Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING
Tuesday 2nd June 2020 commencing at 9:00
via Microsoft Teams

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
STAFF STORY (9:00am-9:15am)							
1.	**20/21/52**	**9:15**	**Apologies.**	Chair	To note apologies.	**N**	For noting
2.	**20/21/53**	**9:16**	**Declarations of Interest.**	All	Board Members to declare an interest in particular agenda items, if appropriate.	**R**	For noting
3.	**20/21/54**	**9:17**	**Minutes of the Previous Meeting.**	Chair	To consider and approve the minutes of the meeting held on: **Tuesday 5th May 2020.**	**D**	Read minutes
4.	**20/21/55**	**9:19**	**Matters Arising and Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	**A**	Read action log
Plan for Phase 2 – Safe Restart for Alder Hey							
5.	**20/21/56**	**9:20**	**Current Position and Plan:**				
			• **Plan for Phase 2.**	JG/AB	To update the Board on the Trust's short-term plans to increase activity.	**A**	Presentation
			• **Plan for Phase 3.**	JG/AB	To update the Board on the work that is taking place to develop Phase 3 of the Trust's plan.	**A**	Presentation
			• **Financial Update.**	JG	To provide an overview of the position for Month 1 and the latest financial guidance.	**A**	Presentation
			• **COVID Risk Register.**	JG	Discuss the current 5 Key Risks.	**A**	Read report
			• **IPC COVID Assurance Framework.**	NM	For discussion and to approve the IPC COVID-19 response.	**D**	Read report
Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led							
6.	**20/21/57**	**9:50**	**Weekly Corporate Report - Top Line Indicators:**	NM/PB	To receive a weekly metrics/monthly report of Trust performance for scrutiny and discussion**,** highlighting any critical issues.	**A**	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
			• **Quality** • **Safety**				
7.	**20/21/58**	**10:00**	**Serious Incident Report.**	PB	To provide board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.	**A**	Read report
The Best People Doing Their Best Work							
8.	**20/21/59**	**10:05**	**Weekly Corporate Report - Top Line Indicator:** • **People**	MS	To receive a weekly metrics/monthly report of Trust performance for scrutiny and discussion**,** highlighting any critical issues.	**A**	Read report (*refer to item 6*)
9.	**20/21/60**	**10:10**	**Freedom to Speak Up.**	KT	To receive a regular update from the Trust's Freedom to Speak Up Guardian.	**A**	Read report
10.	**20/21/61**	**10:20**	**People Strategy.**	MS	To provide an update.	**A**	Read report
Game Changing Research and Innovation							
11.	**20/21/62**	**10:30**	**Covid-19 Innovation Response.**	CL	To brief the Board on latest developments.	**N**	Presentation
Strategic Update							
12.	**20/21/63**	**10:40**	**Alder Hey in the Park Campus Development update.**	DP	To receive an update on key outstanding issues/risks and plans for mitigation.	**A**	Read report
Strong Foundations (Board Assurance)							
13.	**20/21/64**	**10:45**	**Directors' Register of Interest 2019/20.**	ES	To receive and note the Register of Directors' Interests 2019/20.	**R**	Read report
14.	**20/21/65**	**10:50**	**Board Assurance Committees; report by exception:** • **Audit Committee.** • **Resources and Business Development Committee:** - **Chair's highlight report from the 27.5.20.** - **Approved minutes from the 30.4.20** • **Clinical Quality Assurance Committee.**	KB IQ PB	To escalate any key risks, receive verbal updates and note approved minutes.	**A**	Verbal/ Read minutes

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
			• **Workforce and Organisational Development Committee.** • **Integrated Governance Committee.** • **Innovation Committee:** - **Chair's verbal update from the meeting that took place on the 11.5.20.**	MS JG SA			
15.	**20/21/66**	**10:55**	**Board Assurance Framework Report.**	ES	To provide assurance on how the strategic risks that threaten the achievement of the Trust's strategic operational plan are being proactively managed.	**A**	Read report
Items for information							
16.	**20/21/67**	**11:00**	**Any Other Business.**	All	To discuss any further business before the close of the meeting.	**N**	Verbal
17.	**20/21/68**	**11:05**	**Review of meeting.**	All	To review the effectiveness of the meeting and agree items for communication to staff in team brief.	**N**	Verbal
Date And Time of Next Meeting: Monday 22nd June 2020 at 10:00am, via Microsoft Teams.							

REGISTER OF TRUST SEAL
The Trust Seal was used in May 2020: - Merseyside Police Station.

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION	
Finance Metrics Month 1	**John Grinnell**
Hospital/Community Cell Plan	**John Grinnell**
Corporate Report	**Executive Leads**

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Confirmed Minutes of the meeting held on **Tuesday 5th May 2020 at 9:00am,**
via Microsoft Teams

Present:	Dame Jo Williams	Chair/Non-Executive Director	(DJW)
	Mrs. S. Arora	Non-Executive Director	(SA)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Prof. F. Beveridge	Non-Executive Director	(FB)
	Ms. P. Brown	Acting Chief Nurse	(PB)
	Mrs. K. Byrne	Non-Executive Director	(KB)
	Mrs. C. Dove	Non-Executive Director	(CD)
	Mr. J. Grinnell	Director of Finance/Deputy CEO	(JG)
	Mrs. A. Marsland	Non-Executive Director	(AM)
	Dr. F. Marston	Non-Executive Director	(FM)
	Dr. N. Murdock	Medical Director	(NM)
	Mr. I. Quinlan	Vice Chair/Non-Executive Director	(IQ)
	Mrs. L. Shepherd	Chief Executive	(LS)
	Mrs. M. Swindell	Director of HR & OD	(MS)
In Attendance:	Mr. A. Bass	Director of Surgery	(AB)
	Prof. M. Beresford	Assoc. Director of the Board	(PMB)
	Ms. L. Cooper	Director of Community Services	(LC)
	Mr. M. Flannagan	Director of Communications	(MF)
	Dr. A. Hughes	Director of Medicine	(AH)
	Mrs. D. Jones	Director of Strategy and Partnerships	(DJ)
	Mrs. C. Liddy	Deputy Director of Finance	(CL)
	Mrs. K. McKeown	Committee Administrator (minute-taker)	(KMC)
	Mr. D. Powell	Development Director	(DP)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)
	Mr. R. Turnock	Interim Deputy Medical Director	(RT)
	Mrs. K. Warriner	Chief Information Officer	(KW)
Apologies:	Miss. J. Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
Staff Story	Dr. F. Potter	Consultant Paediatric Anaesthetist	(FP)
	Ms. J. McBride	Head of Nursing	(JMC)
	Ms. M. Field	Project Manager, DMO	(MF)
Agenda Item 13	Prof. M. Peak	Director of Research	(MP)
	Dr. A. Riordan	Consultant in Infectious Diseases and Immunology	(AR)
	Prof. E. Carrol	Consultant in Infectious Diseases and Immunology	(PEC)

Staff Story

The Chair welcomed Frank Potter, Jo McBride and Megan Field who had been invited to May's Trust Board to share their experiences of working in ICU as the Covid-19 crisis unfurled.

Frank Potter advised the Board of the uncertainty across the hospital during late February/early March when the Trust was preparing for the pandemic. It was reported that colleagues were concerned about the possible disruption to cardiac and surgical services as a result of having to prepare for an unconfirmed amount of patients with respiratory problems, and the uncertainty around bed capacity, additional staffing/equipment requirements, radical changes and the lack of clarity in respect to what the hospital needed to prepare for.

As a result of the pandemic, Alder Hey became unusually quiet and decisions still needed to be made as to where the impending adult Covid-19 patients were going to be situated. There was also the issue of acquiring PPE and training staff to use it in a short period of time. Eventually a decision was made to expand Ward 3A in time to receive the first Covid-19 positive patient and staff rotas were addressed accordingly. By the time the Trust received its first two Covid-19 positive patients a one way system had been devised for donning and doffing PPE.

Attention was drawn to the difficulties of having to wear PPE whilst treating patients, and the challenges for Consultants working across one unit for the whole of their shift. Learning took place on the job and lessons were learned as a result of listing ten things that were done correctly and ten that weren't. Frank talked about the challenges of using equipment on ICU, for example, anaesthetic machines were used as ventilators and there were problems with humidification and calibration. It was also pointed out that patients were developing pressure ulcers within minutes of arrival at Alder Hey as tubes had been tied by the transferring facility using a system that was too tight.

Frank described the overwhelming compassion and the integrated team work of the nursing staff who looked after the adult Covid-19 patients, whilst ensuring families were kept abreast of the progress of their loved ones. The Board was informed that not one patient who died at Alder Hey, had died alone, as staff managed to arrange for relatives to be at the side of their loved ones during their final hours. Frank felt that the nursing staff managed to balance humanity with the prescribed aggressive infection control measures that the situation required.

Jo McBride drew attention to the difficulties that were experienced in respect to upskilling 200 nurses in a two week period to enable them to work in ICU, and the challenges of working with PPE. It was reported that the teamwork of the nursing staff was outstanding, whilst supporting each other with the donning and doffing of PPE and going without a drink for the whole of the shift to reduce the donning and doffing process. During this period the Trust received a cohort of new starters following an international recruitment in late 2019. This created an additional consideration as some of the new starters required more support than others. ICU had treated a total of eleven adult patients during the last four weeks which is not a normal population for Alder Hey. The Board was also advised of the positive feedback that has been received from nurses who have worked on ICU during the crisis.

Megan Field is a member of the 'Yellow Helpers' who undertook a number of support shifts on ICU. Megan highlighted the shock and emotion that she felt seeing family members having to say goodbye to their loved ones, but commented on how well the staff coped under the circumstances, which she felt was truly amazing. Megan spoke about being scared at times during shifts as it wasn't her normal work environment, and worrying about the donning and doffing of PPE. One of the highlights of Megan's time on ICU was seeing a patient transfer back to an adult facility having recovered sufficiently to step down. Everyone on the ward, who was able to, applauded the patient as she was leaving the hospital. Megan also felt valued by the nursing staff she worked with, especially when they remembered her name as it is really difficult to identify people due to the face masks that staff have to wear.

The Chair thanked Frank, Jo and Megan for setting time aside to share their story with the Board. The Chair informed the Board that she was in awe of what staff members have been through and was so proud of the compassion and bravery that has been shown in extraordinary circumstances.

20/21/24 Welcome and Apologies

The Chair welcomed everyone to May's Trust Board meeting and noted the apologies that were received from Jo Minford.

20/21/25 Declarations of Interest

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

20/21/26 Minutes of the previous meetings held on Tuesday 7th of April

Resolved:

It was agreed that the minutes from the meeting held on the 7th of April 2020 were an accurate record of the meeting.

20/21/27 Matters Arising and Action Log

Action 20/21/05.1: *Reducing the Burden (Provide a summary of the activities that have taken place in the Innovation Hub to support the Covid-19 crisis)* – This item has been deferred to June 2020.

Action 20/21/05.2: *Reducing the Burden (Discuss the implications for Governors as a result of the relaxation of non-essential items during the pandemic)* - Following a discussion with the Lead Governor it has been agreed to cancel all governor meetings until further notice. The Trust will provide regular updates to keep governors informed. **ACTION CLOSED**

Action 20/21/07.1: *Coronavirus/Covid-19 (discuss the possibility of Fiona Beveridge's involvement to support the Trust's ethical work going forward)* – Fiona Beveridge had agreed to participate in the Trust's ethical work going forward. **ACTION CLOSED**

20/21/28 Covid-19 Programme Update

A presentation was submitted to the Trust Board in order to review the last four weeks against the objectives that were set to respond to the Covid-19 crisis and to highlight the work that has taken place.

Louise Shepherd drew attention to the actions that have taken place over the last four weeks that have transformed the Trust, as illustrated in the staff story. The Board was advised that the purpose of the presentation is to share the programme of work that has taken place, communicate the key risks that the organisation has had to address and to provide an overview of the outcome of the deep dives that were conducted into Quality, Safety and People issues. The lessons learned that have arisen as a result of the deep dives will be taken forward to support the next phase of the Trust's response to Covid-19.

John Grinnell provided an outline of the running order for the presentation and the following information was shared:

- Covid-19 daily inpatient data for the North West Region as of 3rd May.
- Alder Hey's role in the system, achievements during the last four weeks and the areas of work that need to be addressed next.
- Increase in Capacity:
  - Tripled the organisation's critical care capacity.
  - Ensured that there were sufficient teams in place.
  - Safely cared for positive or suspected Covid-19 adults and children.
  - Adapted the environment to ensure it was age appropriate.
- Safe Care Success Factors:
  - Ensured that the children that the Trust is not seeing within usual timeframes are safe.

  - Agreed a clear professional and ethical decisions making process.
  - Protected most vulnerable children.
  - IPC and professional standards in place.
- Changing shape of the organisation's demand and capacity.
- 2019/20 Covid-19 expenditure.
- Covid-19 key risks.

Attention was drawn to the scale of the financial cost that the Trust has incurred during March 2020, in response to Covid-19. It was reported that £1.3m in revenue and £0.25m of capital was invested by the Trust, as at the end of March. This revenue was reimbursed by NHSI in April 2020.

John Grinnell advised the Board of the challenges during April as a result of having to invest a further £2.3m in revenue along with significant capital investments. The majority of the Trust's expenditure covered the arrangement of accommodation for staff, on-site showering facilities for staff, IT investment to support the 'Work from Home' model and ensuring PPE stock levels. The Board was asked to recognise that the Trust is paying significant premium rates across the system for PPE but it was reported that work is taking place to find a more sustainable solution.

It was pointed out that the NHS centrally has agreed to reimburse all reasonable costs incurred in response to Covid-19. Ian Quinlan asked as to whether a definition of 'reasonable costs' has been shared with trusts and whether there is an element of financial risk for the organisation. The Board was informed that there is a level of anxiety following a slight shift by NHS E and I towards the use of a form-driven scrutiny model to assist with the reimbursement of costs. John Grinnell advised that the Trust's plan for 2020/21 will be underpinned by a rigorous decision-making process in order to provide clarity on expenditure.

Kerry Byrne reported that there is a possibility that MIAA will want to review the organisation's process for recording Covid-19 costs to ensure that it is being done correctly and there is no loss of income. It was agreed to compile a report to run alongside the processes in place and support the methodology.

20/21/28.1 Action: JG

Deep Dives into Quality, Safety and People issues

Keeping Children and Young People Safe

Dani Jones provided an overview of the work that has taken place to ensure that the children and young people who are not being seen at Alder Hey at the present time remain safe. It was reported that a work stream has been established to monitor early harms along with expected patients versus actual referrals. Clinical concern was raised as a result of low numbers flowing through the Trust. This concern has been included in the risk register and a large amount of work has taken place around communications to advertise to professionals and the public that Alder Hey is open for emergencies and referrals. A two weekly audit around trauma and ED has helped to identify some injuries; this information has fed into lessons learned around safeguarding. A large amount of work has also taken place with the Cheshire and Merseyside Paediatric Network around the 111 service for paediatrics.

Alfie Bass talked about the challenges of the last month in respect to the reduction of activity levels to allow the redistribution of staff to expand the Trust's Intensive Care offer, and the processes that were implemented to ensure that cover was maintained for cardiac services, emergencies and urgent surgical care.

The Board was informed that the next phase will see a gradual increase in Alder Hey's surgical capacity which is scheduled for 18th May. Attention was drawn to the three main challenges that the Trust has:

1. There are nearly 2000 patients on the waiting list across surgical specialities.
2. The organisation will need to implement a new way of working that will allow social distancing.
3. There will be an increase in emergency presentations once lockdown is eased, and Covid-19 changes will be present for the next two years.

As of 18th May the plan is to run the operating suite at a 50% capacity which will enable the new patient flow models to be refined and allow for the new PPE requirements to be introduced to theatres.

A summary of the work that has taken place to remobilise Outpatient activity and support clinical teams to identify vulnerable patients was shared with the Board. It was reported that Alder Hey has seen a marked decrease in referrals to the Rainbow Centre. As a result of this the Trust has worked with local Safeguarding Partners and Partner Agencies to ensure key messages are circulated about the risk of vulnerable children not being safe at time. Key internal communications have also been shared with staff around professional curiosity to make sure safeguarding is on everyone's radar when children present with different types of injuries.

A wider campaign has been posted on social media mirroring the national messages on domestic abuse and violence, and the Trust has promoted the Child Line/NSPCC resources locally and across its Partner Agencies and Youth Forum. The organisation has entered discussions with the NSPCC to look at conducting a collective campaign which will directly appeal to young people and who they can contact for advice. The second element of the campaign will focus on mental health and criminal/sexual exploitation of young people.

Maintaining Quality and Safety

An update was provided on the work that has taken place across the Trust to maintain quality and safety during the last four weeks. Information on the following areas was shared with the Board:

- Incident reporting:
  - Patient Safety meeting continued via Teams.
  - Key message was to keep up reporting.
  - AARs and RCAs were commissioned as appropriate.
  - Key lessons learned, for example, pressure area management in adult intensive care.
- Safe Care:
  - Professional standards.
  - Complaints management.
  - Infection control: VRE.
  - Risks of inpatients contracting Covid-19.
  - Medicines management in adults.
  - National learning, for example, proning rounds.
  - Safety Thermometer and Perfect Ward.
  - FFT.
- Safe Staffing:
  - Risks of staff shortages.
  - Staffing availability through training and redeployment plan.

In relation to VRE, it was pointed out that of the 11 adult patients admitted to Alder Hey, 10 were screened before they left the adult facility and one was already positive of VRE. From a lessons learnt perspective for the Trust, it was pointed out that the screening of patients should be conducted upon arrival at Alder Hey. The Board was advised that VRE is an issue across the country as a result of Covid-19 patients being very poorly and receiving multiple antibiotics.

As a result of the Trust providing mutual aid in respect to PPE, staff at Alder Hey are having to use sessional PPE which incorporates keeping the gown and visor on and only changing gloves and aprons. An update will be provided on PPE at the next Board meeting.

20/21/28.2 Action: NM

The Board was advised of the library that has been established on the K Drive which houses all of the guidance that has been published by the Government, medical Royal Colleges, Public Health England and other relevant bodies for staff to refer to.

It was reported that John Moores University has approved FY1s earlier than expected therefore medical students are able to assist with audits.

People

Melissa Swindell reported on the work that has taken place to support staff members during the Covid-19 period from a wellbeing perspective and an advice and guidance perspective. The Board was informed that the new Staff Advice and Liaison Service (SALS) that was in the process of being set up prior to Covid-19 has received 140 contacts from staff who needed intervention. Attention was drawn to the First Care Employee Assistance service that is up and running with the support of the charity, which has funded this service for a period of a year. First Care provides advice for staff on any subject, during the day, via an Information Specialist. The Alder Centre is also providing high level advice whilst ensuring that staff members have got access to national support.

Additional information has been made available for staff in relation to:

- Pay, absence management, redeployment and annual leave.
- Health and Safety support.
- Risks Assessments.
- Specific support for BAME colleagues.
- Comprehensive Communication Strategy.
- Care Packages.

Claire Dove pointed out that a lot of the Trust's BAME staff are front line workers and queried as to whether the organisation is managing to shield these colleagues. It was confirmed that further information would be provided in relation to this query at the next Board meeting.

20/21/28.3 Action: MS

The Chair thanked all those concerned for providing the update on the work that has taken place to respond to the ongoing crisis, and drew attention to the importance of the Board understanding the challenges and the risks to the organisation.

Louise Shepherd highlighted the importance of sharing the work that has taken place at Alder Hey over the last four weeks to highlight the enormity of what has been achieved in such a short period of time.

Resolved:
The Board received and noted the update provided to highlight the work that has taken place to respond to the Covid-19 crisis.

20/21/29 Board Assurance Framework
Resolved:
The Board received and noted the contents of the Board Assurance Framework report for April 2020, along with the change to the risk register.

20/21/30 Corporate Report
Resolved:
The Trust Board received and noted the contents of the Corporate Report for March 2020.

20/21/31 Serious Incidents Report
Resolved:
The Trust Board received and noted the contents of the Serious Incidents Report.

20/21/32 Clinical Quality Assurance Committee
Resolved:
There were no issues to escalate.

20/21/33 Integrated Governance Committee
Resolved:
There were no issues to escalate.

20/21/34 Deep Dive into Key People Issues
Resolved:
This item was received under agenda item 20/21/28

20/21/35 Workforce Organisational Development Committee
Resolved:
There were no issues to escalate.

20/21/36 Covid-19 Response - National and Local Research

It was reported that Alder Hey has been working nationally setting out the architecture via the Department of Health and Social Care for the overall NHS research in the response to Covid-19.

The Trust has included interventional research trials as part of the clinical decision making process/ethical framework and incorporated them in the organisation's decision support tools.

There has been a large focus on delivering the 'Urgent Public Health Studies' (UPH) which has provided the Trust with the opportunity of enrolling all Covid-19 positive patients onto at least one study. There have been 10 UPH studies set up at Alder Hey with 102 participants enrolled onto studies to date, which may include Covid-19 negative patients.

Attention was drawn to the vaccines trial study that Liverpool is participating in. Work is taking place in association with Liverpool Health Partners to establish an infrastructure to deliver this study across Liverpool Trusts and ensure that staff can access this study and others like it.

The Trust is working within a system with Liverpool Health Partners who are organising an overall research response to Covid-19 for Liverpool. Alder Hey is contributing to the evidence as well as delivering on nationally prioritised studies, It was reported that the Charity has donated £300k which has been put towards 5 studies in Liverpool with paediatric relevance. A study is also in the process of taking place for staff testing which will hopefully be approved locally.

The Board was advised that the Trust is heavily involved nationally in 'Project Restart'. This programme is being established to support the return to non Covid-19 research.

Update of Kawasaki Disease

Professor Carrol and Dr. Riordan reported on the rise in PICU admissions of children presenting with multisystem inflammation, mostly in London. It was pointed out that symptoms featured an overlapping feature of toxic shock syndrome and Kawasaki's disease, blood parameters are consistent with severe Covid-19, abdominal pain/GI symptoms are also common, cardiac inflammation and some SARs-Cov-2 PCR positive, some negative.

It was reported that the Royal College of Paediatrics and Child Health published guidance in relation to paediatric multisystem inflammatory syndrome temporarily associated with Covid-19, but it was pointed out that there is not a lot of evidence to determine the cause or the treatment. Professor Carrol highlighted the importance of the Trust participating in the Diamonds research trial and shared the following information:

- Overview of Diamonds.
- Diamonds aims.
- Project work packages and their interaction.
- Diamonds and the Covid-19 pandemic.
- Diamonds priorities during the pandemic.
- Diamonds Search –Inclusion criteria.
- Target conditions.
- Diamond study will enable research to take place to identify the disorder.

Fiona Beveridge asked as to the size of the recruitment target for the study and queried as to when the Trust will have a big enough sample to start drawing a conclusion. It was reported that the recruitment target for Alder Hey is 300 for a 5 year study. Professor Carrol advised the Board that the Trust has recruited 10 participants to date and are encouraging staff who have been tested for Covid-19 to participate in the study. An early first look will be conducted via RNA sequencing within the next couple of weeks.

The Chair thanked Professor Carrol and Dr. Riordan for sharing this important work and helping Board members to understand the challenges that colleagues are facing.

20/21/37 Covid-19 Innovation Response
Resolved:
This item was deferred to the June meeting.

20/21/38 Alder Hey in the park Campus Development Update.
Resolved:
The Trust Board received and noted the update on the Alder Hey in the Park Campus Development.

20/21/39 Year-end Closedown Update and Financial Plan.

The 2019/20 draft year end summary was submitted to the Board for information purposes and the following points were highlighted:

- It was confirmed that the Trust met the 2019/20 Control Total for surplus of £1.6m and overachieved its Control Total by £0.3m, therefore achieving £1.9m.
- The draft accounts have been received by RABD and are presently being audited by the organisation's external auditors.
- A request was made to the Board for the approval of the 2020/21 plan based on a £4m CIP to be delivered from August 2020, with no further costs and no FRF/do not win appeal. The outcome of this plan will be a £4.2m deficit by March 2021.
- Due to the evolving financial infrastructure and framework that is in place at the present time the Finance Team have compiled a proxy plan from a governance perspective, while the organisation awaits further guidance. This plan is built around a month 1 to 4 breakeven plan which links to the national funding of fixed running costs plus Covid-19. In the event of the lack of financial guidance from the Centre in August 2020 the Trust will run with the previous plan from month 5 to 12. There will be a lot of uncertainty and risk around the delivery of CIP/payment framework but it was felt that this would be the most logical solution to address this matter.
- Ian Quinlan commended the Finance Team for the work that has taken place to achieve the 2019/20 position and drew attention to the impossible task that the Trust has in respect to forecasting when the environment is changing on a daily basis. Ian Quinlan offered his full support of planning scenario 2 (£4.2m deficit as at the 31.3.21) with a caveat that the Board be furnished with an update on the financial plan on a monthly basis.

20/21/39.1 Action: JG

Resolved:
The Board:

- Noted the contents of the paper.
- Approved the 2020/21 plan set on the basis of Scenario 2 whilst further national guidance is released on the financial framework post July and Covid-19.
- Recognised the risks that remain with the uncertainty of the new financial framework for 2020/21.
- Supported Alder Hey continuing to lobby at national level re the paediatric tariff and FRF relief for 2020/21.

20/21/40 Resources and Business Development Committee.
Resolved:
The approved minutes from the meeting that took place on the 25th March were noted.

20/21/41 Audit Committee
It was reported that the Trust had completed the Internal Audit Plan for 2019/20 and the Head of Audit Opinion issued a Substantial Assurance Opinion. The Committee also received the Annual Governance Statement.

Resolved:
The approved minutes from the meeting that took place on the 16.1.20 were noted.

20/21/42 Ensuring Board Oversight Going Forward

Louise Shepherd shared the letters that were received from Sir Simon Stevens and Bill McCarthy that set out the plan for the next phase in the NHS response to Covid-19. It was reported that the plan has been split into two sections; 1. Opening up the Health Service during critical conditions. 2. What will the remainder of the plan look whilst preparing for a second surge? The presentation that the Board received provided an overview of the Trust's response to this plan and how to best govern it. The following points were highlighted:

- What is the Trust trying to achieve? **1**. Provide access to care for children, young people and their families in order to provide them with the help, support, care and treatment they need. **2.** Protect staff and their welfare. **3.** Sustain best practice and new service models for the long term locking in a new role in the wider system. **4.** Optimise our environment to reduce the spread of Covid-19 and reflect new working practices.
- Develop:
  - E-rostering,
  - Digital outpatients,
    Staff welfare,
  - Continue to innovate,
  - Agile working,
  - New service models and campus plan.
- A change in approach - The Trust's overall approach will evolve whilst planning for the months ahead. The Divisions will be key to delivering the new approach from May 2020. The daily briefing will continue in order to keep staff informed, as will the daily safety and communication huddle. The Operational Delivery Board will be reinstated on a weekly basis and Trust Board meetings will take place on a monthly basis.

Nicki Murdock highlighted the importance of addressing electronic records in preparation for the expanse of Alder C@re. It was pointed out that this will be a different way of working for the Trust but it is imperative that this takes place as soon as possible to ensure that it's not adopted by other organisations. This is important for the Trust's reputation and as an exemplar Alder C@re needs to remain on the programme.

Louise Shepherd supported Nicki Murdock's comment and drew attention to the importance of pressing forward with Alder C@re to provide the Trust with the freedom to work in the way that it wants to. It was pointed out that time will need to be set aside by the Exec Team to turn the programmes of work into a plan, whilst developing key themes. It was confirmed that Digital will include Alder C@re. In order to operate differently, work will take place to ensure that the environment is fit for purpose, infection prevention and control will be increased to ensure the delivery of safe services and the Trust will look to running services outside of the hospital. Following discussion, it was agreed to compile a plan within the next two weeks for clarity purposes and share it with the Non-Executive Directors to discuss how the plan should be governed. The draft plan will also be shared with the Board in June.

20/21/42.1 Action: Executive Team

The Chair suggested setting aside an hour after each Board meeting in order to discuss any issues related to moving forward owing to the enormity of the changes.

Fiona Beveridge drew attention to the possible forthcoming funding/partnership opportunities that might arise due to the unprecedented innovation and organic change as a result of the pandemic, and felt that it would be beneficial to set aside some time for planning to ensure that the Trust has a project ready when funding is released.

Resolved:
The Chair concluded that:

- Work will take place to address governance arrangements and how the Board will progress work moving forward.
- Discussion time to be built in following Board meetings.
- Recognise that the Trust has a leadership role in areas that needs to be capitalised and promoted across the sector.

20/21/43 Any Other Business
There was no further business to discuss.

20/21/44 Items for Communication

Items for communication are:

- The learning and the power of the staff story.
- The learning and assurance received following the deep dives into Quality, Care and People.
- Recognition for achieving in excess of the Control Total for 2019/20.
- Recognition of the work that has taken place during the last 4 weeks in response to Covid-19.

Date and Time of the Next Meeting: 2nd of June at 9:00am, via Microsoft Teams.

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

Alder Hey Children's NHS
NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for 2nd June 2020							
07.04.20	20/21/05.1	Revised Governance Arrangements - 'Reducing the Burden'	Provide a summary to the Board of the activities that have taken place in the Innovation Hub to support the Covid-19 crisis.	John Grinnell/ Claire Liddy	05.05.20	Completed	**5.5.20** - This item was deferred to 2.6.20. **2.6.20** - This item has been included on June's agenda.
07.04.20	20/21/09.1	Alder Hey in the Park Campus Development	Request Board approval of the Neonatal Scheme in order to progress with the design of the third option.	Adam Bateman	02.06.20	Completed	**2.6.20** - This item has been included on part 2 of June's agenda.
05.05.20	20/21/28.1	Covid-19 Programme Update	Create a process for recording Covid-19 costs.	John Grinnell	02.06.20	On Track	**2.6.20** - An update will be provided on the 2.6.20
05.05.20	20/21/28.2	Covid-19 Programme Update	Provide an update on PPE during June's meeting.	Nicki Murdock	02.06.20	Completed	**2.6.20** - This item has been included on June's agenda.
05.05.20	20/21/28.3	Covid-19 Programme Update	Provide an update on the specific processes in place for supporting BAME staff members during the pandemic.	Melissa Swindell	02.06.20	On Track	**2.6.20** - An update will be provided on the 2.6.20
05.05.20	20/21/39.1	Year-end Closedown Update and Financial Plan.	Provide a monthly update on the 2020/21 Financial Plan.	John Grinnell	On-going	On-going	**2.6.20** - This item has been included on June's agenda.
05.05.20	20/21/42.1	Ensuring Board Oversight Going Forward	*Plan for the Next Phase in the Response to Covid-19.* **1**. Develop a plan to include programmes of work and key themes. **2.** Discussion to take place with NEDs as to how the plan should be governed. **3.** Submit the final draft of the plan to the Board in June.	Exec Team	02.06.20	Completed	**2.6.20** - This item has been included on June's agenda.
Action for the 7th of July							
03.03.20	19/20/346	Key Issues/Reflections and items for information	Invite the new Nurse cohort from India to the Trust Board lunch and write a thank you letter to Barclays Bank for their support in setting up bank accounts for the new members of staff.	Hilda Gwilliams	07.04.20	On Track	This item has been deffered until further notice due to the Covid-19 crisis.
03.03.20	19/20/350	Board Assurance Framework	To present a paper on the improvement waiting times that is being developed with the commissioners for ADHD patients	Lisa Cooper	07.04.20	On Track	This item has been deffered until further notice due to the Covid-19 crisis.

Status	
Overdue	
On Track	
Closed	

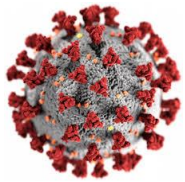
Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log

Alder Hey Children's NHS Foundation Trust

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

Trust Board (P1) - Completed Actions

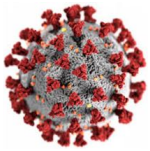
Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
07.01.20	19/20/289	Mortality report Quarter 2	To look into the continued reduction of deaths and report back on the findings within the Quarter 3 report	Nicki Murdock/Julie Grice	07.04.20	Completed	**7.4.20** - This item was included on April's Trust Board agenda. **ACTION CLOSED**
03.03.20	19/20/343	Corporate Report	To include compliments received for each Division within the Corporate report	Divisional Directors	07.04.20	Completed	**28.4.20** - Compliments received for each Division are to be included in April's Corporate report. **ACTION CLOSED**
03.03.20	19/20/354	Serious Incident Report	To re-instate the inclusion of the no of incidents, ongoing incidents and the month they were reported.	Hilda Gwilliams	07.04.20	Completed	Completed
07.04.20	20/21/05.2	Revised Governance Arrangements - 'Reducing the Burden'	Discuss the implications for Governors as a result of the relaxation of non essential items during the pandemic.	Dame Jo Williams/ Erica Saunders	05.05.20	Completed	**5.5.20** - Following a discussion with the Lead Governor it has been agreed to cancel all governor meetings until further notice. The Trust will provide regular updates to keep governors informed. **ACTION CLOSED**
07.04.20	20/21/07.1	Coronavirus/Covid-19	Discuss the possibility of Fiona Beveridge's involvement to support the Trust's ethical work going forward.	Nikki Murdock	05.05.20	Completed	**5.5.20** - Fiona Beveridge had agreed to participate in the Trust's ethical work going forward. **ACTION CLOSED**
07.04.20	20/21/09.2	Alder Hey in the Park Campus Development	Request Board approval to enter in to a contract to commence the construction of the clinical hub and the Dewi Jones unit.	David Powell	05.05.20	Completed	**28.4.20** - This item has been included on June's agenda. **ACTION CLOSED**



Alder Hey Children's NHS
NHS Foundation Trust

COVID Update – June Trust Board

- Update on System position
- Phase 2 – restarting planned activity safely
- Phase 3 – meeting the demands and seizing the opportunities ahead
- COVID key risks & Mitigations
- COVID Financial Update
- COVID IPC Assurance



Alder Hey Children's NHS
NHS Foundation Trust

RECOVERY CELL TIMELINES

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to ?4 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	**Letter to NHS planned for issue late April 2020**	**Letter to NHS / light touch planning guidance planned for issue late May 2020**	**Planning guidance planned for issue December 2020**

A SHIFTING CONTEXT:

Moving from Management of COVID+ patients to meeting demand for our services

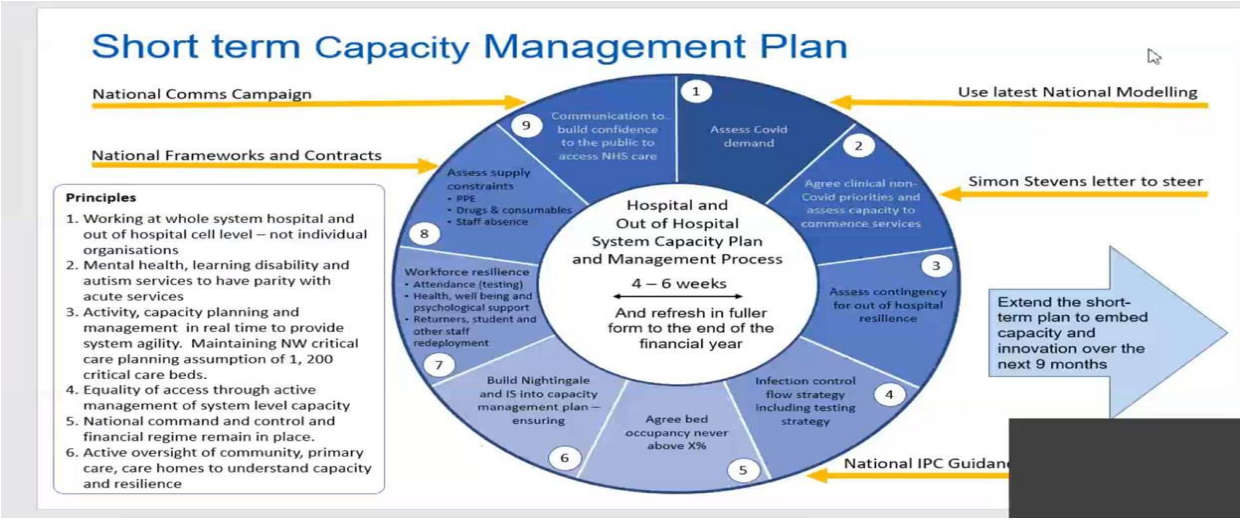
Phase 2 – Restart – to July – C & M can only deliver 24% elective capacity and just meet urgent demand

Phase 3 – Remainder of year

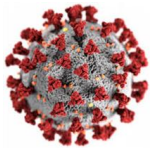
Phase 4 – New NHS

Alder Hey Children's NHS
NHS Foundation Trust

Phase 2 – Delivery
"Safe, agile delivery of our restart"



- **Safe Care - Exec NM,PB**
- **Environment - Exec DP**
- **PPE- Exec AB**
- **Testing - Exec PB**
- **Ethics – Exec RT**
- **IPC – Exec RT**
- **Staff Welfare – Exec MS**
- **Agile /WfH – Exec MS**

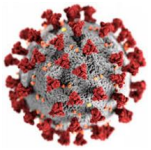


Alder Hey Children's NHS
NHS Foundation Trust

Restarting elective activity at Alder Hey

Our 4 key tests:

- Approved level of PPE stock and agreed clinical guidelines.
- Testing regime to support planned levels of activity
- Staffing levels appropriate to support delivery of high quality care
- Environment which can ensure safe care, deliver on social distancing requirements and excellence in IPC standards



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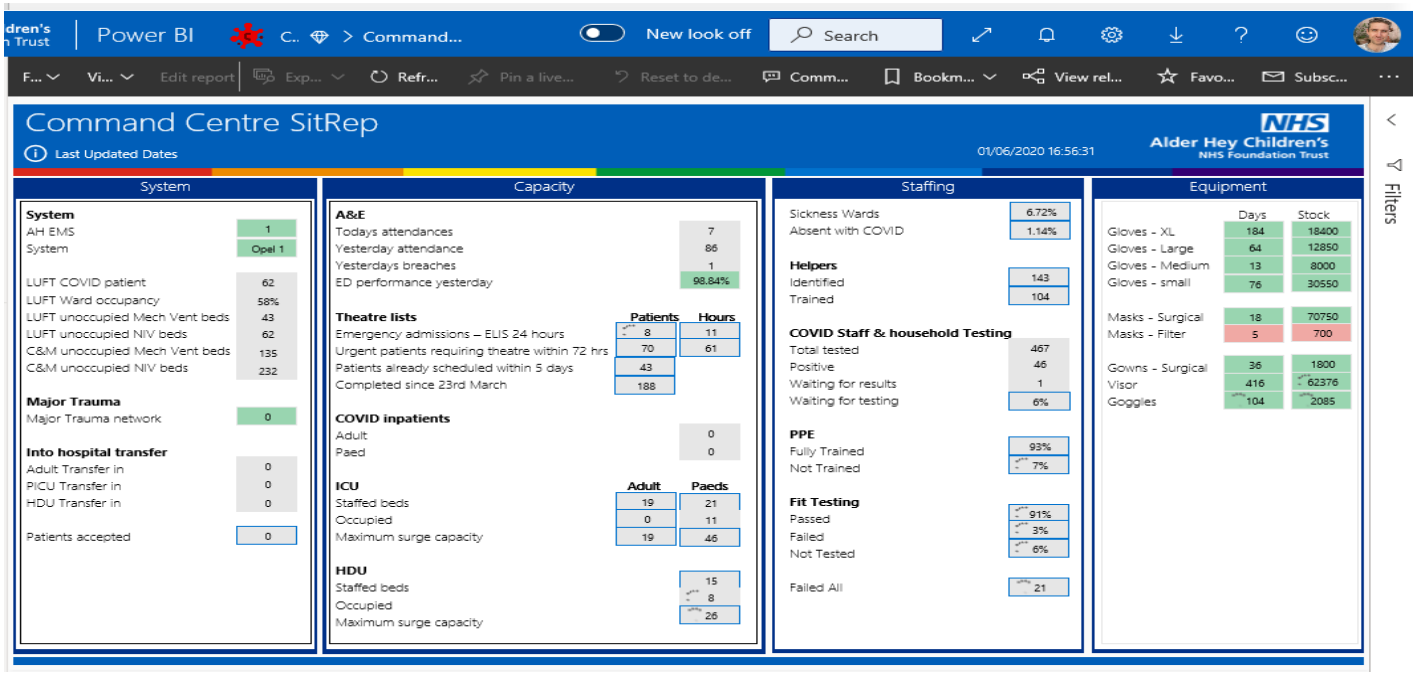
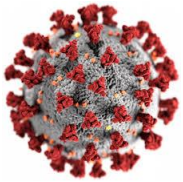
NHS Foundation Trust

Simulation exercise undertaken to test plans

Plus, daily control





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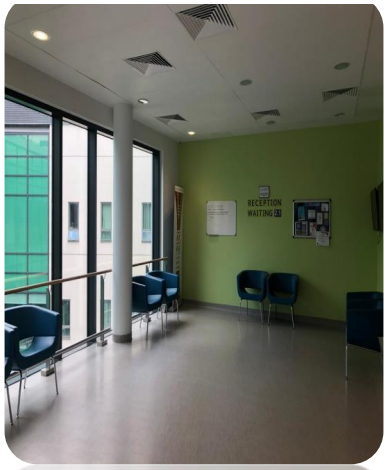
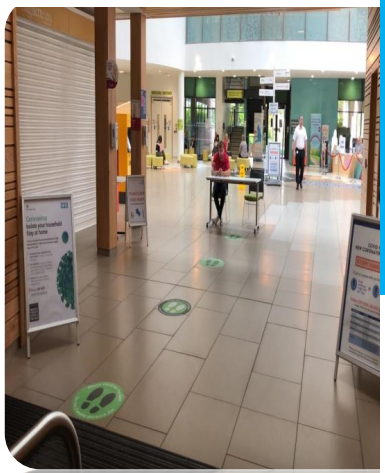
Environmental considerations

✓ Adjustments to waiting areas to maintain social distancing
✓ Booking to 50% utilisation to reduce number of families on site at any time
✓ Pathway to SDC/SAL from carpark to avoid congestion in atrium
✓ On the day clinical screening using 3 key symptom questions
✓ Simulation event to test out/identify any other improvements required.

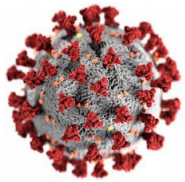
Controls:
❖ Regular environmental risk assessment of area
Work in progress:
- ED Waiting Areas
- Office Environment/Agile working


NHS
Alder Hey Children's
NHS Foundation Trust
PLEASE CLEAN
YOUR HANDS
Use the gel dispenser provided
(BEHIND YOU!)






MAIN
RECEPTION



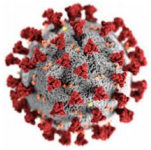
Alder Hey Children's NHS
NHS Foundation Trust

Appropriate staffing levels to support activity

- Theatres
- Wards (surgical)

✓ Planned Capacity at 80% of pre-covid levels
✓ Planned productivity at 50% of pre-covid levels

Controls:
❖ Safe staffing huddle daily
❖ Weekly theatre scheduling meeting
❖ Oversight from RotAHub



Alder Hey Children's NHS
NHS Foundation Trust

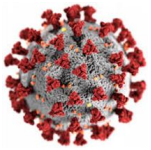
Approved level of PPE stock (7 days) & agreed clinical guidelines

	Urgent Burn Rate (4 theatres, 15 AGP per day, 10 PICU beds and 6 HDU, 1 resus case in ED per day)				Step 1 - open to 10 theatres (assume 31 patients per day and 8 per day at weekend, 20 AGP beds 15 PICU beds, 8 HDU beds, 1 resus case in ED per day)				Step 2- open to full capacity (47 patients per day incl daycase and 8 per day at weeekend, 30 AGP, 21 PICU beds and 10 HDU beds, 1 resus ED per day)			
	Total FFP3 required	Estimate 1863	Estimate 8833	Estimate 1873V	Total FFP3 required	Estimate 1863	Estimate 8833	Estimate 1873V	Total FFP3 required	Estimate 1863	Estimate 8833	Estimate 1873V
Theatres	217	50	142	25	366	84	239	42	394	91	258	45
Radiology	116	46	52	19	116	46	52	19	116	46	52	19
Wards	448	176	200	71	560	221	250	89	840	331	375	134
ICU	526	207	235	84	641	252	286	102	755	297	337	120
HDU	420	165	188	67	490	193	219	78	525	207	234	84
ED	196	77	88	31	196	77	88	31	196	77	88	31
Outpatients	90	35	40	14	90	35	40	14	90	35	40	14
		-	-	-		-	-	-		-	-	-
Community	130	51	58	21	169	67	75	27	195	77	87	31
		-	-	-	-	-	-	-	-	-	-	-
All other areas	54	21	24	9	70	28	31	11	81	32	36	13
Total	2,197	830	1,026	341	2,698	1,003	1,281	414	3,192	1,193	1,507	492
tolerance 20%	439	166	205	68	540	201	256	83	638	239	301	98
Revised Total	**2,636**	**996**	**1,231**	**409**	**3,238**	**1,204**	**1,536.89**	**497**	**3,830**	**1,432**	**1,808**	**590**
Stock Levels		**16,720**	**1,840**	**460**		**16,720**	**1,840**	**460**		**16,720**	**1,840**	**460**
Number of weeks		**16.79**	**1.49**	**1.12**		**13.89**	**1.20**	**0.92**	-	**11.68**	**1.02**	**0.78**

- Current challenge world wide shortage of certain FFP mask

Actions

- Re-usable hoods due w/c 1 June
- Exploring alternative supply streams
- FIT testing on alternatives
- Clinical guidelines to minimise unnecessary use
- Mutual aid
- Activity model flexed based on forward look



Alder Hey Children's NHS
NHS Foundation Trust

Testing regime to support activity

- ✓ Testing in place for all emergency admissions
- ✓ Testing processes agreed for planned admissions (48 hours)
- ✓ Pre-op pathway including 14 day self-isolation
- ✓ Testing in place for symptomatic staff

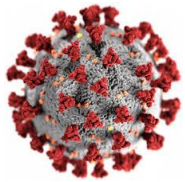
Still to do:

- Routine testing for admitted patients after 5-7 days and regular surveillance testing
- Routinely and strategically testing asymptomatic frontline staff as part of IPC measures

COVID-19 Phase 2 (Recovery) Capacity Plan

May - June 2020

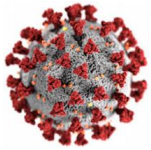
Pre - COVID-19 Capacity	Department	COVID-19 Phase 2 Capacity
972 Per day	Face2face Outpatient	190 Per day
44 Per day	Virtual Outpatient	571 Per day
1016 Per day	Total Outpatient	761 Per day
Attd Per day 180	Emergency Department	144 Attd Per day
08.00- 20.00 / 7 days	CAMHS Crisis Line	24 / 7
88% Utilisation 12	IP Operating Theatres	12 50% Fall in productivity
4 theatre	Day Surgery Operating Theatres	4 theatre
21 beds	PICU	21 beds
15 beds	HDU	15 beds
100 beds	Surgical wards	89 beds
128 beds	Medical wards	120 beds



Alder Hey Children's NHS
NHS Foundation Trust

COVID 19 Response – Next Phase

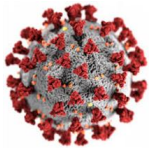
Building a robust capacity management plan



- Prepare for 2nd surge
- Increasing backlog
- Delayed presentations
- MH surge
- Paed network compromised
- Winter2
- High DNA

- Staff absence
- IPC requirements
  - Low theatre throughput
  - Reduced waiting limits flow
- PPE availability
- Social distancing

We will not balance without rapid transformation and new models of care



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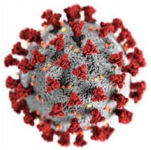
DRAFT – EMERGING OBJECTIVES

- Minimise staff on site whilst protecting their welfare
- Maximum outpatients Face2Face – 20%
- Reduce on site ED attendances by say 50%
- Keep CYP out of hospital – medical services focus (resp/diab/LTV etc.) – reduce 30 beds
- Increase our capacity – extended days, weekends, private sector
- Meet growing MH challenge
- Provide leadership role for children in C & M system



System Uncertainty
Alder Hey's system role

Alder Hey Children's NHS
NHS Foundation Trust

Advocacy
- keep C&YP in sight!!

National
- C&YP strategy in light of Covid
- Research

North West
- PIC / Winter planning
- Mutual aid with RMCH (as required)

Cheshire & Merseyside
- Command & control
- Planning footprint
- Paediatric Network
- Women & Children's
- Digital

North Mersey / L'pool
- Specialist Trusts
- Research
- ED / Urgent Care
- Mental Health
- Community model
- Safeguarding

Transformation now

Alder Hey Children's NHS
NHS Foundation Trust

- Safety thread through org.
- Daily communication huddle
- Control Cell [Command Centre]
- E-rostering
- RotAHub

Operational Excellence

Digital Futures

Staff welfare

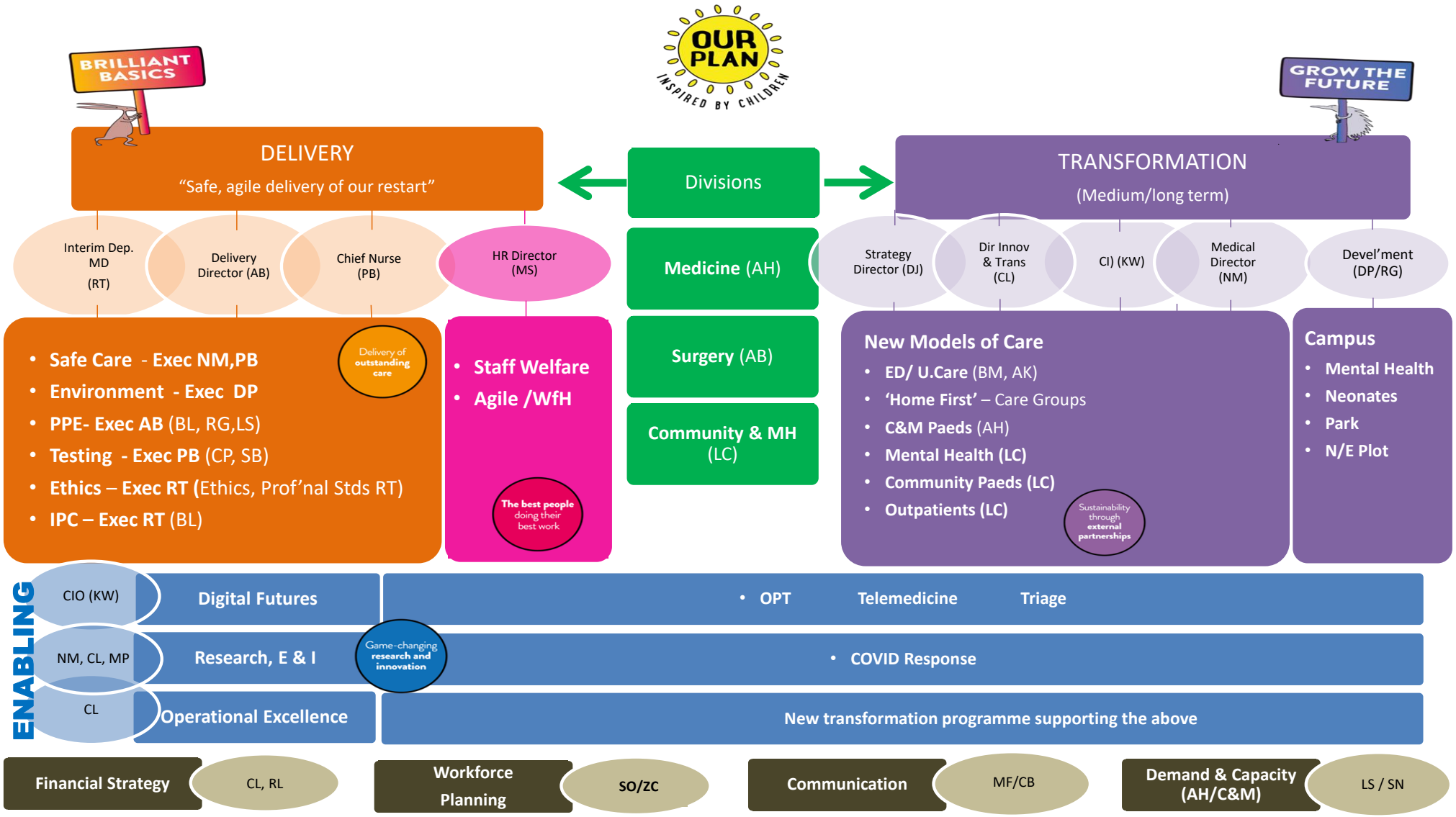
Research, Innovation & Education

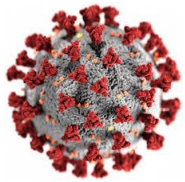
Agile Working

New Service Models

ED / Urgent Care	Medical model	C&M Paeds	Mental Health

Campus

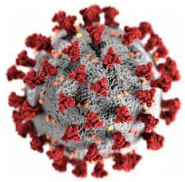

BRILLIANT BASICS
OUR PLAN
INSPIRED BY CHILDREN
GROW THE FUTURE
DELIVERY
"Safe, agile delivery of our restart"
Divisions
TRANSFORMATION
(Medium/long term)
Interim Dep. MD (RT)
Delivery Director (AB)
Chief Nurse (PB)
HR Director (MS)
Strategy Director (DJ)
Dir Innov & Trans (CL)
CI) (KW)
Medical Director (NM)
Devel'ment (DP/RG)
Medicine (AH)
Surgery (AB)
Community & MH (LC)
Safe Care - Exec NM,PB
Environment - Exec DP
PPE- Exec AB (BL, RG,LS)
Testing - Exec PB (CP, SB)
Ethics – Exec RT (Ethics, Prof'nal Stds RT)
IPC – Exec RT (BL)
Delivery of outstanding care
Staff Welfare
Agile /WfH
The best people doing their best work
New Models of Care
ED/ U.Care (BM, AK)
'Home First' – Care Groups
C&M Paeds (AH)
Mental Health (LC)
Community Paeds (LC)
Outpatients (LC)
Sustainability through external partnerships
Campus
Mental Health
Neonates
Park
N/E Plot
ENABLING
CIO (KW)
Digital Futures
OPT
Telemedicine
Triage
NM, CL, MP
Research, E & I
Game-changing research and innovation
COVID Response
CL
Operational Excellence
New transformation programme supporting the above
Financial Strategy
CL, RL
Workforce Planning
SO/ZC
Communication
MF/CB
Demand & Capacity (AH/C&M)
LS / SN



COVID – KEY RISKS

Alder Hey Children's NHS
NHS Foundation Trust

RISK
Risk of harm due to delays in treatment
Risk of harm due to CYP not presenting to AH
Risk of infection to CYP, families and our staff
Meeting Demand for Mental Health Services
Increased risk to staff welfare
Uncertain system environment



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NHS Foundation Trust

Risk of harm due to delay in treatment

Maximise capacity

OPD plan

Theatres pan

Scorecard to check position against clinically-set standards

Safety lens

Clinical review and prioritisation

Need clinical agreement on who needs review

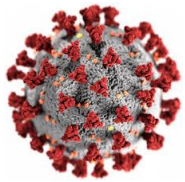
Forward look capacity, demand & waiting list model

Right pathway management

- Accurate recording of pathway status on Meditech
- Guidelines
- Training

Single version of the truth waiting list

Data quality



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Actions to minimise risk of harm to C&YP we do not know about

Communication with Public & Professionals

"Traffic light" options for parents

Letter to Primary Care 'Open for business'

Next steps - specialist / targeted comms

Easy, high quality Access

111 for Paediatrics

C&M Paediatric Network (MDT, Single points of access)

Systematic monitoring & acting on trends

Late Presentations

Early warning: Trauma & ED

Ensuring Vulnerable patients are not compromised

Vulnerable patient work stream

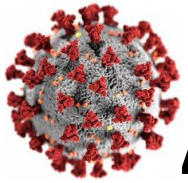
Safeguarding

Keeping delayed treatment Safe

Safe waiting list management

Clinical Prioritisation

New Outpatient model (digital first)



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Actions to minimise risks to staff welfare

Developed SALS
-Daily helpline
-Signposting
-Psychology support
-Care First 24 hr counselling helpline

Supporting BAME Colleagues
-Risk Assessment
-Engagement sessions
-Communication

COVID Hub

One stop place for guidance and advice

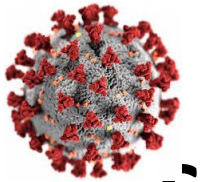
Holistic Support:
-Alder Centre
-Clinical Psychology
-Chaplaincy

Communication Strategy:
-Daily Briefings
-My Alder Hey Life
-Bulletins

Agile Working:
-Working from home
-Office spaces
-Health & Safety

Support and Advice:
-Childcare
-T&C
-Employee Relations

Wellbeing Team supporting:
-Absence Management
-Testing
-Colleagues that are Shielding



Meeting demand for Mental Health Services

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Crisis Access

- 24/7 crisis care services to support CYP in crisis

Access

- Capacity & Demand model to be finalised
- Maximise Digital access
- Expand Group and Clinical Monitoring (EDYS)
- Commissioner support for increased capacity
- Rapid Improvement Support into ASD/ADHD

Partners

Working with Third sector to ensure CYP directed to most appropriate service

Support

-Increased provision prior to admission/appointment

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD

2nd June 2020

Paper Title:	COVID 19 Risk Register
Report of:	John Grinnell, Deputy Chief Executive/Director of Finance
Paper Prepared by:	Cathy Umbers, Associated Director of Nursing and Governance

Purpose of Paper:	Decision Assurance Information Regulation	☐ ■ ☐ ☐
Background Papers and/or supporting information:	COVID 19	
Action/Decision Required:	To note To approve	☐ ■
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 and innovation** **Strong Foundations**	■ ■ ■
Resource Impact:	Resources identified to support management of COVID 19 risks as required.	

1. Purpose of the report

The report is presented to the board, to provide assurance of the effective management of COVID 19 operational risks, is in line with national guidance.

2. COVID 19 Risk Register.

There are currently **32** risks identified on the COVID 19 risk register, compared to **49** identified on the previous register (5th May 2020). The evidence shows that the majority of the risks closed were either rated very low, or low. There are currently zero very low risks remaining on the register and only 3 low risks.

The majority of the current risks identified are in the moderate risk category i.e. 20 (62.5%), with 6 high risks (18.75%), outlined at appendix 1 (heat map) and appendix 2 (Covid 19 risk profile).

Of the **6** high risks identified, **2** continue to have a risk rating of **20** (risk 20178 & risk 2182), the remaining **4** have a current risk rating of 15 **(**risk 2143, risk 2180, risk 2181, risk 2201), **3** show no change in trend. Risk 2201 is the only new high risk added in this reporting period. In addition, there are **2** identified high moderate risks (12) compared to **5** in the last reporting period and **6** moderate risks (**10**) compared to **3** previously. The 3 high moderate risks closed during this reporting period were risk 2174, 2150 and 2173.

The overview at appendix 3 shows that each of the risks identified have actions plans in place. All risks appear to have made progress with actions, although at the time of reporting most of the highest scoring risks have not reduced as a result of the progress with actions and this will need to be considered further by the risk owners. Nevertheless some of the mitigations are dependent on external forces, including ongoing developments around the pandemic.

3. Themes

The primary themes identified on the COVID 19 register are as follows.

Risk of patient harm due to delays in treatment and potentially not presenting for treatment: There are 2 high COVID 19 related risks within this theme. Firstly around delays in accessing services and the potential short and long term impact this could have on patient safety. The highest scoring risk remains at a score of (20) i.e. *"Risk of not seeing C&YP who need treatment and the associated risk of late or no presentation and associated potential for harm*.(2178)* Secondly, within this theme a further high risk (15) is identified "*Delay in imaging and subsequent delay in treatment*" (2143). In addition, The Trust has identified an issue around increased waiting times due to COVID 19 and is currently in the process of identifying associated issues, to enable identification of the specific risks and the profile of those risks, and plan how this will be mitigated, building on current models. Clearly from governance prospective there needs to be consistency in approach as far as possible, notwithstanding the need to build in speciality specific differences in process, to prevent the introduction of risk that would compromise patient and staff safety.

Uncertain system environment including, finance, commissioning changes, ICS/Cell etc. The highest scoring risk (20) on the COVID 19 register relates to "*Risk of Insufficient financial resource to meet demand". (2182).* As highlighted in previous report, this risk cuts across many of the 'business as usual' risks identified on the Trust risk register, with the potential to increase the level of many of these risks going forward. Going forward there will need to be identification, assessment and evidence on the register to demonstrate all elements of this theme is captured.

Increased risk to staff welfare (short and long term, including staff absence, BAME, PTSED etc. This is identified as a specific risk on the register currently at 15 high but the theme feature across the COVID 19 risk register, with the highest risk identified scoring 15 "*Risk of short and long term negative effect on staff mental wellbeing"..* These risks have sufficient controls and actions to address gaps in controls to ensure there is no imminent threat of the risks being realised. However thy will need consistent monitoring and risk assessment as the pandemic progresses.

Risk of infection to CYP, families and our staff. This is clearly a central theme across the COVID 19 risk register. The highest risk continues to relate to Personal Protective Equipment (PPE). Although the primary PPE risk "*Risk of securing suitable and sufficient PPE to meet demand, to ensure safety of patients and staff is maintained"* remains high (15), it has continued to be managed effectively in 'real time' to keep both patients and staff safe ", despite dependency on external forces and the challenges this has presented. A new high risk (15) was identified during this reporting period 'If *the wards are not set out to enable staff to maintain the 2 metre social distancing stated in guidance there is a risk of staff contracting COVID 19.*'(2201) this risk is currently going through the risk assessment process and subsequently will be rescored accordingly. Examples of other risks within this category include '*Risk of Staff acquiring COVID 19 in the work place* (current score 8), Risk of Patients acquiring COVID 19 whilst an inpatient at the Trust (10). The Trust has strong controls in place to mitigate these risks and continue to follow national guidance.

4. Governance : COVID 19 risk

In addition to a summary of the risk position for the COVID 19 risk register at appendix 3, an addition has been included, highlighting the board sub committees responsible for overseeing the management of the risks, to ensure they are progressing effectively, thus maintaining the safety of patient's staff and others.

Appendix 1: COVID 19 Risk Register Heat Map

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	0Risks (5)	6 risks (10)	0 risks (15)	1 risk (20)	0 risks (25)
4 Major	0 risks (4)	0 risks (8)	2 risks (12)	0 risks 16	1 risks (20)
3 Moderate	0 risks (3)	3 risks (6)	12 risks (9)	0 risks (12)	4 risks (15)
2 Minor	0 risks (2)	0 risks (4)	0 risks (6)	9 risks (8)	0 risks (10)
1 Negligible	0 risks(1)	0 risks (2)	0 risks (3)	0 risks (4)	0 risks (5)

1 - 3	Very Low
4 - 6	Low
8 - 12	Moderate
15 - 25	High/extreme

Appendix 2: COVID Risk Register Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk				No risk rating
1	2	3	4	5	6	8	9	10	12	15	16	20	25	
0	**0**	**0**	**0**	**0**	**3**	**0**	**12**	**6**	**2**	**4**	**0**	**2**	**0**	**3**
0 (0%)			**3 (9.37%)**			**20 (62.5%)**				**6 (18.75%)**				**3(9.37%)**

Appendix 3. SUMMARY COVID 19 RISK REGISTER (20 high – 10 moderate)

Key	Medical Division		Surgical Division		Community and Mental Health Division		Research Division		Corporate function(s)	

Strategic Objective	CQC Domain	Ulysses Ref.	Risk Description	Current Risk Score CxL	Trend	Target Risk Score CXL	Action plan	Progress update	Risk Owner	Governance
Delivery of Outstanding Care	Safe	2178	If high levels of parental anxiety around visiting hospital setting due to COVID 19, Then there is a risk of not seeing C&YP who need treatment. Risk of late or no presentation and associated potential for harm.	5x4 = 20	⇔	3x3 = 9	Action plan in place	Contact made with all relevant AH staff to join the paediatric 111 offer; coordination via C&M Paed. Network, and nationally via 111. Environment group established and leading development of the social distancing requirements. ED capital bid in development. Launch of masks for the public underway. All actions combined expected to reduce parental anxiety re: visiting clinical setting.	Director of Strategy	CQAC
The Best people doing their best work	Well - Led	2182	Risk of Insufficient financial resource to meet demand	4X5 = 20	⇔	3x3 = 9	Action plan in place	The current financial model as per NHSI/E is in place up to the end of July. Expecting new guidance for financial architecture and framework to be put in place for Phase 2 (up to end of October). Uncertainty remains on what will be included and what levels of resource restraint will be applied	Deputy CEO/ Director of Finance	RABD

								and what activity levels 3X5will be expected to deliver. Existing Set of Controls – still within phase 1 framework with agreement to reimburse costs by NHSI		
The Best people doing their best work	Well-Led	2181	If staff have increased fear of unknown including: becoming infected, infecting patients their families, that colleagues will become sick. There is an increased risk to staff welfare(short and long term , including staff absence, BAME, PTSD ETC)	3X5 = 15	⇔	2X3 = 6	Action plan in place	Additional training for managers in development. Staff survey in progress Immediate counselling service in place to support staff National and local guidelines available via COVID 19 hub. Daily Trust briefs continue. Weekly staff support meeting continues	Director of HR & OD	WOD
Delivery of Outstanding Care	Safe	2143	Due to the current ongoing COVID-19 Pandemic backlog of patients waiting imaging across all modalities, then there is a risk of delay in diagnosis and treatment, with the added risk to patient safety. .	5x3 =15	⇔	5x1 = 5	Action plan in place	Contingency plans continue to progress.	Medical Division Director	CQAC

The Best people doing their best work	Safe	2180	Due to global shortage of PPE there is a risk of securing suitable and sufficient PPE to meet demand, to maintain safety of patients and staff is maintained	5X3 = 15	⇔	2x3 = 6	Action plan in place	Contingency plans continue to progress	Chief Operating Officer	CQAC
Delivery of outstanding care	Safe	2201	If the wards are not set out to enable staff to maintain the 2 metre social distancing stated in guidance, then there is a risk of staff contracting COVID 19.	5X3 = 15	**NEW**	5X1 = 5	Action plan in place	Initial risk assessment undertaken of work environment. In depth risk assessment planned and assessment of all ward areas	Head of Nursing Critical Care and Cardiac Surgery	CQAC & WOD
Delivery of outstanding Care	Safe	2138	If there is Increased absence, reduced availability of front-line nursing and AHP staff due to sickness and other COVID 19 related reasons, then there is a risk that compliance with national nursing standards for safe staffing levels will not be met	4x3 = 12	⇔	3x2 =6	Action plan in place	Almost all staff required to be redeployed have now returned to their substantive roles at time of reporting. The weekly review of nursing models continues. Safer Staffing Huddles operational and working well with high level of engagement from senior nurses. Rota Hub to co-ordinate the issue of rotas weekly in collaboration with the Ward Managers who own their rota. Staff who would be potentially redeployed will have a clear "stand by" rota	Acting Chief Nurse	WOD

The Best people doing their best work	Safe	2142	If serving catering staff are not able to maintain 2m social distancing due to work environment then there is a risk that staff will contract COVID 19.	4x3 =12	⇔	3x2 = 6	Action plan in place	Contingency plans progressing to mitigate risk	Facilities Manager	WOD
Delivery of outstanding Care	Safe	2119	If Isolation precautions are not adhered to , i.e. staff with mild undiagnosed COVID symptoms coming into work then there is a risk of patients and other staff contracting COVID 19	5X2 = 10	⇔	5X1 = 5	Action plan in place	Screening of all patients on admission in place. Staff wear PPE within 2 metres of patients. Clear National and local guidance being followed by staff	Associate Director of Infection Prevention and Control	CQAC
Delivery of outstanding Care	Safe	2134	If there are Staff shortages and/or relaxing of national guidance for acceptance of blood spot samples during the Covid-19 pandemic, then there is a risk of missing or delayed diagnosis for a baby with one of the discorders detected by new born screening programme. .	5x2 = 10	⇔	5x1 = 5	Action plan in place	Criteria for sample acceptance were reverted to the pre-COVID-19 criteria form 20/05/20 Records of any bloodspot samples accepted during the Covid-19 pandemic that would normally be rejected and samples that are received outside of the usual acceptable time window are being maintained.	Consultant Clinical Scientist	CQAC

Deliver of outstanding care.	Safe	2149	Due to ward restructuring as part of Covid-19 pandemic preparatory plans there are greater numbers of staff working on wards, .then risk of staff being unable to adhere to 2m social distancing	5x2 = 10	⇔	2x3 = 6	Action plan in place	Planned risk assessment	ACN Division of Surgery	WOD
Deliver of outstanding care.	Safe	2191	If prescriptions sent to patient home, potential delay in receipt, or lost in transit then risk of deterioration of children or YP.	5X2 = 10	⇔	5X1 =5	Action plan in place	Director of Community and CHAMS has made arrangement with NHS improvement/Digital. Offered to be a pilot site. Requires national infrastructure, Costings being considered and initial scoping of project carried out	Paediatric Consultant Physiatrist	CQAC
Delivery of outstanding care.	Safe	2183	If Inadequate space in ED to accommodate new 'normal; attendance then there is a risk that patients, the public and staff will be unable to socially distance in line with guidance	5x2 = 10		5x1 = 5	Action plan in place	There is additional signage throughout the waiting areas. Yellow army are now resident 14-2200 to help maintain the social distancing and to remind staff and general public. They also act as a warning if numbers are escalating. The request for additional space is currently escalated to	Division Director	CQAC

								executives and buildings services and we wait to hear what will be agreed. There is a plan within the department regarding social distancing and the escalation policy has been changed in keeping with the increased pressure in wait areas.		
Deliver of outstanding care.	Effectiv e	2184	Children and YP do not attend A& E for treatment and care due to COVID 19, then risk becoming seriously unwell	5X2 =10		5X1 =5	Action plan in place	The department are logging all patients coming through the department with delayed presentation or late symptoms of disease. Monitoring is through the morbidity and mortality streams and feeding into the division of medicine. Safety netting with the ED department in place	ED Clinical Director	CQAC

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

2nd June, 2020

Paper Title:	Infection Prevention and Control (IPC) Board Assurance Framework
Report of:	Medical Director/Director of Infection Prevention and Control (DIPC)
Paper Prepared by:	Deputy Director of Risk and Governance.

Purpose of Paper:	Decision ■ Assurance ☐ Information ☐ Regulation ☐
Background Papers and/or supporting information:	➢ NHS Introductory to the IPC Board Assurance Framework – Publication approval reference: 001559. ➢ IPC Covid-19 Management Checklist – Version 2 (22.5.20). ➢ The Trust's IPC Board Assurance Framework.
Action/Decision Required:	To note ☐ To approve ■
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 and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Classification: Official

Publications approval reference: 001559

Infection prevention and control board assurance framework

22 May 2020, Version 1.2

Updates since version 1, published on 4 May 2020, are highlighted in yellow.

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19-related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assess measures taken, in line with the current guidance, and assure directors of infection prevention and control, medical directors and directors of nursing. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can be used to assure trust boards.

Using this framework is not compulsory; however, its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May

Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence- based way to maintain the safety of patients, service users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful to directors of infection prevention and control, medical directors and directors of nursing, rather than imposing an additional burden. This is a decision that will be taken locally, but organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to
co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk, and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection prevention and control COVID-19 management checklist, version 1.2 (22 May 2020)

Updates since version 1, published 4 May 2020, are highlighted in yellow

Refer to COVID-19: infection prevention and control (IPC) - GOV.UK

This tool is designed to be an 'aide memoire' that COVID-19 guidance is being implemented appropriately within the healthcare setting	
Standard Infection Control Precautions Apply to **all staff,** in **all care settings**, for all patients when blood, body fluids or recognised/unrecognised source of infection are present. **Patients, staff** and **visitors** are encouraged to minimise COVID-19 transmission through: • Good hand hygiene and respiratory hygiene • Social distancing wherever possible In addition, all staff are requested to: • Adhere to social distancing, particularly when not wearing PPE/when in non-clinical areas eg during work breaks and in communal areas. • Stagger breaks to limit the density of staff in any one specific area(s).	
Patient placement/assessment of risk/cohort area	**Comments/notes**
Emergency department, admission and waiting areas Patients are triaged rapidly to segregate and maintain separation in space and/or time between possible and confirmed COVID-19 patients and non-COVID-19 patients. Suspected cases are asked to wear a face mask. There is physical separation of reception staff eg perspex screens. **On admission** Possible cases (awaiting lab confirmation) and confirmed cases are isolated in a single room with clinical wash hand basin and en-suite facilities. If single rooms are in short supply, priority is given to patients who have excessive cough and sputum production. Single rooms in non-COVID-19 areas are reserved for patients requiring isolation for other (non-influenza-like illness) reasons. Prioritising of patients for isolation other than suspected or confirmed COVID-19 patients is decided locally, based on patient need and local resources.	

Possible cases (awaiting lab confirmation) should be cohorted separately (ideally in single rooms) until confirmed. Patients with new onset symptoms are isolated immediately and contacts traced. **Cohort areas** are established for multiple cases of confirmed COVID-19, ideally in a designated, self-contained area. Patients should be separated by at least 2 metres and privacy curtains/screens used between bed spaces to minimise opportunities for close contact. The segregated area is not being used as a thoroughfare by other patients, visitors or staff. Doors to isolation/cohort rooms/areas are closed and signage is clear. Patient placement is reviewed daily as the care pathway changes.	
Staff cohorting Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas for their entire shift. There is consistency in staff allocation, reducing movement of staff and the crossover of care pathways between planned and elective care pathways and urgent and emergency care pathways; reducing movement of staff between different areas.	
Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout inpatient stay.	
Personal protective equipment (PPE)	
General ward All staff working in designated COVID-19 areas routinely wear fluid resistant surgical masks (FRSM). Staff providing direct care within 2 metres of a possible/confirmed case are wearing disposable aprons, gloves, FRSM and eye/face protection, when in the patients' immediate care environment. Link to PPE table.	
High risk areas A filtering facepiece (FFP) respirator and need for gown/coveralls is risk assessed. Link to PPE tables and AGP's list Where an aerosoal generating procedure (AGP) is a single procedure, PPE is single use.	

PPE must be: • Available at point of use and stored in a clean dry area. **All staff (clinical and non-clinical):** • are trained in putting on and removing PPE. • know what PPE they should wear for each setting and context. • have access to the PPE that protects them for the appropriate setting and context. • perform hand hygiene following removal of PPE. **Single/sessional use** Gloves and aprons are single use as per standard infection control precautions (SICPs), with disposal after each patient contact, task or procedure. Respiratory and eye/facial protection may be used for a session of work. Gown/coverall may be worn for a session of work in high risk areas.	
Surgical facemasks All possible/confirmed inpatients wear a surgical facemask (if tolerated and does not compromise clinical care).	
Safe management of care equipment	
Single-use items are in use where possible. Dedicated, reusable, non-invasive care equipment is in use and decontaminated between each use and prior to use on another patient. See Routine decontamination of reusable non-invasive patient care equipment flowchart. Fans that re-circulate the air are not in use.	
Decontamination of the care environment	
Domestic teams are assigned to COVID-19 cohort area/wards. All areas are free from non-essential items and equipment.	
Isolation room/cohort area (cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.)	

There is at least **twice daily** decontamination of the patient isolation room/cohort area, toilet and bathroom and staff areas, including areas where PPE is removed. Manufacturers' guidance and contact times for cleaning and dininfection products are followed. There is decontamination of '**Frequently touched'** surfaces at least twice daily and when they are known to be contaminated with secretions/blood/bodily fluids. Frequently touched surfaces include: • Toilets and commodes (particularly if patients have diarrhoea). • Door/toilet handles, locker tops, over bed tables, bed rails, desktops and electronic equipment – eg mobile phones, desk phones and other communication devices, tablets, keyboards; particularly where these are used by used by many people. • Rooms once vacated by staff following AGP (clearance times in isolation room 10-12 ACH wait minimum 20 minutes or single room with 6 ACH wait minimum of 1hr). 'Terminal' decontamination is undertaken following transfer, discharge, or once the patient(s) is no longer considered infectious. Communal cleaning trollies are not taken into patient rooms.	
Hand hygiene	
Staff undertake hand hygiene as per WHO 5 moments, using either an alcohol-based hand rub (ABHR) or soap and water. Hands are dried with soft absorbent, disposable paper towels from a dispenser are available for use to dry hands, located close to handwash sinks and beyond risk of splash contamination. How to wash and dry hands posters are clearly displayed in all public toilets and staff areas. Staff are aware of the importance of skin care.	
Movement restrictions/transfer/discharge	
Moving patients within hospital Patients with possible/confirmed COVID are not moved to other wards/departments unless for essential care. If necessary: • Staff at the receiving destination are informed that the patient has possible or confirmed COVID-19. • Patient is wearing a surgical face mask during transportation. • Patients are taken straight to and returned from clinical departments. • If possible, patients are placed at the end of clinical lists.	

Waste	
Disposal and transport of all waste related to possible/confirmed cases is classified as Category B clinical waste (orange bag).	
Linen	
All linen is managed as 'infectious' linen. Disposable gloves and apron are worn when handling infectious linen. All linen is handled inside the patient room/cohort area. A laundry receptacle is available as close as possible to the point of use for immediate linen deposit. All linen bags/receptacles are tagged with ward/care area and date. All used/infectious linen is stored in a designated area whilst awaiting collection.	
Respiratory hygiene	
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag. Symptomatic patients may wear a surgical face mask if tolerated: • In common waiting areas. • During transportation. • In clinical areas. A surgical face mask should not be worn by patients if there is potential for their clinical care to be compromised.	
Visitors	
Signage regarding any visitor restrictions is clearly visible.	

Alder Hey Children's NHS
NHS Foundation Trust

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	All (including emergency) admissions are assessed and swabbed for coronavirus. Results are recorded electronically in Meditech. The testing protocol is available on the COVID-19 hub. Link here:		
• patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	All admissions are treated as suspected or confirmed COVID-19 and are admitted to a cubicle (where possible), until proven positive or negative by testing. A cohorting plan is in place to optimise the use of beds during escalation of patient admissions. Patient Placement and Cohorting Guidance is available on the COVID-19 hub. Link here:		
• compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	Discharge Planning Policy, Patient Transfer Policy, Rapid Discharge Plan for End of Life Care available through intranet (documents are hyperlinked)	Policies are not specifically related to COVID-19. However the number of patients with Covid19 in a paediatric trust is extremely low. Adult patients who were accommodated in the ICU were subject to the policies and procedures of NWAS and LUFHT	ID Consultant developing further protocol to specify requirements in respect of COVID-19

• patients and staff are protected with PPE, as per the PHE national guidance	The Trust has established a PPE workstream led by a Senior Manager and an Infectious Diseases Consultant to ensure the use of PPE within the Trust is compliant with PHE guidance. The PPE guidance for staff is regularly communicated and is available through the Trust's COVID-19 Hub. Link here.	PHE guidance is regularly being updated after review of the new guidance and sometimes can be changed at very short notice, making it difficult to communicate the changed guidance to all staff in a timely manner. Cascading systems are being created to distribute changes to the guidance	The Clinical Lead for PPE maintains a close watch on PHE guidance and where changes are required will rapidly create additional information for cascading through the Communication department, and updating the information on the COVID-19 hub at the earliest opportunity.
• national IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	The IPC/ID Team continually monitor and review the guidance from PHE. Associate Director of IPC attends a National Infection Prevention Society Board meeting and is kept up to date with clinical expert consensus through IPC national network Guidance is communicated via comms and the trust daily briefing, and added to the COVID-19 hub along with many relevant documents in respect of clinical management of patients. Link to IP&C precautions here	There are shortages of different PPE items at different times.	PPE supplies workstream (including Procurement dept) meets regularly to review and report PPE supplies and seek alternative PPE where possible. National hotline is available to seek emergency supplies when required
• changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Any changes to PHE guidance are raised to Tactical Command for review by Strategic Command and are communicated to the Board via the DIPC / Medical Director		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	Risks are documented in Ulysses under a specific COVID-19 section and reviewed through the governance structures. Link to Ulysses here.  COVIS RISK REGISTER 6TH jULY		A COVID-19 specific virtual Infection Prevention & Control Committee meeting has been scheduled for 29th May.
•			

• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Snapshot of Covid Risk Register embedded here IPC risk assessments remain in place and continue to be reviewed and updated before and during the pandemic.		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • teams with appropriate training care for and treat patients in COVID-19 isolation or cohort areas	This forms part of the standard training for doctors and nurses. Extra / specific training has been provided for teams being requested to care for patients on PICU and other cohort areas. AH is a HCID centre designated by the Government		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Detailed programme of cleaning processes in clinical areas has been devised and implemented. Designated domestic staff for COVID-19 wards trained appropriately including in use of PPE. Training logs are kept by Domestic Services manager.		All COVID-19 cleaning regimens (clinical and non clinical areas) are currently being collated into a single document for ratification through Trust governance processes
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	Associate DIPC has ensured terminal cleaning is in line with PHE Guidance, including RAG rated 'daily cleans' and 'discharge cleans'. Documentation is available on the COVID-19 Hub Link here		
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance	Additional domestic staff have been employed to ensure frequency of cleaning is stepped up in all areas, including both clinical and public places All cleaning protocols are in place as per PHE guidance		All COVID-19 cleaning regimes (clinical and non clinical areas) are currently being collated into a single document for ratification through Trust governance processes

• linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken • single use items are used where possible and according to Single Use Policy • reusable equipment is appropriately decontaminated in line with local and PHE national policy	Standard protocol in place for infected linen, which complies with PHE guidance. Linen is sent to a national approved laundry facility. Link to Linen Management Policy here Single use items used where possible. Guidance on single use items form part of Medical Device and Equipment Management Policy (incorporating single use policy. Link here Decontamination of Reusable Medical Devices Policy. Link here		Protocol developed and approved by experts in Infection Prevention and Control.
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight	The Antimicrobial Stewardship (AMS) and Infectious Diseases (ID) team complete a ward round every day Monday to Friday where all IV antibiotics prescribed for inpatients are reviewed, except Oncology and Critical Care. (Oncology and Critical Care are all reviewed in separate MDTs which occur 1-2 times per week.) All IV antibiotics for inpatients at Alder Hey are reviewed by a specialist AMS clinician within 72 hours of initiation. We have reviewed on average 360 prescriptions per month which equates to on average 210 antibiotic episodes per month. We continue to report evidence of antibiotic consumption to the Infection Prevention and Control Committee and the Medicines Management and Optimisation Committee. We are currently in		

	the process of drafting our end of year report. Our Antimicrobial Prescribing Policy was updated in February 2020 and is awaiting ratification at CDEG and CQSG. We are currently in the process of establishing an Antifungal Stewardship Team which will be taken up by the AMS/ID Teams. We continue to maintain our Antimicrobial and Infection Guidance webpage on the intranet: http://intranet/DocumentsPolicies/SitePages/Antimicrobials.aspx Our Outpatient Parenteral Antimicrobial Therapy (OPAT) service continues to help facilitate early discharge and admission prevention. We continue to see approximately 120 bed days saved directly related to OPAT which equates approximately to £56k on average a month.		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting • Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access	Visiting guidance document. Regularly reviewed and updated and made available on public facing COVID-19 information hub. Link here Regular communication to staff via daily staff briefing. There is an escalation process for exceptions to the policy. COVID-19 (suspected and positive) areas identified as PICU /HDU and within identified specific Pod areas. Signage in place on wards. Zones are also in place for aerosol and non-aerosol generating procedures. Signage is as provided in the Patient Placement and Cohorting Guidance is available on the COVID-19 hub. Link here:		

• information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Information and guidance is available on COVID-19 information hub (Trust website). Numerous examples are provided throughout this document. Child friendly content on Public COVID19 Information Hub. It is standard practice for the transfer of patients (internal or external) to advise of any infectious diseases, as detailed in Sections 7.2, 7.3 and 7.4 of the Patient Transfer Policy. Link here		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection • patients with suspected COVID-19 are tested promptly • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated	ED have an established triaging system as patients enter the department and allocate to different areas in the department All admissions are being swabbed prior to or upon admission, plus all patients that display symptoms will be swabbed immediately. The testing protocol is available on the COVID-19 hub. Link here: Any patients that develop typical COVID-19 symptoms whilst in hospital will be re-tested immediately and appropriate cohorting will be implemented according to the Patient Placement and Cohorting Link here: Patients who display symptoms are treated	This becomes more difficult as ED activity increases with limited cohorting space	Exploring an 'add on' portacabin or alternative means of enabling separation

and promptly re-tested • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	as positive despite a negative test. The vast majority of routine appointments that are going ahead are being undertaken as 'virtual' appointments. For patients that need to attend the Trust, any who display symptoms of COVID-19 during a routine appointment are tested and staff are aware of appropriate PPE that is required. Patients are also triaged prior to their appointment.		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained • appropriate arrangements are in place that any reuse of PPE in line with the CAS	Standard Mandatory training log. Local training (e.g. for domestics / yellow helpers) is provided relative to the job they are required to undertake. All staff are appropriately trained. Posters are displayed in clinical areas. Guidance for appropriate use of PPE is provided via the COVID-19 Hub and includes generic guidance plus a number of appendices which provide detailed information including 'donning' and 'doffing' PPE. Link here. A separate page on the Hub is also dedicated to PPE Training. Link here All staff have a training record on ESR. Additional PPE training is captured on a separate spreadsheet. [Embedded as spreadsheet in Section 10 below] A working group is established to oversee and advise on PPE re-use and extended use. This is led by one of our Infectious Disease		

alert is properly monitored and managed • any incidents relating to the re-use of PPE are monitored and appropriate action taken • adherence to PHE national guidance on the use of PPE is regularly audited • staff regularly undertake hand hygiene and observe standard infection control precautions • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms	Consultants and is included in the PPE Guidance on the COVID-19 hub. Link here. Incidents are recorded on Ulysses. If these relate to PPE compliance they are reported to the Clinical Lead for PPE. PPE Observers have been identified on each ward to support and advise staff on appropriate PPE selection and usage, and to monitor compliance with the right processes. A PPE Handbook has been provided to staff (link here) which includes reminders about the "5 moments" of hand hygiene. The IP&C Team undertake audit of the ward areas to ensure compliance with these standard infection control precautions A communication has been issued to staff advising on how to launder scrubs and uniforms. Link here Staff are contacting the Trust to refer themselves or their household members if symptoms develop. Process has been communicated several times through the 12.30pm briefing, and other means to remind staff how to do this and is available on the COVID-19 hub under Staff Testing FAQs. Link here		

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are	Trust has 70% single rooms which supports isolation when		

where possible isolated in appropriate facilities or designated areas where appropriate • areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	required. Cohorting considered with agreement IPC/ID when required and according to the Patient Placement and Cohorting plan. Link here: Single patient cubicles and cohorting plan in place. This is part of business as usual and is recorded in Meditech by the IPC team once communicated to the appropriate area.		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals • patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance • screening for other potential infections takes place	Swabs are sent to a local accredited laboratory for testing. In house tests can be undertaken by qualified Biomedical Scientists There are three deliveries per day to the referral laboratory. Results are telephoned back as soon as they are available A screening panel for a variety of respiratory viruses is undertaken on symptomatic patients where clinically relevant.	Turnaround of results can take up to 24 hours	Test provider changed from MFT to RLUH with improved turnaround times (often to same day reporting). Additionally we have a small number of Cepheid kits are held in house to allow rapid turnaround (2 hours) in urgent

			cases
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance • PPE stock is appropriately stored and accessible to staff who require it	IPC mandatory training is provided for all staff. An IPC Team is constantly available to support and provide advice in all aspects of IPC. Regular updates are communicated as required and latest guidelines are available on the COVID-19 hub The Trust has established a group led by a Senior Manager and an Infectious Diseases Consultant to ensure the use of PPE within the Trust is compliant with PHE guidance. The PPE guidance for staff is regularly communicated and is available through the Trust's COVID-19 Hub. Link here. Standard Precautions Policy (link here) and Waste Management Policy (link here) are in place for handling infectious waste. PPE stock is overseen and distributed by Procurement dept. A PPE Supplies work stream regularly discusses the availability of PPE. In the event of shortage out of hours, an emergency supply is available for staff to access via the bleep holder.	PHE guidance is regularly being updated and sometimes can be changed late in the afternoon making it difficult to communicate the changed guidance to all staff in a timely manner. Thisis especially true at weekends.	The Clinical Lead for PPE maintains a close watch on PHE guidance and where changes are required will rapidly create additional information for cascading through the Communication department, and updating the information on the COVID-19 hub at the earliest opportunity
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure:	The HR led wellbeing team are in regular contact with staff who are shielding. Specific advice for vulnerable groups and staff who		

• staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	are 'shielding' is provided through the COVID-19 Hub. Link here. A Staff Advice and Liaison Service is in place to provided additional psychological support to any staff member who needs it. Link here There is specific guidance to BAME staff with a risk assessment for a managers and self assessment available		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	FFP fit testing training log. Embedded here: (Names redacted and password protected… Covid2020)  COVID19-PPE-FIT-TESTING-Master-May2		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Staff absence is categorised into COVID related and non-COVID related, and is reported to the H&WB Team who monitor all staff absence and support them to access testing. Staff support Link here Staff testing system is in progress and is available through the COVID-19 hub. Link here		
• staff that test positive have adequate information and support to aid their recovery and return to work	Staff testing positive are given advice on isolation from a clinician and the H&WB Team follow up the individual to provide the necessary support to return to work when appropriate.		

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

25/05/2020

	Measure	Trend	W/C 18/05/2020 Last Week	WC 11/05/2020 2 Weeks Ago	WC 04/05/2020 3 Weeks Ago	WC 27/04/2020 4 Weeks Ago	Feb-20 Baseline (Pre Covid)	Commentary
RABD - Performance	ED: 95% Treated within 4 Hours	▼	98.3%	99.4%	95.6%	97.7%	86.8%	We are currently excelling the 95% target within ED as there have been significantly less presentations to the department than predicted, predominantly due to the covid-19 pandemic. Therefore we have had more resource available to us, enabling us to see patients within the 4 hour target. As a result of the current situation, we have reviewed and made improvements with waiting areas within the department (covid suspected/non-covid suspected) which has improved the flow through ED and put patients on to the correct pathway in a timely manner. We are also using this time effectively to continuously improve processes within ED and look into some of the finer detail so we can make permanent improvements moving forward and maintain 95% performance standard.
	ED: Number of patients spending >12 hours from decision to admit to admission	▬	0	0	0	0	0	No instances
	Current Beds Occupied (as of 25/05/2020)	▲	ICU = 13 AICU = 0 HDU = 7 Gen = 103 **Total = 123**	ICU = 9 AICU = 0 HDU = 4 Gen = 99 **Total = 113**	ICU = 9 AICU = 0 HDU = 3 Gen = 108 **Total = 120**	ICU = 8 AICU = 0 HDU = 6 Gen = 96 **Total = 110**		This metric reflects hospital activity as we start to increase activity through phase 2 of our plan. Underpinning this will be the consistent increased ED attendance and acuity with NEL admission and increased activity through theatres.
	Was Not Brought Rate (exc WBO & WA)	▼	9.25% (not inc. 243 awaiting cash up)	9.53% (not inc. 179 awaiting cash up)	9.24% (not inc. 120 awaiting cash up)	9.25% (not inc. 88 awaiting cash up)	9.95% (not inc. 78 awaiting cash up)	We have achieved a consistent rate of performance here but this will begin to shift as the OP programme looks to recommence. This is below the Trust target of 12%. There is lag with cashing up so we anticipate WNB rate will increase slightly.
	Number of Super Stranded Patients (21 days)	▲	26	25	26	27	37	During the Covid pandemic a length of stay report has been produced on a daily basis detailing length of stay broken down into 7 day, 21 day and 30 day plus highlighting numbers of non-qualified for each section and action plans for the > 21day children. During the pandemic NQ pts have ranged from 2 to 5 patients. - Pre Covid 19 > 21 days – 13 were non-qualified - End of March > 21 days – 2 were non-qualified. - Current >21 days – 5 are non-qualified. Currently all patients deemed non-qualified have plans in place and are working towards discharge home or to a suitable community placement. Discharge planning for complex patients starts on admission with MDTs arranged as soon as possible with parents/carers and both internal leads and external partners with the aim of reducing length of stay. Delayed discharges due to external blockages are escalated promptly to allow Excec to Excec discussions to take place.
	Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	▬	100%	100%	100%	100%	100%	All oncology 2ww waits seen with the two week time frame. This capacity has been protected throughout the Covid response. It must be noted that although there are no current 31 day breaches, compliance with the 31 day standard may be challenged to the limited availability of surgical capacity.
	All Cancers: 31 day wait referral to treament	▬	100%	100%	100%	100%	100%	
	All Cancers: 31 day wait until subsequent treatments	▬	100%	100%	100%	100%	100%	
	31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	▬	100%	100%	100%	100%	100%	
	RTT: Open Pathway: % Waiting within 18 Weeks	▼	66.7% (April)			86.7% (March)	92% (February)	The reduction in RTT is consistent with other Acute providers and reflects the significant redcution of available theatre/OP and ward bed capacity. This position will not signficantly improve until the resumption of capacity resumes back to original levels. This is currently being worked through as part of phase 2 planning and is also contingent on PPE availability.
	Waiting List Size	▼	11,046 (April)			12162 (March)	12,895	This reflects the significant reduction in both referrals into the Trust and Consultant to Consultant referrals. Primary care have been encouraged to review patients and refer into secondary care so we anticipate seeing this reduction in size steady out.
	All Referrals Received (GP, EXT & INT)	▲	863	757	664	755	1830 (Weekly Avg)	This reflects the significant reduction in both referrals into the Trust and Consultant to Consultant referrals. Primary care have been encouraged to review patients and refer into secondary care so we anticipate seeing this reduction in size steady out.
	Waiting Greater than 52 weeks	▲	15 (April)			5 (March)	0	We have seen an increase in this metric that reflects the challenges with creating significant capacity. There are 7 in surgery and 8 in community. Each patient has been clinically reviewed and the teams are working to ensure they are admitted in-month.
	Clinical Incidents resulting in Near Miss (Per 1,000 Bed Days)	▲	13	7	10	15	10	There has been a significant reduction in incidents reported since the start of COVID 19 . However 'near miss' incidents are an excellent opportunity to learn and prevent the same of similar incidents happening, therfore the information is submitted to the divisions weekly to ensure the learning opportunities are included in incident managment discussions.
	Clinical Incidents resulting in No Harm (Per 1,000 Bed Days)	▲	60	51	41	46	46.1	Although there has been a significant reduction in includes reported since the start of COVID 19, the majority of the incidents have resulted in no harm. Nevertheless this information is forwarded to the divisions on a weekly basis to ensure lessons are learned.
	Clinical Incidents resulting in minor, non permanent harm (Per 1,000 Bed Days)	▲	13	8	12	20	11.6	there has been a significant reduction in incidents reported since the start of COVID 19 . However there has been a low level of minor harm incidents reported. The divisions receive weekly reports to ensure there are discussed and themed to ensure learning occurs and minimise the risk of recurrence or the risk of more serious incident occurring through learning and implementation of improvements.
	Total no of incidents resulting in moderate harm (Per 1,000 Bed Days)	▬	0	0	0	0	0.1	There have been no incidents resulting in moderate harm.

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

25/05/2020

	Measure	Trend	W/C 18/05/2020 Last Week	WC 11/05/2020 2 Weeks Ago	WC 04/05/2020 3 Weeks Ago	WC 27/04/2020 4 Weeks Ago	Feb-20 Baseline (Pre Covid)	Commentary
CQAC	Total no of incidents resulting in major harm (Per 1,000 Bed Days)	▬	0	0	0	0	0	There have been no incidents resulting in severe / major harm during this period.
	Total no of incidents resulting in death / catastrpohic (Per 1,000 Bed Days)	▬	0	0	0	0	0	No incidents have resulted in catastrophic harm during this reporting period.
	Overall Total number of incidents (Per 1,000 Bed Days)	▲	87	66	63	82	67.9	There has been a reduction in the number of incidents reported during this reporting period, which is a reflection of the reduced activity since the start of COVID 19 'lockdown'.
	Total no of medication errors resulting in harm (minor and above) - Requires Validation	▲	3 (month to date)	1 (month to date)	1 (month to date)	1 (month to date)	2	5 medication errors resulting in harm (by end of May) have been reported since 1/5/20. This is greater than our target of 2 per month/27 per annum. Two were administration errors; one was a 10 fold prescribing error which was then administered to the patient; one was a delay in obtaining IV access which resulted in 3 doses of an antibiotic being missed and the final one occurred when a parent didn't understand the dosing instructions for a drug and gave double the dose intended. Each of these incidents has been investigated in order to identify any learning required and the Medication Safety Committee will continue to monitor these trends
	Pressure Ulcers (Category 3)	▬	0 (month to date)	0 (month to date)	0 (month to date)	1 (month to date)	0	None Reported
	Pressure Ulcers (Category 4)	▬	0 (month to date)	0 (month to date)	0 (month to date)	0 (month to date)	0	None Reported
	Total no of never events	▬	0 (month to date)	0 (month to date)	0 (month to date)	0 (month to date)	1	None Reported
	No. unexpected admissions to PICU (PICANet)	▲	10	6	6	2	12 (Weekly Avg)	
	Sepsis: % Patients receiving antibiotic within 60 mins for ED	▼	83.3% (n=5/6)	100% (n=6/6)	100% (n=6/6)	60.1% (April)	86.5%	One patient treated for sepsis did not receive antibiotics within 60 minutes, the patient required fluid boluses of saline and glucose for stabilisation prior to antibiotics. Time was 74 minutes.
	Sepsis: % Patients receiving antibiotic within 60 mins for Inpatients	▼	50% (n=4/2)	100% (n=1/1)	100% (n=5/5)	80% (n=4/5)	88.2%	Of those not seen within 60 mins there was one delay as the patient had a complex medical history and needed discussion with senior consultant regarding antibiotic choice, no clinical deterioration, time was 71 minutes. Second delay was a baby who had a full septic screen including a lumbar puncture. No clinical deterioration and managed well. Decision was made to do the lumbar puncture as at that time the baby was stable. Time was 104 minutes. Both delays occurred on EDU where the medics were called to review the patients after being referred by ED. The patients did not need any IV fluids or oxygen (ie no other organ support).
	Hospital Acquired Organisms (MRSA, CDIF, RSV, MSSA, CLABSI ICU only, BSI & VRE)	▬	0	0	0	0	2	The RCA for the 2 Clostridium difficile cases will be held on 03/06/2020 – it will be examined through the timelines into whether the 2 cases are connected. Bacteraemia reviews will recommence from the 04/06/2020.
	No. of Covid pos patients in the hospital (as of 25/05/2020)	▬	1	1	0	0	NA	There was one Covid - 19 positive patient as of the 25/05/2020. This reflects the lower numbers of positive patients seen within the paediatric population compared to adult Trusts across the Cheshire and Merseyside.
	Hospital Acquired COVID-19 Infections	▬	0	0	0	0	NA	There has been no hospital acquired Covid – 19 infection in the Trust for the past 4 weeks.

Alder Hey Children's NHS
NHS Foundation Trust

The Best People doing their best Work

25/05/2020

	Measure	Trend	WC 18/05/2020 Last Week	WC 11/05/2020 2 Weeks Ago	WC 04/05/2020 3 Weeks Ago	WC 27/04/2020 4 Weeks Ago	Feb-20 Baseline (Pre Covid)	Commentary
RABD	Avp: Non Elective (Weekly Activity)	▲	166	154	125	148	205	Activity levels remain well below the pre-COVID run-rate.
RABD	Avp: IP Elective vs Plan (Weekly Activity)	▼	27	40	36	26	100	Activity levels remain at less than half of pre-COVID run-rate following cancellation of all routine actvity. Recovery plans are being developed.
RABD	AvP: Daycase Activity vs Plan (Weekly Activity)	▲	224	220	170	184	480	Activity levels remain at less than half of pre-COVID run-rate following cancellation of all routine actvity. Recovery plans are being developed.
RABD	Face to Face Outpatient Activity (Weekly Attns) exc WBO & WA (MediTech & EMIS)	▲	844	747	592	709	5701 per week	In response to COVID-19, OPD initially offered only urgent face to face slots for patients. To compensate for the loss of face to face availability the platform Attend Anywhere was introduced and this, alongside telephone clinics helped to maintain OPD capacity. On the 1st June 2020, OPD have introduced Phase 2 of its response to COVID-19 with a return to the pre-covid schedule with 200 face to face slots available daily. All other template slots have been transferred to video/telephone capacity with the emphasis on still using Video or telephone clinics where possible. Using all three OPD platforms should see a return to the pre COVID OPD capacity.
RABD	Virtual Outpatient Activity (Weekly Attns) (MediTech & EMIS)	▲	2885	2846	2122	2278		
WOD	Absence (All - including sickness and shielding)	▼	402 (10.4%)	413 (10.6%)	412 (10.6%)	426 (11.4%)	6.08%	The Trust overall absence has decreased slightly over the last 3 weeks. **- Non-COVID related sickness- 5.5%** **- COVID-19 related sickness- 1.2%** **- Shielding- 3.7%** On 20/5/2020 we accelerated the launch of The Wellbeing Team launched in conjunction with TeamTrak app. The Team are providing support to staff and managers with absence management. In conjunction with this the SALS service continue to provide advice and guidance to staff across the organisation to support their health and wellbeing
WOD	Absence- including shielding (COVID-19)	▼	188 (4.86%)	199 (5.14%)	197 (5.10%)	206 (5.49%)	NA	COVID-19 related absences has reduced w/c 18/5/2020. **- COVID-19 related sickness- 1.2%** **- Shielding- 3.7%** The Wellbeing Team continue to directly contacted those staff off sick and those staff who are shielding, to ensure that they are appropriately signposted to any support they may need. The Team are also continuing to work in partnership with the staff testing team to ensure staff absent with COVID-19 related symptoms are able to be tested
CQAC	Total no of formal complaints	▼	4 (month to date)			6 (month to date)	10	A very low number of formal complaints were registered in April reflecting the reduced activity across the Trust due to COVID 19.
CQAC	Total no of PALS contacts	▼	30 (month to date)			47 (month to date)	113	A significanlty lower than normal figure of PALS referrals were registered in April reflecting reduced activity due to the impact of COVID 19.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 2nd June 2020

Paper Title:	Serious Incident Learning Assurance Report
Report of:	Acting Chief Nurse
Paper Prepared by:	Trust Risk Manager
Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	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 2019. NHS Patient Safety Strategy. NHS Improvement. July 2019.
Action/Decision Required:	To note ■ To approve ■
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 and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	n/a

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1. Purpose of the report

The report is presented to the Board monthly, to provide assurance of the efficacy of the Serious Incident Management and Duty of Candour process, focusing on learning from experience.

2. Summary of Serious Incidents, Never Events and moderate harm incidents

Appendix 1 shows the Trust's previous financial year (2019/2020) and current financial year position i.e. number of serious incidents reported requiring investigation (SIRI) including 'Never Events'. There were 14 SIRI's reported in total during 2019/20.

There was **1** serious clinical incident reported in April 2020. There were **0** serious safeguarding incidents and **0** Never Events reported. In addition, there were **0** additional moderate harm incidents reported during this period.

Appendix 2 shows the progress position with ongoing SIRI's; of which there are **4** in total. 3 out of 4 serious incident investigations have been carried over from the previous financial year; and all 3 have required extensions, due to the impact of the national COVID 19 pandemic.

Appendix 3 shows that there was **1** completed investigation during this reporting period.

*Note: The new serious incident that occurred during this reporting period; was categorised as moderate harm; however is reportable in line with the Serious Incident Framework, 2015.

Appendix 1

Table 1 StEIS reported Serious Incidents and Never Events performance data 2019/20

Serious Incidents													
Month	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**Cumulative**
New	0	0	2	2	0	4	1	0	3	1	1	0	14
Open	3	2	0	4	4	7	5	5	3	4	4	4	4
Closed	2	1	2	0	0	1	3	5	2	2	1	0	19
Never Events													
Month	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	
New	0	0	0	0	0	2	0	0	1	0	1	0	4
Open	0	0	0	0	0	0	0	0	0	1	1	0	1
Closed	0	0	0	0	0	0	0	0	2	0	0	0	2

Table 2 StEIS reported Serious Incidents and Never Events performance data 2020/21

Serious Incidents												
Month	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
New	1											
Open (Total)	4											
Closed	1											
Never Events												
Month	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
New	0											
Open (Total)	1											
Closed	0											

Note* 3 cases carried over from the previous financial year.

Appendix 2

Ongoing SIRI investigations update					
StEIS reference	Incident Type	Duty of Candour in line with regulation 20	Immediate lessons Learned	Immediate actions	Further action to be taken
2020/7074 **NEW (April)**	Category 3 Pressure Ulcer under medical device	Completed Compliant	It appears that there is missing information / documentation in relation to skin checking; after the removal of the Plaster of Paris. The Orthotic Team should have checked the skin integrity before they applied the AFO (ankle foot orthosis). Tissue Viability Services should be contacted for wound assessment, if any concern.	Community Nursing team visits booked for wound assessment and management. AFO was removed until the wound was seen by the Tissue Viability Specialist. The Tissue Viability Specialist had a discussion with the Outpatient Matron and Plaster Room Manager and reassurance given about early identification of pressure injury and management. Meditech documentation to be in place. Discussion of the incident at the Patient Safety Meeting; to ensure trust wide communication and learning.	**Progress Update April 2020:** Comprehensive 72 hour review drafted and in the final stages of quality check; prior to being sent to Liverpool Clinical Commissioning Group (CCG). Final investigation report due out by the 14/07/2020.
2020/2282	Never Event - Wrong site surgery (Squint surgery)	Completed Compliant	Specific muscle to be operated on, not noted on consent form. The specific muscle was not identified on the whiteboard in the operating theatre which would assist the	In cases of Squint surgery the muscle to be operated on is to be identified prior to the commencement of the surgery on the whiteboard in the operating theatre – this will be completed by the operating Surgeon and verified with his/her assistant.	**Progress Update April 2020:** **Level 2 investigation** Second panel meeting held. The draft report is being written.

			Surgeon. The Surgeon sat in the wrong position at the beginning of the case. There was no Registrar available to assist the Surgeon with the surgery.	Verbal confirmation of procedures with the team prior to knife to skin (as per the WHO 5 steps to safer surgery). If the surgeon requires assistance for a procedure and does not have a trained surgical first assistant assigned to the case, or a registrar, the procedure must not go ahead.	Extension granted to the 04/06/2020.
2020/608	Diagnostic incident including delay meeting SI criteria Misdiagnosis of the grading of a tumour 2011	Completed Compliant	Routine practice at that time (2011) was that only one pathologist reviewed samples. On occasions samples would be sent elsewhere for second opinion.	At the time there was no awareness that this was a risk, and it was the accepted practice in this MDT in 2011. These risks do not now apply as there is in-house 'double reporting' in all cases.	**Progress Update April 2020:** The Trust's Deputy Medical Director has contacted an external Trust to lead on this case review. The family have been updated as to ongoing progress. Initial extension granted to the 25/06/2020.
2019/27191	Patient underwent an unnecessary MRI under General Anaesthetic (GA)	Completed Compliant	When a discrepancy on the ordering of investigations is discovered it should be escalated immediately to the Service Manager who would arrange a clinical review of all patients seen during the clinic. This will ensure that all investigations have been correctly ordered. It is good practice to ensure that clinical staff	Clinical Director circulated a Trust wide Safety Alert reiterating that staff are to only view one patient record at any one time on Meditech, to minimise the risk of the incident recurring.	RCA level 1 investigation underway. **Progress Update April 2020:** Internal quality check processes are ongoing. Further work is required; to ensure the report addresses all relevant queries. Extension granted to the 04/06/2020.

			do not view more than one patient record via Meditech at any one time. The Consultant will undergo standard clinical systems training on each visit.		

Appendix 3

Closed SIRI investigations					
StEIS reference	Incident Type	Duty of Candour in line with regulation 20	Immediate lessons Learned	Immediate actions	Outcome
2019/28203	Sub-optimal care of the deteriorating patient. Escalation delay	Completed Compliant	Escalation to Registrar to be made aware of the patient's ongoing PEWS score and a senior medical review, as per PEWS policy. Earlier transfer to Critical Care. Full documentation and recording of PEWS.	Safety notice – Importance of following the PEWS policy.	Final report sent to the CCG.

END

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 2nd June 2020

Report of:	FTSU Guardian Director of Corporate Affairs
Paper Prepared by:	FTSU Guardian
Subject/Title:	Freedom to Speak Up – Progress Update Report
Background Papers:	FTSU Board reports from September 2016 onwards
Purpose of Paper:	To provide the Board with a summary of progress to date to improve and enhance mechanisms for staff to raise concerns and describe the actions planned for the coming period
Action/Decision Required:	The Board is asked to note the progress made to date and to support the further actions outlined
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Best people doing their Best Work**
Resource Impact:	To be identified

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

FREEDOM TO SPEAK UP PROGRESS REPORT IN RESPONSE TO NATIONAL GUIDANCE FOR BOARDS AND QUARTERLY UPDATE

1. Purpose

The purpose of this paper is to provide the Board with an update of the Trust's position against the current national guidance for Boards relating to the Freedom to Speak Up movement, to provide the quarterly report of cases from the FTSU team and to outline the actions planned for the coming six to twelve month period.

2. Recommendation

The Board is asked to note the progress made to date, support the overall direction of travel and the specific initiatives proposed.

3. Evaluating the Guardian Resource

A review of ring-fenced time for the FTSU Guardian was undertaken as a result of a rise in cases during Q2 of 2019-20, following which protected time for the role was increased to two days per week. Resources to support the Guardian's work have been further augmented with the development of SALS (Staff Advice and Liaison Service) within the organisation, as there is a significant overlap with the remit of SALs and the role of the FTSU Guardian, which is nationally prescribed as the Board is aware. This development is seen as an enhancement to the FTSU mechanism and provides another route for staff to raise concerns safely.

3.1 Communication strategy

Promotion of the FTSU resource among staff continues to be supported by our communications team; we work to promote our positive FTSU culture, with a variety of tools including, posters and pull ups ensuring particular attention is given to our colleagues working external to the acute hospital building. FTSU is part of our new starters' induction programme, as well as our student nurse induction programme and our recently recruited, International Nurses' programme.

Confidence in the support offered by FTSU continues to increase and this can be 'measured' by the contacts made directly with the Guardian, be that in the lift, corridor or simply walking through the atrium, these numbers continue to be high, therefore the visibility of the Guardian cannot be under estimated; this visibility and accessibility continues to be one of the most effective forms of communication and promotion.

3.2 FTSU Improvement Strategy

The improvement aims of FTSU have been further progressed by the development of SALs and by the positive response to the Strong Foundations course which has seen an incredible appetite by staff to participate and engage; this has further aided the spread of a 'Speak up Safely' culture at Alder Hey, also evidenced in the staff survey results. Through SALs we have demonstrated the importance of listening to staff, this again is a fundamental role of the FTSU Guardian and the footfall through the SALs door would demonstrate a growing confidence in the service and that of the FTSU Guardian.

During the Covid pandemic there has been a growing awareness of the importance of staff being able to raise concerns safely. Sir Simon Stevens makes reference to this in his letter of the 29th April 2020, sent to all NHS trusts, in the importance of ensuring staff welfare and safety. Here in Alder Hey we have enhanced the FTSU function further by the significant development of the SALs

service, which ensures that staff have a 'safe space' to enter, were they can be listened to and their concerns can be acted upon.

3.3 Triangulating data

The use of Ulysses as a tool to report an FTSU concern was launched in January 2020; there was significant work done to ensure that this was a secure site on which staff can report directly, including the stripping away of access for those staff who would normally be involved in administration of the system, to fully guarantee confidentiality. It is the intention to carry out regular access audits as a means of reassurance that this is being adhered to. It is believed that we may be the first trust to use Ulysses in this way. Given recent circumstances, we have not yet seen a significant use of this route as a way of reporting concerns and intend to re-launch it with the next communication campaign. Currently we are looking at adopting the same approach for reporting using Ulysses for Raise it Change It issues and this will also be communicated out to staff.

The attraction of using Raise it Change it, as a route to escalate staffs concern lies in its direct access to the Chief Executive; this is an important factor for staff and one that should not be lost, however we do need to ensure that the process for reporting in this way is robust, that staff receive feedback and it is linked with other routes, to ensure we can triangulate all concerns and quickly identify any trends or themes: using Ulysses will aid this.

Quarterly Raising Concerns meetings were established with the first scheduled for mid-April, however this has been postponed due to the pandemic impact. These will be re-established using Microsoft Teams; the purpose of this meeting remains the same, which is to ensure that all data is compared regarding raising concerns and this will include all those routes noted in the Board report of July 2019

3.4 Guardian Report content

The National Guardian's Office, have extended the submission of data to 15th May 2020, due to the pandemic and taking into consideration that some FTSU Guardians may be re-deployed. Our data has been submitted. However, contact has been made with the regional NW FTSU Lead and the NGO, as there is a concern that the data submitted does not present a true reflection of the organisational picture due to the work of the SALs team during this period. The footfall through this service is significant, as demonstrated by the numbers captured on the SALs database, which is in excess of 100 discreet issues, but only captures data from 19th February 2020. Consideration needs to be given to how we can ensure cases coming through the SALs service that may fall under the FTSU umbrella, are included in our data submission.

During Q1, a total of 8 cases were brought to the FTSU team by Trust staff. Of these cases, 1 was related to behaviour and relationships, 7 to systems and process, none of these cases was raised confidentially, which could indicate a confidence, by staff, in raising a concern through this route without fear of any punitive impact. All of these cases currently remain open, but due to the nature of the 7 relating to process and systems I would suggest that this may be as a result of the current situation.

During the final quarter of 2019/20 Raise it Change It had 30 issues raised, 24 of these are closed; there would appear to be a drop in reporting via this route, which may be as a result of the establishment of the SALs service, this will need to be monitored going forward.

3.5 Participation in local and national networks

The Trust Guardian has been appointed from 1st May 2020 as the North West Regional FTSU Chair. The next regional meeting is due June 2020; this has been planned to be hosted at Alder Hey however this is now going to be hosted via Microsoft Teams.

4. Next Steps

Key actions for the coming period – set within the context of the current phase of the Covid-19 recovery plan - are as follows:

- To refresh and revise the communication plan surrounding the Trust's framework for staff to speak up safely, particularly in the context of changes to working arrangements and practices, so that they are clear as to how they can be supported, with whatever the concern is.
- To continue to work within the SALS in developing the service, so that staff are aware that this is a one stop shop where the team can intervene or signpost onwards.

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Kerry Turner
Freedom to Speak Up Guardian
May 2020

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board

2nd June, 2020

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Deputy Director of Human Resources & Organisational Development
Subject/Title:	People Strategy – • Sickness Absence and Wellbeing Summary- May 2020 • Agile working
Background Papers:	N/A
Purpose of Paper	To present to the Trust Board an update on the Trust Health and Wellbeing support
Action/Decision Required:	To review and support the actions being taken and provide comments or recommendations
Link to: **Trust's Strategic Direction Strategic Objectives**	The Best People Doing their Best Work
Resource Impact:	Not yet known

Sickness absence and wellbeing summary for May 2020

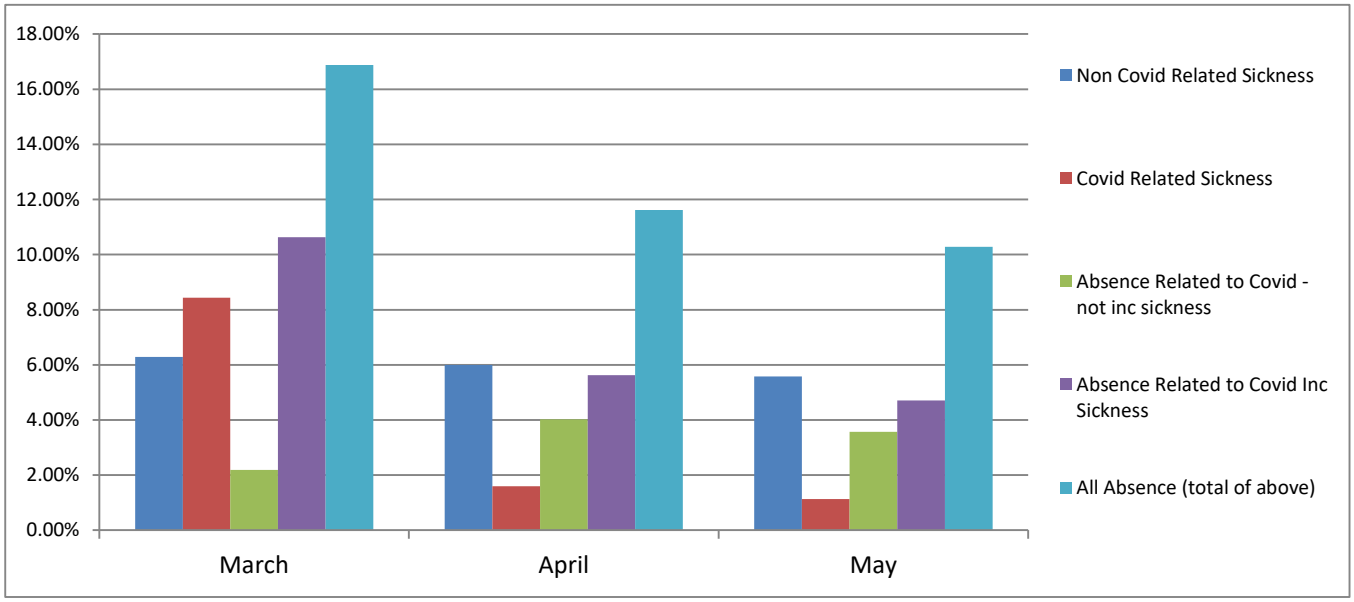
1. Introduction

Over the course of the COVID-19 pandemic from March 2020 to date, the Trust has experienced a significant increase in staff absence. The absence is due to a combination of covid19 related absences and other sickness absence, (non COVID-19). Those staff absent for reasons related to covid 19 range from those staff who are required to 'shield' as per government guidelines, to those symptomatic or sick with COVID-19, to those with carer responsibilities.

As of 26th May 2020, COVID-19 related ***sickness*** absence contributed to 1.14% of absence, covid19 related total absence (inclusive of those shielding) contributed to 4.70%. General sickness absence (non COVID-19 related) accounted for 5.58% resulting in a total absence position of 10.28%.

Overall general sickness absence has remained relatively static and COVID-19 related sickness absences have seen a steady decrease since March.

Sickness Absence trend March – May 2020



2. Measures/actions implemented to support the management of sickness absence

During the period of the pandemic a number of additional measures and actions have been put in place to support the management of increased absence, in addition to supporting the wellbeing of staff**.**

Launched Wellbeing team- The HR team have accelerated the launch of the Trust's Wellbeing team, having inducted two new recruits to the Trust during the pandemic, as well as repurposing and redeploying other existing staff to the team. The original purpose of this team was to provide support to managers with the administrative tasks associated with managing absence,(i.e Occupational Health referrals, entering ESR Data, scheduling reviews and welfare meetings and associated documentation). Over recent months the team have however directly contacted those staff off sick and those staff who are shielding, to ensure that they are appropriately signposted to any support they may need.

TeamTrac App – The Wellbeing team have worked closely with the BI and the innovation team on the development of a staff app which can be accessed from phones, desktops and laptops, which not only enables staff to record their absence, which then generates a welfare call from the Wellbeing team, but they can record their availability for the purposes of the RotaHub. There is also the functionality to ask questions through the chat bot, which is a virtual assistant, developed by the innovation team. This is currently being trailed in a number of wards and departments, with the plan for a steady roll out across the Trust.

These developments are in addition to the ongoing support received through the HR Advisors and Business partners for each division.

Daily situation reports in relation to sickness absence are also provided to strategic and tactical command and NHSI/E.

Staff Advice and Liaison Service- The Staff Advice and Liaison Service are providing advice, guidance and support on a range of domestic and work related issues. The service combines the best of the staff support already on offer in the organisation with a number of new elements to bring about the consistency and ease of access to staff support.

As part of the support we have introduced Care First – an Employee Assistance Programme which offers confidential support and advice on a range of issues such as financial, family or housing. There is a huge amount of useful information and guidance on their website. This includes strategies for managing separation and isolation, a variety of mindfulness and

relaxation techniques, how to support vulnerable colleagues and links to national sources of support and information.

Staff can also find support, including dedicated counselling and psychological support, through The Alder Centre and Clinical Health Psychology.

3. Helping you keep safe and connected while working from home

To help keep everyone at Alder Hey as safe as possible we have all had to completely reorganise the way we work, whether in the hospital, in community settings, on the interim site or working from home. Across the Trust a large proportion of our staff, clinical and non-clinical, have embraced the technology available and are supporting the Trust remotely in line with the advice and guidance from the Government.

As part of the support available for staff who are working differently we have produced a series of resources for staff and managers, including Working from Home guides, Display Screen Equipment (DSE) Health and Safety information and self-assessment tools to support staff to work from home safely.

A triage team, led by Health and Safety, will be supporting staff and managers to complete DSE Self-assessments and ensuring staff have the equipment needed to continue working from home effectively.

In addition we have heard from staff about how difficult it can be at times to join up with colleagues, to talk and plan together as a team. The Wellbeing Team provided welfare support to staff who are shielding the team have also been providing staff with access to Trust communications and guidance so they remain informed about the Trust's ongoing response to COVID-19. In addition we have developed a Working from Home Big Conversation guide to help teams to remain connected and 'in the loop' through the utilisation of Microsoft Teams.

Conclusion

The HR team and the Wellbeing team will continue to provide dedicated support and advice to managers with all aspects of the sickness management process.

Alder Hey Children's NHS Foundation Trust

INNOVATION

#BeatCOVID

INNOVATION TEAM COVID-19 RESPONSE

CLAIRE LIDDY – DUIRECTOR OF INNOVATION
IAIN HENNESSEY – CLINICAL DIRECTOR OF INNOVATION

Introduction

- COVID RESPONSE OVERVIEW
  - RAPID PROTOTYPING
  - FACE COVERS
  - RAPID DIGITAL IMPROVEMENTS
  - PARNERSHIPS / LCR LOCAL ECONOMIC
- LIVE TOUR
- WHAT NEXT

COVID RESPONSE

Innovation Help Solve Problems

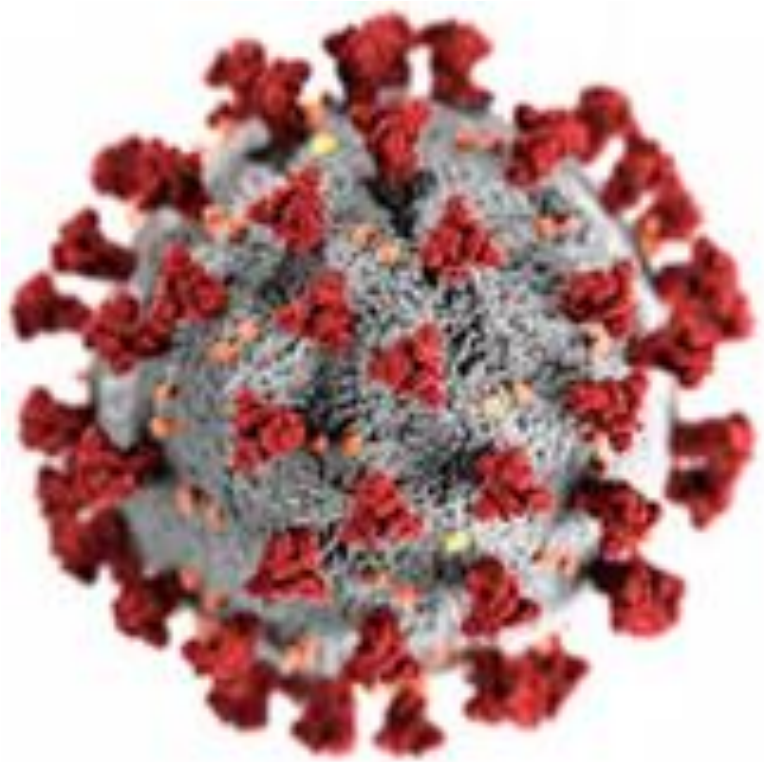
Alder Hey Children's NHS Foundation Trust

INNOVATION

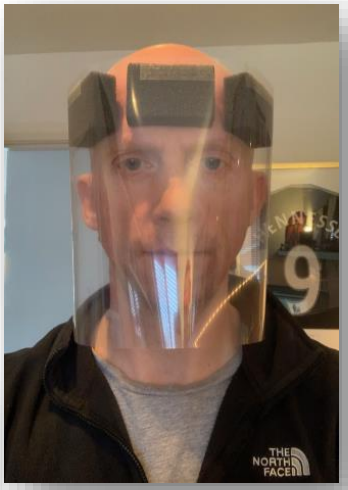
Keep Staff Safe

#BeatCOVID

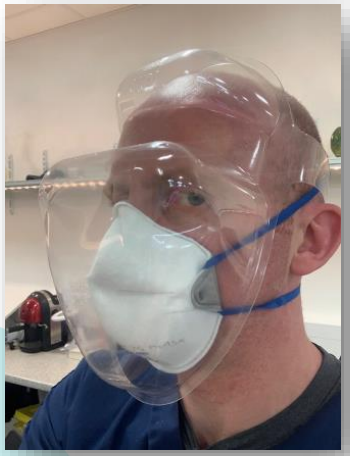
RAPID PROTO-TYPING	SPRINT RAPID DIGITAL IMPROVEMENTS	PARTNERSHIPS	LOCAL ECONOMIC GROWTH



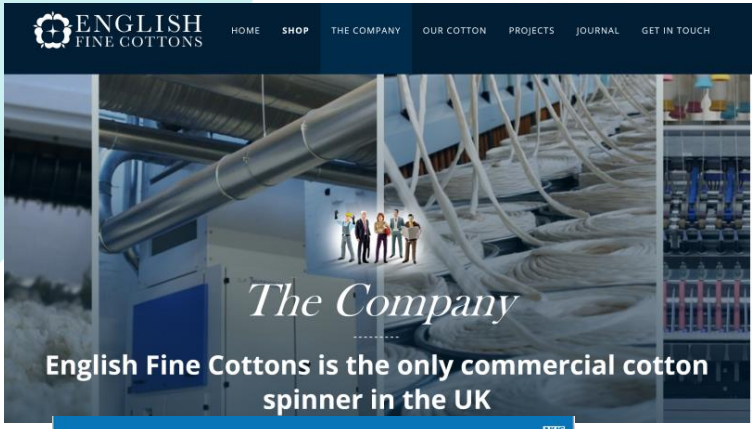
Rapid Proto-typing



https://youtu.be/OanE2EJxDAE

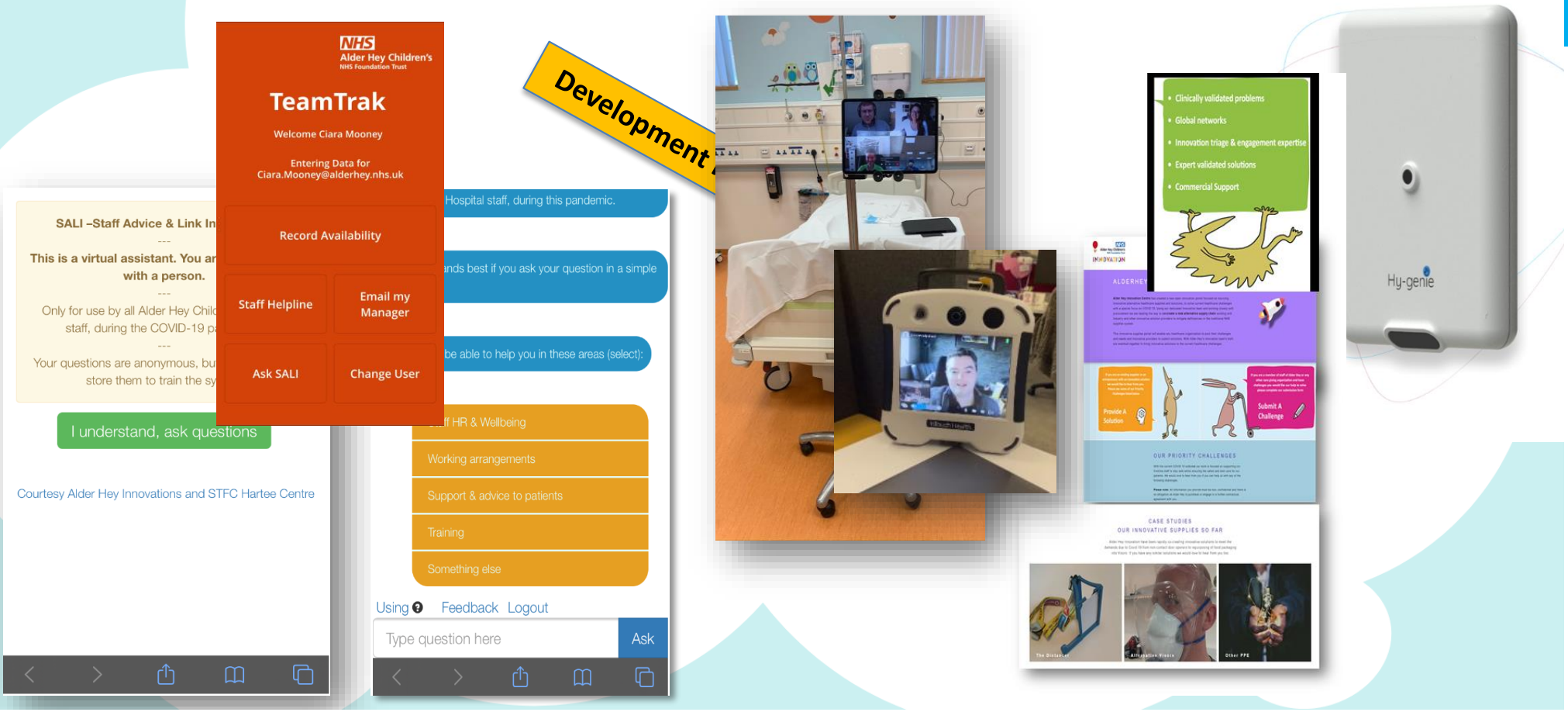


FACE COVERS



Charity Collaboration 5000

Rapid Digital Improvements

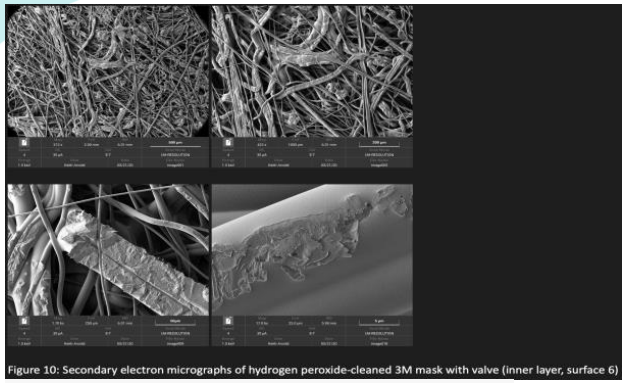


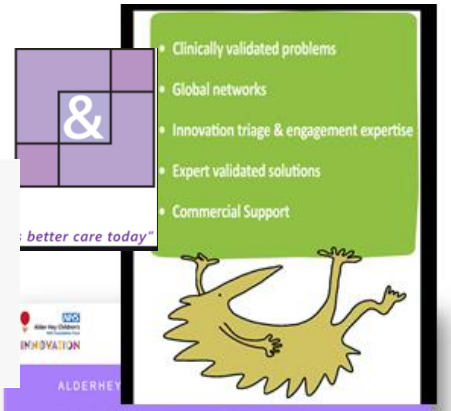
PARTNERSHIPS

https://www.alderheyinnovation.com/solutions-portal

Cheshire & Merseyside Health & Care Partnership

INNOVATION AGENCY





LIVERPOOL CITY REGION COMBINED AUTHORITY

INTERNATIONAL SOCIETY FOR Pediatric Innovation iSPI

Unilever

Live tour

What Next

- Create Phase 2 plan
  - Expand the problem solving methodology in AH using portal (Broadcast launch)
  - link to transformation plan e.g. immersive theme
  - Expand co-creation / partnerships
- Complete commercial cases
- PR Plan with Comms

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

2nd June 2020

Report of	Development Director
Paper prepared by	Associate Development Director-Site (on 26/05/20)
Subject/Title	Development Directorate Campus Development report on the Programme for Delivery
Background papers	Nil
Purpose of Paper	The purpose of this report is to update the Trust Board on the Campus delivery.
Action/Decision required	The Board is asked to acknowledge the content of the report, the current status, risks and actions.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ Sustainability through external partnerships
Resource Impact	Capital projects budget.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Trust Directors Report

Campus Development report on the Programme for Delivery

7th May 2020

1. Introduction

The purpose of this report is to keep the Board informed of progress, risks and actions on the key capital projects as they arise.

As of the Month 2 in Quarter one of 2020/21 the programme Delivery Timetable l rag rates projects against planned commencement date.

2. Programme Delivery Timetable

Table1. Sets out the planned programme for the years 2019-2023 (financial years)

Table 1.	19/20	20/21				21/22				22/23
Scheme	**Qtr. 4**	**Qtr.1**	**Qtr.2**	**Qtr.3**	**Qtr.4**	**Qtr.1**	**Qtr.2**	**Qtr.3**	**Qtr.4**	**Year**
Initial Park Reinstatement (Phase 1)										
Alder Centre occupation										
Acquired buildings occupation										
Police station (LF) occupation										
Decommission & Demolition Phase 3 (Oncology, boiler house, old blocks)										
Main Park Reinstatement (Phase 2/90%)										
Infrastructure works & commissioning										
Clinical Hub Construction										
Clinical Hub Occupation										
Dewi Jones Construction										
Dewi Jones Occupation										
Demolition Phase 4 (Final)										
Final Park Reinstatement (Phase 3)										
Neonatal Development Tendering and Design										
Neonatal Construction										
Neonatal Occupation										

Phase one park works have been delayed and will therefore now deliver in Qtr. 3, this is due to some conditions of planning approval being executed and the extended investigation for the presence of Asbestos, the programme will therefore be updated if the Board is agreeable to a Qtr. 3 completion date.

The Alder Centre construction has recommenced following the contractor leaving site because of a lack of availability of materials. Main issue is now the ordering and delivery of furniture which has

been impacted by COVID 19. Estimated delivery will be end of August if manufacturers are able to return to work in June. Therefore programme will roll forward to the end of Qtr. 2.

Clinical Hub and Dewi construction will now commence before the end of Qtr. 1 as progress made with the contractor and a letter of intent to Galliford try signed off during May while the final contract is fully worked up, RAG rating now reflects the progress made with a change to amber.

The Nursing home occupation will deliver within Qtr. 2 however it is amber to highlight the tight timescale for its delivery of the tender process and refurbishment works which may be impacted by COVID19.

Capital Cost

The development team fully appreciate the relevance of projects costs extending beyond available budget and how this could impact the overall capital monies available to the Trust. It is anticipated that to complete the landscaping of the Alder Centre it may take the spend over the current budget by an estimated £30k which is reflected in the comments section of Table2. The finance department continues to support the Team in monitoring and taking relevant actions to make every effort to stay within the financial envelope available.

Table 2. Demonstrates the current anticipated capital cost of all projects for the campus developments along with relevant comment as of end of May 2020.

Estates Savings Target	Budget	May Estimate	May Comments
The Park	1,750	3,000	Alternative funding options focus on tendering for a lead partner(s) to support income generations, contribution and management/maintenance of the park (this will require agreement from LCC)
Alder Centre	2,184	2,214	The charity have now underwritten the funding shortfall @ £204k. Small overspend remaining of £30k
C Cluster Hub & Dewi	19,822	20,017	As agreed by Trust Board
Infrastructure - Utilities	1,200	1,200	
Landscaping	481	500	Slight risk to £500k as the plan has not been developed. However there is potential to combine this with the Neonates
Attenuation	600	600	
Infrastructure - Roads (inc s278)	858	858	
Demolition and decomm	2,356	2,656	Asbestos removal costs will exceed budget as higher than the cost estimated prior to CHP development – pressure is C. £300k
Relocations	1,227	1,227	Mersey design working on police ground floor £6.5k
Neonatal	11,869	14,000	The £14m cost includes just Neonatal but this cost could increase to £16m to include A&E expansion/EDU to the lower floor. This is yet to be decided.
Institute retention	0	0	
Development team	1,100	1,135	Slightly over budget
Office sunk costs	0	0	
Job Shop	0	0	
Vet	0	0	
Long term corporates	0	0	
Community/Off site	300	300	
NE Site Development	0	0	
Institute re-works	360	360	
Office Requirement	2,700	2,520	Decision taken not to purchase Prescott Road following a review of desk requirements in light of gains made from home working during the covid 19 situation. Nursing home tender on refurbishment works - risk of £130k over budget
Medical Records	0	0	
Staff removals	250	250	
Car Park	100	100	
	47,157	50,937	
Revised Budget	47118	47,118	
Under/(Over) Budget	-39	-3,819	

Alder Hey Children's NHS
NHS Foundation Trust

3. Project updates

Park Reinstatement Phase 1

Current status	Risks & Issues	Actions/next steps
Enabling works for the removal of car park is targeted for 20th July with drainage and remediation programmed up to September 2020. Groundwork/Horticon due to commence early October and complete Phase 1 in late December 2020. Capacity Lab who has been engaged via a Service level Agreement are to host a Show and Tell exercise in June 2020 with the local community. Capacity Lab will also be presenting over the next week, the proposed tender document they have been working up for bringing partner(s) on board to work in collaboration with the Trust and Liverpool City Council in enhancing the park design and delivery. Communications are now joining the regular programme meeting to look at the communications strategy and liaison with neighbours and friends of the parks groups.	Presence of asbestos and other contaminants in the ground could be disturbed by development works to phase one of the park plans. (Risk 2116- Score 6) Drainage design, acceptance with United Utilities and agreement of costs with Beech Group.	Remediation and asbestos management plans have been drawn up and will be adopted by contractors involved in working on this site once passed by LCC. Monitoring of contractors implementation of plan will be undertaken by independent consultants who will complete a verification report. Finalise design and get approval from United Utilities and discharge conditions. Capacity lab to engage with groundworks on a regular basis and involve stakeholders.

Alder Centre

Current status	Risks & Issues	Actions/next steps
Price and programme was determined and agreed with contactor during March, the design team are working to the agreed budget The Alder Centre scheme is progressing well within a new programme due to	Delay to works due to COVID 19	Monitors weekly the Impact of COVID19 on construction and if required alter the programme for final delivery and commissioning

the effects of COVID 19, the site was completely closed for 3 weeks before being re-opened within current social distancing rules once supplies were available again. Main supply issues were reinforcement steelwork for the wall foundations and paint and plasterboard for internal finishes. The site recommenced concentrating on external walls which were completed within 2 weeks instead of 6 whilst internally family related electrical trades have been employed to cope with social distancing rules. The new programmed completion date is the first week in July. Garden design has been value engineered and costs reduced but the £7k saving is not sufficient to remove the potential overspend. As per referenced in table 2. The construction contractor is considering the use of free bricks and wood from suppliers and demolitions to create alternative planter and bench designs to keep costs as low as possible. The NEC form of contract has been used for this project and under Force Majeure conditions the contractor is allowed to claim compensation for delays and/or disruption. To date the contractor has not made reference to any claims for delays or disruption There is a delay to the furniture order due to COVID 19 as manufacturers are not working and the furniture is being custom ordered to fit with the design and colouring of the centre. The longest lead in time for some piece is 12 weeks. This will likely delay the occupation of the building until sometime in September if orders can be placed in June.	Delay on Furniture order due to COVID 19 (Included in Risk 2203- score 9)	Trust procurement team are working with the supplier and awaiting regular updates on when the orders can be placed. .

Acquired Buildings Occupation (neighbouring sites)

Current Status	Risks/issues	Action/next steps
Knotty Ash Nursing Home The initial pre-tender estimate has shown the refurbishment works to be over budget and therefore a value engineering	Resistance from staff to move either location. (2102 risk score	Undertake a focused piece of work on increasing the level of remote

exercise has been undertaken to bring the project back within budget. The budget including fees and furniture is £875k with the initial pre-tender estimate, without furniture was £1.5m. The value engineering exercise has brought the costs back to £1.07m. The project has been out to the market for testing with tenders due in on the 27th May. At the time of writing this report we are awaiting receipt of them. If the anticipated programme put forward by Mersey Design Architects is accepted by bidders then the building would be ready for occupation in December 2020 which is would be 3 months behind the plan set in January 20, this is partly due to COVID 19 and partly due to delaying the strip out of the building to achieve the best price possible by including in the tendering process. . The status of this is likely to go red in QTR 2 due to the delay of 3 months.	9) Medical records storage exceeds the space available. (risk 2013- score 8) Refurbishment works not delivered to planned timetable (risk 2105 score 9). Capital budget may not cover the full refurbishment cost, Risk to be added to the risk register.	working, with involvement of the Director of Human Resources and Organisational Development and the Chief Digital Information Officer. M&T currently working up a programme for digitisation of all stored records (making excellent progress, COVID 19 has helped the situation by allowing more manpower to concentrate on this work). Receive and evaluate tenders and choose preferred contractor. Negotiate/value engineer as appropriate.
Ability to expand campus and link into the hospital –the Trust are still in the view that the most viable option for long term expansion space (Clinical services) would be to acquire the and will be seeking to discuss commercial deals that could be completed over the next 3-5 years with current occupiers/owners.	Capital cost may be beyond future capital available.	Keep up to date with business future plans/lease and potential for purchase of said buildings. Seek to maintain an interest and respond accordingly to any opportunities which present.

Police Station (lower floor) occupation

Current status	Risks/issues	Actions/next steps
The Police has recently postponed any discussion about the Trust taking space in their building as they intend to use it themselves over the Covid crisis. It is unclear at present how long this postponement is likely to last. The status of this is likely to go red in QTR2	Police do not release the space while decisions are made in regards to additional police funding and its use. (2088 risk rating 12) This will mean a delay to the old management block being vacated and therefore delay to demolition of the building.	Weekly discussion and communication with the police estates departments. Development team are currently working up the contingency plan. Expected to complete this end of January. This will need executive approval but will initially go to the newly formed agile working group lead by the Director of HR&OD.

Demolition Phase 3 (Oncology, boiler house, old blocks)

Current status	Risks/issues	Actions
This is currently at the planning stage and will be reliant on relocation of current building occupants to other locations and installation /diversion of current engineering and IM&T services.	Timely relocation and redirection of services are delayed (2104 risk rating 9 and 2105 risk rating 12)	Executive approval for the first group of moves and the longer term solution for some of these services such as Transcription and Medical records.) Liaison with all service providers /departments to ensure timely planning for works to be completed.

Park reinstatement Phase 2/3

Current status	Risks/issues	Actions
Capacity Lab have been engaged to provide a team of people to replace the Park Co-ordinator for the next 6 months, the option to extending this will be taken forward for a further 6 months., taking forward a plan through a partnership and bid approach to generate funding and work with all stakeholders across the community and wider region. It is anticipated the partnership model will bring in funding to add to the £1.5m contribution from the Trust to deliver the full vision for the park. LCC have requested Simon O'Brien to lead a piece of work across the community on delivering the stakeholders vison, Simon will also link with Capacity Lab and groundworks. We are awaiting an update from Liverpool City Council. We are awaiting an update on this currently.	Funding required is not delivered through the partnership approach. (relates to risk 1241 , score 12) LCC do not agree to a future Community Interest Company for Sustainability.	Weekly review of the programme and progress with Capacity Lab, with weekly presence on site. Maintain regular discussion with LCC, make contact with Neil Coventry until such a point in time the Lead for leisure Services is appointed.

Infrastructure works & commissioning

Current status	Risks/issues	Actions
Masterplan of Infrastructure works is currently being prepared. Roads and landscaping – the Trust is looking to appoint a design team during Qtr. 2.	Nil at present time.	Ensure timely process /programme is adhered to.

Clinical Hub and Dewi Jones Construction

Current status	Risks/issues	Actions
Letter of Intent signed and sent to Galliford Try to enter into contract by the end of May for the construction of the Dewi Jones and Clinical Hub commencing advance works on June 1st 2020. The final gross cost agreed is £21,475,526. This is £195k over budget when taking	Planning conditions are outstanding, these are to do with traffic management	Continue with weekly meetings with Galliford Try. Full contract to be drawn up, agreed and sign by CEO by end of May 2020.

into account the £3m contribution from the charity. The Figure in table 2 represents what is still available within the budget as some costs have already been incurred to date and accounted for. Brief overview from value engineering and C Sheets – Items reviewed include glazing, windows, cladding, DJ Classroom, Rationalisation of the roof, natural lighting to DJ bedrooms and removal of the Orthotics dept. Logistic and Site plans – Further Meeting on Tuesday 26th May with GT as Hari of Step places will not extend the lease of the area currently being utilised by Whitfield Brown. Programme. Subject to planning Presence on site 1st June, Commencement of Enabling works 8/06/2020 (9 weeks) Start of main works (3/08/2020) Target completion for 1st Draft of the contract is targeted for Friday 29th May. GT and Trust tasked to complete documentation to be appended to the contract. If approved GT could be on site starting advanced works in June 2020.	Value Engineering items may not be achievable – Windows & Cladding designs that will be acceptable from a design and planning perspective.	An area potentially as part of the Retained Estate car park may have to be provided to GT.

Demolition Phase 4 (Final)

Current status	Risks/issues	Actions
N/A at current time, planned for Qtr. 4. 21/22	Cost may exceed current allocated budget.	Monitor demolition budget management on a monthly basis and work up contingency plan.

Neonatal Development

Current status	Risks/issues	Actions
Design brief has been developed and costed. The Divisional Team/partnership are seeking approval for Option B, a 2 storey extension over the ED car park which will have a 24 cot Neonatal unit at level 1, an extension to EDU and shell space on the ground floor for future expansion, notionally considered to be a small Private Patients Unit at a cost of £16.03m (Paper going to RABD 27/05/20). The paper is seeking approval to start design to increase the detail and therefore the cost certainty and to work towards making a planning application. Also to issue a Variation Enquiry to Project Co to engage with them prior to tendering the works to a list of contractors. Finally, more business development analysis is required before finally committing to the £16.03m. Key risks: Project Co engagement extending the programme and increasing costs; Planning and any unknown S.106 or S.278 costs Impact of Covid-19 on construction costs Th procurement route has been agreed in principle with Project Co. The 2 options for putting the building over the ED car park are being considered and revenue costed by Finance. A business case is being developed for June Board which will include what has been learned in new ways of working through the Covid-19 period. The development team are prepared to progress to stage 2 design for the development.	Costs of new unit exceed current financial envelope. Project Co engagement extending the programme and increasing costs; • Planning and any unknown Section.106 or section S.278 costs • Impact of Covid-19 on construction costs. Cost of PFI management of the Process versus VAT savings. Not reaching agreement with PFI risks a workable interface with the CHP being achieve Planning permission fails to be achieved within the timescale of the overall programme delivery.	Division of Surgery to take a revised and final Business Case to the Trust board for approval in June. Ask Gilling Dodd to work up current option 1 to RIBA Stage 1, which would provide Gross Internal Floor Area (GIFA), Schedule of Accommodation (SOC), room adjacencies and estimated Cost in readiness for next stage. **Complete.** Maintain open communication with the LCC planning departments. Move to next stage of the design process.

North East Plot Development

Current status	Risks/ Issues	Actions/next steps
StepPlaces, the Developer who has purchased the north east plot of land, is currently in discussion with the trust on how the development could support some of Alder Hey's vision for the future some of the discussions currently include development of : • A Gym • A Nursery with an increase potentially of 40 providing 100 places in the future • Science/Knowledge building • Varied accommodation's which could be offered to staff, trainees etc.… • Supported living accommodation and homes retirement/ ADHD/Disabled Children and families • Provision of commercial opportunities to compliment the Eaton road current offering.	Local community resistance to Trust non-development aspects and planning submission.	PWC engaged to look at other opportunities for using the site for other complimentary uses, this is part complete but delayed by Covid-19. Maximise our offering/ support /negotiation on development content and opportunities. Appoint to a commercial part time role to lead on the East Plot development on behalf of the Trust. **Complete**

Communications

Current status	Risks / issues	Actions/next steps
Draft Comprehensive Communication plan developed which requires finalising and Trust Board Sign off. Due to COVID 19 this has not progressed over the last month. Fortnightly meetings between development team and Communications department are now in place.	Loss of reputation, locally and regionally. Lack of engagement internally and externally	Maintain links with community and support their development work. Team brief to include updates on campus/park development. Feature paper/spread in Qtr. 4 aiming to communicate over all campus development plans incorporating an easy to read roadmap.

Car Parking

Current status	Risks/Issues	Actions/next steps
No further work had progressed over the last Month due to COVID 19. There was a planned staff survey due to be completed in March, this has been delayed and is required to complete the Mott MacDonald report. Last Month's status There is a requirement to reduce the overall parking spaces on the current estate with particular need on the retained estates and the temporary car parking solution in situ (from a planning perspective we have permission to utilise the large temporary car until the end of 2021. However there is public pressure to reinstate the parkland as part of the land exchange agreement which is currently 2 years behind plan. In addition to this the developer who purchased the East plot is from early discussion with the planning department going to have difficulty in gaining planning permission for residential parking if Alder Hey do not reduce the current parking numbers. Retained estate planned reduction are detailed in the table below.	Car parking cannot sustain a reduction to current Numbers by June 30th 2020 (risk 2202- score 12) Staff resistance to change. Travel plan from Mott MacDonald does not provide realistic and evidenced solution.	Car parking group to continue to work with Mott MacDonald and internal group members to produce an overall plan. Review car parking requirements in view of the home working currently in play due to COVID 19 and what the future requirements might look like.

4. Trust Board of Directors

The Trust Board of Directors is requested to receive and acknowledge the update provided as of the end of May 2020.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 2 June 2020

Paper Title:	**2019/20 Register of Interests (Board of Directors)**
Report of:	Erica Saunders, Director of Corporate Affairs
Paper Prepared by:	Governance Manager (extracted from Civica)

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	The Board is asked to note the 2019/20 register of interests. The Trusts full public register for decision making staff can be accessed here: https://alderhey.mydeclarations.co.uk
Action/Decision Required:	To note ■ To approve ☐
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 and innovation** ■ **Strong Foundations** ■
Resource Impact:	N/A
Associated risk (s)	BAF Risk 1.1 (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)

Interest Type	Employee	Role	Interest Description	Provider	Measures taken to resolve conflicts of interest if they exist
End of Year Nil Declaration	Adam Bateman	Chief Operating Office			
Outside Employment	Anita Marsland	Non Executive Director	Public Health Agency - Local Government Advisor Date interest began September 2012	Public Health England	
Outside Employment	Anita Marsland	Non Executive Director	Health and Care Management Consultancy - Director. Date interest commenced Sept 2012	Unique Health Solutions	
Outside Employment	Anita Marsland	Non Executive Director	South Sefton CCG. NHS Commissioning organisation. Independent Chair of Sefton Transformation Board. Date interest began Sept 2018	South Sefton CCG	
Outside Employment	Anita Marsland	Non Executive Director	Chair of Board of Trustees at The Reader (None remunerated)	The Reader	
Nil Declaration	Danielle Jones	Director of Strategy & Partnerships			
End of Year Nil Declaration	David Powell	Development Director			
End of Year Nil Declaration	Erica Saunders	Director of Corporate Affairs			
Outside Employment	Fiona Beveridge	Non-Executive Director	Pro Vice Chancellor	University of Liverpool	If conflicts of interest arise I will declare them as appropriate and will discuss with the Chair any measures required to manage them appropriately. It is anticipated that these would be rare.
Outside Employment	Fiona Marston	Non-Executive Director	Advisor on biologics innovation. Mentor to management	Allergan Biologics	
Outside Employment	Fiona Marston	Non-Executive Director	Director, CEIDR Innovations CEIDR is a partnership between LSTM and the University of Liverpool focused on infectious diseases. As Director of CEIDR Innovations, I report to the LSTM Director and manage a team responsible for external interactions for LSTM and the University in the field of infectious diseases – particularly with industry but on occasions with other academic groups.	Liverpool School of Tropical Medicine	Declared at Trust Board meetings
Outside Employment	Fiona Marston	Non-Executive Director	Advisor to UKI2S Seed Fund	UK Innovation and Science Seed Fund	
End of Year Nil Declaration	Hilda Gwilliams	Chief Nurse			
End of Year Nil Declaration	Ian Quinlan	Non Executive Director			
Loyalty Interests	John Grinnell	Finance Director / Deputy Chief Exec	Spouse companies	Playworld Ltd./Grinnell Holdings Ltd	
End of Year Nil Declaration	Josephine Williams	Non Executive Director			
Nil Declaration	Kate Warriner	Chief Digital and Information Officer			
Outside Employment	Kerry Byrne	Non Executive Director	I sit on the LJMU Board and am the Chairman of the Finance Committee	Liverpool John Moore's University	This is a "general" conflict rather than relating to any specific matter. If any agenda items or discussions take place at Board or any sub committees that relate to LJMU I will excuse myself from such discussions as appropriate.
Outside Employment	Kerry Byrne	Non Executive Director	I sit on the LJMU Board and am the Chairman of the Finance Committee	Liverpool John Moore's University	This is a "general" conflict rather than relating to any specific matter. If any agenda items or discussions take place at Board or any sub committees that relate to LJMU I will excuse myself from such discussions as appropriate.
End of Year Nil Declaration	Louise Shepherd	Chief Executive			
Nil Declaration	Mark Flannagan	Communications Director			
Nil Declaration	Melissa Swindell	Director of HR&OD			
Outside Employment	Nikki Murdock	Medical Director	Chair of Health Leaders Australia a Not for Profit company that works in health education. Receive stipend of approximate £6000/year	Health Leaders Australia	
End of Year Nil Declaration	Shalni Arora	Non-Executive Director			
Loyalty Interests	Lisa Cooper	Director of Community & Mental Health Services	This project is supporting adults with lived experience of abuse. I have been asked to be an Ambassador for the project and support them with promotion of their work.	Empower the Invisible Project	
Loyalty Interests	Lisa Cooper	Director of Community & Mental Health Services	Trustee of the charity Survivors Trust UK	Survivors Trust UK	
Nil Declaration	Adrian Hughes	Director of Medicine			
Nil Declaration	Alf Bass	Director of Surgery (from Jan 2020)			
Outside Employment	Christian Duncan	Director of Surgery (to Dec 2019)	Integra Life Sciences employ me on one or two occasions a year to speak on a skull reconstruction course - usually held at Faenza, but sometimes more locally to instruct on proper use of their ceramic cranioplasty implant and to share clinical experience. The employment was originally with Codman but they've since been taken over by Integra. The arrangements remain the same.	Integra Life Sciences	Yes, in that I use the implants in my clinical practice and there is an honorarium in terms of speaker fees. I discuss the issue in my appraisal - the reasons I favour these implants are entirely clinically based and by no means exclusive. If other kinds of implants are better indicated, I use those and, for example, my most frequently used reconstruction in children is not ceramic, but autologous.
Clinical Private Practice	Christian Duncan	Director of Surgery (to Dec 2019)	Medicolegal practice - mostly personal injury and some negligence work especially as obtaining to craniofacial. Was originally approx 1PA a week but ct down to 1pa alt weeks since being Divsional Director owing to time constraints. Very limited practice last year owing to need to manage a family illness.	Brown Medical	All agreed with various MD's over that time and discussed in appraisal

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 2nd June 2020

Paper Title:	**Resource and Business Development Committee Assurance Report from the May meeting**
Date of meeting:	**27th May 2020**
Report of:	**Ian Quinlan, Non-Executive Director**
Paper Prepared by:	**Julie Tsao, PA**

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Resource and Business Development Committee meeting held on 27th May 2020 along with the approved minutes from the meeting held on 30th April 2020.
Action/Decision Required:	To note ■ To approve ☐
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 and innovation** ☐ **Strong Foundations** ✓
Resource Impact:	

1. **Introduction**
   The Resource and Business Development Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

   Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality, finance and workforce including delivery and development.

2. **Agenda items received, discussed / approved at the meeting)**

   Finance Report to include:
   M1 financial position
   New financial framework
   Neonatal Business Case
   Cluster / Dewi Construction Contract
   PPE Manufacturing proposals
   M1 Corporate Report
   RABD Terms of Reference

3. **Key risks / matters of concern to escalate to the Board (include mitigations)**

   Key risks included:
   New financial framework – Concerns in relation to increasing activity due to a number of new factors including obtaining PPE and social distancing.
   Neonatal Business Development – Business opportunities to be secured and finalised.

4. **Positive highlights of note**

   Neonatal Business Development – Whist financial sustainability of the scheme is to be finalised RABD noted the positive development.
   Cluster/Dewi Construction Contract – RABD noted positive progress works are due to commence on 1st June 2020.

5. **Issues for other committees**

   None.

6. **Recommendations**
   The Board is asked to note the committee's regular report.

Alder Hey Children's NHS
NHS Foundation Trust

Resources and Business Development Committee
Draft Minutes of the meeting held on Wednesday 30th April 2020 at 9:30pm, via Teams

Present:	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Kerry Byrne	Non-Executive Director	(KB)
	Adam Bateman	Chief Operating Officer	(AB)
	John Grinnell	Director of Finance	(JG)
	Claire Liddy	Director of Operational Finance	(CL)
	Melissa Swindell	Director of HR & OD	(MS)
	Dame Jo Williams	Chair	(JW)
In attendance:	Sue Brown	Associate Development Director	(SB)
	Graeme Dixon	Head of Building Services	(GD)
	Russell Gates	Associate Commercial Director Development	RG)
	Rachel Lea	Acting Deputy Director of Finance	(RL)
	Dani Jones	Director of Strategy	(DJ)
	Erica Saunders	Director of Corporate Affairs	(ES)
	David Powell	Development Director	(DP)
	Julie Tsao	Committee Administrator (*minutes*)	(JT)
Apologies	Claire Dove	Non-Executive Director	(CD)
	Kate Warriner	Chief Digital & Information Officer	(KW)
	Nicki Murdock	Medical Director	(NM)
	Mark Flanagan	Director of Communications	(MF)
	Stuart Atkinson	Associate Director Estates	(SA)

20/21/01 **Minutes from the meeting held on 25th March 2020**
Resolved:
Subject to noting the meeting was held via teams, the minutes of the last meeting were approved as an accurate record.

20/21/02 **Matters Arising and Action log**
There were no outstanding actions.

KB asked if the lease for the police station had been completed. DP said the lease had not yet been completed however progress was being made. It was noted this would be discussed further under Capital Proposal.

20/21/03 **Declarations of Interest**
There were no declarations of interest.

20/21/04 **Finance Report**
The final year end position was a surplus of £1.923m overachieving the Trust's Control Total target for 2019/20. This had been achieved by successfully negotiating commissioner year end agreements with all main commissioners, to secure income for March despite the COVID 19 emergency.

The Trust achieved the 19/20 in year CIP target of £6.0m, however there is a total shortfall of £3m recurrently which will be carried forward into 2020/21.

The year end cash balance was above plan driven by three main factors that were highlighted to RABD.

The COVID-19 financial impact in 2019/20 was presented to RABD: total revenue expenditure £1.2m, £0.2m in capital expenditure and lost income of £0.18m. The Trust has received confirmation that we will receive full reimbursement of the revenue and lost income and this has been reflected in the year end position. Additionally, funding has been approved to install Isolation pods in ICU at a capital cost of £1.8m, which will be delivered in 2020/21.

RABD noted the increase of temporary spend towards the end of the financial year and agreed this would be investigated further at a later RABD to understand the contributing factors in relation to this.
Action: CL

The Chair highlighted the significant expenditure overspend and queried whether this should be investigated to understand any lessons learnt. RABD agreed this would be good practise and would be included within the above action. RABD was asked to note a number of areas including drug spend can suddenly change course.

The Chair congratulated RABD and supporting services on such a positive result.

Resolved:
RABD received and noted the end of year financial report for 2019/20.

New financial framework
In light of the COVID-19 outbreak JG provided background in relation to NHSI/E's response and how new models have been developed at a fast pace.
Rachel Lea referred to the latest guidance available from April to July 2020 which requires a breakeven position. As there is currently no agreed framework for August 2020 onwards 3 possible 20/21 plan scenarios were shared with RABD with Scenario 2 is recommended. A number of risks were noted including the ability for the Charity to continue supporting the Campus and other projects.

The Chair asked once activity is re-introduced if it is likely to be increased to make up for the activity lost during COVID-19. Adam Bateman advised that an increase in activity is expected however due to social distancing it will be difficult to maintain the level of activity the Trust has previously seen. A number of consultations are taking place digitally and will continue to do so.

Resolved:
RABD approved the recommendations and it was agreed this would be presented to the May Trust Board.

20/21/05 **Estates**
Hub/Cluster Contract Approval
David Powell confirmed that both the demolition contractors and Alder Centre builders are back on site and works have recommenced.

David Powell referred to the paper highlighting the current status of the Community Cluster and requested contract approval.

The budget envelope for the scheme was previously set at £20.3m funded through both Trust and support from Charity. Recent discussions with the charity have indicated a commitment of best endeavours to increase the charity contribution to increasing the overall budget to £21.3m. Following completion of a valuation

exercise a gap has been identified and a proposal has been sent to Galliford Try (GT) for support with reducing the cost.

The form of contract is the New Engineering Contract (NEC) using Option A for a fixed price as procured through the P22 Framework. The project team is in discussion with GT as to how to contractually deal with a further Covid-19 event. It is likely that we will have some amendments to the contract to protect the Trust against a cost of delays from a second lock down period.

The orthotics department has been removed from the overall scheme, however, a future plan or cost for relocation has not yet been identified therefore leaving an outstanding financial risk.

Russel Gates went through the milestone dates following approval at RABD today the contract proposal would be presented to the May Board with works due to start in June 2020 and completion by January 2020.

As GT had sold parts of the business the Chair asked for clarity that GT are still independent in terms of the contract with Alder Hey. Russel Gates agreed to confirm this.

In relation to the additional request from the Charity the Chair asked for the proceeds from the Waterloo site to be included as a contingency.

The Trust is exploring an estates partnership with Clatterbridge (Property Care) that opens up the opportunity of using their commercial vehicle to complete this scheme; this would have the potential to save VAT on construction. Board approval would be required to proceed.

Resolved:
RABD supports the recommendation to the Board for the Trust to enter in to a contract with Galliford Try for the main works, subject to the fixed price offer as set out in the paper, the risks and issue highlighted; and due diligence on Galliford Try in light of the Covid-19 situation.

Change of Plans re offices/410 East Prescot Road
A paper was received on the impact of Covid- 19 particularly across Corporate Services, this has meant that the majority of staff have been working from home, aided by digital solutions. This has prompted a re-examination of the future desk requirements in view of a level of continued remote working. If a more radical approach to agile working was applied the purchase of 410 Prescot Road would not be required.

Between now and the end July 2020 a detailed piece of work will be undertaken with the support of the Director of HR and OD and the Chief Digital Information Officer by the Development Directorate to produce a plan on how this can be implemented, what specific changes and support will be required and in the short term how social distancing will also impact over the next 12-24 months.

Kerry Byrne queried if a Health and Safety assessment would be carried out for staff working from home in the long term. SB advised that this would be covered in the above piece of work.

Claire Liddy requested that an Agile plan was also completed.

RABD queried if there would be any reputational damage from not completing the sale of 410 Prescot Road. This was felt to be unlikely but will be taken into account..

Resolved:
RABD noted the ongoing work in relation to agile working and supported the decision to no longer purchase 410 Prescot Road.

20/21/06 Any Other Business

No further business was discussed.

Date and Time of Next Meeting: Wednesday 27th May 2020, 13:30, via Teams.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 2 June 2020

Paper Title:	**Board Assurance Framework 2020/21 (May)**
Report of:	Erica Saunders, Director of Corporate Affairs
Paper Prepared by:	Executive Team and Governance Manager

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	Monthly BAF Reports
Action/Decision Required:	To note ■ To approve ☐
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 and innovation** ■ **Strong Foundations** ■
Resource Impact:	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Board Assurance Framework 2020/21

1. Purpose

This report is a summary of the current Board Assurance Framework (BAF) for review and discussion. The purpose of the report is to provide the Board with assurance on how strategic risks that threaten the achievement of the trust's strategic plans and long term objectives are being proactively managed, in accordance with the agreed risk appetite.

2. Review of the BAF

The diagram below gives a high level heliview of the current version, followed by a summary and a brief on the changes since the last Board meeting.

Board members will notice that corporate risks are now linked to BAF Risks – a summary of these risks can be found at appendix A. The full BAF document is included as Appendix B.

BAF Risk Register - Overview at 27 May 2020

BAF Risk Register - Overview at 27 May 2020
3.4: Financial Environment (S) 1.3: Keeping children, young people, families and staff safe during COVID-19 (S)
1.2: Inability to deliver accessible services to patients, in line with national standards, due to rising demand (S)
2.1: Workforce Sustainability and Development (S) 2.2: Employee Wellbeing (S)
2.3: Workforce Equality, Diversity & Inclusion (S) 3.1: Failure to fully realise the Trust's Vision for the Park (S)
3.2: Failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well (S)
4.1: Research & Innovation (S) 1.1: Inability to deliver safe and high quality services (S)
4.2: Digital Strategic Development and Operational Delivery (S)
1.4: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (S)

Trend of risk rating indicated by: NEW, B - Better, S - Static, W – Worse

3. Summary of BAF - at 27 May 2020

The diagram below shows that all risks remained static in-month

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 HG	**Inability to deliver safe and high quality services**	3x3	2x2	STATIC	STATIC
1.2 AB	**Inability to deliver accessible services to patients, in line with national standards, due to rising demand**	**3x5**	3x2	**INCREASED**	STATIC
1.3 AB	**Keeping children, young people, families and staff safe during COVID-19**	**5x4**	3x3	STATIC	STATIC
1.4 JG	**Sustainable operational delivery in the event of a 'No Deal' exit from EU**	3x2	3x1	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work					
2.1 MS	**Workforce Sustainability and Development**	4x3	4x2	STATIC	STATIC
2.2 MS	**Employee Wellbeing**	3x4	3x3	STATIC	STATIC
2.3 MS	**Workforce Equality, Diversity & Inclusion**	3x4	3x2	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships					
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**	3x4	3x2	STATIC	STATIC
3.2 DJ	**Risk of failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's system partnerships**	4x3	4x2	STATIC	STATIC
3.4 JG	**Financial Environment**	**4x5**	4x3	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation					
4.1 CL	**Research & Innovation**	3x3	3x2	STATIC	STATIC
4.2 KW	**Digital Strategic Development and Operational Delivery**	4x2	3x2	STATIC	STATIC

8. Changes since 5 May 2020 Board meeting

External risks

- ***Risk of failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's system partnerships (DJ)***

  Risk reviewed; impact of Covid ongoing & producing positive partnership efforts, but collective focus remains on recovery for the coming weeks. No change to risk rating in month.

- ***Workforce Equality, Diversity & Inclusion (MS)***

  Risk reviewed - activities attributed to this risk remain on hold during the pandemic and to be reviewed in June 2020.

- ***Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (JG)***

  Following review with specialty leads no issues identified.

Internal risks:

- ***Inability to deliver accessible services to patients, in line with national standards, due to rising demand (AB)***

  In May significant focus has been given to safely opening up access to care for children. To support access to care we have: opened up urgent face-to-face appointment capacity (190 per day) Increase the use of virtual appointments From the 26 May increased the number of urgent operating lists to 8, from 5 during Phase 1 of the COVID-19 response In order to safely open up * PPE availability * Patient testing * Safe environment We have changed the physical environment and patient pathways to achieve safe access to care: * new pre-operative pathway * new waiting room layout and patient flows in OPD * re-configuration of ED to segregate patient waiting and flow

- ***Keeping children, young people, families and staff safe during COVID-19 (AB)***

  <u>On keeping staff safe:</u> Focus on PPE with daily scorecard of availability Safety review of Phase 2 plan to check PPE, testing and environmental changes are adequate Simulation Change of catering offer Support for staff to continue to work from home where possible Free car parking and catering offer continued SALS.

  <u>On keeping patients safe:</u> Testing in place for all emergency admissions and planned operations Cohorting policy complete and available on COVID-19 information hub 24/7 CAMHS crisis line Weekly access to care meeting to monitor waiting lists Clinical review of patients on the waiting list, with urgent patients requiring surgery listed for operations on the urgent list and patients awaiting an outpatient appointment have a tolerance date for waiting which is monitored. A challenge with PPE availability meant that for the w/c 18 May only 2 emergency theatres were available. For the w/c 25 May there are 8 operating theatres per working day supporting access to care for urgent patients.

- ***Inability to deliver safe and high quality services (HG)***
  No change to BAF score in month. RotAHub now established and majority of staff initially redeployed have returned to their substantive roles. Daily Safer Staffing Huddles well established. Although high sickness levels continue in some areas, all staffing remains at "Green" status and developmental opportunities being identified for some staff to undertake quality improvement work such as audits, training resources, specialist link roles, etc. 113 student nurses have joined the organisation on 3 month temporary contracts in line with the national pandemic response: 48 students working at Band 4 and 65 students working at Band 3. Comprehensive induction programme given to ensure students fully supported and will want to work at Alder Hey substantively in the future. Awaiting CQC report.

- ***Financial Environment (JG)***
  Month 1 position is break-even subject to reimbursement of COVID costs and top-up shortfall. Critical going forward that robust financial governance arrangements ensure overall cost base is reasonable given the operating environment.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Review pre-June Trust Board.

- ***Digital Strategic Development and Operational Delivery (KW)***
  BAF reviewed; good progress against plans.

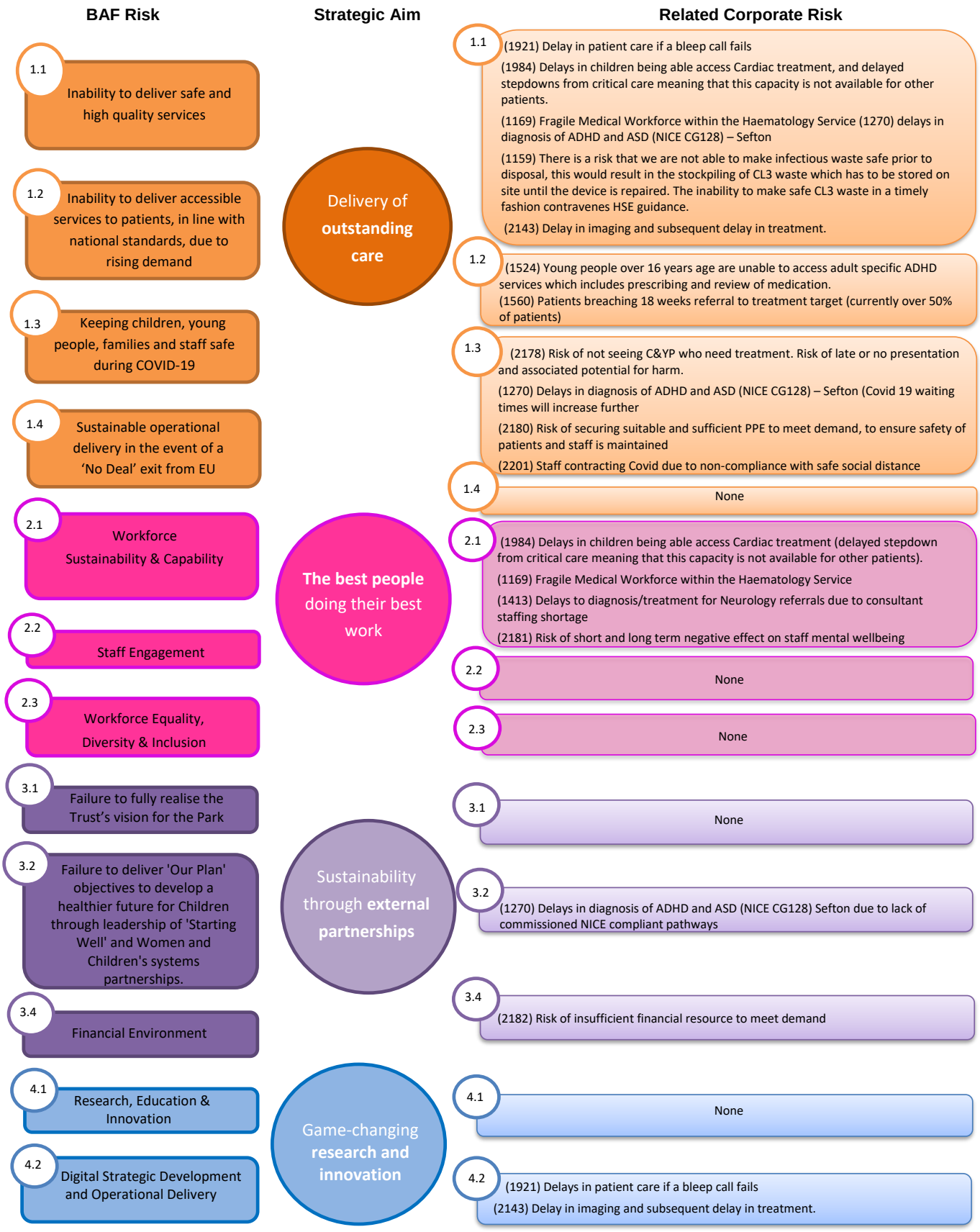
- ***Workforce Sustainability and Development (MS)***
  As per previous update activities attributed to this risk have been paused until June 2020.

- ***Employee Wellbeing (MS)***
  Actions reviewed and on track.

- ***Research & Innovation (CL)***
  Risk reviewed - no change. Delays continue to COVID response plan.

Erica Saunders
Director of Corporate Affairs
2 June 2020

Appendix A. Links between BAF and high scored risks – as at 27 May 2020



Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.1	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver safe and high quality services		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 1921, 1715, 1131, 1984		
Exec Lead: Pauline Brown	Type: Internal, Known	Current IxL: 3x3	Target IxL: 2x2	Trend: STATIC

Risk Description

Not having sufficiently robust, clear systems, processes and people in place to respond to competing demands presented by the current health and social landscape.

Existing Control Measures	Assurance Evidence (attach on system)
Quality impact assessment completed for all planned changes(NHSe). Change programme assurance reports monthly	Annual QIA assurance report and change programme assurance report
Risk registers including corporate register inform Board assurance.	Risk assessments etc. and associated risks monitored via the Integrated Governance Committee. Trust Board informed vis IGC minutes. Divisional Integrated Governance Committee Minutes.
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.	Clinical Quality Assurance Committee, Trust Board and Divisional Quality Board minutes
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.	Corporate Report - quality section, Trust Board and Divisional Quality Board minutes
Patient Safety Meeting monitors incidents, including lessons learned, immediate actions for improvement and sharing Trust wide.	Minutes from trust Board, CQAC, Weekly Patient Safety Group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Also MIAA Audit Report
Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).	Reports and minutes from Clinical Quality Assurance Committee and Divisional Integrated Governance Committees
Annual clinical workforce assurance report presented to Board, aligned to Relevant Professional Standards.	Annual Medical Appraisal Report and Nurse staffing report to Trust Board biannually and associated minutes
Quality Strategy 2016/2021, Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	Board and sub-board committee minutes and associated reports
Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework	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
Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.	IPC action plan and Trust Board, Clinical Quality Assurance Committee, Integrated Governance Committee, Divisional Quality Board minutes.
Internal Nursing pool established and funded	Nursing Workforce report and associated Board minutes.
Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.	Trust Board (Nursing Workforce Report)
Annual Patient Survey reports and associated action plans	Patient survey reports and associated action plans, Trust Board, Clinical Quality Steering Group, Workforce and Organisational Development Committee, Divisional Quality Board minutes.
Trust policies underpinning expected standards	Trust audit committee reports and minutes
CQC regulation compliance	CQC Action Plan monitoring via Board and sub-committees
CQC Regulation Inspection	Evidence accrued to support inspection process. Policies and pathways updated

Gaps in Controls / Assurance

1. Increasing demand system-wide
2. Workforce supply and skill mix

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. International recruitment in line with UK Guidance International nurses commenced in post Feb 20	30/06/2020	20 nurses from India joined Alder Hey in March 2020. Due to COVID-19 pandemic, national strategy implemented to enable the nursing staff to join the NMC register now without undertaking their OSCE. The nurses have been allocated appropriately with the majority being allocated to work in critical care based on service requirement and their knowledge, skill and expertise.

		An additional cohort of 10 nurses from India has had to be postponed due to COVID restrictions. 23 nurses from HEI commenced in the Trust in April 2020 40 3rd year students who were due to complete their degree in September 2020 have signed up voluntarily to join the workforce and will be added to the NMC register (national decision being made as to whether temporary or full registration at this point). This cohort of nurses constitutes our usual pipeline of new starters in October 2020 therefore will be allocated in line with expected October position and opening of winter beds
Alignment of workforce plans across the system	30/06/2020	During March and April 2020, significant modelling of bed number, case mix, and associated staffing requirements has been undertaken in response to the COVID-19 pandemic

Executive Leads Assessment

May 2020 - Pauline Brown
No change to BAF score in month. RotAHub now established and majority of staff initially redeployed have returned to their substantive roles. Daily Safer Staffing Huddles well established. Although high sickness levels continue in some areas, all staffing remains at "Green" status and developmental opportunities being identified for some staff to undertake quality improvement work such as audits, training resources, specialist link roles, etc. 113 student nurses have joined the organisation on 3 month temporary contracts in line with the national pandemic response: 48 students working at Band 4 and 65 students working at Band 3. Comprehensive induction programme given to ensure students fully supported and will want to work at Alder Hey substantively in the future. Awaiting CQC report

April 2020 - Pauline Brown
No change to BAF score in month. New risk and associated controls and actions added to Risk Register (2138) regarding potential risk to staffing related to COVID-19 pandemic due to surge in critical care patients and / or staffing shortages due to increased sickness. Workstream for redeployment of staff established. Staffing models of Amber and Red devised in response to major surge / sickness however there has not been a requirement to work to these staffing levels and staffing has remained in line with national nursing standards (RCN / PICS / BAPM). 20 nurses from India joined Alder Hey in March 2020. Due to COVID-19 pandemic, national strategy implemented to enable the nursing staff to join the NMC register with immediate effect. The nurses have been allocated appropriately with the majority being allocated to work in critical care based on service requirement and their knowledge, skill and expertise. An additional cohort of 10 nurses from India has had to be postponed due to COVID restrictions. 23 nurses from HEI commenced in the Trust in April 2020. 47 3rd year students who were due to complete their degree in September 2020 have signed up voluntarily to join the workforce and will be added to the NMC register. This cohort of nurses constitutes our usual pipeline of new starters in October 2020 therefore will be allocated in line with expected October position and opening of winter beds Professional standards workstream established as part of Trust COVID response Draft CQC report received and undergoing factual accuracy. Risk owner changed to Pauline Brown

March 2020 - Philip O'Connor
Risk reviewed - no change to score in month but progress made re International recruitment and CQC compliance. All actions remain on track

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver accessible services to patients, in line with national standards, due to rising demand
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective		Link to Corporate risk/s: 1524
Exec Lead: Adam Bateman	Type: Internal, Known	Current IxL: 3x5 / Target IxL: 3x2 / 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	Assurance Evidence (attach on system)
Controls for waiting time in the Emergency Department (ED): - Winter Plan with additional staffing and bed capacity - ED Escalation & Surge Procedure - Additional shifts to increase staffing levels to deal with higher demand - Trust-wide support to ED, including new in-reach services (physiotherapy, Gen Paeds & CAMHS)	- Daily reports to NHS England - Daily performance summary - Monthly performance report to Operational Delivery Group - Performance reports to RABD Board Sub-Committee - Bed occupancy is good
Controls for referral-to-treatment times for planned care: - Weekly oversight and management of waiting times by specialty - Weekly oversight and management of long wait patients - Use of electronic system, Pathway Manager, to track patient pathways - Additional capacity in challenged specialties - Access to follow-up is prioritised using clinical urgent signified by tolerance for delay	- Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee - Use of electronic patient pathway forms to signify follow-up clinical urgency and time-frame
Controls for access to care in Community Paediatrics: - Use of external partner to increase capacity and reduce waiting times for ASD assessments - Investment in additional workforce for Speech & Language service in Sefton - Weekly oversight and management of long wait patients	- Significant decrease in waiting times for Sefton SALT - Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee
Controls for access to care in Specialist Mental Health Services: - Investment in additional workforce in Specialist Mental Health Services - Extension of crisis service to 7 days - Weekly oversight and management of long wait patients	- Monthly performance report to Operational Delivery Group - Corporate report and Divisional Dashboards
Use of Challenged Area Action Boards for collective improvement in waiting times	Challenge boards live for ED, Radiology and community paediatrics
Transformation programme: - SAFER - Best in Acute Care - Best in Outpatient Care - Best in Mental Health care	- Monthly oversight of project delivery at Programme Board - Bi-monthly transformation project update to CQAC
Performance management system with strong joint working between Divisional management and Executives	- Bi-monthly Divisional Performance Review meetings with Executives - Weekly 'Executive Comm Cell' meeting held - Operational Delivery Board as a forum to collectively address challenged areas and to submit cases for investment where access to care is challenged
Urgent clinic appointment service established for patients who are clinically urgent and where a face-to-face appointment is essential	New outpatient schedule in situ
Digital outpatient channel established - 'Attend Anywhere'	Weekly tracking of training compliance and number of patients consulted via a digital appointment
Urgent operating lists	
Weekly access to care meeting to review waiting times	Minutes

Gaps in Controls / Assurance

1.ED workforce plan aligned to demand and model of care aligned to type of presentations
2.Enhanced paediatric urgent care services required in primary care and the community
3.Additional capacity required in Specialist Mental Health Services and Community Paediatrics (ASD & ADHD). Request submitted to Sefton CCG for urgent investment and commissioning of NICE compliant ASD & ADHD diagnostic pathways.
4.Comprehensive, real-time and digital access times dashboard for Community Paediatrics and Specialist Mental Health Services.
5.Dynamic emergency demand and capacity model to reduce cancelled operations and more precisely predict surges in demand

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. 5 year workforce plan, model of care and investment case for the urgent and emergency care	30/11/2020	Business case finalised and will be submitted to Operational Delivery Board on the 28 May 2020.
2. Increase in capacity and new pathways of care in community paediatrics for ASD & ADHD diagnostics	30/06/2020	Impact of COVID-19 has resulted in more activities within the ASD/ADHD assessment service being carried out via telephone and video call. Use of further external support being progressed to

		ensure delivery of activity during Q1 20/2. Staffing levels to support service is impacted by staff absence and requirement to support acute. Monitoring in place to ensure any impact is understood and acted on within Division.
4.Completion of detailed actions for specialties with a Challenged Action Board	31/12/2020	Waiting times for developmental paediatrics have been severely affected by COVID-19 and the need to severely curtain outpatient activity. 18 weeks RTT performance in May is now 44%, from 69.3% in April. In mitigation there has been significant uptake in the use of virtual appointments, and new referrals are being directed, where appropriate, to the new ASD & ADHD pathway.
3. Additional workforce capacity in Specialist Mental Health Services and new pathways	30/06/2020	- All community based services delivering most patient consultations digitally, unless clinically indicated. - Catkin outpatient building increasing capacity w.c. 1st June to facilitate priority F2F appointments in CAMHS, Community Paediatrics, Eating Disorders, Crisis Care and Psychology. - CAMHS: Waiting list trajectory is being reset and will be shared at Access to Care Delivery Group. Additional partnership caseload taken on by staff and risk stratification took place to identify all risky cases and ensure sufficient monitoring was in place for these . - Services in the Community & Mental Health division are actively liaising with schools to support a safe return to activity where needed when schools reopen. .

Executive Leads Assessment

May 2020 - Adam Bateman
In May significant focus has been given to safely opening up access to care for children.

To support access to care we have:

opened up urgent face-to-face appointment capacity (190 per day)
Increase the use of virtual appointments
From the 26 May increased the number of urgent operating lists to 8, from 5 during Phase 1 of the COVID-19 response

In order to safely open up
* PPE availability
* Patient testing
* Safe environment

We have changed the physical environment and patient pathways to achieve safe access to care:
* new pre-operative pathway
* new waiting room layout and patient flows in OPD
* re-configuration of ED to segregate patient waiting and flow

April 2020 - Adam Bateman
The onset of the COVID-19 public health emergency is having an adverse effect on access to care because of the need to direct staff and capacity to deal with the pandemic. Focus is on maintain access to care for children who require urgent treatment.

The Emergency Department, as part of its improvement plan, is focused on improving time-to-triage. Nonetheless, a huge effort has gone in to redesigning the ED layout to be COVID-19, and to support the testing of suspected patients. This effort has detracted from wider waiting time improvement efforts.

In learning disability services a significant investment has been secured to increase the workforce and reduce waiting times. There is now an improvement trajectory to reduce waiting times such that all new referrals triage within 12 weeks and diagnosis within 18 weeks from April 2020, subject to re-assessment of trajectory following COVID-19.

February 2020 - Adam Bateman
ED waiting time performance in January improved to 87.6%. There has been a delay in completion of the ED business case as the new Clinical Director and ACOO evaluate demand, workforce requirements and model. The case will be concluded in March. As pressures have lessened and flow in ED has improved relative to November we have stood down the incident management group and are managing this as business as usual. In ED we are increasing staffing levels to have a second triage nurse and to appoint additional ANPs to reduce time to treatment. In order to further support patient flow in ED, we have agreement through the Best in Acute Care Group a new Paediatric Assessment Unit. The business case will be submitted in March and the pilot is expected to start in July 2020.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.3	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Keeping children, young people, families and staff safe during COVID-19		
Related CQC Themes: Responsive, Safe, Effective, Well Led, Caring		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Adam Bateman	Type: External,	Current IxL: 5x4	Target IxL: 3x3	Trend: STATIC

Risk Description

The manifold effects, direct and indirect, of COVID-19 represent significant challenge. This includes, but is far from limited to, the potential for physical and psychological harm as a result of delayed access to care, isolation, psychological impact of lockdown, and risk of contracting the virus.

Existing Control Measures	Assurance Evidence (attach on system)
Formal strategic and tactical command arrangements in place	agendas & minutes
Detailed COVID-19 Plan agreed and being deployed	
Work programme on keeping our staff safe enacted	
Plan to establish adult invasive capacity progressed	
COVID Specific Scorecard in place	Scorecard to Strategic Meetings
Work Programme established looking at keeping Children & Young People safe	Agendas / Minutes / Actions
Access to Care Group re-established to monitor waiting lists	
24/7 CAMHS crisis line in-situ	Staff rota
Access to emergency and urgent operating theatres	Weekly capacity plan
Clinical review of waiting lists to identify clinically urgent patients requiring assessment and/ or intervention	Electronic patient record
Urgent face-to-face outpatient appointments maintained and digital outpatient consultations established	Outpatient schedule
Waiting list monitoring via weekly Access to Care Delivery Group	Minutes
All vulnerable patient cohorts across specialities (Medical and Surgical) identified	
Specialities have populated vulnerable patient template to outline risk, considerations that may affect current pathway and identify alternative	
Continued to update vulnerable shielding patients with guidance and support as per government advice	

Gaps in Controls / Assurance

Recovery plan (protecting staff and recovering access times for patients) for phases 2 and 3 to be finalised

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Increased testing aligned to national guidance	30/06/2020	
Develop and implement COVID phase 2 and phase 3 plan enabling the delivery of increased elective capacity whilst maintaining the ability to respond in the event of a further surge	30/06/2020	Interim phase 2 plan agreed until mid-June 2020. Further forward look required on next stage of elective restart plans
System wide response for pandemic influenza, focused on the continuity of public and critical services	29/05/2020	
Workstreams established to review external supplies. Group meeting three times per week to review key actions, decisions and risks/issues/opportunities	29/05/2020	
Keeping Children & Young People Safe Workstream	30/06/2020	Workstream continues to meet weekly. Specialities have populated vulnerable patient template to outline risk and considerations that may affect current pathway and identify alternative pathways

Executive Leads Assessment

May 2020 - John Grinnell
Good progress made on managing surge/adult support. Focus now on a safe restart to our planned activity, maintaining a safe environment and testing scenarios for managing the backlog and potential winter pressures.

April 2020 - John Grinnell
COVID programme continues to be reviewed at Trust Board monthly

March 2020 - John Grinnell
COVID programme to be reviewed at Trust Board each month

Board Assurance Framework 2020-21

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		Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: External,	Current IxL: 3x2	Target IxL: 3x1	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. 11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020.

Existing Control Measures	Assurance Evidence (attach on system)
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 team meets regularly; work stream leads identified; risk assessments undertaken. Assurance framewroks completed and submitted to NHSE.

Gaps in Controls / Assurance

There maybe some very limited supply issues when we move from transition at the end of December 2020 but there is no immediate risk to supply other than business as usual fluctuations which would be considered as normal within the current risk profile. As we are in the midst of the pandemic we are unable to forecast future shortages or challenges with this.

Executive Leads Assessment

February 2020 - Lachlan Stark
Following review with specialty leads no issues identified

January 2020 - Lachlan Stark
11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020.

December 2019 - John Grinnell
Risk reviewed in line with 31 January 2020 scheduled exit. Business to remain 'as is' given 12 month transition period. Business continuity plans to remain in place ready for resurrection if required.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 2.1	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Sustainability and Development		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: 1169, 1984		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 4x3	Target IxL: 4x2	Trend: STATIC

Risk Description

Failure to deliver consistent, high quality patient centred services due to
1. Not having workforce pipelines to ensure the Trust has the right people, with the right skills and knowledge, in the right place, at the right time.
2. Not supporting the conditions under which people can continuously learn, develop and grow in order to keep pace with the strategic development of the organisation

Existing Control Measures	Assurance Evidence (attach on system)
Workforce KPIs tracked through the corporate report and divisional dashboards	Corporate Report and KPI Report to WOD
Bi-monthly Divisional Performance Meetings.	Regular reporting of delivery against compliance targets via divisional reports
High quality mandatory training delivered and reporting linked to competencies on ESR	-Monthly reporting to the Board via the Corporate Report -Reporting at ward level which supports Ward to Board
Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.	ESR self-service rolled out
Permanent nurse staffing pool to support nurse staffing numbers	Large-scale nurse recruitment event 4 times per year
HR Workforce Policies	All Trust Policies available for staff to access on intratet
Attendance management process to reduce short & long term absence	Sickness Absence Policy
Wellbeing Steering Group established	Wellbeing Steering Group Terms of Reference
Training Needs Analysis linked to CPD requirements	New Learning and & development Prospectus Launched - June 2019
Apprenticeship Strategy implemented	Bi-monthly reports to WOD and associated minutes
Engaged in pre-employment programmes with local job centres to support supply routes	Bi-monthly reports to WOD and associated minutes
Engagement with HEENW in support of new role development	Reporting to HEE
People Plan Implementation	People Strategy report monthly to Board
International Nurse Recruitment	75 skilled nurses to join the organisation across 2020/21
PDR and appraisal process in place	Monthly reporting to Board
Apprenticeship Strategy implementation	Bi-monthly reports to WOD OFSTEAD Inspection
Leadership Strategy Implementation	Bi-monthly reports to WOD

Gaps in Controls / Assurance

1. Not meeting compliance target in relation to some mandatory training topics
2. Sickness Absence levels higher than target.
3. Lack of standard methodology to workforce planning across the organisation
4. Succession plans Board to Ward

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Continue with regular reporting of data target hotspot areas and staff groups review methodology of accessing training	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
2. Action plan developed in conjunction with NHSI to support the reduction of sickness absence across the organisation. This includes the introduction of a pilot wellbeing team to support the management of sickness absence. Target is 4% absence rates across the organisation.	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
3. Development of a methodology to roll-out across the organisation. Plan for a workforce summit in June/July 2019	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
4. Succession planning to be completed for the Executive Team. To be rolled out to the Divisional senior management teams in January 2020	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.

Executive Leads Assessment

May 2020 - Sharon Owen
As per previous update activities attributed to this risk have been paused until June 2020.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

April 2020 - Sharon Owen Activities attributed to this have been paused until June due to Covid19.
March 2020 - Melissa Swindell Given the rapid development of the response required to the Covid pandemic, activities attributed to this risk have been paused, with a view to review in June 20.
February 2020 - Sharon Owen reviewed Actions and actions on track

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 2.2	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Employee Wellbeing		
Related CQC Themes: Effective, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x4	Target IxL: 3x3	Trend: STATIC

Risk Description

Failure to support employee health and wellbeing which can impact upon operational performance and achievement of strategic aims

Existing Control Measures	Assurance Evidence (attach on system)
The People Plan Implementation	Monthly Board reports
Wellbeing Strategy implementation	Wellbeing Strategy. Wellbeing Steering Group ToRs
Action Plans for Staff Survey	Monitored through WOD (agendas and minutes)
Values and Behaviours Framework	Stored on the Trust intranet for staff to readily access
Staff Temperature Check Reports to Board (quarterly)	Board reports and mintues
Values based PDR process	New template implemented and available on intranet. Training for managers (appraisers) delivered.
Listening into Action Guidance and Programme of work	Dedicated area populated with LiA info on Trust intranet
Staff surveys analysed and followed up (shows improvement)	2018 Staff Survey Report
Reward and Recognition Group schemes in place: Annual Awards, Star of the Month and quarterly Long Service Recognition Event, Annual Fab Staff Change Week.	Reward and Recognition Meetings established; reports to Wellbeing Steering Group
BAME, Disability and LGBTQI+ Staff Networks	Meetings minuted and an update provided to WOD
LGBTQI+ Network launched December 2018	Monthly network meetings established and open to any staff member or volunteer who identifies as LGBTQIA+.
Leadership Strategy	Strategy implemented October 2018
Freedom to Speak Up programme	Board reports and minutes
Occupational Health Service	Monitored at H&S Committee
Time to Change implementation	Time to Change implementation

Gaps in Controls / Assurance

1. Staff Advice and Liaison Service (SALS) not yet implemented
2. Wellbeing team to support sickness absence not yet implemented
3. Junior Doctor experience not as positive as it should be

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Develop a proposal to implement a SALS service	30/06/2020	SALS is being progressed, as is the implementation of the wellbeing team.
2. Appoint to the wellbeing team	30/06/2020	Team Leader appointed; team to be appointed Jan 2020
3. Detailed action plan in response to 2018 HEE visit. Use of £60k welfare monies to re-purpose a new JD mess. JD Forum refreshed	30/06/2020	JD mess agreed, will be fully in place February 2020

Executive Leads Assessment

May 2020 - Sharon Owen
actions reviewed and on track

April 2020 - Sharon Owen
Reviewed risk - all actions on track.

March 2020 - Melissa Swindell
This workstream has been accelerated specifically by the need to support staff through the COVID pandemic. SALS is being progressed, as is the implementation of the wellbeing team.

Board Assurance Framework 2020-21

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		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: External, Known	Current IxL: 3x4	Target IxL: 3x2	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	Assurance Evidence (attach on system)
WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.	- Bi-monthly reporting to Board via WOD on diversity and inclusion issues - Monthly Corporate Report (including workforce KPIs) to the Board
Wellbeing Steering Group	Wellbeing Steering Group ToRs, monitored through WOD
Staff Survey results analysed by protected characteristics and actions taken by EDI Manager	monitored through WOD
HR Workforce Policies	HR Workforce Policies (held on intranet for staff to access)
Equality Analysis Policy	- Equality Impact Assessments undertaken for every policy & project - EDS Publication
Equality, Diversity & Human Rights Policy	- Equality Impact Assessments undertaken for every policy & project - Equality Objectives
BME Network established, sponsored by Director of HR & OD	BME Network minutes
Disability Network established, sponsored by Director of HR & OD	Disability Network minutes
Actions taken in response to the WRES	-Monthly recruitment reports provided by HR to divisions -Workforce Race Equality Standards - Bi-monthly report to WOD
Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	Diversity and Inclusion Action Plan reported to Board
LGBTQIA+ Network established, sponsored by Director of HR & OD	LGBTQIA+ Network Minutes
Time to Change Plan	Time to Change Plan
Actions taken in response to WDES	- Monthly recruitment reports provided by HR to divisions - Workforce Disability Equality Standards - Bi-monthly report to WOD
Leadership Strategy; Strong Foundations Programme includes inclusive leadership development	11 cohorts of the programme fully booked until Nov 2020

Gaps in Controls / Assurance

1. Workforce not representative of the local community we serve
2. BME staff reporting lower levels of satisfaction in the staff survey

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. Work with the BME and Disability Networks to develop specific action plans to improve experience.	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
1. Work with Community Engagement expert to develop actions to work with local community	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.

Executive Leads Assessment

May 2020 - Sharon Owen
Risk reviewed - activities attributed to this risk remain on hold during the pandemic and to be reviewed in June

April 2020 - Sharon Owen
Risk reviewed - , activities attributed to this risk continue to remain on hold during the covid19 pandemic - review in June 2020.

March 2020 - Melissa Swindell
Given the rapid development of the response required to the Covid pandemic, activities attributed to this risk have been paused, with a view to review in June 2020.

Board Assurance Framework 2020-21

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		Link to Corporate risk/s: No Risks Linked
Exec Lead: David Powell	Type: Internal, Known	Current IxL: 3x4 / Target IxL: 3x2 / 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	Assurance Evidence (attach on system)
Business Cases developed for various elements of the Park & Campus	Approved business cases for various elements of the Park & Campus
Monitoring reports on progress	Monthly report to Board Stakeholder events / reported to Trust Board
Heads of Terms agreed with LCC for joint venture approved	
Campus Steering Group	Reports into Trust Board
Monthly reports to Board & RABD	Highlight reports to relevant assurance committees and through to Board
Capacity Lab have been engaged for a period of 3 months to complete a piece of work/proposal for setting up a Community Interest Company as well as supporting the Trust to bring partners on board with the development and providing some financial contributions	
Planning application for full park development.	Full planning permission gained in December 2019 for the park development in line with the vision, awaiting written confirmation.
Weekly review of status in respect of Covid 19 impact	Meeting record
The impact of Covid-19 is both on physical progress on site and from an inability to engage with community stakeholders however the team continue to pursue works liaising with the appointed contractor.	The Trust is in contact with the City Council to discharge pre-commencement conditions so that once demolition is completed the Phase 1 park reinstatement works can commence in late summer.

Gaps in Controls / Assurance

1. Fully reconciled budget with Plan.
2. Risk quantification around the development projects.
3. Absence of final Stakeholder plan
4. COVID 19 is impacting on the project milestones

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Complete market test and scheme rationalisation and secure sign off	12/05/2020	VE exercise is underway and conclude by 25th April, with a view to the scheme being back inline with the budget and with an aim of gaining Trust Board sign off in May.
Complete cost plan	30/06/2020	
2. Agree Park management approach with LCC	29/06/2020	Outline process agreed with LCC
Prepare Action Plan for NE plot development	30/06/2020	Draft Action plan in place, final action plan will be delayed due to COVID 19, as this required input form PWC, Capacity and Senior Trust stakeholders
Prepare revised plan for park clearance	28/04/2020	some delay to this due to the COVID19 work being undertaken by the team and also there will be a delay to the planned programme for the Nursing home refurbishment and strip out, which is needed in order to clear the site for the next phase. Tender documents for the refurbishment works are ready and tender will go to the market on Monday 27th April.
Prepare plan to respond to impact of the virus	24/04/2020	

Executive Leads Assessment

May 2020 - David Powell
Review pre-June Trust Board

April 2020 - Susan Brown
Reviewed actions due to the impact of COVID and to update on progress of the cluster project/budget discussions and VE exercise.

March 2020 - David Powell
Review with regard to Covid 19 planning.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 3.2	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's systems partnerships.
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led		Link to Corporate risk/s: No Risks Linked
Exec Lead: Dani Jones	Type: External, Known	Current IxL: 4x3 / Target IxL: 4x2 / Trend: STATIC

Risk Description

Risk of failure to:
- Deliver care close to home, in partnerships
- Develop our excellent services to their optimum and grow our services sustainably
- Contribute to the public Health and economic prosperity of Liverpool

Existing Control Measures	Assurance Evidence (attach on system)
Divisional Performance Management Framework - includes clear trajectories for challenged specialties to deliver	Monthly to Board via RABD and Board. (Example of monthly divisional-level detail attached)
Compliance with All Age ACHD Standard	ACHD Level 1 service now up and running; developing wider all-age network to support - agreement to host at Alder Hey
Capacity Plan identifies beds and theatres required to deliver BD plan	Daily activity tracker and forecast monitoring performance for all activity.
Sustainability through external partnerships is a key theme in the Change Programme: assurance received through Programme Board and Trust Board	Growth of specialist services through partnerships included in approved trust strategic plan to 2024 (Our Plan). Monitored at Programme Board and via Strategy and Operations Delivery Board.
Internal review of service specification as part of Specialist Commissioning review	Compliance with final national specifications
Compliance with Neonatal Standards	Single Neonatal Services Business Case approved by NHS England.
Alder Hey working in partnership with Manchester Children's to ensure collaboration/sustainability where appropriate, and support North West in national centralisation agenda	MOU with Manchester approved at Trust Board July 19. Work plan governed via NW Partnership Board (quarterly)
'Our Plan' - Final - Strategic Plan to 2024: Explicit and clear about partnership plans, our role in the system and growth that supports children and young people's needs as well as system needs	'Our Plan' approved at Trust Board October 2019
'One Liverpool' plan to 2024: system plan detailing clear strategic intent re: Starting Well and children and young people's services	Evidences alignment of Alder Hey's plan with those of our integrated care system and evidences the drivers for key partnerships within.
Involvement of Trust Executives, NEDs and Governors in partnership governance arrangements	ToR & minutes - NW Paediatric Partnership Board
Gap / risk analysis against all draft national service specification undertaken and action plans developed	Annual assessment against all service specifications led through quality team; SDIPs put in place in agreement with commissioners as a result to reach compliance
Involvement of Trust Executives in partnership governance arrangements	ToR & minutes - NW Paediatric Partnership Board
Children's Transformation Programme - established and running - planning underway to become the 'Starting Well' delivery vehicle for One Liverpool(developing). SRO Louise Shepherd confirmed.	

Gaps in Controls / Assurance

1. Inability to recruit to highly specialist roles due to skill shortages nationally.
2. 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.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
6.Develop Operational and Business Model to support International and Private Patients	03/08/2020	
1. Strengthening the paediatric workforce	31/03/2020	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.
2. Develop Sefton and Knowsley plans for C&YP - align with One Liverpool where possible/appropriate	03/08/2020	Positive progress in Sefton with development of Children's Partnership Board; delay to progress expected due to Covid though plans in place to resume once appropriate (assume 3mths)
3.Collaboration with LCCG and system leaders to develop 28/02/2019 next stage of One Liverpool; develop the programme of work for C&YP / Starting Well - Children's transformation partnership to take a leadership role	03/08/2020	System already experiencing delay to progress due to COVID; assume 3 months impact, though this will be assessed monthly.

4.Continue to develop joint partnership hosting arrangements for existing and pending ODNs with RMCH	03/08/2020	Significant progress in ODN development planning at North West Paediatric Partnership Board in March. Spec Com agreement to delay subsequent actions during Covid; assume 3mth delay initially (to be reviewed monthly).
5.Develop Business Model to support centralisation agenda and Starting Well	03/08/2020	Development of governance for Starting Well underway which is a step towards defining business model. however, impact of COVID will cause a delay in progress; currently working to assumption 3 months delay (to be reviewed monthly).

Executive Leads Assessment
May 2020 - Dani Jones Risk reviewed; impact of Covid ongoing & producing positive partnership efforts, but collective focus remains on recovery for the coming weeks. No change to risk rating in month.
April 2020 - Dani Jones Risk reviewed; continued Covid-related delays to actions. Risk score remains static for May given strategic nature of 3.2; experience same system-wide. 'Our Plan' in light of long term impact of Covid to be explored through Trust Board during remainder of Q1.
March 2020 - Dani Jones Risk reviewed; Covid-related delays to actions. Risk score remains static given strategic nature of 3.2, and all system partners experiencing same delays. Situation to be closely monitored and assessed each month.

Board Assurance Framework 2020-21

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		Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: Internal, Known	Current IxL: 4x5	Target IxL: 4x3	Trend: STATIC

Risk Description

Failure to deliver Trust control total and affordability of Trust Capital requirements.

Existing Control Measures	Assurance Evidence (attach on system)
Organisation-wide financial plan.	Monitored through Corporate Report
NHSi financial regime and Use of Resources risk rating.	Specific Reports (i.e. NHSI Plan Review by RABD)
Financial systems, budgetary control and financial reporting processes.	- Daily activity tracker to support divisional performance management of activity delivery - Full electronic access to budgets & specialty performance results - Financial in-month and forecast position reported through SDG, Exec Team, RABD Ops Board and Trust Board - Financial recovery plans reported through SDG and RABD - Internal and External Audit reporting through Audit Committee.
Capital Planning Review Group	5 Year capital plan ratified by Trust Board
Monthly performance review meetings with Divisional Clinical/Management Team and the Executive	Monthly Performance Management Reporting with '3 at the Top'
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	Monitored through Exec Comm Cell and Exec Team
Weekly Sustainability Delivery Group overseeing efficiency programme	Weekly Financial Sustainability delivery meeting papers
CIP subject to programme assessment and sub-committee performance management	Tracked through Execs / RABD
RABD deep dive into key financial risk areas at every meeting	RABD Agendas, Reports & Minutes
Weekly COVID financial update to Strategic Command	Agenda and Presentations

Gaps in Controls / Assurance

1. New COVID Financial Framework creates greater uncertainty
2. Affordability of Capital Plans
3. Cost of Winter escalating
4. Long Term Plan shows £3-5m shortfall against breakeven
5. Long Term tariff arrangements for complex children
6. Potential COVID Capital costs not covered centrally

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
4. Long Term Financial Plan	30/06/2020	Financial gap remains unresolved as progress with NHSI has been paused due to COVID-19. Financial planning formally paused
2. Five Year capital plan	30/06/2020	Given COVID-19 longer term financial plans on hold and suggest this is revisited when the COVID-19 position is clearer.
3. Cost of Winter	30/06/2020	Winter pressures superseded by COVID-19, will revisit as part of 2010/21 operational plans
5. Childrens Complexity tariff changes	30/06/2020	Case for 2020/21 on pause pending COVID-19. Longer term tariff work continues with a due for completion June 2020
1. Develop COVID-19 financial plan to align to revised commissioner and central finding arrangements	22/05/2020	Board approved interim Plan pending longer term arrangements form the government
1. Revised financial plan pending updated guidance from NHSI	22/06/2020	
6. Submit COVID Capital Costs through national system	30/06/2020	

Executive Leads Assessment

May 2020 - John Grinnell
Month 1 position is break-even subject to reimbursement of COVID costs and top-up shortfall. Critical going forward that robust financial governance arrangements ensure overall cost base is reasonable given the operating environment.

April 2020 - John Grinnell
Trust delivered 2019/20 control total subject to final audit. Focus for first quarter of 2020/21 is having clear financial framework and governance associated with COVID financial arrangements. Key risk during this period is lost cost control and/or any COVID costs not covered by the centre.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

March 2020 - John Grinnell Risk reviewed in month, score increased to 20 to recognise uncertainties relating to COVID-19
February 2020 - Claire Liddy Month 10 financial results are a £0.2m adverse variance in month and £1.8m forecast risk to control total. Clinical and corporate divisions have been set improvement targets which are being tracked.
January 2020 - John Grinnell Divisional forecast demonstrating £2.5m shortfall against plan despite CIP projections. Winter pressures are offsetting some improvements which is becoming the biggest risk to our delivery. Contract position is showing a nett underperformance so risk profile lower. Actions in Q4 include recovery action plans and a stretch target for each Divisional area. Focus is now turning to bridging our gap in our 20/21 plan. Key elements will be our escalation of the impact of tariff on our ability to meet plan and also us focussing on key transformational schemes that will drive efficiencies. Capital plan remains a concern given reduced funding available and control of the capital budget lines which are showing pressure.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 4.1	Strategic Objective: Game-Changing Research And Innovation	Risk Title: Research & Innovation		
Related CQC Themes: Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Claire Liddy	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to grow research & innovation due to potential gaps in capacity and funding

Existing Control Measures	Assurance Evidence (attach on system)
RABD review of commercial contracts per SFI. Trust Board oversight of shareholding and equity investments.	Reports to RABD / Trust Board and associated minutes
Programme assurance via regular Programme Board scrutiny	Reports to Programme Board and associated minutes
Establishment of Research Management Board	Research Management Board established.
Establish Innovation Board Committee	Committee oversight of Innovation strategy with NED expertise
Innovation team re-organised and funded to ensure adequate capability. Establish role of Managing Director of Research and Innovation to provide unified vision.	
Alder Hey Innovation LTD governance manual established	

Gaps in Controls / Assurance

Re-energise Research governance processes
Reporting frameworks and standards for all services to be agreed/harmonised

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Complete collaboration contract with University of Liverpool. This is a strategic agreement - deadline reset to March 2020 as part of 3 year join planning with UoL VP. Create standard approach to agree 3 year strategic R&I roadmaps with each University Partner	31/03/2020	Plans, data and costs now exchanged but final agreement still to be reached. Longstop date Dec 2019, but conclusion expected before this; timescale therefore revised.
Agree incentivisation framework for staff and teams: for research time & innovation time.	31/03/2020	Research time now under pilot phase. Innovation and addressing a culture of innovation to be included in innovation 10 year strategy production. Innovation Committee strategy session planned in Q4 2019/20.

Executive Leads Assessment

May 2020 - Claire Liddy
Risk reviewed - no change. Delays continue to COVID response plan.

April 2020 - Claire Liddy
Review - static status. Two over due actions that have been affected by delays relating the COVID-19 workstream.

March 2020 - Jason Taylor
Risk reviewed. No change to score; actions on track.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Digital Strategic Development and Operational Delivery		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 1715		
Exec Lead: Kate Warriner	Type: Internal, Known	Current IxL: 4x2	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to deliver a Digital Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare, failure to provide high quality, resilient digital and Information Technology services to staff.

Existing Control Measures	Assurance Evidence (attach on system)
Improvement scheduled training provision including refresher training and workshops to address data quality issues	Working towards Informatics Skills and Development Accreditation (Aug 2019). Training improvements identified through refreshed Digital Strategy Update Sept: ISD Excellence in Informatics Level 1 accreditation achieved
Formal change control processes in place	Exec agreed change process for IT and Clinical System Changes
Executive level CIO in place	Commenced in post April 2019
Quarterly update to Trust Board on digital developments, Monthly update to RABD	Board agendas, reports and minutes
Digital Oversight Collaborative in place & fully resourced - Chaired by Medical Director	Digital Oversight Collaborative tracking delivery
Clinical and Divisional Engagement in Digital Strategy	Implementation of fortnightly huddle with divisions from April 2019. Divisional CCIOs recruited. Divisional IT Leads in place.
NHSE & NHS Digital external oversight of programme	NHSD tracking of Programme through attendance at Programme Board and bi-monthly assurance reports.
Digital Strategy approved by Board July 2019, mobilisation in place to new governance and implementation arrangements	Digital Futures Strategy
Disaster Recovery approach agreed and progressed	Disaster recovery plans in place
Monthly digital performance SMT meeting in place	ToRs, performance reports (standard agenda items) KPIs developed
Capital investment plan for IT including operational IT, cyber, IT resilience	Capital Plan

Gaps in Controls / Assurance

Lack of secondary data centre / disaster recovery - significant progress with new arrangements in place
Cyber security investment for additional controls approved - dashboards and specialist resource in place
Transformation delivery at pace - integration with divisional teams and leadership from divisional CCIOs

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Implementation of cyber actions including managed service and cyber accreditation	31/07/2020	inCyber deep dive undertaken, 'cyber savvy' communications shared with staff across the Trust, cyber essentials plans in place
Testing and commissioning of secondary data centre	30/06/2020	80% of servers migrated, remaining servers in process of being migrated, following which testing will be undertaken.

Executive Leads Assessment

May 2020 - Kate Warriner
BAF reviewed, good progress against plans.

April 2020 - Kate Warriner
BAF reviewed. Good progress against plans.

March 2020 - Kate Warriner
BAF Risk viewed, significant progress made in 19/20 with technology roadmap divisional integration and resilience / cyber. A number of risks significantly mitigated.