BOARD OF DIRECTORS MEETING

Tuesday 2nd May 2017 commencing at 1000

Venue: Boardroom, Liverpool Community Health, 2nd Floor, Babbage House –L7 0NJ

PHOTOGRAPHS – FROM 8.45 am and
Completion of forms for passes to LCH offices

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Board Business						
1.		**1015**	**Apologies**	Chair		--
2.		**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**17/18/29**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **4th April 2017**	Read Minutes
4.		**1020**	**Matters Arising** - Global Digital Exemplar (GDE) - External Clinical Research Review - Well Led Review	Chair P Young Chair/ M Beresford L Shepherd/All	To discuss any matters arising from previous meetings and provide updates and review where appropriate To provide an update on the "Global Digital Exemplar Programme" To update the Board on the latest position. Discussion re next steps	Verbal Verbal Verbal Verbal
5.		**1040**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.		**1050**	**External Environment** - **5YFV progress** **Progress against strategic**	L Shepherd	To update the Board with progress on delivery of the Cheshire and Merseyside 5YFV	Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			themes: - **Liverpool Community Services** - **Liverpool Women's Reconfiguration Options/Neonatal**	L Shepherd D Herring	To update the Board on progress.	Verbal
Delivery of outstanding care						
7.	**17/18/30**	**1110**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	**17/18/31**	**1120**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held: March 2017	Read report
9.	**17/18/32**	**1130**	**Quarterly Mortality Report**	S Ryan	To receive the quarterly update	Read report
10.	**17/18/33**	**1140**	**Complaints report**	A Hyson	To receive the quarterly update	Read report
11.	**17/18/34**	**1150**	**DIPC Report**	R Cooke	To receive the quarterly update	Read report
12.	**17/18/35**	**1200**	**Nasogastric Tube Safety Alert**	S Ryan	To brief Board on safety alert	Read report
13.	**17/18/36**	**1210**	**Alder Hey in the Park update**	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	
The best people doing their best work						
14.	**17/18/37**	**1220**	**People Strategy Update** - **Workforce and Development February minutes** - **Staff Survey Action Plan**	M Swindell	To provide an update on the strategy and staff survey	Read reports
15.	**17/18/38**	**1230**	**Listening into Action**	K Turner	Clinical teams from the current cohort to provide an update on progress to the Board	Presentation

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
1230 – 1300 LUNCH						
Strong Foundations						
16.	**17/18/39**	**1250**	**Programme Assurance update** - **Deliver Outstanding Care** - **Growing External Partnerships** - **Solid Foundations** - **Park Community Estates and Facilities**	J Gibson	To receive an update on programme assurance including the 2017/18 change programme	Read Report
17.	**17/18/40**	**1300**	**Corporate Report**	C Liddy/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of February 2017	Read report
18.	**17/18/41**	**1315**	**Board Assurance Framework** -	E Saunders	To receive the BAF report.	Read report
19.	**17/18/42**	**1320**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on: 29th March 2017.	Read minutes
Any Other Business						
20.		**1330**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date And Time Of Next Meeting: Tuesday 30th May 2017 At **10:00am, Institute In The Park, Large Meeting Room**						

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

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 4th April 2017, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs C Liddy	Acting Director of Finance	(CL)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Dr S Ryan	Medical Director	(RT)
	Mrs M Swindell	Director of HR & OD	(MS)
	Dame J Williams	Non-Executive Director	(JW)
In Attendance:	Mr A Bateman	Assoc. Chief of Operations	(AB)
	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Mrs P Brown	Director of Nursing (for HG)	(PB)
	Dr U Das	Acting CBU Director	(UD)
	Ms L Dunn	Director of Marketing	(LD)
	Ms S Falder	Director of Clinical Effectiveness and Service Transformation	(SF)
	Mrs D Herring	Director of Strategic Development & Clinical Service Partnerships	(DH)
	Mrs C McLaughlin	Director of Integrated Community Services CBU	
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)
Agenda item:	Ms Kim Hewitson	Safeguarding/Child Death Review Nurse	
04.	Mr P Young	Chief Information Officer	
07.	Mr J Gibson	Programme Director	
14.	Mr Benjamin Pye	Healthcare Assistant, Outpatients Ground floor	
14.	Ms Rebecca Jeffrey	Staff Nurse, Outpatients	
14.	Mr Abu Sawaneh	Recovery Practitioner	
14.	Elaine Scott	PICU Nurse Lead	
14.	Mrs K Turner	Listening into Action Lead	
Apologies:	Mr C Duncan	CBU Director	(CD)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs A Marsland	Non-Executive Director	(AM)

Board Mandatory Safeguarding Training
Kim Hewitson delivered Safeguarding training to the Board as part of the mandatory training cycle.

Patient Story
The Board welcomed Kerrie Calder to share her and her daughter Charlotte's experiences at Alder Hey. Charlotte is a patient with complex needs and was under the care of many services at the Trust. Overall, Kerrie reported that Charlotte's care had been of a very high standard and that staff were professional and compassionate, however there were one or two areas for improvement.

Kerrie reported on difficulties with booking appointments. Louise Shepherd provided assurance on the review of the appointment systems that was currently taking place and asked for Kerrie's input with this review.

The Board thanked Kerrie for sharing her family's experiences and for agreeing to be involved with the appointment system review.

17/18/02 Declarations of Interest

None declared.

17/18/03 Minutes of the previous meetings held on 7th March 2017

Resolved:

The Board received and approved the minutes from the meeting held on 7th March 2017.

17/18/04 Matters Arising and Action Log

Steve Ryan, Medical Director

The Chair welcomed Steve Ryan to his first meeting on behalf of the Board.

Global Digital Exemplar (GDE)

Peter Young reported the GDE Business Case had now been approved by the Treasury, securing £9.6m funding over a 3 year period. Peter Young agreed to thank the teams involved on behalf of the Board.

17/18/05 Key Issues/Reflections:

Louise Shepherd reported on the letter received from the Secretary of State Jeremy Hunt congratulating the Trust for the best improvement with regard to the four hour A&E target across the whole of England from November to January 2015-16 to November to January 2017-18. Sir David Henshaw had responded thanking the Secretary of State for the recognition and inviting him to Alder Hey at his convenience.

Louise Shepherd also reported that the Cardiac Surgery team had carried out 404 congenital heart operations in 2016/17. The Board noted this excellent achievement in the first year of the new hospital.

As a thank you to staff the Board agreed an additional day's leave to be taken during the Christmas period.

Professor Michael Beresford and Sir David Henshaw have been invited to a dinner with Professor Janet Beer, Vice Chancellor, Liverpool University along with representatives from all of the other NHS trusts that are part of LHP to discuss the report arising from the recent external Clinical Research Review. Michael Beresford agreed to update the Board further at the next meeting.

David Powell reported on the successful clinical entrepreneur event where 80 attendees agreed to lead on a project. Next steps included events at local schools to engage with Children on innovation ideas.

17/18/06 Alder Hey 2020 Vision

As requested Louise Dunn had amended the wording for the 'Our Vision' document including the four strategic pillars and the strong foundations on how to deliver. Following the meeting the document would be circulated and embedded across the Trust.

The Board went through the model of care noting the emphasis to deliver the needs of the patients across the service providers. It was requested that the catchment population column make references to regional, national and international.

17/18/07 Programme Assurance Update

Joe Gibson presented the change programme for 2017/18. Whilst there had been improvement since the circulation of the report a large number of projects had either not been fully completed or did not have sufficient assurance evidence.

Resolved:
The Board received the Programme Assurance update and requested to see a significant improvement at the next Board.

17/18/08 External Environment/STP/Progress against Strategic Themes

STP Governance

The Board discussed the Chief Executive of NHS England, Simon Stevens' announcement of the 'Next Steps on the NHS 5 year Forward View' and the associated document it was agreed this paper would be circulated to the Board.

Neonatal Network

Following submission of the preferred option for a consolidation of Neonatal Services across Cheshire and Merseyside to be provided from two sites to NHS England was approved.

Liverpool Women's NHS Foundation Trust

Liverpool Women's NHS Foundation Trust had requested North East Clinical Senate to commence an independent review of the Liverpool Women's case for change and relocation plans.

The North East representatives had arranged a visit for early June. As Alder Hey is unsure if the hospital has been included in this visit Debbie Herring agreed to formally look into this and update the Board at the May meeting.

International Business Development

Louise Dunn reported on a successful visit from Xi'an Fengdong Hospital held last month. During the visit a Memorandum of Understanding was signed.

A group from Hunan are due to visit the hospital next month. The hospital is very well established and has many partnerships with NHS hospitals. They are keen to collaborate with Alder Hey on paediatric education and research.

Projects with Al Jalila, Specialist Children's Hospital in Dubai are continuing.

The International Alder Hey team has worked on a pricing strategy for consultancy with non NHS/ International partners and will share this with the Executive Team and Board shortly.

Transfer of Community Services
The Board had previously been informed of the pause instigated by NHS Improvement prior to awarding the Liverpool core services to Bridgewater NHS FT. As there is still no long term solution, for the interim it has been requested that Liverpool Community Services come under a management contract with Alder Hey. A timeline with the interim contract arrangements was circulated to the Board.

Louise Shepherd and Sir David Henshaw are due to meet with the Chair of Liverpool Community Health, Trevor Lake later today. Following this meeting Sir David Henshaw agreed to circulate further communication to the Board.

17/18/09 Serious Incidents Report
Pauline Brown presented the report for February 2017. There had been one new SIRI reported; one ongoing and none closed.

The new serious incident involved a patient with complex needs who had died unexpectedly following surgery. Due to the complexity of the case the Root Cause Analysis completion date had been extended.

Resolved
The Board received the Serious Incident Report for January noting:
One new SIRI, one ongoing and none closed. There had been two new safeguarding incident reported, none ongoing or closed.

17/18/10 Clinical Quality Assurance Committee: Chair's Update
Resolved:
The Board received and noted the Minutes from the CQAC meeting held on 15th February 2017.

17/18/11 Alder Hey in the Park
David Powell updated the Board on the following projects:

Decommissioning and Demolition
Demolition of the old hospital had commenced. The phases are under constant review.

Residential Development
Unsuccessful bidders had been notified.

Park
New benches had been added to the park. Next steps included linking the park activities with local schools.

Research and Education Build Phase II

The 14 month programme had commenced. A clause had been unexpectedly included in the loan from the charity to the Trust, this was currently with the charity to resolve.

Community
Following the transfer of Liverpool Community services a presentation would be given to the Executive Committee at the end of the month on suitable accommodation.

Alder Centre
25 expressions of interest had been received on the design and location for the Centre.

Resolved:
Board received an update on Alder Hey in the park.

17/18/12 Liaison Committee Minutes
The close out deal to draw a line under commissioning defects is close to completion. There is still a probation period in effect that will lead to a review in June 2017.

David Powell reported on the improved relationship between Alder Hey and PFI. If improvement continues agreement had been given for an Alder Hey representative to discuss the changes on improving relationships with PFI.

A discussion was held on the cleaning management of the lifts and atrium. Pauline Brown agreed to look into this.

Resolved:
The Board received Liaison Committee minutes from the meeting held on 22nd February 2017.

17/18/13 People Strategy
The Board received the People Strategy report for February 2017.

Melissa Swindell reported on the successful induction of staff transferred from Liverpool Community Health from the SALT and a small number of other services. Catherine McLaughlin thanked HR for their support with this.

Apprenticeships will be delivered by Alder Hey and Merseycare from April 2017.

Resolved:
The Board received the People Strategy report February 2017.

17/18/14 Listening into Action
Outpatients Moving of the Fracture Clinic Co-ordinator
Benjamin Pye, Health Care Assistant reported on the Fracture Clinical Co-ordinator's location at the main reception of outpatients, the concerns this had raised and the reasons for change. Following consultation with the team the Fracture Clinic Co-ordinator was moved into a consulting room. This is proving to

be much more effective and efficient. Outpatients continue to monitor and improve their services.

Black Asian Minority Ethnicity (BAME)
Data from HR show that BAME staff make up only 5% of the Alder Hey workforce (compared to 11% locally) whilst also being under-represented regionally and nationally. The majority of BAME staff are Indian/Asian with very few in Black or Chinese ethnic groups.

Only a small percentage of BAME nurses attain banding higher than a 5 within Alder Hey. The majority of BAME staff across the Trust are band 5.

This suggests problems with recruitment and selection, training and progression for this staff group.

To address these issues the following actions are to be taken:

- Big Conversation to engage with BAME staff.
- Establish a permanent group, to advise on BAME issues at Alder Hey.
- Issue a pulse check to monitor the feelings of BAME staff.
- Listen to the experience of these staff and identify sources of help, to improve the working lives of BAME staff.

Posters advertising Alder Hey's apprenticeship schemes had been circulated. It was highlighted the photo didn't include people from BAME backgrounds. Melissa Swindell agreed to action this outside of the meeting.

Resolved:
The Board received the two presentations and noted the progress of the projects using the LiA methods.

17/18/15 Well Led Governance Review self-assessment

The Board received an update on the current position. Erica Saunders reported that Mersey Internal Audit Agency (MIAA) had completed a review of the Trust's position with regard to the Quality Governance Framework, which was a fundamental element of the Well led framework, with an outcome of significant assurance. This represented a good start in terms of assurance evidence but a detailed focus was required.

An independent review had not been completed over the period of the move to the new hospital as agreed with regulators however Erica Saunders recommended that this should now be carried out. As MIAA had now been accredited to provide these reviews and are £20K less than other providers it was recommended MIAA are instructed to provide the review.

A discussion was held on engagement with Governors, it was agreed this would be an item at the next Council of Governors meeting.

Resolved:
a) The Board received the current position.
b) Approved the recommendation for MIAA to provide an independent review.

c) To include an item on Governor and Board engagement at the next Council of Governor meeting.
d) Self-assessments to be undertaken by the Divisions.

17/18/16 Corporate Report

Performance

Activity has significantly improved against the same period last year. The 4 hour standard and YTD position achieved despite increased attendances. RTT, cancer and diagnostic standards achieved despite pressures, volume of longest waiting patients has not deteriorated.

Finance

For the month of February the Trust is reporting a trading surplus of £0.5m which is behind plan by £0.2m, this had mainly been due to the school half term. Income is ahead of plan by £0.2m but is offset by higher than budgeted expenditure. The year to date deficit is £2.4m which is in line with plan (control total).

An overachievement of the control total had been submitted to NHSI. The closure of the 2016/17 accounts will take place tomorrow.

The Use of Resources risk rating is 3 in line with plan and cash in the bank of £7.2m.

Ian Quinlan congratulated the finance team for such a strong end of year performance and noted his thanks to Laurence Murphy, Head of contracts.

Quality

No never events had been reported for February 2017. Compared to the previous financial year there had been an increase in the number of reported pressure ulcers.

Due to the support from volunteers the response rate on Friends and Families questionnaires had increased.

A discussion was held on the increase in clinical incidents resulting in harm part way through the second half of the year. Pauline Brown agreed to arrange a 'deep dive' into this.

Resolved:

The Board noted the Corporate Report for Month 10.

17/18/17 Integrated Assurance Report – Board Assurance Framework

The Board received the latest BAF, quarterly corporate risk register and the Integrated Committee Assurance report. Erica Saunders reported on the approval of the Sepsis business case. Steve Igoe commented that the Integrated Governance Committee continued to see good levels of engagement from the Divisions and Departments but that the issues with regard to estates issues would require input from Interserve if they were to be resolved effectively. It has been agreed to invite Interserve to join the Committee.

Resolved:
Board received the BAF, quarterly corporate risk register and the Integrated Committee Assurance report.

17/18/18 Resources and Business Development Committee
Resolved:
Board received RABD minutes from the meeting held on 1st March 2017.

Due to apologies received it had been agreed to defer the five key priorities for 2017/18 until the April meeting.

17/18/19 Risk Management Strategy
Resolved:
The Board approved the Risk Management Strategy.

17/18/20 Any Other Business
Claire Liddy, Acting Director of Finance
On behalf of the board the chair thanked Claire Liddy for her support as acting Director of Finance over the last three months.

Review of meeting
The Board agreed there was the right level of strategic and operational items covered in the meeting.

Date and Time of next meeting: Tuesday 2nd May 2017, at 10:00am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 2nd May 2017

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

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1. Background:

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

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

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

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

2. SIRI performance data:

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

3. Recommendations:

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

New SIRI Incidents reported between the period 01/03/2017 to 31/03/2017:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
RCA 332 2016/17 **Internal**	28/03/2017	Medicine	During a complaint investigation it became apparent that some elements of the child's inpatient stay had not been managed as robustly as they should have been. During the 4 days of the child's stay there were a number of times where his clinical condition and monitoring of vital signs triggered his PEWS score and required a review by a doctor - all required reviews do not appear to have taken place.	Dianne Topping, Senior Nurse	Information gathered, RCA panel meeting scheduled.	Yes	N/A (no patient harm).

RCA 333 2016/17 **Internal**	28/03/2017	Medicine	The patient was brought to ED in November 2016 as an emergency with seizures and hypertension. Despite resuscitation and intensive care she died 2 days later. Subsequent post-mortem has revealed previously undiagnosed structural kidney disease which is the likely cause of the malignant hypertension. The child had presented to ED in June 2013 and October 2015 with a diagnosis of Bell's Palsy. Blood pressure should have been recorded on each of these occasions but was not recorded.	Amanda Turton, ED Manager	Information gathering commenced.	Yes	N/A (no patient harm).

New Safeguarding investigations reported 01/03/2017 to 31/03/2017: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2017/6337	06/03/2017	Community	SuDiC – Patient brought to the Trust on the 01/03/17 at 09:30, following an out of hospital Cardiac Arrest at home. Patient is a 17 year old with significant co-morbidities. He was under follow up with the Trust cardiologists and the Trust neurologists for epilepsy. At approximately 08:30 mum found him blue and lifeless. Mum commenced CPR and called ambulance. Patient was in asystolic cardiac arrest and Advance Life Support continued. Further 2 episodes of cardiac arrest in ED. Intubated and ventilated and transferred to PICU. PICU Consultant discussed the outcome with parents and futile intensive care treatment was stopped.	Safeguarding Team	For information only	Yes	Yes

2017/8425	28/03/2017	Community	Patient was transferred to Trust 24.3.17 from Whiston following an RTA; patient sadly died of her injuries. Local RTA, national press coverage.	Safeguarding Team	For information only	Yes	Yes

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
StEIS 2017/3539	06/02/2017	Surgery	The patient (complex) attended the Trust for an elective orthopaedic procedure on the 27/01/17. The patient suffered an extravasation injury from the neck line intraoperatively. Following completion of the surgery, the patient was transferred to the inpatient recovery room where they suffered a cardiac arrest. The patient was transferred from recovery to the High Dependency Unit rather than the ward in case of tracheostomy	Rachael Hanger, Theatre Matron	2nd RCA panel meeting held 03/04/2017, draft RCA produced. Quality check process underway.	Yes	Yes

			adjustment. Sadly, the patient died the following day (28/01/17).				
RCA 208 2016/17 **Internal**	29/10/2016	Surgery	Patient was prepared for intubation on the ward during resuscitation; delay in emergency alarm being raised and in following resuscitation protocol.	Pete Murphy, Consultant Anaesthetist	Report required further work, report in final quality check stage.	Internal	N/A (no patient harm).

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

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

Safeguarding investigations closed since last report
Nil

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 22nd March 2017
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland	(Chair), Non-Executive Director	AM
	Jeannie France-Hayhurst	Non-Executive Director	JFH
	Mags Barnaby	Interim Chief Operating Officer	MB
	Christian Duncan	Director of Surgery CBU	CD
	Hilda Gwilliams	Chief Nurse	HG
	Dame Jo Williams	Non-Executive Director	JG
	Steve Igoe	Non-Executive Director	SI
	Matthew Peak	Director of Research	MP
	Mark Peers	Public Governors	MP
	Tony Rigby	Deputy Director of Risk & Governance	TR
	Rachel Greer	Associate Chief of Operations - Transformation	RG
	Clare Liddy	Acting Director of Finance	CL
	Catherine McLaughlin	Director of Community Services	CM
	Rick Turnock	Medical Director	RT
	Erica Saunders	Director of Corporate Affairs	ES
	Glenna Smith	Interim General Manager, Medicine CBU	GS
	Lachlan Stark	Head of Planning & Performance	LS
	Melissa Swindell	Director of HR	MS
In Attendance:	Joe Gibson	External Programme	JG
	Julie Creevy	EA, Executive Team	JC
	Lucy Cooper	Research Governance & Quality Assurance Lead	LC
	Phil O'Connor	Deputy Director of Nursing	POC

16/17/155 Apologies:

Pauline Brown	Director of Nursing	PB
Richard Cooke	Director of Infection Prevention Control	RC
Urmi Das		UD
Rick Turnock	Medical Director	RT
Paul Newland	CD, Clinical Support CBU, /Co Biochemistry	PN
Will Weston	ACD, Medicine	WW
Julie Williams	Appointed Governor	JW

16/17/156 Declarations of Interest
None declared.

16/17/157 Minutes of the previous meeting held on 15th February 2017
Resolved:
CQAC approved the minutes of the last meeting held on 15th February 2017.

16/17/158 Matters Arising and Action list
The Chair expressed sincere thanks on behalf of CQAC to Rick Turnock, as this was RT's last meeting, before his retirement from the Trust on 31st March 2017.
RT indicated that the Chair's leadership, together with fellow Non Executive Director support, had greatly enhanced and shaped CQAC to date.

16/17/122 **ED Performance** – Update on pathways. GS confirmed that the Trust is on track to meet Quarter 4 targets. The CBU had experienced a very high number of patients in A&E.

16/17/122 **Clinical Utilisation Review** – LS confirmed that the Trust had been directed by NHSE and specialised commissioning clinical utilisation review, which has a CQUIN for 2016/17 equating to £927,000, this was taken up as part of the improving flow workstream, this had now been successfully implemented. It had been rolled out across 2 wards - 2A and 3C. The Trust agreed a small pilot, benefits realisation is much small than in that of an adult DGH, the Trust has achieved £92,7006 this year.

The Team now need to roll out another 150 beds, which will commence on 4A and 4C, with Neo and Cardiac roll out during July, with Oncology in September. Training and development will ensure that the wards are fully supported.

Data set will be rolled out next year.

16/17/123 Review of clinical investigations results and notices, it was noted that NB is currently not ready to report back to CQAC members, with an update to be received at the 19th April 2017 meeting.

1**6/17/130 Equality Demographic Patient Data** – HG reported that as a result of the absence of Hannah Ainsworth that this item would be deferred until 19th April 2017, when a further verbasl update would be provided.

16/17131 SIRI – MB confirmed that all of the patients that had not been previously followed up, had now been followed up. MB confirmed that the likelihood of a repeat occurrence was low, however MB could not guarantee a recurrence in the future.

It was noted that further work is required with regards to new patients, in order to strengthen booking and scheduling, as the system is not entirely fully robust at present for new patients. It was noted that the system for follow up patients is now more robust. Team envisage that by September 2017 the Trust will be on track to achieve standards.

Glenna Smith will be the dedicated lead for booking and scheduling. Programme will form a PID, and CQAC will receive regular updates going forward.

AM quried the level of assurance with regard to booking and scheduling of appointments for new patients. It was noted that this item is included on the risk register and that the risk is being managed appropriately with an appropriate project plan.

MB confirmed that the outpatient process is in need of modernisation, there have been structural changes. HG will be the Executive Director who is responsible for outpatients.

HG confirmed that the PID for 17/18 will contain all relevant information to address all of the current issues, baseline/milestones etc, the PID will be robustly monitored by the Programme Management office. A plethora of meetings had taken place to date to progress this further.

Work will progress to unpick and address any issues, with full team training provided.

16/17/133 Quarter 3 DIPC report – water assurance report – MB confirmed that there is significant ongoing work to progress delivery of actions from the Water Safety Group. MB confirmed that a water safety tracker is being used. At the last Water Safety Group response rate for the delivery of actions log was 35% however, it was noted that response rate should be 100%.

MB confirmed that those who hadn't responded to update actions had all been individually written to, in order to progress outstanding actions.

Pseudomonas – it was noted that water safety issues are now better managed.

Action: MB to request Richard Cooke to share the water safety tracker with CQAC.

16/17/159 Complex Care Made Simple closure report

Ian Sinha and Helen Cibinda presented the Complex Care Made Simple closure report. The Committee recognised the key achievements made to date, outstanding tasks/risks/issues at end of stage project, with CQAC noting the next steps.

The Committee received and noted the Complex Care made simple closure report.

Action: MB to ensure Specialist Nurses/Complex discharge is included on the Operational Delivery Board agenda on 30/3/17.

It was noted that CQAC would receive a further progress update in due course.

The Chair thanked IS & HC for the closure report.

16/17/160 Programme Assurance Update

J Gibson provided a programme assurance update as follows:-

It was noted that there is currently a £4M shortfall with regards to delivering Outstanding Care work stream. JM confirmed that the programme management office needed to be made aware if the targets are not going to be achieved.

J Gibson highlighted the critical importance of all of the necessary information/evidence, PIDs being uploaded onto SharePoint as a matter of urgency.

JG reiterated the importance of Exec sponsors ensuring that the final deadline of 31st March is fully adhered to.

The Chair expressed her disappointment of lack of progress to date and reiterated the importance of meeting the 31st March deadline.

Action: Executive sponsors to ensure that all necessary supporting information/ evidence is uploaded onto Share Point, and outstanding actions progressed by the final deadline of 31st March.

16/17/161 Sepsis Update

David Porter and Gerri Sefton presented the Sepsis Update position statement which provided an update on the following issues:-

- NICE guidance, importance of rapid recognition, antibiotics and the 'sepsis six'
- 'Time Critical'
- Potential Hazards
- Progress
- Key priorities

- Awareness

The Committee noted the significant progress to date and the key priorities going forward.

The Committee noted the critical importance of approval of the business case to support work of the Sepsis Team, given that Sepsis is a long term, evolving sustainable programme and the importance of maintaining an innovative Sepsis team. The Chair queried what is preventing business case approval. The committee noted that the business case is due to be presented at the Investment Review Group meeting on 31st March 2017.

HG & CQAC acknowledged and thanked DP, GS and Sepsis team/nurse/meditech /information department for the significant work they had completed to date, in addition to their current workload.

The Chair thanked DP & GS, and confirmed that the update provided reassurance and confirmed that CQAC would receive a regular monthly update on Sepsis.

16/17/162 Update Quality Account

Tony Rigby presented the Quality Improvement Plan. The Quality Improvement Plan provided detail regarding Programme Assurance Framework,Trust Strategic Plan, linking quality improvement work with strategic plan, levels of quality improvement activity.

Resolved: The Committee approved the Quality Improvement Plan and noted that there is still work to do.

Resolved: The Committee accepted the 5 Quality Improvement 'focus areas' as the Trust's key quality improvement priorities for 2017-18 for the purposes of reporting in the Trust's Quality Account.

The Chair thanked TR for the Quality Account update.

16/17/163 Corporate Report – Quality Metrics

Patient Safety – The Trust had saw a significant rise in February relating to medication errors resulting in harm and this is being reviewed by the Medication Safety Team. This is evident due to the increased level of activity and relates to the large increase in patients seen.

Readmissions to PICU have stabilished considerably over the last 2 months, with only 1 recorded over the Trusts historic busiest period of activity. Clinical incidents resulting in harm are up in comparison to 2015/16, although those resulting in moderation, severe harm or death are significantly down. The Trust had one serious incident requiring investigation in February, relating to a complex child who very sadly died following a procedure in theatre; the child was very unwell post procedure and went to PICU, then sadly died the following day. A complete RCA had been undertaken, with the recommendations and associated actions to be shared with Trust Board in due course.

Patient Experience – Whilst PALS and Complaints had increased over the winter period, complaints are significantly down on last year, with similar numbers of PALS referrals. Significant improvement had been made in the Friends and Family data around percentaged of attendess who would recommend the Trust across both AED and OPD. The inpatient survey showed some areas of improvement and some areas of challenge specifically around knowing planned discharge rate.

Clinical Effectiveness – Total infections in comparison to 2015/16 continue to be reduced. The Trust had achieved all other targes in the month of February for clinical effectiveness, with continuous improvements in the area of readmissions with 28 days of patients with long term conditions. The EDD data is currently under validation to check complianmce with recording and reporting of EDD.

Action: It was noted that CBU colleagues will be invited to attend April 2017 CQAC to share feedback regarding the findings/results of data validation.

The Chair thanked Hilda Gwilliams for her update.

16/17/164 Improving Flow Closure report

Committee noted that this item to be deferred until April 2017 CQAC meeting.

Action: Lachlan Stark to circulate/email the Improving Flow closure report to CQAC in advance of further discussion on 19th April 2017.

16/17/165 MHRA Inspection

Lucy Cooper presented MHRA position statement. The Trust was given notice of MHRA GCP Inspection on 24th April 2016. As requested the Trust submitted dossier of information on 26th May 2016. MHRA confirmed receipt of the dosier summission on 3rd June 2016. The MHRA Inspection working group meet fortnightly, until the Trust is notified of an inspection date, when the group will then meet on a weekly basis. The working group is a multidisciplinary group consisting of CRBU representatives, senior members of the Trut and representatives of key departments who provide service support to clinical research across the Trust.

The Committee noted progress to date.

The Chair thanked Lucy Cooper for her update.

16/17/166 Key issues report November 2016

Phil O'Connor presented Clinical Quality Key issues report:-

The committee noted that progress had been made regarding HR and Health and Safety policies, the Committee also noted that there is a recovery plan in place for out of date Infection Prevention Control policies.

The Committee received and noted the 14th February 2017 key issues report.

The Chair expressed her thanks to POC and to the CQSG for the update.

16/17/167 Board Assurance Framework 2016-17

Erica Saunders presented the Board Assurance Framework. The Committee noted the risk regarding 'Failure to maintain appropriate levels of care quality in a cost constrained environment' given the £8M CIP for next year, whilst maintaining appropriate levels of care. It was noted that the financial gap required closing with appropriate assurances.

Action: ES & LStark to have a offline discussion with regards to equality impact assessments.

ES encouraged members to review and track reports, in order to provide assurance and close the current gap.

The Committee noted the current position.

16/17/166 Any other business

HG presented the Quality Ward Round (QWR) Guidance for 2017.

HG requested comments from Committee members on the proposed format of walkarounds going forward to be shared with her prior to the next CQAC meeting.

The Chair indicated that this needed to be progressed and adopted as soon as practically possible.

Action: All members to review and send any comments to Hilda Gwilliams prior to the next CQAC meeting on 19th April 2017

The Committee noted that the Outaptient Closure Report/programme plan for 17/18 will be placed early on CQAC agenda for 19th April meeting.

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

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD REPORT

MORTALITY ASSESSMENT AT ALDER HEY
Medical Director's Mortality Report

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

Section two is the Quarter 4 Mortality report which includes a review of statistical analysis in PICU and Cardiac Surgery, followed by more detailed analysis of the place of death, teams involved and specifics about expected v observed deaths.

Section 1: Report from the Hospital Mortality Review Group (HMRG) Jan-Dec 2016

Summary table 2016:

Number of deaths (Jan. 2016 – Dec. 2016)	82
Number of deaths reviewed	56
Departmental/Service Group mortality reviews within 2 months (standard)	70/82 (88%)
HMRG Primary Reviews within 4 months (standard)	3/68 (4%)

The HMRG primary review figure of only 4% is obviously very disappointing but is an improvement from the last report. Reassuringly most (88%) of in–hospital deaths had a least one full mortality review within 2 months of their death – i.e. reviewed by a service group within the 2-month limit.

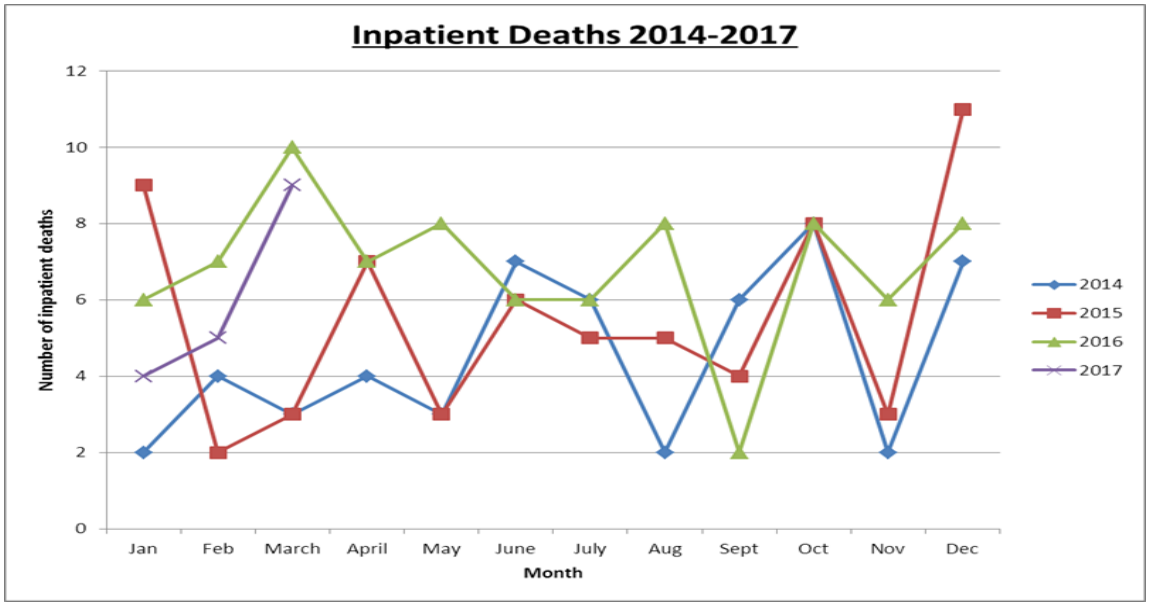
The 4-month review period is the standard that was set and this is still the standard that the group is aiming for, but 57% of the deaths have been reviewed within 6 months. These deaths receive an independent thorough review from the HMRG in addition to the initial review.

The group as agreed with the Medical Director has not been reviewing the out of hospital deaths since January 2016 and there is clearly no capacity for this to be re–started at the current time. The teams are notified and aware of these deaths and review them if indicated.

The HMRG is clearly having difficulties attaining the 4-month target. There are a number of causes; these were raised in previous reports and remain unchanged:

1) The number of deaths was higher in 2016 than the preceding two years. This has resulted in the group being unable to catch up on the backlog that was first highlighted nearly 2 years ago. The group has extended the meetings and is an averaging 7-8 cases a month therefore the HMRG reviewing process is running at about 6-7 months after the death. Despite this increase in workload it has remained "status quo" in view of the review period. If there are concerns highlighted or an usually high number of deaths then the group reviews these earlier, to ensure any problems are addressed expediently.

Month	2014	2015	2016	2017
Jan	2	9	6	4
Feb	4	2	7	5
Mar	3	3	10	9
Apr	4	7	7	
May	3	3	8	
Jun	7	6	6	
Jul	6	5	6	
Aug	2	5	8	
Sep	6	4	2	
Oct	8	8	8	
Nov	2	3	6	
Dec	7	11	8	
Total	54	66	82	18



2) Image Now continues to cause considerable difficulties to the HMRG process. Each review takes considerably longer as the information is scanned randomly and some information is inaccessible. The reviews can take upwards from 2 hours upwards depending on the complexity of the case. The reviewers find that they can then complete fewer reviews due to the difficulties faced using the system. Over the last few weeks this has hopefully being resolved with paper copies now starting to be issued to the reviewers. It has been an ongoing difficulty facing the group for nearly 2 years and contributed considerably to the backlog of the reviews.

3) Difficulties with more frequent meetings; or extending the duration: The HMRG members do it on a voluntary basis, and attendance and reviews have to be fitted around other clinical commitments. The reviews are already done in members own time as there is no allocation in job plans for the reviews or the monthly meetings other than in SPA time. Despite a recruitment drive and people agreeing to join the group, it remains the same committed group of people that undertake the majority of the reviews. In meetings with the Medical Director there was discussion about the need for the entire hospital to engage with the mortality process. Currently, some teams are excellent at undertaking their reviews and participating in HMRG but others are less engaged. The suggestion was that the CBU leads need to identify a lead for each department, who is answerable for the department mortality reviews and sits on the HMRG. This would provide clear lines of communication and has always been the aim for how the process should work. The Medical Director has contacted the CBU leads to identify these leads which should result in the mortality review process becoming more robust. I am not aware that these leads have been identified at this time and this needs to progress to support the process.

Another important drive for change is that the mortality reporting process has currently a high national profile and the National Quality Board has recently published 'National Guidance on Learning from Deaths' provides a framework for NHS trusts on identifying, reporting, investigating and learning from deaths of people in their care.'

The CQC stated that "the need for national guidance was identified as one of the highest priority recommendations in our report- Learning, Candour and Accountability, published in December last year".

The process to be instituted was discussed earlier this month in London and the recommendations were recently released. This now needs to be reviewed and incorporated into our system. This is a considerable amount of work to

comply with the requirements. The specific details of this National recommendation are not yet available and we have to consider if they stipulate specific time periods, or 2 –tier reviews.

Outputs of the new mortality review process for 2016:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	6	6	6	1		
Feb	7	7	6	0	3	1
Mar	10	10	10	0	3	
Apr	7	6	6	0	2	
May	8	6	7	0	2	
Jun	6	4	6	0	2	
Jul	6	5	4	0	2	
Aug	8	6	6	0	1	1
Sep	2	2	2	0	2	
Oct	8	2	7	2	1	
Nov	6		4			
Dec	8		7			

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

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

In one case the HMRG rated that the care given was better than on the departmental review.

In two of the cases HMRG disagreed with the service review in that the care given was adequate and thought that aspects of care were less than adequate but would not reasonably have been expected to alter outcome. The group also felt that aspects of organisational and clinical care could have been better whereas the service group reviews stated adequate/standard practice.

In one case the HMRG rated the care given as standard and the team had felt it was good practice.

In the last case the HMRG agreed with the service review about aspects of clinical care were less than adequate but disagreed with that different management would not have altered the outcome and the group felt it may have altered it. This therefore made it a potentially avoidable death which I will detail below.

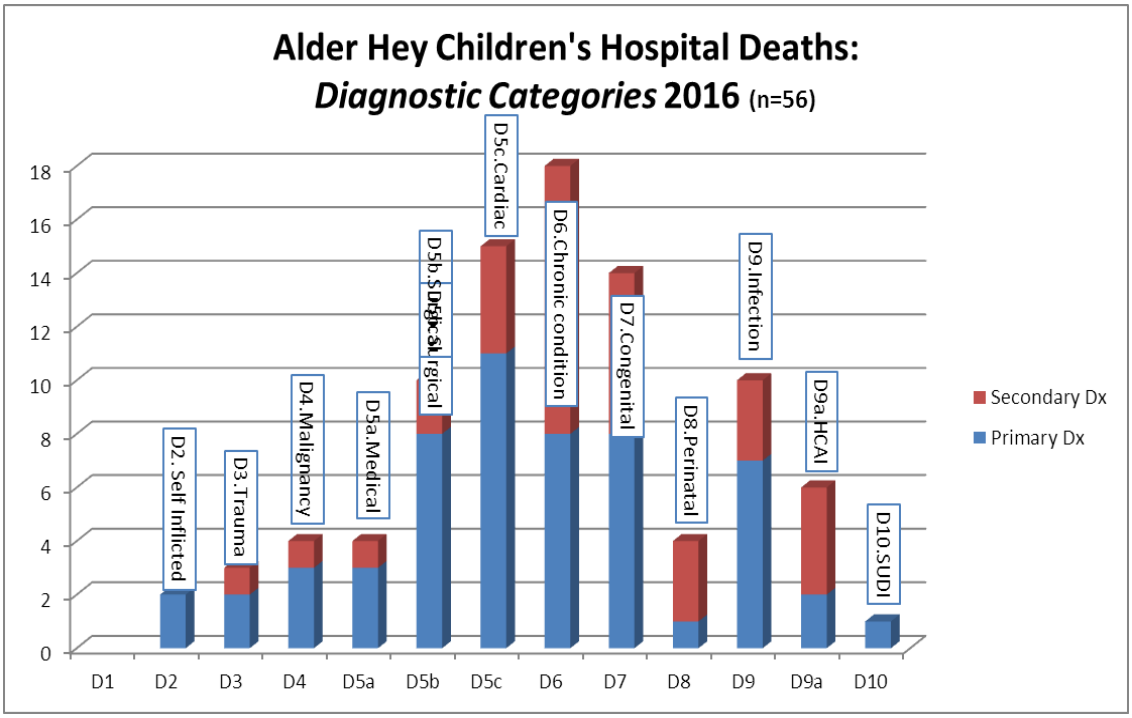
Potentially modifiable factors and actions:

Since the previous Trust Mortality Report, there has been one in-hospital death where potentially avoidable factors may have played a role in the patient's death.

A baby had multiple congenital problems and comorbidities and spent her entire (short) life in hospitals. She had many operations and had a number of complications post-operatively. She required bilateral thoracotomies (chest drains) at one stage and it was very difficult to wean down ventilation and was found to have an empyema requiring a protracted course of antibiotics. She eventually extubated and spent some time on the ward and was discharged back to APH to gain weight before having a cardiac correction. Returned to AHCH when a PDA stent was attempted unsuccessfully therefore a right BT shunt was undertaken a few days later. Again it was a very unstable post-op period. Despite maximum treatment being initiated she continued to deteriorate. Over a period of time she became increasingly unstable and unwell and had a brief cardiac arrest. She then had further cardiac arrest and it was not possible to restore cardiac output.

Since she died of sepsis (infection) which was hospital acquired she is a potentially avoidable death. However, it was clear that this was an extremely complicated child and she was unstable throughout her time in hospital. As a result of her congenital problems she required prolonged NICU and PICU admissions and hospital stays with multiple procedures and the need for long term central access which do all predispose to the risk of infection. The action plans from the PICU review was the reinforcement of infection prevention strategies within PICU and an audit of the management of this group of patients over the last 10 years.

Primary Diagnostic Categories:
The chart below shows the deaths by primary diagnostic/disease category.

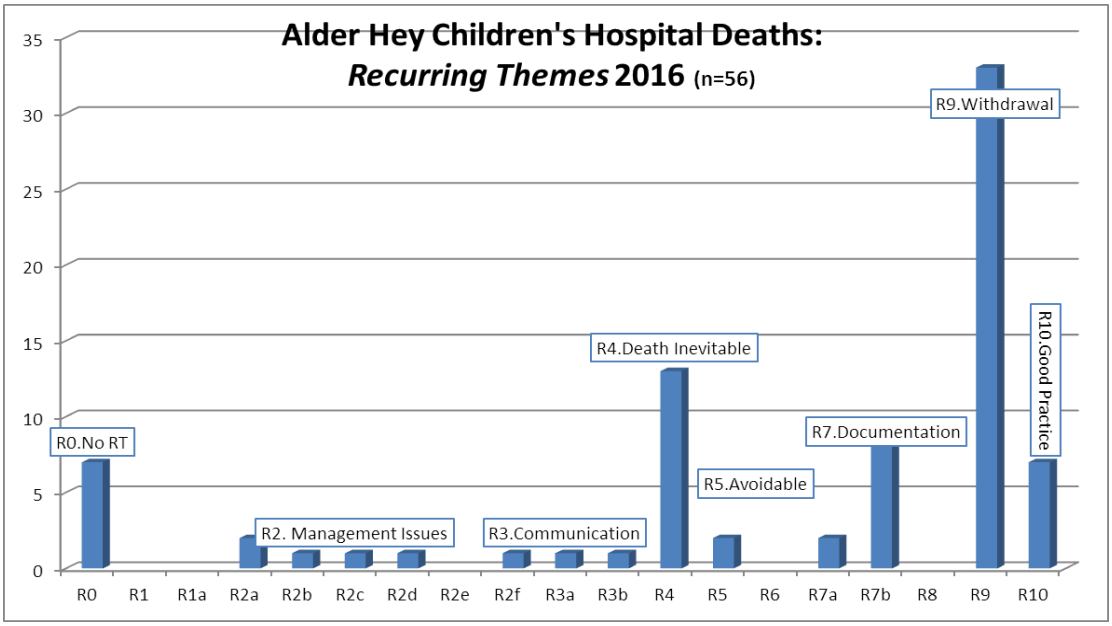


Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

D1.	Deliberately inflicted injury, abuse or neglect
D2.	Suicide or deliberate self-inflicted harm
D3.	Trauma & other external factors – *excludes deliberate self-inflicted harm (D2)*
D4.	Malignancy
D5.	Acute Medical or Surgical condition – subcategory D5a. Medical D5b. Surgical D5c. Cardiac
D6.	Chronic medical condition
D7.	Chromosomal, genetic and congenital anomalies
D8.	Perinatal / Neonatal event
D9.	Infection / Sepsis (proven or clinical) – subcategory D9a. Healthcare-associated infection (home or away)
D10.	Sudden unexplained, unexpected death / SUDI / SUDC – *excludes SUDE (D5*

The commonest causes for deaths so far in 2016 are cardiac conditions (19.6%), surgical, chronic medical and congenital causes are the primary diagnosis in 14%. These are closely followed by infectious causes in 12.5%.

The chart below shows the Recurring Themes identified in 2016 HMRG Reviews.



Recurring Themes

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

Looking at the figures for the recurring themes the most frequent is withdrawal in 59% of cases. The next highest theme is that death is inevitable prior to admission to AHCH. These are vital to record as despite all possible care being provided there was nothing that could be done for these children and that is 23%. This explains why the cardiac and surgical causes are the highest in the primary diagnosis and there are a number of neonates who are transferred with congenital cardiac lesions who are extremely precarious prior to transfer. However, they require assessment in AHCH so are transferred and then are assessed and found to be palliative.

Section 2: Quarter 4 Mortality Report: April 2016 – March 2017

1) Statistical analysis of mortality:

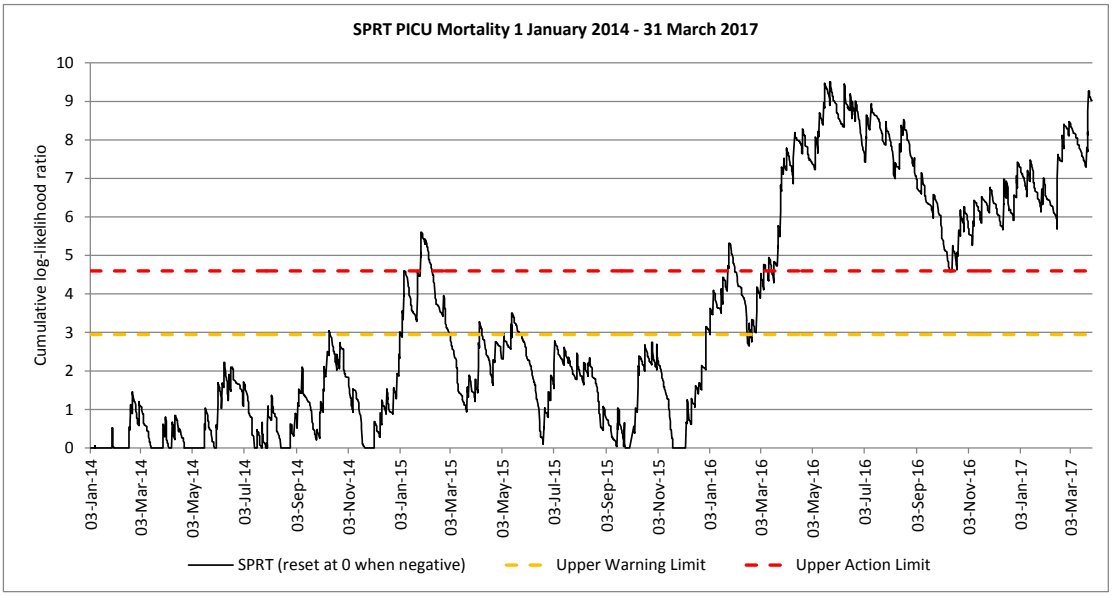
a) Close to real time statistical analysis of mortality in PICU: CUSUM and SPRT

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

Sequential Probability Ratio Test (SPRT)

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

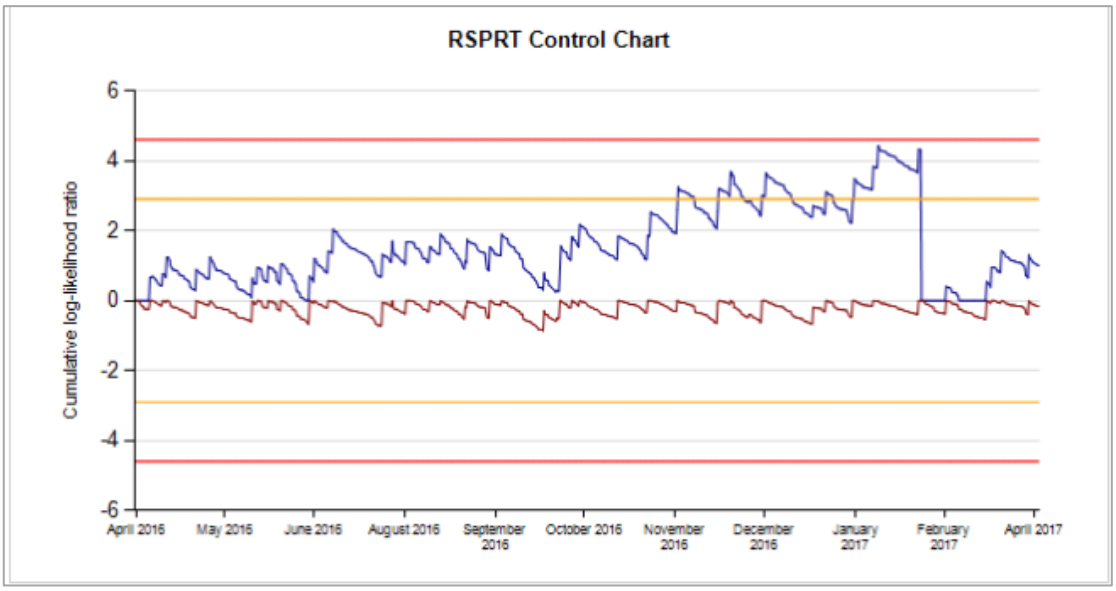
Below is the SPRT chart for PICU for the period 1 January 2014 – 31 March 2017:



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

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

The SPRT chart shows that mortality continues to remain above the limit. This suggests that mortality is occurring higher than expected and the deaths investigated to determine whether they could have been prevented.



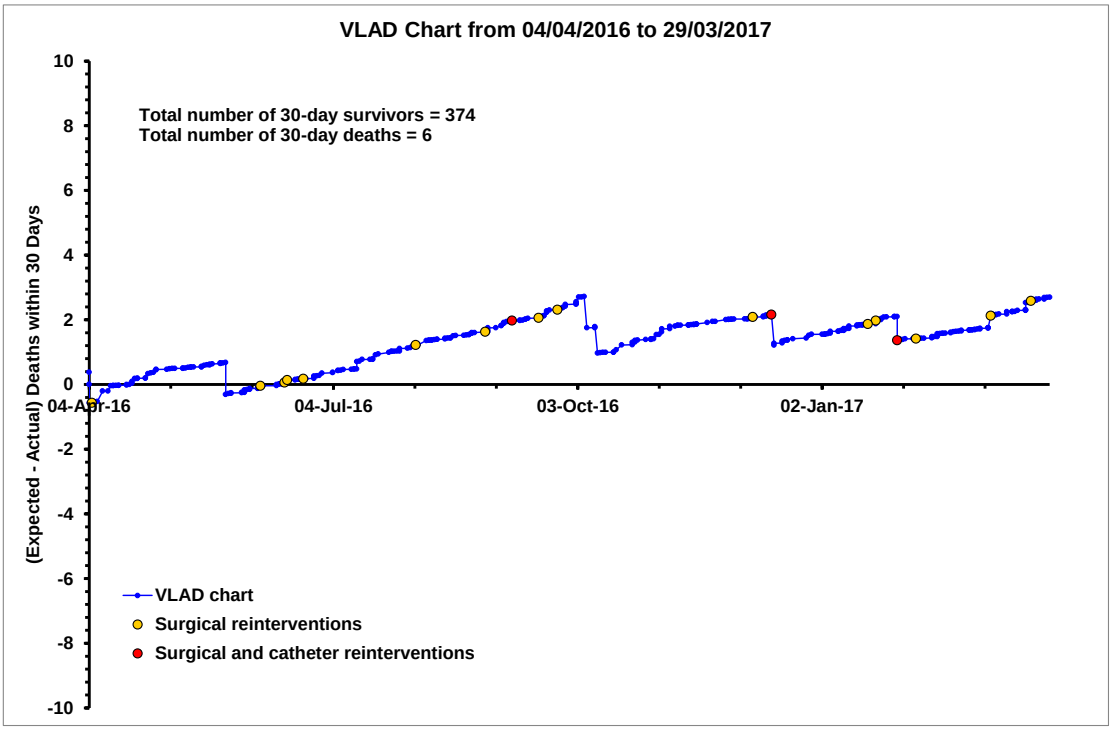
In the RSPRT (Risk-adjusted resetting probability ratio test) Plots present the mortality of your unit cumulatively, based on what is predicted by PIM2 score. Between the orange lines is a 'safe zone' with the variability you might expect day to day. Between the red lines at the top of the chart can be regarded as a 'warning zone'.

Until there is a death, the top line stays flat and the bottom line gradually drops. When a death occurs the top line moves up and the bottom line moves closer to zero. When either line touches the red line, the graph resets to zero [i.e. there was a reset in mid-January 2017].
This data is nationally validated because generated by PICANet.

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

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

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

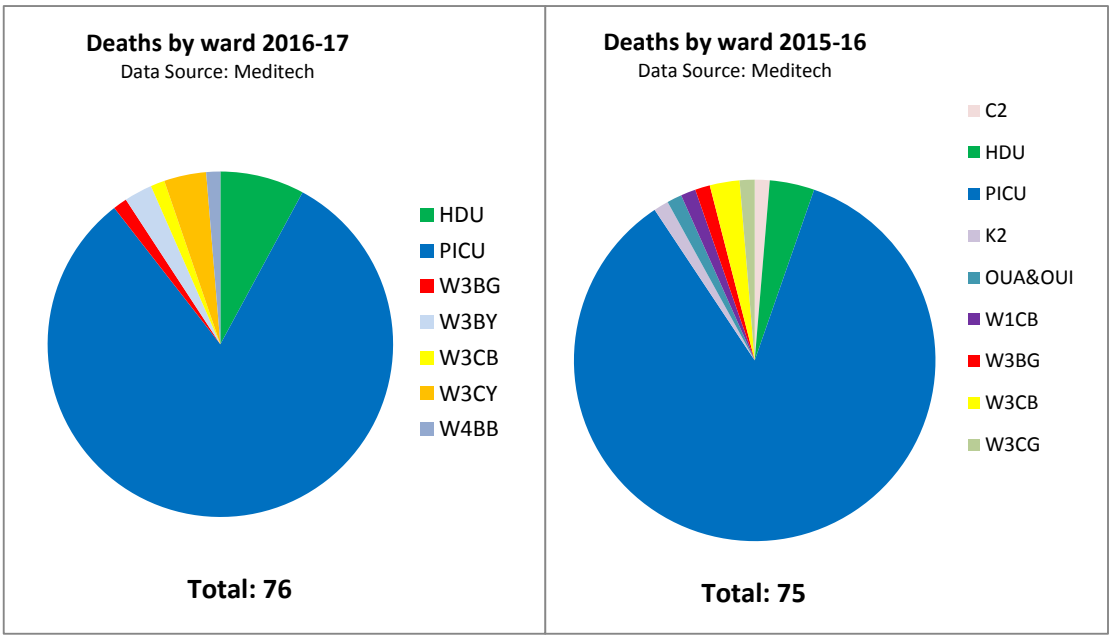


The VLAD chart above shows mortality is occurring lower than expected for the twelve months from April 2016 to March 2017. The survival rate at 30 days was 98.4% against an expected rate of 97.7%.

2) Real time monitoring of mortality

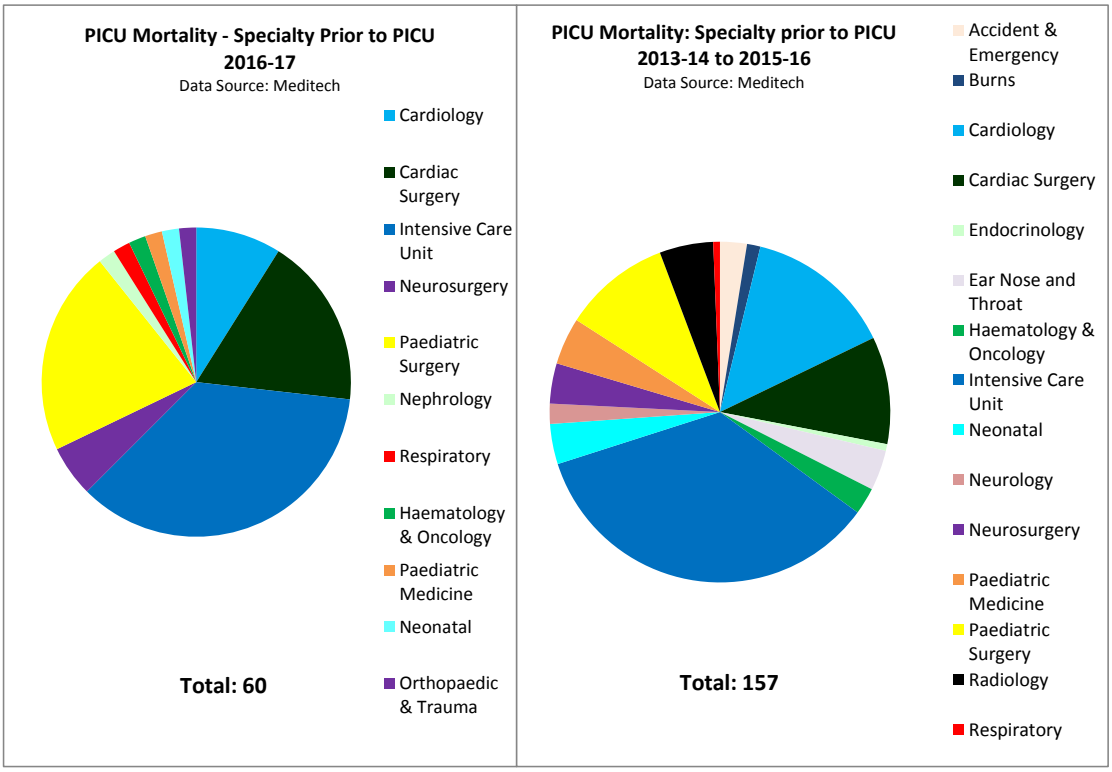
Mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

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



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

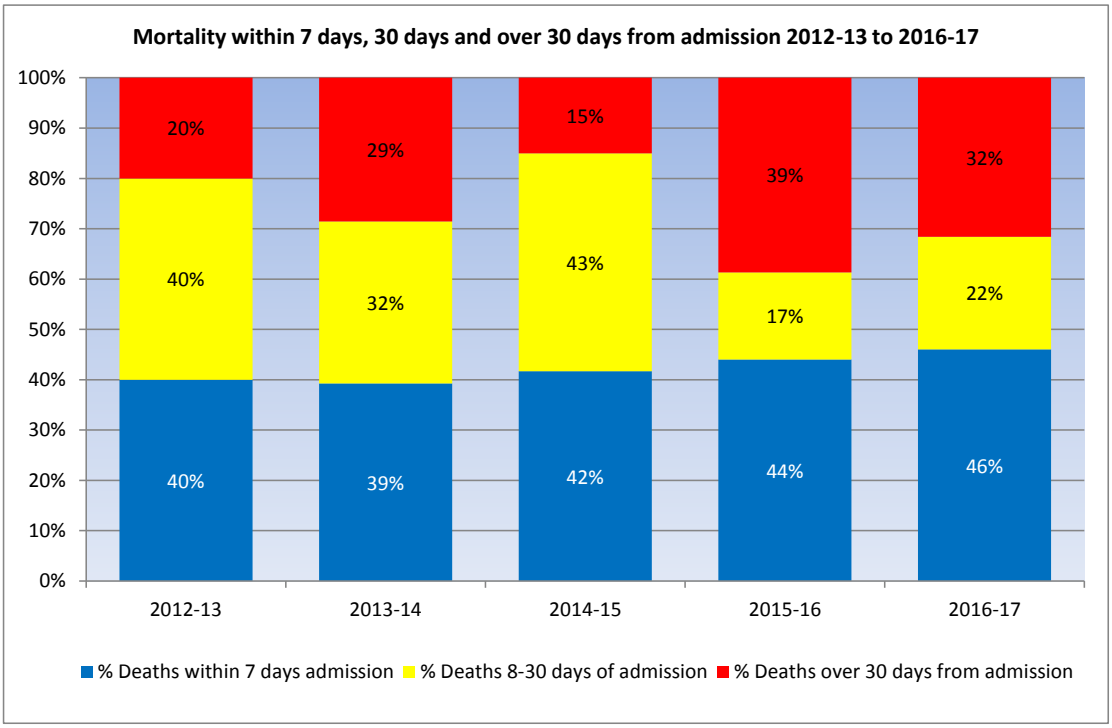
ii) Below are the charts showing mortality by specialty prior to PICU for 2016-17, and the previous 3 years 2013-14 to 2015-16.



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

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

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



The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 40-44% of deaths occur within this time frame. In the current year 46% occurred within 7 days of admission, 22% occurred within 8-30 days from admission, and 32% deaths occurred over 30 days from admission.

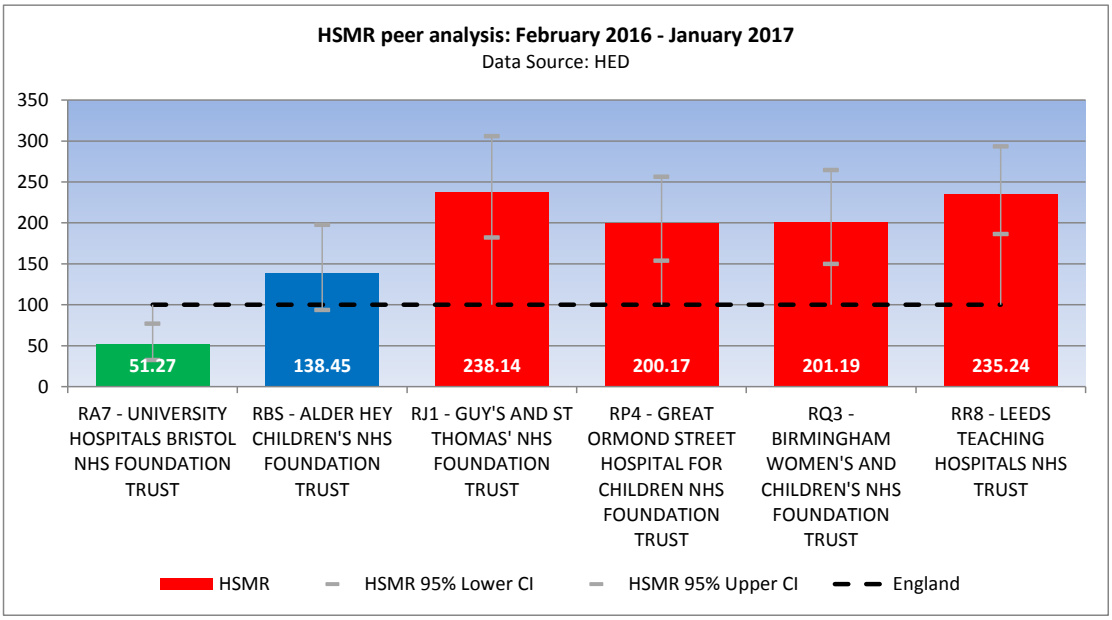
3. External Benchmarking

a) Hospital Standardised Mortality Ratio (HSMR) – HED

HED allows the Trust to monitor and benchmark a number of hospital performance indicators including mortality. The HSMR is the ratio of the observed number of in-hospital deaths divided by the number that is expected, and is based on 56 diagnoses. Although the scores are based on a basket of diagnoses that are more commonly found in adults, it allows a comparison of the performance of Alder Hey against other Trusts.

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

The chart below compares HSMR for Alder Hey against its peers for the period February 2016 to January 2017.

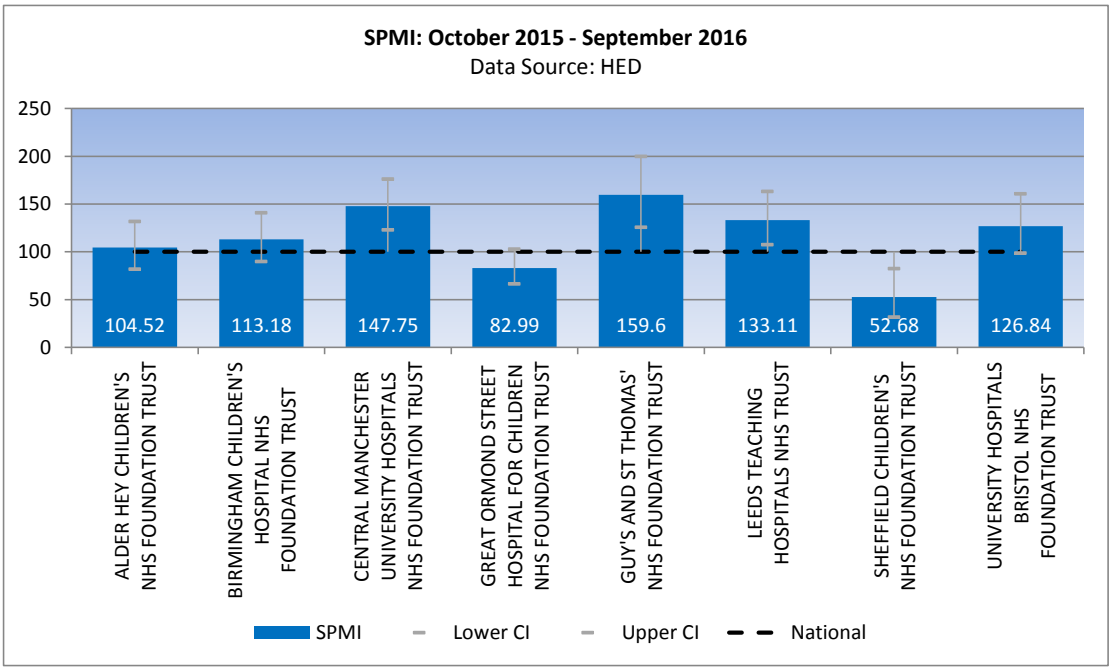


A figure of 100 means that the outcome is completely expected compared to England. A figure greater than 100 indicates the risk of the outcome is greater than expected. A figure less than 100 indicates the risk of the outcome is less than expected. The relative risk of those highlighted in red are statistically significantly higher than expected compared to England, those in green are statistically significantly lower than expected compared to England, and those highlighted in blue are within the expected range in England.

The above chart shows that the relative risk of mortality for Alder Hey was higher than expected compared to England, however, this was not statistically significant.

HED has developed a Standardised Paediatric Mortality Index (SPMI); this is a paediatric specific ratio of the observed to expected in-hospital deaths (multiplied by 100). A value of greater than 100 indicates higher mortality level than the average NHS performance, and a value of less than 100 indicates lower mortality level. The expected deaths are calculated from logistic regression models with a case-mix of: age, sex, ethnicity, trust type, emergency surgery flag, chronic condition flag, paediatric risk category, paediatric life-limiting conditions flag and diagnosis group. Diagnosis groups where there are less than 10 death events are excluded from the model. Children up to and including the age of 15 are included. The model is

available in pre-release and the most recent data available is for the period 1 October 2015 to 30 September 2016.



The chart shows that Alder Hey has a higher mortality level than the average NHS performance with 72 deaths against 68.9 expected deaths.

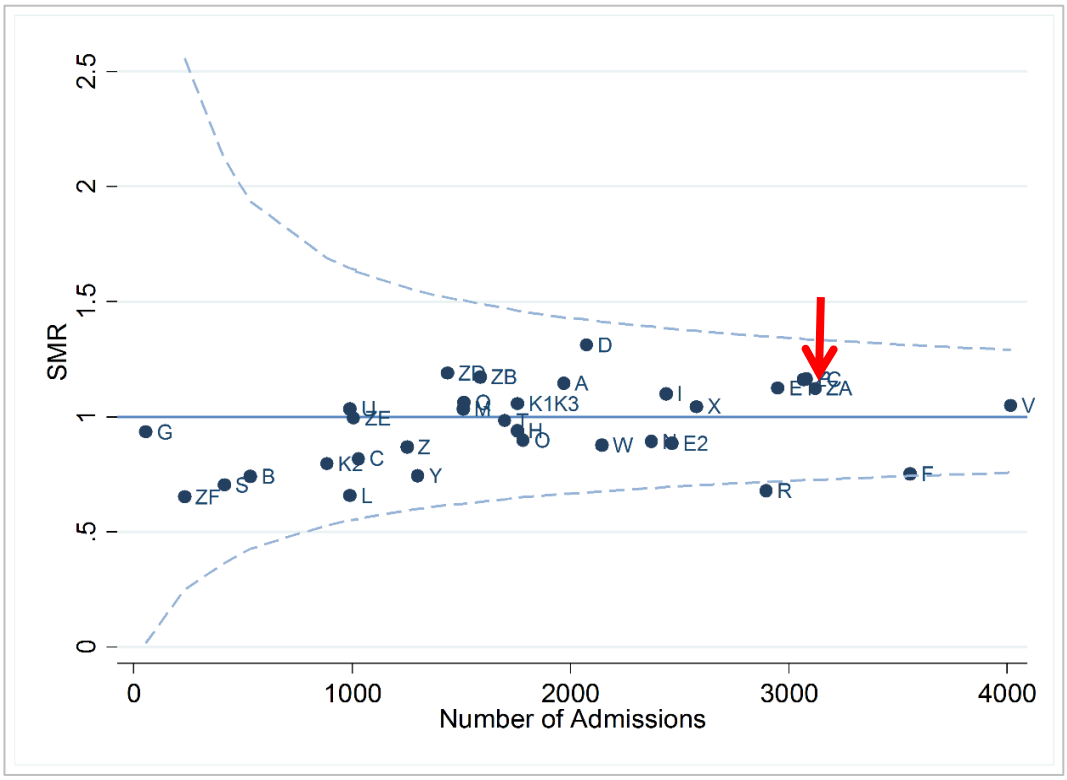
b) External benchmarking against comparator organisations for specific patient groups in addition to HED.

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

PICU

It is important to recognise that 85-90% of our deaths occur in PICU as in other children's trusts. In the most recent PICANet report (2016 Annual Report of the Paediatric Intensive Care Audit Network January 2013-December 2015), mortality is displayed in funnel plots. The Standardised Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions. The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by a recalibrated version of PIM2. Control limits are displayed on the funnel plots; variation within these limits is termed common-cause variation; variation outside of these limits is special-cause variation. Points above the upper control limit indicate higher than normal mortality; highlighting the need for further investigation into the mortality rate.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2013-2015: PIM2r adjusted.



The funnel plot above shows Alder Hey at point 'P'. The SMR for Alder Hey is within the control limits of the funnel plot, suggesting mortality is under control.

Conclusions

The HMRG is still facing difficulties meeting the 4 month standard. One of the biggest internal issues has been Image Now and this appears to be finally being addressed. There still needs to be more engagement from within the hospital to ensure there is support for the process. Since there are a number of changes being introduced nationally we need to assess these and adapt our process accordingly. It will be a challenging time but should result in a more robust process and ensure that there is support from across the organisation. There will need to be resources allocated and the recognition that it will be a time of change and re-organisation.

Statistical analysis of mortality using CUSUM and SPRT continue to be monitored, the action limit was exceeded again in December suggesting mortality is higher than expected. This has been carefully monitored by the PICU team.

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

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

Steve Ryan
Julie Grice
Kerry Morgan
20th April 2017

Date:
22 February 2017

To:
Medical directors of acute, mental health and community foundation trusts and NHS trusts

Dear colleagues,

Learning from Deaths

In December last year, the Care Quality Commission published its review *Learning, candour and accountability: A review of the way NHS trusts review and investigate deaths of patients in England*. In response, the Secretary of State accepted the reports' recommendations and made a range of commitments to improve how the NHS learns from reviewing the care provided to patients who die.

This letter gives an initial indication of what these commitments mean for Trusts and Foundation Trusts, including new requirements that will come into effect from April this year. It is a reminder that in some areas, providers will need to make preparations now to be ready to fulfil their new responsibilities from April.

Fundamental to the commitments are strengthened governance and capability, increased transparency through improved data collection and reporting, and better engagement with families and carers. This letter covers each of these and concludes with next steps and further tools that will be available to support implementation by NHS Trusts and Foundation Trusts. A non-executive director along with an executive director responsible for mortality have been invited to a national *Learning from Deaths* conference on 21 March to discuss this agenda and to input into further development of guidance and associated tools.

Learning from the care provided to patients who die is, of course, a key part of clinical governance and quality improvement work. These new requirements are designed to complement your existing approaches, introducing minimum standards and reporting in some areas but not seeking to replace current good practice.

These new requirements are part of a broader programme of initiatives on learning from the care provided to patients who die that flows from the Secretary of State's commitments. This programme will be rolled out over the coming year, and will include new guidance, training and processes, the most immediate of which are covered in the last section of this letter.

Governance and capability

To fulfil these new expectations Trusts will need to adapt **governance arrangements and processes** to accommodate the review and reporting of deaths,

including those that are assessed as having been more likely than not to have been caused by problems in care, as well as sharing and acting upon the learning derived from this process.

An important early step is for each Trust or Foundation Trust to identify an **executive director** to take responsibility for this agenda and a **non-executive director** to be responsible for oversight of progress. Executive directors responsible for leading on mortality and non-executive directors responsible for quality oversight are likely to be well-placed to take on these responsibilities.

Providers should also review **skills and training** required to support this agenda. For example, this should include ensuring that staff reporting deaths have appropriate skills through specialist training to review and investigate deaths associated with problems in care. The Royal College of Physicians has been commissioned to provide training in case record review skills to all acute NHS providers and more information on this will be provided in due course.

The Care Quality Commission's report stressed the importance of **how providers engage with bereaved families and carers**, including enabling more effective learning from the care provided to their loved ones. Further guidance on this is being developed. In the meantime, Trusts and Foundation Trusts should ensure that they have appropriate engagement processes in place so that families and carers receive candid, sensitive and timely communications in the event of a family member's death, and are invited to express any concerns about the care their loved one received.

Improved data collection and reporting

From April, NHS Trusts and Foundation Trusts must **collect and publish, on a quarterly basis, specified information on deaths**, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information:

- This should cover the total number of the provider's in-patient deaths, the subset of these that the provider has subjected to case review and, following application of the Structured Judgement Review methodology, estimates of how many deaths were thought more likely than not to have been related to problems in care.
- A full version of the Structured Judgement Review methodology under development by the Royal College of Physicians will be provided to you as part of more detailed guidance, for imminent publication. This will be accompanied by a suggested dashboard.
- The data in the dashboard should be collected and published on a quarterly basis together with relevant qualitative information, interpretation of the data, and what learning and related actions your organisation has derived from it.
- This data should be collected from April for an initial quarterly publication in June. Our suggested best practice in publication would be a paper and an agenda item to a public Board meeting in each quarter.

Forthcoming changes to the **Quality Accounts** regulations will require these data to be summarised in your Trust's June 2018 Quality Accounts. This will need to include an assessment of the impact of actions that your Trust has taken as a result of the information that you have collected.

To underpin this improved data collection and reporting each Trust and Foundation Trust should publish its **policy for undertaking case record reviews**. We would expect this policy to be aligned with the Structured Judgement Review methodology.

For mental health and community trusts, this guidance should be used as a starting point, but will require adaptation to reflect patient and clinical circumstances. Further, imminent guidance from the National Quality Board, see below, will include more detail on how adaptations can be made. Case reviews of patients with learning disabilities should also be aligned with guidance developed as part of the Learning Disabilities Mortality Review (LeDeR) Programme.

In particular, your organisation's policy should include its approach in the following areas:

- **Definition of the total number of deaths in scope for case review**. Some people die shortly after having been in-patients but the circumstances of their death should still be subject to case review where possible. Trusts will need to set out which of these deaths should be in scope of their policy. A minimum suggestion for acute organisations would be all in-patients, plus Emergency Department cases.

- **Selection of deaths for case review**. Providers continue to have flexibility to set their own policy, but in response to the Commission's report there should be some standardisation of approach. At a minimum, policies should require reviews of the following cases:

    - All deaths where family, carers or staff have raised a concern about the quality of care provision;

    - All deaths of those who are identified to be significantly disadvantaged, particularly all deaths of those with Learning Disabilities and all deaths of those identified with severe mental illness;

    - All deaths in a service specialty, particular diagnosis or treatment group, where an 'alarm' has been raised with the Trust through whatever means. For example, via a Hospital Standardised Mortality Ratio (HSMR) elevated mortality alert, concerns raised by audit work or by the Care Quality Commission or another regulator;

    - All deaths of patients subject to care interventions from which a patient's death would be wholly unexpected, for example in relevant elective procedures;

- Deaths where learning will inform the organisation's existing or planned improvement work, for example if work is planned on improving sepsis care, relevant deaths should be reviewed, as determined by the Trust;

- A further sample of other deaths should be selected that do not fit the identified categories, to ensure Trusts can take an overview of where learning and improvement is needed most overall. This does not have to be a random sample, and could use practical sampling strategies such as taking a selection of deaths from each day of the week.

These minimum requirements add to, rather than replace existing requirements for Trusts to undertake case reviews for specific groups of patient deaths.

Fit with existing processes

Each provider's response to any findings from case record reviews must be coordinated within existing clinical governance processes. This will not only ensure this information is not viewed in isolation and that any local response is considered in the round, it will also mean that information on safety issues generated via case record review will be fed into existing local risk management systems and onwards to the National Reporting and Learning System.

Specifically, where case record review identifies a problem in care that meets the definition of a patient safety incident (any unintended or unexpected incident which could have or did lead to harm to one or more patients receiving NHS care) this should be reported via local risk management systems to the National Reporting and Learning System (NRLS).

All patient safety incidents reported as resulting in death or severe harm to a patient are clinically reviewed by the national patient safety team to determine if there are implications for national learning and if a response is appropriate. More information on the national process is available at https://improvement.nhs.uk/resources/patient-safety-alerts/.

All Serious Incidents that are patient safety incidents and are identified via case record review should be reported to the NRLS for the same reason.

Next steps, including further tools

To support Trusts on this agenda, a range of further tools will be made available over coming months:

- **Guidance from the National Quality Board** on learning from deaths. This will set out expectations of NHS Trusts and Foundation Trusts, advise on the role of their non-executive directors to challenge boards about mortality governance and the reporting of deaths due to problems in care, and provide tools and resources. These will include the Royal College of Physicians Structured Judgement Review case note methodology and the reporting dashboard. This national framework will be published in March in time for the *Learning from Deaths* conference.

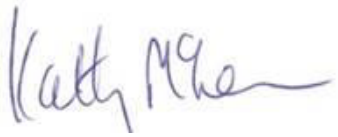
- A **training programme** for all Trusts is planned to support the roll out of the Royal College of Physicians Structured Judgement Review case note methodology. From April, the Healthcare Safety Investigation Branch and Health Education England will engage with relevant system partners, families and carers, and staff to understand broader training needs and develop approaches to ensuring that staff have the capability and capacity to carry out good investigations of deaths, with a focus on these leading to improvements in care.

- Further **guidance on how Trusts should support bereaved families and carers**, setting standards for local services on the information to be offered – for example, how and when families may be contacted about investigations, what local support is available, what to expect when services have identified the death as complex or needing an independent investigation so potentially involving longer timeframes and multiple agency involvement, and how this will be communicated, nationally and locally.

The national *Learning from Deaths* conference on 21 March this year is an opportunity for us to discuss implementation of these new commitments and requirements. We look forward to your engagement on these critical issues, which will be used to further develop guidance and associated tools.

This letter is intended to alert you to a forthcoming set of expectations. We are however, well aware of current pressures on you, your staff and your services and thank you for your continued commitment and support.

Yours sincerely,



Dr Kathy McLean
Executive Medical Director
NHS Improvement

Professor Sir Mike Richards
Chief Inspector of Hospitals
Care Quality Commission

Alder Hey Children's NHS
NHS Foundation Trust

Report of	Director of Nursing
Paper prepared by	Complaints & PALS Manager
Subject/Title	Quarter 4 2016 – 2017 Complaints & PALS report
Background papers	n/a
Purpose of Paper	To receive the Current Complaints Performance report and update regarding previous concerns.
Action/Decision required	The Board / Group are asked to note the report.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Deliver **Clinical Excellence** in all of our services
Resource Impact	None

Quarter 4; January 2017 – March 2017

Complaints & PALS (Patient Advice & Liaison Service) report

Complaints summary

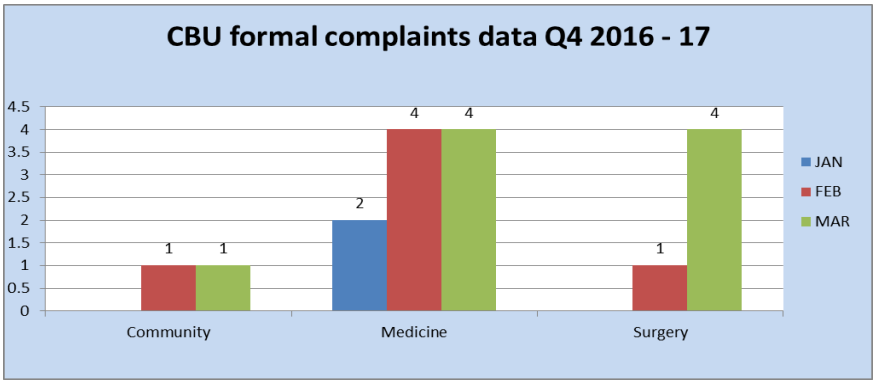
The Trust received 19 formal complaints during this period. Two complaints from this quarter where subsequently withdrawn from the process at the complainants request. 2 complaints also started as an informal concern (PALS) however due to dissatisfaction with informal outcome the complainant requested this progress to the formal complaint route. As a result of the recent Divisional restructure we are unable to provide internal benchmarking data by Division to demonstrate improvements or decline in numbers of negative feedback being received. Comparison will be presented for the Trusts position.

In 2015/16 Q4 the Trust received 16 formal complaints – this therefore a 16% increase of formal complaints received in Q4 this year. However the total number of formal complaints received in 2015/16 was 71 and in 2016/17 it was 66 – overall in 2016/17 there has been a slight decrease of formal complaints received compared to the year before (7%).

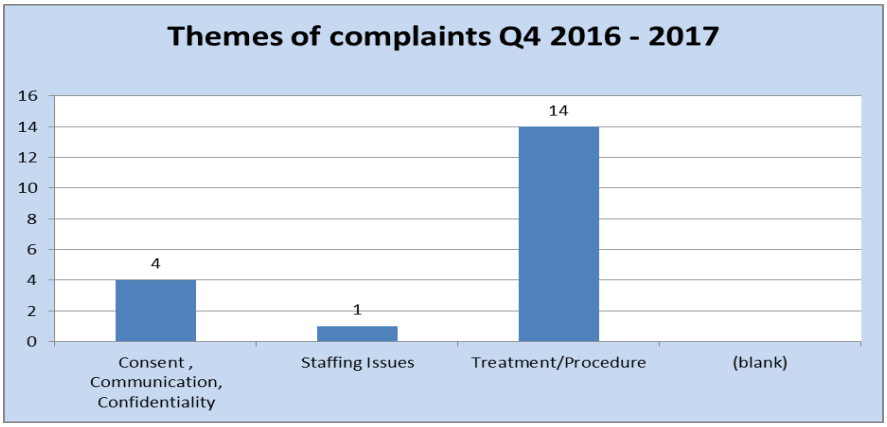
The main category of complaints received continues to be "Treatment/procedure" (44%). This relates to parents questioning whether the care their child has received is appropriate. The second category of complaints received is "Communication/consent" (26%) – parents leave the hospital and remain unclear regarding what treatment pathway their child is receiving or indeed what care has been delivered to them whilst they have been in the hospital. Whilst there is no actual evidence to align these two categories of feedback there is some indirect correlation between effective communications at the time of the care we are providing.

Complaints by Division in Quarter 3

The following graph demonstrates the amount of complaints received within each Division during Quarter 4 2016 – 17. Due to the devolved Governance model and Divisional restructure it is not appropriate to display comparison data for the Divisions from this time period last year. Medicine Division continue to experience higher numbers of formal complaints – there is no theme for these complaints, they appear to relate to a variety of speciality/departmental areas within the Division.



Themes/ Categories



The table above demonstrates the continued challenge faced through complaint regarding the diagnosis and treatment pathway made for children yet queried by parents/carers. This quarter we can also see concerns raised relating to communication/consent and also one relating to staffing levels (non-clinical area) . The total number above include two complaints withdrawn – relevant to include these within overall theme/categories data set.

Complaint outcome
3 complaints where upheld within this quarter and 2 where not upheld. 12 complaints are still ongoing as 9 received in March and three complex ones with re negotiated timeframes.

Upheld complaints from July 2016 are now uploaded onto the Trusts external facing web page- this is the link to access the web page. http://www.alderhey.nhs.uk/your-visit/

This information is taken from complaints that have been responded to within the previous calendar month. These are complaint upheld with actions required as part of the response. All complaints are logged onto the Trust action plan that is taken to the Clinical Quality Steering group for discussion and dissemination to the Clinical Business Units.

Medicine Division – 10 complaints

Endocrinology 1	Treatment/procedure - ongoing
ED 2	Treatment /procedure – not upheld Treatment/procedure - ongoing
General Paediatrics 1	Treatment /procedure – not upheld
Transcription pool 1	Staffing issues - upheld
Appointments 1	Consent/communication - upheld
Gastroenterology 1	Treatment/procedure - ongoing
Ward 3C 1	Nursing issues - ongoing
Pharmacy 1	Consent/ communication - ongoing
Palliative care 1	Delay in independent report completion - ongoing

Community Division - 2 complaints

CAMHS Sefton 2	Treatment/procedure - ongoing Treatment/ procedure - upheld

Surgical Division – 5 complaints

General Surgery1	Treatment / procedure - Ongoing
Orthotics 1	Treatment / procedure - ongoing
ENT clinic 1	Treatment / procedure - ongoing
Neurosurgery 1	Consent / communication / confidentially - ongoing
3A 1	Treatment /procedure - ongoing

Timescales for response

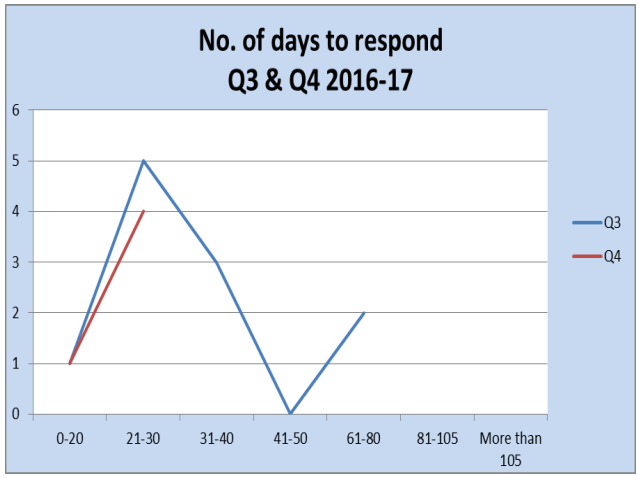
The Trust endeavours to respond to complaints within 25 working days or a timescale negotiated with the complainant.

In Q4 5 complaints responded to 4 were within the internal timeframe for response 1 was outside of this timeframe.

The remainder of complaints are currently under investigation and being responded to – the complainants are fully updated about the process and any required extensions to the timeframe if required..

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

Days taken to respond	Number of complaints Q3	Number of complaints Q4
0 - 20	2	1
21-30	7	4
31-40	2	
41-50	0	
51-60	0	
61-80	2	
81 - 105	0	
More than 120	0	



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

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

Referrals to Parliamentary & Health Service Ombudsman

One case has been closed from the PHSO in Q4 – case partially upheld with recommendations (Haematology/Oncology)

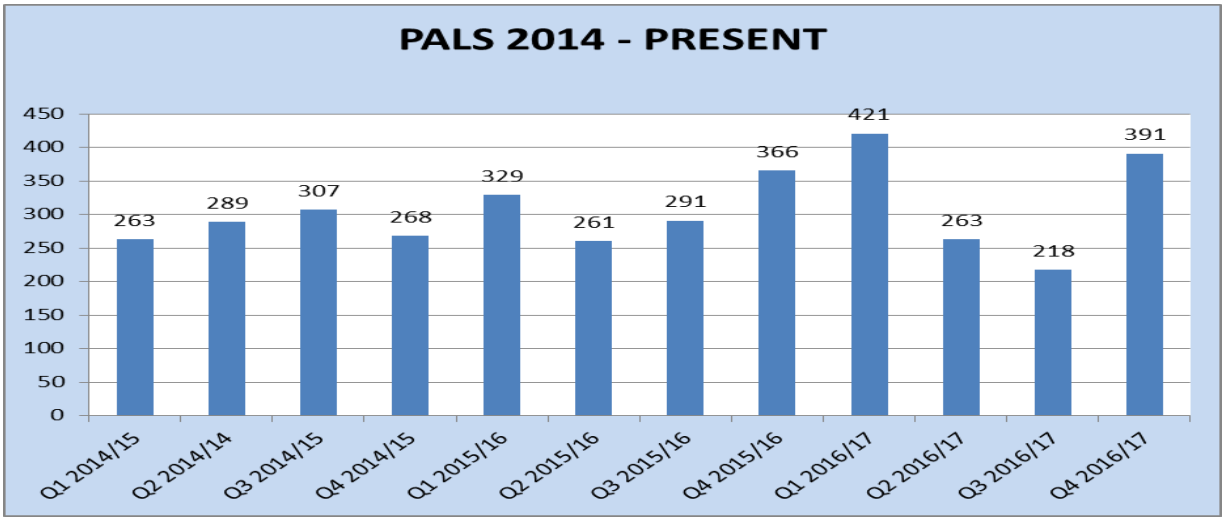
Notified of intention to proceed to investigate a case- Cardiac surgery and Community Nursing team

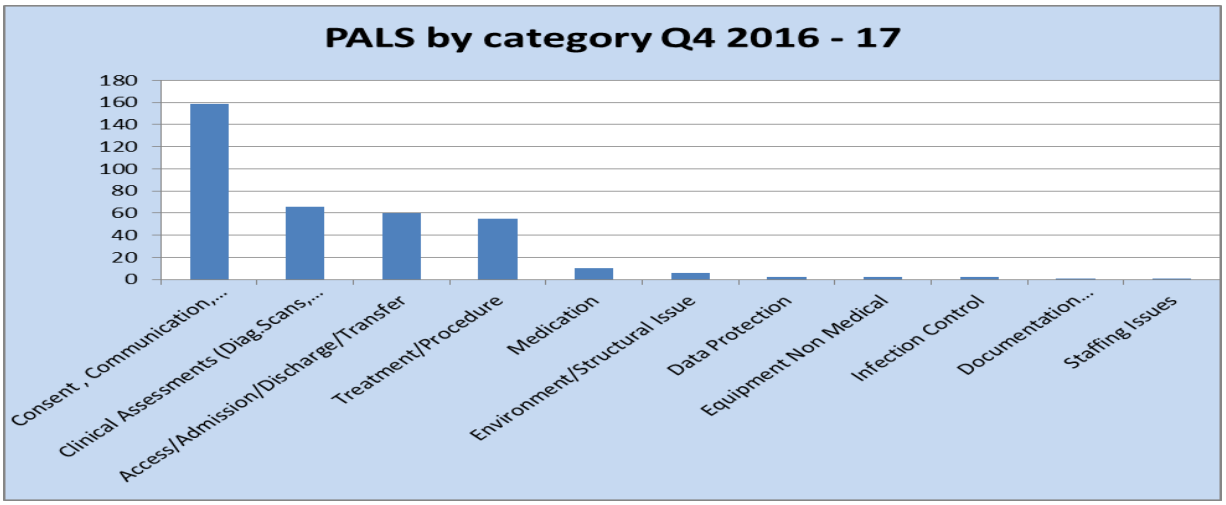
PALS summary

The PALS team received 391 enquiries during this period, which is a significant increase from Q3 (218).

This quarter includes contacts that have been processed by the new structure of aligned PALs /Complaints Officers to the Divisions. This has been an exceptionally busy time period and requires additional exploration of the resource within the teams looking at the contacts to the PALS service.

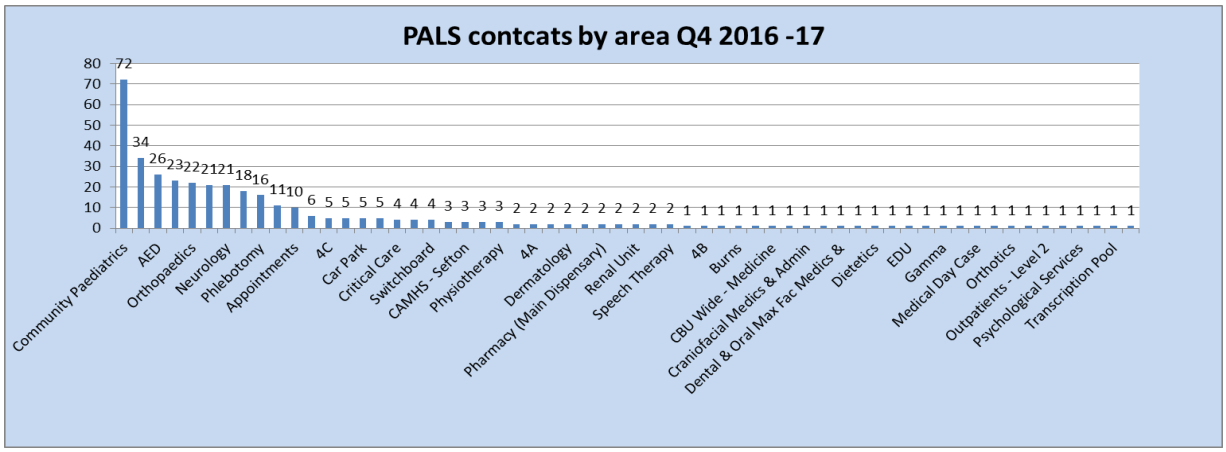
Fig 3- PALS contacts from 2014/15 – Q4 2016/17





PALS by area

The areas receiving numbers of concerns are detailed in the table below – this should be not be looked at in isolation however in correlation to activity within these areas.



Key actions & lessons learnt from PALS during Quarter 3

The most issues identified within Q4 feedback relate to Community Paediatrics. The main areas of concern relate to waiting time for appointments, appointment cancellations and communication failure (admin/medical).This area needs careful observation and consideration when the transition of Liverpool Community Health services completes and whether this may have an impact on the number of contacts received by PALS.

PALS and complaints are communicated and fed back to senior staff at the three Divisional Risk & Governance meetings /Quality meetings to ensure appreciation of current trends are fully disseminated and actions can be taken to look at specific areas of concern.

Compliments

Compliments are now recorded on the Ulysses system and shared with the relevant team**s.**

Recently the Mum of Max Dixon shared the following email and requested it be shared to all relevant teams**:**

31 March 2017

Exactly one year ago today Max arrived at Alder Hey after his fall at Hilbre Island.

It is amazing to look back at the progress Max has made from those early weeks in the ICU; cutting the ribbon to the helipad, getting back to school and returning to scoring ways on the football pitch have been great highlights .

It has however been hard for him; the cognitive challenges people cannot see are the mountains we now seek to scale. Max continues to show the determination that served him so well at Alder Hey and scale those mountains he will.

So today we are thinking about all of you and your colleagues who helped not just Max but all of us - Thank you.

We hope that seeing Max mastering water ski-ing and enjoying football will make you smile and recognise the astonishing job that do for all the children like Max.

We are sure that we have not included everyone we should have, so please feel free to forward the photographs to your colleagues that we have missed

With our best wishes

Allan & Wendy

Alder Hey Children's NHS
NHS Foundation Trust

DIPC REPORT QUARTER 4 (Jan-Mar) 2016-17

KEY MESSAGES – Exception Reporting

This report provides the Board with the challenges for delivery of the Infection Prevention & Control Strategy & Delivery Plan 2016-17.

53% (47/89) have been completed during 2016/2017. 34% (30) of the objectives have been actioned but are yet to be completed.

13% (12/89) of the objectives have not been achieved in Q4. An action plan with realistic timescales for completion has been developed and shared with the CCG. This can be accessed in the link at the end of this report.

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

Table 1: Objectives RAG rating Q4

No. of objectives Q4	Red Q4	Amber Q4	Green Q4
89	13% (12)	34% (30)	53% (47)

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

Table 2: Infection Prevention & Control Strategy & Delivery Plan 2016-17 exception reporting Q4

2016/2017 IPC Delivery plan Reference Number	Item	Named Person	Key Issue	Supporting evidence for progress	Timescale for completion
1	Responsive Cleanliness service	Lesley Cooper	LC in post since January. Organisational change in progress. Production of schedules, routine tasks SOP and policy will be completed once Equipment is agreed and staff allocated and additional Domestic supervisors appointed.	• Domestic Supervisor funding agreed. • Project Lead identified for Cleaning Intranet page • Training lead identified for Competency based training • Daytime cubicles cleaned by ward Domestics. After 8pm-8am Response team. • Team to develop laundry Policy agreed	Cleanliness Action Plan for DIPC delivery
4.2	Sepsis audit – 50 patients per month	David Porter	Evidence not provided to support CQUIN Target 16/17.	Business case for 1.5 WTE Sepsis nurses approved at IRG April 2017	Sepsis PID1718v2.28.03.17
5.10/5.11	Audit/surveillance of CAUTI	Sarah Doyle/ Claire Ferguson	No surveillance undertaken	• Survey of urinary catheter usage on a minimum of 5 separate occasions • Urinary care policy in draft. • IPCN/DIPC Consultant Urologist & Urology Nurse specialist meeting 23.2.17 to discuss policy and audit/CAUTI surveillance. • Prevalence survey for Urinary catheter usage undertaken in summer 2016 and 20th March 2017	CAUTI Surveillance Action Plan for DIPC (
5.14	ANTT quality control audit	Pauline Brown	Need to assure quality of ANTT practice across the Trust.	• Trial of ANTT Key trainers in ED / 3C to undertake ANTT training of staff and audit compliance using the SNAP audit tool. If this is successful then it will be rolled out across the Trust	Trial of Key ANTT trainers & auditors May 2017
5.17	Clinical skills training for Nursing	Pauline Brown	Need to assure quality of ANTT practice for all indwelling devices.	• Clinical update sessions have been provided on Urinary Catheterisation by the Urology nurses	Action: Gap analysis for

2016/2017 IPC Delivery plan Reference Number	Item	Named Person	Key Issue	Supporting evidence for progress	Timescale for completion
	staff in care of indwelling devices			on the 1st/8th/22nd/29th December & 2ndMar/6th April 2017 • IV update e learning available on Trust Intranet	training May 2017 Implementation of training programme for all indwelling devices Dec 2017
5.19	SSI co-ordinator role	Benedetta Pettorini	Lack of Trust wide audit against NICE guidelines.	• SSIS Nurse (qualified IPCN) 0.42 WTE in post co-ordinating surveillance in cardiac, Neuro surgery, Orthopaedics.	SSI Surveillance to be established in day surgery unit by December 2017.
6.2	Utilisation of Meditech /Epiquest for collection of IPC data	Martin Levine	Lack of comprehensive surveillance reports from Meditech.	• System now in place to provide reports to ICN Nurse on a daily basis.	March 2018
7.5	IPC training records	Fleur Flanagan	Access to up to date training within the Trust	• Database received from HR  IPC Trust Level Training Matrix Feb 2	May 2017
8.1	Compliance with NICE SSI guidance's – audit	Liz Edwards	As above (point 5.19)	• Insufficient capacity within SSIS nurse work plan. • Task being reallocated and being discussed at next Theatre safety board	October 2017

INCIDENTS QTR 4 – Minutes available on request.

Date	Meeting Subject
11/01/2017	Hand hygiene on PICU
12/01/2017	Suspected measles on 4A
16/01/2017	NPSA Alert for water heater coolers
17/01/2017	Neonatal surgery sepsis meeting
25/01/2017	Cubicle 32 on 1C
25/01/2017	MRSA Bacteraemia on HDU
23/02/2017	Demolition and Dust control meeting
28/02/2017	RCA Panel meeting HAI influenza
16/03/2017	Endoscopy Unit A/C Failure
23/03/2017	Post Infection Review/ANTT in ED
23/03/2017	Extraordinary endoscopy meeting

SUPPORTING INFORMATION

- DIPC Delivery plan 2016-17
- Action plan for CCG.
- Agenda & Minutes from IPCC February 2017 and April 2017.

QTR 4 DIPC Strategy & Delivery p

Action Plan for 2016_2017 DIPC DEL

IPCC Meeting Minutes 08.02.17.doc

IPCC Meeting Minutes 05.04.17.doc

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
2nd May 2017

Compliance with National Patient Safety Alert: NHS/PSA/RE/2016/006: Nasogastric Tube Misplacement: Continuing Risk of Death and Severe Harm

Steve Ryan – Medical Director

1. Introduction

The above alert required the Trust to complete actions by the deadline of 21st April 2017. These actions included:

1. Identifying a named executive director who would take responsibility for the delivery of the actions required in the alert.

2. Undertaking a centrally co-ordinated assessment of whether the organisation has robust systems for supporting staff to deliver safety-critical requirements for initial nasogastric tube placement checks

3. Use of resources supplied with the alert to develop and implement an action plan to ensure all safety critical requirements are met

4. Sharing the assessment and agreeing any related actions with Commissioners*

5. Sharing key findings of the assessment and the main actions in the form of a public board paper.

2. Background

This Patient Safety Alert is therefore directed at Trust Boards and the processes that support clinical governance. Areas of focus relate to staff competency, bedside documentation and maintaining a safe supply of equipment. The Trust had a Never Event causing moderate harm in March 2015. The investigation concluded that the correct procedures were followed by staff to ensure that the NG Tube was placed appropriately, but the documentation relating to this event was not accurate and complete.

X-ray confirmation of NG tube placement is infrequently performed, as an adjunct to adequate pH testing (the mainstay). A radiologist will report the chest x-ray, but this report will not usually be available the same day, therefore the decision to feed will be made by the doctor requesting and reviewing the X-ray.

Assessment of Systems at Alder Hey

The Trust had a policy for Nasogastric Tube Placement which incorporated the recommendations of the National Patient Safety Alert issued in March 2011: NPSA/2011/PSA/002: Reducing the harm caused by misplaced nasogastric tubes in adults, children and infants. The policy has been reviewed as part of this assessment. It now includes additional safeguards which have been incorporated into the Trust's Meditech 6 EPR (general) system and this checklist is now automatically included in the nursing data fields which have been made mandatory). Specific alerts have been included, "If a pH above 5.5 is documented, a message is generated 'Do not Feed. Re-check and see Policy'. The Policy link is embedded.

Changes to Meditech chest X-ray orders for nasogastric tube position have been made to include a prompt to ensure the person reading the X-ray is competent to do so. The Badgernet (PICU-specific) clinical record system has also been adapted. Any doctor interpreting a chest X-ray for confirmation will be required to record the criteria they have used to confirm tube position and this will be documented in an electronic medical record, confirmed by nursing staff. The 'Chest X-ray Interpretation of Correct Placement of Nasogastric Tube Guidelines', are included within the Meditech system.

This will be supported with awareness raising and regular (initially monthly) ongoing-audit and feedback. Nasogastric tube competencies are assessed through the induction framework for nursing staff and will be further supported by the development and implementation of an Alder Hey Skills Passport.

Supply of CE marked testing strips and radio opaque tubes

An issue was identified with the radio-opacity of NG tubes in November 2016 and these were escalated regionally and to the manufacturer and to the MHRA and a Trust-wide alert was sent out informing staff about the issue advising radiological escalation, pending the company developing a more identifiable product. No further incidents have been identified since these changes have been introduced.

3. Conclusion

A number of actions have been required to provide assurance that the Trust systems for supporting staff to deliver safety critical requirements are robust.

Ongoing Actions to Maintain Compliance

The revised Trust Policy has been uploaded onto the Trust Intranet for consultation with staff. Feedback from this engagement will be incorporated prior to final approval by the Nasogastric Tube Placement Policy Group and ratification by the Clinical Quality Steering Group on 9th May 2017.

A Trust Safety Alert has been circulated to inform staff about the revised policy, and raise awareness of the changes to the Meditech system. Ward Managers will support staff to implement the policy changes with user guides provided as a resource.

Regular reports will be generated from Meditech on compliance with documentation requirements, particularly focusing on critical safety checks prior to each feed, and

completion of nasogastric tube checklists. Feedback will be provided to staff to support continuous improvement.

Competency training for interpreting chest x-rays for confirmation of NG tube placement will be delivered as part of the induction programme for doctors.

Actions have been shared with Commissioners, and any recommendations will be incorporated into the ongoing implementation of the new arrangements.

4. Recommendations

The Trust Board is asked to note the actions taken and to delegate the Clinical Quality and Assurance Committee to oversee the relevant on-going assurance to ensure that National Patients Safety Alert requirements are met.

Alder Hey Children's NHS
NHS Foundation Trust

ANNEX A

WORKFORCE & OD COMMITTEE
MINUTES FROM MEETING
15TH FEBRUARY 2017

Present:	Mr I Quinlan	Non-Executive Director – Deputy Chair	(IQ)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs M Swindell	Director of HR & OD	(MKS)
In Attendance:	Ms M Salcedo	HR Business Partner	(MS)
	Mrs S Owen	Head of HR	(SO)
	Mrs F Flanagan	Head of OD	(FF)
	Mrs P Davies	Learning & Professional Development Manager	(PD)
	Mrs S Brown	Associate Director of Development – Site	(SB)
	Mr M Travis	Chair of Staff Side	(MT)
	Mr W Weston	Associate COO – Medical CBU	(WW)
	Mr J Gibson	External Programme Assurance (Part Attendance)	(JG)
	Mrs K Turner	LiA Lead (Part Attendance)	(KT)
	Mrs H Ainsworth	Equality & Diversity Manager	(HA)
	Ms G Swift	Academic Assessment Lead – CIPD (Observer)	(GS)
Apologies:	Ms C Dove	Non-Executive Director	(CD)
	Ms D Brannigan	Patient Governor (Parent and Carer)	(DB)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Ms S Stephenson	Quality & Governance Manager	(SS)
	Mr N Davies	HR Business Partner	(ND)
	Mrs R Greer	General Manager NMSS	(RG)
	Ms L Dunn	Director of Marketing & Communications	(LD)
	Mr R Turnock	Medical Director	(RT)
	Mrs M Barnaby	Chief Operating Office – Interim	(MB)

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/01 Minutes of the Previous Meeting & Introduction	The Committee considered the minutes of the last meeting held on 14th December 2016 and **approved** minutes as an accurate record. MKS Introduced/welcomed Gail Swift of CIPD (the professional body for HR and people development), Gail had requested to attend as an observer.			
17/02 Matters Arising /Actions	The Committee considered the following under matters arising: **16/35 People Strategy** Present updated draft of the Refreshed People Strategy – MKS confirmed that prior to presenting to the Trust Board, key messages that helped form the draft Refreshed			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	People Strategy was fashioned by what the Trust has gauged via a number of established workforce mediums ie. Task & Finish Groups/Operational Delivery Board. The draft Refreshed People Strategy is to be shared with Staff Side Colleagues at monthly Joint Consultation & Negotiation Committee. MKS advised that following fuller discussion at Trust Board/Board Strategy Day, development of the draft Refreshed People Strategy is taking shape to support the Trust Strategy. **Work Plan 2017-2018** An updated plan will be brought for approval to the April Committee and include the equality monitoring process (WRES, EDS2)	Share draft refreshed people strategy at JCNC An updated People Strategy will be presented at next WOD Updated work plan to be approved	MKS MKS MKS	February 2017 April 2017 April 2017
17/03 Programme Assurance 'Developing our Workforce'	**Developing Our Workforce – Programme Assurance Framework** The External Programme Assessor JG conveyed to the Committee that ahead of the next meeting he would advocate that discussion is instigated at Exec level sponsor to review the strategic definition of projects for the 17/18 programme. JG advised that Sharepoint should be updated with all outstanding reports to support assurance processes as soon as possible. The Committee **noted** the recommendations for planning for next financial year.	.		
17/04 Progress Against the People Strategy	**Trust Board Update – Progress Against the People Strategy February 2017** The Committee received a regular report prepared by the Director of HR&OD. The purpose of the report is to present to the Trust Board a monthly update of activity for noting and/or discussion. Papers supporting progress against people strategy are noted as previously read. A summary of key points raised on the regular report are: **Monthly Staff Temperature** In the December Temperature Check, the Staff Friends and Family scores for place to work and place for treatment were 73% and 95% respectively; both of these percentages are an increase on previous months. Currently considering the move to a quarterly temperature check, (4 trenches of all staff), to better inform the Trust on responses. **Staff Survey** The final response rate was up on last year, a full report will be presented to WOD in April. Whilst we await the imminent full report on survey outcomes; we are developing an LiA approach to sharing these and understanding what actions we need to take as a Trust to continue making improvements to the workplace in support of our employees.	Staff Survey Results to be presented	MKS	April 2017

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	The Committee reflected on the following perceptions of staff: staff do not trust the system confidentiality; too many questionnaires to fill in not enough time; questions are too generic. MKS reported that some comparator organisations/acute specialist Trusts that engage Quality Health to administer the survey do not have the specialist's vs. general (eg. A&E) areas that we have and this may have a detrimental effect on our outcome. Corporately we need to decide how to move forward to improve responses. Dialogue took place around ways to support improved response rates, supported by work in progress on improved staff engagement/LiA/Comms. The Committee **noted** the content.			
17/05 Apprenticeship Update & PID	The Committee received a Project Initiation Document prepared by the Learning & Professional Development Manager. The purpose of the document is to define the delivery approach for the initial implementation of the project and to describe the basis for its management and the assessment of overall success. It will act as a base document against which the Trust can review the project implementation, risks, benefits, change management and impact. The ambition is that, through the use of apprenticeships, the Trust will contribute to improving skills and productivity as well as reducing costs and increasing income. The document was noted as previously read. PD shared that operational guidance is still emerging from the Department of Business Innovation and Skills. The National Apprenticeship week will commence on 6th March 2017. Assisted by North Mersey Career engagement hub as well as partners in learning and education we will use this week as a catalyst to promote internal communications across CBUs and within the Trust as a whole. There is a real opportunity to work with other Trusts to develop the framework of support with partners in learning to increase apprenticeship qualifications offered and employment opportunities available within the NHS and across local economies. Discussion commenced about retention of staff once they have completed the apprenticeship process. It was noted that all large hospitals have access to staff development and that succession and retention is high on the Trust agenda. A number of observations were raised: • Post Brexit – the possibility of a huge drop in overseas nurses being available. • 20% of our nurses are 50 and over – need to review that loss and look at putting processes in place to resolve. The Committee **approved** the content.	Conversation re retention strategy for nursing workforce levels with Chief Nurse	MKS	

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/06 – LiA Presentation	The Committee received a summary presentation prepared by the Trust LiA lead. KT highlighted the theory behind the scheme to support a fundamental shift in the way we work at the Trust. KT outlined the 'LiA journey' to inform the Committee what had been achieved so far. Particular attention was paid to the LiA Pulse Check results, with comparisons shared for June & December 2016. MKS added that a lot of progress has been made this year. The expectation going forward is to have more impact on transforming the culture at AH. In year two we need to be more focussed/bespoke and agree what it is we want out of the LiA scheme, along with putting in place a more detailed service methodology/framework. KT alluded to the conversations that have commenced with Staff Side colleagues to review opportunities/vision going forward and that work is evolving with the intranet page to make more visible to support staff. The Committee **noted** the development of the LiA scheme.			
17/07 Equality Diversity Workforce Profile Report	The Committee received a draft report prepared by the Equality & Diversity Manager outlining Workforce Profile Data. The report has produced data on the content of the Electronic Staff Record to include age, gender, ethnicity, disability, sexual orientation and religion and belief. Employee relations data relating to the last 2 years January 2015 to January 2017 is included in the report in addition to data for flexible working, training and recruitment. The purpose of this report is for the Trust to evidence its commitment to the principles of the NHS constitution and compliance with the general equality duty across our service functions. HA seeks Committee approval of the content prior to publishing. HA outlined key findings of the report (noted as read). Particular attention was paid to the Trust system that holds staff information, ESR will be updated from April 2017. This will enable staff to personally update their equality demographic data, it is therefore anticipated that this will improve quality of data for future reporting. Data relating to black and minority ethnic (BAME) staff will be reported to this Committee. This will enable the Trust to monitor profile, recruitment, and career progression/promotion and staff experience in relation to this group of staff to progress the workforce race equality standard (WRES) action plan. Discussion took place re the disparity relating BME statistics and the impact on recruitment with diverse cultural/social influences. It was noted that the introduction of the BME Task & Finish Group has been established to address under-representation of BME staff within the workforce. The Committee **agreed** the content for publication of the Workforce Profile Data.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/08 Improving Workforce Diversity at Alder Hey - BME Task & Finish Group Update	The Committee received a report prepared by HR Business Partner Maria Salcedo. Through the equality monitoring process (WRES, EDS2), the Trust identified that action needed to be taken in relation to the under-representation of BME staff within the workforce. A Task & Finish Group was established in July 2016 from all areas of the business with specific objectives to identify ways of improving this position and address under representation. Attention was brought to the long term target to achieve a 1% increase per year in the numbers of BME staff employed by the Trust over the next 5 years. The purpose of the report is to demonstrate the initiatives and progress over the last 10 months, the report is noted as read. Highlights of progress to date: • Recruitment manager developed a 4 day pre-employment program (with Skills for Health Academy) targeted to BME unemployed groups which links support with interviews; availability of voluntary service schemes and apprenticeship schemes. • Hosted the community advisory group (CAG) on behalf of Merseyside Police. Representatives from a number of voluntary services attended and were asked to advertise the pre-employment programme on behalf of the Trust through their links with the local community. Having representation via the E&D Lead for the Trust at CAG will hopefully enable the Trust to strengthen its external links particularly with minority groups. • HR Team attending interview panels specifically those with BME candidates to advise panels on potential unconscious bias. The Trust is currently exploring unconscious bias and how to become an inclusive leader/organisation training with recommended providers from NHS Employers. • Internal vacancies now open to volunteers to apply (increasing the diversity profile) • Recruitment manager reinstated the 'Exit Interview' process to identify issues lined to employees leaving the organisation and will report this as part of the bi-monthly update to WOD. • Recruitment manager and workforce analyst will report data specifically relating to profile, career progression/promotion, pay banding and work experiences of black and minority staff. Raw data currently available, but work is underway to ensure this can be presented in a useful format on a bi-monthly basis for WOD to monitor from April. • Cultural competence training originally limited to CAMHS is now available to a wider audience across the Trust. Four sessions have been arranged with one delivered in January. • Health Watch will help the Trust advertise through its communications to a wider local community any initiates we have.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	The Committee **noted** the progress.			
17/09 Key Workforce Risks – Review of top Workforce Risks action planning against most significant risks	**Workforce Performance Monitoring** The Committee considered a regular report prepared by the Director of HR & OD concerning the key risks relating to workforce monitoring for December 2016. The purpose of the report is to update on key targets/measures and advise of actions to support improvement. Particular attention was paid to: Sickness absence performance is 5.80% - a review of hotspots is required. Completion of training is steady, although Trust Induction at 81.48% has slipped marginally. MKS advised that the new PDR process will be launched in April and asked if the Committee had any questions? MT alluded to 'requests for special leave' and asked if targets are set for usage. MKS confirmed targets were not set. Discussion commenced about the difficulties some staff face when challenged with last minute hospital appointments/childcare issues etc. MKS advised MT that it would be good to understand more of the detail relating to individual operational inconsistencies if MT is aware of staff who have been treated unfairly. The Committee **noted** the content of the report.			
AOB	**None.**			
Date of Next Meeting	**Wednesday 19th April 2017, 2pm-4pm, Room 6, Mezzanine**			

Action List

Minute Reference	Action	Who	When	Status
Meeting Protocol				
	Terms of Reference			
16/33	• Review of key performance indicators required against the workforce plan to ensure they reflect the workforce strategy.	MKS/CD	April 2017	
17/02	• Work Plan 2017-2018 – updated plan to include Equality Monitoring Processes	MKS	April 2017	
Programme Assurance 'Developing Our Workforce'				
	Programme Assurance/progress update			
16/22	• Summary/matrix of development of actions	MKS	October 2016	This was progressed via Developing our workforce group. - Complete
People Strategy Overview & Progress Against Strategic Aims				
	People Strategy			
16/35, 17/02	• Present updated draft of the Refreshed People Strategy • Refreshed People Strategy to be shared with JCNC.	MKS MKS	April 2017 March 2017	
	LiA			
16/38	• Present Communications Plan	KT/Communications	TBC 2017	
	Engagement			
15/08 16/02	• Develop Values in Procurement, values based recruitment – develop opportunities to incorporate into the Procurement processes/standards for contractors. Liaise with Deputy Director of Finance to progress to review employment opportunities.	MKS/CL	Ongoing	
	Equality & Diversity			
15/03	• Present data on applied/shortlisted recruitment – currently being reviewed.	HA	TBC 2017	
15/03	• Align E&D deliverables with people strategy	HA	Ongoing	Update at future meetings
	Leadership & Management Development Strategy			
15/31 16/03 & 16/33	• Update on progress of Leadership & Management Development Strategy	FF	Ongoing	
	Staff Survey			
17/04	• Present Staff Survey Results	MKS	April 2017	
	Apprenticeship Update & PID			
17/05	• Conversation re retention strategy for nursing workforce level with Chief Nurse and update on developments	MKS	April 2017	

Key Workforce Risks – Review of Top Workforce Risks				
	Temporary Spend			
16/39	• To support more robust monitoring of temporary spend, more detail to be brought back.	MKS	February 2017	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
2nd May 2017

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

Section 1 - Engagement

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

Development of Leaders

The future of the management of the Leadership and Management Development programme has recently been confirmed and will proceed to business as usual status for 2017/18; however, work continues to prioritise the development of leadership and management support following positive feedback from year one of the leadership development strategy and the evidencing of some effective outcomes and benefits as per the original project PID. The development of year 2 of the strategy will be reviewed in order to incorporate developments with our apprenticeship offer. The Trust has also committed to supporting an increased uptake of 360 feedback assessments to support management development.

The team is also submitting a Statement of Commitment in support of the NHS Management Trainee application process (this includes the disciplines of HR, Finance and IT), and in so doing hopes to continue its success in hosting management trainees into 2017/18 for both first and second year students.

Workplace Coaching

Additional dates have been set for the further provision of four Workplace Coaching programmes commencing June 2017 and will be advertised shortly. The team has been exploring the offer of a 'bite-size' one-day programme in an effort to increase numbers of manages receiving an exposure to workplace coaching practice. The coaching framework is a key element of the Leadership & Management Development strategy.

Improving communication and hearing the employee voice

Teams continue to undertake their local Staff Survey Listening into Action '*Big Conversations'* to identify what actions they can take in their local areas to improve Alder Hey as a workplace. Outputs from these conversations are being shared with the OD team to collate and inform our actions for 2017.

Quality Health, our survey provider, will be visiting the Trust on the 4th May 2017, sharing their expert assessment of our 2016 survey results with managers from across the Trust, and offering their suggestions about where we should focus in order to improve results.

A high level Trust wide Staff Survey action plan has already been developed (Appendix 1) and will be updated following the Quality Health feedback session, should any other specific areas of focus be raised.

A refreshed quarterly 'all staff' Temperature Check was launched in April; this will take place 3 times per year and provide us with data which can be tracked over time, and will map to the Staff Survey questions. Results will be shared at subsequent Board meetings.

Section 2 - Availability of key skills

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

Physician's Associates

Alder Hey have been approached by Health Education North West to support the paediatric placement element of the Physician's Associates training programme. This two year PGDip training programme, accredited by the University of Liverpool, is aimed at those with a first degree in a science/health related subject and educates students in a range of clinical practice enabling them to work in a clinical setting supporting medical staff. Between August and November 2017, we have agreed to support 33 students for a three week placement each. There are number of benefits to us agreeing to support this cohort; it enables us to test out the role and see if this is something that would work for Alder Hey, and it will generate a supporting placement of tariff of just under £25k. The Director of Medical Education is currently scoping potential placement areas for these students.

Trust Nursery

A facilities post is currently at risk in the Trust's childcare facility as a result of an organisational change process. Opportunities for redeployment are being sought, with consultation having recently concluded.

Hotel Services

Consideration is being given to an independent Cleaning Review report which has assessed the current domestics operation within the Trust and proposed a number of actions to potentially be implemented, of which initial informal discussions commenced in December 2016 with both Trust staffside and union regional officials. Formal consultation on the initial phase of review, that of the domestic supervisors commenced on 4th January 2017 for 30 days and concluded on 3rd February 2017. As a result, a selection process was undertaken to new domestic supervisory roles of which 4 existing staff were successful and the remaining 4 staff who were unsuccessful were placed at risk of redundancy with notice provided up to 12th May 2017. All attempts will be made in the intervening period to redeploy these individuals to suitable roles, if available. In parallel the review of domestics' processes has continue involving trials of technology, which may potentially result in an organisational change process for this group of staff in the second quarter of 2017. A Patient Services Manager (Domestics) has been appointed and commenced duties from beginning of January 2017. Consideration is now being given to structure reviews of the Catering, domestic and portering staff and it is also anticipated that organisational change processes will be initiated for these three groups of staff during the second quarter of 2017.

Pathology (Phlebotomy) contract with Liverpool Women's NHS Foundation Trust

It is understood that discussions are taking place between senior management of both Trusts to end the current contractual arrangement which provides for 4 members of Alder Hey to undertake phlebotomy duties at Liverpool Women's. It is possible that this may result in a TUPE transfer of the 4 staff affected and discussions are about to take place with all parties including staffside and staff to consider potential options.

Liverpool Community Health Staff Transfer

The transfer of staff from Liverpool Community Health is now complete, and two induction sessions have been held for the staff who have transferred, which were very well attended. The feedback from LCH staff about their welcome to Alder Hey has been very positive, and the operational and HR teams have worked hard to ensure as smooth an integration as possible for these staff.

Education, Learning and Development

Performance Development Reviews

The PDR 'window' for 2017 opened on the 1st April 2017. We expect all employees to have undertaken their PDR by the end July 2017 and the CBUs are all working towards this timeframe. Performance is being monitored vie the monthly CBU performance reviews. This year, the paperwork has been amended to include information which will support staff to align their objectives with those of the Trust. These inclusions are:

- Copy of the Trust Strategy
- Copy of the Trust Corporate Objectives
- Inclusion of a specific set of objectives for all managers which include support for wellbeing, training, communication, recognition and engagement.

Workshops for reviewers have been planned for the duration of the 17/18 PDR window, and bespoke support is available to all managers and staff from the HR team. The workshops will ensure that reviewers are equipped with the skills to conduct meaningful and value based conversations with staff. Initial feedback from the revised paperwork for this year has been positive.

Apprenticeships

The apprenticeship levy is now live with the first levy payments expected into the digital account in May 2017. A forward plan is currently being developed to ensure that the public duty target of apprenticeship starts (70) is met for this year. It is expected that there will be an increase in the uptake of these qualifications for staff as a development opportunity via the PDR process.

Mandatory Training

The mandatory training review, which commenced in March 2017, is progressing well. A fully comprehensive compliance report has been provided to all services, with a view to all teams and departments checking their data and progressing with ensuring all staff are fully compliant. Support has been sourced from the regional ESR team to ensure we are fully utilising all of the benefits of ESR and training reporting, and the aim is to have this actioned by the end of May 2017.

Practical Manual Handling

Resource has been secured to support the appointment of a Practical Manual Handling (MH) Trainer, who is now in post and working with the specialist Trust Health and Safety Adviser in this area to develop a backcare service for staff, offering training, risk assessment, advice and support for all MH related issues. This service will also support staff with disabilities within the workplace and support these individuals with adjustments.

Section 3 - Structure & Systems

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

Employee Relations Activity

At the end of March there were 2 formal disciplinary cases, 1 formal grievance and 1 bullying & harassment appeal. The HR team are working with staff side colleagues, the LIA team and Team Prevent to review training and coaching opportunities in relation to Mediation, Investigations, Stress and Bullying and Harassment issues.

An Employment Tribunal Claim relating to unfair dismissal and unlawful deductions of wages was previously received in February from a former staff nurse. The Trust has provided its ET3/responses to the claims to the tribunal and disputes any claims for unfair dismissal. The 1 day Tribunal hearing proposed for 17th July is likely to be postponed for a 2-day hearing in September.

The Trust has had two ACAS conciliation approaches in relation to two separate cases. The HR team are working with ACAS to look for early resolutions where possible. Further updates will be provided where appropriate.

Corporate Report

The HR KPIs in the March Corporate Report are:

- Sickness is at 4.7%, reduced from last month and just higher than the target.
- Corporate Induction is 82.4%
- PDR rates, the end of year compliance rate was at 59% - this reduction in compliance is as a result of staff turnover and of updated aggregate figures incorporating new starters during March 2017
- Mandatory training compliance has decreased slightly at 78.8%

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

Section 4 - Health & Wellbeing

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

Team Prevent

Team Prevent have approached us to trial the services of a Health Trainer who will be on site one day a week to provide support, advice, training and guidance on a range of issues relating to staff wellbeing. This initiative is aimed at increasing the visibility of the wellbeing support Team Prevent can offer to our staff. Our initial focus will be on provision of training to managers on how to support staff with stress and their mental wellbeing, and on some high visibility sessions for staff to be held in the Atrium.

Leading in Equality & Diversity

The Listening into Action ‘Big Conversation’ for BME staff was a great success, and following their presentation to the Board in April, the group continue with their actions to progress a BME network, and are working closely with HR colleagues to review recruitment processes and access to opportunities.

Staff Survey 2016 Action Plan				
Actions	**Timeframe**	**Actions to be taken**	**Current Status**	**RAG**
Local 'Big Conversations' to take place to improve ownership of survey and local actions	March-April 2017	Staff Survey 2016 results broken by department Each department to undertake a 'Big Conversation' about their results, and agree local actions to making improvements. Local actions shared and collated to provide a Trust wide picture of improvement activity.	Deadline for completion of conversations was 21/04/16. Slippage in some areas, CBUs expediting.	
Improvements to staff recognition across the Trust	April 17	Listening into Action event to be held 27/04/17 with a range of staff to explore their suggestions to improving reward and recognition for staff across the organisation Annual Staff Awards to take place Summer 2017. Divisions considering local reward initiatives	LiA Big Conversation planned and actions to follow from this event. Staff Awards planning underway.	
Specific focus on activities to improve corporate communications	April 17 onwards	Communications and Engagement Project to be included in the Change Programme for 17/18.	High Level plan presented to Board March 17, Project will be monitored via the 'Best People Doing their Best Work' Steering Group.	
Specific focus on activities to improve engagement	April 17 onwards	Communications and Engagement Project to be included in the Change Programme for 17/18.	High Level plan presented to Board March 17, Project will be monitored via the 'Best People Doing their Best Work' Steering Group.	
Improve management and leadership capacity and capability	May 17 onwards	Year 2 of the Management and Leadership Strategy implementation to run from May 17, to include specific training for managers on communication. Specific management objectives included into the PDR process.	Activity planning in progress.	
Improve compliance against mandatory training		Increased resource approved for an additional Practical Manual Handling Trainer Review of ESR and mandatory training reporting requirements.	Improved compliance in all subject areas	
Improve PDR Compliance and Quality across CBUs	April-July 17	Use of dept level Staff Survey data to identify outliers and work with them to help improve PDR compliance -Provide training for managers and staff in how to complete a meaningful PDR -Ongoing communications about PDR -Refine PDR paperwork to incorporate Trust Strategy and Corporate Objectives	Paperwork has been refined and 17/18 timeframe launched, including training and coaching for new managers. CBUs to meet the 90% PDR target by July 2017.	

Alder Hey Children's NHS
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Programme Assurance Summary
Change Programme

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

In response to the delays in fully defining and de-risking the change programme this year a number of actions are in hand:

- External Programme Assurance is completing a review with all Executive Sponsors of current programme content, with a view to increased focus on fewer projects but with increased benefits , see slide 2 where projects in red font are proposed to be removed from the scope.
- The Executive Team and CBU leadership will be coming together at Ops Board on 27 Apr, outcome will be reported at Trust Board, with a view to further consolidation and acceleration of programme definition and implementation; key aspects will be the focus on transforming productivity through quality improvement with the underlying aim of de-risking the 17/18 CIP.
- Executive and CBU leadership will agree on how to jointly direct and manage the change programme to ensure maximum drive and grip.

J Grinnell 25 Apr 17

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

1. This Board reports integrates the assurance reports submitted to the following sub-Committees: CQAC, 19 Apr 17; WOD, 19 Apr 17; R&BD, 25 Apr 17; as well as the assurance report prepared for the RE&I meeting of 6 Apr 17 which was subsequently cancelled. Executive Sponsors had been apprised at the Committee meetings - since February - that there was a need for urgency in completing the definition and planning of the 17/18 (and 18/19) change programme.
2. At the time of writing, on 25 Apr, there are 18 (11) draft PIDs of 33 (38) projects uploaded to SharePoint (figures in brackets are March report). None of these has yet been signed-off, and many of those require significant further work before the projects are underpinned. I will review the SharePoint site immediately before the Trust Board of 2 May 17 and would like to be able to report further progress.
3. As stated in both the February and March Assurance reports to Trust Board: it is evident that the planning process for FY17/18 is proceeding, incrementally, but needs to accelerated to fully scope all projects to mitigate the growing risk to timely delivery; given the scale of the challenge, Executive Sponsors of all programmes need to focus on how they will drive the programme in FY 2017/18.

J Gibson 25 Apr 17

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

The Month 12 CIP performance across the Trust showed an underachievement of £0.2m. For the year the Trust achieved CIP savings of £6.3m a gap of £0.9 against the £7.2m target. The largest variances are in Community (£0.2m behind target in ICS) and Facilities (£0.5m behind target). Recurrently the gap is £0.2m mainly due to the education target within HR.

Change Programme
Suggested Scope 24.4.17 v4

Trust Board

Alder Hey Children's NHS
NHS Foundation Trust

CQAC | R&BD | WOD | R&BD | R&BD

Internal Delivery Group (CiP) ⟷ **Programme Assurance Framework** ⟷ **Execs**

22/33 = £ indicated projects

Deliver Outstanding Care
Hilda / Steve

1. **Deteriorating Patient** SG
2. **Reduce Variation by Developing Clinically Effective Pathways £**
2. **Experience in Outpatients £** SG
3. **Best in Operative Care £** SG
4. **7 Day Services**
5. **Reduce Infections £**

Growing Through External Partnerships
Debbie

SG

1. **Establish Alder Hey as leader of Children's Health across C & M**
a) High Quality Acute & Emergency Care **£**
b) Develop Clinical Support Services Offer **£**
c) Strong Specialist Services Offer **£**
d) Strong Community Services Offer **£**
e) Expand Mental Health Offering **£**
f) Intermediate Care Unit **£**
2. **Strengthen Existing Partnerships £**
3. **International Health & Non-NHS Patients £**
4. **LCH Interim Contract Management**

The Best People Doing Their Best Work
Melissa/Hilda

SG

1. **Staff Engagement & Development**
a) Apprenticeships **£**
b) Leadership & Management Development
b) Engagement & Communication
2. **Workforce Reviews**
a) Specialist Nurse Review **£**
b) AHP Review **£**
c) Job Planning Review **£**
d) GDE Workforce Change **£**
c) Portering **£**
d) Domestics **£**
3. **Agile Working**

Global Digital Exemplar
John/Steve

SG

1. **Project 1 £**
2. **Project 2 £**
3. **Project 3 £**
4. **Project 4 £**
5. **Project 5 £**
6. **Project 6 £**

2. **STP Corporate Services £**

Park, Community Estate & Facilities
David

1. **Decommission & Demolition** SG
2. **R&E 2**
3. **Alder Centre**
4. **Park**
5. **Residential Development**
6. **International Design & Build Consultancy £**

RE&I

Game Changing Research & Innovation
David

1. **The Academy £**
2. **The Innovation Co £**
3. **Implement New Apps for Alder Hey**
4. **Expand Commercial Research £**

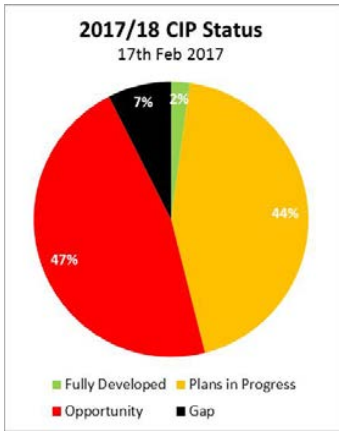
Listening into Action - *A staff-led process for the changes we need*

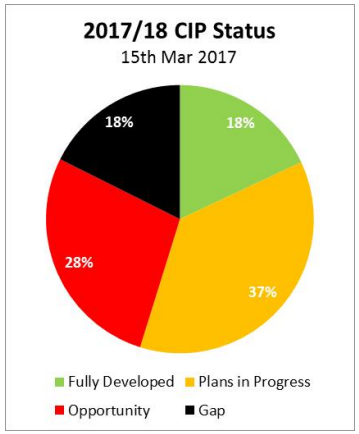
Alder Hey Children's NHS
NHS Foundation Trust

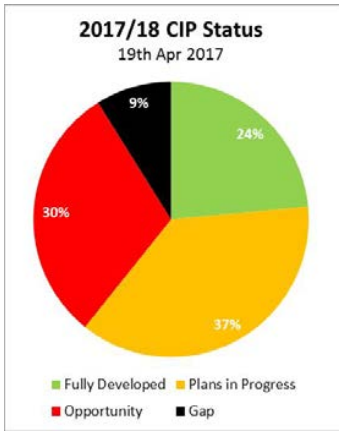
2017/18 CBU CIP Plans as at 20th Apr 2017

Division	Implemented (Posted) £000's	Fully Developed £000's	Plans in Progress £000's	Opportunity £000's	Gap £000's	Target £000's
Community		128	144	420	7	**699**
Medicine		435	1,209	1,222	147	**3,013**
Surgery	380	641	1,031	625	213	**2,890**
Subtotal	**380**	**1,204**	**2,384**	**2,267**	**367**	**6,602**
Alder Hey in the Park		5	276	20	105	**406**
Facilities			234	64		**298**
Nursing & Quality					97	**97**
Finance & IMT		121	15	71	37	**244**
Human Resources	42		70			**112**
Other Corporate Departments				5	107	**112**
Research & Development	130					**130**
Grand Total	**552**	**1,329**	**2,979**	**2,427**	**713**	**8,000**

The following graphs show how RAG ratings have changed over the last three months:







Inspired by Children

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Game Changing Research & Innovation

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

Planning for 17/18 is currently underway and teams need to complete their PIDs and project documentation as a matter of urgency – the deadline is 31 March 2017. it should be noted that the documentation must include details of any financial benefits to be delivered.

The latest forecast is savings of £0.1m, which is low, and not sufficient to meet the financial objectives of the programme. The Executive sponsor is requested to review the saving potential as a matter of urgency.

At present, there is no information on SharePoint relating to the four projects within this work stream.
Claire Liddy, Acting Director of Finance
28 March 2017

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

As stated in the assurance report of 12 January the work stream: 'should now be working to meet all planning milestones for the FY17/18 work stream and CIP'. Moreover, in terms of financial contribution, the same assurance report commented that the work stream should: 'ensure that the planning and estimates for FY17/18 are underpinned by…insight and learning (from FY16/17).

Several documents loaded onto the SharePoint site attest to the significant work done on: the 'Academy Business Plan', 'Alder Hey Innovation Enterprise', 'Living Hospital Project' (Dec 15), 'Innovation Exchange'. However, these do not meet the Alder Hey programme management standards and, as such, do not generate the assurance required. An urgent focus on the rapid development of PIDs and Plans is required including a rigorous approach to financial objectives.

Joe Gibson 30 Mar 17

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Game Changing Research & Innovation (to be completed by Assurance Team)

Sub-Committee	RE & I	Report Date	23 March 2017
Workstream Name	Game Changing Research & Innovation	Executive Sponsor	David Powell, Michael Beresford

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
4.0 Game Changing Research & Innovation 17/18 £TBC													
RE&I 4.1	The Academy	To set up the Alder Hey Academy to establish/consolidate Alder Hey as a leading international provider of Education	David Powell										
RE&I 4.2	The Innovation Co	To set up Innovate Co. a subsidiary of the Trust charged with running the Trust's Innovation Machine	David Powell										
RE&I 4.3	Implement New Apps for Alder Hey	To set up the Acorn Partnership charged with creating a pipeline for developing the Innovation Machine's Apps	David Powell										
RE&I 4.4	Expand Commercial Research	To establish an increased portfolio of Commercial Research	David Powell/ Michael Beresford										

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
The Academy	Black	0	0	0	No financial benefit identified
The Innovation Co	Black	100	0	(100)	No financial benefit identified
Implement New Apps	Black	0	0	0	No financial benefit identified
Commercial Research	Green	130	130	0	To be reported as part of Growth Plan for Commercial Research
Total		230	130	(100)	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Delivering Outstanding Care

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

Planning for this year's Programme is now over 2 months behind schedule. Within this Workstream, teams have started to complete the project documentation in all but two of the projects. Executive Sponsors should expedite completion of documentation required to meet the assurance standards in: Deteriorating Patient, Reduce Variation by Developing Clinically Effective Pathways, Experience in Outpatients and Best in Operative Care. With regard to the 7 Day Services and Reduce Infections projects, the teams should be identified/clarified at the earliest opportunity and the PIDs produced. The latest forecast is savings of £0.4m, which is very low, and has not improved since the last reporting period. The work stream need to address and exploit the opportunities in the areas of inpatient, outpatient and clinical support productivity, and deliver a significant productivity improvements that will contribute to the CiP. Additionally the whole forecast which relates to Outpatients and the Best in Operative Care are high risk and red rated. The Executive sponsor is requested to review the saving potential as a matter of urgency, progressing the red risk savings to amber and green and increasing the value of the overall forecast.
Arrangements should be made for all documentation to be prepared and uploaded to SharePoint to meet the deadline of 30 April 2017.

John Grinnell, Director of Finance
10 April 2017

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

Two of the six projects do not have a project description on the dashboard; this lack of clarity should be addressed to aid comprehension of all stakeholders. Three project teams remain to be completed and two projects also lacked any PID that could be rated. Of the projects that are rated, significant progress needs to be made in terms of the project work and documentation if any reasonable level of confidence in delivery is to be attained.

Therefore, the work stream is currently at high risk of not delivering the quality and financial ambitions it aims to deliver. In this respect the 'Reduce Variation by Developing Clinically Effective Pathways' project must be of particular concern.

Joe Gibson, External Programme Assurance 11 Apr 17

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Delivering Outstanding Care (Completed by Assurance Team)

Sub-Committee	CQAC	Report Date	10 April 2017
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Hilda Gwilliams/Steve Ryan

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
CQAC 1.1	Deteriorating Patient	This project will ensure prompt recognition and management of the deteriorating patient and implementation of the Sepsis Pathway	Hilda Gwilliams										No evidence of team or Steering Group meetings. Draft/outline PID on SharePoint - to be finalised. Benefits to be fully defined. Milestone Plan to be defined and tracking to commence. More details and evidence of Comms/Engagement. required Risk log to be fully completed. EA/QIA to be fully completed and signed.. Last updated 10 April 2017
CQAC 1.2	Reduce Variation by Developing Clinically Effective Pathways	This project will drive the development of clinically effective care pathways across all specialities, using various methodologies including ImERSE, LiA and PFCC	Steve Ryan										Draft/outline PID on SharePoint - all project documentation to be fully developed. Last updated 3 April 2017
CQAC 1.3	Experience in Outpatients	The project will improve patient & staff experience; understand demand and capacity; improve flow and environment	Hilda Gwilliams										No evidence of team/Steering Group meetings. Draft/outline PID on SharePoint - to be finalised. Benefits to be fully defined. Milestone Plan to be defined and tracking to commence, More details and evidence of Comms/Engagement required. Risk log available. EA/QIA to be fully completed and signed. Last updated 13 March 2017
CQAC 1.4	Best in Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction rates	Steve Ryan										Steering Group meeting notes available. Draft/outline PID on SharePoint - to be finalised Milestone Plan to be defined and tracking to commence. Evidence of Comms/Engagement required. Risk Log requires full review. EA/QIA to be completed and signed. Last updated 3 April 2017
CQAC 1.5	7 Day Services	The project aims to deliver 7 day services in line with NHS recommendations	Steve Ryan										
CQAC 1.6	Reduce Infections	This project will ensure we achieve best in class for infection prevention and control	Steve Ryan										

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Deteriorating Patient	Black	0	0	0	No financial benefits identified to date
Reduce Variations by Developing Clinically Effective Pathways	Black	0	0	0	No financial benefits identified to date
Experience in Outpatients	Red	180	180	0	Financial target based on 3% reduction in DNA rate in Medical specialities. High risk regarding delivery of full target value. In addition, potential opportunity of £147k non pay postage savings have been identified, still to be validated with expectation this will improve the savings forecast .
Best in Operative Care	Red	407	193	-214	Financial target based on 2% growth in Elective and Daycase income in Surgical specialties. Risk regarding delivery of full target.
7 Day Services	Black	0	0	0	No financial benefits identified to date
Reduce Infections	Black	0	0	0	No financial benefits identified to date
Total		587	373	-214	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

The best people doing their best work

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

Planning for this year's Programme is now over 2 months behind schedule. Within this Workstream, teams have started to upload project documentation to SharePoint and Executive Sponsors should expedite completion of this in order to meet the assurance standards in: Apprenticeships, Specialist Nurse Review, AHP Review, Portering and Domestics. Following the initial scoping and analysis of Job Planning via last year's programme, the way forward should be defined in a new PID. The scope and approach should be confirmed for the Agile project at the earliest opportunity. There is currently no visibility of PIDs for the Leadership & Management, Engagement & Communication, GDE Workforce Change and Implement Carter projects.

The latest forecast is savings of £0.4m, which is very low, and not sufficient to meet the financial objectives of the programme. Additionally £0.1m relates to workforce reviews which are making slow progress and the savings are rated as red high risk. The Executive sponsor is requested to review the saving potential as a matter of urgency, progressing the red risk savings to amber and green and increasing the value of the overall forecast.

Arrangements should be made for all documentation to be prepared and uploaded to SharePoint to meet the deadline of 30 April 2017.

John Grinnell, Director of Finance
11 April 2017

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

Four of the eleven projects do not have a project description on the dashboard and five projects that are defined have the same generic statement; this lack of clarity and specificity should be addressed to aid comprehension of all stakeholders. Three project teams remain to be completed and four projects lacked any PID that could be rated. Of the projects that are rated, significant progress needs to be made in terms of the project work and documentation if any reasonable level of confidence in delivery is to be attained.

Therefore, the work stream is currently at high risk of not delivering the quality and financial ambitions it aims to deliver. In this respect the 'Agile' project must be of particular concern.

Joe Gibson, External Programme Assurance 11 Apr 17

Programme Assurance Framework
The Best People Doing Their Best Work (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	WOD	Report Date	11 April 2017
Workstream Name	The Best People Doing Their Best Work	Executive Sponsor	Hilda Gwilliams/Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
WOD 3.1a	Staff Engagement & Development - Apprenticeships	To operationalise the Apprenticeship Strategy and realise the benefits of apprentisehip qualitifcations following introduction of the Apprenticeship Levy.	Melissa Swindell										Reports to Workstream Steering Group. Draft/outline PID on SharePoint, to be finalised with full details of Benefits. Milestone Plan to be prepared and tracking to commence. Risk Log required. EA/QIA to be completed and signed. **Last updated 3 April 2017**
WOD 3.1b	Staff Engagement & Development - Leadership & Management		Melissa Swindell										
WOD 3.1c	Staff Engagement & Development - Engagement & Communication		Melissa Swindell										
WOD 3.2a	Workforce Reviews - Specialist Nurse Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams										Reports to Workstream Steering Group. Draft/outline PID on SharePoint to be finalised with full details of benefits and metrics. Milestone Plan to be defined. Some evidence of Engagement available. Risk Log available. EA/QIA to be signed by team and Execs. **Last updated 28 March 2017**
WOD 3.2b	Workforce Reviews AHP Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams										Draft/outline PID on SharePoint - all project documentation to be fully developed. **Last updated 28 March 2017**
WOD 3.2c	Workforce Reviews Job Planning Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Melissa Swindell										Some information is available relating to last year's programme, however this requires full review/refresh with a fully defined plan and details of benefits to be achieved. **Last updated 15 March 2017**
WOD 3.2d	Workforce Reviews GDE Workforce Change		Melissa Swindell										
WOD 3.2e	Workforce Reviews Portering	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams										No evidence of team/ Steering Group meetings. PID to be completed and to include full details of benefits. Milestone Plan is available showing initial actions on track. Evidence required of Comms/Engagement activities. Risk Log is available. EA/QIA to be signed in line with process. **Last updated 4 April 2017**
WOD 3.2f	Workforce Reviews Domestics	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams										No evidence of team/Steering Group meetings. PID is to be completed and include full details of benefits. Milestone Plan is available showing initial actions on track. Evidence required of Comms/Engagement activities. Risk log is available. EA/QIA to be signed in line with process. **Last updated 24 March 2017**
WOD 3.3	Agile Working	The aim of the project is to deliver an agile working solution for the Trust that complements the on site and off-site developments	Melissa Swindell										PID is available on SharePoint, however scope/approach is to be approved by Exec Sponsor. All project documentation to be fully developed/updated in line with revised PID. **Last updated 28 March 2017**
WOD 3.4	Implement Carter		Melissa Swindell										

Programme Assurance Framework
The Best People Doing Their Best Work (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	WOD	**Report Date**	11 April 2017
Workstream Name	The Best People Doing Their Best Work	**Executive Sponsor**	Hilda Gwilliams/Melissa Swindell

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Staff Engagement & Development: Apprenticeships	**Amber**	65	65	**0**	
Specialist Nurse Review	**Red**	30	30	**0**	Delivery of target is subject to completion of the Review
AHP Review	**Red**	30	30	**0**	Delivery of target is subject to completion of the Review
Job Planning	**Red**	30	30	**0**	Delivery of target is subject to completion of the Review
GDE Workforce Change	**Black**	0	0	**0**	No financial benefits identified to date
Portering	**Amber**	147	123	**(24)**	
Domestics	**Amber**	100	111	**11**	
Implement Carter	**Black**	0	0	**0**	No financial benefits identified to date
TOTAL		**402**	**389**	**(13)**	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Growing Through External Partnerships

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

There are a number of projects within this workstream for which PIDs have not yet been started – STP High Quality Acute & Emergency Care, STP Develop Clinical Support Services Offer, STP Strong Specialist Services Offer and STP Intermediate Care Unit. The PIDs for STP Strong Community Services Offer and STP Expand Mental Health Offer and Strengthen Existing Partnerships require further detail to ensure the scope and objectives are clearly defined. The International Health and Non-NHS Patients PID is almost complete and the project documentation is well advanced.

With regard to Transition of New Community Services "LCH lift and shift", the project documentation has not been updated since 20 March and whilst the transfer has taken place, the position re any outstanding actions and risks should be made transparent.

The latest forecast is savings of £0.2m, which is very low, and not sufficient to meet the financial objectives of the programme. Additionally, of the £0.2m forecast, half is high risk and red rated. There is an additional £0.1m of stretch target included in the PID for International Health and Non NHS Patients but the detail of this is yet to be identified. The Executive sponsor is requested to review the saving potential as a matter of urgency, progressing the red risk savings to amber and green and increasing the value of the .overall forecast.

John Grinnell, Director of Finance – 13 April 2017

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

As commented in the assurance report of 20 March: 'the status…….indicates that there is a high level of risk that the projects will not deliver in a timely manner with impact on quality and sustainability gains. There is an urgent need to accelerate project definition and planning'.

At the time of writing 4 projects remain without a definition document loaded onto the Trust SharePoint system. An indication of the rationale for those projects without definition (PIDs) to date, together with anticipated benefits, would be useful in order to inform the risk management across the work stream.

Joe Gibson, External Programme Assurance – 18 April 2017

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Growing Through External Partnerships (Completed by Assurance Team)

Sub-Committee	R&BD	Report Date	13 April 2017
Workstream Name	Growing Through External Partnerships	Executive Sponsor	Debbie Herring/Louise Dunn

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 2.1a	STP AH @ C&M High Quality Acute & Emergency Care	Lead services to review options to collaborate and maximise joint working across the NM LDS and C&M Footprint; including developing partnerships with Warrington	Debbie Herring										
R&BD 2.1b	STP AH @ C&M Develop Clinical Support Services Offer	Lead services to review options to collaborate and maximise joint working across the NM LDS and C&M Footprint.; including Pathology, Diagnostics and Pharmacy	Debbie Herring										
R&BD 2.1c	STP AH @ C&M Strong Specialist Services Offer	Lead services to review options to collaborate and maximise joint working across the NM LDS and C&M Footprint including a single Neonatal Service with LWH	Debbie Herring										
R&BD 2.1d	STP AH @ C&M Strong Community Services Offer	Lead services to review options to collaborate and maximise joint working across the NM LDS and C&M Footprint; including delivering Liverpool Community Children's Services	Debbie Herring										Draft/outline PID on SharePoint, along with outline Milestone Plan and QIA - all project documentation to be fully developed. **Last updated 29 March 2017**
R&BD 2.1di	STP AH @ C&M Strong Community Services Offer - Transition of New Community Services	To ensure safe and efficient transfer of selection of Specialist Paediatric Community Services from LCH	Debbie Herring										No evidence of recent meetings. PID requires details of financial benefits. Milestone Plan to be fully defined and requires updating. Comms/Engagement information to be updated and evidence provided where possible. Risk log requires review. EA/QIA complete. **Last updated 20 March 2017** Team will be requesting Closure of this project.
R&BD 2.1e	STP AH @ C&M Expand Mental Health Offering	Lead services to review options to collaborate & maximise joint working across the NM LDS & C&M Footprint; including Community CAMHS, Tier 4 CAMHS & Neuro Developmental Service	Debbie Herring										No evidence of project/Steering Group Meetings. PID to be finalised, together will full details of benefits. Milestone Plan to be reviewed/fully developed. Evidence of Comms/Engagement required. Risk Log to be fully completed. EA/QIA to be completed and signed. **Last updated 7 April 2017**
R&BD 2.1f	STP AH @ C&M Intermediate Care Unit	Implement Alder Hey Rehab offer to enhance patient pathway	Debbie Herring										
R&BD 2.2	Strengthen Existing Partnerships	Lead services to review options to collaborate and maximise joint working with partners beyond C&M including Stoke, CMFT & Wales	Debbie Herring										Draft/outline PID on SharePoint - all project documentation to be fully developed. **Last updated 28 March 2017**
R&BD 2.3	International Health & Non-NHS Patients	Establish International service offer including: International Health Partnerships and non-NHS patients	Debbie Herring/ Louise Dunn										Steering Group meetings scheduled. PID to be finalised with full details of Benefits & Comms/Engagement. Milestone Plan is defined and on SharePoint. Risk Log is available. EA/QIA to be fully completed and signed. **Last updated 10 April 2017**
R&BD 2.4	LCH Interim Contract Management		Debbie Herring										Full details and assurance requirements to be confirmed.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Growing Through External Partnerships

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
High Quality Acute and Emergency Care	Black	0	0	0	No financial benefits identified to date
Develop Clinical Services Support Offer	**Black**	0	0	0	No Financial benefits identified to date
Strong Specialist Services Offer	**Black**	**0**	**0**	**0**	No financial benefits identified to date
Strong Community Services Offer	**Amber/Red**	**159**	**137**	**-22**	
Expand Mental Health Offering	**Black**	**0**	**0**	**0**	No financial benefits identified to date
Intermediate Care Unit	**Black**	**0**	**0**	**0**	No financial benefits to date
Strengthen Existing Partnerships	**Black**	**0**	**0**	**0**	No financial benefits to date
International Health & Non NHS Patients	**Red**	**0**	**30**	**30**	Medicine CBU forecasting £30k benefit from growth PP therapies work. Additional £100k stretch target included in the PID not yet identified or included in the forecast.
Total		**159**	**167**	**8**	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Solid Foundations

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

The PID for GDE has been started and the team are working on defining the programme of work to meet the deadline of 30 April 2017. This is an important programme for the Trust, which will realise important benefits and engagement from the organisation is critical to ensure successful delivery.

The PIDs for Strategic Estate Review and STP Corporate Services are due to be available by 30 June 2017.

The latest forecast is savings of £0.1m, which is very low, and not sufficient to meet the financial objectives of the programme. The Executive sponsor is requested to review the saving potential as a matter of urgency, progressing the amber risk savings to green and increasing the value of the overall forecast.

John Grinnell, Director of Finance, 13 April 2017

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

As commented in the assurance report of 20 March: 'The lack of quantified benefits associated with the Global Digital Excellence (GDE) programme is of particular concern at this stage'. Given the importance of this……project to the change programme as a whole, there is an urgent need to accelerate and complete project definition and planning.

As commented above, there is a significant gap to be closed in achieving the financial objectives of the programme.

Joe Gibson, External Programme Assurance – 18 April 2017

Programme Assurance Framework
Solid Foundations (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	R&BD	Report Date	13 April 2017
Workstream Name	Solid Foundations	Executive Sponsor	John Grinnell/ Steve Ryan

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 5.1	GDE	Create exemplars that can inspire others by really showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness	Steve Ryan/ John Grinnell										Steering Group meeting notes available. Draft PID on SharePoint. Full details of Benefits to be worked up/defined. Milestone plan to be fully defined with tracking to commence, Evidence of Comms/Engagement required. Risks detailed in PID to be aligned with Trust process. EA/QIA to be completed. **Last updated 23 February 2017**
R&BD 5.2	Strategic Estate Review	Review Alder Hey estate against future service requirements & specifications. Look at options with partners to rationalise/maximise use	John Grinnell /David Powell										PID previously uploaded to SharePoint relating to Community. Scope now confirmed to cover wider estate - PID to be reviewed/revised to reflect this. **PID to be available by 30 June 2017**
R&BD 5.3	STP Corporate Services	The project aims to review options to collaborate and maximise joint working aross the NM LDS and C&M Footprint. The scope will include all corporate areas.	John Grinnell										**PID to be available by 30 June 2017**

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
GDE	Black	0	0	0	No financial benefits identified to date
STP Corporate Services	Amber	142	96	-46	HR&OD target of £25k (risk rated Amber) Finance target of £71k (risk rated Amber
Total		142	96	-46	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Park, Community Estate and Facilities

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

The assurance ratings for the majority of projects within this workstream have been suspended since January 2017, pending presentation of an Exception Report and proposals for revised milestones to RABD. This report is expected to be presented by the team this month. Some of the projects that were previously within this workstream (Community Services, Corporate Offices and On-site Residual Services) now form part of the Strategic Estate Review and as Agile forms part of The Best People Doing Their best Work workstream, future updates will be reported to WOD sub-Committee.

A new addition to this workstream for this year's programme is the International Design and Build Consultancy project and the team should ensure that the PID is prepared for the deadline of 30 April 2017.

The latest forecast savings is nil which is does not meet the financial objectives of the programme. The Executive sponsor is requested to review and update the saving potential as a matter of urgency.

John Grinnell, Director of Finance - 13 April 2017

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

As commented in the assurance report of 20 March: 'a level of risk remains that the projects will not deliver in a timely manner with consequent impact on quality and sustainability gains. There is an urgent need to conclude the project definition and planning'.

The exception report, when completed and endorsed by the Committee, should go a long way to improve the assurance ratings. However, as commented above, there is a significant gap to be closed in achieving the financial objectives of the programme.

Joe Gibson, External Programme Assurance – 18 April 2017

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Park, Community Estate and Facilities (Completed by Assurance Team)

Sub-Committee	R&BD	Report Date	13 April 2017
Workstream Name	Park, Community Estate and Facilities	Executive Sponsor	David Powell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
6.0 Park, Community Estate & Facilities 17/18 £TBC													
R&BD 6.1	Decommission & Demolition	The aim of the project is to move out from and make safe the old hospital ready for demolition	David Powell										Project was part of 2016 programme. Revised Milestones to be presented to April RABD for approval.
R&BD 6.2	R&E 2	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	David Powell										Project was part of 2016 programme. Revised Milestones to be presented to April RABD for approval.
R&BD 6.3	Alder Centre	To plan, develop and construct the new Alder Centre within the park setting	David Powell										Steering Group meeting notes available. Scope/approach defined in PID, together with Benefits. Milestone Plan broadly on track. Evidence required of Comms/Engagement. Risk Log available and up-to-date. EA/QIA complete and signed by Execs. **Last updated 31 March 2017**
R&BD 6.4	Park	To set up a JV with LCC & the local community to create a world class Springfield Park that complements & adds value to the New Alder Hey in the Park & the local area	David Powell										Project was part of 2016 programme. Revised Milestones to be presented to April RABD for approval.
R&BD 6.5	Residential Development	To create a high quality residential scheme that co-ordinates with the themes and activities within the wider park site	David Powell										Project was part of 2016 programme. Revised Milestones to be presented to April RABD for approval.
R&BD 6.6	International Design & Build Consultancy		David Powell										

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
International Design and Build Consultancy	Black	0	0	0	No financial benefits yet identified
Total		0	0	0	

Corporate Report

Mar 2017

Table of Contents

Executive Summary

Mar 2017

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
N	N	N	N	N	N	N	N	N	N	N	N

Highlights

Activity has significantly improved against the same period last year. 4 hour standard; Q4 and YTD position achieved despite increased attendances. RTT, cancer & diagnostic standards achieved despite pressures, volume of longest waiting patients has increased slightly. DQ group established to target key areas of concern that skew data. Productivity has held and improved in some areas despite increased levels of activity and NEL pressures within hospital. Referrals into hospital increased to highest point in the year.

Challenges

Maintaining ED 4 hour standard will require ongoing review to manage over bank holiday periods, surgery support with IP to DC conversion and EDU open to 11 beds will alter from M1.IP long waiting backlog increased slightly as a consequence. ED attendances have increased +588 over plan with a 17% conversion rate which challenges IP bed base. EL activity below plan (winter plan impact) + OP below plan (Med CBU). Remedial plans being developed where possible. Activity levels have over-achieved against same period last year. Cancellations on the day have increased. Surgery focusing on reducing. DQ issues continue to skew OP DNA rates but being addressed through DQ & OP group.

Patient Centred Services

Metrics have been maintained. Main areas to note are fluctuations with LOS which is expected following implementation of the winter plan with increased levels of day case activity, reduced overnight elective and increased NEL admissions. Overall performance has held with achievement of 4 hour standard, RTT and incomplete pathway which was predicted through our winter plan work. theatre utilisation has dipped slightly but expected following increased canx on the day mainly due to NEL pressures. Diagnostics standard achieved despite challenges with scope availability. 28 day breaches reduced and OP utilisation increased following focus on using all available capacity.

Excellence in Quality

Clinical incidents resulting in harm are up by over a hundred in comparison to 15/16 however the key issue is that those resulting in moderate, serious harm or death were only 10 compared to 26 in 15/16. Medication errors have increased in month although none have resulted in serious harm. This increase may be related to the increase in both activity and the rotation of doctors. Readmissions to PICU were 4 in total in March and again related to activity and acuity pressures. Continuing this theme in month total infections were significantly up although there were no reported incidents of serious hospital acquired infection. There continues to be improvements seen across CRE compliance and Hand Hygiene scores with ward cleanliness continuing to consistently score over 96%.

Financial, Growth & Mandatory Framework

For the month of March the Trust is reporting a trading surplus of £5.2m.Year to date the trading surplus is £2.8m which is £3m ahead of plan. As the Trust overachieved on its control total we are eligible for additional Sustainability and Transformation Funding of £1.7m which is included in the financial position.

For the year income overachieved the plan by £6.3m. Elective and outpatient activity were both behind plan in the month and non elective was ahead of plan.

Pay budgets are £1.7m overspent for the year relating to use of agency staffing and CiP slippage. The Trust is behind with the CIP target to date by £0.9m. Cash in the Bank is £6.5m. Monitor Use of Resources rating of 2 ahead of plan.

Great Talented Teams

In the previous month rates for medical appraisal have increased to 87% whilst PDR compliance for other staff has reduced to 59.2%. Rates of sickness absence have decreased to 4.8% however this is still slightly over target. Mandatory training compliance has decreased slightly to 75.4% however compliance with Corporate Welcome attendance has increased to 82.4%. Work continues to improve all KPIs.

Leading Metrics

Mar 2017

Alder Hey Children's NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Feb 2017	Mar 2017	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	97.0 %	96.0 %	▼	
RTT: 90% Admitted within 18 weeks		88.9 %	87.9 %	▼	
RTT: 95% Non-Admitted within 18 weeks		86.7 %	89.5 %	▲	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.1 %	▼	
Diagnostics: Numbers waiting over 6 weeks		1	2	▲	
Average LoS - Elective (Days)		3.2	2.8	▼	
Average LoS - Non-Elective (Days)		2.1	1.9	▼	
Daycase Rate	0.0 %	72.2 %	70.6 %	▼	
Theatre Utilisation - % of Session Utilised	90.0 %	87.0 %	86.8 %	▼	
28 Day Breaches	0.0	4	2	▼	
Clinic Session Utilisation	90.0 %	84.9 %	87.2 %	▲	
DNA Rate	12.0 %	10.8 %	9.1 %	▼	
Cancelled Operations - Non Clinical - On Same Day		29	31	▲	

Excellence in Quality

Metric Name	Goal	Feb 2017	Mar 2017	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	90.0 %	96.0 %	96.0 %	▼	
IP Survey: % Treated with respect	90.0 %	100.0 %	100.0 %	–	
IP Survey: % Know their planned date of discharge	80.0 %	72.0 %	75.7 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	90.9 %	91.9 %	▲	
IP Survey: % Patients involved in play and learning	75.0 %	77.1 %	75.7 %	▼	
Pressure Ulcers (Grade 2 and above)		29	32	▲	
Total Infections (YTD)	110.0	93	104	▲	
Medication errors resulting in harm (YTD)	76.0	57	67	▲	
Clinical Incidents resulting in harm (YTD)	674.0	636	745	▲	

Great and Talented Teams

Metric Name	Goal	Feb 2017	Mar 2017	Trend	Last 12 Months
Corporate Induction	100.0 %	77.8 %	82.4 %	▲	
PDR	90.0 %	71.1 %	59.2 %	▼	
Medical Appraisal	100.0 %	64.8 %	87.0 %	▲	
Sickness	4.5 %	5.2 %	4.7 %	▼	
Mandatory Training	90.0 %	78.8 %	75.4 %	▼	
Staff Survey (Recommend Place to Work)		TBC	TBC		
Actual vs Planned Establishment (%)		92.3 %	95.1 %	▲	
Temporary Spend ('000s)		813	1037	▲	

Financial, Growth and Mandatory Framework

Metric Name	Feb 2017	Mar 2017	Last 12 Months
CIP In Month Variance ('000s)	-464	-183	
Monitor Risk Ratings (YTD)	3	2	
Trading Surplus/(Deficit)	470	5199	
Capital Expenditure YTD % Variance	-33.5 %	-25.4 %	
Cash in Bank (£M)	7.2	6.5	

Exceptions

Mar 2017

Alder Hey Children's NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
DNA Rate	14.6%	12.9%	12.7%	12.8%	13.1%	14.6%	12.9%	11.5%	11.9%	14.6%	11.5%	10.8%	9.1%	
IP Survey: % Patients involved in play and learning	52.4%	60.4%	54.1%	60.6%	28.2%	30.7%	31.0%	55.9%	55.1%	56.1%	55.6%	77.1%	75.7%	
Temporary Spend ('000s)	1,298	1,049	1,189	1,008	1,052	1,002	969	894	800	550	1,442	813	1,037	
Trading Surplus/(Deficit)	700	-2,307	-1,334	-1,289	-970	-695	2,293	500	1,104	-776	535	470	5,199	
Cash in Bank (£M)	10.6	6.9	7.9	7.0	4.2	2.9	4.5	6.5	5.4	6.2	5.2	7.2	6.5	

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

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	85.7%	89.6%	87.8%	87.9%	87.3%	88.8%	87.5%	86.7%	85.8%	87.2%	90.5%	86.7%	89.5%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.3%	92.2%	92.1%	92.0%	92.1%	92.1%	92.0%	92.1%	92.1%	92.1%	92.4%	92.1%	92.1%	
Average LoS - Elective (Days)	3.0	2.8	3.1	2.8	2.9	3.0	2.5	3.0	2.9	2.9	2.5	3.2	2.8	
IP Survey: % Received information enabling choices about their care	93.7%	95.2%	94.2%	97.4%	190.3%	99.1%	93.0%	97.3%	96.4%	96.3%	98.7%	96.0%	96.0%	
IP Survey: % Know who is in charge of their care	84.9%	85.5%	82.7%	84.6%	91.3%	94.9%	92.7%	92.4%	94.0%	93.2%	93.0%	90.9%	91.9%	

Challenge (Top 5 based on % change)

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
PDR	90.1%	2.8%	11.5%	32.2%	54.7%	58.5%	69.3%	73.3%	73.0%	70.5%	71.3%	71.1%	59.2%	
IP Survey: % Know their planned date of discharge	44.2%	62.0%	59.3%	54.3%	53.9%	69.0%	71.2%	71.6%	73.5%	73.1%	78.7%	72.0%	75.7%	
Pressure Ulcers (Grade 2 and above)	24	3	6	8	9	11	16	18	22	26	28	29	32	
Mandatory Training	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	74.1%	75.4%	75.3%	76.1%	77.2%	78.8%	75.4%	
Clinical Incidents resulting in harm (YTD)	666	48	89	151	188	234	295	364	444	505	567	636	745	

Patient Safety

Mar 2017

Alder Hey Children's NHS Foundation Trust

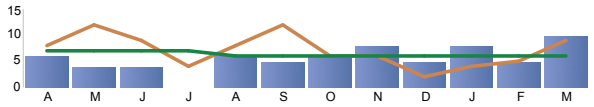
Summary

The month saw a rise in medication errors resulting in harm but comparable to that of last March and overall the trend continues lower. The data is reviewed closely by the Medication Safety Team for any themes. Activity was up in March and the increase correlated with the new doctors starting. We had 2 pressure ulcers grade 2 or above in month. We had 4 readmissions to PICU within 48 hours again reflecting increased activity and acuity. Clinical incidents resulting in harm were up although those resulting in moderate, severe harm or death remain consistently lower than last year.

16/17 15/16 Threshold

Medication Errors

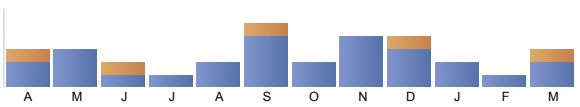
Medication errors resulting in harm (YTD) 67 (goal: 76.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	10	14	14	20	25	31	39	44	52	57	67
15/16	8	20	29	33	41	53	59	65	67	71	76	85

Pressure Ulcers

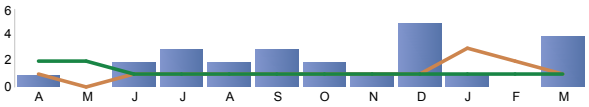
Pressure Ulcers (Grade 2 and above) 32 (Est. Baseline)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	6	8	9	11	16	18	22	26	28	29	32
15/16	2	3	5	7	8	8	11	13	13	15	22	24

Readmissions to PICU within 48 hrs

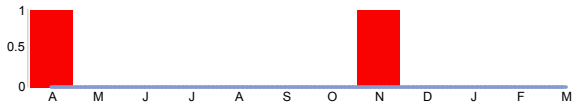
Readmissions to PICU within 48 hrs (YTD) 24 (goal: 14.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	1	1	3	6	8	11	13	14	19	20	20	24
15/16	1	1	2	3	4	5	6	7	8	11	13	14

Never Events

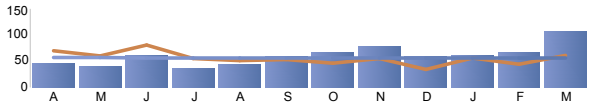
Never Events 0 (goal: 0.0)



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

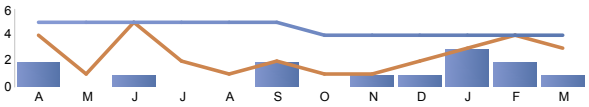
Incidents

Clinical Incidents resulting in harm (YTD) 745 (goal: 674.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	48	89	151	188	234	295	364	444	505	567	636	745
15/16	70	130	211	266	317	370	416	471	505	561	605	666

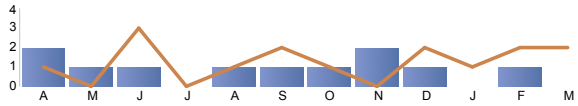
Clinical Incidents resulting in moderate, severe harm or death (YTD) 13 (goal: 54.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	2	3	3	3	5	5	6	7	10	12	13
15/16	4	5	10	12	13	15	16	17	19	22	26	29

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 0



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	3	4	4	5	6	7	9	10	10	11	11
15/16	1	1	4	4	5	7	8	8	10	11	13	15

Patient Experience

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

There was a 20% increase in formal complaints and 18% increase in PALS enquiries compared to same time last year.
There has been an increase in the amount of families who are aware of their planned date of discharge. All other areas of survey responses are within agreed target. Work is in progress to increase the amount of responses.

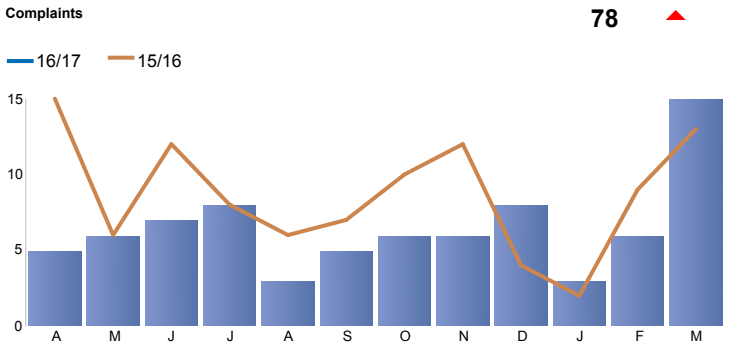
Inpatient Survey

Metric Name	Goal	Feb 2017	Mar 2017	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	90.9 %	91.9 %	▲	
% Patients involved in play and learning	75.0 %	77.1 %	75.7 %	▼	
% Know their planned date of discharge	80.0 %	72.0 %	75.7 %	▲	
% Received information enabling choices about their care	90.0 %	96.0 %	96.0 %	▼	
% Treated with respect	90.0 %	100.0 %	100.0 %	–	

Friends and Family

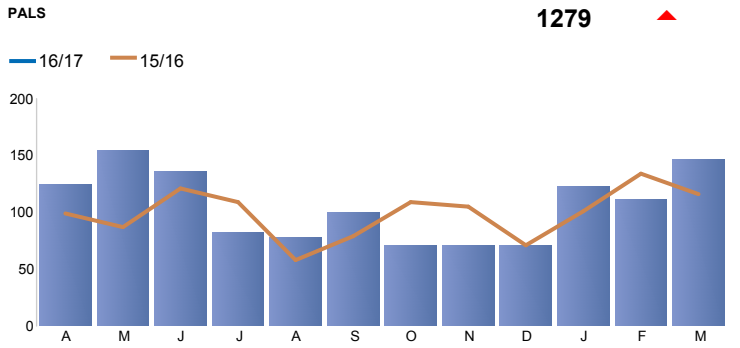
Metric Name	Required Responses	Number of Responses	Feb 2017	Mar 2017	Trend	Last 12 Months
A&E - % Recommend the Trust	250	42	91.1 %	95.2 %	▲	
Community - % Recommend the Trust	29	7	TBC	71.4 %		
Inpatients - % Recommend the Trust	300	525	93.9 %	93.1 %	▼	
Mental Health - % Recommend the Trust	27	7	TBC	71.4 %		
Outpatients - % Recommend the Trust	400	369	94.0 %	91.9 %	▼	

Complaints



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5	11	18	26	29	34	40	46	54	57	63	78
15/16	15	21	33	41	47	54	64	76	80	82	91	104

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	125	280	417	500	579	680	752	824	896	1,020	1,132	1,279
15/16	99	186	307	416	474	553	662	767	838	939	1,073	1,189

Clinical Effectiveness

Mar 2017

Alder Hey Children's NHS Foundation Trust

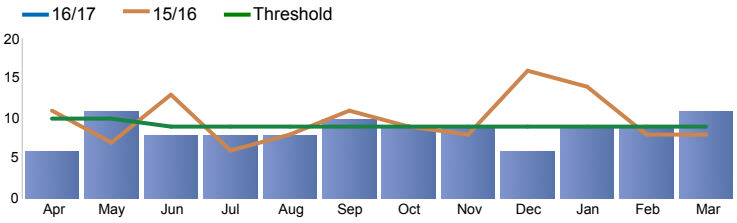
Summary

Total infections were up in March related to the increased activity across the Trust. However they are down in total compared to 15/16. There were no reports of hospital acquired MRSA or C.Difficile in month. We continue to develop the data to produce a baseline in relation to children with long term conditions being readmitted within 28 days. The percentage of patients with an estimated date of discharge later than planned continues to be down in comparison to last year.

Infections

Total Infections (YTD)

104 (goal: 110.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	17	25	33	41	51	60	69	75	84	93	104
15/16	11	18	31	37	45	56	65	73	89	103	111	119

Total Infections (YTD)

104 (goal: 110.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD)

2 (goal: 0.0)

Hospital Acquired Organisms - C.difficile (YTD)

1 (goal: 0.0)

Outbreak Infections (YTD)

9

Cluster Infections (YTD)

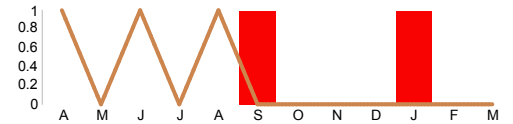
0

Legend

16/17
15/16
Threshold

Hospital Acquired Organisms - MRSA (BSI)

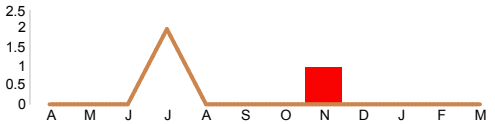
0 (goal: 0.0)



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

Hospital Acquired Organisms - C.difficile

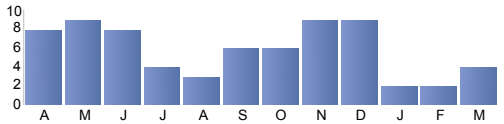
0 (goal: 0.0)



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

Acute readmissions of patients with long term conditions within 28 days

70 (Est. Baseline)



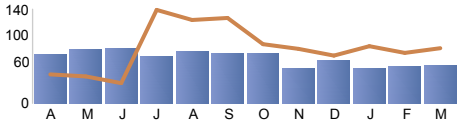
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	8	17	25	29	32	38	44	53	62	64	66	70

Admissions & Discharges

Data Under Validation

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

825 (Est. Baseline)



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

4.7 % (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	74	156	239	310	388	463	539	593	658	711	767	825
15/16	43	83	113	252	376	503	591	672	743	828	903	985

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5.4%	5.6%	5.6%	5.4%	5.5%	5.4%	5.4%	5.2%	5.1%	5.0%	4.9%	4.7%
15/16	3.2%	3.2%	2.9%	4.7%	5.6%	6.2%	6.5%	6.4%	6.4%	6.4%	6.3%	6.3%

Access

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway, diagnostic & cancer standards achieved despite challenges with scope availability. ED standard passed for March; Q4 & YTD. Bed occupancy maintained with careful management of IP & DC within cap. GP referrals increased to highest level in year and +250 against same point last year; C&B availability increased to match demand. Activity significantly higher than same point last year,Capacity being monitored via CBU & weekly performance meeting. No patients waiting greater than 52 weeks.

18 Weeks

RTT: 90% Admitted within 18 weeks 87.9 %

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
86.0%	88.1%	87.6%	88.5%	88.0%

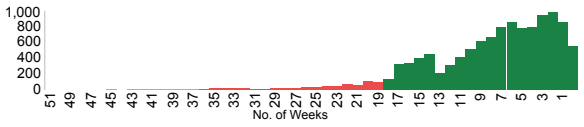
RTT: 95% Non-Admitted within 18 weeks 89.5 %

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.7%	88.4%	87.9%	86.6%	88.9%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.1 % *(goal: 92.0 %)*

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

Open Pathways Weekly Profile Mar 2017



0-18 Wks	19-36 Wks	36-51 Wks
11,158	752	98

Cancer

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

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	94.4%	100.0%

All Cancers: 31 day wait referral to treament 100.0 % *(goal: 100.0 %)*

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

All Cancers: 31 day wait until subsequent treatments 100.0 % *(goal: 100.0 %)*

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

Diagnostics

Diagnostics: % Completed Within 6 Weeks 99.6 % *(goal: 99.0 %)*

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
99.9%	100.0%	99.9%	99.3%	99.8%

Waiting Times Failed 2

Waiting Times Passed 6

Number of Diagnostics

473

Admissions and Discharges

Bed Occupancy

Bed Occupancy (Funded Beds) 84.9 %

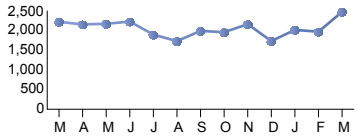
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
79.8%	81.0%	76.6%	80.2%	84.1%

Provider

Convenience and Choice: Slot Availability 96.8 % *(goal: 96.0 %)*

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
93.7%	96.9%	97.5%	99.2%	97.0%

Referrals Received (GP)



Emergency Department

Mar 2017

Alder Hey Children's NHS
NHS Foundation Trust

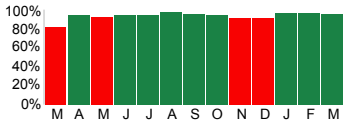
Summary

First two weeks of March saw lower than predicted numbers which assisted with overall achievability of the 4 hour target. However, the last two weeks saw increased attendances above expected and month finished above plan. The third week was particularly challenging due to high attendances, short notice GP shortages, unfilled Jr Dr gaps .The team managed to maintain 4 hour target, the pressure resulted in an extension to time to decision to treat. The Trust did achieve the 4 hour target for month, quarter and year. This attracted attention from the Health Minister who wrote to congratulate us.

ED

ED: 95% Treated within 4 Hours

96.0 % (goal: 95.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
84.5%	95.0%	96.7%	93.1%	96.7%

ED: Total Time in ED (95th Percentile)

239.0 mins (goal: 240.0 mins)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1,046.0	754.0	705.0	838.8	714.0

ED: Longest Wait Time (Hrs)

11.3 (goal: 0.0)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
35.7	31.8	27.6	36.0	30.6

ED: Number Treated Over 4 Hours

216

ED to Inpatient Conversion Rate

17.3 %

Mar 2017

ED

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

0

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0.0	0.0	0.0	0.0	0.0

ED: 60 minute 'Time to Treat Decision' (Median)

89.0 mins (goal: 60.0 mins)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
270.0	221.0	184.0	239.0	227.0

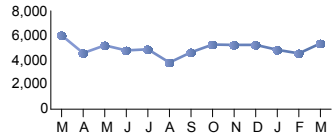
ED: Percentage Left without being seen

3.0 %

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
5.9%	3.1%	2.2%	3.1%	2.3%

ED: Number of Attendances

5349 Mar 2017



Ambulance Services

Ambulance: Acute Compliance

93.5 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.9%	88.9%	86.5%	83.3%	90.1%

Ambulance: Average Notification to Handover Time (mins)

4.2 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

1

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
16.0	14.0	16.0	5.0	11.0

Ambulance: Patients Waiting between 45 and 60 minutes

0

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0.0	3.0	3.0	4.0	2.0

Productivity & Efficiency

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

Winter plan remained in place to the end of Q4. IP to DC conversion continued however IP numbers increased. DC rates maintained & supported hospital flow with increased NEL pressures. Increase in canx ops has impacted upon theatre & bed utilisation. OP utilisation continued to increase with focus on booking to available capacity and DNA rates have decreased (being validated). 28 day relists breaches have reduced as capacity becomes available.

Length of Stay

Average LoS - Elective (Days) 2.8

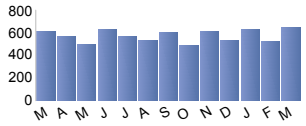
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.9	2.9	2.8	3.0	2.8

Average LoS - Non-Elective (Days) 1.9

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.4	1.9	1.8	1.9	2.0

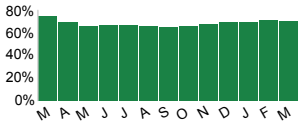
Day Case Rate

Daycases (K1/SDCPREOP) 655



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1,738	1,717	1,721	1,653	1,820

Daycase Rate 70.6 % (goal: 0.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
74.6%	68.0%	66.5%	68.3%	71.0%

Bed Refusals

Bed Refusals 0 (goal: 0.0)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0	1	0	0	1

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 86.8 % (goal: 90.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
81.4%	86.1%	86.2%	84.8%	86.8%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 1.0 % (goal: 0.8 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1.3%	1.2%	0.8%	0.9%	1.1%

Cancelled Operations - Non Clinical - On Same Day 31

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90	74	50	62	77

28 Day Breaches 2 (goal: 0.0)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
16	21	12	11	8

Outpatients

Clinic Session Utilisation * 87.2 % (goal: 90.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
76.2%	82.4%	83.7%	85.6%	85.5%

OP Appointments Cancelled by Hospital % 14.5 % (goal: 5.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
15.8%	14.7%	14.7%	14.6%	14.5%

DNA Rate 9.1 % (goal: 12.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
13.1%	12.8%	13.5%	12.6%	10.4%

OP: New/Follow Up 2.6

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
2.4	2.3	2.4	2.5	2.6

Facilities

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

This month the Theatre audits have continued weekly, thanks to the on-going support from that department. The other Very High Risk areas have had some audits completed during March 2017 but again this has been limited due to the current reduction in the number of Supervisors. There is now an agreement with Ward Managers that they will complete some spot audits in their area to ensure that we continue to deal with any issues.

Facilities

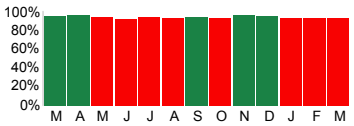
Cleanliness Performance VH

97.9 % (goal: 98.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
96.5%	96.8%	97.5%	96.7%	97.7%

Cleanliness Performance H

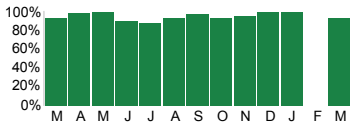
94.0 % (goal: 95.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
94.8%	94.4%	94.4%	95.7%	94.0%

Cleanliness Performance S

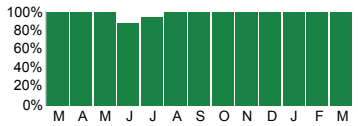
93.0 % (goal: 85.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
94.6%	96.2%	93.0%	96.3%	96.5%

Cleanliness Performance L

100.0 % (goal: 75.0 %)



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

Facilities

Audit Compliance

20.0 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
98.4%	68.0%	100.0%	77.0%	40.0%

Facilities - Other

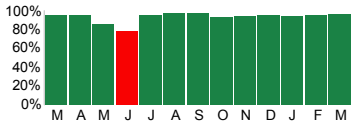
Routine Maintenance Resolution

89.7 % (goal: 85.0 %)

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
67.3%	98.8%	97.4%	99.7%	96.6%

PPM%

97.3 % (goal: 85.0 %)



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
92.6%	89.4%	97.8%	94.4%	96.1%

CAMHS

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

All posts are now recruited to and sickness absence is being monitored as per Trust policy. Improvements should be seen with the return/retirement of several Long term absences. Waiting times remain within 18 weeks, with the majority of patients being seen by 12 weeks, apart from when patients chose to wait.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 0.0

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

CAMHS: Avg Wait to Partnership Appt (Weeks) 0.0

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
26.9	25.9	6.0	0.0	0.0

DNA Rates

CAMHS: DNA Rate - New 11.0 % (goal: 10.0 %)

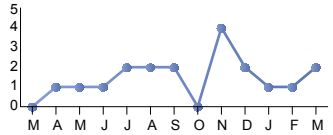
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
20.2%	15.8%	15.0%	13.4%	12.0%

CAMHS: DNA Rate - Follow Up 11.8 % (goal: 14.0 %)

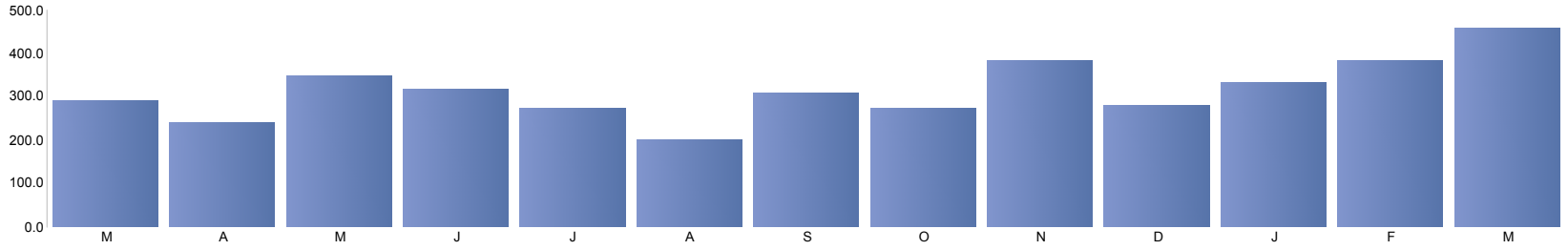
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
14.4%	15.6%	15.5%	16.1%	12.7%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 2



CAMHS: Referrals Received



External Regulation

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and at the end of March continue to be placed in segment 2 under the new NHS Improvement Single Oversight Framework.
From October 2016 Risk Ratings moved from being Financial Sustainability to Use of Resource.

Monitor - Governance Concern

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
N	N	N	N	N	N	N	N	N	N	N	N

Monitor - Risk Rating

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

Monitor Mar 2017

Metric Name	Goal	Feb 17	Mar 17	Trend
ED: 95% Treated within 4 Hours	95.0 %	97.0 %	96.0 %	▼
RTT: 90% Admitted within 18 weeks		88.9 %	87.9 %	▼
RTT: 95% Non-Admitted within 18 weeks		86.7 %	89.5 %	▲
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.1 %	▼
Monitor Risk Ratings (YTD)	2.0	3	2	▼
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	–
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
86.0%	88.1%	87.6%	88.5%	88.0%

RTT: 95% Non-Admitted within 18 weeks

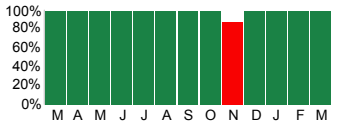
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
85.7%	88.4%	87.9%	86.6%	88.9%

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

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

Monitor - All Cancers

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

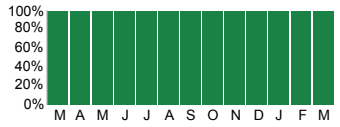


Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
100.0%	100.0%	100.0%	94.4%	100.0%

All Cancers: 31 day wait referral to treament

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

All Cancers: 31 day wait until subsequent treatments



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

Monitor - A&E 4 Hour Target

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
84.5%	95.0%	96.7%	93.1%	96.7%

Monitor - C difficile

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
0	0	0	1	0

Monitor - Data Completeness

No Data Available

Workforce

Mar 2017

Alder Hey Children's NHS Foundation Trust

Summary

In the previous month rates for medical appraisal have increased to 87% whilst PDR compliance for other staff has reduced to 59.2%. Rates of sickness absence have decreased to 4.8% however this is still slightly over target. Mandatory training compliance has decreased slightly to 75.4% however compliance with Corporate Welcome attendance has increased to 82.4%. Work continues to improve all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Last 12 Months
Add Prof Scientific and Technic	2.4%	2.9%	2.2%	4.1%	3.9%	5.5%	5.0%	5.9%	5.2%	5.0%	5.7%	5.0%	
Additional Clinical Services	7.0%	6.4%	5.8%	4.8%	5.2%	6.1%	7.0%	6.9%	6.9%	6.7%	5.4%	5.7%	
Administrative and Clerical	4.5%	4.1%	4.3%	4.9%	4.6%	5.0%	5.2%	4.4%	4.5%	4.4%	4.8%	3.3%	
Allied Health Professionals	2.6%	1.8%	3.0%	3.6%	2.2%	3.4%	3.1%	3.3%	4.3%	2.3%	2.2%	3.5%	
Estates and Ancillary	8.2%	10.5%	10.0%	10.8%	9.0%	7.9%	8.4%	8.6%	10.9%	9.1%	7.3%	8.9%	
Healthcare Scientists	2.3%	4.0%	2.2%	1.9%	1.4%	2.8%	2.2%	1.9%	2.0%	1.7%	3.7%	2.3%	
Medical and Dental	1.5%	1.4%	1.9%	2.6%	3.0%	2.7%	2.7%	2.0%	1.6%	2.3%	2.4%	1.9%	
Nursing and Midwifery Registered	6.7%	5.3%	4.7%	4.8%	5.4%	5.1%	5.7%	6.2%	6.1%	6.4%	6.1%	5.5%	
Trust	5.3%	4.8%	4.6%	4.9%	4.8%	5.0%	5.4%	5.4%	5.5%	5.4%	5.2%	4.8%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Last 12 Months
Add Prof Scientific and Technic	185	189	190	191	193	196	200	199	197	197	197	201	
Additional Clinical Services	355	354	353	353	360	369	365	368	367	371	373	377	
Administrative and Clerical	535	535	542	547	551	561	568	574	572	586	587	584	
Allied Health Professionals	126	126	126	127	126	125	126	126	129	131	131	130	
Estates and Ancillary	188	190	190	191	191	192	192	190	190	189	190	190	
Healthcare Scientists	101	100	103	104	103	105	105	106	108	107	107	107	
Medical and Dental	235	237	237	234	240	248	245	246	245	245	247	243	
Nursing and Midwifery Registered	937	944	943	938	938	975	974	972	974	974	983	971	

Staff in Post Headcount (rolling 12 Months)

Staff Group	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Last 12 Months
Add Prof Scientific and Technic	205	209	210	211	214	217	221	220	217	217	217	221	
Additional Clinical Services	420	420	417	415	422	431	430	431	430	435	439	443	
Administrative and Clerical	626	626	635	640	646	658	665	670	669	676	677	671	
Allied Health Professionals	155	156	155	156	155	154	155	155	160	162	162	160	
Estates and Ancillary	237	239	239	240	240	241	241	238	238	236	237	237	
Healthcare Scientists	111	110	113	114	112	114	114	116	118	117	117	117	
Medical and Dental	274	276	274	272	277	287	284	286	285	285	288	285	
Nursing and Midwifery Registered	1,060	1,066	1,067	1,063	1,063	1,099	1,100	1,098	1,096	1,097	1,107	1,095	

Finance

Temporary Spend ('000s) 1037 ▲

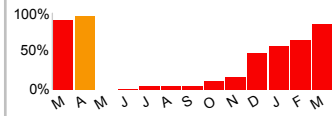
Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
3	3	3	2	3

Actual vs Planned Establishment (%) 95.1 % ▲

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
93.4%	88.7%	90.9%	88.8%	92.2%

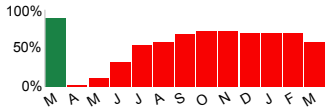
Appraisals

Medical Appraisal 87.0 % ▲ *(goal: 100.0 %)*



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90.5%	32.7%	5.2%	25.5%	68.5%

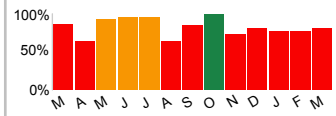
PDR 59.2 % ▼ *(goal: 90.0 %)*



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
90.1%	14.8%	62.7%	72.3%	67.2%

Training

Corporate Induction 82.4 % ▲ *(goal: 100.0 %)*



Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
83.5%	86.8%	81.5%	84.0%	79.5%

Mandatory Training 75.4 % ▼ *(goal: 90.0 %)*

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
82.8%	81.4%	76.1%	75.6%	77.1%

Health and Safety

RIDDOR 1 ▲

Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
6	2	3	1	3

Performance by CBU

Mar 2017

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	80.5%	88.3%	87.9%
Convenience and Choice: Slot Availability	100.0%	99.4%	95.3%
DNA Rate (Followup Appts)	10.4%	8.4%	8.2%
DNA Rate (New Appts)	11.2%	10.0%	9.7%
Referrals Received (GP)	383	826	1,269
Temporary Spend ('000s)	150	310	443
Theatre Utilisation - % of Session Utilised		85.4%	87.0%
Trading Surplus/(Deficit)	442	1,001	2,821

Patient

Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)		3.6	2.6
Average LoS - Non-Elective (Days)		1.6	2.6
Cancelled Operations - Non Clinical - On Same Day	0	3	28
Daycases (K1/SDCPREOP)	0	70	582
Diagnostics: % Completed Within 6 Weeks		99.6%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	8	27	22
OP Appointments Cancelled by Hospital %	21.1%	14.1%	13.6%
RTT: 90% Admitted within 18 weeks		91.5%	87.2%
RTT: 92% Waiting within 18 weeks (open Pathways)	94.4%	94.8%	90.9%
RTT: 95% Non-Admitted within 18 weeks	88.4%	90.9%	89.1%

Quality

Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores		99.0%	97.7%
Hospital Acquired Organisms - C.difficile	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0
Medication Errors (Incidents)	31	303	477

Workforce

Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction	100.0%	68.8%	94.1%
Mandatory Training	57.1%	79.7%	79.3%
PDR	67.0%	69.7%	45.1%
Sickness	6.1%	4.6%	4.5%

CBU Performance - Community

Mar 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	75.3%	72.0%	75.6%	74.7%	76.7%	76.9%	73.8%	79.5%	80.8%	74.1%	75.6%	80.6%	80.5%	
DNA Rate (New Appts)	17.3%	16.3%	14.4%	16.1%	15.9%	15.8%	12.6%	15.6%	12.8%	18.8%	14.8%	11.1%	11.2%	
DNA Rate (Followup Appts)	15.0%	13.8%	17.0%	15.0%	13.7%	16.7%	15.9%	14.0%	12.3%	17.9%	13.1%	11.4%	10.4%	
Convenience and Choice: Slot Availability	87.2%	85.3%	95.7%			92.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Referrals Received (GP)	313	282	345	316	264	200	313	306	393	298	268	334	383	
Temporary Spend ('000s)	106	117	116	88	85	149	144	37	60	47	77	72	150	
Trading Surplus/(Deficit)	383	233	200	317	280	371	244	355	341	415	410	256	442	

Patient

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	64.1%	77.0%	61.1%	74.2%	77.1%	80.9%	87.5%	77.4%	78.0%	80.2%	75.3%	73.1%	88.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	88.0%	87.2%	88.9%	87.1%	91.5%	89.6%	88.5%	82.5%	85.9%	92.3%	92.8%	93.1%	94.4%	
Average LoS - Elective (Days)									22.00					
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	6	1	1	3	12	18	29	23	29	1	9	19	8	
Daycases (K1/SDCPREOP)	1	0	0	2	0	2	0	0	0	3	0	0	0	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	19.7%	24.7%	18.8%	23.7%	17.9%	23.2%	22.9%	22.4%	17.0%	15.4%	14.2%	20.3%	21.1%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%		100.0%	100.0%	100.0%								

Quality

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Medication Errors (Incidents)	22	4	5	11	12	19	20	24	26	27	29	30	31	
Cleanliness Scores														
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Corporate Induction	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	86.7%	100.0%	72.7%	87.5%	87.5%	87.5%	100.0%	
PDR	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	77.1%	82.1%	81.4%	75.4%	77.2%	76.4%	67.0%	
Sickness	5.0%	5.1%	4.9%	5.7%	5.9%	5.5%	6.2%	7.6%	8.9%	7.1%	7.1%	6.9%	6.1%	
Mandatory Training	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	73.2%	71.1%	70.9%	72.1%	75.8%	78.0%	57.1%	

CBU Performance - Medicine (Part 1)

Mar 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Theatre utilisation, clinic DNA, clinic utilisation improvement from last month. The latter (88.3%) still requires focus. Outpatient appointments cancelled by hospital (14.1%) declining, but requires focus. Medication errors on trend. All workforce indicators require attention though sickness declined significantly since last month.

Support Required

None

Operational

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
Theatre Utilisation - % of Session Utilised	75.6%	80.0%	77.2%	78.5%	78.0%	75.8%	85.0%	80.1%	79.1%	80.1%	82.9%	79.1%	85.4%	
Clinic Session Utilisation	76.7%	79.3%	81.3%	83.8%	82.9%	81.6%	84.2%	86.2%	86.0%	81.9%	83.6%	84.9%	88.3%	
DNA Rate (New Appts)	14.2%	11.7%	12.8%	13.6%	14.7%	17.6%	14.6%	14.8%	12.7%	14.9%	14.2%	12.5%	10.0%	
DNA Rate (Followup Appts)	17.2%	17.0%	15.5%	15.0%	16.1%	18.8%	15.5%	13.6%	16.1%	18.6%	12.8%	11.5%	8.4%	
Convenience and Choice: Slot Availability	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	99.4%	98.1%	100.0%	99.6%	96.1%	86.5%	99.4%	
Referrals Received (GP)	768	731	739	756	605	566	625	653	732	563	679	593	826	
Temporary Spend ('000s)	307	243	393	231	246	272	272	230	229	164	499	333	310	
Trading Surplus/(Deficit)	-48	-389	-13	556	-690	-307	525	321	491	212	74	-101	1,001	

Patient

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	98.2%	95.2%	96.7%	95.8%	100.0%	89.6%	93.1%	87.6%	92.6%	100.0%	91.5%	
RTT: 95% Non-Admitted within 18 weeks	88.5%	91.3%	88.7%	88.4%	86.8%	86.4%	85.4%	88.6%	83.2%	84.7%	92.4%	89.3%	90.9%	
RTT: 92% Waiting within 18 weeks (open Pathways)	98.0%	97.2%	96.6%	95.6%	94.3%	93.3%	93.2%	95.1%	95.9%	96.6%	96.9%	96.0%	94.8%	
Average LoS - Elective (Days)	3.58	2.95	3.22	2.31	2.84	3.32	2.94	3.76	3.75	3.94	4.18	3.79	3.62	
Average LoS - Non-Elective (Days)	2.22	1.39	1.47	1.25	1.28	1.28	1.29	1.27	1.52	1.49	1.41	1.65	1.56	
Hospital Initiated Clinic Cancellations < 6 weeks notice	6	4	2	0	32	14	27	22	41	29	41	37	27	
Daycases (K1/SDCPREOP)	73	78	52	89	56	68	86	52	46	65	68	62	70	
Cancelled Operations - Non Clinical - On Same Day	4	4	0	1	1	1	4	1	8	4	6	6	3	
OP Appointments Cancelled by Hospital %	13.4%	14.8%	12.8%	12.6%	15.0%	14.7%	13.4%	14.7%	13.6%	14.2%	14.6%	14.9%	14.1%	
Diagnostics: % Completed Within 6 Weeks	99.5%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	76.9%	99.1%	99.5%	100.0%	99.7%	99.6%	

Quality

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
Medication Errors (Incidents)	349	31	54	76	92	114	146	168	198	228	251	270	303	
Cleanliness Scores	96.0%	97.8%	98.3%	95.0%	94.2%	95.0%	96.5%	95.8%	97.5%	97.0%	96.8%	96.8%	99.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	1	0	0	0	1	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Last 12 Months
Corporate Induction	83.3%	83.3%	85.7%	100.0%	100.0%	69.2%	80.0%	100.0%	85.0%	83.3%	75.0%	75.0%	68.8%	
PDR	91.7%	1.7%	15.2%	37.3%	75.1%	78.9%	81.6%	79.7%	79.4%	77.6%	76.7%	75.7%	69.7%	
Sickness	5.5%	5.5%	5.0%	4.4%	4.5%	4.5%	4.7%	4.9%	4.6%	4.7%	4.9%	5.2%	4.6%	
Mandatory Training	85.9%	85.5%	86.2%	85.0%	83.1%	80.1%	76.6%	76.9%	76.3%	76.4%	77.3%	79.2%	79.7%	

CBU Performance - Medicine (Part 2)

Mar 2017

Alder Hey Children's NHS Foundation Trust

Key Issues

Some imaging metrics have underperformed, but short and long-term actions in place to address over next 1 to 6 months.

Support Required

None

Patient

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	89.0%	96.0%	95.0%	93.0%	96.0%	97.0%	87.0%	
Imaging - % Reporting Turnaround Times - ED	91.0%	83.0%	65.0%	88.0%	93.0%	89.0%	89.0%	88.0%	87.0%	88.0%	88.0%	93.0%	90.0%	
Imaging - % Reporting Turnaround Times - Inpatients	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	85.0%	87.0%	76.0%	80.0%	86.0%	89.0%	90.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	89.0%	93.0%	93.0%	94.0%	97.0%	98.0%	94.0%	
Imaging - Waiting Times - MRI % under 6 weeks	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	90.0%	88.0%	90.0%	92.0%	92.0%	86.0%	85.0%	
Imaging - Waiting Times - CT % under 1 week	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	90.0%	86.0%	84.0%	81.0%	81.0%	77.0%	87.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	92.0%	93.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	88.0%	86.0%	85.0%	83.0%	83.0%	81.0%	87.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	91.0%	85.0%	100.0%	88.0%	88.0%	84.0%	93.0%	
BME - High Risk Equipment PPM Compliance	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	90.0%	90.4%	89.7%	93.0%	91.0%	91.1%	88.0%	
BME - Low Risk Equipment PPM Compliance	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	78.0%	77.0%	79.0%	80.0%	81.0%	80.8%	79.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	99.8%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	76.0%	74.0%	64.0%	56.0%	66.0%	64.0%	44.0%	45.0%	50.0%	51.0%	55.0%	50.0%	45.0%	
Pharmacy - Dispensing for Out Patients - Complex	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	98.0%	100.0%	98.0%	98.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Quality

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	91.3%	90.2%	89.0%	87.9%	87.5%	88.7%	87.9%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	100.0%	94.7%	100.0%	100.0%	80.0%	100.0%	100.0%	
Blood Traceability Compliance		98.4%	99.8%	99.9%	98.4%	100.0%	99.5%	100.0%	99.6%	99.8%	99.7%	98.8%	99.6%	

CBU Performance - Surgery

Mar 2017

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

4 out of 7 performance indicators have improved since the previous month. Clinic and theatre utilisation is close to the 90% standard. With targeted work in dental, plastics and paediatric surgery (clinic only) we expect to reach both standard in Q1
2017-18. Access standards are maintained in most departments, but remains challenging in spinal surgery. There is an approved plan for expansion in ENT and Ophthalmology waits in orthoptic and optometrist care but consultant-delivered activity requires further solutions.

Support Required

Reform HR electronic infrastructure to make it easier for busy frontline staff to complete the recording of completion of PDR and mandatory training.

Operational

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Theatre Utilisation - % of Session Utilised	85.0%	86.3%	86.6%	89.2%	85.7%	87.6%	88.3%	86.0%	86.1%	84.8%	87.2%	88.5%	87.0%	
Clinic Session Utilisation	75.3%	77.1%	88.3%	87.4%	85.7%	85.1%	85.0%	87.6%	88.7%	85.4%	86.7%	85.9%	87.9%	
DNA Rate (New Appts)	12.7%	10.8%	10.4%	10.9%	11.0%	12.1%	11.3%	10.1%	11.8%	13.3%	12.4%	11.9%	9.7%	
DNA Rate (Followup Appts)	13.2%	10.9%	9.7%	10.9%	11.3%	11.8%	10.5%	8.6%	9.0%	11.1%	8.6%	9.4%	8.2%	
Convenience and Choice: Slot Availability	95.3%	97.4%	96.7%	98.3%	95.4%	99.6%	99.1%	97.4%	100.0%	98.7%	100.0%	99.8%	95.3%	
Referrals Received (GP)	1,142	1,145	1,090	1,158	1,029	967	1,055	1,000	1,040	873	1,072	1,045	1,269	
Temporary Spend ('000s)	625	502	520	474	529	436	453	529	426	331	504	475	443	
Trading Surplus/(Deficit)	2,951	1,252	1,888	2,106	2,704	1,992	1,921	1,806	2,721	1,539	2,008	2,181	2,821	

Patient

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
RTT: 90% Admitted within 18 weeks	87.6%	87.5%	85.5%	87.0%	86.2%	85.4%	87.7%	87.9%	88.9%	88.1%	86.8%	87.0%	87.2%	
RTT: 95% Non-Admitted within 18 weeks	85.7%	90.1%	90.3%	89.5%	88.8%	90.8%	88.7%	87.0%	88.6%	89.7%	92.8%	88.1%	89.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	90.7%	90.7%	90.9%	91.3%	91.2%	91.9%	92.0%	92.1%	91.3%	90.4%	90.6%	90.6%	90.9%	
Average LoS - Elective (Days)	2.75	2.72	3.04	2.91	2.88	2.86	2.36	2.71	2.74	2.58	2.08	2.88	2.56	
Average LoS - Non-Elective (Days)	3.10	2.91	2.81	2.85	2.85	2.58	2.37	2.68	2.70	2.64	3.07	2.87	2.64	
Hospital Initiated Clinic Cancellations < 6 weeks notice	25	30	11	27	24	45	56	34	72	20	30	54	22	
Daycases (K1/SDCPREOP)	532	494	447	540	518	463	515	442	570	471	562	462	582	
Cancelled Operations - Non Clinical - On Same Day	43	26	28	15	19	13	12	21	20	8	11	23	28	
OP Appointments Cancelled by Hospital %	17.2%	16.9%	14.1%	13.0%	14.2%	14.4%	13.8%	14.8%	14.5%	13.7%	14.0%	14.1%	13.6%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Medication Errors (Incidents)	396	53	93	147	184	233	264	295	336	367	396	430	477	
Cleanliness Scores	96.3%	96.6%	95.6%	93.7%	95.1%	96.6%	96.6%	95.1%	97.9%	96.0%	96.1%	96.2%	97.7%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	1	0	0	0	0	

Workforce

Metric Name	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Last 12 Months
Corporate Induction	100.0%	60.0%	100.0%	88.9%	100.0%	64.0%	85.7%	100.0%	65.2%	71.4%	71.4%	71.4%	94.1%	
PDR	87.9%	5.6%	16.1%	38.4%	48.4%	51.4%	64.2%	63.4%	63.3%	61.1%	63.4%	64.2%	45.1%	
Sickness	5.9%	5.3%	4.4%	4.0%	4.7%	5.2%	5.7%	5.7%	5.9%	5.6%	5.7%	4.9%	4.5%	
Mandatory Training	86.3%	86.4%	87.5%	87.3%	83.7%	78.5%	75.0%	75.3%	75.7%	77.0%	77.5%	78.7%	79.3%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended March 2017

	In Month			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Income									
Elective	4,409	4,024	(384)	42,982	42,195	(786)	42,982	42,195	(786)
Non Elective	2,210	2,614	403	26,512	27,353	841	26,512	27,353	841
Outpatients	2,920	2,651	(269)	28,190	28,496	307	28,190	28,496	307
A&E	451	486	35	5,310	5,103	(207)	5,310	5,103	(207)
Critical Care	2,085	2,172	87	23,739	24,875	1,136	23,739	24,875	1,136
Non PbR Drugs & Devices	1,558	1,419	(139)	18,665	19,892	1,227	18,665	19,892	1,227
Excess Bed Days	406	390	(16)	4,765	4,919	154	4,765	4,919	154
CQUIN	245	288	43	2,942	3,097	155	2,942	3,097	155
Contract Sanctions	0	(3)	(3)	0	(48)	(48)	0	(48)	(48)
Private Patients	15	50	35	176	309	133	176	309	133
Other Clinical Income	3,058	3,362	303	34,058	36,487	2,430	34,058	36,487	2,430
Non Clinical Income									
Other Non Clinical Income	2,290	4,652	2,363	25,421	26,436	1,015	25,421	26,436	1,015
Total Income	**19,646**	**22,105**	**2,458**	**212,760**	**219,115**	**6,355**	**212,760**	**219,115**	**6,355**
Expenditure									
Pay Costs	(10,968)	(10,261)	707	(135,080)	(136,766)	(1,686)	(135,080)	(136,766)	(1,686)
Drugs	(1,386)	(1,456)	(70)	(16,414)	(19,431)	(3,017)	(16,414)	(19,431)	(3,017)
Clinical Supplies	(1,154)	(1,410)	(256)	(16,317)	(17,343)	(1,027)	(16,317)	(17,343)	(1,027)
Other Non Pay	(2,277)	(2,247)	31	(25,146)	(24,115)	1,032	(25,146)	(24,115)	1,032
PFI service costs	(299)	(147)	152	(3,526)	(2,635)	891	(3,526)	(2,635)	891
Total Expenditure	**(16,085)**	**(15,520)**	**564**	**(196,483)**	**(200,290)**	**(3,807)**	**(196,483)**	**(200,290)**	**(3,807)**
EBITDA	**3,562**	**6,585**	**3,023**	**16,277**	**18,825**	**2,548**	**16,277**	**18,825**	**2,548**
PDC Dividend	(97)	15	112	(1,161)	(981)	180	(1,161)	(981)	180
Depreciation	(534)	(474)	59	(6,333)	(5,576)	757	(6,333)	(5,576)	757
Finance Income	2	2	(0)	15	28	13	15	28	13
Interest Expense (non-PFI/LIFT)	(95)	(90)	6	(1,042)	(1,081)	(38)	(1,042)	(1,081)	(38)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(7,995)	(8,249)	(254)	(7,995)	(8,249)	(254)
MASS/Restructuring	0	(151)	(151)	0	(209)	(209)	0	(209)	(209)
Trading Surplus / (Deficit)	**2,172**	**5,199**	**3,027**	**(240)**	**2,757**	**2,996**	**(240)**	**2,757**	**2,996**
One-off normalising items									
Government Grants/Donated Income	211	528	317	2,352	2,681	329	2,352	2,681	329
Depreciation on Donated Assets	(172)	(155)	17	(1,990)	(1,814)	176	(1,990)	(1,814)	176
Fixed Asset Impairment	(1,920)	(2,239)	(319)	(1,920)	(2,239)	(319)	(1,920)	(2,239)	(319)
Gains/(Losses) on asset disposals	0	(29)	(29)	0	402	402	0	402	402
Reported Surplus/(Deficit)	**291**	**3,304**	**3,013**	**(1,798)**	**1,785**	**3,583**	**(1,798)**	**1,785**	**3,583**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	19,646	22,105	2,458	212,760	219,115	6,355	212,760	219,115	6,355
Expenditure £000	(17,474)	(16,906)	569	(212,999)	(216,358)	(3,359)	(212,999)	(216,358)	(3,359)
Trading Surplus/(Deficit) £000**	2,172	5,199	3,027	(240)	2,757	2,996	(240)	2,757	2,996
** Control Total									
WTE	2,958	2,970	(12)	2,958	2,970	(12)			
CIP £000	1,104	921	(183)	7,200	6,339	(861)	7,200	6,339	(861)
Cash £000	3,800	6,516	2,716	3,800	6,516	2,716			
CAPEX FCT £000	1,382	1,623	(241)	10,167	7,582	2,585	10,689	7,583	3,107
Use of Resources Risk Rating	3	2	1	3	2	1	3	2	1

Activity Volumes	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	2,803	2,388	(415)	26,950	25,361	(1,589)	26,950	25,361	(1,589)
Non Elective	1,362	1,458	96	16,071	15,754	(317)	16,071	15,754	(317)
Outpatients	20,808	18,992	(1,816)	199,463	199,377	(86)	199,463	199,377	(86)
A&E	4,757	5,345	588	55,899	58,145	2,246	55,899	58,145	2,246

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

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	FULL YEAR ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VAR TO REV BUDGET	ADJUSTED FROM REVENUE	NORMALISED FORECAST VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	**190**	**813**	**(623)**	**2,270**	**2,075**	**195**	**2,270**	**2,792**	**2,075**	**717**	**525**	**1,242**
RESEARCH & EDUCATION	**0**	**11**	**(11)**	**0**	**483**	**(483)**	**0**	**0**	**483**	**(483)**	**72**	**(411)**
ESTATES TOTAL CAPITAL	**190**	**824**	**(634)**	**2,270**	**2,558**	**(288)**	**2,270**	**2,792**	**2,558**	**234**	**597**	**831**
NETWORKING, INFRASTRUCTURE & OTHER IT	0	(115)	115	440	458	**(18)**	440	440	458	(18)	186	**168**
ELECTRONIC PATIENT RECORD	58	303	(245)	700	1,006	**(306)**	700	700	1,006	(306)	553	**247**
IM & T TOTAL CAPITAL	**58**	**188**	**(130)**	**1,140**	**1,464**	**(324)**	**1,140**	**1,140**	**1,464**	**(324)**	**739**	**415**
NON-MEDICAL EQUIPMENT	0	242	(242)	0	257	**(257)**	0	0	257	(257)	0	**(257)**
CHILDRENS HEALTH PARK	963	256	708	3,514	880	**2,634**	3,514	3,514	880	2,634	105	**2,739**
ALDER HEY IN THE PARK TOTAL	**1,093**	**701**	**392**	**6,275**	**3,462**	**2,813**	**6,275**	**6,275**	**3,462**	**2,813**	**105**	**2,918**
OTHER	**40**	**(91)**	**131**	**482**	**97**	**385**	**482**	**482**	**97**	**385**	**113**	**498**
CAPITAL PROGRAMME 16/17	***1,382***	***1,623***	***(241)***	***10,167***	***7,582***	***2,585***	***10,167***	***10,689***	***7,583***	***3,107***	***1,554***	***4,661***

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (case-mix)	Income Variance (volume)	
Surgery CBU	Audiology	Outpatient New	887	510	-377	£84,123	£48,357	-£35,766	-£26	-£35,740	
		Outpatient Follow-up	304	373	69	£28,696	£35,252	£6,557	-£0	£6,557	
		OP Procedure	2	0	-2	£180	£0	-£180	£0	-£180	
	Audiology Total		**1,192**	**883**	**-309**	**£112,999**	**£83,610**	**-£29,389**	**-£26**	**-£29,363**	
	Burns Care	Daycase	0	2	2	£179	£2,640	£2,461	-£784	£3,245	
		Elective	8	2	-6	£21,066	£2,861	-£18,205	-£2,215	-£15,990	
		Non Elective	28	25	-3	£71,687	£56,812	-£14,875	-£6,571	-£8,304	
		Outpatient New	39	24	-15	£7,752	£4,672	-£3,080	-£75	-£3,006	
		Outpatient Follow-up	109	90	-19	£12,386	£10,288	-£2,098	£16	-£2,114	
		Ward Attender	5	51	46	£590	£5,830	£5,240	£0	£5,240	
		Ward Based Outpatient	14	4	-10	£1,644	£457	-£1,187	£0	-£1,187	
		OP Procedure	0	14	14	£20	£1,751	£1,732	£2	£1,730	
	Burns Care Total		**204**	**212**	**8**	**£115,323**	**£85,310**	**-£30,013**	**-£9,627**	**-£20,386**	
	Cardiac Surgery	Elective	38	29	-9	£487,955	£368,216	-£119,738	-£3,868	-£115,870	Includes £12k estimated flex/freeze benefit
		Non Elective	10	17	7	£189,854	£284,416	£94,562	-£44,763	£139,325	Includes £25k estimated flex/freeze benefit
		Excess Bed Days	66	95	29	£29,397	£35,128	£5,731	-£7,327	£13,058	
		Outpatient New	12	9	-3	£8,794	£6,480	-£2,314	-£0	-£2,314	
		Outpatient Follow-up	42	45	3	£30,026	£32,400	£2,373	-£0	£2,373	
		Ward Attender	0	4	4	£0	£2,880	£2,880	£0	£2,880	
	Cardiac Surgery Total		**168**	**199**	**31**	**£746,025**	**£729,520**	**-£16,506**	**-£55,959**	**£39,453**	
	Cardiology	Daycase	13	16	3	£35,596	£53,801	£18,206	£10,109	£8,097	
		Elective	26	17	-9	£102,162	£74,213	-£27,948	£7,228	-£35,176	
		Non Elective	6	18	12	£27,693	£68,194	£40,501	-£16,179	£56,681	
		Excess Bed Days	18	63	45	£7,148	£24,908	£17,760	-£596	£18,356	
		Outpatient New	195	152	-43	£46,381	£36,196	-£10,185	-£41	-£10,144	
		Outpatient Follow-up	520	633	113	£68,664	£82,279	£13,615	-£1,346	£14,961	
		Ward Attender	14	40	26	£1,830	£5,200	£3,370	-£84	£3,454	
		Ward Based Outpatient	37	0	-37	£4,921	£0	-£4,921	£0	-£4,921	
	Cardiology Total		**828**	**939**	**111**	**£294,393**	**£344,791**	**£50,398**	**-£909**	**£51,307**	
	Dentistry	Daycase	125	147	22	£72,390	£81,556	£9,167	-£3,615	£12,781	
		Elective	14	0	-14	£8,785	£0	-£8,785	£0	-£8,785	
		Non Elective	1	0	-1	£1,242	£0	-£1,242	£0	-£1,242	
		Excess Bed Days	1	0	-1	£335	£0	-£335	£0	-£335	
		Outpatient New	146	133	-13	£5,230	£4,731	-£499	-£33	-£466	
		Outpatient Follow-up	187	84	-103	£6,649	£2,988	-£3,661	-£4	-£3,657	
		OP Procedure	39	26	-13	£6,305	£4,134	-£2,170	-£59	-£2,112	
	Dentistry Total		**513**	**390**	**-123**	**£100,936**	**£93,410**	**-£7,527**	**-£3,711**	**-£3,816**	
	ENT	Daycase	140	103	-37	£159,554	£124,132	-£35,422	£7,158	-£42,581	
		Elective	119	77	-42	£167,598	£109,324	-£58,274	£478	-£58,752	
		Non Elective	24	34	10	£36,792	£59,247	£22,455	£6,190	£16,265	
		Excess Bed Days	29	45	16	£11,578	£19,161	£7,583	£1,153	£6,430	
		Outpatient New	443	316	-127	£49,004	£35,160	-£13,844	£174	-£14,018	
		Outpatient Follow-up	638	423	-215	£43,534	£29,031	-£14,504	£152	-£14,655	
		Ward Attender	0	0	0	£21	£0	-£21	£0	-£21	
		Ward Based Outpatient	6	0	-6	£416	£0	-£416	£0	-£416	
		OP Procedure	219	301	82	£28,690	£37,952	£9,262	-£1,467	£10,729	
	ENT Total		**1,617**	**1,299**	**-318**	**£497,188**	**£414,007**	**-£83,181**	**£13,838**	**-£97,020**	
	Gynaecology	Daycase	1	3	2	£1,296	£2,046	£751	-£573	£1,323	
		Elective	1	0	-1	£813	£0	-£813	£0	-£813	
		Non Elective	0	1	1	£0	£3,013	£3,013	£0	£3,013	
		Outpatient New	30	24	-6	£4,283	£3,444	-£839	-£4	-£835	
		Outpatient Follow-up	49	31	-18	£4,620	£2,869	-£1,751	-£45	-£1,706	
		Ward Attender	0	0	0	£15	£0	-£15	£0	-£15	
		OP Procedure	0	0	0	£19	£0	-£19	£0	-£19	
	Gynaecology Total		**81**	**59**	**-22**	**£11,046**	**£11,372**	**£326**	**-£621**	**£948**	
	Intensive Care	Elective	1	1	0	£1,038	£1,165	£127	-£863	£989	
		Non Elective	16	19	3	£37,247	£111,472	£74,226	£68,569	£5,657	
		Excess Bed Days	38	43	5	£14,234	£15,591	£1,357	-£726	£2,084	
		Outpatient New	11	15	4	£8,203	£10,321	£2,118	-£749	£2,868	
		Outpatient Follow-up	43	108	65	£30,239	£79,620	£49,381	£3,739	£45,642	
		Ward Attender	0	1	1	£0	£737	£737	£0	£737	
		Ward Based Outpatient	6	0	-6	£3,904	£0	-£3,904	£0	-£3,904	
		OP Procedure	1	0	-1	£70	£0	-£70	£0	-£70	
		PICU	508	626	118	£908,529	£1,028,639	£120,110	£0	£120,110	
		HDU	416	444	28	£500,086	£559,972	£59,886	£0	£59,886	
		Cardiac HDU	256	256	0	£250,398	£199,034	-£51,364	£0	-£51,364	
		Cardiac ECMO	5	25	20	£16,824	£55,482	£38,658	£0	£38,658	
		Respiratory ECMO	8	7	-1	£49,740	£48,270	-£1,470	£0	-£1,470	
	Intensive Care Total		**1,307**	**1,545**	**238**	**£1,820,511**	**£2,110,303**	**£289,793**	**£69,969**	**£219,823**	
	Maxillo-Facial	Outpatient New	92	89	-3	£13,133	£12,720	-£413	-£50	-£363	
		Outpatient Follow-up	181	75	-106	£26,210	£11,355	-£14,855	£487	-£15,342	
		Ward Attender	0	0	0	£23	£0	-£23	£0	-£23	
		OP Procedure	0	0	0	£54	£0	-£54	£0	-£54	
	Maxillo-Facial Total		**273**	**164**	**-109**	**£39,420**	**£24,075**	**-£15,345**	**£438**	**-£15,782**	
	Neurosurgery	Daycase	1	3	2	£906	£1,605	£699	-£441	£1,140	
		Elective	22	28	6	£134,927	£94,180	-£40,747	-£78,232	£37,485	
		Non Elective	31	24	-7	£196,865	£158,222	-£38,643	£6,623	-£45,266	
		Excess Bed Days	74	62	-12	£24,733	£20,107	-£4,626	-£666	-£3,960	
		Outpatient New	83	66	-17	£7,464	£5,873	-£1,591	-£60	-£1,531	
		Outpatient Follow-up	229	186	-43	£20,017	£16,552	-£3,465	£297	-£3,761	
		Ward Attender	50	39	-11	£4,425	£3,471	-£955	£0	-£955	
		Ward Based Outpatient	0	0	0	£14	£0	-£14	£0	-£14	
		OP Procedure	0	0	0	£36	£0	-£36	£0	-£36	
		Neuro HDU	146	217	71	£142,626	£225,775	£83,149	£0	£83,149	
	Neurosurgery Total		**636**	**625**	**-11**	**£532,013**	**£525,785**	**-£6,228**	**-£72,479**	**£66,251**	
	Ophthalmology	Daycase	52	44	-8	£46,566	£41,911	-£4,656	£2,843	-£7,499	
		Elective	11	1	-10	£15,975	£1,171	-£14,804	-£226	-£14,578	
		Non Elective	2	0	-2	£2,362	£0	-£2,362	£0	-£2,362	
		Excess Bed Days	7	0	-7	£2,411	£0	-£2,411	£0	-£2,411	
		Outpatient New	384	281	-103	£58,270	£42,173	-£16,098	-£513	-£15,584	
		Outpatient Follow-up	1,429	1,330	-99	£142,558	£127,847	-£14,711	-£4,822	-£9,889	
		Ward Based Outpatient	3	0	-3	£281	£0	-£281	£0	-£281	
		OP Procedure	0	67	67	£81	£7,749	£7,668	-£3,833	£11,501	
	Ophthalmology Total		**1,888**	**1,723**	**-165**	**£268,505**	**£220,850**	**-£47,655**	**-£6,552**	**-£41,103**	
	Oral Surgery	Daycase	43	34	-9	£36,602	£29,473	-£7,130	£386	-£7,515	
		Elective	19	19	0	£41,644	£50,826	£9,182	£9,421	-£239	
		Non Elective	13	10	-3	£13,945	£8,846	-£5,099	-£2,008	-£3,091	
		Excess Bed Days	2	0	-2	£1,169	£0	-£1,169	£0	-£1,169	
	Oral Surgery Total		**77**	**63**	**-14**	**£93,361**	**£89,145**	**-£4,216**	**£7,799**	**-£12,015**	
	Orthodontics	Daycase	0	0	0	£112	£0	-£112	£0	-£112	
		Outpatient New	7	7	0	£1,078	£1,128	£50	-£3	£53	
		Outpatient Follow-up	21	60	39	£1,752	£4,897	£3,144	-£96	£3,240	
		OP Procedure	17	29	12	£2,154	£4,139	£1,984	£439	£1,545	
	Orthodontics Total		**45**	**96**	**51**	**£5,097**	**£10,164**	**£5,066**	**£340**	**£4,726**	
	Paediatric Surgery	Daycase	147	145	-2	£173,017	£175,652	£2,636	£5,370	-£2,734	
		Elective	59	38	-21	£252,495	£169,634	-£82,861	£8,263	-£91,125	
		Non Elective	126	151	25	£493,301	£445,529	-£47,772	-£143,359	£95,587	
		Excess Bed Days	256	69	-187	£101,297	£27,958	-£73,339	£705	-£74,044	
		Outpatient New	238	135	-103	£42,046	£23,865	-£18,181	-£32	-£18,149	
		Outpatient Follow-up	374	312	-62	£43,240	£35,726	-£7,514	-£373	-£7,141	
		Ward Attender	91	48	-43	£10,548	£5,491	-£5,057	-£63	-£4,994	
		Ward Based Outpatient	40	0	-40	£4,595	£0	-£4,595	£0	-£4,595	
		OP Procedure	0	1	1	£18	£178	£160	£64	£96	
		Neonatal HDU	155	240	85	£110,046	£110,046	-£0	£0	-£0	
	Paediatric Surgery Total		**1,487**	**1,139**	**-348**	**£1,230,603**	**£994,079**	**-£236,524**	**-£129,424**	**-£107,100**	
	Plastic Surgery	Daycase	82	91	9	£84,368	£99,731	£15,363	£6,159	£9,203	
		Elective	31	13	-18	£47,143	£16,902	-£30,241	-£2,814	-£27,427	
		Non Elective	105	82	-23	£129,658	£141,155	£11,497	£40,049	-£28,552	
		Excess Bed Days	4	26	22	£864	£7,197	£6,333	£1,305	£5,028	
		Outpatient New	294	264	-30	£41,908	£37,788	-£4,120	£214	-£4,335	
		Outpatient Follow-up	555	499	-56	£61,469	£54,484	-£6,986	-£749	-£6,237	
		Ward Attender	3	22	19	£348	£2,184	£1,836	-£263	£2,099	
		Ward Based Outpatient	13	4	-9	£1,409	£437	-£972	-£8	-£964	
		OP Procedure	82	191	109	£9,834	£24,225	£14,391	£1,389	£13,002	
	Plastic Surgery Total		**1,170**	**1,192**	**22**	**£377,002**	**£384,102**	**£7,100**	**£45,282**	**-£38,182**	
	Spinal Surgery	Daycase	0	1	1	£762	£1,071	£308	-£587	£895	
		Elective	17	13	-4	£439,204	£378,484	-£60,720	£35,141	-£95,861	
		Outpatient New	27	69	42	£4,578	£11,624	£7,046	-£29	£7,075	
		Outpatient Follow-up	94	92	-2	£9,958	£9,471	-£487	-£310	-£177	
		OP Procedure	0	1	1	£0	£172	£172	£0	£172	
	Spinal Surgery Total		**138**	**176**	**38**	**£454,502**	**£400,821**	**-£53,681**	**£34,215**	**-£87,896**	
	Trauma And Orthopaedics	Daycase	54	43	-11	£79,261	£63,322	-£15,939	£254	-£16,192	
		Elective	79	71	-8	£297,419	£305,414	£7,995	£39,231	-£31,236	

In-Month

	Trauma And Orthopaedics	Non Elective	66	38	-28	£165,594	£82,414	-£83,180	-£12,771	-£70,409	
		Excess Bed Days	37	36	-1	£12,735	£12,152	-£582	-£78	-£504	
		Outpatient New	925	880	-45	£139,391	£132,687	-£6,705	£32	-£6,737	
		Outpatient Follow-up	1,375	1,526	151	£138,784	£152,859	£14,075	-£1,195	£15,270	Activity high due to physio activity recorded under this spec
		Gait New	27	24	-3	£31,867	£28,128	-£3,739	-£34	-£3,704	
		Gait Follow-Up	22	32	10	£25,901	£37,504	£11,603	£90	£11,513	
		Ward Attender	0	0	0	£32	£0	-£32	£0	-£32	
		OP Procedure	53	190	137	£9,332	£42,734	£33,402	£9,384	£24,018	Activity high due to fracture clinic coding
	Trauma And Orthopaedics Total		**2,639**	**2,840**	**201**	**£900,316**	**£857,215**	**-£43,101**	**£34,912**	**-£78,013**	
	Urology	Daycase	180	248	68	£168,313	£218,537	£50,224	-£13,584	£63,808	
		Elective	16	17	1	£61,126	£70,958	£9,832	£4,538	£5,294	
		Non Elective	3	6	3	£11,179	£15,060	£3,881	-£6,031	£9,912	
		Excess Bed Days	6	0	-6	£2,409	£0	-£2,409	£0	-£2,409	
		Outpatient New	132	114	-18	£23,685	£20,508	-£3,176	-£23	-£3,153	
		Outpatient Follow-up	274	266	-8	£41,765	£39,831	-£1,935	-£689	-£1,245	
		Ward Attender	4	14	10	£643	£2,097	£1,453	-£36	£1,490	
		Ward Based Outpatient	0	1	1	£71	£150	£78	-£3	£81	
		OP Procedure	0	0	0	£27	£0	-£27	£0	-£27	
	Urology Total		**615**	**666**	**51**	**£309,218**	**£367,140**	**£57,922**	**-£15,829**	**£73,750**	
Surgery CBU Total			**14,879**	**14,210**	**-669**	**£7,908,458**	**£7,745,697**	**-£162,761**	**-£88,344**	**-£74,416**	
Medicine CBU	Accident & Emergency	Daycase	0	0	0	£184	£0	-£184	£0	-£184	
		Elective	0	0	0	£203	£0	-£203	£0	-£203	
		Non Elective	494	387	-107	£226,995	£273,174	£46,179	£95,464	-£49,285	
		Excess Bed Days	7	0	-7	£2,400	£0	-£2,400	£0	-£2,400	
		Outpatient New	264	164	-100	£89,120	£55,373	-£33,747	£102	-£33,849	
		Outpatient Follow-up	28	16	-12	£9,398	£5,402	-£3,996	-£0	-£3,996	
		Ward Attender	1	0	-1	£211	£0	-£211	£0	-£211	
		A&E Attendance	4,757	5,345	588	£451,907	£483,548	£31,641	-£24,218	£55,859	
	Accident & Emergency Total		**5,551**	**5,912**	**361**	**£780,418**	**£817,497**	**£37,079**	**£71,348**	**-£34,268**	
	Allergy	Outpatient New	80	61	-19	£18,328	£14,137	-£4,192	£90	-£4,282	
		Outpatient Follow-up	89	94	5	£12,585	£13,306	£721	£40	£681	
		Ward Attender	0	2	2	£57	£281	£224	-£1	£225	
		Ward Based Outpatient	0	0	0	£38	£0	-£38	£0	-£38	
		OP Procedure	0	0	0	£59	£0	-£59	£0	-£59	
	Allergy Total		**170**	**157**	**-13**	**£31,068**	**£27,723**	**-£3,345**	**£129**	**-£3,473**	
	Dermatology	Daycase	2	13	11	£1,520	£8,580	£7,060	£364	£6,696	
		Outpatient New	212	191	-21	£28,752	£25,820	-£2,932	-£28	-£2,904	
		Outpatient Follow-up	697	607	-90	£68,662	£59,775	-£8,887	-£38	-£8,849	
		Ward Attender	1	0	-1	£77	£0	-£77	£0	-£77	
		Ward Based Outpatient	10	13	3	£1,002	£1,271	£269	-£10	£279	
		OP Procedure	113	139	26	£13,015	£15,805	£2,789	-£175	£2,965	
	Dermatology Total		**1,036**	**963**	**-73**	**£113,028**	**£111,251**	**-£1,778**	**£112**	**-£1,890**	
	Diabetes	Outpatient New	38	4	-34	£8,052	£844	-£7,207	-£6	-£7,202	
		Outpatient Follow-up	3	26	23	£363	£2,568	£2,205	-£264	£2,469	
		Ward Based Outpatient	0	0	0	£51	£0	-£51	£0	-£51	
	Diabetes Total		**42**	**30**	**-12**	**£8,466**	**£3,413**	**-£5,053**	**-£270**	**-£4,783**	
	Endocrinology	Daycase	117	79	-38	£122,500	£84,525	-£37,975	£2,093	-£40,067	
		Elective	9	7	-2	£13,592	£7,600	-£5,992	-£2,419	-£3,573	
		Non Elective	3	1	-2	£4,019	£1,367	-£2,652	-£212	-£2,439	
		Excess Bed Days	14	0	-14	£5,178	£0	-£5,178	£0	-£5,178	
		Outpatient New	83	74	-9	£33,267	£29,626	-£3,641	-£78	-£3,564	
		Outpatient Follow-up	463	374	-89	£89,446	£72,657	-£16,789	£329	-£17,117	
		Ward Attender	21	8	-13	£4,022	£1,547	-£2,475	£0	-£2,475	
		Ward Based Outpatient	42	35	-7	£8,105	£6,770	-£1,335	£1	-£1,336	
	Endocrinology Total		**752**	**578**	**-174**	**£280,128**	**£204,092**	**-£76,037**	**-£287**	**-£75,750**	
	Epilepsy	Outpatient New	14	3	-11	£3,206	£664	-£2,541	-£2	-£2,540	
		Outpatient Follow-up	34	6	-28	£6,129	£1,061	-£5,068	-£36	-£5,032	
	Epilepsy Total		**48**	**9**	**-39**	**£9,334**	**£1,725**	**-£7,609**	**-£38**	**-£7,571**	
	Gastroenterology	Daycase	165	162	-3	£181,158	£181,058	-£100	£3,209	-£3,309	
		Elective	52	14	-38	£99,808	£24,210	-£75,598	-£2,614	-£72,984	
		Non Elective	11	11	0	£29,662	£25,384	-£4,278	-£3,651	-£627	
		Excess Bed Days	188	68	-120	£74,168	£26,558	-£47,610	-£310	-£47,299	
		Outpatient New	130	137	7	£34,484	£36,613	£2,128	£274	£1,855	
		Outpatient Follow-up	349	306	-43	£55,428	£47,730	-£7,698	-£882	-£6,816	
		Ward Attender	8	8	0	£1,213	£1,248	£35	-£19	£53	
		Ward Based Outpatient	266	56	-210	£42,046	£8,735	-£33,310	-£132	-£33,178	
	Gastroenterology Total		**1,168**	**762**	**-406**	**£517,967**	**£351,535**	**-£166,432**	**-£4,127**	**-£162,305**	
	Haematology	Daycase	30	40	10	£36,404	£40,990	£4,587	-£7,190	£11,776	
		Elective	4	3	-1	£26,486	£14,544	-£11,941	-£6,390	-£5,551	
		Non Elective	17	35	18	£51,951	£45,813	-£6,138	-£59,290	£53,152	
		Excess Bed Days	4	5	1	£1,803	£2,156	£353	-£12	£365	
		Outpatient New	28	29	1	£12,726	£13,029	£304	-£254	£558	
		Outpatient Follow-up	193	58	-135	£42,113	£12,632	-£29,481	-£26	-£29,455	
		Ward Attender	101	249	148	£22,014	£53,341	£31,327	-£1,006	£32,333	
		Ward Based Outpatient	0	0	0	£34	£0	-£34	£0	-£34	
		OP Procedure	0	0	0	£20	£0	-£20	£0	-£20	
	Haematology Total		**377**	**419**	**42**	**£193,549**	**£182,506**	**-£11,043**	**-£74,168**	**£63,125**	
	Immunology	Outpatient New	16	26	10	£3,745	£6,029	£2,284	£42	£2,242	
		Outpatient Follow-up	12	33	21	£1,678	£4,764	£3,086	£107	£2,979	
		Ward Attender	5	7	2	£754	£983	£229	-£5	£234	
		Ward Based Outpatient	21	26	5	£2,961	£3,650	£689	-£19	£708	
	Immunology Total		**54**	**92**	**38**	**£9,138**	**£15,426**	**£6,288**	**£125**	**£6,163**	
	Metabolic Disease	Outpatient New	6	4	-2	£2,442	£1,536	-£906	£0	-£906	
		Outpatient Follow-up	38	55	17	£14,731	£21,120	£6,389	£1	£6,388	
		Ward Based Outpatient	0	4	4	£0	£1,536	£1,536	£0	£1,536	
	Metabolic Disease Total		**45**	**63**	**18**	**£17,173**	**£24,192**	**£7,019**	**£1**	**£7,018**	
	Nephrology	Daycase	121	147	26	£77,888	£117,440	£39,552	£22,632	£16,920	
		Elective	40	5	-35	£25,311	£8,482	-£16,829	£5,299	-£22,128	
		Non Elective	4	6	2	£7,647	£13,208	£5,561	£1,936	£3,625	
		Excess Bed Days	18	8	-10	£6,692	£2,396	-£4,296	-£608	-£3,688	
		Outpatient New	20	37	17	£2,369	£4,367	£1,999	£0	£1,999	
		Outpatient Follow-up	160	198	38	£18,871	£23,372	£4,501	-£0	£4,501	
		Ward Attender	101	24	-77	£11,961	£2,833	-£9,128	£0	-£9,128	
		Ward Based Outpatient	72	59	-13	£8,509	£6,964	-£1,545	£0	-£1,545	
	Nephrology Total		**536**	**484**	**-52**	**£159,248**	**£179,063**	**£19,815**	**£29,258**	**-£9,443**	
	Neurology	Daycase	11	18	7	£12,345	£22,041	£9,695	£1,348	£8,348	
		Elective	8	16	8	£16,376	£25,504	£9,128	-£8,271	£17,399	
		Non Elective	9	8	-1	£17,164	£24,933	£7,770	£9,059	-£1,289	
		Excess Bed Days	56	12	-44	£22,730	£3,846	-£18,883	-£1,017	-£17,866	
		Outpatient New	115	113	-2	£31,859	£31,325	-£535	-£112	-£423	
		Outpatient Follow-up	332	278	-54	£90,812	£77,064	-£13,747	£1,069	-£14,816	
		Ward Attender	3	25	22	£780	£6,930	£6,150	£0	£6,150	
		Ward Based Outpatient	30	1	-29	£8,409	£277	-£8,132	£0	-£8,132	
	Neurology Total		**563**	**471**	**-92**	**£200,476**	**£191,921**	**-£8,554**	**£2,076**	**-£10,630**	
	Oncology	Daycase	226	130	-96	£172,239	£93,423	-£78,816	-£5,638	-£73,178	
		DCHEMO	176	144	-32	£58,700	£47,834	-£10,866	-£207	-£10,658	
		Elective	34	22	-12	£204,534	£151,850	-£52,684	£17,938	-£70,622	
		Non Elective	37	61	24	£94,497	£174,335	£79,839	£20,202	£59,637	
		Excess Bed Days	31	96	65	£14,131	£37,578	£23,447	-£6,034	£29,481	
		Outpatient New	13	14	1	£3,334	£3,625	£291	-£0	£291	
		Outpatient Follow-up	319	279	-40	£82,388	£72,244	-£10,144	£187	-£10,331	
		Ward Attender	18	59	41	£4,564	£15,277	£10,714	£40	£10,674	
		Ward Based Outpatient	23	20	-3	£5,977	£5,179	-£798	£13	-£812	
	Oncology Total		**877**	**825**	**-52**	**£640,362**	**£601,346**	**-£39,015**	**£26,502**	**-£65,518**	
	Paediatrics	Daycase	40	18	-22	£33,336	£8,905	-£24,431	-£6,144	-£18,287	
		Elective	17	4	-13	£18,739	£10,375	-£8,364	£5,891	-£14,255	
		Non Elective	283	453	170	£320,980	£510,922	£189,942	-£2,727	£192,670	
		Excess Bed Days	83	71	-12	£30,729	£22,590	-£8,139	-£3,789	-£4,349	
		Outpatient New	393	359	-34	£90,495	£82,875	-£7,620	£206	-£7,826	
		Outpatient Follow-up	539	534	-5	£75,994	£74,964	-£1,030	-£392	-£638	
		Ward Attender	23	0	-23	£3,200	£0	-£3,200	£0	-£3,200	
		Ward Based Outpatient	207	4	-203	£29,195	£562	-£28,633	-£3	-£28,630	
		OP Procedure	0	0	0	£40	£0	-£40	£0	-£40	
	Paediatrics Total		**1,584**	**1,443**	**-141**	**£602,707**	**£711,193**	**£108,485**	**-£6,959**	**£115,444**	
	Radiology	Daycase	138	144	6	£139,645	£255,549	£115,904	£109,386	£6,519	
		Elective	18	8	-10	£29,818	£32,355	£2,537	£19,043	-£16,506	
		Non Elective	3	2	-1	£19,467	£5,013	-£14,454	-£8,295	-£6,160	
		Excess Bed Days	65	0	-65	£26,299	£0	-£26,299	£0	-£26,299	
	Radiology Total		**223**	**154**	**-69**	**£215,229**	**£292,917**	**£77,688**	**£120,134**	**-£42,446**	
	Respiratory Medicine	Daycase	13	6	-7	£12,448	£5,682	-£6,767	-£255	-£6,512	
		Elective	6	2	-4	£14,949	£9,528	-£5,421	£4,773	-£10,194	
		Non Elective	67	68	1	£62,728	£67,727	£4,999	£3,812	£1,187	
		Excess Bed Days	52	33	-19	£16,392	£11,596	-£4,796	£1,130	-£5,926	
		Outpatient New	96	75	-21	£28,528	£22,227	-£6,301	-£93	-£6,207	
		Outpatient Follow-up	323	334	11	£48,571	£52,899	£4,327	£2,736	£1,591	
		Ward Attender	1	1	0	£164	£157	-£7	£7	-£14	
		Ward Based Outpatient	174	67	-107	£26,074	£10,520	-£15,554	£474	-£16,028	

In-Month

	Respiratory Medicine	OP Procedure	176	17	-159	£25,469	£2,745	-£22,724	£285	-£23,009
	Respiratory Medicine Total		**908**	**603**	**-305**	**£235,324**	**£183,081**	**-£52,243**	**£12,869**	**-£65,112**
	Rheumatology	Daycase	218	171	-47	£182,940	£141,627	-£41,313	-£1,674	-£39,639
		Elective	25	4	-21	£25,835	£5,647	-£20,188	£1,582	-£21,770
		Non Elective	2	1	-1	£1,534	£3,345	£1,812	£2,341	-£529
		Excess Bed Days	11	6	-5	£4,333	£2,588	-£1,745	£285	-£2,030
		Outpatient New	70	61	-9	£10,595	£9,174	-£1,421	-£10	-£1,411
		Outpatient Follow-up	213	234	21	£32,091	£35,191	£3,100	-£39	£3,139
		Ward Attender	32	12	-20	£4,821	£1,805	-£3,016	£0	-£3,016
		Ward Based Outpatient	16	34	18	£2,352	£5,113	£2,762	£0	£2,762
		OP Procedure	0	0	0	£19	£0	-£19	£0	-£19
	Rheumatology Total		**588**	**523**	**-65**	**£264,519**	**£204,490**	**-£60,029**	**£2,484**	**-£62,513**
	Sleep Studies	Elective	31	25	-6	£57,115	£42,956	-£14,159	-£2,678	-£11,481
		Excess Bed Days	0	3	3	£0	£917	£917	£0	£917
	Sleep Studies Total		**31**	**28**	**-3**	**£57,115**	**£43,873**	**-£13,242**	**-£2,678**	**-£10,564**
Medicine CBU Total			**14,552**	**13,516**	**-1,036**	**£4,335,250**	**£4,147,245**	**-£188,005**	**£176,511**	**-£364,516**
Community CBU	CAMHS	Elective	0	0	0	£304	£0	-£304	£0	-£304
		Outpatient New	246	179	-67	£0	£0	£0	£0	£0
		Outpatient Follow-up	1,226	1,648	422	£17,107	£11,744	-£5,363	-£11,259	£5,896
		Ward Based Outpatient	0	1	1	£0	£0	£0	£0	£0
	CAMHS Total		**1,472**	**1,828**	**356**	**£17,411**	**£11,744**	**-£5,667**	**-£11,259**	**£5,592**
	Community Medicine	Outpatient New	466	416	-50	£37,662	£23,913	-£13,749	-£9,678	-£4,071
		Outpatient Follow-up	918	769	-149	£5,601	£3,157	-£2,444	-£1,537	-£907
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£18	£0	-£18	£0	-£18
	Community Medicine Total		**1,385**	**1,185**	**-200**	**£43,282**	**£27,070**	**-£16,212**	**-£11,216**	**-£4,996**
Community CBU Total			**2,857**	**3,013**	**156**	**£60,693**	**£38,814**	**-£21,879**	**-£22,475**	**£596**
Grand Total			**32,288**	**30,739**	**-1,549**	**£12,304,401**	**£11,931,756**	**-£372,645**	**£65,691**	**-£438,336**

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

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (case-mix)	Income Variance (volume)	
Surgery CBU	Audiology	Outpatient New	8,502	6,537	-1,965	£806,552	£620,046	-£186,505	-£113	-£186,392	
		Outpatient Follow-up	2,911	3,688	777	£275,125	£348,458	£73,333	-£95	£73,428	
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95	
		OP Procedure	15	28	13	£1,725	£3,654	£1,929	£432	£1,497	
	Audiology Total		**11,428**	**10,254**	**-1,174**	**£1,083,402**	**£972,253**	**-£111,149**	**£224**	**-£111,373**	
	Burns Care	Daycase	1	70	69	£1,712	£142,164	£140,452	£22,324	£118,128	
		Elective	80	16	-64	£201,971	£41,154	-£160,816	£547	-£161,363	
		Non Elective	332	297	-35	£842,385	£792,584	-£49,801	£39,594	-£89,395	
		Excess Bed Days	0	4	4	£0	£861	£861	£0	£861	
		Outpatient New	376	195	-181	£74,323	£38,136	-£36,187	-£428	-£35,760	
		Outpatient Follow-up	1,041	844	-197	£118,754	£96,363	-£22,391	£36	-£22,427	
		Ward Attender	49	432	383	£5,656	£49,382	£43,726	-£0	£43,726	
		Ward Based Outpatient	138	79	-59	£15,767	£9,030	-£6,736	-£0	-£6,736	
		OP Procedure	1	49	48	£187	£6,168	£5,981	£46	£5,935	
	Burns Care Total		**2,018**	**1,986**	**-32**	**£1,260,755**	**£1,175,844**	**-£84,911**	**£62,120**	**-£147,032**	
	Cardiac Surgery	Elective	323	288	-35	£4,145,748	£3,538,497	-£607,251	-£156,687	-£450,564	Includes £12k estimated flex/freeze benefit
		Non Elective	126	152	26	£2,443,418	£2,632,566	£189,148	-£310,680	£499,829	Includes £25k estimated flex/freeze benefit
		Excess Bed Days	789	1,513	724	£352,767	£632,436	£279,669	-£43,728	£323,397	
		Outpatient New	107	131	24	£77,001	£94,319	£17,318	-£0	£17,318	
		Outpatient Follow-up	339	364	25	£244,316	£262,076	£17,760	-£0	£17,760	
		Ward Attender	0	21	21	£0	£15,120	£15,120	£0	£15,120	
		OP Procedure	0	4	4	£0	£686	£686	£0	£686	
	Cardiac Surgery Total		**1,685**	**2,473**	**788**	**£7,263,251**	**£7,175,700**	**-£87,550**	**-£511,095**	**£423,545**	
	Cardiology	Daycase	226	213	-13	£616,914	£684,622	£67,708	£102,963	-£35,255	
		Elective	266	216	-50	£1,047,810	£816,901	-£230,909	-£34,208	-£196,701	
		Non Elective	130	152	22	£607,303	£560,436	-£46,866	-£152,052	£105,186	
		Excess Bed Days	207	498	291	£83,992	£201,478	£117,486	-£122	£117,608	
		Outpatient New	1,993	1,821	-172	£475,212	£433,632	-£41,580	-£493	-£41,088	
		Outpatient Follow-up	4,894	6,160	1,266	£646,553	£800,695	£154,142	-£13,101	£167,242	
		Ward Attender	130	255	125	£17,228	£32,627	£15,400	-£1,053	£16,453	
		Ward Based Outpatient	351	87	-264	£46,337	£11,049	-£35,288	-£442	-£34,846	
		OP Procedure	0	3	3	£0	£501	£501	£0	£501	
	Cardiology Total		**8,198**	**9,405**	**1,207**	**£3,541,349**	**£3,541,942**	**£593**	**-£98,508**	**£99,101**	
	Dentistry	Daycase	1,198	1,274	76	£694,051	£727,309	£33,258	-£10,840	£44,098	
		Elective	135	18	-117	£84,233	£16,425	-£67,808	£5,226	-£73,033	
		Non Elective	13	3	-10	£14,595	£2,993	-£11,602	-£263	-£11,339	
		Excess Bed Days	13	1	-12	£3,938	£299	-£3,639	£0	-£3,639	
		Outpatient New	1,400	1,295	-105	£50,144	£46,063	-£4,081	-£325	-£3,756	
		Outpatient Follow-up	1,790	1,218	-572	£63,750	£43,324	-£20,426	-£62	-£20,364	
		Ward Attender	0	2	2	£0	£71	£71	£0	£71	
		OP Procedure	375	362	-13	£60,450	£58,302	-£2,148	-£81	-£2,066	
	Dentistry Total		**4,924**	**4,173**	**-751**	**£971,161**	**£894,787**	**-£76,374**	**-£6,346**	**-£70,028**	
	ENT	Daycase	1,347	1,229	-118	£1,529,760	£1,372,229	-£157,531	-£23,500	-£134,031	
		Elective	1,137	837	-300	£1,606,885	£1,235,002	-£371,883	£51,826	-£423,710	
		Non Elective	277	318	41	£432,336	£473,399	£41,063	-£22,840	£63,902	
		Excess Bed Days	340	357	17	£136,051	£165,989	£29,938	£23,127	£6,811	
		Outpatient New	4,244	3,301	-943	£469,834	£367,541	-£102,293	£2,071	-£104,364	
		Outpatient Follow-up	6,114	4,305	-1,809	£417,396	£295,564	-£121,832	£1,655	-£123,486	
		Ward Attender	3	9	6	£205	£480	£276	-£134	£410	
		Ward Based Outpatient	58	0	-58	£3,992	£0	-£3,992	£0	-£3,992	
		OP Procedure	2,100	3,434	1,334	£275,075	£435,370	£160,295	-£14,347	£174,642	
	ENT Total		**15,620**	**13,790**	**-1,830**	**£4,871,533**	**£4,345,574**	**-£525,959**	**£17,858**	**-£543,817**	
	Gynaecology	Daycase	14	27	13	£12,423	£19,490	£7,067	-£4,082	£11,148	
		Elective	7	15	8	£7,799	£21,994	£14,195	£4,051	£10,144	
		Non Elective	0	4	4	£0	£6,800	£6,800	£0	£6,800	
		Outpatient New	286	315	29	£41,064	£45,203	£4,139	-£47	£4,186	
		Outpatient Follow-up	471	518	47	£44,298	£47,940	£3,642	-£751	£4,393	
		Ward Attender	1	0	-1	£141	£0	-£141	£0	-£141	
		Ward Based Outpatient	0	1	1	£0	£93	£93	£0	£93	
		OP Procedure	1	0	-1	£179	£0	-£179	£0	-£179	
	Gynaecology Total		**781**	**880**	**99**	**£105,904**	**£141,519**	**£35,615**	**-£829**	**£36,444**	
	Intensive Care	Elective	5	13	8	£9,956	£29,239	£19,283	£2,880	£16,403	
		Non Elective	194	199	5	£437,681	£834,544	£396,863	£385,189	£11,674	
		Excess Bed Days	360	596	236	£136,469	£222,659	£86,190	-£3,505	£89,695	
		Outpatient New	107	190	83	£78,645	£138,597	£59,952	-£1,630	£61,582	
		Outpatient Follow-up	413	1,095	682	£289,922	£804,307	£514,385	£34,956	£479,429	
		Ward Attender	0	1	1	£0	£737	£737	£0	£737	
		Ward Based Outpatient	54	47	-7	£37,428	£34,649	-£2,779	£2,057	-£4,836	
		OP Procedure	6	26	20	£672	£4,080	£3,408	£1,166	£2,242	
		PICU	6,097	6,824	727	£10,902,344	£11,628,228	£725,884	£0	£725,884	
		HDU	4,989	4,667	-322	£6,001,033	£6,227,135	£226,102	£0	£226,102	
		Cardiac HDU	3,072	2,859	-213	£3,004,775	£2,266,956	-£737,819	£0	-£737,819	
		Cardiac ECMO	56	233	177	£201,889	£542,554	£340,665	£0	£340,665	
		Respiratory ECMO	90	81	-9	£596,880	£567,962	-£28,918	£0	-£28,918	
	Intensive Care Total		**15,442**	**16,831**	**1,389**	**£21,697,694**	**£23,301,649**	**£1,603,955**	**£421,113**	**£1,182,842**	
	Maxillo-Facial	Outpatient New	878	739	-139	£125,914	£102,031	-£23,882	-£3,998	-£19,885	
		Outpatient Follow-up	1,734	719	-1,015	£251,296	£109,988	-£141,308	£5,801	-£147,108	
		Ward Attender	1	1	0	£219	£133	-£85	-£13	-£73	
		OP Procedure	3	12	9	£517	£1,541	£1,024	-£529	£1,553	
	Maxillo-Facial Total		**2,616**	**1,471**	**-1,145**	**£377,946**	**£213,694**	**-£164,252**	**£1,261**	**-£165,513**	
	Neurosurgery	Daycase	13	19	6	£8,687	£14,395	£5,708	£1,440	£4,268	
		Elective	210	296	86	£1,293,647	£1,464,810	£171,163	-£357,835	£528,998	
		Non Elective	366	276	-90	£2,313,332	£1,800,270	-£513,063	£56,885	-£569,948	
		Excess Bed Days	867	621	-246	£290,637	£207,436	-£83,201	-£633	-£82,568	
		Outpatient New	796	762	-34	£71,565	£67,721	-£3,844	-£777	-£3,067	
		Outpatient Follow-up	2,196	2,048	-148	£191,914	£182,252	-£9,663	£3,268	-£12,931	
		Ward Attender	477	373	-104	£42,427	£33,104	-£9,323	-£89	-£9,234	
		Ward Based Outpatient	1	35	34	£133	£3,115	£2,981	£0	£2,981	
		OP Procedure	3	0	-3	£341	£0	-£341	£0	-£341	
		Neuro HDU	1,752	2,256	504	£1,711,518	£2,117,473	£405,955	£0	£405,955	
	Neurosurgery Total		**6,682**	**6,686**	**4**	**£5,924,202**	**£5,890,575**	**-£33,627**	**-£297,742**	**£264,115**	
	Ophthalmology	Daycase	503	353	-150	£446,467	£306,335	-£140,132	-£7,097	-£133,035	
		Elective	110	47	-63	£153,167	£71,039	-£82,128	£5,380	-£87,508	
		Non Elective	19	10	-9	£27,761	£14,368	-£13,392	£81	-£13,473	
		Excess Bed Days	78	0	-78	£28,330	£0	-£28,330	£0	-£28,330	
		Outpatient New	3,678	3,306	-372	£558,681	£513,459	-£45,221	£11,254	-£56,476	
		Outpatient Follow-up	13,702	11,997	-1,705	£1,366,806	£1,197,401	-£169,405	£686	-£170,091	
		Ward Attender	0	2	2	£0	£171	£171	£0	£171	
		Ward Based Outpatient	27	11	-16	£2,689	£938	-£1,752	-£158	-£1,593	
		OP Procedure	4	376	372	£778	£43,393	£42,616	-£21,606	£64,222	
	Ophthalmology Total		**18,121**	**16,102**	**-2,019**	**£2,584,678**	**£2,147,104**	**-£437,574**	**-£11,460**	**-£426,114**	
	Oral Surgery	Daycase	410	350	-60	£350,934	£321,490	-£29,444	£22,066	-£51,510	
		Elective	183	143	-40	£399,273	£443,463	£44,190	£131,838	-£87,647	
		Non Elective	151	95	-56	£163,864	£113,742	-£50,122	£10,628	-£60,750	
		Excess Bed Days	25	11	-14	£13,740	£5,536	-£8,204	-£507	-£7,697	
	Oral Surgery Total		**769**	**599**	**-170**	**£927,811**	**£884,232**	**-£43,579**	**£164,025**	**-£207,604**	
	Orthodontics	Daycase	1	2	1	£1,077	£1,085	£8	-£1,069	£1,077	
		Non Elective	0	1	1	£0	£980	£980	£0	£980	
		Outpatient New	64	61	-3	£10,338	£9,994	-£344	£136	-£480	
		Outpatient Follow-up	202	407	205	£16,800	£33,343	£16,543	-£524	£17,067	
		OP Procedure	162	301	139	£20,656	£40,354	£19,698	£1,955	£17,743	
	Orthodontics Total		**429**	**772**	**343**	**£48,872**	**£85,755**	**£36,884**	**£498**	**£36,386**	
	Paediatric Surgery	Daycase	1,413	1,417	4	£1,658,836	£1,713,373	£54,537	£49,299	£5,238	
		Elective	570	508	-62	£2,420,852	£2,047,230	-£373,623	-£110,037	-£263,586	
		Non Elective	1,486	1,710	224	£5,796,721	£5,248,471	-£548,250	-£1,420,392	£872,142	
		Excess Bed Days	3,014	1,274	-1,740	£1,190,329	£505,822	-£684,507	£2,629	-£687,136	
		Outpatient New	2,277	2,093	-184	£403,126	£369,994	-£33,133	-£495	-£32,637	
		Outpatient Follow-up	3,583	3,557	-26	£414,569	£407,257	-£7,312	-£4,285	-£3,027	
		Ward Attender	874	887	13	£101,129	£101,464	£335	-£1,162	£1,497	
		Ward Based Outpatient	381	102	-279	£44,060	£11,668	-£32,392	-£134	-£32,258	
		OP Procedure	1	12	11	£171	£2,064	£1,893	£698	£1,196	
		Neonatal HDU	1,861	2,881	1,020	£1,320,558	£1,320,557	-£1	£0	-£1	
	Paediatric Surgery Total		**15,461**	**14,441**	**-1,020**	**£13,350,351**	**£11,727,900**	**-£1,622,451**	**-£1,483,879**	**-£138,572**	
	Plastic Surgery	Daycase	787	960	173	£808,900	£1,004,671	£195,771	£17,543	£178,228	
		Elective	298	92	-206	£451,997	£187,317	-£264,681	£47,788	-£312,469	
		Non Elective	1,236	887	-349	£1,523,600	£1,244,668	-£278,932	£150,992	-£429,924	
		Excess Bed Days	45	63	18	£10,155	£19,647	£9,492	£5,370	£4,122	
		Outpatient New	2,823	2,633	-190	£401,802	£377,945	-£23,857	£3,208	-£27,065	
		Outpatient Follow-up	5,324	4,762	-562	£589,349	£519,942	-£69,407	-£7,147	-£62,261	
		Ward Attender	30	177	147	£3,335	£18,781	£15,445	-£907	£16,352	
		Ward Based Outpatient	121	49	-72	£13,508	£5,350	-£8,157	-£100	-£8,057	
		OP Procedure	789	1,561	772	£94,286	£196,236	£101,950	£9,603	£92,347	
	Plastic Surgery Total		**11,452**	**11,184**	**-269**	**£3,896,932**	**£3,574,557**	**-£322,375**	**£226,351**	**-£548,726**	
	Spinal Surgery	Daycase	4	6	2	£7,309	£12,759	£5,450	£2,815	£2,635	
		Elective	159	131	-28	£4,210,972	£3,852,422	-£358,550	£392,579	-£751,129	
		Non Elective	0	5	5	£0	£32,782	£32,782	£0	£32,782	
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795	
		Outpatient New	260	576	316	£43,888	£97,032	£53,143	-£246	£53,389	
		Outpatient Follow-up	898	969	71	£95,476	£99,755	£4,279	-£3,263	£7,542	
		OP Procedure	0	9	9	£0	£1,544	£1,544	£0	£1,544	

Year-to-date

	Spinal Surgery Total		**1,322**	**1,893**	**571**	**£4,357,646**	**£4,157,089**	**-£200,557**	**£391,885**	**-£592,442**	
	Trauma And Orthopaedics	Daycase	518	534	16	£759,936	£810,338	£50,402	£27,111	£23,291	
		Elective	761	653	-108	£2,851,569	£3,085,912	£234,343	£637,778	-£403,436	
		Non Elective	777	587	-190	£1,945,875	£1,504,883	-£440,992	£34,531	-£475,523	
		Excess Bed Days	440	353	-87	£149,646	£128,653	-£20,993	£8,727	-£29,720	
		Outpatient New	8,866	7,833	-1,033	£1,336,447	£1,181,061	-£155,387	£285	-£155,672	
		Outpatient Follow-up	13,181	16,424	3,243	£1,330,621	£1,637,593	£306,972	-£20,457	£327,429	Activity high due to physio activity recorded under this spec
		Gait New	260	289	29	£305,528	£338,708	£33,180	-£413	£33,593	
		Gait Follow-Up	212	275	63	£248,333	£322,300	£73,967	£770	£73,197	
		Ward Attender	3	16	13	£303	£1,369	£1,066	-£247	£1,313	
		Ward Based Outpatient	0	10	10	£0	£978	£978	£0	£978	
		OP Procedure	510	3,160	2,650	£89,476	£784,519	£695,044	£229,845	£465,199	Activity high due to fracture clinic coding
	Trauma And Orthopaedics Total		**25,528**	**30,134**	**4,606**	**£9,017,733**	**£9,796,313**	**£778,580**	**£917,930**	**-£139,350**	
	Urology	Daycase	1,724	2,564	840	£1,613,738	£2,432,487	£818,748	£32,653	£786,095	
		Elective	150	207	57	£586,056	£734,698	£148,641	-£74,060	£222,701	
		Non Elective	37	48	11	£131,363	£123,157	-£8,206	-£45,573	£37,367	
		Excess Bed Days	68	16	-52	£28,308	£6,696	-£21,612	£50	-£21,662	
		Outpatient New	1,261	1,198	-63	£227,081	£215,516	-£11,566	-£241	-£11,324	
		Outpatient Follow-up	2,629	2,825	196	£400,436	£423,016	£22,580	-£7,322	£29,902	
		Ward Attender	40	58	18	£6,167	£8,686	£2,519	-£150	£2,669	
		Ward Based Outpatient	4	49	45	£685	£7,338	£6,653	-£127	£6,779	
		OP Procedure	1	1	0	£259	£191	-£67	£19	-£86	
	Urology Total		**5,916**	**6,966**	**1,050**	**£2,994,094**	**£3,951,785**	**£957,691**	**-£94,751**	**£1,052,442**	
Surgery CBU Total			**148,392**	**150,040**	**1,648**	**£84,275,313**	**£83,978,272**	**-£297,041**	**-£301,343**	**£4,303**	
Medicine CBU	Accident & Emergency	Daycase	2	1	-1	£1,767	£1,294	-£473	£579	-£1,051	
		Elective	2	1	-1	£1,944	£23,276	£21,332	£22,304	-£972	
		Non Elective	5,809	4,572	-1,237	£2,667,391	£3,225,057	£557,666	£1,125,597	-£567,931	
		Excess Bed Days	78	45	-33	£28,202	£17,693	-£10,509	£1,366	-£11,875	
		Outpatient New	2,535	1,918	-617	£854,458	£647,594	-£206,864	£1,188	-£208,052	
		Outpatient Follow-up	267	126	-141	£90,105	£42,543	-£47,563	-£0	-£47,563	
		Ward Attender	6	0	-6	£2,025	£0	-£2,025	£0	-£2,025	
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338	
		OP Procedure	0	1	1	£0	£134	£134	£0	£134	
		A&E Attendance	55,899	58,145	2,246	£5,310,304	£5,116,359	-£193,944	-£407,317	£213,373	
	Accident & Emergency Total		**64,598**	**64,810**	**212**	**£8,956,195**	**£9,074,287**	**£118,092**	**£743,717**	**-£625,625**	
	Allergy	Outpatient New	763	645	-118	£175,728	£149,324	-£26,404	£796	-£27,200	
		Outpatient Follow-up	855	869	14	£120,658	£123,178	£2,520	£544	£1,976	
		Ward Attender	4	9	5	£547	£1,264	£716	-£7	£723	
		Ward Based Outpatient	3	4	1	£365	£562	£197	-£3	£200	
		OP Procedure	4	27	23	£570	£3,620	£3,050	£200	£2,850	
	Allergy Total		**1,629**	**1,554**	**-75**	**£297,868**	**£277,946**	**-£19,922**	**£1,530**	**-£21,452**	
	Dermatology	Daycase	23	29	6	£14,573	£19,737	£5,163	£1,409	£3,754	
		Non Elective	0	1	1	£0	£626	£626	£0	£626	
		Outpatient New	2,037	1,893	-144	£275,668	£255,974	-£19,695	-£208	-£19,487	
		Outpatient Follow-up	6,681	6,857	176	£658,313	£671,581	£13,268	-£4,105	£17,372	
		Ward Attender	7	0	-7	£739	£0	-£739	£0	-£739	
		Ward Based Outpatient	97	87	-10	£9,603	£8,504	-£1,099	-£69	-£1,030	
		OP Procedure	1,085	1,063	-22	£124,788	£121,772	-£3,016	-£434	-£2,582	
	Dermatology Total		**9,931**	**9,930**	**-1**	**£1,083,685**	**£1,078,194**	**-£5,491**	**-£3,406**	**-£2,085**	
	Diabetes	Outpatient New	363	95	-268	£77,196	£20,054	-£57,143	-£134	-£57,008	
		Outpatient Follow-up	32	226	194	£3,485	£22,326	£18,841	-£2,298	£21,139	
		Ward Attender	0	1	1	£0	£99	£99	£0	£99	
		Ward Based Outpatient	4	0	-4	£490	£0	-£490	£0	-£490	
	Diabetes Total		**400**	**322**	**-78**	**£81,171**	**£42,478**	**-£38,693**	**-£2,432**	**-£36,261**	
	Endocrinology	Daycase	1,126	1,071	-55	£1,174,494	£1,155,054	-£19,440	£37,522	-£56,962	
		Elective	91	60	-31	£130,316	£79,094	-£51,222	-£6,781	-£44,441	
		Non Elective	30	24	-6	£47,226	£60,884	£13,657	£22,976	-£9,319	
		Excess Bed Days	165	290	125	£60,846	£103,593	£42,747	-£3,297	£46,044	
		Outpatient New	795	728	-67	£318,956	£291,453	-£27,503	-£766	-£26,737	
		Outpatient Follow-up	4,434	3,630	-804	£857,583	£712,562	-£145,021	£10,548	-£155,569	
		Ward Attender	199	197	-2	£38,563	£38,104	-£459	£5	-£464	
		Ward Based Outpatient	402	921	519	£77,706	£178,140	£100,434	£24	£100,410	
		OP Procedure	0	4	4	£0	£686	£686	£0	£686	
	Endocrinology Total		**7,242**	**6,925**	**-317**	**£2,705,689**	**£2,619,569**	**-£86,120**	**£60,231**	**-£146,351**	
	Epilepsy	Outpatient New	138	98	-40	£30,735	£21,706	-£9,028	-£52	-£8,977	
		Outpatient Follow-up	321	176	-145	£58,760	£31,113	-£27,648	-£1,070	-£26,577	
	Epilepsy Total		**460**	**274**	**-186**	**£89,495**	**£52,819**	**-£36,676**	**-£1,122**	**-£35,554**	
	Gastroenterology	Daycase	1,582	1,470	-112	£1,736,895	£1,688,069	-£48,826	£74,252	-£123,078	
		Elective	499	314	-185	£956,932	£575,847	-£381,085	-£25,768	-£355,317	
		Non Elective	132	97	-35	£348,558	£271,089	-£77,469	£15,049	-£92,518	
		Excess Bed Days	2,206	802	-1,404	£871,535	£319,384	-£552,151	£2,495	-£554,646	
		Outpatient New	1,246	1,049	-197	£330,624	£280,340	-£50,284	£2,097	-£52,381	
		Outpatient Follow-up	3,345	2,582	-763	£531,428	£402,739	-£128,689	-£7,444	-£121,245	
		Ward Attender	73	213	140	£11,633	£33,226	£21,593	-£503	£22,096	
		Ward Based Outpatient	2,546	1,067	-1,479	£403,121	£166,441	-£236,680	-£2,520	-£234,159	
	Gastroenterology Total		**11,630**	**7,594**	**-4,036**	**£5,190,726**	**£3,737,136**	**-£1,453,590**	**£57,658**	**-£1,511,249**	
	Haematology	Daycase	290	355	65	£349,027	£371,367	£22,340	-£56,229	£78,569	
		Elective	36	38	2	£253,939	£150,573	-£103,366	-£114,601	£11,235	
		Non Elective	203	238	35	£610,468	£355,418	-£255,050	-£359,282	£104,232	
		Excess Bed Days	49	188	139	£21,188	£64,409	£43,221	-£17,116	£60,338	
		Outpatient New	266	285	19	£122,012	£131,416	£9,404	£870	£8,534	
		Outpatient Follow-up	1,850	627	-1,223	£403,768	£137,670	-£266,098	£828	-£266,927	
		Ward Attender	967	2,213	1,246	£211,061	£474,069	£263,007	-£8,941	£271,949	
		Ward Based Outpatient	1	17	16	£327	£3,642	£3,315	-£69	£3,383	
		OP Procedure	1	0	-1	£187	£0	-£187	£0	-£187	
	Haematology Total		**3,665**	**3,961**	**296**	**£1,971,977**	**£1,688,563**	**-£283,414**	**-£554,541**	**£271,126**	
	Immunology	Outpatient New	156	214	58	£35,905	£49,539	£13,634	£260	£13,374	
		Outpatient Follow-up	114	378	264	£16,088	£54,705	£38,617	£1,361	£37,256	
		Ward Attender	51	198	147	£7,227	£27,797	£20,570	-£145	£20,714	
		Ward Based Outpatient	201	562	361	£28,393	£78,899	£50,506	-£411	£50,916	
	Immunology Total		**522**	**1,352**	**830**	**£87,614**	**£210,940**	**£123,327**	**£1,066**	**£122,261**	
	Metabolic Disease	Outpatient New	61	53	-8	£23,412	£20,352	-£3,060	£0	-£3,060	
		Outpatient Follow-up	368	355	-13	£141,239	£135,936	-£5,303	-£380	-£4,923	
		Ward Attender	0	1	1	£0	£384	£384	£0	£384	
		Ward Based Outpatient	0	50	50	£0	£19,200	£19,200	£0	£19,200	
	Metabolic Disease Total		**429**	**459**	**30**	**£164,651**	**£175,872**	**£11,221**	**-£380**	**£11,600**	
	Nephrology	Daycase	1,158	1,184	26	£746,766	£1,011,972	£265,206	£248,347	£16,859	
		Elective	381	86	-295	£242,677	£148,382	-£94,295	£93,632	-£187,927	
		Non Elective	48	71	23	£89,863	£157,575	£67,712	£24,180	£43,532	
		Excess Bed Days	209	154	-55	£78,635	£63,171	-£15,464	£5,346	-£20,810	
		Outpatient New	192	300	108	£22,711	£35,294	£12,583	-£118	£12,700	
		Outpatient Follow-up	1,533	1,682	149	£180,929	£198,543	£17,615	-£2	£17,617	
		Ward Attender	972	833	-139	£114,678	£98,327	-£16,350	-£0	-£16,350	
		Ward Based Outpatient	691	792	101	£81,584	£93,488	£11,904	£0	£11,904	
		OP Procedure	0	1	1	£0	£172	£172	£0	£172	
	Nephrology Total		**5,184**	**5,103**	**-81**	**£1,557,843**	**£1,806,924**	**£249,082**	**£371,385**	**-£122,303**	
	Neurology	Daycase	103	129	26	£118,363	£152,572	£34,210	£4,274	£29,936	
		Elective	74	105	31	£157,013	£190,371	£33,359	-£31,279	£64,637	
		Non Elective	102	102	0	£201,687	£320,764	£119,077	£118,363	£714	
		Excess Bed Days	659	1,896	1,237	£267,094	£709,542	£442,448	-£58,899	£501,347	
		Outpatient New	1,098	1,119	21	£305,459	£309,921	£4,461	-£1,382	£5,843	
		Outpatient Follow-up	3,185	2,769	-416	£870,676	£767,317	-£103,359	£10,372	-£113,731	
		Ward Attender	27	171	144	£7,481	£47,403	£39,922	£0	£39,922	
		Ward Based Outpatient	291	112	-179	£80,628	£31,048	-£49,580	£0	-£49,580	
	Neurology Total		**5,539**	**6,403**	**864**	**£2,008,400**	**£2,528,938**	**£520,537**	**£41,450**	**£479,088**	
	Oncology	Daycase	2,167	1,079	-1,088	£1,651,377	£1,145,884	-£505,493	£323,681	-£829,174	
		DCHEMO	1,687	2,071	384	£562,796	£687,945	£125,149	-£2,981	£128,130	
		Elective	322	333	11	£1,961,013	£2,058,420	£97,408	£31,487	£65,921	
		Non Elective	439	612	173	£1,110,418	£1,385,896	£275,478	-£160,492	£435,970	
		Excess Bed Days	366	574	208	£166,048	£237,118	£71,070	-£23,645	£94,715	
		Outpatient New	123	89	-34	£31,963	£23,046	-£8,918	-£0	-£8,918	
		Outpatient Follow-up	3,059	3,297	238	£789,913	£853,207	£63,294	£1,697	£61,597	
		Ward Attender	169	613	444	£43,755	£158,730	£114,976	£412	£114,564	
		Ward Based Outpatient	222	138	-84	£57,307	£35,734	-£21,573	£93	-£21,666	
	Oncology Total		**8,554**	**8,806**	**252**	**£6,374,590**	**£6,585,981**	**£211,390**	**£170,251**	**£41,139**	
	Paediatrics	Daycase	382	321	-61	£319,618	£179,226	-£140,391	-£89,156	-£51,235	
		Elective	160	39	-121	£179,665	£90,913	-£88,752	£47,196	-£135,948	
		Non Elective	3,326	4,192	866	£3,771,797	£4,720,994	£949,196	-£32,249	£981,445	
		Excess Bed Days	793	1,387	594	£294,617	£522,757	£228,140	£7,436	£220,704	
		Outpatient New	3,768	3,714	-54	£867,643	£857,375	-£10,267	£2,131	-£12,398	
		Outpatient Follow-up	5,163	4,972	-191	£728,612	£698,414	-£30,198	-£3,217	-£26,982	
		Ward Attender	217	86	-131	£30,678	£12,074	-£18,605	-£63	-£18,542	
		Ward Based Outpatient	1,984	483	-1,501	£279,913	£67,808	-£212,104	-£353	-£211,752	
		OP Procedure	3	22	19	£380	£3,648	£3,268	£862	£2,407	
	Paediatrics Total		**15,797**	**15,216**	**-581**	**£6,472,922**	**£7,153,209**	**£680,287**	**-£67,411**	**£747,698**	
	Radiology	Daycase	1,319	1,498	179	£1,338,877	£2,518,856	£1,179,979	£998,348	£181,631	
		Elective	172	66	-106	£285,890	£168,650	-£117,240	£58,820	-£176,060	
		Non Elective	34	20	-14	£228,753	£176,219	-£52,534	£43,146	-£95,680	
		Excess Bed Days	758	318	-440	£309,038	£129,102	-£179,936	-£492	-£179,444	
	Radiology Total		**2,284**	**1,902**	**-382**	**£2,162,558**	**£2,992,827**	**£830,269**	**£1,099,822**	**-£269,553**	
	Respiratory Medicine	Daycase	121	252	131	£119,352	£215,900	£96,547	-£33,452	£129,999	
		Elective	60	23	-37	£143,325	£56,180	-£87,145	£1,503	-£88,648	
		Non Elective	784	1,061	277	£737,108	£1,243,072	£505,964	£245,812	£260,152	
		Excess Bed Days	607	1,023	416	£192,620	£378,765	£186,145	£54,322	£131,823	

Year-to-date

	Respiratory Medicine	Outpatient New	919	698	-221	£273,516	£207,075	-£66,441	-£652	-£65,789	
		Outpatient Follow-up	3,101	2,706	-395	£465,690	£429,199	-£36,491	£22,792	-£59,283	
		Ward Attender	10	39	29	£1,574	£6,124	£4,550	£276	£4,274	
		Ward Based Outpatient	1,667	1,283	-384	£249,993	£201,457	-£48,537	£9,070	-£57,606	
		OP Procedure	1,687	1,060	-627	£244,192	£181,751	-£62,440	£28,361	-£90,801	
	Respiratory Medicine Total		**8,957**	**8,145**	**-812**	**£2,427,370**	**£2,919,523**	**£492,153**	**£328,031**	**£164,122**	
	Rheumatology	Daycase	2,093	2,058	-35	£1,753,980	£1,628,373	-£125,607	-£96,268	-£29,339	
		Elective	244	48	-196	£247,703	£99,166	-£148,537	£50,381	-£198,919	
		Non Elective	18	14	-4	£18,021	£27,122	£9,101	£13,059	-£3,958	
		Excess Bed Days	133	260	127	£50,913	£97,233	£46,320	-£2,559	£48,879	
		Outpatient New	675	690	15	£101,580	£103,468	£1,889	-£414	£2,303	
		Outpatient Follow-up	2,044	2,067	23	£307,681	£310,555	£2,875	-£642	£3,517	
		Ward Attender	307	217	-90	£46,222	£32,033	-£14,189	-£602	-£13,587	
		Ward Based Outpatient	150	203	53	£22,547	£30,379	£7,832	-£150	£7,982	
		OP Procedure	1	16	15	£179	£2,681	£2,502	£770	£1,731	
	Rheumatology Total		**5,664**	**5,573**	**-91**	**£2,548,826**	**£2,331,011**	**-£217,815**	**-£36,424**	**-£181,391**	
	Sleep Studies	Daycase	0	3	3	£0	£4,168	£4,168	£0	£4,168	
		Elective	300	229	-71	£547,606	£369,153	-£178,453	-£48,853	-£129,600	
		Non Elective	0	6	6	£0	£21,188	£21,188	£0	£21,188	
		Excess Bed Days	0	305	305	£0	£117,543	£117,543	£0	£117,543	
	Sleep Studies Total		**300**	**543**	**243**	**£547,606**	**£512,053**	**-£35,553**	**-£48,853**	**£13,299**	
Medicine CBU Total			**152,786**	**148,872**	**-3,914**	**£44,729,186**	**£45,788,269**	**£1,059,083**	**£2,160,572**	**-£1,101,489**	Note that physio income is within T&O (Surgery)
Community CBU	CAMHS	Elective	3	0	-3	£2,916	£0	-£2,916	£0	-£2,916	
		Outpatient New	2,358	2,715	357	£0	£427	£427	£427	£0	
		Outpatient Follow-up	11,751	18,255	6,504	£164,019	£136,891	-£27,128	-£117,918	£90,790	
		Ward Attender	0	3	3	£0	£0	£0	£0	£0	
		Ward Based Outpatient	0	2	2	£0	£0	£0	£0	£0	
	CAMHS Total		**14,112**	**20,975**	**6,863**	**£166,935**	**£137,318**	**-£29,617**	**-£117,491**	**£87,874**	
	Community Medicine	Outpatient New	4,472	3,761	-711	£361,097	£213,510	-£147,587	-£90,186	-£57,401	
		Outpatient Follow-up	8,798	7,520	-1,278	£53,705	£45,059	-£8,646	-£847	-£7,799	
		Ward Attender	0	16	16	£0	£0	£0	£0	£0	
		Ward Based Outpatient	10	0	-10	£0	£0	£0	£0	£0	
		OP Procedure	1	0	-1	£171	£0	-£171	£0	-£171	
	Community Medicine Total		**13,281**	**11,297**	**-1,984**	**£414,973**	**£258,569**	**-£156,404**	**-£91,033**	**-£65,371**	
Community CBU Total			**27,393**	**32,272**	**4,879**	**£581,908**	**£395,887**	**-£186,021**	**-£208,525**	**£22,504**	
Grand Total			**328,570**	**331,184**	**2,614**	**£129,586,407**	**£130,162,428**	**£576,021**	**£1,650,704**	**-£1,074,683**	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday, 2 May 2017

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2017/18 BAF Report
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF update report
Action/Decision required	The Board is asked to note the April position relating to the Board Assurance Framework
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	By 2020, we will: ➢ be internationally recognised for the quality of our care ***(Excellence in Quality)*** ➢ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities ***(Patient Centred Services)*** ➢ have a fully engaged workforce that is actively driving quality improvement ***(Great Talented Teams)*** ➢ be a world class, child focussed centre of research & innovation expertise to improve the health and wellbeing outcomes for babies, children & young people ***(International Research, Innovation & Education)*** ➢ have secured sustainable long term financial and service growth supported by a strong international business ***(Growing our Services and Safeguarding Core Business)***
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Alder Hey Children's NHS
NHS Foundation Trust

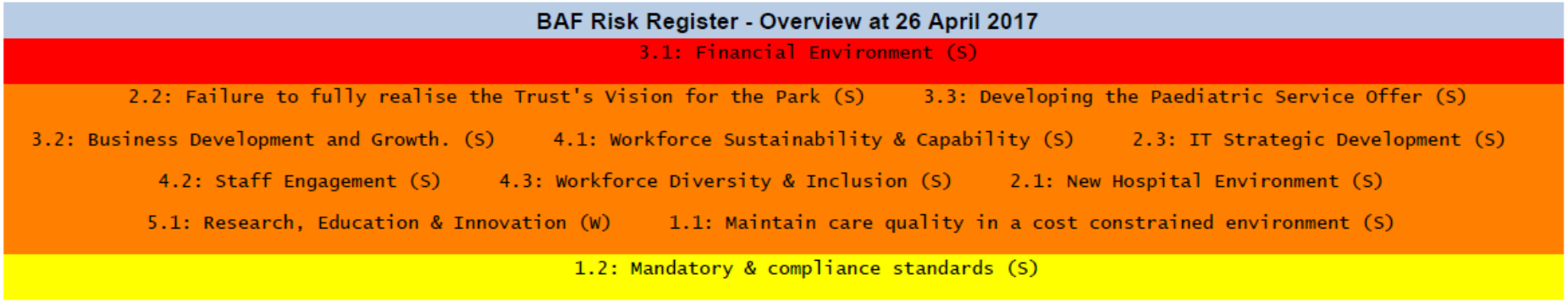
Board Assurance Framework 2017/18

1. Purpose

This report is a summary of the current Board Assurance Framework (BAF) for review and discussion.

2. Review of the BAF

The diagram below gives a high level view of the current version, followed by a summary and a brief on the changes since the last Board meeting. The full document is included as Appendix A.



Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Excellence in Quality					
1.1 HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 MB	**Mandatory & Compliance Standards**	5-1	3-2	STATIC	BETTER
STRATEGIC PILLAR: Patient Centred Services					
2.1 DP	**New Hospital Environment**	4-2	4-1	STATIC	STATIC
2.2 DP	**Failure to fully realise the Trust's Vision for the Park**	4-2	4-1	STATIC	STATIC
2.3 JG	**IT Strategic Development**	3-4	3-2	STATIC	STATIC
STRATEGIC PILLAR: Growing our Services & Safeguarding Core Business					
3.1 JG	**Financial Environment**	5-4	4-2	STATIC	STATIC
3.2 JG	**Business Development & Growth**	4-3	4-2	STATIC	STATIC
3.3 SR	**Developing the Paediatric Service Offer**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: Great Talented Teams					
4.1 MS	**Workforce Sustainability & Capability**	4-3	4-2	STATIC	STATIC
4.2 MS	**Staff Engagement**	3-3	3-2	STATIC	STATIC
4.3 MS	**Workforce Diversity & Inclusion**	3-3	3-1	STATIC	STATIC
STRATEGIC PILLAR: International Innovation, Research & Education					
5.1 DP	**Research, Education & Innovation**	4-2	4-1	STATIC	**WORSE**

Changes since April 2017 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static.

External risks

- ***Business development and growth (DH)***
  No change in-month.

- ***Mandatory and compliance standards (ES)***
  All access targets achieved at 31/3. Letter of congrats received from SoS for most improved ED 4 hour performance.

- ***Developing the Paediatric Service Offer (DH)***
  The ODN recommendation single service, single workforce, two site model has been accepted by NHS England and AH and LWH are now working on an implementation plan together with Alder Hey leading. There will be a need for some Capital funding to support the reconfiguration of the ICU and the number of cots required. This is a key work stream of the Trusts Change Programme for 2017/18. Alder Hey has been awarded a Management Contract for 6 months to deliver the LCH Community Services.

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  PEWS Policy approved and training programme commenced (ward 3C) for nursing and medical teams. Monthly monitoring in place.

- ***New Hospital Environment (DP)***
  Review of progress at Liaison Committee.

- ***Financial Environment (JG)***
  16/17 control overachieved. 17/18 risks remain as CIP £4m, Activity run rate £3m, pay cost pressures (ward related) £3m

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Shortlisted - first step as preferred bidder

- ***IT Strategic Development (JG)***
  Email confirmation from NHSE highlighting treasury approval - awaiting final confirmation

- ***Workforce Sustainability & Capability (MS)***
  Apprenticeship PID approved at WOD. Draft Education Strategy presented to Education Governance Committee.

- ***Staff Engagement (MS)***
  Progress continues with LiA and development of C&E Project. Quarterly Temperature Check launched.

- ***Workforce Diversity & Inclusion (MS)***
  Scoping apprenticeship opportunities for local communities as part of our strategy development.

- ***Research, Education & Innovation (DP)***
  Issue around charitable commitment now resolved - letter of intent to be re-issued.

Erica Saunders
Director of Corporate Affairs
May 2017

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Maintain care quality in a cost constrained environment
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led			
Exec Lead: Hilda Gwilliams	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maintain appropriate levels of care quality in a cost constrained environment.

Existing Control Measures

• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality section of Corporate Report scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report.
• Refresh of CQAC to provide a more performance focussed approach	• Changes to ESR to underpin workforce information -
• New Change Programme established - associated workstreams subject to sub-committee assurance reporting	• Robust risk & governance processes from Ward to Board, linked to NHSI Single Oversight Framework
• Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign	• External review on IPCC issues to eradicate reportable HAIs
• "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC)	• Quarterly 'themes' report from Weekly Meeting of Harm shared within meeting & CQSG as multidisciplinary engagement and cross-organisational learning.

Assurance Evidence	Gaps in Controls/Assurance
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016 PEWS audit scores on improvement trajectory	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static. Roll out of support structure for Sepsis 6 yet to be fully implemented

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Heads of Quality to take forward Quality Ward Accreditation Programme in 17/18 (as part of devolved governance)	
Successfully implement all Change Programme workstreams to improve efficiency and flow	16/17 year-end reports to CQAC. Actions to carry forwards into 17/18 change programme in association with PIDs and milestone trackers.
Roll out PFCC model for all appropriate services	PFCC model now forms part of transformation toolkit
Continue to maintain nurse staffing pool	Ongoing
Support structure for Sepsis to be fully implemented	Sepsis is now a national CQUIN for 17/18 and built into the Change Programme (17/18). Business Case Developed & submitted for discussion/approval (Fri 31/3)

Executive Lead's Assessment

APR 2017:

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Erica Saunders		**Type:** Internal, Known	Current IxL: 5-1	Target IxL: 3-1	Trend: BETTER

Risk Description

Failure to deliver on all mandatory and compliance standards due to lack of engagement with internal throughput plans and targets

Existing Control Measures

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Emergency Planning & Resilience meetings in pace
• CBU Executive Review Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: NHSI, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board
• Early Warning indicators now in place	• Weekly performance meetings in place to track progress
• 6 weekly meetings with commissioners (CQPG)	• Revised CBU leadership structure to implement clinically led leadership team for CBU

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD Compliance assessment against Monitor Provider Licence to go to Board CBU / Executive performance reviews Exceptions discussed / resolved at Ops Board Quarterly Report to NHSI	Critical Care bed capacity Some areas remain fragile e.g. IG toolkit, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC Junior Doctor Rotas

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Ensure divisional governance embedded and working effectively to reflect ward to board reporting	Awaiting the implementation of the Matron roles in each CBU
Plans to ensure performance sustained across the year need to be embedded and maintained	
Review bed capacity and staffing model for seasonal variation	The Winter Plan was effective. Planning for next winter to commence early

Executive Lead's Assessment

APR 2017: All access targets achieved at 31/3. Letter of congrats received from SoS for most improved ED 4 hour performance.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Strong Foundations	Risk Title: New Hospital Environment		
Related CQC Themes: Safe, Effective, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to deliver world class healthcare due to constraints of new environment

Existing Control Measures

• Regular Fix-It Team reports to Execs, CQAC & IGC	• Interserve Reports & representation at Health & Safety Committee
• Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards	• Fix-It Team governed by a Steering Group (meets monthly)
• Joint Energy Committee to monitor performance & compliance	• Joint Water Committee to monitor performance & compliance
• Survey of all departmental users to assess quality of service	• Review of Charter compliance or liaison committee

Assurance Evidence	Gaps in Controls/Assurance
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly. Further meeting arranged to review energy performance Partnership Charter Liaison Committee - meeting minutes	Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Finalisation of external (wider) review	On-site review conducted 24 Jan 2017
Closure of legacy commissioning issues	Case study review session with Project Co. and service users scheduled 8 Feb 2017
Reviewing Health & Safety interface with Estates and Building Services Team	In progress
review of probation items	Reviewed at Liaison Committee
conduct series of surveys (1 per quarter) to assess progress.	First survey planned for June 2017

Executive Lead's Assessment

APR 2017: Review of progress at Liaison Committee

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Strong Foundations	Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures

• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	

Assurance Evidence	Gaps in Controls/Assurance
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Broaden stakeholder engagement	Produced & circulated newsletter. Held 3 meetings of Shadow Board
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	Meeting held with LCC Team. Heads of Terms under review
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Review of income opportunities under way
Agree a way forward on planning with LCC	
Develop a Planning Process Communication Strategy	Held first Communication Strategy Meeting
Confirm arrangements for the CIC to run the Park.	

Executive Lead's Assessment

APR 2017: Shortlisted - first step as preferred bidder

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Strong Foundations		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: John Grinnell	**Type:** Internal, Known		Current IxL: 3-4	Target IxL: 3-3	Trend: STATIC

Risk Description
Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare

Existing Control Measures	
• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Investment in IM&T Team (2016/17 budget)

Assurance Evidence	**Gaps in Controls/Assurance**
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews	IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016 - Strategy update deferred pending consultation with new restructure CBU leadership teams and outcome of Global Digital Excellence bid.

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
IM&T Strategy development & approval	Trust GDE bid submitted and approved by Board and NHSE Nov / Dec 2016. NHSE undertaking due diligence review pre sign off and approval of funding agreement. Full I&MT strategy to be updated Q4 2016/17
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	changes to software tracked by and reported to the Clinical Informatics Steering Group
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	
Conclude the review of IM&T Infrastructure	currently being reviewed in relation to GDE bid and business case

Executive Lead's Assessment
APR 2017: email confirmation from NHSE highlighting treasury approval - awaiting final confirmation

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Strong Foundations		Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: John Grinnell		**Type:** Internal, Known	Current IxL: 5-4	Target IxL: 3-4	Trend: STATIC

Risk Description

Failure to deliver Trust control total and Risk rating Rating

Existing Control Measures

• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Capital Planning Review Group
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	• COO Task & Finish Group targeted at increasing activity in line with planned levels
• CIP subject to programme assessment and sub-committee performance management	

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & specialty performance results	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP Based on month 7 run rate performance (£0.3m adrift in month overall from recovery profile) and update projections and risks reported by Clinical Business Units, heightened risk of failure to deliver target control. In order to address emerging risk CBU control targets issued to address risk profile gap of circa £2.7m. (£3.7m gross but £1m mitigation identified).

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Focus on activity delivery	Recovery plans under development and review
Improve delivery of clinical business developments to meet local CCG outsome needs, e.g. as part of Healthy Liverpool, to achieve and exceed financial targets	COO task & finish group established; targeted at increasing activity in line with planned levels
Plans to address CIP shortfall - scheme PIDs to be complete by end of May - progressing against milestones agreed	Trust in discussions with NHSI re. formal approval of required £8m interim cash support

Executive Lead's Assessment

APR 2017: 16/17 control overachieved. 17/18 risks remain as CIP £4m, Activity run rate £3m, pay cost pressures (ward related) £3m

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Debbie Herring	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description	
Risk to business development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities	
Existing Control Measures	
• CBU Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 2016 Change Programme Projects (Strategic Partnerships & International Clinical Business and non NHS Patient Services)
• Five year plan agreed by Board and Governors in 2014	• Capacity Plan identifies beds and theatres required to deliver BD Plan.
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	
Assurance Evidence	**Gaps in Controls/Assurance**
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Workshop held in June to identofy options for bridging business development gap	Alternative schemes being developed. Report to RABD
Identify models and services to provide to non NHS patients / commercial offers	Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases
Executive Lead's Assessment	
APR 2017: No change in-month.	

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Debbie Herring	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration and potential loss of accreditation of key specialist services

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Current derogations secured in relation to specialist service specs.
• Growing Through External Partnerships - Change Programme Workstream (All Projects)	• Change Programme - 7 Day Working Project
• The 'Out Of Hours' Group will steer a 6-month review of the shape of general paediatrics	

Assurance Evidence	Gaps in Controls/Assurance
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level. Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Develop a strong Community Service offering for Children in Liverpool.	Alder Hey has been awarded a Management Contract for 6 months to deliver the LCH Community Services
Strengthening the paediatric workforce	New Medical Director and Associate COO for Medicine look at strengthening Paediatric, Medical and Senior Nurse recruitment and retention. Executive team agreed immediate actions to bolster the general paediatric workforce pending the 7-day working review.

Executive Lead's Assessment

APR 2017: The ODN recommendation single service, single workforce, two site model has been accepted by NHS England and AH and LWH are now working on an implementation plan together with Alder Hey leading. There will be a need for some Capital funding to support the reconfiguration of the ICU and the number of cots required. This is a key work stream of the Trusts Change Programme for 2017/18.
Alder Hey has been awarded a Management Contract for 6 months to deliver the LCH Community Services.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** The Best People Doing Thier Best Work	Risk Title: Workforce Sustainability & Capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time

Existing Control Measures

• Compliance tracked through the corporate report and CBU dashboards	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• Mandatory Training reviewed in February 2017.	• Mandatory training records available online and mapped to Core Skills Framework
• Permanent nurse staffing pool	• 'Best People Doing our Best Work' Steering Group implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas. Not meeting compliance target in relation to mandatory training in specific areas No proactive assessment of impact on clinical practice Sickness Absence levels higher than target. No formalised Education Strategy

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Build and sustain leadership capacity and capability	Management and Leadership Development Strategy Year 2 planning underway. Year 1 evaluation underway.
Sickness Policy refreshed	Training for managers on Sickness Absence Policy ongoing
Develop the Education Strategy	Education Governance Committee implemented. Draft Strategy in discussion
Task & Finish Group to review prior action failures and identify solution	completed
Review mandatory training programme - July 2016	Review completed. Action plan to address ESR reporting issues being implemented.
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Apprenticeship Strategy ratified and under implementation. Corporate objective agreed to support a succession planning process for business critical roles by end Dec 17

Executive Lead's Assessment

APRIL 2017: planning underway to support apprenticeship roll out. successful Recruitment Day for nursing, resulting in over 40 nurses being appointed.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** The Best People Doing Thier Best Work		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures

• Internal Communications Strategy.	• Refine Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Temperature Check Reports to Board (quarterly)
• Values based PDR process	• People Strategy Reports to Board (monthly)
• Listening into Action methodology	• Staff surveys analysed and followed up (shows improvement)

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Quarterly Engagement Temperature Check reported to the Board. Quarterly Engagement Temperature Check local data now sent to CBUs on a quarterly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Reward & Recognition schemes embedded

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Analysis of Staff Survey	Teams undertaking local staff survey conversation in March and April 17.
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	LiA Year 2 progress, actions linked to Trust objectives and values.
Communications and Engagement Project to be included in the Change Programme for 17/18.	High Level plan presented to Board March 17

Executive Lead's Assessment

April 17: Progress continues with LiA and development of C&E Project. Quarterly Temperature Check launched.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** The Best People Doing Thier Best Work	Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description
Failure to proactively develop a future workforce that reflects the diversity of the local population

Existing Control Measures	
• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards EDS Publication	Recruitment Strategy to focus on specific groups

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Increase declaration rates with Equality Act 2010	completed
Work with partner organisations to develop effective BME recruitment strategy	being addressed through BME task and finish group
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support
Support the BAME staff with their plans to develop a BME network, identified through LiA	BAME network LiA event has taken place, with actions being progressed.
Diversity Task and Finish Group	Task and Finish group have identified a number of actions and are working through their action plan.

Executive Lead's Assessment
April 17: scoping apprenticeship opportunities for local communities as part of our strategy development.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** Game-Changing Research And Innovation	Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: WORSE

Risk Description

Failure to develop a cohesive approach to research, innovation & education.

Existing Control Measures

• Establishment of RIEC Steering Board	• Steering Board reporting through to Trust Board
• RABD review of contractual arrangements	• Programme assurance via regular Programme Board scrutiny
• Digital Exemplar budget completed and reconciled	• Innovation Co budget in place

Assurance Evidence	Gaps in Controls/Assurance
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team	Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Work with our charity colleagues to raise the profile of our research and innovation capability.	Presentation to Board of Charity Trustees
Educational Partnerships to be cemented	Academy proposals to be discussed Feb 2017
Develop a robust commercial Education Business Model	First cut academy model completed
Finalise digital exemplar budget and reconcile with charity contribution	Budget completed & reconciled
Refine Innovation Co proposal and produce draft budget	Draft budget in place
Turn Outline Business Case for Academy into definitive action plan	drafted for discussion 9 March
Establish pipeline structure for sensors including finances	Proposal submitted to UoL and LJMU
Appoint Academy Leadership Team	
Launch Innovation Co. and secure funding	
Execute plan to increase research portfolio	
Execute contract for RIE with back to back arrangements with the Charity and HEIs	

Executive Lead's Assessment

APR 2017: Issue around charitable commitment now resolved - letter of intent to be re-issued.

Alder Hey Children's NHS
NHS Foundation Trust

Resource and Business Development Committee
Minutes of the meeting held on: **Wednesday 29th March 2017**, **at 0930**
Room 5, Level 1 Mezzanine

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Claire Dove	Non-Executive Director	CD
	Claire Liddy	Acting Director of Finance	CL
	Melissa Swindell	Director of HR	MS
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Louise Dunn	Director of Marketing	LD
	Debbie Herring	Director of Strategy	DH
	Laurence Murphy	Head of contracting	LM
	Phil O'Connor	Deputy Director of Nursing	POC
	Erica Saunders	Director of Corporate Affairs	ES
	Lachlan Stark	Head of Planning and Performance	LS
	Rick Turnock	Medical Director	RT
	Julie Tsao	Committee Administrator	EJ
Agenda item:	Joe Gibson	External Programme	JG
	David Powell	Development Director	DP
	Graham Dixon	Head of Building	GD
Apologies:	Mags Barnaby	Interim Chief Operating Officer	MB
	Peter Young	External IM&T Consultant	PY

16/17/210 Minutes of the previous meeting held on 1st March 2017
Resolved:
RABD received and approved the minutes of the previous meeting.

16/17/211 Matters Arising and Action log
Outstanding actions from the last meeting had been included in the log.

16/17/212 Performance
Resolved:
RABD received the activity plan, actual activity and re-forecast plan for each of the CBUs for Month 11.

16/17/213 Finance report
For the month of February the Trust is reporting a trading surplus of £0.5m which is behind plan by £0.2m, this had mainly been due to the school half term. Income is ahead of plan by £0.2m but is offset by higher than budgeted expenditure. The year to date deficit is £2.4m which is in line with plan (control total).

The Use of Resources risk rating is 3 in line with plan and cash in the bank of £7.2m.

The final chance to signal an overachievement control total was within month 11 return which was submitted on the 15th March. NHSI have previously confirmed signalling an overachievement does not result in a formal control total change and therefore there are no punitive measures if the forecast overachievement is not reached. Therefore in light of the best case scenario detailed in the table above the Trust signalled to NHSI the possibility of overachieving on the Control Total by £1m which would result in additional STF income of a further £1m therefore a total overachievement of £2m.

The report included the top ten organisations owing payment to the Trust. Following circulation of the report both Liverpool Women's and Liverpool University had paid their outstanding invoices. A mediation process regarding a dispute with Liverpool CCG for

£275.25 that dated back to 2015/16 was due to commence. Claire Liddy agreed to keep RABD updated on the dispute.

Month 11 was an underspend against plan in month of £348k. Revised forecast figures for the year had been updated in line with the latest demolition tender figures received and amended activity timings. Estates forecast figures have been amended to reflect budget slippage and approved overspends for the year. As there would be no further technical adjustments to month 12 the report would include the underlying position (deficit).

An item on the capital replacement programme was on the agenda for the Operational Delivery Board meeting to be held tomorrow. Following approval the plans would be presented at the April RABD.

Month 11 Agency, Bank and Locum spend had reduced from the previous month whilst both overtime and WLI had increased. Phil O'Connor reported on a recruitment event held on Saturday and the good position the Trust was in. 30 nurses would start in post in May with a further 100 nurses taking up posts through September and October.

Resolved RABD:
Received and noted the content of the Finance report for month 11.

Corporate report
Resolved RABD:
Received and noted the contents of the CR report for February month 11.

16/17/214 Agree Key Priority Areas for 2017/18
Resolved:
It was agreed this item would be deferred until the April meeting.

16/17/215 Programme Assurance
Joe Gibson presented a summary sheet with the 6 overarching workstreams, the projects that report to them and the subcommittees of the Board each workstream reports to. RABD went through the three workstreams reporting to the committee:

Growing through External Partnerships
A discussion was held on the STP projects, as STP was currently been worked through there was uncertainty as to when the Trust would receive a financial benefit. Joe Gibson and Debbie Herring agreed to discuss this further outside of the meeting.

Solid Foundations
As there was currently no definition for STP Corporate services it was agreed this project would be reviewed at the July meeting to confirm if there had been any further development.

Park, Community Estate and Facilities
All previous projects would continue into 2017/18.

Research and Education phase II
Resolved:
David Powell presented a paper on the latest position with regards to the funding for the new build.

16/17/216 2017/18 CIP
The risk adjusted forecast delivery is £4.4m in year, with further opportunities identified of £2.2m and a gap of £1.4m against the £8.0m target. A discussion was held to identify schemes above £8.0m to account for slippage.

CIP targets have been allocated to Business Units, main areas of risk included: activity, run rate and medicine.

Resolved:
RABD noted the CIP forecast for Q1 is on track, it is essential that focus remains on planning and preparation for delivery of schemes to achieve the full £8.0m savings.

16/17/217 Monthly Debt Write Off
The monthly debt write offs for March totalled to £289.19.

As requested the number of overpayments received for this month had been included. The total of historic payments received is over £32K.

Resolved:
RABD APPROVED the monthly debt write offs for March total of £289.19.

16/17/218 Procurement Financial Year-end report
Resolved:
RABD received the positive 2016-17 report.

The 2017/18 plan was to be received along with a progress update against group purchases.

16/17/219 Contract Income Monitoring
Laurence Murphy presented the Contract report for January 2017.

Total income cumulative to the 31st January was £178,804 which represents an over performance of £3,699k (2.1%) compared to the profiled plan for the period of £175,105k. There was a material in-month over performance of £901k (5.0%) however £348k of the over performance is offset by higher than planned expenditure on high-cost drugs.

Discussions with Commissioners with the objective of fixing year end positions in line with the Trust's recovery plan are well underway.

The Trust has not achieved the Sepsis CQUIN target for all 3 quarters & has incurred contract sanctions of £92k year to date. The Trust is currently in discussion with Liverpool regarding the appropriateness of this target. David Potier Sepsis lead is due to attend a meeting next Friday with the LCCG and will feedback to Laurence Murphy on the outcome.

The CCG have accepted AHFT's response to the query notice relating to Learning Disabilities & CAMHS & therefore further sanctions are not applicable.

Following discussions at the February RABD the outstanding financial queries regarding the Liverpool Community Health 'lift and shift' services had now been resolved. Earlier in the month it was confirmed the services will transfer with effect from 1st April 2017.

Resolved:
RABD noted the report, indicating an income over performance of £3,699k (2.1%) for the 1st 10 months of the year, year-end discussions an update on any current contract issues & the successful resolution of the services transferring from LCH.

16/17/220 PFI Contract Monitoring report
Graeme Dixon presented the above highlighting the following key points:

- As an action from the previous meeting it was agreed claims and any costs against them would be included in future reports. This information was not currently available, however it would be included in next month's report.
- Relationship between PFI and Alder Hey was improving.
- Graeme Dixon agreed to circulate a breakdown of the energy levels within a pie chart to RABD. It was agreed a target model/operational policy was required. Sue Brown agreed to discuss this further with David Powell and present a draft at the May meeting.

Resolved:
RABD received an update on the PFI monitoring report.

16/17/222 Weekly waiting times update

All access standards have been achieved for February. Winter Plan remains in place which means continuation with a cap in place to balance elective and non-elective demand. This is required to ensure there is sufficient non-elective capacity within the system to manage demand. Our planning assumptions and actions taken have ensured that continue to manage to maintain elective activity levels and achieve access targets. An expected consequence of this is that we will see a slight increase with the backlog which will start to reduce as the elective plan recommences from April.

Diagnostic performance standard for February had been achieved at 100%. Following a scope and decontamination issue 23 patients had been cancelled last week. It was likely PFI would receive a penalty charge for this scope error.

Resolved:
RABD received the content of the weekly waiting times report.

16/17/223 Board Assurance Framework

Resolved:
RABD received and noted the content of the BAF update.

16/17/224 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the February report.

16/17/225 Work plan

Resolved:
RABD approved the work plan for 2017/18.

Any Other Business

No other business was discussed.

Date and Time of the next meeting: Tuesday 25th April 2017 at 9:30am, room 5, level 1.