network core fault resulting in difficulties around the use of bleeps and wi-fi connectivity issues. This risk is on the risk register. A task & finish group to be established to ensure unplanned downtime business continuity action cards are available for all ward/dept. critical systems. Incident no (Pathology to complete form) 31308 – Biochemistry server. Connectivity issues the main processing analyser had intermittent connectivity issues to its main application service causing delays in results being released into Meditech, therefore impacting on turnaround times of orders. Trust staff were notified of the issue and what contingency arrangements were for staff to contact the laboratory for urgent test results required. Incident no 32543/331194 – Water ingress into ICU, HDU and Theatres due to heavy rain. Critical care outside leak has been			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			repaired. Further drainage work is required externally. Critical care roof light repair is complete and no further leaks reported. Theatres are awaiting repairs. EM advised there is a Brexit meeting this week 17th January 2019, information that has come through from the Government & the action cards are to be discussed. EM is satisfied with management of risks on register in this area. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/113	**3.12**	**Information Governance**	Erica Saunders (ES) presented the risk management report for **Information Governance**. Risks from the report were highlighted as follows: Total no of risks 7, new risks since last report 0, risks closed and removed 2, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 0 (high risks). Risk 1753 – The Data Security & Protection Toolkit. The DSPT has now replaced the previous Information Governance Toolkit and this new mandatory self-assessment is being reviewed by the Care Quality Commission (CQC) as part of their Well Led Key Line of Enquiry and they will be checking on this going forward. The risk is that if the Trust does not provide enough evidence to the new Toolkit the Trust will fail its CQC inspection. ES advised that nearly half of risk sits with IM&T and JF is working with IM&T to complete. KB asked when changes are being adopted who is taking ownership. ES will discuss with JF and report back at IGC 13th March 2019. ES advised the committee that a lot of progress has been made to date and IG are confident that all risks have controls in place and are satisfied with progress made to date.	Risk 1753 ES to discuss timing of DSPT changes and ownership with JF and update the IGC Meeting.	ES/JF	13th March 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Resolved that: the Committee NOTED the contents of the paper			
18/19/114		**Medicines Management & Pharmacy**	Catrin Barker (CB) presented the risk management report for **Medicines Management & Pharmacy**. Risks from the report were highlighted as follows: CB advised due to the Christmas period no reviews have taken place over the last few weeks and this needs addressing asap. CB advised that Q3 CQUIN we are now in a position to meet the target and will be able to close this risk next week. Total no of risks 22 (19 active, 3 Residual), new risks since last report 2, risks closed and removed 6, risks overdue 2, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 1 (high risks). Changes in the risk profile or categories of risk being reported that need to be brought to the attention of the Integrated Governance Committee = 1 risk 1724. Possible failure to deliver on Q3 CQUIN target for GE3 medicines Optimisation due to maternity leave. Financial implication now de-escalated score reduced from 16 to 8. Plan to close Feb 2019 when post holder returns from maternity leave. Risk 1344 – Pharmacy and ASU Cold Store failure. CB advised this has all been agreed but we are still waiting for it to be installed. This needs agreeing when the work is to be completed. AK to speak to GD. Risk 1787 score 15 – Error in prescribing preparation, administration and monitoring of parenteral nutrition. CB advised we are trying to move to standardised nutrition as we have tried numerous changes and training. CB advised the TPN working group is now established.	Risk 1344 installation of cold store. AK to speak to GD.	AK	Immediate

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Support to resolve governance issues linked to TPN and the wider nutrition service. CB advised they are working with the Meditech team as the system is not interfaced with Meditech so demographic details have to be input for each patient which can lead to transcription errors. KB noted that this risk has been at score 15 for over 12 months and asked why this is the case as it looks like we are accepting this at this level. CU advised they need to lay out the radical changes proposed but look at the implications in terms of risks & benefits. CB advised she is satisfied with management of risks on register in this area. **Resolved** that: the Committee NOTED the contents of the paper	Risk 1787 CB to consider more radical changes needed to reduce the score of this risk considering risks & benefits and report back to IGC.	CB	22nd May 2019
18/19/115		**Clinical Research Division**	Cathy Umbers (CU) presented the risk management report for **Clinical Research Division**. Risks were highlighted as follows: Total no of risks 4, new risks since last report 0, risks closed and removed 1, risks overdue 0, no of risks with no agreed action plan 0, high risks need escalating to Execs for their support 1 (high risks). Changes in risk profile or categories of risk being reported that need to be brought to attention of IGC = 0 Risk no 1751 score 15 – Unsustainable business model for clinical research and the research strategy is the only high risk. The need is to reach an agreement on the finance model that supports growth of the clinical research division. There is ongoing work between senior CRD and Director of Finance to co-produce a workable research finance model. CU advised clinical research is satisfied with management of risks on the register in this area.			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Resolved that: the Committee NOTED the contents of the paper			
18/19/116		**Global Digital Excellence Programme**	Sharron Dixon (SD) presented the risk management report for **Global Digital Excellence Programme** reports. Risks from the report were highlighted as follows: Total no of risks 14, new risks since last report 2, risks closed and removed 0, risks overdue 0, no of risks with no agreed action plan 2, high risks need escalating to Execs for their support 0 (high risks). Changes in the risk profile of categories of risk being reported that need to be brought to the attention of the Integrated Governance Committee = None. SD advised the committee that GDE have reviewed and actioned risks and there is nothing further to report and is happy with management of risks on register in this area. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/117	**4.**	**Trust & Corporate Risk Register Review**	Cathy Umbers presented the **Corporate Risk Register Review**. CU informed the committee that there are 428 risks on the Trust risk register, and the detail is reflected in the Division and Corporate functions risk registers. The total number of risks on the risk register is 428 compared to 463 for the previous reporting period. **Trust risk register:** 20 (4.72%) of the Trusts risks are rated as' High/Extreme' risks, compared to 22 (4.75%) for the previous reporting period. 280 (65.42%) of the Trusts risks are rated as 'moderate, compared to 312 (67.39%) for the previous reporting period, of which 89 (33.7%) are risk rated 12 (high moderate) compared to 103 (33%)			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			for the previous reporting period. 110 (25.70%) of the Trust risks rated are 'low risk' compared to 103 (33%) for the previous reporting period. 16 (3.74%) of the Trust risks are rated 'very low risk' compared to 11 (2.38%) for the previous reporting period. **Corporate risk register (CRR)** There are **20 high risks** on the CRR in this reporting period: BAF – 2 (10%) - Reference 1.3, 3.4. Medical Division - 4 (20%) - reference 1169, 1668, 1787, 1730. Surgical Division - 2 (10%) - reference 1306, 964. Community Division – 1 (5%) - reference 1524. Research Division - 1 (5%) - reference 1751. Corporate Services – 8 (40%) - reference 1187, 1388, 1701, 1769, 1746, 799, 825, 947. Change Programme - 2 (10%) - reference 1259, 1312 **Assurance concerns Trust risk register** 167 (38.57%) **overdue** review date, compared to 139 (29.14%) for the last reporting period. 52 (12%) do **not** have controls compared to 58 (12%) the last reporting period. 50 (11.55%) do **not** have actions compared to 51 (10.99%) for the last reporting period. 278 (51.16%) **overdue** actions compared to 289 (51.16%) for the same reporting period from last report.			

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
			Assurance concerns Corporate risk register (22 high risks) 6 (30%) **overdue** review 13 (65.%) **overdue** actions 3 (15%) **no controls** identified 10 (50.9%) initial and current risk rating is the same (with controls identified) **Risk movement (refer to travel report – appendix 2)** Risks closed – 69 New risks added – 35 Increased risk rating – 15 Decreased risk rating – 47 No risk movement - 333 KB advised she has looked at the Trust and Corporate report and combined risks for all areas and it shows a high number of risks where there are items overdue or missing. KB advised the Committee there is a lot of work to complete to bring this to a satisfactory position. **Resolved** that: the Committee NOTED the contents of the paper			
18/19/118	**5.**	**Board Assurance Framework (BAF)**	Erica Saunders (ES) presented the **Board Assurance Framework**. KB advised she doesn't propose to go through all the risks at this time as they' reviewed at a number of other governance committees. KB suggested a schedule be prepared to provide a deep dive report on a sample of the BAF risks at each IGC meeting such that all are reviewed across the year . **Resolved** that: the Committee NOTED the contents of the paper	Deep dive schedule to be discussed at post-IGC meeting	ES	12th February 2019

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
18/19/119		**CQC Plan**	Erica Saunders (ES) presented the **CQC Plan**. KB advised that in future Plan presentations we look at the CQC plan to see if we can draw out any themes and decide what we do with any risks that come out of this. **Resolved** that: the Committee NOTED the contents of the paper	Risks and themes arising from CQC Plan to be identified and presented to IGC	ES	13 March 2019
	7.	**Policies**				
18/19/120		**Access to Health Policy**	Margaret Eccleston (ME) advised the Access to Health Policy has been re-written. ME advised one of main areas to highlight in the policy is around charges for documentation the Access to Health Team have to collate and submit to the courts. The Trust deals with a lot of court orders and safeguarding procedures and has a timescales of one month for these requests. A lot of court orders do have a paragraph which suggests the Trust is able to charge. Other Trusts are not charging and we should keep in line with what other Trusts do. We are in agreement not to charge right now but would like to review this policy again in six months. ME asked the committee are they happy to ratify the policy and the proposal not to charge pending approval at the IG Steering Group? ME advised she is going to oversee a launch to promote best practice of services in Access to Health. The Access to Health Policy was approved. **Resolved** that: the Committee RATIFIED the contents of the paper	.		
	8.	**Ad Hoc Reports**				

Item No	Item	Key Point Discussions		Action	Owner	Time Scale
	9.					
	10.	**Any other business**	KB raised with the Committee that there is currently no risk register produced for Innovation or Communications. The Committee agreed that this should be prepared and presented to the next IGC.	Innovation & Communications risk register to be produced and presented to the next IGC	MF & JT	13th March 2019
Date and Time of Next Meeting		The next meeting of the IGC will be held on Wednesday 13th March 2019, 10:00am. Institute, Large Meeting Room				

INTEGRATED GOVERNANCE COMMITTEE
COMPLETED ACTIONS – November 2018

No	Item	Owner	When	Status
18/19/78	Flu Vaccinations to be added to the risk register	V Weston	Immediate	VW to add flu vaccinations to the risk register Completed
18/19/81	Sickness Absence to be added to the risk register	All	Immediate	Sickness absence to be added to the risk register in all areas. Update 15.01.19 CU advised if multiple risks put on it will skew figures. It would be best to keep to 1 risk and actions for all areas to update. Risk updated and carried over to January actions
18/19/83	Risk no 1746 - Fire risk within the Institute in the Park	J Hutfield/G Dixon	Immediate	JH & GD to address outside of IGC Carried over to January actions
18/19/83	Updated Risk Management Report	J Hutfield	Immediate	JH to send to LC to update IGC pack Completed
18/19/86	Risk no 799 – Failure to control contractors	M Swindell/A Kinsella	26th Nov 18	MS to pick up with AK when she returns from leave. Update 15.01.19 AK is meeting with Interserve and will report back to IGC. Each time a contractor has an unauthorised visit to the Trust it is now being report as an incident on Ulysses. AB asked should we have a zero tolerance of this written in the policy. KB has asked AK to provide details of breaches that are happening to understand how we take this forward. Carried over to January actions
18/19/87	Pipework Leak Business Continuity Card	E Menarry	Immediate	EM to share with GD Completed
18/19/92	Ulysses Crib Sheet	J Gwilliams	Immediate	JG to complete a Ulysses crib sheet for guidance purposes for staff Completed
18/19/94	CQC Action Plan	All	Immediate	CQC action plan. When completion dates are being reviewed staff are to provide a reason why they are being reviewed. Update 15.01.19 ES advised not all areas are adhering to this to date and asked for all areas to remain vigilant. ES asked for this to remain on the action list. Carried over to January actions

18/19/98	Confidentiality Code of Conduct Policy	J Fitzpatrick	Immediate	Committee to read policy and let JF know of any comments by 27th Nov 18 Completed
10. AOB	Brexit	E Menarry	15th Jan 19	EM to add as a corporate risk to the risk register. Update 15.01.19 it was decided to put risk on local register as only one area is high so this will not be included on the corporate register at the moment. Completed

INTEGRATED GOVERNANCE COMMITTEE
ACTION LIST – January 2019

No	Item	Owner	When	Status
18/19/81	Sickness Absence	MS/	~~15th Jan 19~~ 13th March 19	Sickness absence to be added to the HR risk register,
18/19/83	Risk no 1746 - Fire risk within the Institute in the Park	J Hutfield/J Spark	~~15th Jan 19~~ 13th March 19	JH to address outside of IGC. Update 15.01.19 JH is addressing all risks and actions and John Spark (JS) will provide an update for the next IGC March 19. JG advised we need to be tighter on this area as there will be more Uni staff based in the Institute by the end of Jan 19 and asks for JS to get a report to KB before the next IGC in March 19.
18/19/86	Risk no 799 – Failure to control contractors	M Swindell/A Kinsella	~~26th Nov 18~~ ~~15th Jan 19~~ 13th March 19	MS to pick up with AK when she returns from leave. Update 15.01.19 AK is meeting with Interserve and will report back to IGC. Each time a contractor has an unauthorised visit to the T it is now being report as an incident on Ulysses. AB asked should we have a zero tolerance of this written in the policy. KB has asked AK to provide details of breaches that are happening to understand how we take this forward.
18/19/94	CQC Action Plan	All	~~15th Jan 19~~ 13th March 19	CQC action plan. When completion dates are being reviewed staff are to provide a reason why they are being reviewed. Update 15.01.19 ES advised not all areas are adhering to this to date and asked for all areas to remain vigilant. ES asked for this to remain on the action list.
18/19/101	Risk no 1668 score 15 – Test results not picked up when clinicians away from the office	J Grinnell/A Hughes	Immediate	This is an agenda item for GDE Meeting. JG & AH to look at.
18/19/102	Staff to monitor & update overdue risks & make arrangements for when designated person/s	All	Immediate	Designated person/s of risks

	are unavailable to review.			
18/19/103	Risk 1769 – risk of patients acquiring influenza from staff as less than 75% of frontline staff have been vaccinated against flu.	J Keward/P Brown	13th March 19	JK & PB to pick this up outside of IGC Meeting
18/19/108	2 Fire risks outstanding which JS has reviewed	J Hutfield/J Spark	13th March 19	JH to speak to JS and provide an update at the next IGC Meeting.
18/19/109	Assurance reports for Risk no 1388 - Corroded Pipework, Risk No 1709 - Ceiling Tiles, Risk no 825 - Internal Balconies Risk no 1388 – Corroded Pipework.	G Dixon	13th March 19 22nd May 19	GD to complete and submit to the next IGC Meeting. GD to provide an update to the IGC May 2019 Meeting once he knows further information.
18/19/113	Risk 1753 – Data Security & Protection Toolkit. If the Trust does not provide enough evidence to the new Toolkit the Trust will fail its CQC Inspection	E Saunders/J Fitzpatrick	13th March 19	ES to discuss with JF and update the next IGC Meeting.
18/19/114a	Risk 1344 – Pharmacy and ASU cold store. All been agreed awaiting installation Risk no 1787 current score 15 – Potential errors associated with prescribing, preparing and administration of parenteral nutrition	A Kinsella/G Dixon C Barker	Immediate 13th March 19	AK to speak to GD asap to chase up to find out where this is up to. CB to consider more radical changes needed to reduce the score of this risk considering risks & benefits and report back to IGC.
18/19/118	BAF – Deep Dive Reporting	K Byrne/E Saunders/C Umbers /J Grinnell	12th February 19	Schedule to be discussed at post-IGC meeting
18/19/119	CQC Plan – Risks and themes arising from plan	E Saunders	13th March 19	ES to identify risks and themes arising from CQC Plan
A.O.B 10.	Communications to produce a Risk Management Report Innovation to produce a Risk Management Report	M Flannagan J Taylor	13th March 19 13th March 19	To prepare report for next IGC To prepare report for next IGC

NHS
Alder Hey Children's
NHS Foundation Trust

Corporate Report February 2019

How Did We Do?

Executive Summary **Month: February** **Year: 2019**

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

Safe

- During the month of February 2019; there have been 2 unexpected deaths reported. Full investigations are underway and Duty of Candour fully completed for both cases. 72 hour reviews completed.
- 4 medication errors resulting in harm; of which 3 were low/minor harm and 1 resulting in moderate harm. Medication Safety Officers (Pharmacist and Nurse) reviewed all cases and feedback provided.
- Continuous monitoring of all sepsis cases in place. Currently the clinical team are reviewing an emerging theme relating to children under the age of 1 requiring additional invasive interventions impacting on the ability to achieve the targets.

Highlight

- Consistent incident reporting.
- No Never Events in month.
- 9 months since the last category 3 or 4 pressure ulcer.

Challenges

- Sepsis

The Best People Doing their Best Work

Caring

- Small task and finish group formed to address additional cleaning needs; security review and play and distraction within ED supported by volunteers.
- In line with the 10 year plan; the Trust has committed and commenced joint working to transform outpatient services.

Highlight

- 100% of parents/carers in the community would recommend the Trust.
- Decrease in informal concerns raised.

Challenges

- ED and OPD remain challenging environments with workplans in place to improve the position.

Delivery of Outstanding Care

Effective

- Waiting times for treatment in the ED increased as we had our most challenging month to date of Winter 19-20. Attendances were up 10% on the corresponding month in 2018. We have an enhanced plan for March 2019.
- The work on improving the use of clinic time is starting to deliver with a notable increase in utilisation.

Highlight

- Clinic utilisation improved to 86.2%, the highest level of utilisation in 2018-19.
- On-the-day cancellations for non-clinical reasons were low at 10 patients.

Challenges

- The number of patients treated within 4 hrs was reduced to 90.6%

Delivery of Outstanding Care

Responsive

- Our performance in relation to access standards for planned care is strong, as indicated by RTT performance and waiting list size.
- With regard to non-delivery of cancer standards, it is the first time this year both have been failed, we believe these are exceptional cases (n=2) and not a sign of an underlying deterioration in performance

Highlight

- The national standard for referral to treatment has been achieved.
- Waiting list size has reduced and is below target

Challenges

- There were two patients who did not receive care in line with the cancer access standards.
- Number of super-stranded patients waiting over 21 days

The Best People Doing their Best Work

Well Led

- The Trust delivered a 3.4m surplus in February (including PSF incentive) which was 0.4m behind plan. Cumulatively we have now delivered a surplus of 20.9m which is 0.36m behind plan.
- Our use of resource rating is a 1 which is in line with plan
- Cash in bank is 22m which is 4.4m behind plan which is largely driven by the payment profile of PSF incentive which is now being paid once the Q4 results have been confirmed
- Income was ahead of plan however case mix was lighter than average. We have reached a year end agreement with NHSE which is now a fixed position. There remains an outstanding risk of Wales commissioners paying HRG 4+ although there appears to be some progress being made.
- Pay was significantly overspent in month driven by our highest temporary spend month of the year
- Divisional Forecasts continue to show a gap of 1.4m against the 1m target we had set
- Capital Programme remains behind plan by 6m relating to scheme delays. This has now been built into our 19/20 plan
- PDR levels continue to improve
- Sickness levels remain high at 5.7%

Highlight

- Elective Activity Levels
- PDR Levels
- Non Pay levels

Challenges

- Control Total Performance
- Pay costs/Temporary spend
- Mandatory Training
- Capital Plan progress
- Sickness levels

Game Changing Research and Innovation

Research and Development

- The research portfolio of open studies across academic and commercial sectors is showing a small decrease over the year to date. This is in part due to saturation within the research delivery workforce and lack of capacity to deliver more studies. It may also be due to the lack of new studies nationally which are feasible for the Alder Hey patient population.

Highlight

- Continued growth in paediatric orthopaedics.

Challenges

- Currently nine commercial studies in the contracting stage which can't be progressed because of lack of management capacity within the Clinical Research Division.

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Delivery of Outstanding Care

SAFE

Alder Hey Children's NHS
NHS Foundation Trust

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG			Comments Available
Total no of incidents reported Near Miss & Above	456	513	413	446	489	432	447	452	478	460	347	423	422		>=458	>=411	<411	✔
Clinical Incidents resulting in minor harm & above	82	93	83	76	90	84	80	92	94	96	70	84	89		<=72	<=80	>80	✔
Clinical Incidents resulting in moderate, semi permanent harm	0	1	0	1	1	1	1	2	0	1	1	2	1		<=1	N/A	>1	✔
Clinical Incidents resulting in severe, permanent harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Clinical Incidents resulting in catastrophic, death	0	0	0	0	0	0	0	0	0	0	0	1	2		0	N/A	>0	✔
Pressure Ulcers (Category 3)	0	0	0	1	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Pressure Ulcers (Category 4)	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Medication errors resulting in harm	5	6	4	3	4	3	4	4	2	6	2	2	4		<=2	N/A	>2	✔
Never Events	0	0	0	0	0	0	2	0	0	0	0	1	0		0	N/A	>0	✔

The Best People doing their best Work

CARING

Alder Hey Children's NHS
NHS Foundation Trust

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG	Comments Available
Friends & Family A&E - % Recommend the Trust	85.6%	86.4%	85.4%	82.6%	83.9%	86.3%	88.2%	85.5%	80.0%	80.6%	90.1%	90.5%	80.3%		>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust	100.0%	97.7%	100.0%	96.8%	96.4%	92.2%	100.0%	100.0%	93.2%	100.0%	100.0%	98.5%	100.0%		>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust	96.6%	96.8%	93.7%	95.5%	94.9%	97.0%	97.0%	98.3%	98.2%	97.9%	98.2%	97.0%	96.2%		>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust	82.8%	100.0%	87.5%	82.6%	88.9%	100.0%	89.9%	89.4%	84.7%	97.5%	100.0%	88.9%	76.9%		>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust	91.8%	89.3%	90.3%	88.6%	86.9%	85.5%	89.7%	90.0%	90.3%	91.4%	91.7%	87.4%	89.1%		>=95 % >=90 % <90 %	✔
Complaints	13	5	8	11	11	13	14	11	13	5	7	6	7		<=11 <=14 >14	✔
PALS	145	129	151	126	99	100	100	125	132	115	71	137	98		<=131 <=145 >145	✔

Delivery of Outstanding Care

EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG			Comments Available
Sepsis: Patients treated for Sepsis - A&E	42.3%	60.9%	66.7%	55.6%	57.1%	65.5%	68.2%	54.5%	65.4%	57.6%	51.9%	77.4%	71.1%		>=90 %	N/A	<90 %	✔
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	86.4%	79.2%	76.0%	72.7%	78.9%	71.4%	72.5%	75.7%	70.2%	76.2%	73.3%	71.1%	82.1%		>=90 %	N/A	<90 %	✔
No of children that have suffered avoidable death - Internal	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
% Readmissions to PICU within 48 hrs	1.5%	4.1%	3.6%	2.5%	2.7%	6.5%	0.0%	2.7%	1.0%	1.1%	2.4%	1.4%	0.9%		<=3 %	N/A	>3 %	✔
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - C.difficile	0	1	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MSSA	3	0	0	1	0	0	0	1	2	0	1	1	0		<=1	N/A	>1	✔
Hospital Acquired Organisms - CLABSI - ICU Only	4	2	2	2	2	0	1	0	2	1	3	0	1		<=1	N/A	>1	✔
Hospital Acquired Organisms - Gram Negative BSI	1	3	2	0	1	0	1	2	2	2	2	1	3		<=1	N/A	>1	✔
Bed Occupancy (Accessible Funded Beds)	89.3%	89.6%	90.3%	84.9%	88.5%	83.9%	76.2%	79.9%	85.8%	85.3%	73.7%	72.9%	80.8%		<=89 %	<=93 %	>93 %	✔
ED: 95% Treated within 4 Hours	92.6%	97.2%	95.3%	95.0%	95.6%	96.5%	98.4%	93.7%	90.9%	93.8%	95.3%	92.1%	90.6%		>=95 %	N/A	<95 %	✔
Average LoS - Elective (Days)	2.98	3.21	2.79	2.87	2.89	3.13	2.80	2.79	3.05	2.90	3.58	2.35	3.04		<=3.0	N/A	>3.0	✔
Average LoS - Non-Elective (Days)	1.99	2.10	1.96	2.01	2.01	1.85	2.03	1.73	2.05	1.98	1.92	1.81	1.90		<=2.0	N/A	>2.0	✔
Theatre Utilisation - % of Session Utilised	85.6%	86.2%	88.2%	88.6%	87.9%	89.3%	87.0%	86.6%	86.4%	87.3%	85.7%	88.4%	88.7%		>=90 %	>=80 %	<80 %	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	25	37	26	30	43	35	18	12	28	38	21	11	10		<=22	N/A	>22	✔
28 Day Breaches	3	8	10	5	6	6	7	1	0	6	6	4	1		0	N/A	>0	✔
Clinic Session Utilisation	83.8%	84.0%	83.7%	84.0%	84.9%	82.4%	83.1%	84.3%	83.1%	84.6%	82.2%	83.0%	86.3%		>=90 %	>=85 %	<85 %	✔
Did Not Attend Rate	10.7%	11.3%	10.6%	11.5%	12.2%	12.4%	13.6%	11.4%	11.8%	11.5%	13.0%	11.5%	11.2%		<=12 %	<=14 %	>14 %	✔
Transcription Turnaround (days)	26.00	28.50	15.00	6.00	4.50	4.00	1.00	4.00	1.50	2.00	2.50	1.25	1.50		<=3	<=5	>5	✔

Delivery of Outstanding Care

RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG	Comments Available
IP Survey: % Received information enabling choices about their care	94.7%	93.1%	94.8%	91.6%	96.2%	94.7%	94.7%	96.3%	96.4%	95.1%	96.7%	96.0%	94.9%		>=95 % >=90 % <90 %	✔
IP Survey: % Treated with respect	99.4%	99.8%	97.7%	98.8%	99.7%	99.7%	99.6%	99.5%	99.6%	100.0%	99.6%	100.0%	99.3%		100 % >=95 % <95 %	✔
IP Survey: % Know their planned date of discharge	59.0%	60.1%	60.5%	76.1%	63.7%	65.7%	60.6%	55.3%	60.2%	69.0%	59.4%	76.5%	82.8%		>=90 % >=85 % <85 %	✔
IP Survey: % Know who is in charge of their care	90.9%	91.6%	91.3%	90.9%	92.7%	94.7%	91.6%	94.9%	92.2%	92.2%	92.5%	96.3%	94.3%		>=95 % >=90 % <90 %	✔
IP Survey: % Patients involved in play and learning	79.6%	75.0%	74.9%	77.8%	74.4%	73.1%	74.8%	73.7%	74.3%	72.5%	68.2%	78.5%	78.8%		>=90 % >=85 % <85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	92.1%	92.1%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	92.1%	92.1%	92.0%	92.0%	92.0%		>=92 % >=90 % <90 %	✔
Waiting List Size			13,235	13,238	12,879	12,962	12,925	12,884	12,961	12,934	12,859	12,872	12,888		<=12905 N/A >12905	✔
Waiting Greater than 52 weeks	2	1	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	100.0%	95.5%		100 % N/A <100 %	✔
All Cancers: 31 day diagnosis to treament	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%		100 % N/A <100 %	✔
All Cancers: 31 day wait until subsequent treatments	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%		100 % N/A <100 %	✔
Diagnostics: % Completed Within 6 Weeks	99.3%	99.8%	99.8%	99.8%	99.2%	99.3%	99.0%	99.8%	99.8%	99.3%	100.0%	99.7%	99.6%		>=99 % N/A <99 %	✔
Number of Super Stranded Patients (21+ Days)	26	32	34	27	32	29	32	29	32	28	24	35	38		<=32 N/A >32	✔
PFI: PPM%	100.0%	98.0%	98.6%	99.0%	99.0%	96.0%	98.0%	100.0%	98.0%	99.0%	100.0%	100.0%	100.0%		>=98 % N/A <98 %	✔

The Best People doing their best Work

WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG	Comments Available
CIP In Month Variance (£'000s)	-410	864	-248	104	153	-238	-137	175	-174	-285	151	-199	-74		>=0% >=-20% <-20%	✔
Control Total In Month Variance (£'000s)	17		-426	154	285	29	-396	359	-463	-48	564	-21	-433		>=0% >=-20% <-20%	✔
Capital Expenditure In Month Variance (£'000s)	3,161	-887	1,090	-333	1,701	-462	-129	2,907	-751	1,041	1,032	1,032	259		>=-5% >=-10% <-10%	✔
Cash in Bank (£'000s)	10,201	12,244	12,406	10,455	9,455	23,910	21,519	20,023	20,315	17,580	23,136	19,983	22,068		>=0% >=-20% <-20%	✔
Income In Month Variance (£'000s)	1,080	19,658	218	591	425	998	741	263	624	684	142	456	355		>=0% >=-20% <-20%	✔
Pay In Month Variance (£'000s)	-605	546	-17	-7	-38	-111	-311	51	-372	-74	-267	-510	-850		>=-1% >=-20% <-20%	✔
Non Pay In Month Variance (£'000s)	-458	1,368	-627	-431	-102	-858	-825	95	-715	-659	689	41	63		>=0% >=-20% <-20%	✔
NHSI Use of Resources	3	1	3	3	3	3	3	2	2	1	1	1	1		<=1 N/A >1	✔
AvP: IP - Non-Elective			5	5	5	20	9	-1	50	62	111	-14	-10		>=0 N/A <0	✔
AvP: IP Elective vs Forecast			7	13	16	10	18	10	33	-5	-14	2	38		>=0 N/A <0	✔
AvP: Daycase Activity vs Forecast			-22	-3	6	-11	-2	20	-86	-67	-162	-25	-68		>=0 N/A <0	✔
AvP: Outpatient Activity vs Forecast			974	566	482	495	524	1,048	1,896	1,970	367	1,558	1,606		>=0 N/A <0	✔
PDR	76.1%	76.4%	1.3%	11.3%	31.1%	64.7%	82.3%	88.8%	90.1%	90.1%	90.1%	90.1%	92.2%		>=90 % >=85 % <85 %	✔
Medical Appraisal	52.1%	67.6%	69.0%	69.0%	2.0%	4.0%	6.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=95 % >=90 % <90 %	✔
Mandatory Training	94.1%	92.9%	92.1%	92.0%	92.1%	91.6%	88.6%	88.1%	89.7%	89.7%	89.0%	89.4%	88.8%		>=90 % >=80 % <80 %	✔
Sickness	5.6%	4.7%	4.4%	4.6%	4.9%	5.3%	5.2%	5.4%	5.6%	5.6%	6.0%	5.7%	5.7%		<=4.5 % <=5 % >5 %	✔
Short Term Sickness	1.7%	1.5%	1.3%	1.2%	1.4%	1.5%	1.3%	1.4%	1.5%	1.6%	1.6%	1.8%	1.7%		<=1.5 % N/A >1.5 %	✔
Long Term Sickness	3.9%	3.2%	3.1%	3.4%	3.5%	3.8%	4.0%	4.0%	4.0%	3.9%	4.4%	3.9%	4.0%		<=3 % N/A >3 %	✔
Temporary Spend ('000s)	926	1,067	977	973	947	901	1,082	820	998	971	883	937	1,057		<=800 <=960 >960	✔
Staff Turnover	11.2%	10.9%	10.6%	10.9%	10.6%	11.5%	10.4%	10.9%	11.2%	10.6%	9.5%	9.8%	9.6%		<=10 % <=11 % >11 %	✔
% of Correct Pay Achieved	99.3%	98.9%	99.8%	99.4%	99.5%	99.5%	99.5%	99.4%	99.4%	99.5%	99.5%	99.5%	99.5%		>=99.5 % >=99 % <99 %	✔
Safer Staffing (Shift Fill Rate)	94.2%	95.0%	96.4%	96.5%	94.8%	95.0%	93.9%	93.1%	93.2%	95.3%	94.2%	94.5%	92.8%		>=90 % N/A <90 %	✔
Domestic Cleaning Audit Compliance	85.0%	90.0%	90.0%	85.0%	65.5%	97.5%	85.0%	93.8%	60.0%	90.0%	90.0%	92.0%	95.0%		>=85 % N/A <85 %	✔
Performance Against Single Oversight Framework Themes	0	0	0	0	0	0	0	0	0	0	0	0	0		0 <=1 >1	✔

Game Changing Research & Innovation

R&D

Alder Hey Children's NHS
NHS Foundation Trust

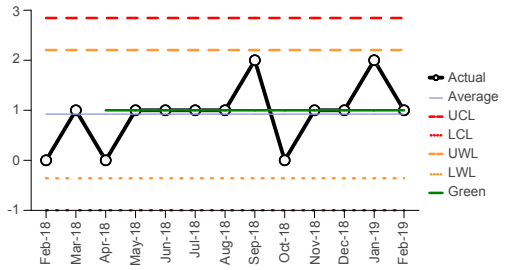
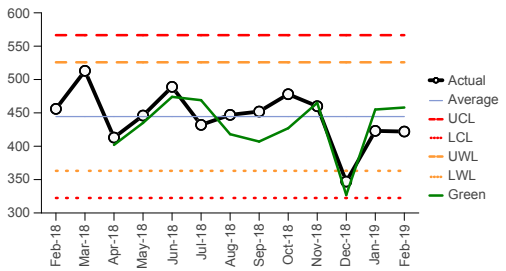
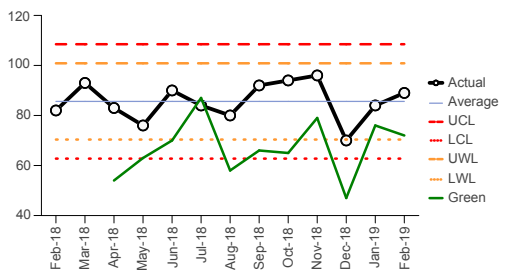
GROW THE FUTURE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG	Comments Available
Number of Open Studies - Academic	0	0	148	153	159	159	156	115	143	136	123	121	121		>=50 N/A <50	✔
Number of Open Studies - Commercial	0	0	34	33	34	34	37	27	31	28	27	29	26		>=5 N/A <5	✔
Number of New Studies Opened - Academic	0	0	5	2	5	7	2	3	6	8	2	6	5		>=4 N/A <4	✔
Number of New Studies Opened - Commercial	0	0	3	0	0	1	2	3	2	0	0	1	1		No Threshold	
Number of patients recruited	0	0	272	308	245	288	249	238	195	296	158	238	211		>=417 N/A <417	✔

Delivery of Outstanding Care

7.1 - QUALITY - SAFE

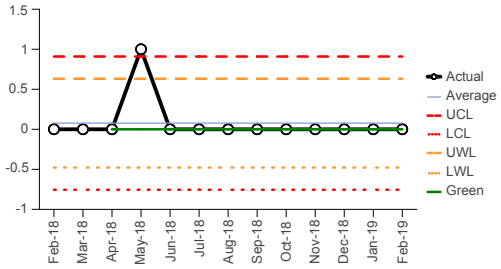
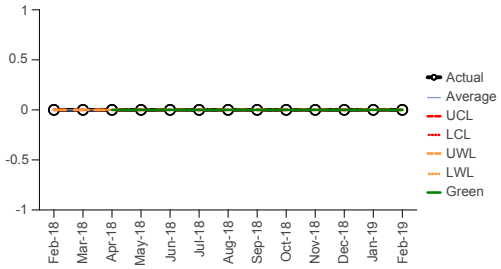
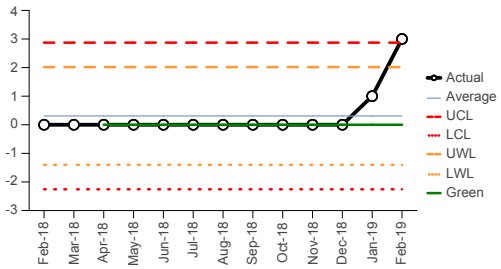
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** Incidents reported resulting in moderate harm. The threshold is based on achieving a 10% reduction on the period Apr 17 - Mar 18 (16). 18/19 aim is 12 or less, annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	1	R >1 A N/A G <=1		No Action Required
Incidents: Increasing Reporting	**Total no of incidents reported Near Miss & Above** Total number of Incidents reported. The threshold is based on increasing on last year for the period Apr 17 - Mar 18 (4,241) 18/19 aim is more than last year for the same month to demonstrate a learning culture. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	422	R <411 A >=411 G >=458		Discussed weekly at Patient Safety meeting in terms of the importance of reporting and supporting all professional groups to report. Regular Key message sent out to all staff via communications about the importance of reporting. Continuous monitoring and reporting to all staff groups about incidents reported. Trust culture of encouraging reporting and applying the 'fair blame' focusing on systems and processes and not individuals.
Incidents: Reducing Harm	**Clinical Incidents resulting in minor harm & above** Incidents reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 10% reduction on the period Apr 17 - Mar 18 (913). 18/19 aim is 10% less than last year for the same month. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	89	R >80 A <=80 G <=72		Weekly 'Patient Safety Meeting review and monitoring progress with actions. Monthly Divisional Quality Assurance reports including lessons learned presented to Divisional Governance Assurance Committee and Clinical Quality Steering group who continue to monitor.

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

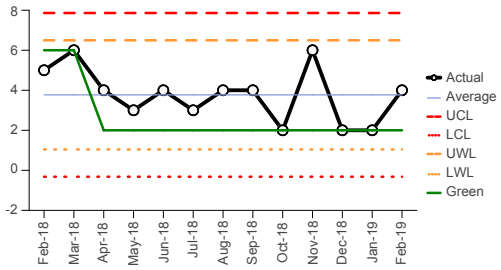
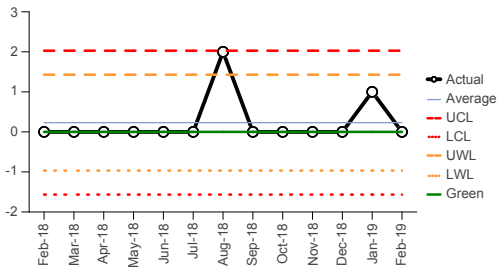
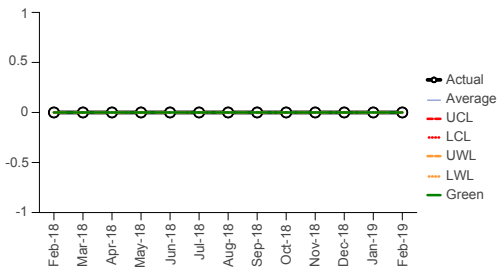
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Incidents: Reducing Harm	**Clinical Incidents resulting in severe, permanent harm** Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Incidents: Reducing Harm	**Clinical Incidents resulting in catastrophic, death** Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	2	R >0 A N/A G 0		Both incidents are currently under investigation. Duty of Candour has been completed in line with regulation 20. The 72 hour review report has been completed in line with National Standards and Trust policy and submitted to the CQC and CCG. Leads have been identified and the level 2 comprehensive investigations are underway.

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

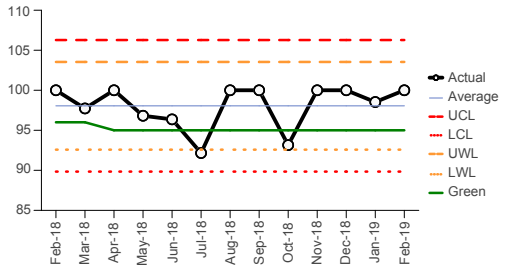
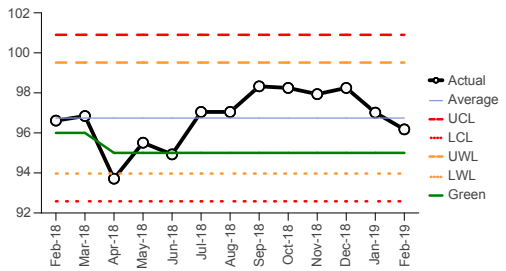
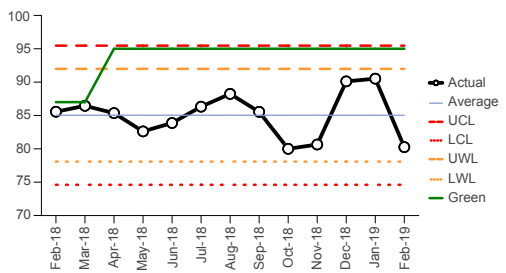
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Medication Errors	**Medication errors resulting in harm** Medication errors reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 25% reduction on the period Apr 17 - Mar 18 (32). 18/19 aim is 2 avg per month, or less, per month (less than 24 annually) **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	4	R >2 A N/A G <=2		This month there have been three mild non-permanent and one moderate semi-permanent harm incidents reported. Two relate to omitted doses of medicines. The Medication Safety Committee are working with the Information Department to develop a report from the ePMA system to review delayed and omitted doses and will work with relevant teams to develop an action plan to reduce occurrence. The incident which caused moderate harm involved the administration of 1000 times the intended dose of hydrocortisone. An investigation into this incident is being conducted currently by senior staff. AMR (MSO)
Never Events	**Never Events** Never Events. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Pressure Ulcers	**Pressure Ulcers (Category 4)** Pressure Ulcers of Category 4. The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

The Best People doing their best Work

8.1 - QUALITY - CARING

Alder Hey Children's NHS Foundation Trust

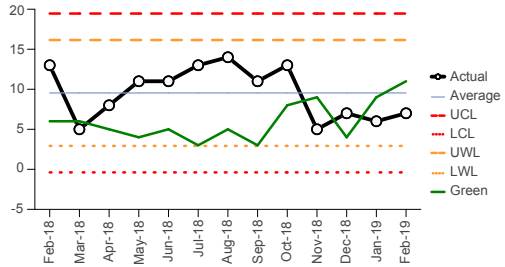
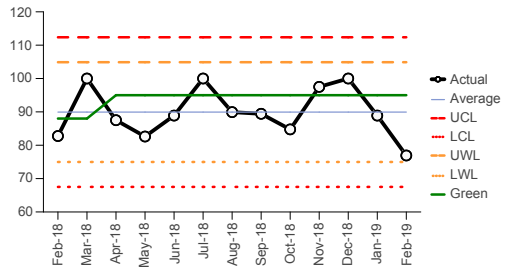
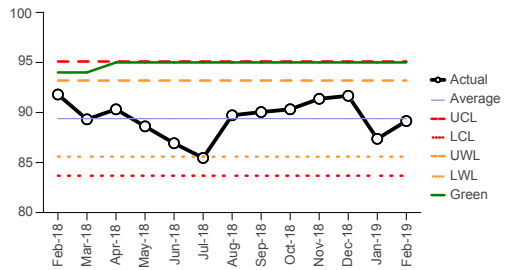
	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Community - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	100 %	R <90 % A >=90 % G >=95 %		No Action Required
Friends & Family	**Friends & Family Inpatients - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	96.17 %	R <90 % A >=90 % G >=95 %		No Action Required
Friends & Family	**Friends & Family A&E - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on exceeding the National average in Nov 17. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	80.25 %	R <90 % A >=90 % G >=95 %		February's figures show 90% are extremely likely or likely to recommend. We have additional volunteers in the waiting room assisting children and families but also the team with cleaning of toys and updating the board so the waiting room is more aware of waiting times.

The Best People doing their best Work

8.2 - QUALITY - CARING

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

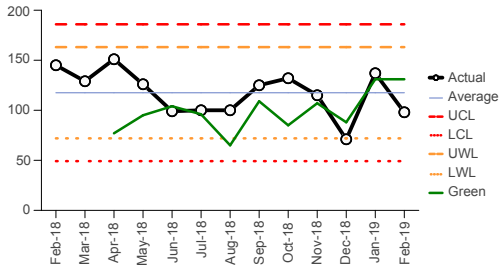
	Description	Performance	Threshold	Trend	Management Action (SMART)
Complaints	**Complaints** Total complaints received. The threshold is based on achieving a 25% reduction on the period Apr 17 - Mar 18 (90). 18/19 aim is to reduce by 25% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	7	R >14 A <=14 G <=11		This is the second month a reduction in formal complaints has been seen.
Friends & Family	**Friends & Family Mental Health - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	76.92 %	R <90 % A >=90 % G >=95 %		A key issue is the ability to get F&F cards from community sites to the PE team for input in time for reporting in that month; Community admin staff will input their own feedback digitally, through SMS messaging, we will look for funding for community to use tablets as an alternative to completing cards. Staffs are to be reminded via the Division's Quality Update report to submit cards for inclusion as soon as possible. Head of Quality will monitor all feedback.
Friends & Family	**Friends & Family Outpatients - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	89.14 %	R <90 % A >=90 % G >=95 %		'The Best in Outpatient Care Project' continues to find ways to improve the experience in Outpatients. Areas of focus are play and distraction for phlebotomy, patients flow, booking process, communication and access to check in machines. A signage review has identified the need for improvement. Signs are due to arrive April. Feedback around staff attitude has been addressed. Overcrowding in the waiting areas is being reviewed again through the care project. Waiting times for phlebotomy continues to be monitored via Comfort Rounds allocation times are in use and will be monitored.

The Best People doing their best Work

8.3 - QUALITY - CARING

Alder Hey Children's NHS Foundation Trust

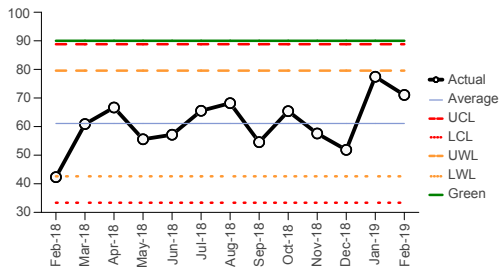
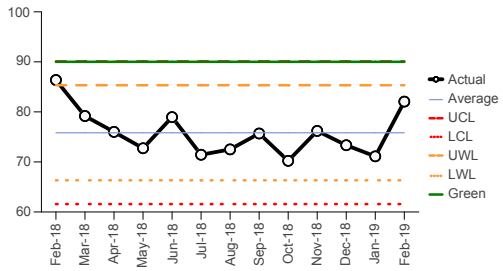
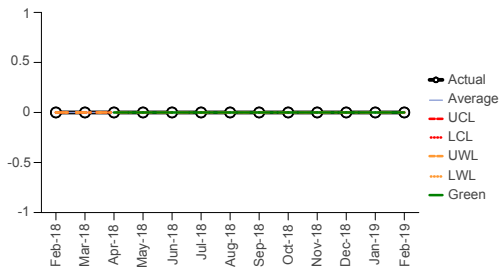
BRILLIANT BASICS

	Description	Performance	Threshold	Trend	Management Action (SMART)
PALS	**PALS** Total number of PALS contacts. Threshold is based on a 10% Reduction on 17/18 (1336). 18/19 aim is to reduce by 10% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	98	R >145 A <=145 G <=131		Overall activity for informal concerns has reduced significantly this month. A reduction in activity is always evident during the times of school holidays.

Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

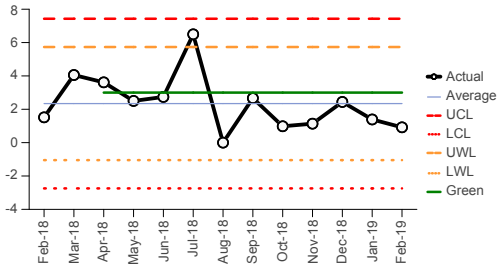
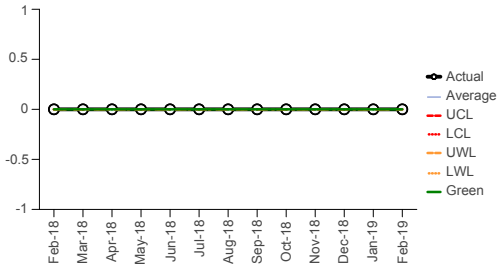
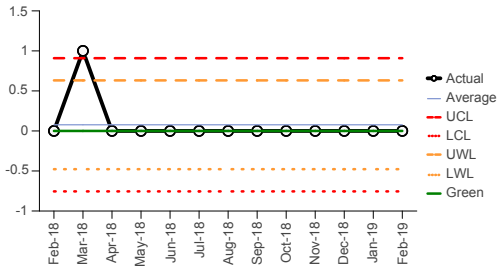
	Description	Performance	Threshold	Trend	Management Action (SMART)
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 18/19 aim is 90%. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	71.05 %	R <90 % A N/A G >=90 %		Still high number of clinically ill patients presenting with care escalated. Increase in the number of patients identified in comparison to January but a decrease in the mean time to antibiotics (from 56 mins to 48 mins). Decrease in overall percentage but work still ongoing about accurate and timely documentation
Sepsis	**Sepsis: Patients treated for Sepsis within 60 mins - Inpatients** Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 18/19 aim is 90%. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	82.05 %	R <90 % A N/A G >=90 %		Change to complete electronic documentation half way throught Feb has impoved documentation times which may have impacted in the increase in %. This needs to be monitored. Still cases difficult to get accurate diagnosis times but this should improve with the sepsis status tracker. Need to feedback to wards importance of accurate and timely documentation to support good practice.
Mortality	**No of children that have suffered avoidable death - Internal** Total number of children that have suffered avoidable death with issues relating to care provided in Alderhey. Figures provided by HMRG group. The threshold for 18/19 is zero. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

9.2 - QUALITY - EFFECTIVE

BRILLIANT BASICS

Alder Hey Children's NHS Foundation Trust

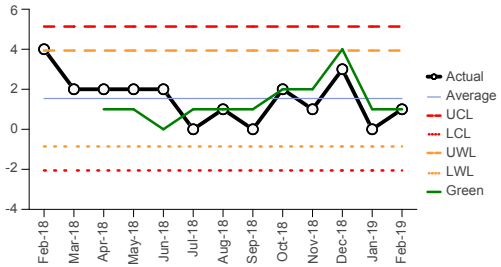
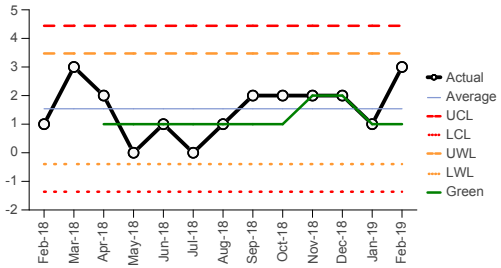
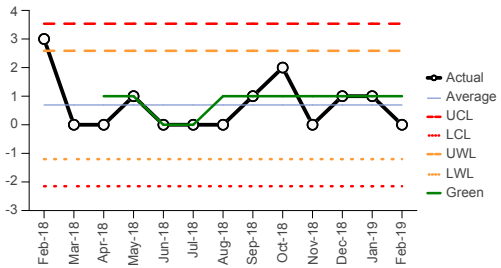
	Description	Performance	Threshold	Trend	Management Action (SMART)
PICU Re-admissions	**% Readmissions to PICU within 48 hrs** % of discharges readmitted to PICU within 48hrs sourced from PICANet [Paediatric Intensive Care Audit Network]. Threshold agreed with PICU is based on the reported range nationally from all UK PICUs, most recent published range (16/17) was 0-3% averaged over a calendar year. Data is presented as monthly incidence for the purpose of this report. Annual average for this site was 2.4% **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0.92 %	R >3 % A N/A G <=3 %		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - C.difficile** The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

9.3 - QUALITY - EFFECTIVE

BRILLIANT BASICS

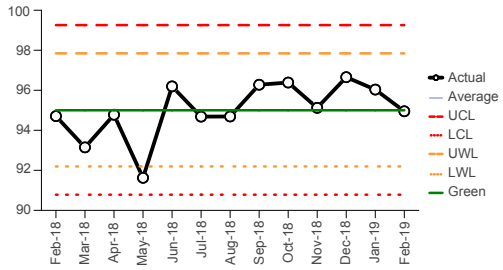
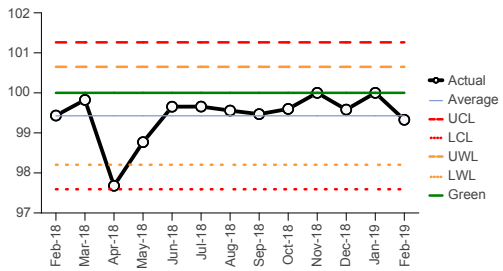
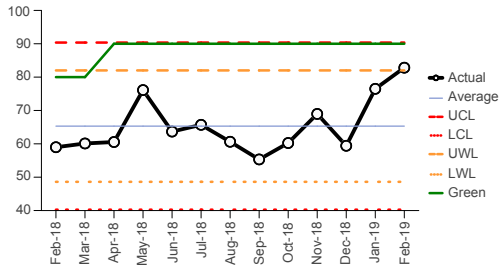
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - CLABSI - ICU Only** Hospital Acquired Organisms - CLABSI on ICU Ward Only. 18/19 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	1	R >1 A N/A G <=1		No Action Required
Reducing Infections	**Hospital Acquired Organisms - Gram Negative BSI** Gram - Negative BSI to include E Coli, Klebsiella and Pseudomonas . 18/19 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	3	R >1 A N/A G <=1		All bacteraemia are reviewed through the RCA process. All lessons are identified and are fed back to the specific division for action.
Reducing Infections	**Hospital Acquired Organisms - MSSA** Hospital Acquired Organisms - MSSA . 18/19 aim is to reduce by 25% or more. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	0	R >1 A N/A G <=1		No Action Required

Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

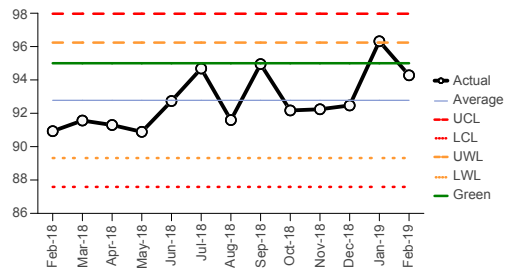
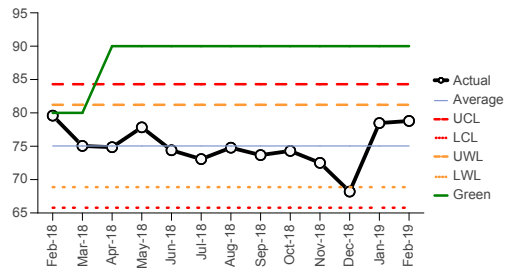
	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Choices	**IP Survey: % Received information enabling choices about their care** Percentage of patients / families that report receiving information to enable them to make choices. Thresholds are based on previously defined local targets. The 18/19 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	94.95 %	R <90 % A >=90 % G >=95 %		The roll out through more of the surgical wards of 'MY PAD' , this is a visual aid in each cubicle for patients and families to document progress and be fully informed of what is outstanding in their care pathway
Inpatient Survey: Respect	**IP Survey: % Treated with respect** Percentage of children / families that report being treated with respect. Thresholds are based on previously defined local targets. The 18/19 is 100%. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	99.33 %	R <95 % A >=95 % G 100 %		All staff are aware of the Trust values and how this should be demonstrated through their clinical practice, the Trust values are visible to clinical and non-clinical staff, C&YP and families. Staffs that are identified as not treating C&YP and their families with respect will be supported and managed appropriately. Any PALS, complaints or family friends test survey feedback both positive and negative is shared at ward level. Any themes/trends will be added to the high level patient experience survey action plan by the patient experience/quality lead and shared at CQSG.
Inpatient Survey: Date of Discharge	**IP Survey: % Know their planned date of discharge** Percentage of children / families that report knowing their planned date of discharge. Thresholds are based on previously defined local targets. The 18/19 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	82.83 %	R <85 % A >=85 % G >=90 %		Continued roll out of the SAFER project focusing on improving efficiencies and flow, ensure all C&YP have a review before midday encouraging nurse or criteria led discharge. The GDE programmes will support more accurate and well communicated discharge dates. Close working with the pre-op service looking at information given to families pre-admission; will advise C&YP how long they are likely to be in hospital. 'MY PAD', is a visual aid in each cubicle for C&YP/ families to document progress and be fully informed of what is outstanding in their care pathway and when they are likely to go home.

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

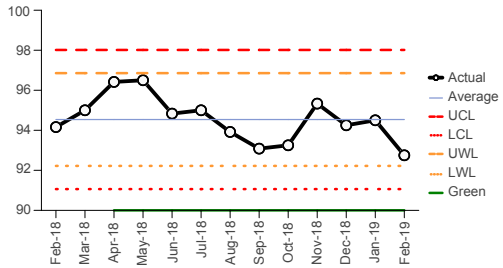
BRILLIANT BASICS

	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: In Charge of Care	**IP Survey: % Know who is in charge of their care** % of children / families that report knowing who is in charge of their care. Thresholds are based on previously defined local targets. The 18/19 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	94.28 %	R <90 % A >=90 % G >=95 %		Ward staff continue to introduce themselves on each shift to all families and children, FFT will continue to be monitored by patient experience quality lead and disseminated to the Heads of quality
Inpatient Survey: Play and Learning	**IP Survey: % Patients involved in play and learning** % of children / families that report engaging in play / learning. Thresholds are based on previously defined local targets. The 18/19 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** CQAC	78.79 %	R <85 % A >=85 % G >=90 %		It is reassuring that there is continuous improvement with play/learning. An action plan has been created to identify areas of concern. The involvement of play staff, volunteers, and junior doctors plus the Trust school are working together for continuous improvement. A calendar of activities/entertainment and involvement is distributed weekly across the inpatient and outpatient departments. We strive to offer play/education to any C&YP that wants to engage. We have reviewed all FFT questions to ensure we capture the correct answers that include C&YP who have made a decision to not engage.

The Best People doing their best Work

11.1 - QUALITY - WELL LED

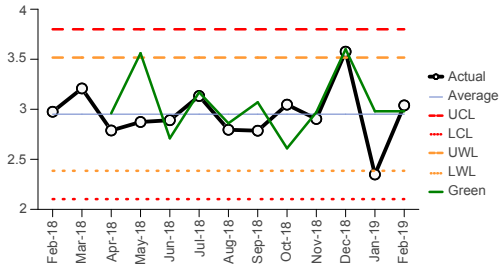
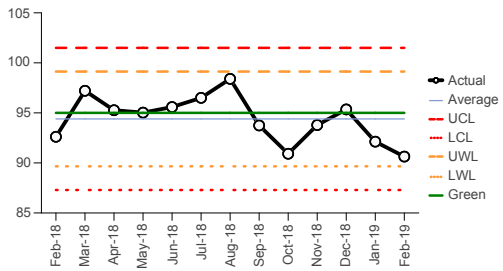
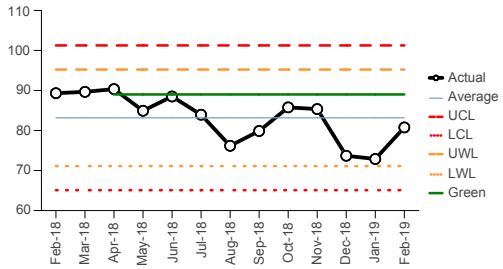
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Staffing	**Safer Staffing (Shift Fill Rate)** Safer Staffing. Threshold is based on National Target of 90% or above. **Exec Lead:** Pauline Brown **Committee:** CQAC	92.75 %	R <90 % A N/A G >=90 %		No Action Required

Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

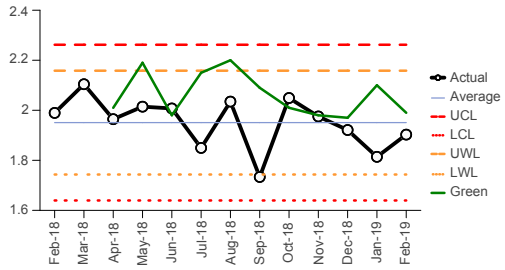
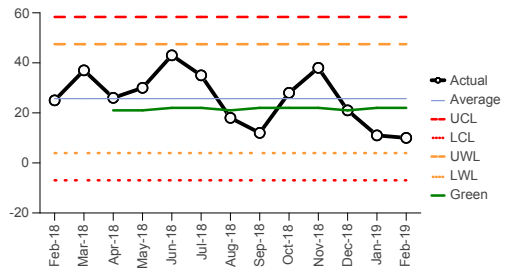
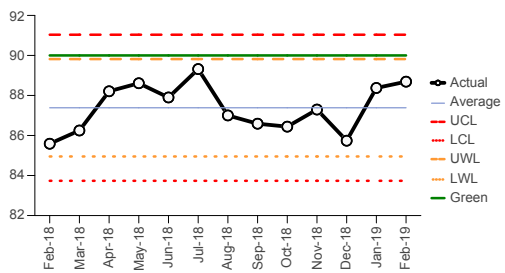
	Description	Performance	Threshold	Trend	Management Action (SMART)
LoS: Elective	**Average LoS - Elective (Days)** Average Elective Length of Stay (days). 18/19 aim is to not increase Length of Stay for the same month last year. **Exec Lead:** Adam Bateman **Committee:** RABD	3.04	R >3.0 A N/A G <=3.0		Following review of data it is apparent that there is a general increase in LOS attributed to elective admissions. When compared to 2018 this sits within a seasonal norm and is likely reflected with the impact of the winter plan elective management. No further action is required at this stage as the elective plan is balanced with non elective activity, cancelled operations and 28 day relists.
ED 4 Hour Standard	**ED: 95% Treated within 4 Hours** Threshold is based on National Guidance set by NHS England at 95%. **Exec Lead:** Adam Bateman **Committee:** RABD	90.63 %	R <95 % A N/A G >=95 %		Feb attendances were in line with trend and above plan compared to the same period last year. Attendance profiles also showed some unusual trends with increased attendances earlier in the day and increased volume of minor stream patients. Admissions continue to breach predictor on a number of days in month. Flu increased week on week. There were staffing pressures across all staff groups due to short term sickness. Core staffing maintained and GP provision maintained but not 100%. Winter actions continue to support flow.
Bed Occupancy	**Bed Occupancy (Accessible Funded Beds)** Percentage of funded beds that are occupied in accessible wards 3A, 4A, 3C and 4C, this is based on 3 occupnacy readings measured throughout the day. Threshold is based on National NHS Guidance on safe staffing and occupancy levels. **Exec Lead:** Adam Bateman **Committee:** RABD	80.76 %	R >93 % A <=93 % G <=89 %		No Action Required

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

BRILLIANT BASICS

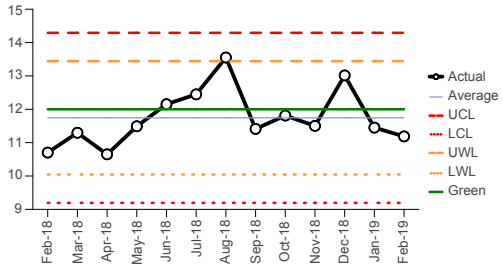
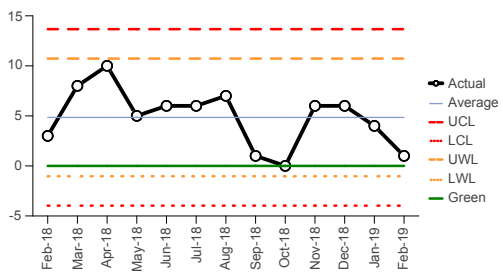
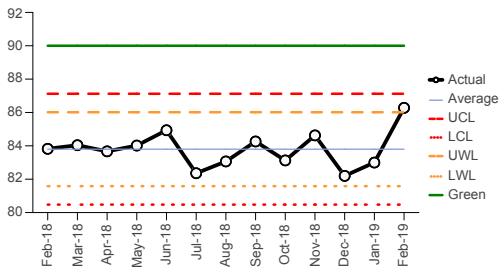
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
LoS: Non-Elective	**Average LoS - Non-Elective (Days)** Average Non Elective Length of Stay (days). 18/19 aim is to not increase Length of Stay for the same month last year. **Exec Lead:** Adam Bateman **Committee:** RABD	1.90	R >2.0 A N/A G <=2.0		No Action Required
Cancelled Operations	**On the day Elective Cancelled Operations for Non Clinical Reasons** Performance is measured for on the day cancelled elective operations for non clinical reasons. This based on National Guidance. Threshold aims to reduce cancellations by 25% based on 17/18 overall performance. **Exec Lead:** Adam Bateman **Committee:** RABD	10	R >22 A N/A G <=22		No Action Required
Theatre Utilisation	**Theatre Utilisation - % of Session Utilised** Threshold is based on the productive theatre improvement measures at greater than or equal to 90% utilisation of theatres. **Exec Lead:** Adam Bateman **Committee:** RABD	88.69 %	R <80 % A >=80 % G >=90 %		Improvement for 2nd consecutive month, with only two specialties, both semi-elective lists, performing under 80%. This has been supported by a noticeable reduction in on the day cancellations.

Delivery of Outstanding Care

12.3 - PERFORMANCE - EFFECTIVE

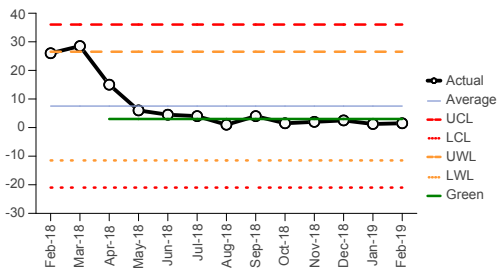
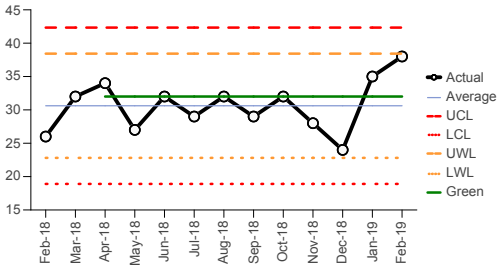
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
DNAs	**Did Not Attend Rate** The target of 12% is a local target aligned to outpatient improvement workstreams (Hybrid Booking, Patient Demogrpahic Checking and bidirectional automate text reminders). **Exec Lead:** Adam Bateman **Committee:** RABD	11.19 %	R >14 % A <=14 % G <=12 %		No Action Required
Operation Breaches	**28 Day Breaches** Standard is when a patients operation is cancelled by the hospital last minute for non-clinical reasons, the hospital will have to offer another binding date with 28 days. This is based on national guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	1	R >0 A N/A G 0		One cancellation due to equipment failure; this is a once weekly only list and the patient was rebooked 35 days later
Clinic Utilisation	**Clinic Session Utilisation** Threshold is based on a resonable expectation utilising clinics at 90% or greater to take into account short notice cancellations and DNAs. **Exec Lead:** Adam Bateman **Committee:** RABD	86.28 %	R <85 % A >=85 % G >=90 %		Clinic session utilisation continues to improve in-line with improvement plans within the divisions and brilliant booking. Plan is to achieve 90% by the end of March.

Delivery of Outstanding Care

12.4 - PERFORMANCE - EFFECTIVE

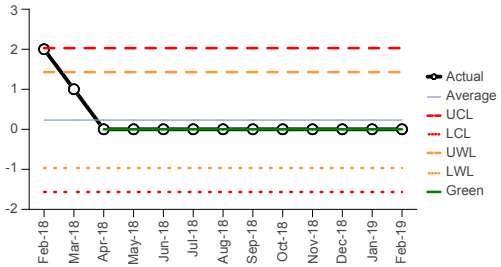
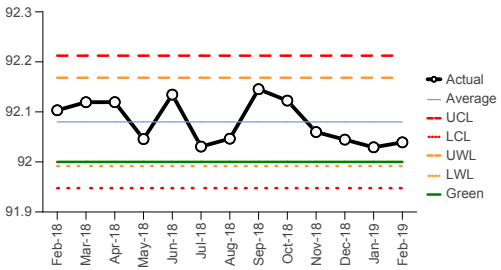
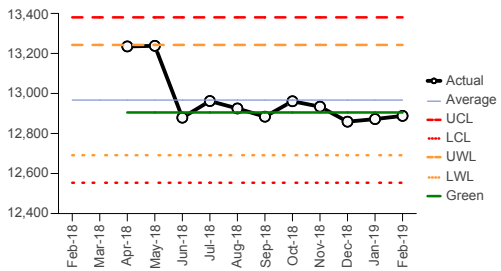
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Transcriptions	**Transcription Turnaround (days)** Days from dictation to typing clinic letters for services transcribed by Transcription service. Based on working day average. This is also monitored externally by our local commissioners. **Exec Lead:** Adam Bateman **Committee:** RABD	1.50	R >5 A <=5 G <=3		No Action Required
Stranded Patients	**Number of Super Stranded Patients (21+ Days)** National measure as part of the 18/19 NHSI plan. The target is to reduce the number of stranded patients 21 or more days from March 2018. This excludes patients on ICU/HDU/NEO and Cardiac HDU. **Exec Lead:** Adam Bateman **Committee:** RABD	38	R >32 A N/A G <=32		Commencement of 7 day social ward rounds to identify any potential barriers to timely discharge, with subsequent MDT where issues identified. From the current cohort with LoS 21+ day, 5 are medically fit for discharge and are delayed for due to reasons pertaining to housing and continuing care packages. Of these, 4 have estimated discharge dates in March.

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

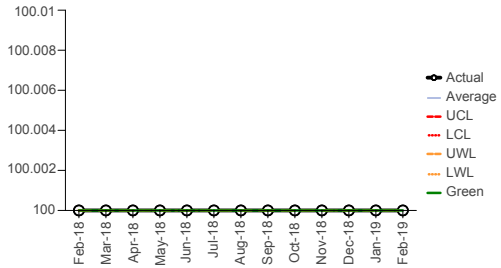
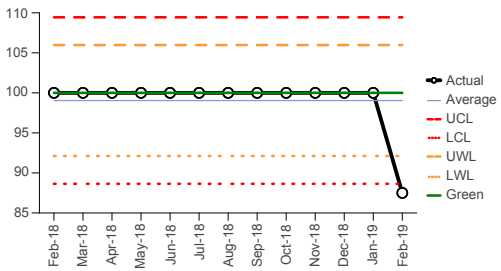
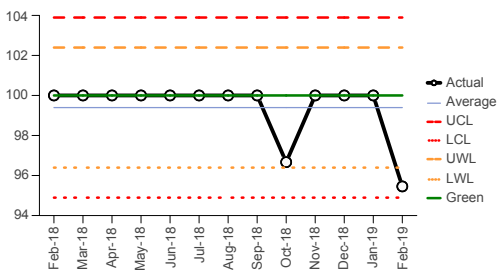
	Description	Performance	Threshold	Trend	Management Action (SMART)
Waiting Times	**Waiting Greater than 52 weeks** Total number of more than 52 weeks for first treatment. The threshold is based on this event never occuring. 18/19 aim is zero annually. There is a financial and contractual penalties in the failure to achieve this. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required
RTT	**RTT: Open Pathway: % Waiting within 18 Weeks** Percentage of patients waiting within 18 weeks. Threshold is based on previous national target of 92%, this is applied in order to maintain monitoring of measure. **Exec Lead:** Adam Bateman **Committee:** RABD	92.04 %	R <90 % A >=90 % G >=92 %		No Action Required
Waiting Times	**Waiting List Size** National threshold as part of the 18/19 NHSI plan. The target is to reduced the total waitlist size from March 2018. **Exec Lead:** Adam Bateman **Committee:** RABD	12888	R >12905 A N/A G <=12905		No Action Required

Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

BRILLIANT BASICS

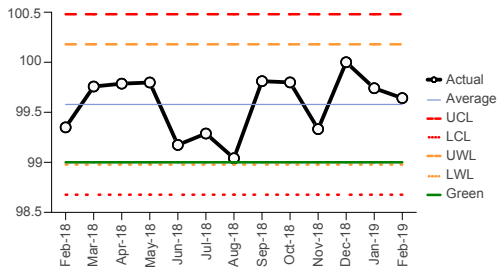
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Cancer RTT	**All Cancers: 31 day wait until subsequent treatments** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required
Cancer RTT	**All Cancers: 31 day diagnosis to treament** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	87.50 %	R <100 % A N/A G 100 %		Patient was referred in to the service on a 2 week wait referral and seen by The Consultant within 4 days. Clinic letter outcome was reassuring and follow up made for 6 weeks' time with repeat ultrasound scan. Diagnosis at this point was non cancer as per Somerset tracking. A second appointment was made for 6 weeks' time as per first clinic outcome however outcome was more concerning. Decision made to biopsy, histology confirmed malignancy.
Cancer RTT	**Cancer: 2 week wait from referral to date 1st seen - all urgent referrals** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	95.45 %	R <100 % A N/A G 100 %		Patient referred into Oncology on a 2 week wait however this was referred to ENT 3 days later. The next available appointment was also the breach date. Unfortunately the family cancelled at short notice as they were unable to attend this date and the appointment. The family not overly concerned and there was no capacity to see any earlier.

Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Diagnostics	**Diagnostics: % Completed Within 6 Weeks** Threshold is based on National Guidance set by NHS England at 99%. **Exec Lead:** Adam Bateman **Committee:** RABD	99.64 %	R <99 % A N/A G >=99 %		No Action Required

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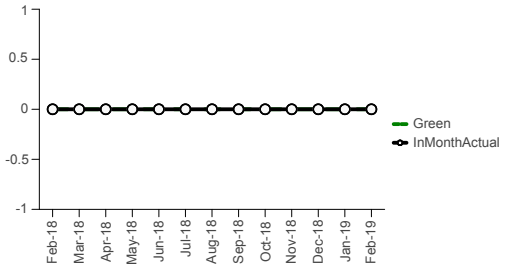
14.1 - PERFORMANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Governance	**Performance Against Single Oversight Framework Themes** Five themes against which trusts' performance is assessed and the indicators that trigger consideration of a potential support need: Quality, Finance and UOR, Operational performance, strategic change and Leadership and improvement capability (well led). **Exec Lead:** Erica Saunders **Committee:** CQAC	0	R >1 A <=1 G 0		No Action Required

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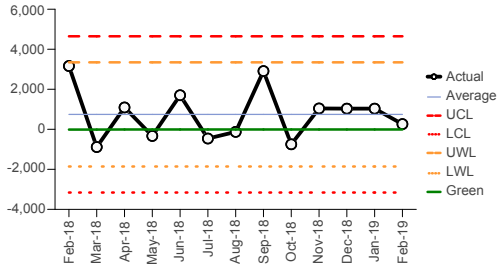
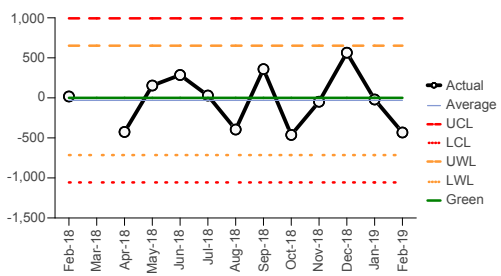
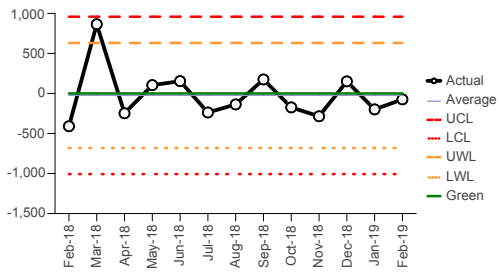
15.1 - FINANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Capital Expenditure In Month Variance (£'000s)** Variance from capital plan. Variation between months is usual and the threshold of + or - 5% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	259	R <-10% A >=-10% G >=-5%		No Action Required
Finance	**Control Total In Month Variance (£'000s)** Variance from Control Total plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-433	R <-20% A >=-20% G >=0%		The in month control total surplus achieved was £3.4m which was £0.4m behind the plan. The year to date surplus is £20.9m which is also £0.4m behind the plan. It is important that the Trust fully achieves its planned surplus for the year in order to secure the Performance and Sustainability Funding.
Finance	**CIP In Month Variance (£'000s)** Variance from Sustainability plan (CIP). Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-74	R <-20% A >=-20% G >=0%		The CIP achieved in the month of February is £0.7m which is slightly behind the in month plan by £0.07. The forecast achievement for the year is £6.7m which represents an achievement of 96% of the £6.9m target.

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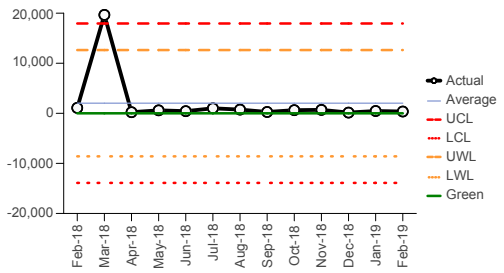
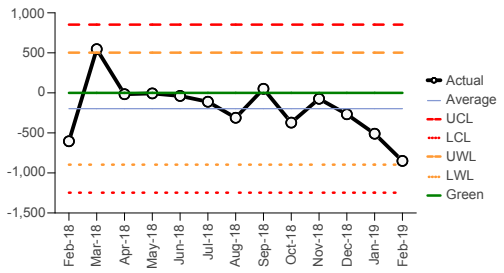
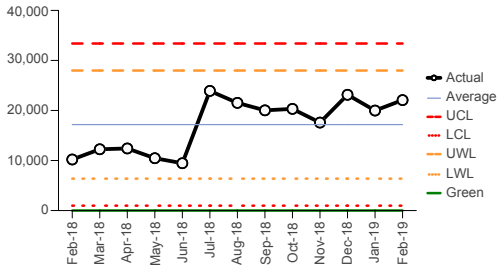
15.2 - FINANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Income In Month Variance (£'000s)** Variance from income plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	355	R <-20% A >=-20% G >=0%		No Action Required
Finance	**Pay In Month Variance (£'000s)** Variance from pay plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-850	R <-20% A >=-20% G >=-1%		In the month of February pay was overspent by £0.8m. Year to date it is overspent by £2.5m. This overspend relates to the premium costs of temporary staffing.
Finance	**Cash in Bank (£'000s)** Variance from Cash plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	22,068	R <-20% A >=-20% G >=0%		At the end of February, cash balance was £22m which is lower than plan of £27m. PSF incentive monies will not be received until the new financial year and the lease premium from a University remains outstanding. Cash is forecast to be £24m at year end.

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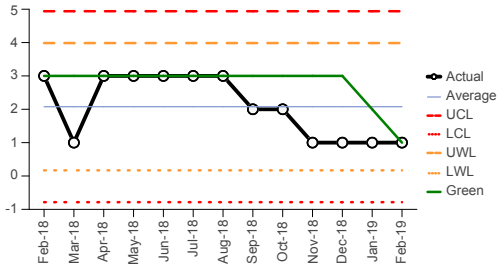
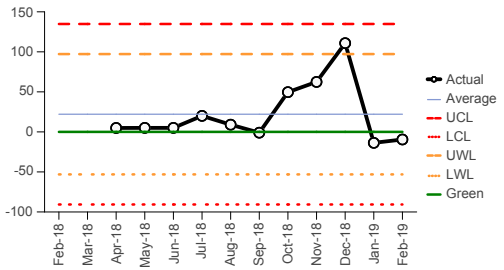
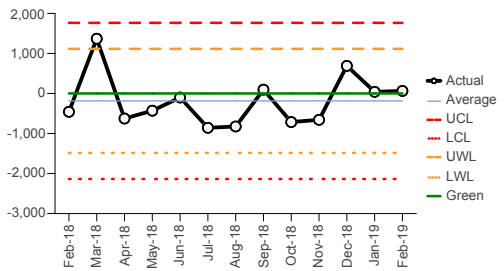
15.3 - FINANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**NHSI Use of Resources** NHSI Use of Resources Metric indicates financial sustainability of the Trust. This varies from 1 to 4 with 1 being the highest score possible and 4 being the lowest **Exec Lead:** John Grinnell **Committee:** RABD	1	R >1 A N/A G <=1		No Action Required
Finance	**AvP: IP - Non-Elective** Actvity vs Forecast for Inpatient Non-Elective Activity. The threshold is based on achieving forecast or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-9.51	R <0 A N/A G >=0		The most significant adverse variance is in respiratory medicine (112 spells)
Finance	**Non Pay In Month Variance (£'000s)** Variance from non pay plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	63	R <-20% A >=-20% G >=0%		No Action Required

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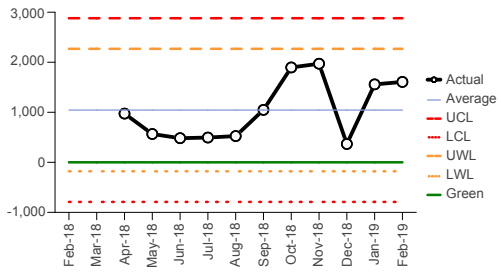
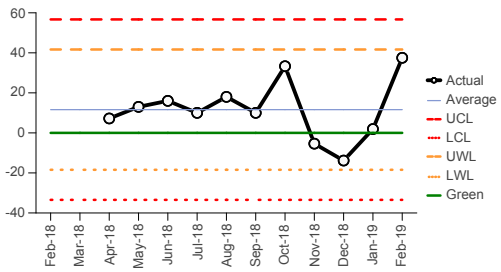
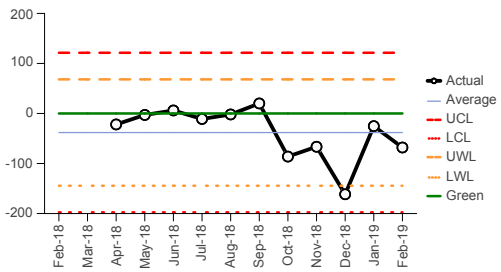
15.4 - FINANCE - WELL LED

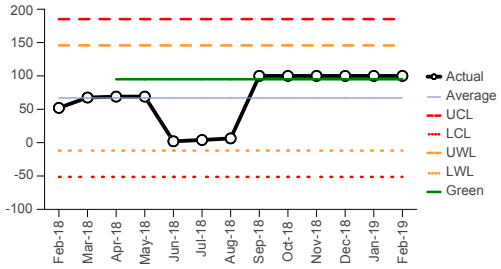
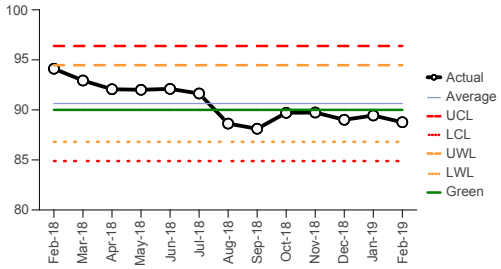
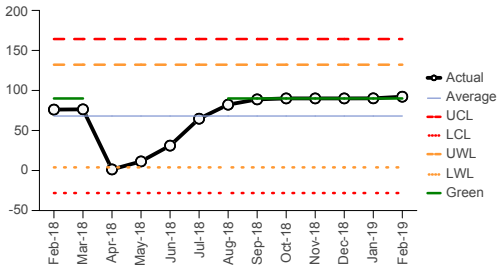
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: Outpatient Activity vs Forecast** Actvity vs Forecast for Outpatient activity. The threshold is based on achieving forecast or higher. **Exec Lead:** John Grinnell **Committee:** RABD	1606.44	R <0 A N/A G >=0		No Action Required
Finance	**AvP: IP Elective vs Forecast** Actvity vs Forecast for Inpatient Elective activity. The threshold is based on achieving forecast or higher. **Exec Lead:** John Grinnell **Committee:** RABD	37.51	R <0 A N/A G >=0		No Action Required
Finance	**AvP: Daycase Activity vs Forecast** Actvity vs Forecast for Daycase activity. The threshold is based on achieving forecast or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-68.03	R <0 A N/A G >=0		The most significant adverse variances are in dentistry (78 spells) and ENT (57 spells)

The Best People doing their best Work

16.1 - HR - WELL LED

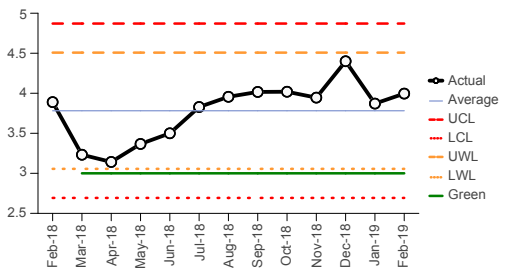
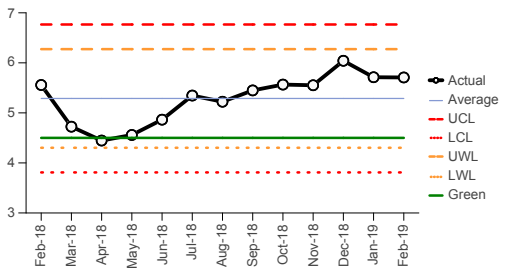
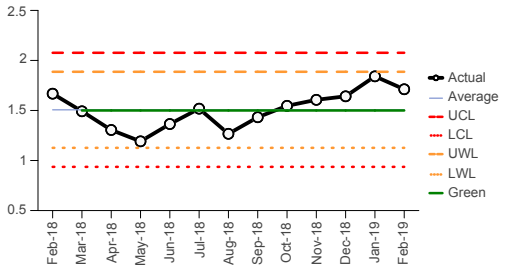
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Appraisal	**Medical Appraisal** Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	100 %	R <90 % A >=90 % G >=95 %		No Action Required
Training	**Mandatory Training** This is a Trust target that measures the 6 core mandatory training modules that are required of all staff (Safeguarding L1, Moving and Handling, Information Governance, Equality and Diversity, Fire Safety and Health and Safety) **Exec Lead:** Melissa Swindell **Committee:** WOD	88.77 %	R <80 % A >=80 % G >=90 %		Core and Overall Mandatory Training have dropped slightly in February with Information Governance continuing to be the core topic that is struggling, due to the number of expirations over the last few months and the removal of the ability to use a workbook due to a marked assessment being required. Over the coming months however we expect this figure to improve as the number of expiries drops considerably and the Information Governance lead is working closely with the medical staff to improve their compliance separately.
Personal Development	**PDR** Trust target, measuring compliance of staff Personal Development Reviews (Non medical). The Trust compliance period is set to be achieved in the first 4 months of each year (April -July). **Exec Lead:** Melissa Swindell **Committee:** WOD	92.19 %	R <85 % A >=85 % G >=90 %		No Action Required

The Best People doing their best Work

16.2 - HR - WELL LED

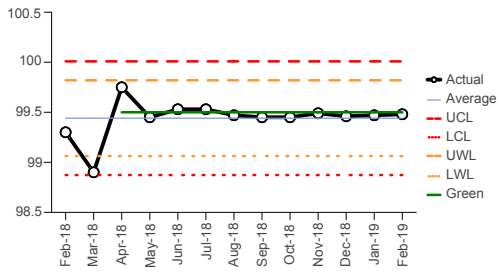
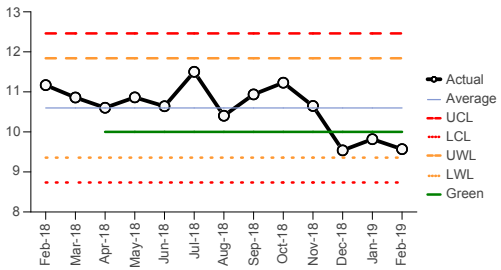
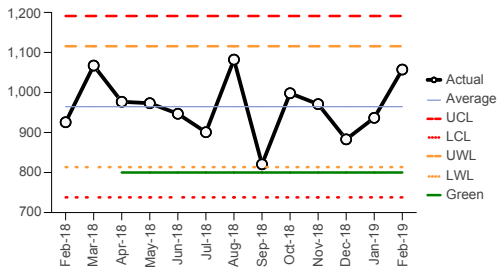
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Sickness	**Long Term Sickness** % of Trust staff who have been absent from work due to sickness lasting 28 days or more **Exec Lead:** Melissa Swindell **Committee:** WOD	4.00 %	R >3 % A N/A G <=3 %		see sickness comment
Sickness	**Sickness** % of staff who have been absent from work due to sickness, this is broken down into LTS & STS in further metrics **Exec Lead:** Melissa Swindell **Committee:** WOD	5.71 %	R >5 % A <=5 % G <=4.5 %		Sickness has remained static in February, with there being a 0.2% change short term/long term. Absences relating to Anxiety, Stress & Depression still account for 36% of all absences, gastrointestinal problems and other musculoskeletal problems are joint 2nd (8.3%) and Injury, fracture being the 3rd most common absence reason in February (8.1%). Action plans are in place for areas with significant absence. In addition a full review of all absences has been undertaken with individual action plans in place.
Sickness	**Short Term Sickness** % of Trust staff who have been absent from work due to sickness lasting less than 28 days **Exec Lead:** Melissa Swindell **Committee:** WOD	1.71 %	R >1.5 % A N/A G <=1.5 %		see sickness comment

The Best People doing their best Work

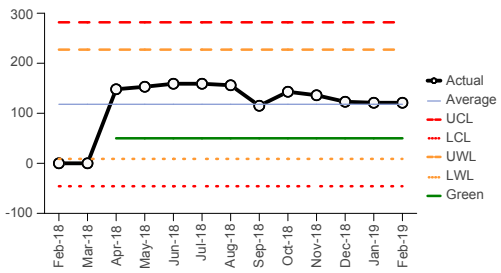
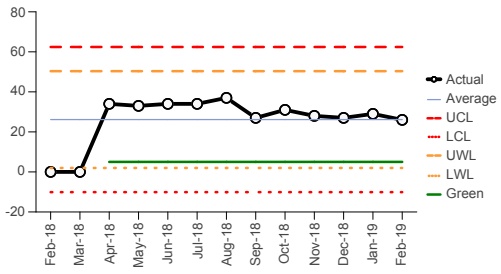
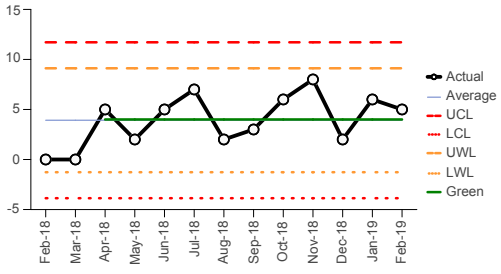
16.3 - HR - WELL LED

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Payroll	**% of Correct Pay Achieved** An agreed service Level target with the Trust payroll provider. **Exec Lead:** Melissa Swindell **Committee:** WOD	99.48 %	R <99 % A >=99 % G >=99.5 %		Pay accuracy is sitting just below our threshoild of 99.5%, Bi-monthly meetings have been arranged for the new financial year between HR, Finance and ELFS so any issues can be discussed
Staff Turnover	**Staff Turnover** Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	9.57 %	R >11 % A <=11 % G <=10 %		No Action Required
Temporary Spend	**Temporary Spend ('000s)** Indicates the expenditure on premium temporary pay spend and monitors the reduction. **Exec Lead:** Melissa Swindell **Committee:** WOD	1057.18	R >960 A <=960 G <=800		Business Partners together with Finance Accountants and Ass COOs regularly review status in Divisions and advise on actions as appropriate. Monthly temporary staffing reviews also take place with the Director & Deputy Directors of HR & Finance

Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

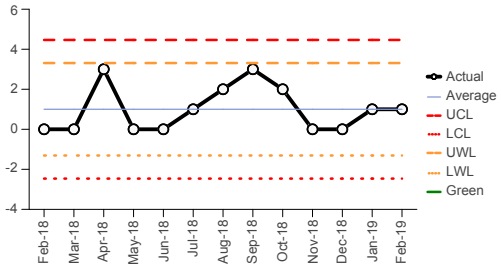
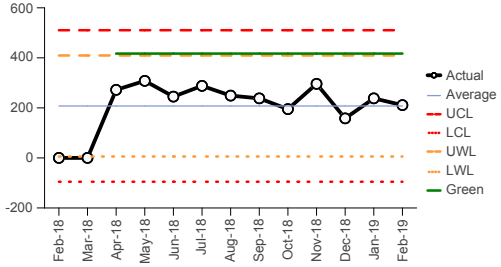
	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of Open Studies - Academic** Number of academic studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	121	R <50 A N/A G >=50		No Action Required
Clinical Research	**Number of Open Studies - Commercial** Number of commercial studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	26	R <5 A N/A G >=5		No Action Required
Clinical Research	**Number of New Studies Opened - Academic** Number of new academic studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	5	R <4 A N/A G >=4		No Action Required

Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS Foundation Trust

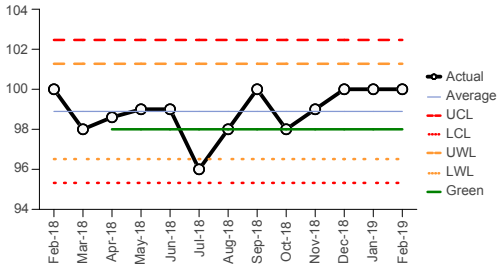
GROW THE FUTURE

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of New Studies Opened - Commercial** Number of new commercial studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	1	No Threshold		
Clinical Research	**Number of patients recruited** Number of patients recruited in month. **Exec Lead:** Matthew Peak **Committee:** REIC	211	R <417 A N/A G >=417		Overall participant recruitment to studies is achieving the internal plan annual target as estimated in April 2018. The figure included in the corporate report is the external, unnegotiated target imposed by the NIHR Clinical Research Network which is based on performance in the 2017/18 year and which is not reflective of the portfolio in 2018/19. The target for 2019/20 will be reset internally and based on the knowledge of the portfolio of studies at April 2019 due to be open in the coming 12 months.

Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

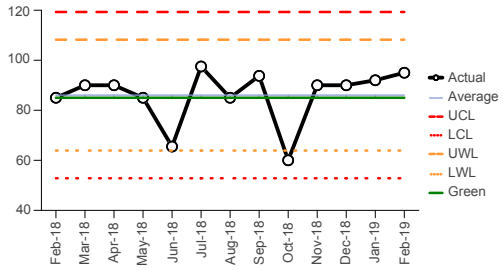
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**PFI: PPM%** PFI: Scheduled maintenance as part of Planned and Preventative Maintenance (PPM) schedule to ensure compliance with statutory obligations and provide a safe environment 98% **Exec Lead:** David Powell **Committee:** RABD	100 %	R <98 % A N/A G >=98 %		No Action Required

The Best People doing their best Work

19.1 - FACILITIES - WELL LED

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**Domestic Cleaning Audit Compliance** Auditing for Domestic Services, esnure is to National Cleaning Standards. **Exec Lead:** Hilda Gwilliams/Adrian Hughes/Christian Duncan **Committee:** RABD	95 %	R <85 % A N/A G >=85 %		No Action Required

All Divisions

SAFE

	COMMUNITY	MEDICINE	SURGERY	RAG
Total no of incidents reported Near Miss & Above	35	138	191	No Threshold
Clinical Incidents resulting in minor harm & above	2	18	49	No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	0	0	1	No Threshold
Clinical Incidents resulting in severe, permanent harm	0	0	0	0 N/A >0
Clinical Incidents resulting in catastrophic, death	0	0	1	0 N/A >0
Pressure Ulcers (Category 3)	0	0	0	0 N/A >0
Pressure Ulcers (Category 4)	0	0	0	0 N/A >0
Medication errors resulting in harm	0	3	1	No Threshold
Medication errors resulting in moderate, sever harm or death	0	0	1	0 N/A >0
Never Events	0	0	0	0 N/A >0
Acute readmissions of patients with long term conditions within 28 days	0	2	0	No Threshold

CARING

	COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	4	1	0	No Threshold
PALS	27	33	18	No Threshold

EFFECTIVE

	COMMUNITY	MEDICINE	SURGERY	RAG
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients		77.8%	62.5%	>=90 % >=85 % <90 %
Readmissions to PICU within 48 hrs	0	0	0	No Threshold
% of acute readmissions within 48 hrs of discharge (exc Oncology)	0.0%	1.2%	0.8%	<=1.0 % N/A >1.0 %
Readmissions within 48 hrs	0	23	11	No Threshold
Outbreak Acquired Organisms - Other	0	19	0	0 N/A >0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0 N/A >0

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
Hospital Acquired Organisms - MSSA	0	0	0	No Threshold
Hospital Acquired Organisms - RSV	0	1	2	No Threshold
Hospital Acquired Organisms - CLABSI - ICU Only			1	No Threshold
Outbreak Infections	0	19	0	No Threshold
Referrals Received (Total)	952	1,892	3,705	No Threshold
ED: 95% Treated within 4 Hours		90.6%		>=95 % N/A <95 %
Average LoS - Elective (Days)		3.10	2.85	No Threshold
Average LoS - Non-Elective (Days)		1.53	2.43	No Threshold
Theatre Utilisation - % of Session Utilised		83.8%	89.5%	>=90 % >=85 % <80 %
Cancelled Operations - Non Clinical - On Same Day (%)	0.0%	0.2%	0.8%	<=0.8 % N/A >0.8 %
On the day Elective Cancelled Operations for Non Clinical Reasons	0	2	8	No Threshold
28 Day Breaches	0	1	0	0 N/A >0
Clinic Session Utilisation	80.6%	88.1%	86.2%	>=90 % >=85 % <85 %
OP Appointments Cancelled by Hospital %	21.8%	15.5%	14.5%	<=5 % <=10 % >10 %
Did Not Attend Rate	10.9%	11.9%	10.9%	<=12 % <=14 % >14 %
Incomplete Pathway Forms in Outpatients	832	4,909	8,866	No Threshold
Referral Turnaround (days to log)	5.03	3.32	4.92	No Threshold
Referral Turnaround (Consultant to Action)	8.31	5.51	4.92	No Threshold
Coding average comorbidities	1.50	3.99	3.86	No Threshold
CAMHS: DNA Rate - New	7.0%			<=6 % <=8 % >8 %
CAMHS: DNA Rate - Follow Up	12.8%			<=10 % <=16 % >16 %

RESPONSIVE

	COMMUNITY	MEDICINE	SURGERY	RAG
IP Survey: % Received information enabling choices about their care		89.7%	98.3%	>=95 % >=90 % <90 %
IP Survey: % Treated with respect		100.0%	98.9%	100 % >=95 % <95 %
IP Survey: % Know their planned date of discharge		75.0%	87.8%	>=90 % >=85 % <85 %

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
IP Survey: % Know who is in charge of their care		92.2%	95.6%	>=95 % / >=90 % / <90 %
IP Survey: % Patients involved in play and learning		73.3%	82.3%	>=90 % / >=85 % / <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	78.3%	92.5%	94.0%	>=92 % / >=90 % / <90 %
Waiting List Size	1,269	3,398	8,221	No Threshold
Waiting Greater than 52 weeks	0	0	0	0 / N/A / >0
Diagnostics: % Completed Within 6 Weeks		100.0%	89.5%	>=99 % / N/A / <99 %
Number of Stranded Patients (7+ Days)		32	25	No Threshold
Number of Super Stranded Patients (21+ Days)		22	16	No Threshold
CAMHS: 2 Appointments within 6 weeks	0			No Threshold
Urgent EDYS Pathway Average Wait in Weeks	0	0	0	No Threshold
Routine EDYS Pathway Average Wait in Weeks	0	0	0	No Threshold
Routine Eating Disorders (EDYS) Pathway Average Wait in Days	18.00			No Threshold
Urgent Eating Disorders (EDYS) Pathway Average Wait in Days	0.00			No Threshold
CAMHS: Avg Wait from referral to Partnership Appt (Weeks)- Liverpool Specialist	14.00	0.00	0.00	No Threshold
CAMHS: Avg Wait from referral to Partnership Appt (Weeks)- Sefton Specialist	28.00	0.00	0.00	No Threshold

WELL LED

	COMMUNITY	MEDICINE	SURGERY	RAG
Control Total In Month Variance (£'000s)	26	-254	-478	>=0% / >=-20% / <-20%
Income In Month Variance (£'000s)	61	418	213	>=0% / >=-20% / <-20%
Pay In Month Variance (£'000s)	-47	-227	-428	No Threshold
Non Pay In Month Variance (£'000s)	12	-445	-263	>=0% / >=-20% / <-20%
AvP: IP - Non-Elective		-20	10	>=0 / N/A / <0
AvP: IP Elective vs Forecast	0	-32	70	>=0 / N/A / <0
AvP: OP New	-44.39	130.10	-155.76	>=0 / N/A / <0
AvP: OP FollowUp	319.59	135.92	621.99	>=0 / N/A / <0
AvP: Daycase Activity vs Forecast		-28	-41	>=0 / N/A / <0

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
AvP: Outpatient Activity vs Forecast	275	266	466	>=0 N/A <0
PDR	93.7%	89.2%	96.6%	>=90 % >=80 % <85 %
Mandatory Training	89.2%	90.1%	88.4%	>=90 % >=80 % <80 %
Actual vs Planned Establishment (%)	92.5%	95.7%	101.4%	No Threshold
Sickness	5.3%	5.5%	6.6%	<=4.5 % <=5 % >5 %
Attendance (HR)	94.7%	94.5%	93.4%	>=95.5 % >=90 % <90 %
Short Term Sickness	1.3%	1.9%	2.0%	<=1.5 % N/A >1.5 %
Long Term Sickness	4.0%	3.6%	4.6%	<=3 % N/A >3 %
Temporary Spend ('000s)	91	324	564	No Threshold
Staff Turnover	12.4%	8.2%	10.0%	<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	100.0%	97.0%	89.3%	>=90 % >=80 % <90 %

Medicine

SAFE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	3	0	1	1	4	0	3	2	4	6	3	3	2	No Data Available	No Threshold

CARING

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Complaints	4	3	1	7	4	3	3	5	6	1	4	3	1		No Threshold
PALS	30	39	51	31	27	28	23	21	34	19	21	41	33		No Threshold

EFFECTIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	1,853	1,961	1,841	1,947	2,010	1,904	1,568	1,674	2,081	1,977	1,734	2,000	1,892	No Data Available	No Threshold
ED: 95% Treated within 4 Hours	92.6%	97.2%	95.3%	95.0%	95.6%	96.5%	98.4%	93.7%	90.9%	93.8%	95.3%	92.1%	90.6%		>=95 % N/A <95 %
Average LoS - Elective (Days)	3.22	3.17	3.23	2.66	4.01	3.84	2.85	3.18	2.89	3.08	3.54	2.88	3.10		No Threshold
Average LoS - Non-Elective (Days)	1.57	1.50	1.52	1.55	1.59	1.28	1.45	1.35	1.54	1.64	1.45	1.39	1.53		No Threshold
Theatre Utilisation - % of Session Utilised	80.6%	83.5%	75.4%	75.6%	78.6%	83.0%	77.8%	84.8%	80.4%	80.9%	86.7%	84.5%	83.8%		>=90 % >=80 % <80 %
Clinic Session Utilisation	87.5%	85.9%	85.2%	83.7%	84.9%	82.2%	82.1%	85.4%	84.0%	85.9%	82.2%	81.9%	88.1%		>=90 % >=80 % <85 %
OP Appointments Cancelled by Hospital %	17.6%	17.5%	13.5%	14.1%	12.8%	16.3%	15.6%	13.9%	14.4%	14.2%	15.6%	15.3%	15.5%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	9.6%	11.1%	10.0%	11.0%	12.6%	12.3%	13.6%	12.3%	12.4%	11.0%	13.3%	11.5%	11.9%		<=12 % <=14 % >14 %
Coding average comorbidities	3.49	3.34	3.52	3.35	3.54	3.40	3.52	3.54	3.57	3.57	3.84	3.73	3.99	No Data Available	No Threshold

RESPONSIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	93.0%	89.8%	90.0%	90.2%	89.5%	89.7%	90.2%	91.1%	89.9%	91.5%	92.7%	92.9%	92.5%		>=92 % >=90 % <90 %
Diagnostics: % Completed Within 6 Weeks	99.8%	100.0%	99.8%	99.8%	99.1%	99.3%	99.0%	99.8%	99.8%	99.3%	100.0%	99.7%	100.0%		>=99 % N/A <99 %

WELL LED

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	461		127	122	408	223	75	178	-115	15	69	-444	-254		>=0% >=-20% <-20%
AvP: IP - Non-Elective			-4	0	2	8	-3	-9	75	69	43	-9	-20		>=0 N/A <0
AvP: IP Elective vs Forecast			-8	1	-2	-8	-5	-2	-19	-22	-29	-30	-32		>=0 N/A <0
AvP: OP New			355.00	-19.08	6.48	-46.36	85.30	121.27	59.41	127.17	88.49	106.38	130.10	No Data Available	>=0 N/A <0
AvP: OP FollowUp			67.00	61.48	33.85	-3.40	72.82	98.78	209.62	263.28	-120.55	304.59	135.92	No Data Available	>=0 N/A <0
AvP: Daycase Activity vs Forecast			-1	-3	-1	-14	-5	10	-56	-79	-73	17	-28		>=0 N/A <0
AvP: Outpatient Activity vs Forecast			422	42	40	-50	158	220	269	390	-32	411	266		>=0 N/A <0
PDR	81.5%	81.5%	2.2%	13.4%	35.5%	67.2%	85.5%	88.6%	89.2%	89.2%	89.2%	89.2%	89.2%		>=90 % >=85 % <85 %
Mandatory Training	94.7%	93.8%	92.7%	92.8%	92.4%	91.3%	87.9%	87.6%	89.4%	90.4%	90.0%	91.0%	90.1%		>=90 % >=85 % <80 %
Sickness	4.9%	4.3%	3.8%	4.0%	4.4%	5.8%	5.1%	5.3%	5.2%	5.3%	6.1%	5.7%	5.5%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	276	316	246	276	196	227	261	212	217	261	197	247	324		No Threshold

Surgery

SAFE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	No Data Available	No Threshold

CARING

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Complaints	3	2	1	2	1	5	3	1	1	1	0	1	0		No Threshold
PALS	24	20	25	36	28	20	22	27	27	27	16	27	18		No Threshold

EFFECTIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	1	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	3,493	3,681	3,770	4,091	3,833	4,248	3,378	3,233	3,653	3,768	2,811	3,626	3,705	No Data Available	No Threshold
Average LoS - Elective (Days)	2.88	3.14	2.40	2.94	2.55	2.68	2.72	2.66	2.97	2.72	3.38	2.10	2.85		No Threshold
Average LoS - Non-Elective (Days)	2.89	3.31	2.63	2.78	2.63	2.61	2.72	2.49	3.15	2.69	2.91	2.65	2.43		No Threshold
Theatre Utilisation - % of Session Utilised	86.4%	86.8%	90.5%	90.6%	89.5%	90.4%	88.7%	86.9%	87.4%	88.3%	85.6%	89.0%	89.5%		>=90 % >=80 % <80 %
Clinic Session Utilisation	83.5%	85.0%	84.2%	84.9%	85.8%	82.8%	83.8%	84.1%	82.8%	84.6%	83.0%	84.3%	86.2%		>=90 % >=80 % <85 %
OP Appointments Cancelled by Hospital %	14.0%	12.7%	11.2%	12.2%	12.2%	12.3%	12.6%	14.3%	13.5%	12.7%	13.3%	14.2%	14.5%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	10.1%	10.3%	9.6%	10.6%	11.1%	12.0%	12.9%	10.6%	11.7%	11.2%	13.0%	11.2%	10.9%		<=12 % <=14 % >14 %
Coding average comorbidities	3.18	3.24	3.11	3.31	3.50	3.63	3.65	3.66	3.60	3.59	3.92	3.87	3.86	No Data Available	No Threshold

RESPONSIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	91.3%	92.6%	92.3%	92.5%	93.1%	92.9%	92.7%	93.1%	93.6%	94.1%	93.7%	93.1%	94.0%		>=92 % >=90 % <90 %
Diagnostics: % Completed Within 6 Weeks	92.6%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.5%		>=99 % N/A <99 %

WELL LED

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	-715		-167	32	-23	81	-63	-308	0	-211	-255	-228	-478		>=0% >=-20% <-20%
AvP: IP - Non-Elective			9	4	2	12	12	8	-25	-7	68	-5	10		>=0 N/A <0
AvP: IP Elective vs Forecast			15	10	16	16	22	12	50	17	14	32	70		>=0 N/A <0
AvP: OP New			140.79	-86.48	-22.69	-79.39	-47.33	121.38	-163.10	61.67	-492.94	-109.74	-155.76	No Data Available	>=0 N/A <0
AvP: OP FollowUp			105.22	247.98	43.98	40.98	37.98	237.98	1,125.03	784.98	419.60	644.98	621.99	No Data Available	>=0 N/A <0
AvP: Daycase Activity vs Forecast			-23	-2	3	2	3	8	-30	10	-89	-47	-41		>=0 N/A <0
AvP: Outpatient Activity vs Forecast			246	161	21	-38	-9	359	962	847	-73	535	466		>=0 N/A <0
PDR	83.3%	83.3%	1.1%	10.0%	33.5%	64.4%	83.6%	90.7%	90.0%	90.0%	90.0%	90.0%	96.6%		>=90 % >=85 % <85 %
Mandatory Training	93.5%	91.5%	90.2%	89.9%	90.9%	90.3%	87.2%	87.8%	88.6%	87.8%	88.0%	90.0%	88.4%		>=90 % >=85 % <80 %
Sickness	4.9%	4.0%	4.3%	4.7%	5.5%	5.4%	5.6%	6.0%	6.5%	5.9%	6.5%	6.3%	6.6%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	434	514	468	420	480	445	509	373	529	485	484	474	564		No Threshold

Community

SAFE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	No Data Available	No Threshold

CARING

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Complaints	2	0	2	2	3	5	5	3	2	2	1	1	4		No Threshold
PALS	50	33	32	28	20	21	26	43	36	40	11	35	27		No Threshold

EFFECTIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	1,034	1,005	861	1,092	849	1,078	663	691	975	1,060	762	894	952	No Data Available	No Threshold
Average LoS - Elective (Days)										1.00	3.00				No Threshold
Clinic Session Utilisation	75.7%	72.6%	75.3%	79.2%	78.7%	79.8%	80.7%	80.2%	82.7%	81.4%	77.6%	79.1%	80.6%		>=90 % >=85 % <85 %
OP Appointments Cancelled by Hospital %	13.5%	17.2%	16.1%	10.8%	16.8%	16.2%	23.3%	22.3%	17.7%	22.1%	23.8%	18.6%	21.8%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	14.2%	14.5%	14.6%	14.7%	14.3%	13.8%	15.7%	12.4%	11.1%	13.1%	12.4%	12.0%	10.9%		<=12 % <=14 % >14 %
Coding average comorbidities		3.33	5.00	2.33		2.33	8.00	4.00	2.00	2.67		2.00	1.50	No Data Available	No Threshold

RESPONSIVE

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	96.5%	96.7%	97.1%	96.1%	95.3%	92.2%	92.7%	87.3%	87.1%	78.8%	78.3%	82.7%	78.3%		>=92 % >=90 % <90 %

WELL LED

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	43		-108	-70	30	62	-144	87	54	-61	118	-23	26		>=0% >=-20% <-20%
AvP: IP Elective vs Forecast			0	0	0	0	0	0	0	0	0	0	0		>=0 N/A <0
AvP: OP New			-25.37	-27.35	-34.17	-76.43	-82.03	-73.35	37.51	51.41	-12.24	-81.16	-44.39	No Data Available	>=0 N/A <0
AvP: OP FollowUp			275.02	350.12	350.57	241.44	8.42	73.01	202.38	249.88	155.39	237.63	319.59	No Data Available	>=0 N/A <0
AvP: Outpatient Activity vs Forecast			250	323	316	165	-74	0	240	301	143	156	275		>=0 N/A <0
PDR	83.9%	83.9%	0.4%	9.3%	31.9%	58.8%	78.7%	87.9%	93.0%	93.0%	93.0%	93.7%	93.7%		>=90 % >=85 % <85 %
Mandatory Training	96.8%	95.7%	95.4%	95.0%	94.1%	94.2%	92.7%	91.2%	92.5%	91.4%	90.9%	88.3%	89.2%		>=90 % >=85 % <80 %
Sickness	6.0%	6.0%	4.8%	5.2%	3.9%	3.5%	3.4%	4.1%	4.0%	5.2%	5.3%	5.3%	5.3%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	136	202	166	180	142	131	154	125	131	150	121	151	91		No Threshold

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 2 April 2019

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, Trust Risk Manager
Subject/Title	2018/19 Board Assurance Framework Update (March 2019)
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 discuss and note the changes to the Board Assurance Framework – August position.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ The best people doing their best work ➢ Sustainability through external partnerships ➢ Game-changing research & innovation
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 Foundation Trust

Board Assurance Framework 2018/19

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 27th March 2019

Trend of risk rating indicated by: NEW, B- Better, S - Static, W - Worse, C - Closed

Alder Hey Children's NHS
NHS Foundation Trust

Ref, Owner	Risk Title		Risk Rating: I x L		Monthly Trend	
			Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care						
1.1 HG	**Achievement of outstanding quality for children and young people**		3-3	2-2	STATIC	STATIC
1.2 ES	**Mandatory & Compliance Standards**		3-3	4-1	WORSE	STATIC
1.3 DP	**New Hospital Environment**		4-4	4-2	WORSE	WORSE
1.4 JG	**Sustainable operational delivery in the event of a 'No Deal' exit from EU**		4-4	3-3	STATIC	NEW
STRATEGIC PILLAR: The Best People Doing Their Best Work						
2.1 MS	**Workforce Sustainability & Capability**		3-3	3-2	STATIC	STATIC
2.2 MS	**Staff Engagement**		3-3	3-1	STATIC	STATIC
2.3 MS	**Workforce Diversity & Inclusion**		3-4	3-1	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships						
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**		3-3	3-2	STATIC	STATIC
3.2 DJ	**Business Development & Growth**		4-3	4-2	STATIC	STATIC
3.3 DJ	**Developing the Paediatric Service Offer**		4-3	4-2	STATIC	STATIC
3.4 JG	**Financial Environment**		4-4	4-3	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation						
4.1 DP	**Research, Education & Innovation**		3-3	3-2	STATIC	STATIC
4.2 JG	**IT Strategic Development**		3-3	3-3	STATIC	STATIC

Changes since March 2019 Board meeting

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

External risks

- ***Business development and growth (DJ)***
  Inaugural partnership board with Manchester complete. Range of partnership areas agreed for further development (inc. neuro, cardio and burns), plus joint engagement with NHSI regarding jointly hosted networks and joint appointment of critical care clinical network agreed.

- ***Mandatory and compliance standards (ES)***
  ED 4 hour target on track to be met for the month of March; all other access targets achieved; cancelled operation performance sustaining at lowest ever levels; clinic utilisation on improvement trajectory.

- ***Developing the Paediatric Service Offer (DJ)***
  Negotiations with NHSE Specialised Commissioners on network costs indicate a budget offer for the network of £296k for the all-age CHD network - this is less than the ambitious ask, but still very positive, and inclusive of the £96k paeds element already funded at Alder Hey and is a very positive outcome. Next steps are to refine the network model based on the £296k offer within the ACHD partnership.

- ***Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (JG)***
  Progress made since last Board in strengthening business continuity plans including further assessment of high risk areas, staff brieifings, on call arrangements, command room in place. Operational Divisional Leads identified to supplement subject matter experts. Next stage to test on the ground business continuity risks e.g. supply failure. Patient information on the subject to reviewed.

Internal risks:

- ***New Hospital Environment (DP)***
  Liaison meeting with Project Co. to review outstanding risk items.

- ***Achievement of Outstanding Quality for Children and Young People as defined by the CQC regulations (HG)***
  Preparations underway in relation to the Trust's CIP plans and Quality Impact Assessment mandated processes to be presented by the Chief Nurse and Medical Director at the CCG first week in April.

- ***Financial Environment (JG)***

  Divisional forecast gap now at £1.4m against plan of £1m so this remains a risk. Focus now on closing commissioner contracts, delivery of ED in March (£700k PSF risk), and finalising specific transactions that support our higher control position. Welsh tariff payment remains unresolved however progress being made.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***

  Series of meetings with community, planning application for Park launched.

- ***IT Strategic Development (JG)***

  Progress is being maintained. Clinical leads interviews have taken place and offers being formalised.

- ***Workforce Sustainability & Capability (MS)***

  Business case to support additional capacity in the Apprenticeship Team in order to deliver more in-house apprenticeships approved.

- ***Staff Engagement (MS)***

  Leadership Framework communicated to divisional management teams; local staff survey data distributed to teams to work locally on their findings.

- ***Workforce Diversity & Inclusion (MS)***

  Commissioned a community engagement expert to scope actions required for Alder Hey to progress the diversity agenda.

- ***Research, Education & Innovation (DP)***

  Funding strategy review.

Erica Saunders
Director of Corporate Affairs
27th March 2019

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Delivery Of Outstanding Care	Risk Title: Achievement of Outstanding Quality for Children and Young People as defined by the Care Quality Commission (CQC) regulations.		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Hilda Gwilliams	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 2-2	Trend: STATIC

Risk Description

Not having sufficiently robust, clear governance systems and processes and people in place supported by the expected culture and values that underpin learning for improvement

Existing Control Measures

• 1. Quality impact assessment completed for all planned changes (NHSe). Change programme assurance reports monthly	• 2. Risk registers including corporate register inform Board assurance.
• 3. Quality section of Corporate Report including incidents, complaints, infection control including sepsis, friends and family test, best in acute care, best in surgical care, performance managed at Clinical Quality Assurance Committee and Trust Board.	• 4. Division and Corporate Quality & Safety Dashboards in place and monitored consistently via performance framework. This includes safety thermometer i.e. infections, falls, pressure ulcers, medication, workforce 'Hard Truths', sickness, appraisals, etc.
• 5. Patient Safety Meeting monitors incidents, including lessons learned, immediate actions for improvement and sharing Trust wide.	• 6. Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).
• 7. Annual clinical workforce assurance report presented to Board, aligned to Relevant Professional Standards.	•
• 8. Quality Strategy 2016/2021, Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	• 9. Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework
•	• 10. Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.
• 11. Internal Nursing pool established and funded	• 12. Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.
• 13. Annual Patient Survey reports and associated action plans	• 14. Trust policies underpinning expected standards
• 15. CQC regulation compliance	

Assurance Evidence	Gaps in Controls/Assurance
1. Annual QIA assurance report and change programme assurance report 2. Risk assessments etc and associated risks monitored via the Integrated Governance Committee. Trust Board informed via Integrated Governance Committee minutes. Divisional Integrated Governance Committee minutes. 3. Clinical Quality Assurance Committee, Trust Board and Divisional Governance minutes 4. Corporate report/quality section, Trust Board and Divisional Quality Board minutes. 5. Minutes from Trust Board, Clinical Quality Assurance Committee, Executive Committee, Weekly patient safety group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Also MIAA audit report. 6. Reports and minutes from Clinical Quality Assurance Committee and Divisional Integrated Governance Committees. 7. Annual Medical Appraisal Report and Nurse staffing report to Trust Board biannually and associated minutes. 8. Board and sub-board committees minutes and associated reports. 9. Minutes from NHSI Quarterly engagement meetings, CQC engagement meetings, Trust Board, Clinical Quality Assurance Committee, Executive Committee, Weekly patient safety group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Patient survey reports and associated action plans, 10. IPC action plan and Trust Board, Clinical Quality Assurance Committee, Integrated Governance Committee, Divisional Quality Board minutes. 11. Nursing Workforce report and associated Board minutes. 12. Nursing Workforce report and associated Board minutes. 13. Patient survey reports and associated action plans, Trust Board, Clinical Quality Steering Group, Workforce and Organisational Development Committee, Divisional Quality Board minutes. 14. Audit committee reports and minutes. 15. CQC action plan monitoring via Board and sub board committees	15. CQC regulation ratings.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Robust action plan to be developed, implemented and monitored via the Trust Board, Board subcommittees and individual services.	Continued monthly monitoring via CQAC; commitment to remove completed actions to focus on the outstanding elements in closer detail at the next meeting.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

Executive Lead's Assessment
Nov 2018: CQC action plan continues to address the areas for improvement and is monitored via Trust Board and CQAC, good progress. DEC 2018: 4: Review of divisional quality metrics underway. 8: E-rostering Change Programme remains as a pipeline project for 2019. 10: Continued improved performance by quarter in relation to IPC workplan. 11: Continued recruitment drive to achieve 40 WTE in nurse pool. 12: Further progress against RCN core standards following successful business case for ACT. 13: Triangulation of patient surveys Healthwatch and PLACE; to collate robust action plan, monitored via CQAC. JAN 2019: Re-instated annual Children and Young People Survey via PICKER Institute; awaiting a date for the next survey to be undertaken. Open recruitment day securing 25 WTE registered nurses and building on the opportunity of the successful 'Hospital' programme showcasing the Trust as a place to work. FEB 2019: Commenced weekly Quality Performance Planning meeting (QiPP) Chaired by Chief Nurse and attended by Associate Chief Nurses to monitor progress with regulatory requirements (Duty of Candour; complaint responses; RCA timeframes, etc). Devised clear schedule for ward based annual risk assessments MAR 2019: Preparations underway in relation to the Trust's CIP plans and Quality Impact Assessment mandated processes to be presented by the Chief Nurse and Medical Director at the CCG first week in April.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Achievement of national and local mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Erica Saunders		**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to meet targets and internal performance metrics due to poor flow and lack of capacity to fulfil activity plans and respond to increasing demand

Existing Control Measures

• Operational Delivery Board taking action to resolve performance issues as they emerge	• Emergency Planning & Resilience meetings in pace
• Divisional Executive Review Meetings taking place monthly with 'three at the top'	• Regulatory status with: NHSI, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and Divisional Dashboards.	• Risks to delivery addressed through Operational Board, RBD, CQAC, WOD, IGC & CQSG and then through to Board
• Early Warning indicators now in place	• Weekly performance meetings in place to track progress
• 6 weekly meetings with commissioners (CQPG)	• Divisional leadership structure to implement and embed clinically led services
• Weekly Exec Comm Cell overseeing key operational issues and blockages.	• Refresh of Corporate Report undertaken for 2018/19

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through assurance committees & Board. Monthly reporting to the Board via the Corporate Report. NHSI quality concern rating Operational effectiveness measures (key risks with early warning measures) to RABD Compliance assessment against NHSI Provider Licence to Board Divisional/Executive performance reviews Exceptions discussed / resolved at Ops Board Quarterly review meeting and report to NHSI	Critical Care bed capacity Some areas remain fragile e.g. ED 4 hour target. Assurance required to underpin Divisional reporting on CQC standards Work with CCG to manage demand & develop / fully utilise existing capacity across PC Proactive management of patient flow making better use of trend analysis data

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Monitor the use of surgical beds to ensure full activity plan delivered; review activity profile through winter months.	Elective programme being monitored on a weekly basis however significant pressure from NEL orthopaedic cases experienced during June has proved challenging.
Plans to ensure performance sustained across the year need to be embedded and maintained	New Models of Care review findings presented and agree at Ops Board September; action plan agreed.

Executive Lead's Assessment

JANUARY 2019: ED performance remains fragile, slipping below the 95% threshold at the end of the month, having sustained well in the post Christmas period. All Winter Plan measures remain in place and other access targets were achieved in month. The POCU model now fully operational for suitable cases.
FEBRUARY 2019: ED performance has again been challenged by high volumes of patients with high acuity although bed availability has been good. The change programme project on patient flow has impacted positively on capacity in the last month with only one cancelled operation at time of reporting. A plan to rectify the ED position in March has been developed by the team.
MARCH 2019: ED 4 hour target on track to be met for the month of March; all other access targets achieved; cancelled operation performance sustaining at lowest ever levels; clinic utilisation on improvement trajectory.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.3	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: New Hospital Environment		
Related CQC Themes: Safe					
Exec Lead: David Powell		**Type:** Internal, New	Current IxL: 4-4	Target IxL: 4-2	Trend: STATIC

Risk Description

Sale of PFI Project co. whilst a number of commissioning risks are still present could lead to lack of focus and problems in maintaining safe environment

Existing Control Measures

• Monthly issue meetings	• Monthly liaison meetings
• Regular reports to IGC	• Liaison minutes reported to Trust Board monthly
• Building Management Services Risk Register	

Assurance Evidence	Gaps in Controls/Assurance
Maintenance of Issues List Issues Review Meeting Escalation to Liaison meeting Red Button escalation mechanism Help Desk monitoring reports	Some repeat/overlap reporting Some lack of clarity over risk ownership/H&S role

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Interserve developing water safety action plan	Project Co. agreement to scope out water cross-over test. Exercise planned for sept 2018
Prepare recommendation to Board on proposed pipework replacement strategy	
Replacement programme for pipe work to be agreed with builder	Report received from Project Co. Agreed to present at October Board

Executive Lead's Assessment

APRIL 2018: Clutch of commissioning issues still to be resolved including pipework corrosion, water temperatures, delay in achieving operating theatre temperature control. Are currently under review with some attendant action plans still requiring completion.
Next steps-complete reviews and agree all action plans for outstanding issues.
MAY 2018: Interim report on Pipework received. Commercial plan meeting in diary for June. Fire-stopping review under way
JUNE 2018: Consolidated report in production; review meeting with Project Co and refresh of action plan. Outcome to be reported 24/07/2018
AUG 2018: review of consolidated report with sub plans for fire and ceilings
Sept 2018: completion of fire action plan and 90% of fire-stopping works
Oct 2018 Project Co presentation to Trust Board on pipework review
Nov 2018 Fire stopping work complete; pipework action plan tbc
Dec 2018: Preparing a report on the pipework for February's Integrated Governance Committee.
January 2019: Final set of water surveys received
February 2019: Liaison meeting with Project Co. to review outstanding risk items

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.4	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union
Related CQC Themes: Safe, Effective, Responsive			
Exec Lead: John Grinnell	**Type:** External,	Current IxL: 4-4	Target IxL: 3-3	Trend: STATIC

Risk Description

Failure of measures put in place nationally and locally in the event of a 'no deal' exit from the EU to safeguard the organisation's ability to deliver services safely and maintain business continuity.

Existing Control Measures

• National NHS EU coordination centre established to oversee planning and provide support to local teams to resolve escalating issues. Internal team in place to implement operational guidance.	• Internal command team structure focusing on eight key areas each week to assess level of risk and update plans based on national information. Group responds to national guidance as it is published.
Assurance Evidence	**Gaps in Controls/Assurance**
Information provided by the centre with regard to provision being made for vital clinical supplies to continue to flow to the UK post 29th March. National coordination centre overseeing three functions: central control, logistics and EPRR. Trust command team planning for operational readiness: SRO identified, risks kept under review, EPRR plans being tested, communications plan in development.	Staff awareness/clarity about actions required for each service. Communications plan required to address this and inform staff in real time.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
This risk has no actions in place.	

Executive Lead's Assessment

Progress made since last Board in strengthening business continuity plans including further assessment of high risk areas, staff brieifings, on call arrangements, command room in place. Operational Divisional Leads identified to supplement subject matter experts. Next stage to test on the ground business continuity risks e.g. supply failure. Patient information on the subject to reviewed.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** The Best People Doing Their Best Work	Risk Title: Workforce Sustainability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led, Well				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver consistent, high quality patient centred services due to not having the right people, with the right skills and knowledge, in the right place, at the right time.

Existing Control Measures

• Workforce KPIs tracked through the corporate report and divisional dashboards	• Bi-monthly Divisional Performance Meetings.
• Mandatory training fully reviewed in 2017, with a new system of reporting linked to competencies on ESR; enabling better quality reporting.	• Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.
• Permanent nurse staffing pool	• HR Workforce Policies
• Attendance management process to reduce short & long term absence	• Wellbeing Steering Group established
• Large-scale nurse recruitment event 4 times per year	• Training Needs Analysis linked to CPD requirements
• Apprenticeship Strategy implemented	• Engaged in pre-employment programmes with local job centres to support supply routes
• Engagement with HEENW in support of new role development	• People Strategy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & divisional reports Monthly reporting to the Board via the Corporate Report Reporting at ward level which supports Ward to Board Reporting to HEE People Strategy report monthly to Board Programme Board reporting	Not meeting compliance target in relation to mandatory training in some areas Sickness Absence levels higher than target. Lack of standard methodology to workforce planning across the organisation

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
ensure a minimum of 50 learners enrolled on apprenticeship pathways.	

Executive Lead's Assessment

MARCH 2019: Business case to support additional capacity in the Apprenticeship Team in order to deliver more in-house apprenticeships approved.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** The Best People Doing Their Best Work		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description

Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims.

Existing Control Measures

• People Strategy	• Wellbeing Strategy implementation
• Action Plans for Staff Survey	• Values and Behaviours Framework
• Staff Temperature Check Reports to Board (quarterly)	• Values based PDR process
• People Strategy Reports to Board (monthly)	• Listening into Action Guidance and Programme of work
• Staff surveys analysed and followed up (shows improvement)	• Reward and recognition schemes in place: Annual Awards, Star of the Month and quarterly Long Service Recognition Event, Annual Fab Staff Change Week.
•	• BME and Disability Staff Networks
• LGBTQI+ Network launched December 2019	

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly People Strategy Report to Board Outcomes from Annual Staff Survey reported to the Board. Staff Survey local departmental conversations PDR completion rates Values and Behaviours Framework Quarterly Engagement Temperature Check reported to the Board. Quarterly Engagement Temperature Check local data sent to Divisions on a quarterly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board Wellbeing Strategy progress reported to WOD Board/sub-Board Committee minutes Minutes of Staff Networks Engagement through Editorial Board leadership for Alder Hey Life	Internal Communications Strategy and Plan Refreshed Leadership Strategy

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
This risk has no actions in place.	

Executive Lead's Assessment

MARCH 2019: Leadership Framework communicated to divisional management teams; local staff survey data distributed to teams to work locally on their findings

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** The Best People Doing Their Best Work		Risk Title: Workforce Equality, Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-4	Target IxL: 3-1	Trend: STATIC

Risk Description

Failure to proactively develop a future workforce that reflects the diversity of the local population, and provide equal opportunities for career development and growth for existing staff.

Existing Control Measures

• Wellbeing Strategy	• WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.
• Wellbeing Steering Group	• Staff Survey results analysed by protected characteristics and actions taken by E&D Lead.
• HR Workforce Policies	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	• BME Network established, sponsored by Director of HR & OD
• Disability Network established, sponsored by Director of HR & OD	• Actions taken in response to the WRES
• Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	• LGBTQ+ Network established
•	•

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly recruitment reports provided by HR to divisions Diversity and Inclusion Action Plan reported to Board Bi-monthly reporting to Board via WOD on diversity and inclusion issues Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards EDS Publication Equality Objectives	Workforce not representative of the local community BME and disabled staff reporting lower levels of satisfaction in the Staff Survey than non-BME other staff

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with the BME and Disability Networks to develop specific action plans to improve experience.	
Work with Community Engagement expert to develop actions to work with local community	

Executive Lead's Assessment

March 2019: Commissioned a community engagement expert to scope actions required for Alder Hey to progress the diversity agenda.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Sustainability Through External Partnerships		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: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures

• Business Cases developed for various elements of the Park & Campus	• Monitoring reports on progress
• Heads of Terms agreed with LCC for joint venture approved	• Redevelopment Steering Group
• Monthly reports to Board & RABD	

Assurance Evidence	Gaps in Controls/Assurance
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 Stakeholder events held/reported back to Trust Board Representation at Friends of Springfield Park Group Monthly Board report	Fully reconciled budget with Plan. Risk quantification around the development projects.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Secure approval for plans to increase Park footprint	Planning for Park extension submitted 31/07/2018
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	On hold-Dependent upon residential scheme (revised target date no April 2018)
Prepare and submit planning application	

Executive Lead's Assessment

APRIL 2018: New Park manager appointed
MAY 2018: Meeting arranged with Friends of Springfield Park to agree 1st park extension.
JUNE 2018: 2nd round of user meetings on Community Cluster. Commissioning Programme for Institute under way. Implemented bi-weekly control group meetings on the Institute commissioning
Aug 2018: Planning application for park extension. Handover of Institute Phase 2
Sept 2018: Plan agreed for retraction of site following opening of Institute
Nov 2018: Agreement to secure design input into new park with community groups
Dec 2018: Session held with community groups on park design.
Jan & Feb 2019: Series of meetings with community, planning application for Park launched.
March 2019- interaction events with the public continue and engagement with local residents. More positive feedback on revised plans shared with them

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Service sustainability and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Dani Jones	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Risk to service sustainability development/growth; due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities. External opportunities for partnership may not be fully optimised.

Existing Control Measures

• Divisional Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 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 (March 18, September 18)	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Weekly meeting with divisions established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	• Growth and sustainability through external partnerships is a key theme in the Change Programme.

Assurance Evidence	Gaps in Controls/Assurance
Marketing and Business Development Committee has been refreshed as a Growth Through Sustainable Partnerships Group. First meeting planned July 2018. 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. Clinical Network Partnership development with Manchester Children's Hospital.	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Growth through Partnerships to be included in Strategic Business planning - both annual operational plan and long term plan through next planning cycle.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Development of the international agenda	Private Patients Project -Preferred Provider Selected - February 2019 Alder Hey Marketing Packs - Deployed from April 2019 Healthcare UK Export Catalyst Workshop - August 2018 Healthcare UK Export Catalyst Project -Planned for Apr-Jul 19 Business Development being pursued in China - Xi'an contract letters being prepared. Qingdao strategy in development. Shanghai exploratory meetings - April 2019 Business Development strategy for India - Internal Discussions being scheduled.

Executive Lead's Assessment

NOV 2018: Clinical Network event with Manchester Children's Hospital. Single service model for neurosciences supported. Refreshed Network Partnership Board to be held in February 2019.
DEC 2018: Network Partnership Agreement with Manchester Children's Hospital under development and quarterly Partnership Board dates scheduled (beginning February 18). Monthly network meetings to progress Neurosciences and Cardiac networks underway.
JAN 2019: Strategic planning process underway, in light of NHS Long Term Plan; system submission of 5yr plan Autumn 19. BAF risk review planned for April 19 in line with this.
Partnership Board with Manchester scheduled for March; MOU, network review, Cardio and Neurosciences prioritised.
FEB 2019: MOU, TOR, Cardio and Neuro strategies drafted in preparation for AH : Manchester Partnership Board March 19. Growth and sustainability through partnerships included as key theme in both the Draft Strategic Plan for 19/20-23/24 (under development through Executives - scheduled for Trust Board April 19) and the submitted draft 19/20 Operational Plan. Preferred provider selected for Private Patients project.
MAR 19: Inaugural partnership board with Manchester complete. Range of partnership areas agreed for further development (inc. neuro, cardio and burns), plus joint engagement with NHSI regarding jointly hosted networks and joint appointment of critical care clinical network agreed.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

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

Risk Description
Failure to maximise opportunities for working with key partners to develop children's services and reduce variation across the City region and beyond.

Existing Control Measures	
• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Current derogations secured in relation to specialist service specs.
• Growing Through External Partnerships - Change Programme Workstream (All Projects)	• Change Programme - 7 Day Working Project
• Alder Hey leading the partnership development of the future model of Paediatric Urgent Care in Liverpool.	

Assurance Evidence	**Gaps in Controls/Assurance**
Key developments monitored through Divisions Monitored at refreshed 'Sustainability Through External Partnerships Steering Group' (proposal to develop this during Mar/April into Strategy and Ops Delivery Board - to maximise alignment the strategy and delivery agendas). Monthly to Board via RABD & Board. Compliance with final national specifications. Single Neonatal Services Business Case approved by NHS England.	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.

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Strengthening the paediatric workforce	6 monthly audit of 7-day standards is subject to external scrutiny. Global Digital Excellence has improved measurement capability. Adrian Hughes is now leading as one of the top 5 Operational Priorities known as 'New Models of Care'. In addition, junior doctor numbers were bolstered during the winter which improved cover and consultant arrangements.
Key partnerships for sustainability 2018/19 - review underway in line with Strategic Planning Process; update planned to Board Q1 2019/20. Existing and new Partnerships need to be strengthened and grown.	

Executive Lead's Assessment
OCT 2018: Plan to review this risk assessment prior to the next Board meeting. The neonatal business case for 24 cots not fully approved, 19 cots approved. Aim to have full approval of 24 cots by March 2019. DEC 2018: Neonatal case for final approval of 24 cots to be considered by commissioners in January - on track for approval by March 2019. Alder Hey & Liverpool Women's CEO's to jointly chair Cheshire & Merseyside Women's and Children's Network from 2019. JAN 2019: Business case for 22 neonatal cots approved in principle. C&M W&C Partnership refresh with emphasis on paediatric workforce as well as maternity. Paediatric Urgent Care presentation to Liverpool Provider Alliance delivered 18.1.19. Partnership bid for Cardiac ODN underway through CHIG. FEB 19: ACHD partnership network bid submitted to NHSE - awaiting feedback. HCP W&C programme 'plan on a page' submitted to HCP. Inspiring Quality and 'getting it right first time' approach to reducing variation are included as key themes in 19/20 operational plan and draft 19/20-23/24 strategic plan. MAR 19: Negotiations with NHSE Specialised Commissioners on network costs indicate a budget offer for the network of £296k for the all-age CHD network - this is less than the ambitious ask, but still very positive, and inclusive of the £96k paeds element already funded at Alder Hey and is a very positive outcome. Next steps are to refine the network model based on the £296k offer within the ACHD partnership.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.4	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 4-4	Target IxL: 4-3	Trend: STATIC

Risk Description

Failure to deliver Trust control total and financial 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 Divisional Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with divisions 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	• Financial Recovery Board in place
• 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 RABD. Specific Reports (i.e. NHSI Plan Review by RABD) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support divisional 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 Weekly Financial Sustainability delivery meeting papers Board 2 Board with Spec comm	Divisions improved financial control and effective recovery required in identified where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff Divisional recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP CIP Position improved however Divisional forecasts still showing a potential £1.6m gap

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Tracking actions from Financial Recovery Board	on target
Develop fully worked up CIP programme - Progress has been made however still forecasting £1.2m under target	Reviewed at financial sustainability group 2.7.18 Further work to take place as part of Q1 review and in July. Review again at expected completion date

Executive Lead's Assessment

JUNE 2018: Key risks highlighted as delivery of CiP (£2.5m gap), elective run rates/winter plan delivery and other emerging cost pressures. Total Divisional risk equates to c£8m and will be through divisional recovery supported by an effective winter plan and identification of non-recurrent measures. Mitigation plan to be tracked through RABD
AUG 2018: CIP identified has plateau at £5m against £6.8m plan. Efforts continue with £6m looking deliverable. Main concerns now relate to Divisional forecast gap of £6.8m and level of Spec Comm over performance which is now subject to a formal activity notice.
SEPT: CIP identified increased identified to £5.5m with £6m a key next phase we aim to get to by end of Sept. Divisions have reduced forecast gap which now stands at £3.5m. Work on-going to further reduce this deficit. Key risks remains commissioner over performance which is material. A new risk related to estates capital spend overspends (unmitigated estimate £6m-£9m). Work has started to prepare a capital recovery plan and reduce value of risk.
October: CIP gap remains at £1.5m with focus on closing the gap to £1m. Divisions forecasting £2.8m shortfall against original control total. Financial Recovery being overseen by Monday Sustainability Group. Board to Board with spec comm agreed next steps on this financial year however remains a risk. Still to finalise payment terms with Welsh commissioners - meeting with Senior representatives of NHSi to progress.
Nov: Underperformance in November. Current Divisional forecast gap at £1.9m with recovery plans being finalised to bridge. Continued risk relating to commissioner overperformance - discussions underway regarding year end forecast. PSF match opportunities being progressed.
DEC: Met plan in December. Current Divisional forecast gap at £1.8m with recovery plans being finalised to bridge. Continued risk relating to commissioner overperformance - discussions underway regarding year end forecast. PSF match opportunities being progressed.
JAN 19. Divisions have made progress with the forecast gap now at £1.6m from their control totals. Discussions progressing with commissioners to close year end agreements. The main risk lies with spec comm where there is a £1.8m difference which we are working on. Specific transactions to support the PSF match are continuing and are forecast at thi stage to deliver in gull however carry the risk of completion by end March.
FEB 19: Divisions remains stable with £1.6m forecast gap. Year-end commissioner agreements progressing.Specific transactions to support the PSF match are continuing and are forecast at this stage to deliver in full however carry the risk of completion by end March.
MARCH 19: Divisional forecast gap now at £1.4m against plan of £1m so this remains a risk. Focus now on closing commissioner contracts, delivery of ED in March (£700k PSF risk), and finalising specific transactions that support our higher control position. Welsh tariff payment remains unresolved however progress being made

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Game-Changing Research And Innovation	Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to exploit new opportunities in research, innovation & education due to incomplete management systems.

Existing Control Measures

• Establishment of RIE Board Sub-committee	• Steering Board reporting through to Trust Board
• RABD review of contractual arrangements	• Programme assurance via regular Programme Board scrutiny
• Digital Exemplar budget completed and reconciled	• Innovation Co budget in place

Assurance Evidence	Gaps in Controls/Assurance
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team Innovation Board established	Sporadic meetings of RIE committee Governance structure for Innovation Board to be agreed Re-energise Research governance processes Reporting frameworks and standards for all services to be agreed/harmonised

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Develop a robust Academy Business Model	Framework refresh
Establish pipeline structure for work-streams (Acorn and Crucible)	Legal work complete on Crucible Contract
Execute contract for RIE with back to back arrangements with the Charity and HEIs	Final Documentation with solicitors prior to completion before move in to Institute Phase 2
Agree incentivisation framework for staff and teams	
Create new vision for integrated themes	
Agree Funding Strategy for Innovation	

Executive Lead's Assessment

APRIL 2018: REI committee refreshed and re-launched
MAY 2018: Revised plan for 2017/18 innovation activity
JUNE 2018: Innovation Refresh 2nd session
AUG 2018: Innovation prioritisation exercise
Sept 2018: presentation of innovation re-set to Innovation Board
Oct 2018: Review of Acorn Launch of crucible Launch of Alder Play
Nov 2018: Execs review of RIE arrangements
Dec 2018: Execs review of RIE arrangements completed. Discussions held with the Knowledge Quarter regarding incorporating Alder Hey.
Jan 2019: Draft paper circulated on management arrangements for RIE
Feb 2019: Funding strategy review

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Game-Changing Research And Innovation	Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-3	Trend: STATIC

Risk Description

Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare

Existing Control Measures

• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Monthly update to Trust Board on GDE Programme
• GDE Programme Board in place & fully resourced - Chaired by Medical Director	• Clinical Engagement in IT Roadmap
• NHSE external oversight of GDE programme	• Resilience of underlying infrastructure
• A plan is now in place to develop new strategy and roadmap to present to board in Autumn 2018 including plan for user engagement. Plan will include the current GDE programme and beyond, as well as review of Meditech offerings beyond current contract.	• Operational & Clinical oversight of the programme needs enhancing

Assurance Evidence	Gaps in Controls/Assurance
Regular progress reports presented to RABD and Operational Board & Trust Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews NHSE tracking of GDE Programme GDE Programme Board tracking delivery - Chaired by MD Plan presented to Ops Board June 18 Implementation of weekly Oversight group	IM&T Strategy out of date - update work in progress to produce Roadmap for March 2019 Resilience of underlying infrastructure - replacement being installed

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Replacement equipment procured - equipment is now installed however delay in ensuring appropriate electrical back up in place which is being rectified. Awaiting final solution on electrical supply.	
IT Roadmap to be concluded	Meeting held with Meditech to agree how we work more effectively going forward and have more onsite presence

Executive Lead's Assessment

APRIL 2018: ImageNow and bed management module key next phases of the programme. Clinical Advisory Group in place supporting these developments. Real progress being made on STP wide intra-operability platform
MAY 2018: No material changes to report in-month
JUNE 2018: Replacement underlying infrastructure ordered; Excellent feedback from NHSE on benefits realisation
AUG 2018: Replacement infrastructure in situ. Continued positive feedback from NHSE. Programme on track with revised approached for VR in place.
SEPT 18: Progress with NHSE milestones remains positive with full funding schedule in place. Recent positives include the roll of out of a sepsis module in standard documentation and interoperability piece. Gap in Programme Manager a concern with plans in place to mitigate.
OCT18: Programme Manager now in place. Risks relating to January go live of standard Docs and number of pathways to be completed discussed at Execs. Enhanced support given to GDE to include weekly oversight Group with Executive presence.
Nov 18: Progress made on delivering Jan milestones although there remains a level of risk given the number of pathways still to go live. Revised GDE operational structure agreed that will bolster delivery in this next phase of the programme.
Dec18: Jan milestones on track although there remains a level of risk given the number of pathways still to go live. Revised GDE operational structure and live that will bolster delivery in this next phase of the programme.
Jan 19: January milestones delivered and signed off by NHS Digital which releases next tranche of funds. Key next phase is got live of Standards Documentation in February which has a significant roll out programme. Discussions taking place with Clinical teams as to how we maximise the opportunity of the next phase of Digital Pathways. Revised operational structure in place and paying dividends.
Feb 19 - The Go Live of Standard Documents in February has gone very well which digitally standardises a number of processes. Digital Pathway trajectory achieved per agreement with NHS Digital. Process underway to appoint to Clinical GDE leads for each Division.
March 19: Progress is being maintained. Clinical leads interviews have taken place and offers being formalised