Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

Thursday 30th March 2023, commencing at 9:00am

Meeting Room 2 and 3, Liverpool Innovation Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
1.	**22/23/305**	**9:00 (1 min)**	**Apologies.**	Chair	To note apologies.	**N**	For noting
2.	**22/23/306**	**9:01 (1 min)**	**Declarations of Interest.**	All	Board members to declare an interest in particular agenda items, if appropriate.	**R**	For noting
3.	**22/23/307**	**9:02 (2 min)**	**Minutes of the Previous Meeting.**	Chair	To consider and approve the minutes of the meeting held on: **23rd February 2023.**	**D**	Read enclosure
4.	**22/23/308**	**9:04 (1 mins)**	**Matters Arising and Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	**A**	Read enclosure
5.	**22/23/309**	**9:05 (10 mins)**	**Chair/CEO's Update.**	Chair/ L. Shepherd	To provide an update on key issues and discuss any queries from information items.	**N**	Verbal
Strategic Update and External Partnerships							
6.	**22/23/310**	**9:15 (120 mins)**	**Vision 2030 Strategy Update; including:** • **People Plan.** • **2023/24 Integrated Annual Plan.** • **ICS update.** • **Liverpool Clinical Services Review update.**	L. Shepherd/ J. Grinnell/ D. Jones M. Swindell A Bateman/ R. Lea D. Jones L. Shepherd	To receive an update on the work that is taking place on the Vision 2030 Strategy. To receive the People Plan. To receive the 2023/24 Integrated Annual Plan. To receive an update. To receive an update.	**A** **A** **A** **N** **N**	Read report Presentation Read report Presentation Verbal
Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led							

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
7.	**22/23/311**	**11:15 (10 mins)**	**DIPC Report, Q3 2022/23**	B. Larru	To provide an update on infection, prevention and control.	**A**	Presentation
Operational Issues							
8.	**22/23/312**	**11:25 (50 mins)**	• **Integrated Performance Report for M11.** • **Finance Report for M11, 2022/23.**	Exec Leads/ Divisional Leads R. Lea	To receive the Trust's Integrated Performance Report for scrutiny and discussion**,** highlighting any critical issues. To receive an update on the current M11 position.	**A** **A**	Read report Presentation
Lunch (12:15pm-12:35pm)							
9.	**22/23/313**	**12:35 (10 mins)**	**Alder Hey in the Park Campus Development Update.**	J. Grinnell/ D. Powell	To receive an update on key outstanding issues/risks and plans for mitigation.	**A**	Read report
10.	**22/23/314**	**12:45 (5 mins)**	**Resources and Business Development Committee:** - **Chair's verbal update from the meeting held on the 27.3.23.** - **Approved minutes from the meeting held on the 21.2.23.**	I. Quinlan	To escalate any key risks, receive updates and note the approved minutes from the 21.2.23 .	**A**	Read enclosure
Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led							
11.	**22/23/315**	**12:50 (5 mins)**	**Serious Incident Report.**	N. Askew	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.	**A**	Read report
12.	**22/23/316**	**12:55 (10 mins)**	**Arts Presentation.**	V. Charnock	To receive an update.	**N**	Presentation
13.	**22/23/317**	**13:05 (5 mins)**	**Safety and Quality Assurance Committee:** - **Chair's verbal update from the meeting held on the 22.3.23.** - **Approved minutes**	K. Byrne	To escalate any key risks, receive updates and note the approved minutes from the 22.2.23.	**A**	Read enclosure

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
			from the meeting held on the 22.2.23.				
The Best People Doing Their Best Work							
14.	**22/23/318**	**13:10 (10 mins)**	**Government Offer in Principle for the NHS Agenda for Change Workforce.**	M. Swindell	For information.	**N**	Read report
15.	**22/23/319**	**13:20 (5 mins)**	**People and Wellbeing Committee:** - **Chair's verbal update from the meeting held on the 29.3.23.** - **Approved minutes from the meeting held on the 18.1.23.**	Dame Jo Williams	To escalate any key risks, receive updates and note the approved minutes from the 18.1.23.	**A**	Read enclosure *(to follow)*
16.	**22/23/320**	**13:25 (5 mins)**	**EDI Steering Group:** - **Chair's verbal update from the meeting that took place on the 20.3.23.** - **Approved minutes from the meeting held on the 16.1.23.**	G. Dallas	To escalate any key risks, receive updates and note the approved minutes from the 16.1.23.	**A**	Read enclosure
Strong Foundations (Board Assurance)							
17.	**22/23/321**	**13:30 (10 mins)**	**Board Assurance Framework Report; including:** • **Corporate Risk Register.**	E. Saunders	To provide assurance on how the strategic risks that threaten the achievement of the Trust's strategic plan are being proactively managed.	**A**	Read report
Items for information							
18.	**22/23/322**	**13:40 (4 mins)**	**Any Other Business.**	All	To discuss any further business before the close of the meeting.	**N**	Verbal

Alder Hey Children's NHS Foundation Trust

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
19.	**22/23/323**	**13:44 (1 min)**	**Review of meeting.**	All	To review the effectiveness of the meeting and agree items for communication to staff in team brief.	**N**	Verbal
Date and Time of Next Meeting: Thursday 4th May 2023, 9:00am, Meeting Room TBC							

REGISTER OF TRUST SEAL
The Trust seal was used in March 2023 393: Lease - Sefton Carers Centre

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION	
Financial Metrics, M11, 2022/23	R. Lea

Alder Hey Children's NHS
NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Confirmed Minutes of the meeting held on **Thursday 23rd February 2023 at 9:00am**
via Microsoft Teams

Present:	Dame Jo Williams	Chair/Non-Executive Director	(DJW)
	Mrs. S. Arora	Non-Executive Director	(SA)
	Mr. N. Askew	Chief Nurse	(NA)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Mr. A. Bass	Chief Medical Officer	(ABASS)
	Prof. F. Beveridge	Non-Executive Director	(FB)
	Mr. G. Dallas	Non-Executive Director	(GD)
	Mrs. K. Byrne	Non-Executive Director	(KB)
	Mr. J. Grinnell	Chief Financial Officer/Deputy CEO	(JG)
	Mr. J. Kelly	Non-Executive Director	(JK)
	Ms. J. Revill	Non-Executive Director	(JR)
	Mrs. L. Shepherd	Chief Executive Officer	(LS)
In Attendance	Dr. J. Chester	Director of Research and Innovation	(JC)
	Ms. L. Cooper	Director of Community and MH Services	(LC)
	Dr. U. Das	Director of Medicine	(UD)
`	Mr. M. Flannagan	Director of Communications and Marketing	(MF)
	Mrs. R. Lea	Deputy Director of Finance	(RL)
	Mrs. K. McKeown	Committee Administrator (minutes)	(KMC)
	Mrs. S. Owen	Deputy Chief People Officer	(SO)
	Ms. B. Pettorini	Director of Surgery	(BP)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)
	Mrs. K. Warriner	Chief Digital and Information Officer	(KW)
Observing	Mr. K. Jones	Member of the public	(KJ)
	Mr. D. Humphreys	Local Democracy Reporter, Liverpool Echo	(DH)
	Ms. D. Winrow	Member of the public	(DW)
Apologies	Dr. A. Hughes	Deputy Medical Director	(AH)
	Mrs. D. Jones	Director of Strategy and Partnerships	(DJ)
	Mr. D. Powell	Development Director	(DP)
	Mr. I. Quinlan	Vice Chair/Non-Executive Director	(IQ)
	Mrs. M. Swindell	Chief People Officer	(MS)

22/23/274 Welcome and Apologies

The Chair welcomed everyone to the meeting and noted the apologies received.

The Board was advised that three people from the local community would be attending the meeting due to having an interest in agenda item 22/23/283 (*Springfield Park update*). The Chair offered a warm welcome to David Humphreys, local democracy reporter with the Liverpool Echo who was present to observe February's Trust Board meeting.

The Board was informed that February's patient story has been deferred to June as the patient is unwell, and mum is unable to come along and share her daughter's story.

22/23/275 Declarations of Interest

There were none to declare.

22/23/276 Minutes of the previous meetings held on Thursday 26th January 2023

Resolved:
The minutes from the meeting held on the 26th of January were agreed as an accurate record of the meeting.

22/23/277 Matters Arising and Action Log

Matter Arising

There were none raised.

Action Log

It was confirmed that all actions are on track.

22/23/278 Chair's and CEO's Update

Louise Shepherd advised that there has been an increase in industrial action since the end of December, which is being driven by unions. It was reported that the Royal College of Nursing (RCN) was due to take action this week, but an offer has been made by the Government to speak with unions, which is welcome. It was confirmed that junior doctors had voted for strike action.

Chief Nurse, Nathan Askew was invited to say a few words about the impact that industrial action has had on the organisation's patients and services. It was reported that as a result of RCN industrial action 1,200 outpatient appointments and 86 elective procedures had to be re-scheduled. It was confirmed that all patients have been re-booked with many having already been seen. The Board was advised that Alder Hey has worked hard with the Strike Committee, but the organisation was challenged as 1000 of its 1100 nurses are RCN members. It was confirmed that the Trust supported all staff in their personal decision to take lawful industrial action and relationships have remained positive with staff/RCN colleagues throughout the process.

The Board was informed that the Trust will support junior doctors following their decision to vote for strike action. The date/s for strike action haven't been confirmed to date but it will be a 72-hour un-derogated strike.

The Chair advised that she had no issues to raise.

Resolved:
The Board noted the CEO's update.

22/23/279 Liverpool Clinical Services Review - Update

The Board was informed that the Integrated Care Board (ICB) has accepted the key recommendations of the Liverpool Clinical Services Review and will start to address them collaboratively. The implications for Alder Hey are minimal as it was concluded that children's services are not reliant on acute trusts. All children's services are provided by Alder Hey in Liverpool and beyond.

The recommendations relating to emergency care for adults and the Liverpool Women's Hospital (LWH) are to be taken forward collaboratively and it is felt that

Alder Hey should be involved in the conversations relating to LWH. The ICB are yet to share details of the next steps.

Resolved:
The Board noted the update on the Liverpool Clinical Services Review.

22/23/280 Strategy Update (Vision 2030)

The Board was provided with an overview of the continued progress that has been made in the development of the 2030 Strategy, and an update on the economic case methodology, engagement, governance, and the development of the Trust's strategic initiatives.

Attention was drawn to the preparations that are taking place to accommodate a major change programme that supports the vision. It was confirmed that work has progressed to align current programmes that are multi-year or strategically important against the 2030 Plan and will be finalised during March 2023. It was confirmed that Executive Leads are being assigned SRO responsibilities against strategic objectives and initiatives.

In terms of the development of the economic case, a set of scenarios are being developed to test the economic/financial strategy which will support the vision. These will be tested via the Resources and Business Development Committee (RABD) in February/March and will subsequently form part of the new Strategy Board agenda. This economic case will be aligned to this year's planning round and will be supported by a new long-term financial model.

Further detail is required around the governance arrangements for the dedicated Strategy Board that will oversee the implementation of the 2030 vision and the delivery of the Trust's strategic objectives. It was reported that this piece of work is in progress and that there are a lot of discussions taking place to drive it forward.

The Chair informed the Board that there has been full engagement Trust wide to create awareness, understanding and build belief in the Trust's Vision 2030 Strategy. It was confirmed that there will be more engagement opportunities going forward. The Chair requested that a further update be submitted to the Board in March 2023.

22/23/280 Action: JG

Resolved:
The Board noted the Vision 2030 Strategy update

22/23/281 Operational Issues

Integrated Performance Report, M10

The Board received the Integrated Performance Report (IPR) for Month 10. An update was provided on the following areas of the IPR:

- Outstanding Safety - *Safe;*
  - There has been a positive improvement in the administration of antibiotics within a one-hour period for sepsis for both inpatients and children presenting in the Emergency Department (ED).
  - There have been no Category 3 or 4 pressures ulcers reported during month 10.

- The Trust has seen an increase in the number of physical restrictive interventions which is positive as this signals a high level of reporting. The Board was advised that this increase relates to one patient.

- *Outstanding Safety - Caring;*
  - There has been a marked increase in the FFT score which has been driven by the performance in ED.
  - Compliance has improved in terms of responding to PALS concerns within five working days.
  - Nurse staffing levels on all wards are rated amber. It was reported that Ward 4C has seen an intake of new staff who are in their supernumerary period.

  John Kelly pointed out that medication errors have increased and queried the reason for this. It was reported that the majority of errors don't reach the patient and the increase is indicative of good reporting. The most significant increase relates to the storage management of medication. It was confirmed that work is taking place to address this area of work.

- Recovery and Access – *Effective*
  - The Trust is awaiting the evaluation of the AI WNB predictor tool to ensure that it is effective thus enabling all specialities to make use of it.
  - It was reported that the Alder Hey Anywhere portal is due to be launched which will enable patients to check their appointments via this route.
  - ED's timeliness of care improved in M10 to 76%. This will be a national target in 2024.
  - The Trust's new Urgent Treatment Centre opened on the 30.1.23. Progress has been made as a result of patients being seen via Urgent Treatment pathways.
  - The Board was advised that the use of Virtual Wards has helped alleviate bed capacity during the winter period. It was pointed out that the Virtual Ward platform has enabled the Trust to provide care to patients at home and is looking to invest further in preparation for next winter.

- Recovery and Access – *Responsiveness*
  - January's performance is 103% for day case and elective activity and performance in outpatients is 111%.
  - It was pointed out that more patients are waiting over 52 weeks for treatment. One of the challenges that is having an effect on activity is the change in rates of pay. It was confirmed that the Trust has issued a new rate of pay card in order to encourage weekend work.
  - The Trust has been asked to provide mutual aid to Royal Manchester Children's Hospital (RMCH) and has accepted sixty patients onto its waiting lists. As a result of this Alder Hey has had to reorganise its waiting lists to prioritise patient care.
  - There is to be a priority focus to ensure no patients wait more than seventy-eight weeks for treatment by the end of March 2023, in line with national standards. It was reported that there are eleven children on this list and work is taking place to make sure these patients are seen before the 31.3.23.

  The Chair queried as to whether the mutual aid offered to RMCH has had an adverse effect on the Trust. It was reported that majority of the work has been done via additional activity, but it is having an effect on the Trust's waiting times and this has been explained to NHS England's (NHSE) Northwest team. Adam

Bateman paid tribute to the clinical and administration teams who have organised additional clinics.

Jo Revill referred to Virtual Wards and queried the process for monitoring the quality of care if this service is extended to outpatients. It was reported that the Trust has patient experience processes in place to receive feedback and assist with improving patient care.

A discussion took place around the innovations that have been implemented to aid recovery and it was queried as to whether there will be other initiatives that provide care to families that will be meaningful rather than just routine. It was felt that a regroup on the 2023/24 plan is required in order to bring the whole package together to determine what these transformational packages will look like. This will also provide an opportunity to test them on the areas of challenge that the Trust is experiencing.

- Well Led – *Great Place to Work (People)*
  - Mandatory training compliance is above 90%.
  - Sickness absence has reduced in month for the first time since September 2022 to 6%, but still remains above the Trust's 5% target. Additional sickness absence training for managers has helped.
  - Staff availability remains a concern, particularly retention. The organisation's turnover is 15% which is higher than target therefore a task force group has been established to address this issue.
  - PDR compliance is at 91% which is an improvement.

  The Chair pointed out that turnover is an issue for the NHS as a whole but felt that Government discussions over the next few weeks may produce a strategy that will help to address the matter of retention.

- Well Led – *Financial Sustainability* (*Finance)*
  - The Trust is reporting a surplus of £1.5m in M10 which is £0.5m ahead of the planned position.
  - The Trust is forecast to achieve an outturn position of £6.1m as approved last month however it is also seeking to increase this by a further £1m to £7.1m through further non recurrent improvement.
  - The Trust is forecasting to achieve a £17.3m in year Cost Improvement Plan target. There has been a continued improvement in month of recurrent CIP achievement which is now at 63% of the identified target after opportunities have been transacted.
  - Planning is still underway, but the Trust is on track to submit the first draft of its Annual Plan for 2023/24 to NHSE by the 31.3.23.

The Chair felt that the Trust is in a good financial position and thanked all those involved for their hard work. It was pointed out that 2023/24 will bring challenges.

- Well Led – *Risk Management*
  There was nothing to raise in addition to what was in the IPR.

- Well Led – Safe Digital System – *Digital*
  There was nothing to raise in addition to what was in the IPR.

The Divisions of Community/Mental Health, Medicine, Surgery and Corporate Services gave an update on their respective highlights, areas of concern and provided a forward look as detailed in the new Integrated Performance Report for M8. The following points were raised:

Community and Mental Health
There was nothing to raise in addition to what was in the IPR.

Medicine

ED - It was reported that there has been an upward trend in performance and Friends and Family Test (FFT) responses. The Board was advised that a dedicated nurse has been appointed to look at responses from patients visiting ED and ensure all those attending the department provide a response. Work has also taken place to look at waiting times and congestion in the waiting area to see if experiences can be improved for patients whilst they waiting to be seen.

The new Urgent Treatment Centre opened on the 31.1.23. and has four clinics that offer care for minor illnesses. To date the centre has provided care for 1,345 patients, with an average of 75 patients per day. This has made a big impact on ED performance and FFT figures. The ED at its Best project team is also taking a forensic look at what is contributing to performance on a daily basis.

The Board was advised that support provided by GP colleagues has helped immensely with the running of the new UTC facility. As the Trust evaluates the use of the new facility there is a possibility that it could be used to create a permanent solution. It was reported that the Trust has also maintained cancer standards for children and young people (CYP) in the Northwest and Louise Shepherd asked that thanks be relayed to the team for maintaining a high level of performance.

Surgery

It was reported that service level capacity issues in ENT are raising concerns for the Division. There has been an increase in urgent referrals and there is a consultant workforce issue. There has been no improvement in efficiency and the service is starting to emerge as a challenged specialty. The number of patients waiting for treatment is high and action needs to be taken to address the issues that the service is experiencing. The Board was advised that there is an unwillingness to take on additional activity due to the rate card and as a result of this the Division is looking to outsource. It was confirmed that a six-month plan of action is in the process of being compiled and further updates will be provided in due course.

It was pointed out that this is a national issue, and a question was asked as to whether local services are unable to deliver. The Board was advised that services locally are working quite well and are offering support. The issue relates to the volume of emergency/outpatient referrals that are being received versus elective activity. It was also pointed out that these patients can only be treated by Alder Hey. A meeting is taking place on the 23.2.23 to discuss this area of work.

Corporate
There was nothing to raise in addition to what was in the IPR.

Resolved:
The Board received and noted the content of the IPR for Month 10.

Finance Report for M10, 2022/23 and Planning Headlines
Refer to 'Well Led – *Financial Sustainability* (*Finance)'.*

Digital, Data and Information Technology Update

The Board received an update on progress against the Digital and Data Futures Strategy. This included an overview of the service, key areas of transformation and operational performance. The following points were raised:

- It was reported that NHS Digital will be merging with NHSE.
- *'What Good Looks Like – Digital Maturity Assessment:* The national digital maturity assessment has been launched and the Trust plans to make a submission by the 31.3.23
- *Aldercare Programme:* A proposed go live schedule is being developed, and a deep dive took place into the programme at RABD during February's meeting. Progress is being made with the system build and data migration and it is expected that a go live date will be confirmed in March 2023 following discussion at the next Aldercare Programme Board.
- It was confirmed that good progress is being made with Digital Data Futures, and the new Risk and Incident Management system for the Trust is due to be deployed in April 2023.

Resolved:
The Board noted the Digital, Data and Information Technology update.

22/23/282 Brilliant Basics Update

The Board was provided with an outline of the delivery approach/priorities for Brilliant Basics (BB) in 2023/24 and received assurance on the systems of control that support the achievement of the BB vision. Attention was drawn to the following key highlights:

- The Trust has further embedded the voice of CYP and families through the expansion of the Youth Engagement Team.
- Sixteen teams have been formally coached to date which exceeds the target of twelve that was set.
- Working in the BB way has also been adopted via the introduction of daily safety meetings, delivery of the Patient Safety programme and performance review meetings (*Divisionally/Corporately*).
- 90% of the plan will be delivered by March 2023.
- It was reported that the Cascade of leadership behaviours and standard work from Execs to other senior leaders is to be redefined and therefore has been paused.

The Board was asked to note the key objectives, outcomes and measures for 2023/24. It was confirmed that the Trust will continue to strengthen the work in terms of staff involvement in strategic objectives. Nathan Askew thanked Natalie Palin and Jennie Williams for their work and support to make sure BB is at the foundation of everything Alder Hey does.

John Grinnell pointed out that one of the main measures when launching BB was about staff feeling empowered and highlighted the importance of keeping this central as it is an overarching measure of success for the Trust.

Resolved:
The Board noted the Brilliant Basics update.

22/23/283 Springfield Park Update.

The Board received an update on the progress, risks, and actions concerning Springfield Park. The following key points were highlighted:

- In 2019 Alder Hey signed a revised agreement with Liverpool City Council (LCC) to re-provide the park to the community by November 2023. This agreement remains in place and is on track to be delivered by November 2023. Phase 1 of the park was handed over to LCC in July 2021 and under the agreement will be managed by Alder Hey up until April 2023.
- *Phases 2 and 3:* Demolition of the old Catkin Building has commenced and will continue over the summer period. It was reported that play equipment has been pre-ordered in preparation for installation in the new play area in May, and an agreement has been reached with LCC that the Histopathology Building can remain in situ until November 2024 as a site office for the new Neonatal construction. It was confirmed that LCC has agreed to grant a licence for this extension period.
- There were two community drop-in days that took place on the 5th and the 19th of November 2022 which enabled the Trust to engage with members of the local community about its plans for the Alder Hey Health Campus and the return of Springfield Park to LCC.
- It was reported that the Multi Use Games Area (MUGA) is in situ in the corner of the park and will be ready for opening by the end of February. The Trust has received formal notification from LCC that the MUGA can be opened but there has been a slight delay in the connection of the lighting to the MUGA by LCC. The Trust has asked LCC if they wish to open the MUGA without lighting and is awaiting a response.
- Following issues with drainage it was reported that the grass is starting to improve. Inspection work has been carried out and it was found that the soil is the correct specification. The Trust has committed to rectifying any quality issues with that phase of the park.
- There are two areas that LCC want demolishing due to maintenance issues and the discharge of planning requirements: the existing play area and the sub-station. It was confirmed that Alder Hey has committed to work with the community to provide alternative play areas.
- The Board was advised that Alder Hey is in the process of launching a refreshed engagement plan, and up to date information/key features will be published via the Springfield Park section of the Trust's website. It was felt that there is a need for a stakeholder forum to think about how the park can be maintained once handover of the park has been completed. It was confirmed that LCC are at a stage where they are going to engage with stakeholders.
- Two of the key areas of action are to arrange for the lighting to be connected to enable the MUGA to open, and to agree a lighting scheme that meets planning requirements. The Trust will continue to work with the planning authority and LCC to make sure that Alder Hey are able to discharge the planning requirements.

The Chair welcomed two members of the community to the meeting: Keith Jones and Donna Winrow. The Chair advised that Board members have received a copy of the questions that were submitted by community members ahead of February's Board and confirmed that a response to these questions will be provided in two weeks. The Chair pointed out that in 2019 there was a re-scheduling of the timescale for the reinstatement of the park for which the Trust apologised. The Trust recognises the

anger and frustration of the local community as a result of the long delay and on behalf of the Board the Chair apologised for this delay. The Chair referred to a question that was raised asking as to whether Alder Hey realises that Springfield Park doesn't belong to the Trust. It was confirmed that the Trust recognises that the park belongs to LCC and the community, however Alder Hey are partners with LCC and want to make the park a nice and safe place for the community. Alder Hey has set out a timeline for engagement meetings to discuss progress with the community but the forum for stakeholder discussions, which Alder Hey will take part in, rests with LCC to arrange.

Keith Jones introduced himself and provided some background detail into his lifelong roots in the local community and the voluntary work that he conducts to make the area a better place. Keith praised Alder Hey for the fantastic work that takes place at the hospital and advised of his support when he was approached by the Trust a number of years ago asking for permission to build the new hospital at the bottom of the park. Keith advised that this was on the understanding that when the Victorian units were demolished a futuristic park would be returned to the community. Keith pointed out that at the time there was no mention of a housing estate being built on this land and asked the Board as to why a decision had been made to sell the land for development. Keith advised the Board that the local community doesn't want a housing estate to be built and requested that the Board liaise with Step Places about the possibility of buying the land back for future hospital development. Keith referred to the section 106 agreement that was drawn up between Alder Hey and LCC and advised that not once does it mention the construction of a housing estate, but it does mention a beautiful park for the future. Keith shared his reflections about the large number of football teams that used to play in the park over the years but are unable to do so now as the land doesn't exist.

Louise Shepherd acknowledged Keith's passion and determination in relation to the park. It was reported that the agreement between LCC and Alder Hey was for 9.4 hectares of land to be returned to the community in the form of a vibrant park which is what the Trust is doing. What has changed is the plans for the hospital's own estate and not the land that belongs to the park.

John Grinnell reported that in 2009 conversations were held about the various options for the North East plot of land. In 2012 when the business case was being formed for the new hospital, the North East plot assumed a land sale receipt to support the affordability of the new hospital and Campus. When the land was sold it was done in the context of a broader campus, gym, nursery, accommodation for staff and the local community. There were opportunities to sell it for greater value solely for housing, but the Trust decided against this route.

The Chair acknowledged the questions raised and comments made during the meeting. The Chair pointed out that the Trust can't turn the clock back, but it does want to work with local people in conjunction with LCC to deliver the vision for the park that was initially agreed ten to fifteen years ago. The Board thanked Donna and Keith for their time and confirmed that it is the Trust's intent to honour its commitment to hand the park back to LCC and for it to be a nice and safe environment for the community.

Keith drew attention to his concerns about the over population of the local area and the health and wellbeing of the future generations which he felt would be exacerbated by the additional construction of flats/houses on the grounds of Alder Hey. Keith felt that the Trust should look towards buying the land back for hospital/community use as this would be a way in which both could work together as a partnership and move

forward. Keith thanked the Board for giving him and members of the community time in which to raise questions and express their feelings and opinions.

Resolved
The Board noted the update on Springfield Park.

22/23/284 Resources and Business Development Committee (RABD)

The approved minutes from the meeting held on the 23.1.23 were submitted to the Board for information and assurance purposes. During February's meeting the Committee focussed on the risks/challenges relating to the 2023/24 Annual Plan, agreed a go live date for the Aldercare programme and approved the Treasury Management Policy. A deep dive also took place into BAF risk 1.3 *(Building and infrastructure defects that could affect quality and provision of services).*

Resolved:
The Board noted the update and the approved minutes from the meeting held on the 23.1.23.

22/23/285 Serious Incident (SI) Report

The Board was provided with oversight of incidents that are considered as serious following the guidance from the NHSE Serious Incident Framework (March 2015), and associated learning for the reporting timeframe from the to the 1.1.23 to the 31.1.23. The following points were highlighted:

- The Trust declared zero Never Events during the reporting period.
- There was one Serious Incident (SI) open during the reporting period and four SI action plans were closed in month.
- All Duty of Candour responses were completed within the expected deadlines.
- Work is taking place in preparation for the new Patient Safety Incident Response Framework (PSIRF)

Resolved:
The Board received the Serious Incident report for the period from the 1.1.23 to the 31.1.23.

22/23/286 PALS and Complaints Report, Q3

The Board received an update and assurance on the performance against complaints and PALS targets in Q3 2022/23, a thematic analysis of the top reasons for complaints and PALS, action taken because of concerns raised, and achievements in Q3 2022/23. The following key points were raised:

- There has been an overall reduction in formal complaints received by the Trust.
- The highest number of formal complaints received in Q3 from a Divisional services perspective relate to ED.
- The main theme in Q3 continues to be in relation to treatment and procedure (including medication and nutritional issues) with a total of 21 complaints received.
- In Q3, 92% of formal complaints received were acknowledged within 3 working days, with 32 being acknowledged on the same day demonstrating consistently high standard. Of the 39 complaints responded to in Q3, 69% were responded to within 25-days which is a sustained improvement. It was reported that 90% of informal PALS concerns were resolved within 5 working days in Q3.

- The Parliamentary and Health Service Ombudsman (PHSO) concluded an investigation in December 2022. The PHSO did not uphold the complaint. It was confirmed that there have been no new referrals to the PHSO in Q3 and there are no open PHSO investigations.
- Preparations are taking place ahead of the implementation of the new system and data quality issues being addressed.
- The Board was advised that the Trust has received a number of lovely compliments.

Resolved:
The Board noted the PALS and Complaints Report for Q3.

22/23/287 Mortality Report, Q3

The Board was provided with an overview of the Mortality Report for Q3. The following points were highlighted:

- *Medical Examiner Process* – Alder Hey is to be covered by the medical examiner team at Liverpool University Hospital Foundation Trust (LUHFT). It was reported that the Trust has appointed two Medical Examiners, who are PICU consultants, to support the LUHFT team. The successful candidates are currently being inducted and will commence in post at the beginning of April 2023.
- *PSIRF Framework* – Work is taking place to see how the new PSIRF system will work with the Trust's internal mortality process and the coronial system. It was pointed out that it will take time to transition to this new system.
- The Board was advised that the way in which learning is shared across the organization is currently changing and should be far more effective and timely.

John Kelly pointed out that the way in which mortality is calculated has changed for the last two years, therefore the table and graph in the report shows the last five years as inconsistent and consequently shows a misleading worsening position. It was queried as to whether it's possible to adjust the data from prior years to show a like for like comparison. Alfie Bass agreed to discuss this matter with Julie Grice.

22/23/287.1 Action: ABASS

The Chair drew attention to the importance of ensuring that the information the Board receives is clear to enable an understanding of the data.

Resolved:
The Board noted the Mortality Report for Q3.

22/23/288 Gender Identity Development Service (GIDS) Update

The Board received a report on the Gender Identity Development Service to advise of the governance and North hub programme arrangements, agreed with NHS England and in place regarding the proposed Gender Identity Development Service.

The Board was asked to note that Alder Hey and RMCH have not at this stage taken responsibility for the provision of a Gender Identity Development Service for CYP.

The Board was presented with background information on the current GIDS, and the specifics of the letter from Dr. Hilary Cass recommending that the new regional centres for GIDS be provided by experienced providers of tertiary paediatric care with strong links to mental health services, to ensure a focus on child health and development. An overview was provided of the North Programme team structure/governance structure,

the programme governance including risk management and the progress that has been made to date.

Shalni Arora queried as to whether the Trust has been set any deadlines in terms of implementing the service. It was confirmed that the Trust will not be taking clinical responsibility for this cohort of children until the gateways and final specification for the service have been agreed.

Louise Shepherd thanked Lisa Cooper and the team for the work that has taken place and pointed out that there is a lot of thought being given to determine what the service will be like.

Resolved:
The Board noted the contents of the report and the establishment of a Gender Identity Development Service North programme.

22/23/289 Safety and Quality Assurance Committee (SQAC)

The approved minutes from the meeting held on the 18.1.23 were submitted to the Board for information and assurance purposes. During February's meeting the Committee received an update on parity of esteem and the ED at Its Best project. A paper was also submitted to the Committee to agree a proposal for the establishment of a Trust wide Clinical Effective Outcomes Group. This is to ensure that the appropriate systems are in place to strengthen governance and oversight specifically in relation to NICE guidance and clinical audit. During the meeting it was agreed that there is a need for a Clinical Effectiveness Outcomes Group and that it was timely to undertake a review of the groups that report into SQAC.

Resolved:
The Board noted the update and the approved minutes from the meeting held on the 18.1.23.

22/23/290 Update on Research

The Board received a clinical and translational progress update on research. A number of slides were shared that provided information on the following areas:

- The spectrum of research.
- Background detail of the Clinical Research Division (CRD) and an overview of the work that is conducted by the CRD.
- Studies per speciality.
- Current commercial study partners.
- Regional comparator/recruitment rate.
- National comparators (*Research capability funding*).
- Non-trials research (*including translational*).
- Looking forward.

The Chair thanked the Director of Research and Innovation, John Chester for the update and pointed out that the presentation was clear and helpful in terms of understanding the range of opportunities that the Trust has. The Chair asked as to whether anything can be done from a research perspective in relation to mental health as this is such a big issue for CYP. It was reported that a meeting has taken place regarding this matter with Dr. Taylor-Robinson who has been awarded a NIHR grant with 5-year funding. One of his principles relates to the inequalities of mental health and it was felt that it would be beneficial to bring Dr. Taylor-Robinson and the HEI together to see if it can be progressed.

John Chester responded to a number of questions that were raised relating to the opportunities for trainees and the direction of research, the plans for working in partnership on research, future plans for new studies, and what research will look like in the community.

Resolved:
The Board noted the update on research.

22/23/291 Innovation Committee

The approved minutes from the meeting held on the 12.12.22 were submitted to the Board for information and assurance purposes. During February's meeting the Committee received a presentation on the new Research and Innovation Committee governance structure. February's meeting dealt with the formalities of closing down the Innovation Committee ahead of the new R&I Committee which is scheduled to meet in April 2023.

Resolved:
The Board noted the update and the approved minutes from the meeting held on the 12.12.22.

22/23/292 People Plan Update

The Board was provided with a high-level overview of the key strategic and operational issues impacting the organisation in relation to the workforce during January 2022. The following points were highlighted:

- *Industrial Action* - The Trust continues to work closely with all Staffside colleagues and has established positive relationships with unions in relation to the recent strike action.
- The Trust has agreed a new Partnership Agreement with Trade Union colleagues, which outlines how everyone will work together in effective partnership. This will be presented to the People and Wellbeing Committee in March 2023.
- Team based Staff Survey information packs have been distributed across the Trust to support divisional and team conversations and focused action plans.

Resolved:
The Board noted the People Plan update.

22/23/293 Board Assurance Framework Report (BAF)

The Board was provided with assurance on how strategic risks that threaten the achievement of the trust's strategic plans and long-term objectives are being proactively managed, in accordance with the agreed risk appetite. The BAF for Alder Hey Children's Foundation Trust currently consists of a set of 14 principal risks aligned to the Trust's strategic objectives. The following points were highlighted:

- RABD is continuing to conduct deep dives into its BAF risks.
- An update was submitted to RABD in February on the hospital's building defects to offer assurance and advise of the work that is taking place to address the issues.
- The process to agree risk profiling and tolerances of clinical risks has commenced. A presentation has been submitted to SQAC to invite the

Committee to consider the Risk Appetite Statement and risk tolerances for quality, safety, and quality effectiveness.

Resolved:
The Board received and noted the contents of the Board Assurance Framework report as at the end of January 2023.

22/23/294 Any Other Business

There was none to discuss.

22/23/295 Review of the Meeting

The Chair thanked everyone for their contributions during the meeting and offered thanks to Keith Jones and Donna Winrow for joining February's Board. It was felt that February's agenda covered a number of detailed items. In terms of national negotiations, it was felt that there may be a glimmer of light that will hopefully lead to improved offers that will enable the Trust's staff to focus on what they want to do which is look after CYP. The Chair advised the Board not to underestimate the risks in the coming year, especially from a financial perspective.

Date and Time of Next Meeting: Thursday the 30th of March at 9:00am, Meeting Room 2/3, LIP

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log (April 2022- March 2023)

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for March 2023							
27.10.22	22/23/179.1	Freedom to Speak Up (FTSU) Update	*Deputy FTSUG Position* - Review the current time provided to the FTSUG and consider as to whether this time could be increased. Compile a plan for moving forward.	K. Turner/ E. Saunders/ K. Byrne	15.12.22	Mar-23	
27.10.22	22/23/182.2	Board Assurance Framework Report	Look at presenting the monthly trend in section four of the Board Assurance Framework Report in a more dynamic/meaningful way.	E. Saunders	15.12.22	Mar-23	**15.12.22** - A piece of benchmarking work is taking place to ascertain a response to this request, this includes looking at the new risk management system to understand what it can produce in terms of a trend report. **ACTION TO REMAIN OPEN**
26.1.23	22/23/243.1	Chair/CEO's Update	*GIDS* - Provide an update on the gateways for the Gender identify Development Service	L. Cooper	30.3.23	On track Mar-23	
23.2.23	22/23/287	Mortality Report, Q3	Liaise with Julie Grice to discuss the possibility of adjusting data from prior years to show a more like for like comparison in table and graphs in the report.	A. Bass	30.3.23	On track Mar-23	
Actions for April 2023							
27.10.22	22/23/176.1	Research and Innovation Committee Terms of Reference	*Alignment to RABD ToR* - RABD ToR to be submitted to the Board with the proposed amendments for alignment, following approval of the R&I TOR.	R. Lea	26.1.23	Feb-23	19.1.23 - This item has been deferred to February's Trust Board. ACTION TO REMAIN OPEN
24.11.22	22/23/198.1	Integrated Performance Report - Divisional Performance Update	*Division of Medicine* - Invite the Histopathology Team to April's meeting to provide an update on the work that is being undertaken by the team (post mortems and placenta work for North Wales/support for Birmingham Children's hospital, etc.)	M. Carmichael/ K. McKeown	27.4.23	On-track Apr-23	
Actions for May 2023							
24.11.22	22/23/208.1	Board Assurance Committees	Arrange for a patient story to be shared with the Board in May based on the Sensory Project that was discussed at SQAC.	K. McKeown	25.5.23	On-track May-23	
Actions for October 2023							
27.10.22	22/23/185.1	Review of Meeting	Invite a black member of staff to present to the Board during 'Black History Month'.	K. McKeown	26.10.23	On track Oct-23	

Status	
Overdue	
On Track	
Closed	

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Closed Actions							
26.1.23	22/23/244.1	Strategy Update (Vision 2030)	Submit the formal Engagement Plan for the Vision 2030 Strategy during February's meeting.	J. Grinnell/ M. Flannagan	23.2.23	Closed	**17.2.23** - An update on the Vision 2030: Engagement Plan will be provided during February's Board meeting. **ACTION CLOSED**
23.2.23	22/23/280	Strategy Update (Vision 2030)	Submit a further update on the work that is taking place on the Vision 2030 Strategy	J.Grinnell	30.3.23	Closed	24.3.23 - This item has been included on March's agenda. **ACTION CLOSED**

Strategy 2030

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**Strategy 2030**
Report of:	Dani Jones, Director of Strategy and Partnerships John Grinnell, Deputy CEO/ DOF
Paper Prepared by:	Dani Jones, Director of Strategy and Partnerships John Grinnell, Deputy CEO/ CFO Natalie Palin, Associate Director of Transformation Erica Saunders, Director of Corporate Affairs Melissa Swindell, Chief People Officer

Purpose of Paper:	Decision ■ Assurance ☐ Information ■ Regulation ☐
Background Papers and/or supporting information:	
Action/Decision Required:	To note ☐ To approve ■
Link to: **Trust's Strategic Direction & Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations** ■
Resource Impact:	

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Strategy 2030

Contents

Strategy 2030

1. Introduction

Welcome to our ambitious 2030 strategy for Alder Hey, and for children and young people.

This strategy sets our direction into the next decade. It builds upon a long history of success and has bold aspirations for children and young people's health, wellbeing, and futures.

We want to create a world where children, young people and their families can live their best lives. We want to create a world where our people can do their best work. We want to have the best world-leading clinical services, underpinned with cutting edge research, technology, and innovation.

Ambition has brought us a long way at Alder Hey. It is in our values and DNA. It is driven through a desire for the best outcomes for children, young people and families, and our wider communities.

This ambition fuels Strategy 2030, as we strive to meet the changing needs of children, young people, and families.

Ten years ago…

- We were not considered world leading. Today we are named as one of the top 10 children's health care providers in the world.
- We were smaller, providing specialist and secondary care services. Today we have grown both, and we lead children and young people's mental health and community services across large parts of Cheshire and Merseyside.
- We delivered services from a 100-year-old hospital site. Today, the state-of-the-art Alder Hey Campus represents our contribution to our city and beyond, with radically improved community and mental health facilities, including;
    - The Institute in the Park where we are, with University, industry and other partners, developing new medicines and technology to significantly improve health outcomes for children and young people in the future.
    - The Alder Centre, the UK's only dedicated bereavement centre for child loss.
    - The Catkin Centre, a specialist mental health and neuro-development facility to address the serious issues of attention deficit hyperactivity disorder (ADHD), Autistic Spectrum Disorder (ASD) and other conditions, alongside which we will deliver wider Community health services.
    - Sunflower House, the dedicated facility for specialist inpatient care for children and young people's mental health.

However, the world we operate in is changing. Children and young people's needs are changing. Complexity is more common as many live longer with complex medical conditions. Years of austerity have stripped assets for children and young people, such as children's centres and prevention services. The Covid-19 pandemic impacted children and young people heavily, leaving in its wake an enormous recovery challenge, worsened health inequalities, poorer health, wellbeing, and educational outcomes, and a mental health crisis for the youngest in our society.

Strategy 2030

Children and young people's needs are not homogenous; one size does not fit all. To achieve our ambitions for children and young people in this changing environment, we have described a vision for the future that builds upon strong foundations whilst shooting for the stars.

Alder Hey is full of inspired, creative, and passionate people who have the skills and knowledge to make a real difference.

Our people and our experience give us confidence that we can deliver **our 2030 vision** of a **'healthier, happier and fairer future where every child and young person achieves their full potential'.**

2. Where are we now?

Alder Hey is a special place with phenomenal potential.

Today, Alder Hey provides specialist health care to over 330,000 children and young people each year, at Alder Hey in the Park, across a range of community outreach sites in Liverpool and Sefton, and in collaboration with partners we deliver care closer to children and young people's homes from Cumbria to Shropshire, Wales to the Isle of Man.

We have state of the art facilities, including the new Alder Centre for bereaved families, and Sunflower House at Alder Hey in Park, a dedicated inpatient care facility for children with complex mental health needs.

Along with our amazing workforce of over 4,000 people, we are a teaching and training hospital providing education to around 900 medical and over 800 nursing and allied health professionals each year. In 2021/22 our operating turnover was £387m of which £339m directly related to the clinical services we provide; 46% of our clinical income is non-specialised and 54% is specialised.

The Trust serves a wide population for secondary care across Liverpool, Sefton and Knowsley, and has grown into a one-stop shop for the great majority of children and young people's services over the past decade. Alder Hey is one of just two tertiary providers serving the whole of the Northwest, with world-leading services in many specialties, including cardiac surgery, congenital heart disease, neurosurgery, craniofacial surgery, and many more.

The Trust is an anchor institution for children and young people's healthcare, prioritising widening access to quality work, working with our local communities, embedding prevention into pathways, addressing health inequalities, and protecting the planet for generations of the future.

Alder Hey is a top performing Trust with a CQC 'Outstanding' for Care, and 'Good' overall.

We nurture a richly talented cohort of committed researchers and host a dedicated National Institute for Health and Care Research (NIHR) Clinical Research Facility enabling the delivery of early stage, experimental clinical research in a state-of-the-art dedicated facility within the hospital.

We are a leading innovator, with a one-of-a-kind Innovation Hub, which brings together children, young people, and families, with clinicians, and with enterprise to develop breakthrough solutions to health and care related problems.

Strategy 2030

Alder Hey is supported by two main registered charities, the Alder Hey Children's Charity and Ronald McDonald House located in the grounds of the hospital. The work that they do to support the Trust ensures that Alder Hey's pioneering work continues to make a difference to the lives of children and young people.

We have vibrant, well-established Children and Young Peoples' groups, such as 'The Forum', who help us keep children and young people's voices at the forefront. They participate richly in the Trust's plans; developing new ideas, holding us to account and playing a key role in the recruitment of Board level posts.

We have the people, the excellence, and the assets to truly change the world for children, young people, and families.

However, the context we operate in is changing.

Alder Hey sits in Liverpool, as part of the Cheshire and Merseyside (C&M) Integrated Care System (ICS). 27.2% of C&M's population are children and young people. They experience higher levels of deprivation than the national average and are impacted by poor outcomes: lower healthy life expectancy, disparity in infant and child mortality, school readiness, mental health, and emotional wellbeing, and over 5,500 children are looked after by Local Authorities.

This is a worsening picture due to the pandemic and cost of living crisis - demand for services is increasing, alongside diminishing resources. There is a crisis of demand in children and young people's services. The current Northwest paediatric waiting list increased 18% since April 2021. 60% more children had a probable mental health condition in 2021 than 2017. There has been a sustained increase in children and young people's urgent care demand, with a 15% increase in Alder Hey Emergency Department attendances compared to 2019, before the Pandemic.

Complexity is more prevalent. Neonates survive and medically complex children live longer. Needs have grown exponentially (emotional wellbeing, mental health, Special Educational Needs and Disabilities (SEND), neurodiversity, and children who are looked after). Yet children and young people fall in gaps between services – gaps between physical and mental health, health and social care, or children's and adult services.

The system architecture is highly complex and sub-optimal children and young people's outcomes were already a systemic issue. Children and young people have not been prioritised in system planning and resourcing. Dispersed funding and fragmented responsibilities have not enabled a holistic view to tackle children and young people's needs as a population.

Our Strategy 2030 demonstrates our ongoing commitment to addressing and solving these problems.

We will take an integrated approach; strive for harmonious strategies for healthcare improvement; describe a compelling research offer that attracts the best and improves outcomes for the children who need it most; lead a unique approach to innovation which embraces ideas and technological solutions; provide an education offer that trains the finest experts and prioritises support to the most vulnerable communities; and trail-blaze a digital offer that can keep up with the expectations of the children and young people of today.

We will work with partners towards greater integration, to close gaps in care, and exploit these opportunities, co-created with children, young people, and families. We will work in partnership to grow children and young people today and deliver healthier adults into the economy tomorrow.

Strategy 2030

Our People

The context within which our people are working, and living, is changing at an incredible pace. Workforce challenges within the NHS, alongside those in the national labour market are, on their own, significant, however coupled with external factors in the economy and the legacy of the pandemic on colleague burnout and wellbeing. This tells us that we will have to do something different if we are committed to meeting our 2030 ambitions. Creating the conditions for our people to thrive, helping them develop meaningful and rewarding careers in support of work within a CYP community and ensuring we are planning for the workforce of the future will be critical to our success. Despite our successes to date, what got us here will not get us to where we aspire to be.

3. Our Vision

Our 2030 vision is to create:

> ‘A healthier, happier and fairer future where every child and young person can achieve their full potential.’

This signifies some important shifts for Alder Hey.

Our relentless focus naturally remains on driving up health outcomes for children, young people, and families, and in turn, delivering healthier futures.

However, our 2030 vision also recognises the importance of children and young people’s **happiness and wellbeing, as a core part of their healthiness**.

It calls out the role we feel morally compelled to play, as a leading children and young people’s Trust - to support improvement in children and young people’s **life chances** and tackle the wider determinants of health and increasing inequalities they face in partnership.

To deliver this 2030 vision, we have 5 strategic goals

Strategy 2030

Through these strategic goals, we will deliver a 2030 world in which we…

- ✓ Put children and young people's needs, voices and experiences front and centre
- ✓ Make some fundamental shifts to organise ourselves around children and young people's needs, and to give them unrivalled experiences of care
- ✓ Care for more children and young people at home or in school through use of digital, medical technology and partnerships
- ✓ Deliver more personalised, targeted, leading-edge care through better genomics, research, and innovation
- ✓ Give an outstanding holistic (mental and physical) health care experience, driven by our children, young people, and families. This makes us more than an ill-health service; we will focus on serving the needs of children, young people, and families beyond the traditional clinical outcomes.
- ✓ Convene a children and young people's health and care system that works with partners to wrap round children and young people locally, regionally, and nationally to ensure equity of access to outstanding care
- ✓ Lead the drive with partners to radically improve children and young people's life chances locally, nationally, and internationally through targeted prevention, applied research, education, partnership, and advocacy
- ✓ Establish the Northern Institute of Child Health, which along with the Alder Hey Academy is a recognised leader in improving children and young people's health and life chances through world-leading Research, Innovation and Education
- ✓ Are a valued anchor institution that attracts inward investment and creates opportunities for children, young people and our local community as an employer and educator
- ✓ Provide outstanding experience and opportunities for our People
- ✓ Are the beating heart of an internationally renowned community serving the needs of children and young people, recognised as in the Top 5 Specialist Hospitals for children, young people, and families in the world.

4. How we developed our 2030 Strategy

Alder Hey took the bold step to design a vision for 2030 that puts children and young people's needs at the centre, as well as those of our people.

This population-health based strategy began life in April 2022. We used innovative, sophisticated data capture and analytics to create an objective evidence-based understanding of the real and future needs of children and young people, and of ourselves as a Trust.

A major analysis and triangulation of Trust data and intelligence was undertaken (activity, finance, workforce, patient experience, Board reports ++) and results considered alongside

analysis of children and young people's population health data, children, young people and families experiences and feedback, and a review of national and local policy direction.

We learned that the environment Alder Hey is operating in has;

- Worsening outcomes
- Increasing pressure on our services and people
- Subsequent reduced headroom that risks us losing productivity
- A need to ensure we are directing our investment into care models rather than overhead
- A real risk of burnout in our people as 1 in 4 staff are either leaving or joining us at any point
- A financial model that is changing rapidly meaning to be sustainable we need a broader outlook.

It was clear that Alder Hey is in a comparatively strong position against peers and has untapped potential. This has enabled a radical reimagining of service design and delivery. We concluded that no change is not an option.

5. Children and Young people - Areas of Need

This approach, along with our Alder Hey magic, is what makes Strategy 2030 unique.

We undertook a detailed population segmentation analysis of service users' needs. For every child and young person who uses our services, we were able to pinpoint and analyse;

- How frequently they use our services
- Their average lengths of stay
- Which services they use the most
- Where they live / travel from
- Their age and gender profiles
- Their wants, needs, and attitudes to health care
- Their socio-economic factors, including ethnicity and levels of deprivation
- Their primary points of service delivery (ED, Outpatient, Inpatient)
- The cost per patient

We used this intelligence to form common groups of needs, which resulted in ten **children and young people's population 'cohorts'**

Strategy 2030

Each cohort has different needs, but we often organise and deliver their care in the same ways; this can result in poor experiences and dissatisfaction.

Most cohorts have needs beyond Alder Hey's services – this leads to variations in outcomes and inefficiencies in the system; it is a driver for further system partnership.

The cohorts reflect a wide spectrum of socioeconomic backgrounds, but **poverty impacts everywhere.**

We found significant cross-referral or passing of care across services within the Trust. Children, young people, and families tell us often that this adversely impacts their experience, and we know that this is inefficient.

Consumption of resources varies significantly across the cohorts, indicating that efficiency is no longer enough; a more nuanced, fundamental redesign is needed.

We used what we learned from these 10 cohorts to coalesce them into 4 overarching '**areas of need**' –

- **'Get me well'**
- **'Personalise my care'**
- **'Improve my life chances'**.

All can be enabled through;

- **'Bring me the Future today'**

'Bring me the future today' optimises the potential Alder Hey has as a world leader in research, innovation, education and digital, by bringing these capabilities closer together, and embedding them more systematically across the trust.

These all have different value propositions.

The Board undertook a series of detailed workshops, triangulating all the analyses, exploring the children and young people's cohorts and areas of need, considering the future business models, defining the Trusts' strategic positioning, and developing the change programme and capabilities required to move to the 2030 vision.

A programme of engagement with children, young people and families ran in parallel, and is now complete, alongside engagement with clinical and professional leads (see Section 6).

Engagement with system partners continues, particularly focused on the wider role of Alder Hey in supporting improved life chances for children and young people, through convening the system for children and young people and leading targeted programmes to respond to their needs.

Strategy 2030 commits us to organising our thinking, approaches, and activities around these differing areas of need, recognising we need to flex our approach to meet the requirements of different groups of children, young people, and families (detailed in Section 8).

6. Engagement with Children, Young People, Families and Our People

To develop Strategy 2030, we committed to genuine, robust engagement with children, young people, and families.

This allowed us to test out our ideas about creating a world where children and young people can live their best lives. Our approach was co-designed with children, young people, and families to enable all voices to be heard, across all cohorts.

We captured the hopes and dreams for 2030 from over **700** children, young people, and families. They also told us about their current experiences. We asked children, young people, and families what their dream for 2030 was. Results varied from their own dreams of becoming an Olympian Skateboarder, and to 'get better soon'; and dreams for all CYPF 'cure for cancer' and for 'Everyone to be healthier and happier'.

The overwhelming feedback was positive, and we heard how grateful they are for the care they receive;

What did we learn?

Children, young people, and families share our ambition for the future, but they also had some frustrations and ideas for areas that we can learn from to make the future better.

74% of all respondents wanted a healthier, happier, and/or fairer future.

This feedback strongly reinforces that our 2030 vision is shared by our service users.

- **Healthier** included physical and mental health, feeling better about themselves and being active and eating healthily.
- **Happier** meant staying out of hospital, going home, waiting less, getting a diagnosis, more sensory friendly areas, smiling and joy.
- **Fairer** meant being kind to one another, listening to others' needs, adjusting to need, removing expense of attending Alder Hey, inclusion, and healthcare for all.

Strategy 2030

Children, young people, and families told us what they would like to see more of, or improved from their current experiences by 2030, for example;

Get me well	Make my care more personal	Improve my life chances	Bring me the future today
•Involved: children, young people and families told us that they want to be listened to and involved in decisions. •Listened to: Families told us that we could pre-empt concerns and resolve problems before it becomes a real issue. •To go home faster	•To meet my need: More sensory friendly, more play and music opportunities •To understand how I feel: Worried, sad and bored •To treat me as an individual and meet my needs •Choice: Streamlined appointment on the same day, more choice, and less disruption. •To spend less time at Alder Hey	•Consider my happiness and wider wellbeing •Help me miss less school / be at Alder Hey less	•Pioneering breakthroughs: A cure, no Cancer, no Leukaemia, a new kidney, not to be sick again. •Confirmed diagnosis

Ongoing involvement and engagement of children, young people and families is a cornerstone of how we will work together to achieve our 2030 Strategy and vision.

Engagement with our People

We are a people organisation, full of inspired, creative, and passionate people who have the skills and knowledge to make a real difference for children and young people.

We have engaged with our people across the organisation and shared our vision for the future.

They have told us: -

- That they share our ambition and feel excited and hopeful for a future, organised around the needs of children, young people, and families.
- That the vision and ambition resonated with why many of our colleagues choose to work at Alder Hey.

They also highlighted areas which we would need to address through the strategy and collaboration to make the vision a reality including;

Strategy 2030

Our workforce	Supporting our people to thrive	New ways of working	Collaborating for CYP
•The right people, with the right skills	•The time and headspace •Professional Developmental opportunities •Continued involvement and engagement with our people	•More use of technology and digital innovations •Not trying to change everything at once •To reduce the current demands and pressures •More cross organisational working •Improved use of data to inform new ways of working	•Financial mechanisms to support new ways of working •How we connect and work across the CYP system •Moving to a more preventative model

Our people as always have challenged and enhanced our thinking and we have used their feedback alongside that of children, young people, and families to design and develop our strategic goals.

Our people will be the best judge as to whether we are addressing the areas of collective challenge required to achieve our 2030 vision.

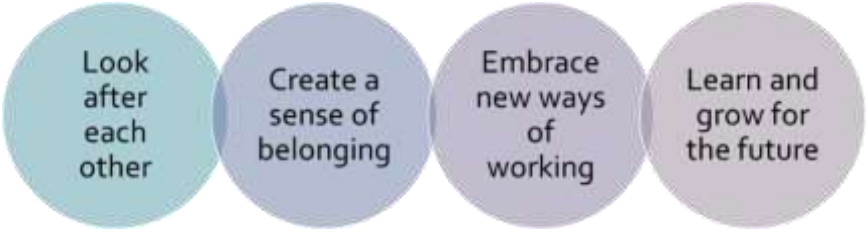
7. Supporting Our People - Our People Plan

Our people are our greatest strength. To achieve our vision for 2030, we need to support them to have fulfilling careers and thrive as part of a CYP working community.

We are a people organisation - incorporating 'Our People Plan' into our strategy is essential to align our Strategic Goals with the '*new capabilities, capacities and working practices'* we will need to succeed.

Through the most recent NHS staff survey we scored 67%, the second highest rating in the Northwest for our people recommending us as a place to work. There is, however, variation in individuals' experiences, and we do not think that is good enough. We want all our people to thrive, have a sense of belonging and have opportunities to develop and adapt to new ways of working.

We want an environment for our people where we;



Strategy 2030

The expectations of our People have changed over time. Much like for our children and young people, the days of a 'one size fits all' solution for our people are in the past.

To help us radically reframe our approach and target solutions according to need, we took an innovative approach (like our analysis of children, young people, and families' needs) and segmented our workforce into cohorts with similar needs and behaviours. We analysed our people data, and our staff survey results.

This identified that our people broadly fit into 5 segment groups - detailed in the diagram below;

What we learnt from this analysis is that our people have differing needs, based on their own career journey, life journey, behaviours and needs.

From this analysis, we developed our areas of focus for our People;

Delivered through: Strategic Initiatives	Key deliverables
Thriving @ Alder Hey - Our people are thriving and have a sense of belonging and are actively engaged, whatever their background or role	**Attraction and Recruitment** ❖ Diversifying our recruitment approach ❖ Orientation programme ❖ Expand apprenticeship **Retention** ❖ Thriving Leaders programme ❖ Find your Fit (Job rotation) ❖ Targeted lifestyle support ❖ Career mentoring ❖ Community connection opportunities
Professional development hub We invest in our people and their teams to ensure they can have amazing careers	**Career performance and management** ❖ Establishment of the Professional Development Hub **Professional development** ❖ Supporting our people through Change – Stronger Together ❖ CYP career passport ❖ Career development framework ❖ System wide learning opportunities ❖ Active performance management framework
Future Workforce Right sized workforce renowned for new ways of working	❖ Future Working Planning Framework ❖ Future talent management ❖ AH portfolio careers ❖ Future Entrepreneurs programme

Strategy 2030

8. Delivering our 2030 Strategy

Our 2030 Strategy will be delivered via a set of specific strategic goals, oriented through the lens of children, young people, and family needs.

We will continually challenge ourselves to vary our response and organise ourselves around Children, Young People and Families' (CYPF) areas of need.

For example…

- We know from children, young people, and families that an '**unrivalled experience**' for '**get me well**' can look different to that for '**make my care more personal**' – convenience and care coordination can be prioritised very differently. We will tailor our approaches to different needs.

- We can expect some different '**Pioneering breakthroughs**' to '**improve my life chances**' than for '**get me well**' as each group has different problems to tackle.

- Those in '**get me well**' come from different geographies and use different services to '**make my care more personal**' – thus we need different '**collaborations for children and young people**' designed with varying partners.

From now to 2030, we will take a population-health based approach to meeting these broad areas of identified need whilst recognising that individual children, young people, and families' needs do not remain static.

Executive leads will be assigned to all Strategic Goals and 'Areas of Need', taking a 'senior responsible owner' approach to ensuring that the Strategy 2030 plan meets its objectives and delivers the projected benefits.

We will appoint a Clinical Advocate for each 'area of need', who will work alongside the Executive Lead, and clinical colleagues to ensure that the tangible solutions we deliver through our change programme meet the needs of children, young people, and families.

Strategy 2030 Plan on a Page

Alder Hey Children's NHS Foundation Trust

Vision	Objectives	Delivered Through (Exec Lead)		Outcomes	Measures
Healthier, happier, fairer futures where every child & young person achieves their full potential	Delivering the best possible outcomes and experience for CYP&F	**1.Outstanding care and experience**	1.2 CYP & Families Engagement and Experience	• Happier children, young people and families • Rated as Outstanding • Designing our care around the needs of CYPF	• Family QALY [H] • CYPF Experience • System Service Experience Management Quotient (SEMQ [H] • Staff Thriving Index [H] • Social Value [H • (Happy) Community Index [M] • Variation in Health and Care Outcomes [L] • Clinical Service Capacity [H] • Resource Optimisation [L] • Ecosystem Contribution [H] • Innovation Adoption Rate [M] • Productivity / Economic Gain [H]
	Supporting our colleagues to have fulfilling careers in a community that thrives	**2. Supporting Our People**	2.1 Thriving @ Alder Hey 2.2 Professional development hub 2.3 Future Workforce	• **Our People are thriving:-** a. have a sense of belonging and are actively engaged b. have the time, space and opportunity to improve the quality of care and meet the needs of CYPF • We invest in our people and their teams to ensure they can have amazing careers • New skills and capabilities across a dynamic and flexible workforce • Right sized workforce renowned for new ways of working • A borderless CYP workforce across communities	
	Pioneering to find novel solutions and treatments	**3. Pioneers Breakthroughs**	3.1 Futures	• State-of-the-art "Hospital Without Walls" • Northern Institute for Child Health & Well-Being • International Post-Graduate School • National Forum on Health Inequalities • Integrated paediatric data network	
	Working with partners to improve life chances of CYP	**4. Collaborating for Children and Young people**	4.1 Building communities 4.2 CYP system	• The heart of a CYP health and care system renowned, regionally and nationally • A convener of the system with frictionless, sustainable and shared CYP resources • We will be a valued anchor institution that attracts inward investment and creates opportunities across our communities	
	Ensure delivery of the very best health and care outcomes for CYPF locally, regionally, nationally and internationally	**5. Smartest Ways of Working**	5.1 New Care Models 5.2 Digital and Data 5.3 Insight led decisions	• Accessible models of care implemented around the needs of CYPF • World class resilient specialist services • Digital Centre of Excellence driving productivity, speed, scale and quality • Collaborating across communities to ensure CYPF only need to tell their story once • Insight Unit recognised as a global centre of excellence for CYPF intelligence	
CYPF Needs (Get me well, Make my care more personal, Improve my life chances, Bring me the Future Today)					

Strategy 2030

Delivery will be achieved through team-ownership of shared outcomes (see Plan on a Page above); this requires matrix working and a long-lens focus. Systematic oversight of target outcomes and lead indicators will be undertaken through a new Strategy Board (see Section 9).

There will be a clear strategic change programme with a robust plan, and a clear benefits realisation plan, overseen by Strategic Executives, with regular assurance reporting to Strategic Trust Board.

Our approach will be continually shaped by children, young people, family, and our people's feedback.

We will achieve our strategic goals over the 7-year period through a series of strategic initiatives - our **2030 Strategy Programme**.

These initiatives are (further detailed in appendices);

- 1.2 Children, Young people and Families' Engagement and Experience
- 2.1 Thriving at Alder Hey
- 2.2 Professional Development Hub
- 2.3 Future Workforce
- 3.1 Futures
- 4.1 Building Communities
- 4.2 Children & Young People's System
- 5.1 New Care Models
- 5.2 Digital and Data
- 5.3 Insight-led Decisions

Each has tangible deliverables which will focus our transformation efforts across the organisation. At their core is a radical change to the way we work or the way we deliver care – this is not about more of the same. There will need to be capacity and/or capability either through investment or reprofiling of existing resources for each initiative.

To deliver our **2030 Strategy Programme**, we will continue to work in a **Brilliant Basics** way. We will use this ongoing Quality Improvement approach that prioritises involvement of children, young people and families, leadership from our people, is data driven and problem solving; and which embeds coaching behaviours to support a culture of continuous improvement.

The **Plan on a Page** (page 15) details the link between the 2030 vision, strategic goals, initiatives, outcomes, measures and children, young people, and families' needs.

Appendix 1 illustrates the phasing of outcomes, but is intended as a dynamic framework, to allow learning to inform delivery in later years.

Outcomes

How we will know we are successful

Strategy 2030

Our ability to successfully deliver our strategy will be measured through a suite of Strategic Performance Measures (see Plan on a Page). These strategic measures will provide transparency and an ongoing mechanism to monitor progress and achievement.

Some of these metrics exist today, and others will need to be developed, such is the scale of aspiration within the 2030 Strategy. For some initiatives, traditional NHS measures will not adequately test impact and support strategic decisions. For example, 'Happiness Indices' are fairly regularly used in non-health care settings, but with consideration could be adapted to measure whether we are meeting our 2030 vision of 'happier futures' for children, young people, and families.

To address this, one of our Strategic Initiatives – **Insight Led Decisions** - will develop new capabilities and methodologies to enable the measurement of what matters. These new measurement capabilities will not be developed straight away; where this is the case proxy-measures will be used until such time that new methodologies are validated and tested.

Financial Strategy

The Board has approved Strategy 2030 and as part of mobilisation, are developing the underpinning financial strategy to define the longer-term economic case, costs, and benefits of implementation.

It is critical to remember the high level of uncertainty and ambiguity in the health and care system; the scale of uncertainly requires us to take a pragmatic approach to developing the case.

The final economic case will be brought to the Strategic Trust Board following iteration through the Resources and Business Development Committee (RABD). This will be developed in accordance with key principles (described below) that will underpin the financial strategy and the methodology for scenario testing. Whilst we will stress test these principles further to develop our scenarios, we want to create some underpinning principles that will be 'boiler plate' tests as we move forward;

- **Strategic investment** – Strategy 2030 will inevitably require resource, much of which could form a pump prime assuming the benefits would follow. As the strategic initiatives are developed, we will assess the need for investment and returns. All investment will be required to demonstrate how they progress us on this strategic journey.
- **Re-purposing/Re-prioritising** – the economic climate will make securing additional strategic investment challenging so we will challenge ourselves to prioritise how we attribute resources, and this will inevitably mean us re-purposing resources and disinvesting where necessary.
- **Transaction/Overhead costs** – we have proven our transaction/overhead costs are not sustainable and we will need to bring these down through collaboration, adopting new technologies and through removing silos.
- **Productivity** – we have proven that our productivity has become challenged, and our workforce are struggling to recover to pre-pandemic levels. We will invest in our people and will have a forensic approach to ensuring we are working productively to improve access to services for children, young people, and families.
- **New Business Models** – the new strategy will require us to think creatively across system boundaries to ensure the public pound is better spent. This will mean leading discussions on business models that support the evolution of children and young people's services and new models of care e.g., home first.

- **Capex** – the current NHS capex model is constrained so we will be entrepreneurial in accessing funds to help us progress our strategy. This will require enhanced horizon scanning and grant writing capabilities. We will prioritise our capex against us progressing our strategy.
- **Commercial income** – We recognise that as NHS funds become more constrained, to meet our 2030 Strategy we will need to make the commercialisation of our knowledge and expertise a significant stream of our revenue.

All these principles are aligned to the strategy that is being put before the Trust Board.

Our methodology for modelling the strategic 'scenarios' will be built from a 'base case' long term financial model. For each major change programme, we will evaluate the investment required, asset utilisation and cost benefits. We will triangulate these and phase them to form the basis to model scenarios against. We will supplement the LTFM with 'so what' analysis using system dynamics that will allow us to stress test a series of outcomes.

The initial scenarios we will test will be:

- Do nothing – the case for change
- Deliver the strategy
- Deliver the strategy more slowly
- Macro-economic climate hampers progress

This will be an iterative process that we will test through RABD and will bring in key risks to differentiate the options; lack of capability and or capacity, inadequate investment, prioritisation, unclear accountabilities, change fatigue or resistance, system inertia etc. We will ensure that these planning tools are easily updateable and will enable us to recalibrate as we progress with the strategy and in the context of a rapidly changing environment.

9. Leading the change

2030 Governance

A new strategic governance model that gives our ambition space and capacity to thrive needs to be designed and implemented. It must be compliant with current regulatory frameworks and suitable as a basis for innovation whilst maintaining corporate/board accountability, such that the corporate statutory board remains jointly and severally accountable for all aspects of 'corporate decision making' i.e., to set strategic direction, risk appetite, governance structure and operating measures to ensure delivery of corporate objectives. However, if the model is to deliver the change described above, it must:

- be simple and built to enable cross-segment narrative
- remove organisational silos
- present a programme-based framework
- focus on agreed outcomes not on function
- foster cross function conversations
- present clear distinction between strategy and operational BAU
- define a clear rationale and methodology for corporate ROI and benefits realisation.

It also must provide a means by which Strategy 2030 may be given a specific corporate focus and governance framework for strategic decision making, effective risk assessment, reporting and assurance as well as accommodate external collaboration, multiple stakeholders and

changing stakeholder mix across NHS, Non-NHS, Local, Regional, National, and international partners.

In overall terms:

- The Alder Hey Board of Directors will retain all overarching constitutional accountabilities and legal responsibilities
- The creation of the Strategy Board will provide the foundation upon which the 2030 strategy will be delivered
- The Strategy Board will serve as the external arm of Alder Hey, focused upon system issues and building our brand and business opportunities in partnership with others but with an internal focus on the delivery of the 2030 strategy
- The Alder Hey Trust Board (as established constitutionally) will continue to take responsibility for delivery of outstanding patient care delivered by our best people, supported by strong foundations.

Structure

Strategy Board - it is proposed that a Strategy Board be created that will meet before the main Trust Board on a quarterly basis commencing in July 2023. Its responsibilities will be:

- Strategy development and oversight of delivery
- External Horizon scanning and policy development
- Focus on strategic change programme through CYP lens:
    - Get me Well
    - Personalise my care
    - Improve My life chances
    - Bring me the future today
- Underpinned by a strategic step up in:
    - Experience
    - People
    - Smartest ways of working
    - Building communities
    - Futures – RIDE and ventures
- ICS/ICB developments
- Committees in Common initial report back
- Brand enhancement
- Sustainability

Terms of reference for the Strategy Board have been drafted (**Appendix 3**) and once agreed will be supported by a specific work plan and underpinning strategic dashboard reflective of our agreed outcomes; the work plan will include provision for the Strategy Board to meet in public when in formal decision-making mode. It is proposed that the Strategy Board will have its own Board Assurance Framework. The strategic BAF will be driven by work of four proposed *delivery clusters* focused on our key areas of need: Get me well, Personalise my care, Improve my life chances and Bring me the future today each of which will contain programmes of work with associated outcomes.

Trust Board – the main Board of Directors will meet following the Strategy Board and will receive a formal verbal report from CEO with regard to strategic items of business – having previously received the papers. The Trust Board will focus on delivering the operational plan, safety, people issues and associated assurance. The clinical Divisions will take a more prominent role at the main Board in terms of operational delivery and assurance.

Assurance committees - The existing board assurance committees will continue to report to the main Trust Board. Work will be undertaken to develop the strategic delivery clusters including the way in which Bring me the Future Today is governed. In addition, it is proposed that the current Strategic Executive team meeting takes on a formally recognised decision-making remit for key operational issues including investments, this will enable a fast-paced response to the new environment and vehicle for oversight of new ways of working.

New ways of working

The delivery of our 2030 Strategy will require our people to work in new ways and test their current assumptions and approaches. This level of organisational transformation can only be achieved through the active leadership of our Senior Executive Board (many of whom will be Senior Responsible Officers for the **Strategic Initiatives**). Our Executive Team will be changing the way they work and portfolio focus, this is essential to create the conditions that will enable us to organise ourselves around the needs of CYPF.

We know that no change isn't an option, and we will support our people at all levels to thrive and embrace new ways of working – through the focus of our people related strategic initiatives (Thriving @ Alder Hey, Professional Development Hub and New Ways of Working). Our track record of major transformation, talent and skilled people give us confidence that we can and must adapt to meet CYPF needs and support our people to have amazing careers.

As a specific next step, we will be updating the Trust Board on Executive Leadership portfolios and required capacity and capability to ensure we can oversee the required level of transformation.

Risks

In the context of such an ambitious strategy there are clear risks to achievement and delivery, particularly as more than ever, our endeavors are dependent upon how we work in partnership with others, including children and young people themselves.

The Board has not yet discussed or agreed its risk appetite in relation to the 'new' aspects of the 2030 strategy which relate primarily to the Areas of Need. In broad terms the challenges to these are:

- Capacity to adapt to deliver transformational change within the most financially difficult environment in NHS history
- Ability to create, attract and nurture workforce and technological capability to re-focus traditional hospital driven service
- Fostering an external eco-system that is willing to engage with our vision and support its delivery.

However, at this stage it is possible to make an initial assessment of key areas of risk across the Strategic Goals. It is proposed that we continue to segment strategic risks on an internal/external axis, although as our risk appetite and tolerance work develops, this will be kept under review.

Objective	Goal	Principal risk	Current mitigation
Delivering the best possible outcomes for CYP	Outstanding care and experience	Current BAF composite section 1	Patient safety strategy Engagement work
Supporting Our People to have fulfilling careers in a community that thrives	Supporting Our People	Current BAF composite section 2	Staff survey actions Wellbeing Guardian work Leadership development Academy
Ensure the delivery of the very best health and care outcomes for CYP locally, regionally, nationally, and internationally	Smartest ways of working	Failure to revolutionise models of care using world class technological capability to ensure seamless insight and intelligence	AlderC@are Innovation resource
Pioneering to find novel solutions and treatments	Pioneer breakthroughs	Failure to articulate the Futures concept and associated opportunities	Innovation strategy Research reputation
Working with partners to improve life chances of CYP	Collaborating for CYP	Failure to secure gains as an anchor institution to benefit CYP now and future generations	Current range of strategic partnerships and collaborations

It is recognised that to deliver on our ambition, there may be an imperative to cease or radically change some of our historical activities and the risk inherent in this will need to be carefully assessed and quantified.

10. Next steps

Trust Board has approved Strategy 2030, and this paper provides a next stage, describing the clear mechanisms for delivery

Some strategic initiatives are already being mobilised or can be actioned relatively quickly.

Others reflect deeper cultural issues that require collaboration, co-development at system level and/or greater understanding and time – all of which is reflected in our phased plan to 2030.

Our next steps table below, details the primary milestones to support our strategy deployment.

Strategy 2030

Mobilisation	By when
1. Strategic Initiatives - Initiation	Qtr. 1-2
2. Confirmation of Executive Leadership portfolios and required capacity and capability	Qtr. 1
3. Implementation of our Strategy 2030 Governance Structures (including work plan, scheduled deep dive) ○ Strategy Board (Quarterly) ○ Strategic Execs – Strategy	Qtr. 1
4. Establishment of 'Our Areas of Need' Recruitment of our Clinical Advocates and supporting infrastructure, Needs Blueprints– Areas of Need • Get me well, • Make my Care more Personal • Improve my Life Chances Deeper segment engagement – to inform key deliverables across our 2030 Programme	Qtr. 1-2
5. Delivery of our Financial Strategy	Qtr. 2
6. Our 2030 – Narrative and Communication Plan • Continued engagement with our People, CYPF and stakeholders • On-boarding our change resource across organisation to 2030 delivery	Qtr. 1
7. Development of our Strategic Outcomes – Strategy Exec dashboard ○ Benefits plan and dependency mapping ○ Proxy indicators will be used until such time that new methodologies are developed and validated	Qtr. 2
8. Development of Strategic Initiatives – Programme Governance ○ Refresh our current approach, to take account of the 2030 design and delivery approach	Qtr. 1

11. Recommendation

The Trust Board is asked to ratify the 2030 Strategy, the proposed approach to evolving our governance arrangements to oversee this strategy and the pivot in our change programme and leadership that will be required to meet its ambition.

12. Appendices:-

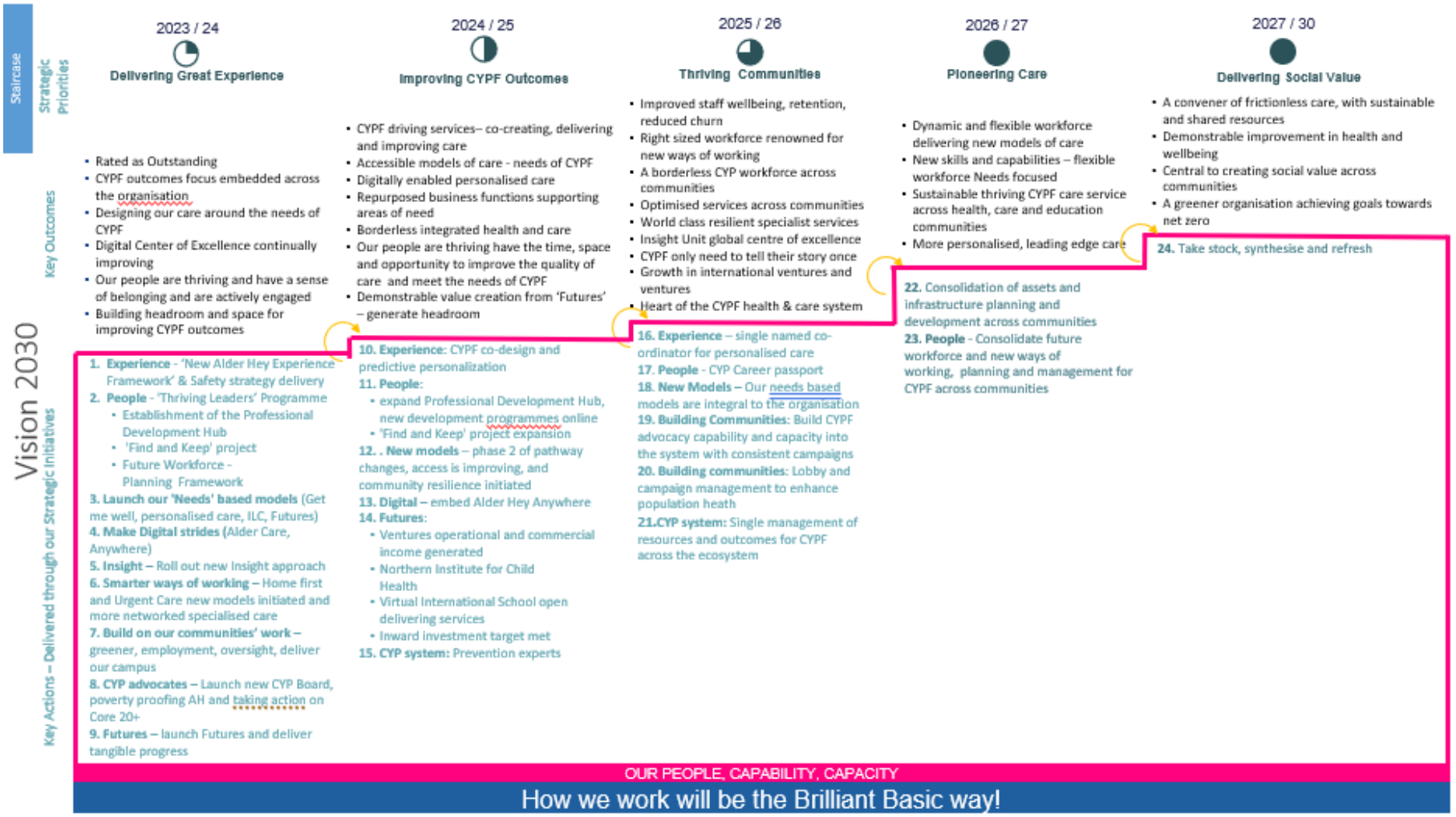
1. **Our phased plan**
2. **Overview of our Strategic Initiatives**
3. **Strategy Board – Draft TOR**

Strategy 2030

Alder Hey Children's NHS Foundation Trust

12.1 Appendix 1: Our Phased Plan

Strategy 2030



NB: this is a management planning tool and not for general communication

12.2 Appendix 2: Overview of our 2030 Vision Programme - Strategic Initiatives

Some of our Strategic Initiatives are already being mobilised or can be actioned relatively quickly. Other reflect deeper cultural issues that require, collaboration, CYP system level distribution, greater understanding, and time, which is reflected in our phased plan.

Strategy 2030

Over the last Qtr. 4 (22/23), we have worked with Executive Colleagues and wider stakeholders to refine our outline approaches. The development of the strategic initiatives into formal programme of change, will follow the standard trust programme management framework.

The status, regarding acceptance, Exec Lead Assignment, Initiation, develop and mobilisation.

 100% of Strategic Initiative – have a lead SRO

 **All Strategic Initiative** – Proposals, Target Outcomes and Measures have been reviewed (modified as required) and approved.

 **Facilitated workshops –** are offered to all SROs over Qtr. 1 to support the development of their detailed Programmes.

 A detailed **2030 Strategy Programme – mobilisation plan** will monitored and through Strategic Execs, to ensure that we remain on track and have the enable requirements in place.

Overview of our strategic Initiatives

Strategy 2030

1. Outstanding care and experience

Always provide the best experience by understanding and meeting the needs of CYPF.

		Overview	Key Deliverables	Target outcomes
Strategic Initiatives	**1.2 CYP & Families Engagement and Experience**	• Safe and high-quality services, putting the CYPF voice and experience at the heart of the Alder Hey. • Shifting the focus from regulatory compliance to fulfilling CYPF needs and delivering an exceptional experience. • Observing, listening and responding to our CYPF needs and creating a truly experience centric organisation. • The key will be supporting staff and building new capabilities. This will require a step change in mindsets, processes, governance and ways of working. • Supports the transition to new models to create a greater focus on segment cohort needs and linking the experience across our CYPF areas of need • Potential to develop a unique CYPF strategic asset – creating value.	• Alder Hey experience framework • A pre-emptive approach to incident resolution • Patient experience and education and training • CYPF involvement in engagement • Utilisation of data lead analytics to support monitoring and planning	• Alder Hey Experience framework - Improves health and care outcomes and service experience • CYPF driving the entire organisation – co-creating, delivering and improving services • Intelligence-led proactive care management and empowered staff • Organised around areas of need and services aligned to population health • Increased productivity and reduced waste

Strategy 2030

2. Supporting Our People

Supporting Our People to have fulfilling careers in a community that thrives.

		Overview	Key Deliverables	Target outcomes
Strategic Initiatives	**2.1 Thriving @ Alder Hey**	• We are a people organisation and investing in our peoples' experiences of Alder Hey is essential, whilst responding to the demand challenge and adapting the new ways of working – based on CYPF need. • Using workforce segmentation has identified that 'Our People' have differing needs and expectations. • Recruitment will be shaped around the needs of CYPF, reflecting the different work expectations of our people. • 'Thriving @ Alder Hey' will look at all touch points across our colleague 'life cycles' to ensure experiences from recruitment, induction and orientation programmes and development programmes create and nurture a sense of belonging. • Underpinning this idea is the delivery of psychological, physical, financial and social wellbeing support for all.	**Attraction and Recruitment** • Training and development, coaching and line management support • Diversifying our recruitment approach • Orientation programme • Expand apprenticeship **Retention** • Thriving Leaders programme • Find your Fit (Job rotation) • Targeted lifestyle support • Career mentoring • Community connection opportunities	• Our people are thriving and have a sense of belonging and are actively engaged, whatever their background or role • Our people have the time, space and opportunity to improve the quality of care and meet the needs of the CYPF • Progressive diversity and inclusion approach reflected in employee experience • Consistent and effective talent management across the organisation • Improved CYPF experience and timely access to services • Consistent and fair employment rights for all, every time • Fair and equal access to services and better health outcomes • Ability to respond to future surges in demand

		Overview	Key Deliverables	Target outcomes
Strategic Initiatives	**2.2 Professional Development Hub**	• We will invest in our people to develop new capabilities at the Professional Development Hub which will support colleagues to collaborate, connect, build relationships, and spark conversations and a sense of community. • Focus on creating a sense of belonging and developing meaningful careers.	**Career performance and management** • Establishment of the Professional Development Hub	• We invest in our people and their teams to ensure they can have amazing careers • Our people are supported through the Professional Development Hub to

Strategy 2030

		• Our 2030 Vision will require new capabilities and capacity in our people, to enable us to meet the areas of distinct need of our CYPF. This will involve us moving from individual silos to focus on need. • The Professional Development Hub will oversee talent management and provide our people with development opportunities; in line with achieving the CYPF need. • The collaborative and multi-professional focus will support the shift from our traditional care models to being organised to meet need.	**Professional development** • Supporting our people through Change – Stronger Together • CYP career passport • Career development framework • System wide learning opportunities • Active performance management framework	embrace new ways of working, grow and learn • Measurable 'evidence-based' professional development under a consistent framework • Professional Development - Integrated into individual CPD and appraisals aligned to organisation objectives • A multi-disciplinary team with all the competencies to support the 'professional'
		Overview	**Key Deliverables**	**Target outcomes**
Strategic Initiatives	**2.3 Future Workforce**	• Our workforce needs to align with the changing world of work. Delivering our Vision 2030 will not only require closing the skills and capacity gap, but also building the workforce of the future that will enable the delivery of care in a new way. This will include the development of new roles, and ways of working and extending participation across our communities. • Workforce development will be shaped around the needs of CYPF, reflecting the different work expectations of our people. • Application of new ways of thinking about workforce working with international partners -> Our colleagues are our IP. • The Professional Development Hub and the Academy will be key enablers. The PD Hub will also oversee talent management and professional development in line with achieving the CYPF needs. • The Trust will lead from the front as the voice of CYPF.	• Future Working Planning Framework • Future talent management • AH portfolio careers • Future Entrepreneurs programme	• Dynamic and flexible workforce delivering new models of care • Increased capacity and headroom in improving population outcomes • Borderless CYP workforce working across communities • Creating future workforce from broad talent pools • Right sized workforce renowned for new ways of working • Ability to respond to future surges in demand

Strategy 2030

3. Pioneers Breakthroughs Pioneering to find novel solutions and treatments.

		Overview	Key Deliverable	Target outcomes
Strategic Initiatives	**3.1 Futures**	• Advances in medical sciences, research & technology present vital opportunities to reduce the incidence and impact of congenital and acquired problems facing children & young people and their families (CYPF). • Alder Hey Futures will connect and nurture the power of research, innovation, data & digital resources, education, and a commercial approach to create a world where children and young people can live their best lives. • A major strength lies in our clinical expertise, first-hand insights into the real-world problems of CYPF. Working with partners in the public, private and third sectors, we will build world-class infrastructures to create, deploy & globalise impactful solutions to these problems. • This requires us to realise our full potential and necessitates revisiting our current ways of working. Closer integration of the varied skill-sets of our outstanding clinicians with world leading research, innovation and education with our data/digital capabilities and a more sustainable financial model will maximise our collective impact on the lives of CYPF. • Our primary purpose will be deploying innovative drugs, devices, digital solutions, and technologies which improve patient outcomes and experience. However, wherever possible we will also commercialise, at scale our successes via a new Ventures capability, through which to generate income for growth and ensure sustainability.	• Pioneering studies of new diagnostics & therapies • Personalised medicine • Prevention & earlier, targeted intervention • Mental health & emotional wellbeing • Digital solutions & data-driven advances • Multi-sector, multi-agency consortium focussed on finding innovative solutions to real-world problems • State-of-the-art" Hospital Without Walls" • Northern Institute for Child Health & Well-Being • International Post-Graduate School • National Forum on Health Inequalities • Integrated paediatric data network	• Improved patient outcomes and experience though optimised healthcare • Expansion beyond the hospital campus and into the everyday environment of CYPF • Enhanced services through deployment of innovative diagnostics, therapies, and technologies • Establishing AH as a 'go-to' partner for RIDE, attracting academic and commercial partners • Facilitating recruitment and retention of the best trainees and staff • Sustainable portfolio of clinical studies and pipeline of innovations • Matching our reputation for RIDE to that of our clinical services • A new international Ventures capability with a mixed ecosystem of NHS, private and voluntary sector partners in which risks and benefits are shared

Strategy 2030

4. Collaborating for Children and Young People

Working with partners to improve life chances of CYP.

		Overview	Key Deliverable	Target outcomes
Strategic Initiatives	**4.1 Building communities**	• Build our communities to link together organisations cultures and areas to improve the health and wellbeing for CYPF. • This goes beyond being a community anchor, we serve multiple communities. Communities will be created around the needs of CYPF. • The capability and capacity to work within communities will be developed. • Decisions will be made around the common Initiatives of each community, to be more effective and efficient. • Community schemes and programmes will be developed with stakeholders, including voluntary and private sector. • Build relationships and a network of local communities, targeting health inequalities and address needs and gaps in care. • Aligned with and adding to system ambitions.	• Develop capability and capacity to deliver community agenda • Develop community schemes and programmes with partners • Build relationships and network of local communities • Engage with private and voluntary sectors for collaboration • Greener Strategy delivery • Health Inequalities – targeted programmes of action • Lobby and campaign management to enhance population heath	• Tangible impact in reducing health inequalities and a shift to preventive intervention • A greener organisation achieving our Initiatives towards net zero • A greater proportion of our procurement is locally sourced • A renowned advocate for the healthcare needs of CYP, driving change improving futures • CYPF needs are met with improved work with our communities and fewer gaps and hand overs • A valued anchor institute that creates opportunities for CYP and our local community as an employer and educator • Community schemes between CYPF and care services • Happier, healthier, and fairer communities

		Overview	Key Deliverable	Target outcomes
Strategic Initiatives	**4.2 CYP system**	• Reimagining the health and care system around the needs of CYPF engaging and participating in the new ways of working. This is a necessity. • Building a shared vision across health and social care on meeting the needs of CYPF across our communities. • Improve the relative performance of services not just within AH but across our health and care ecosystem, aligned to the future way of working	• Build our role as an anchor institute • Co-development of a shared agenda	• A convener of the systems with a sustainable and shared CYP resource • Tackle inequalities to improve outcomes in partnership • Sustainable, joined up services focusing on physical and mental health, with seamless oversight across CYP communities.

Strategy 2030

		• Each partner will need to be clear on how it needs to change. This may mean consolidation or losing contracted services. • Establishing new governance, financial and contracting arrangements. • Focusing on attitudes and behaviours of CYPF in rethinking services.		• Borderless and frictionless integrated health and care for CYPF, with shared resources • Longer-term planning and management cycles (away from short-term fixes) • New Business Models and services aligned to population health needs • A financially stable ecosystem • Strategic asset (methodology and systems)

5.Smartest Ways of Working

Ensure delivery of the very best health and care outcomes for CYPF locally, regionally, nationally and internationally.

		Overview	Key Deliverables	Target outcomes
Strategic Initiatives	**5.1 New Model of Care**	• Develop new models of care designed around the four areas of need: Get me Well, Personalised Care, Improve My Life Chances and Futures • Developing our models using insight and experiences, to shape our models to truly address needs as defined by our CYPF. • Our people, pathways and services are organised around the areas of need. • Keeping more children and young people at home, school, or local community. • New Models of care will translate and deploy, proven solutions from Alder Hey Futures. • Deploy and optimise technology and digital solutions to change and deliver areas of need. • The support to meet needs beyond those that are medical is redesigned to integrate across the AH communities.	• New Models Clinical pathways a. Home First b. General Paediatrics @ Best c. Elective Recovery d. Network Specialist Services e. Urgent Care • Create a Blueprint for CYPF Areas of Need: - Get me Well, Personalise my care • Convenient, flexible care delivered in the community • A joined up, compassionate service that is built around the communities CYPF live in • Translating and deploying' future technologies to enable care to be transformed to meet the needs of CYPF.	• Accessible models of care implemented around the needs of CYPF • Joined up care models across communities based on CYPF needs • World class specialist services • All service provision and resources are fully aligned to the areas of need with greater empowerment and accountability. • Optimised funding models for each business • Digital solutions embedded at scale, keeping CYP at and school when we can • Holistic care no differentiation between physical and mental health

Strategy 2030

		Overview	Key Deliverables	Target outcomes
Strategic Initiatives	**5.2 Digital + Data**	• We live and work an era powered by digital and data in everything we do. Our ambition is to deliver 'Outstanding Digital and Data Excellence'. • Coordination and collaboration across the areas of need will require more integrated and efficient digital workflows, complementing the changes in working practices to deliver improved care. • Provide the best possible needs driven digital technology services and systems to support, enable and drive outstanding safe care proactively managed through seamless pathways for CYPF • Deliver a centre of Digital Excellence which enables Alder Hey colleagues to do their very best work • Embed digital developments and innovations at scale within divisions and clinical teams to maximise the opportunity of new models of care • Champion the digital profession and collaborative working through the support and development of a talented digital workforce.	• Digital centre of excellence • Deliver Alder C@re Phase 1 • Optimisation of Alder C@re Phase 2 • Digitally enabled personalised care - system functionality • Digital system collaboration	• Digitally empowered workforce maximising the use of digital to improve the quality of care and safety • Digital Centre of Excellence continually improving colleagues and CYPF experience • Digitally enabled personalised care • Collaborating across our communities to ensure a joined-up experience were CYPF only need to tell their story once • Intelligent workflows supporting the new operating models and delivery of care • Tech talent integrated into the front-line services • Technology implementation designed and prioritised around CYPF needs
		Overview	**Key Deliverables**	**Target outcomes**

Strategy 2030

Strategic Initiatives	**5.3 Insight Led Decision making**	• Unleashing the power of insight-led proactive decision-making to drive improvements in care faster, more effectively and sustainably. • Embed the advanced analytics methodologies, used to develop the 2030 vision • into current systems and processes to raise analytics maturity. • There is a focus on building the capability to drive improved clinical and management decision and reduce risk. • Bringing together multiple disciplines, removing silos, and leading a pioneering approach across our communities. • The objective is to maximise value from data to improve decision-making and services improving care and staff engagement. • A key element will be to educate and coach staff to improve data fluency and the application of intelligence. • The intention is to become renowned as the go-to for CYPF Insight Led Decision making.	• Establish CYPF insight unit • Handover and implementation of methodologies from Vision 2030 to Trust teams • Infrastructure strategy and consolidation • Insight Unit design and organisational development • Explore international accreditation • Embed capability and data fluency •	• Insight Unit empowering communities to improve outcomes for CYPF • Insight unit recognised as a global centre of excellence for CYPF • Accredited through an internationally recognised maturity framework embedded for learning and development • Greater transparency and acceleration of service development • A platform to grow and retain the best talent supporting our communities

Strategy 2030

12.3 Appendix 3

TRUST STRATEGY BOARD

DRAFT TERMS OF REFERENCE

Constitution	The Trust Board hereby resolves to establish a function of the Board of Directors to be known as the 'Strategy Board'.
Membership	Trust Chair Non-Executive Directors x 6 Chief Executive Deputy Chief Executive/Chief Finance Officer Chief Medical Officer Chief Nursing Officer & AHP/HCP Lead Chief Operating Officer Chief People Officer **In attendance:** Director of Corporate Affairs Director of Strategy & Partnerships Chief Digital Information Officer Director of Communications and Marketing Director of Research and Innovation **As required:** Other persons by invitation The Chair shall have the power to co-opt additional permanent members external to the Trust.
Attendance	Overall, throughout the working year, each member and attendee should attend in person in excess of 75% of scheduled meetings. Secretarial support shall be provided to the Committee to take minutes of the meeting and give appropriate support to the Chair and Committee members.
Quorum	A quorum shall consist of at least one-third of the whole number of the Directors including at least one Executive Director and one Non-Executive Director.

	Meetings of the committee are permitted to be held by video conferencing or other such virtual means and attendance via these will count towards a quorum.
Frequency/ Duration	Meetings shall normally take place on a quarterly basis for two hours and the Strategy Board will meet not less than 4 times a year.
Authority	The Strategy Board is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff in order to perform its duties and to call any employee to be questioned at a meeting of the board as and when required. It has the power to ratify Trust wide policies on behalf of the Board of Directors and terms of reference of groups that fall within the scope of its delegated authority. It has powers to take legal advice and to commission external advice and reports. The Strategy Board may also request specific reports from individual functions within the organisation as may be appropriate to the overall arrangements.

Duties	**Overall**
	
	The Strategy Board will provide a means by which Alder Hey's Vision 2030 will be given a specific corporate focus and governance framework for strategic delivery, effective risk assessment, reporting and assurance. It will monitor external collaboration with multiple stakeholders across NHS, Non-NHS, Local, Regional, National and International partners.
	
	The key areas of focus are:
	
	Internal delivery
	
	• Strategy development and oversight of delivery against agreed outcomes
	• Strategic delivery clusters:
	  ○ Get me Well
	  ○ Personalise my care
	  ○ Improve My life chances
	  ○ Bring me the future today
	• Oversight of strategic enablers for improvement in:
	  ○ Experience

	○ Revolutionising care ○ Building communities ○ 'Futures' • Brand enhancement • Sustainability **External environment** • Horizon scanning and policy development • ICS/ICB developments • Provider collaboratives • Strategic partnerships – formal assurance • Committees in Common initial report back • Liverpool Clinical Services Review
Reporting	**Groups that report into the Strategy Board:** • Get me Well – hospital optimisation • Personalise my care – models of care • Improve My life chances – health inequalities, Green strategy • Bring me the future today – AH Futures, R&I
Conduct	All members and attendees will undertake work requested by the Strategy Board within the identified timescales. It is essential that all members and attendees participate in the meetings. Punctuality must be observed. All members must feedback issues raised within the Strategy Board to their areas of responsibility. The Executive Directors/SRO's are expected to represent the programmes within their portfolio or their specific area(s) of expertise. The Chair will be responsible for setting the agenda for meetings of the Strategy Board in accordance with the agreed work plan. Agendas, papers and minutes to be distributed not less than 4 working days prior to meetings. Papers to be tabled only in exceptional circumstances and at the discretion of the Chair. Any other business to be notified to the Chair of the meeting in advance. Draft minutes and action plan to be circulated within ten working days of the last meeting.
Monitoring	The Strategy Board will assess its own performance and effectiveness annually by: • undertaking a self-assessment of their performance against the Terms of Reference and Objectives;

	• considering the terms of reference (including its purpose and role) & work plan annually to ensure they remain relevant and up to date, and recommend any changes to the Board The Chair will ensure that an Annual Report of the Strategy Board's activities is completed and submitted to the Board of Directors for approval.
Other Matters	These Terms of Reference to be reviewed following 6 months of operation and thereafter on an annual basis.

DATE: March 2023

REVIEW DATE: September 2023

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**2023-24 Integrated Annual Plan**
Report of:	Adam Bateman, Chief Operating Officer
Paper Prepared by:	Andrew McColl, Associate COO Melissa Swindell, Chief People Officer Clare Shelley, Associate Director of Finance Natalie Palin, Associate Director of Transformation Jenny Dalzell, Associate Director of Partnerships

Purpose of Paper:	Decision ■ Assurance ☐ Information ■ Regulation ☐
Background Papers and/or supporting information:	
Action/Decision Required:	To note ☐ To approve ■
Link to: **Trust's Strategic Direction & Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations** ☐
Resource Impact:	

Alder Hey Children's NHS
NHS Foundation Trust

2023/24 Integrated Annual Plan

Contents

1. Executive Summary

The 2023/24 Integrated Operational Plan sets out Alder Hey Children's objectives for the year ahead and the underpinning workforce, financial and activity plans.

Our vision is a "healthier, happier and fairer future where every child and young person achieves their full potential".

2023-24 is a pivotal year as we embark on the implementation of our 2030 strategy.

Priorities

Our 2023/24 integrated annual plan has eight priorities:

i. Kick-start the implementation of our 2030 strategy
ii. Deliver our patient safety strategy
iii. Increase people availability and improve wellbeing
iv. Advance our clinical research portfolio and innovation pipeline
v. Handover Springfield Park to our community
vi. Improve access to care and reduce waiting times
vii. Financial sustainability
viii. Safely deploy Alder C@re (our new Electronic Patient Record)

How we implement the priorities is important to us. We will take a compassionate and caring approach to what we do; use the Brilliant Basics approach to improvement and change; and build on our partnerships to collaborate and achieve positive impact locally, regionally, nationally and internationally.

People

Our people plan will focus on leadership, recruitment and retention and developing the future workforce. We are striving to achieve an in-year step change in people availability and experience at work.

We expect the size of our workforce to increase from 4,077 WTE to 4,295 WTE, an increase of 5%.

Access and Recovery

We expect to meet, and in many cases exceed, all national access standards, including treating 76% of patients within 4 hrs of arrival, cancer care, diagnostic waiting times and elective waiting times.

We are experiencing a significant rise in demand for our services. In response to this, we are focused on investing in capacity, improving productivity and transforming our models of care. We expect to

meet the national standard of having no patients wait over 65 weeks for treatment, by March 2024. Dental services and ENT have the longest waiting times and will require most support. We will match the ambition to reduce long waiting times for our patients accessing community services – with a plan to ensure no child or young person waits > 65wks for ASD and ADHD pathways.

We plan to support more patients to receive planned treatment this year, recovering our elective services to 106% and outpatient services to 126% of pre-pandemic levels. Our plan is built upon new models of care, investment in our workforce and capacity, improved productivity and digital health care advancements, including virtual ward expansion.

Our urgent & emergency care recovery plan is designed to support 85% of children and young people receiving care within 4 hrs, above the 76% national target.

Finance

The financial framework for the 2023/24 financial year includes the following key requirements:

- Supporting the system to achieve financial balance (break-even), so our Income matches Expenditure of £368m.
- Payment by results model for all elective activity including Day Case, Elective and New Outpatient appointments, with our remaining activity paid on a block basis.
- Efficiency savings of 5% recurrently, which results in a £17.7m cost improvement plan target
- Capital spend (CDEL) in 2023/24 will continue to be managed through the ICS at system level with allocation of spend distributed to each provider.

2. Reflections from 2022-23

In the 2022- 23 annual plan we identified 5 operational priorities for delivery. Our key achievements against these priorities are highlighted below:

2022/23 Operational Priority	Key achievements
Outstanding Safety	• Launch of Patient Safety Strategy and Patient Safety Board • Improvement in pressure ulcer care leading to a reduction in preventable harm and zero grade 4 pressure ulcers • Continued work on medication safety in higher risk areas including HDU and PICU • Focussed work on the care of deteriorating patients with a 15% reduction in unplanned readmissions to critical care • Roll-out of the Sensory Improvement Programme • Introduction of shared care prescribing for sleep medication and ADHD medication. • Refreshed ACT team and implemented Response Team to effectively support 24/7 site management • HARMONIE study: evaluating the efficacy of treatments for RSV • CAP-IT study: changed antibiotic prescribing practice for children internationally
Great place to work	• Awarded the Freedom of Sefton Borough • Established a network of Health & Wellbeing Champions (SALS Pals) • Financial Wellbeing package introduced for our people • REACH, Disability & LGBTQIA+ staff networks established • Rated second in the North West Acute Trusts for being a place colleagues would recommend as a place to work • Opened the New Catkin clinical facility for community services • Opened new staff bases in North Sefton, Innovation Park and on campus • ED @ Its Best listening and improvement programme to support staff working in urgent and emergency care

Recovery	• Recovering paediatric services: relative to pre-Covid we are treating more patients who require elective care (103%), outpatient care (115%) and Community & CAMHS (143%) • Our Children's Hospital Alliance paediatric recovery partnership won the national HSJ Award for Elective Recovery • 100% compliance with the national cancer access standards • Improved access and waiting times in the Eating Disorders Service • Established a Paediatric Virtual Ward, with capacity to care for 20 patients at home • Supporting over 4,700 patients to manage their follow-up through patient-initiated follow-up pathways • Secured £5m of investment in the Paediatric Elective Hub • Opened the Urgent Treatment Centre (UTC)
Financial Sustainability	• Forecast to over achieve against the control total and deliver a £7.1m surplus for the year. • In year Cost Improvement challenge of £17.3m achieved • Maturing our shared service collaborative in digital, facilities and procurement • Capital plan delivered with investment in Campus, digital and Medical Equipment. • Green Rated Report from Mersey Internal Audit for the HFMA Finance Sustainability Checklist
Safe Digital Systems	• Introduced an e-consent system • Awarded the Health Tech Award for the Alder Hey Symptom checker, accessed by thousands of families across the country. • New online app and referral platform for some community services • Digitised outpatient appointment letters for C&YP and families • Launched a Routine Outcome Monitoring (ROMs) app to capture more outcome data • Little Hearts at Home App & portal supporting hospital at home care for cardiology patients

3. Background

2030 Strategy

Our 2030 strategy is summarised as follows:

This is year 1 of 8 in our roadmap for delivering the 2030 strategy. The 2023-24 operational plan starts to organise our projects, objectives and reporting around the delivery of our strategic goals.

Challenges

Some of the challenges we have faced in 2022-23 will continue into this year. We are sighted and focused on the most significant challenges which include:

- High levels of staff absence and an increasing rate of turnover
- Industrial action
- Rising demand for services including a 12% growth in ED attendances since 2019-20; 20% growth in overall waiting list size and a sharp rise in referrals levels mental health and neuro-development services.
- Constrained financial resources and a significant efficiency target

These challenges have informed our assessment of risk in the plan, decisions on where to prioritise investment and resource allocation, and the areas we need prioritise and give most support to.

4. Priorities for 2023/24

Our 2023/24 integrated annual plan has eight priorities:

i. Kick-start the implementation of our 2030 strategy
ii. Deliver our patient safety strategy
iii. Increase people availability and improve wellbeing
iv. Advance our clinical research portfolio and innovation pipeline
v. Handover Springfield Park to our community
vi. Improve access to care and reduce waiting times
vii. Financial sustainability
viii. Safely deploy Alder C@re (our new Electronic Patient Record)

2023-24 key priority 1: Kick-start the implementation of our 2030 strategy

These are strategic changes which will be supported by the Transformation, with assurance and oversight provided by the Trust Strategy Board, using a new Strategy Deployment Scorecard.

Improvement support: Transformation Team
Oversight & Assurance: Trust Strategy Board
Performance scorecard: 2030 Strategy Deployment Scorecard (new)

Strategic Goals	Strategic initiatives to commence in 2023-24
Unrivalled Experience	1. CYP & Families Engagement and Experience
Supporting our Colleagues	2. Thriving @ Alder Hey 3. Professional development hub 4. Future Workforce
Pioneering Breakthroughs	5. Futures
Collaborating for CYP	6. Building communities 7. CYP system
Smartest ways of Working	8. New care models 9. Digital and data 10. Insight-led decisions

2023-24 key priorities 2-8: our operational priorities for the year

These priorities will be led by our clinical divisions and corporate services, supported by a Divisional Improvement Hub, with assurance and oversight provided by the Trust Board.

Improvement support: Divisional Improvement Support Team
Oversight & Assurance: Trust Board
Performance scorecard: Integrated Performance Report

Strategic Goals	2023-24 operational priorities
Unrivalled Experience	1. Deliver our Patient Safety Strategy
Supporting our Colleagues	2. Increase people availability and wellbeing
Pioneering Breakthroughs	3. Advance our clinical research portfolio and innovation pipeline
Collaborating for CYP	4. Handover Springfield Park to our community
Smartest ways of Working	5. Improve access to care and reduce waiting times 6. Financial sustainability 7. Safely deploy Alder C@re

Delivery plans are in place for each of the 7 operational objectives.

5. Delivery plan 2023/24

Summary of our operational delivery plan

Strategic Goals	Operational Objectives in 2023/24	Key Metrics
Unrivalled Experience	Deliver our Patient Safety Strategy	• Reduce patient harms per 1,000 bed days • Increase reporting of risks, incidents and near-misses
Supporting our Colleagues	Increase people Availability and Wellbeing	• Reduce sickness absence by 1% • Reduce turnover by 1 percentage point to < 13% • Improve colleague satisfaction (Thriving index)
Pioneering Breakthroughs	Advance our clinical research portfolio and innovation pipeline	• Number of Chief Investigator led studies • Number of innovation solutions deployed with real-world impact
Collaborating for CYP	Handover Springfield Park to the community	• Return Springfield Park to Liverpool City Council by November 2023
Smartest ways of Working Smartest ways of Working	Improve Access to Care and Reduce Waiting Times	• Zero patients waiting >65weeks (including ASD and ADHD) • 85% of patients attending the Emergency Department are treated or admitted within 4 hrs
	Financial sustainability	• Breakeven I&E position • 111% ERF Recovery Value • £17.7m CIP
	Safely Deploy Alder C@re	• All 15 Clinical Safety Criteria achieved before go-live • Alder C@re deployed in September 2023

Summary of operational plans at Divisional level

Clinical Research Division

Strategic Goals	2023-24 operational priorities	Metric
Unrivalled Experience	Number of participants reporting experiences	150% of baseline no. of C&YP participating
Supporting our colleagues	Supporting more Chief Investigations and expanding the nurses and AHPs becoming Principal Investigators	Growth in Chief Investigators
Pioneering breakthroughs	Formulate and implement a new research strategy	Board ratifies Strategy
	Improve the time between study site selection and first patient recruited	Time taken to recruit patients to study
Smartest ways of Working	Growth in grant and commercial income	TBC

Community and Mental Health Division

Strategic Goals	2023-24 operational priorities	Metric
Unrivalled Experience	Delivery of new estate in South Sefton and day-case facility for Eating Disorder Service	Facility opens safely
Supporting our Colleagues	Outpatient clinic capacity and digital room booking service	95% room utilisation
Collaborating for CYP	Improvement and accreditation programme for Safeguarding & Statutory Services	Accreditation standards
Smartest ways of Working	Improvements in access to specialist Mental Health, and Community Speech & Language Therapy	Zero CYP waiting >52 weeks
	ASD and ADHD diagnostic pathway improvements	Zero CYP waiting > 65 weeks

Division of Medicine

Strategic Goals	2023-24 operational priorities	Metric
Unrivalled Experience	Urgent & Emergency Care Recovery Plan	85% C&YP seen in 4 hrs and FFT 90%
Supporting our Colleagues	Sustainable specialist services	Staff availability in Haematology & Neurology
	Engaging our people	Reduction in turnover
Collaborating for CYP	Oncology Home Care, Ward 3B capacity & team support plan	Ward occupancy < 92%
Smartest ways of Working	Diagnostic recovery	90% C&YP seen within 6 weeks

Division of Surgery

Strategic Goals	2023-24 operational priorities	Metric
Unrivalled Experience	Outstanding for Safe in Surgery	Reduction in Surgical Site Infection Theatre quality standards
Supporting our Colleagues	Invest in our people	Turnover < 10%
Pioneering breakthroughs	Surgical research 'stock-take' and establish divisional research hub	TBC
Collaborating for CYP	Implementation of Newborn Screening Programme	Newborn hearing standards compliance
Smartest ways of Working	Sustainable & accessible surgical services Focus on: ENT & Dentistry	Zero CYP waiting > 65 weeks

6. Brilliant Basics

Brilliant Basics is '*how we do things at Alder Hey*', and this will continue to be our vehicle and approach for progressing the improvements and transformation programme contained in our 2023/34 plan.

- **Vision:** "Small Changes, Big Improvements, Healthier Futures
- **What:** our approach to improving quality, safety, and effectiveness
- **Why:** a standard approach to increase the effectiveness of the organisation
- **How:** using tools and behaviours for 'how we do things'
- **Principles:**

The 2023/24 Delivery Plan for Brilliant Basics is summarised in the table below. It will support our people with leading, learning and delivering.

VISION	OBJECTIVES	DELIVERED THROUGH		KEY OUTCOMES	MEASURES
Small Changes, Big Improvements, Healthier Futures.	To develop Brilliant Basics routines and leadership behaviours that are role modelled by the Board and cascaded throughout all levels of the organisation.	Leading	Leader Standard Work	• A shift from command and control to humility and coaching style • Creating time for improvement • Direct reports who know how to 'do the work' and how to improve	**DRIVER** Percentage of staff who feel they can make improvements in their work. • Leadership behaviours maturity • Leader standard work; process confirmation and impact statements • 16 teams coached • Evaluation of delivery of learning • Maturity assessments of frontline teams who have been coached • Impact and outcome of CYP&F involvement • 12 case studies that evidence impact • Ward to Board reporting using BB progress summary • Maturity of Divisional routines
			Leadership Behaviours		
	An integrated learning and development programme to build capacity and capability for Brilliant Basics tools, routines and behaviours across the organisation.	Learning	Online learning	• Agile delivery options for all Brilliant Basics Learning • Teams that are empowered to make improvements	
			Coaching		
	Deliver the strategic objectives at every level in the trust utilising the Brilliant Basics routines and behaviours.	Delivering	CYP&F Involvement	• CYP&F involvement in strategic objectives • CYP&F Rights Based Approach in practice • BB routines with standard work clearly supporting performance and improvement	
			Ward to board BB routines		

7. People plan

Priorities

We will look after, support, develop and grow the people who work for Alder Hey, ensuring they have the right values, skills, knowledge and leadership to thrive, making Alder Hey an incredible place to work.

We will do this by continuing to focus on the core areas of 'business as usual', including:

1. Health & Wellbeing support
2. HR information, advice and guidance. We will work in partnership with Trade Union colleagues to achieve this.
3. Learning and educational opportunities

In addition to these core areas, we have identified four key deliverables which require focus and energy in 23/24:

1. **Thriving Leaders Programme:** We will develop the next phase of our leadership plan, which will set out the requirements for our leaders of the future. This will include an analysis of the current state, who are leaders are, their skill sets and gaps, management capability and consider our approach to talent management.
2. **Recruitment and retention**: 'Find and Keep' project. We will develop our plans for a fundamental review of recruitment processes and practices, alongside consideration of successful retention methodology and how to implement this Trust wide.
3. **Future workforce:** Following completion of the Establishment Control project in 22/23, the next steps will be to consider and propose a process by which we have a systematic and whole organisation approach to planning for the workforce of the future.
4. Establish the **Professional Development Hub**.

Workforce Plan

The workforce plan provides an overview of the changes anticipated between 2022-23 and 2023-24 which are based on the following assumptions and information:

- Continued ability to attract and recruit, supporting both internal moves and progression and new and returning candidates to the Trust, including successful international and newly qualified recruitment.
- Reduce levels of staff turnover, sickness absence and 'staff movement' (churn)

Forecast changes in our workforce include:

- Mental Health Investment and workforce growth (contingent upon commissioner investment)
- Increased workforce required for ASD and ADHD to keep up with demand
- Investment and growth in specialties with high service demand
- Local and International recruitment campaign planned for theatres
- Growth in ANPs to support clinical care delivery and offset unfilled medical posts
- Establishment of the Gender Identity Dysphoria Service (GIDS) (numbers to be finalised therefore not included in plan numbers to date)

The projected movement in our workforce numbers for 2023-24 is summarised below:

Area	2023 WTE Staff In Post	23/24 WTE Workforce Plan
Substantive	3,878	4,029
Bank	185	-
Agency	13	14
Internal Cost Pressures (Clinical)		71
Commissioner Cost Pressures		15
Internal Investments (Clinical)		94
Commissioner Investments		71
Total	**4,077**	**4,295**

Split of Cost Pressures and Investments			
Community	Medicine	Surgery	Total
3	35	33	71
15			15
18	46	30	94
71			71
107	**81**	**64**	**252**

There is a project year-on-year movement of 218 WTE (an increase of 5%)[1]. The breakdown of the drivers of this growth is as follows:

- 39% Neuro-developmental service (ASD and ADHD) and commissioner funding request
- 33% 2022-23 in-year changes in staff in post which represent a cost pressure
- 28% Internal investments to support activity target achievements in 2023/24

[1] This projection does not account for CIP schemes in development

8. Performance and Activity

Performance Standards

Our current and projected performance against key national performance standards is summarised in the table below:

Key Performance Indicator	From (2023)	To (2023-4)	National Standard	RAG Assessment[2]
ERF Recovery Value	102%	111%	109% ICB 104% Spec Comm	
Elective Recovery Volume (DC + IP)	103%	106%		
Outpatient Recovery Volume (OPNew + OPPROC)	115%	126%		
Zero elective patients waiting >65wks	131*	0**	0*	
Zero patients on the ASD and ADHD pathway waiting >65 wks	1,109*	0**		
CAMHS >52wks	40 *	0**		
Cancer Standards	100%	100%	75% within 30 days	
Diagnostic waits <6wk	75% *	90%***	>95% (March 25)	
A&E 4 Hour Standard	78%*	85%**	>76%	

* current February 2023 performance at Alder Hey
** performance by March 2024
*** performance by July 2023

Elective Recovery Plan

A demand and capacity model has been built to assess whether the activity plans are sufficient to achieve access standards in all specialties for 65ww and 52ww. The modelling has identified a significant risk that ENT, Dentistry, and neuro-development services will have patients waiting over 65 weeks by the end of March 2024. In response to this, we will deliver enhanced support to these specialties and work on recovery plans that will include:

- Demand management
- Productivity improvements
- Workforce investment
- Prioritised access to clinic and theatre capacity
- Partnerships to support in-sourcing and the use of elective hubs

[2] The RAG relates to the delivery of national targets (as opposed to internal targets)

Urgent and Emergency Care Recovery Plan

Our urgent and emergency services for children will focus on the five areas identified in the national UEC Recovery Plan. We will collaborate at Place and with the Cheshire & Merseyside system to implement the following:

i. **Increasing capacity:** We will increase capacity via the Paediatric UTC at Alder Hey, piloting a Paediatric Assessment Unit and expanding the Virtual Ward.

ii. **Growing the workforce:** We will offer staff opportunities and career progression by pushing the boundaries of advanced roles. We will explore the development of an Acute Care Paediatric Programme in collaboration with the Alder Hey Academy.

iii. **Improving discharge:** We are implementing pathways that enable an experienced clinician to discharge CYP with low-risk conditions directly from triage with appropriate advice. We will use the SAFER patient flow bundle to increase discharges completed by midday.

iv. **Expanding care outside hospital**: our virtual ward capacity will double from 15 to 30 beds. We will offer primary care more access to our Community Children's Nursing Team and Virtual Ward.

v. **Making it easier to access the right care:** we will provide an expanded paediatric virtual urgent care service through a paediatric telehealth and video clinical assessment service. Low acuity patients will be treated in the new Urgent Treatment Centre.

Activity Planning

Our aggregated Trust wide activity plan shows growth in all points of delivery (see Appendix A for Divisional breakdown):

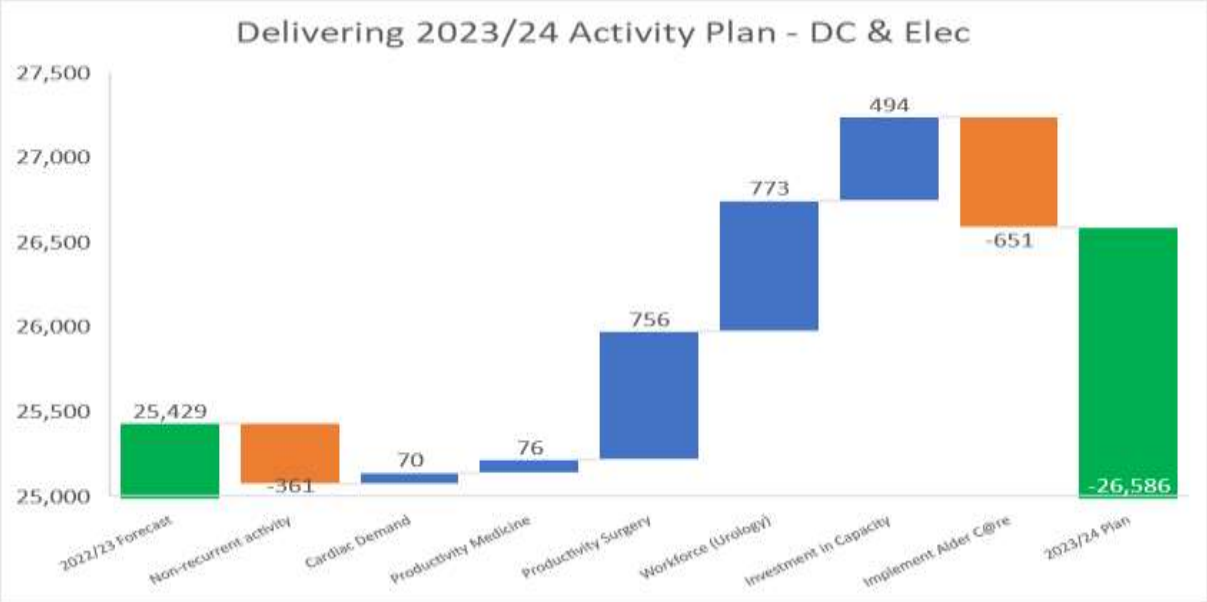
Requirement	Pre-pandemic Baseline (2019/20)	M9 Forecast Run Rate (2022/23)	Proposed Plan (2023/24)	% vs Baseline	RAG
Outpatient New (Inc Community & CAMHS)	56,247	66,551	73,177	130%	
Outpatient FU (Inc Community & CAMHS)	175,888	183,320	183,206	104%	
Outpatient PROC	18,363	19,506	20,568	112%	
Elective - Day Case	20,434	20,512	21,253	104%	
Elective - Inpatient	5,162	4,917	5,333	103%	
ED Attendances	62,098	71,974	69,709	112%	
Non Elective	15,705	15,405	15,824	101%	

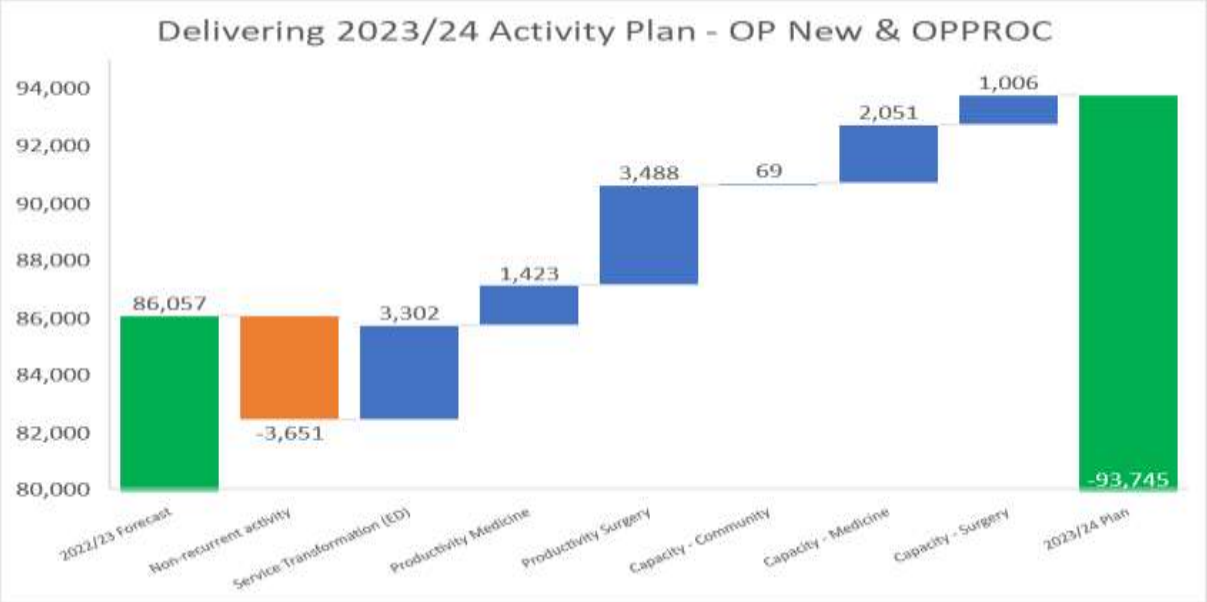
The proposed plan includes the following assumptions:

- a managed reduction in activity during the deployment of Alder C@re in September
- 1.9% growth in ED attendances (informed by national guidance)

- Non-elective activity is comparable to 2022-23, with a small adjustment for growth associated with the rise in ED attendances
- Growth in day case, elective and outpatient activity levels due to improved productivity and investment in additional capacity in specialties with high demand and backlogs
- The high level of growth in outpatients is driven by commissioned investment in Community and Mental Health services and new models of care in in urgent care pathways
- Reductions in OPFU volume (supported by PIFU) are offset by commissioned growth in Community and Mental Health

The following graphs show how these elements will take us from current activity levels to deliver the 2023/24 activity plan



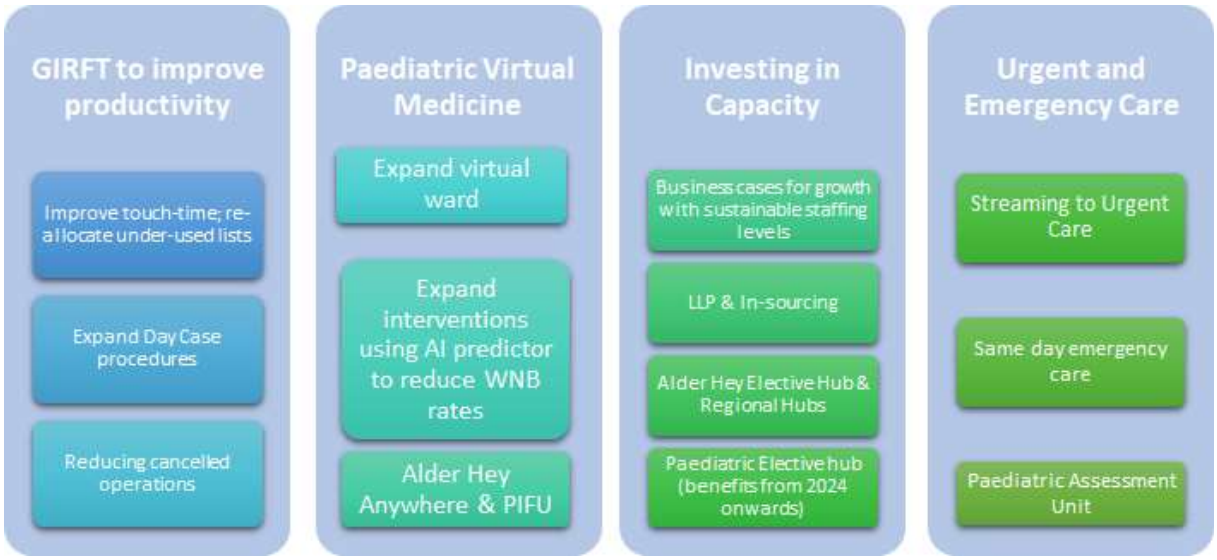


Analysis of the year-on-year movement in projected ERF Value performance

		Value £000's	ERF value % Recovery vs 2019/20
2022/23 Forecast (excl OPFU reduction)		**60,500**	**102%**
A&E OP (FYE)	Service Transformation	600	1.0%
Cardiac Surgery (Elec)	Growth in Demand	900	1.5%
Urology (DC & Elec)	Resolution of Workforce issues	832	1.4%
ENT (DC & Elec)	Productivity & Investment in Capacity	755	1.2%
Paediatric Surgery (Elec)	Productivity & Investment in Capacity	500	0.8%
Other OP New (inc Gastro, Gen Paeds)	Productivity & Investment in Capacity	923	1.5%
Other	Productivity	1039	1.7%
2023/24 Plan ERF Value		**66,049**	**111.40%**

Overview of Capacity and Productivity Plan to achieve growth

We will manage a large-scale improvement project entitled 'Sustainable & Accessible' services to improve productivity and increase capacity. The programme will contain four key workstreams:



Theatre Capacity

We will invest in additional theatre capacity, continuing an upward trajectory to reach 145 sessions per week from July 2023 (subject to successful recruitment):

	2019/20	2022/23	2023/24 Q2-4 Plan
Average Theatre Sessions per week	129	133	145

Bed Capacity

The 2023-24 activity plan equates to 58,318 bed days and will increase occupancy levels to 83%:

	Elective Bed Days	Non Elective Bed Days	Total Bed Days	Occupancy (192 beds)
2022/23 Actual:				
Apr-Feb	14,528	36,558	51,086	**80%**
Pro rata March	1,354	3,408	4,762	
Growth in activity plans:				
+8% Elective (417 spells)	1,271		1,271	
+3% Non Elective (420 spells)		1,199	1,199	
2023/24 Demand	**17,153**	**41,165**	**58,318**	**83%**

9. Financial Planning

Overview

The financial framework for the 2023/24 financial year includes the following key requirements:

- Expectation remains that systems and providers, achieve financial balance (break-even) and therefore remain within their allocation.
- Efficiency requirement min 5% recurrently
- Funding for elective recovery will operate on a different basis to that in 2022/23. Elective Points of Delivery (excluding Outpatient Follow Up Appointment) payments will be variable in 23/24 based on activity completed. Most high-cost drugs & devices will continue to be pass-through; but all other areas of the contract will remain block paid.
- System top ups and COVID payments are no longer a separate payment and included in base allocations but represents a reduction to 22/23 allocations.
- Requirement for signed commissioner contracts for all activity provided
- Capital spend (CDEL) in 2023/24 will continue to be managed through the ICS at system level with allocation of spend distributed to each provider.

Income & Expenditure Plan

The following table summarises the proposed 23/24 financial plan as a comparison to our performance in 22/23 with an overall expected system performance of break even by the end of March 2024. At the time of preparing this report, discussions are continuing across C&M on achieving financial balance as a system and therefore the numbers below are still provisional.

	Area	22/23 Forecasted Out turn £'000	23/24 Annual Plan £'000	Movement £'000
Income	Block Payments	284,248	285,957	1,709
	C&V drugs & devices	42,481	41,881	(600)
	ERF	7,653	10,235	2,582
	COVID/System Top Up	1,753	0	(1,753)
	Clinical Other	3,058	608	(2,450)
	Non-Clinical	31,785	29,724	(2,061)
	Total Income	**370,979**	**368,405**	**(2,574)**
Expenditure	Pay Costs	(222,315)	(235,300)	(12,984)
	Non Pay	(120,478)	(106,325)	14,153
	Depreciation	(12,176)	(15,317)	(3,140)
	Other Technical Charges	(8,879)	(11,464)	(2,585)
	Total Expenditure	**(363,849)**	**(368,405)**	**(4,556)**
	Overall Position	**7,130**	**(0)**	**(7,130)**

The key principles that have been adopted in the development of the 2023/24 I&E plan include:

- Block contract income levels rolled over from 22/23 uplifted by inflation and growth as per national guidance.
- Activity based contract income based on externally mandated activity plans with a view to exceed and maximise income opportunities.
- Pay award changes based on 2% as per the national guidance although this has not yet been awarded. Funding will flow to cover any agreement higher than the anticipated 2%.
- The depreciation charge includes £2.9m relating to assets that are hosted by Alder Hey on behalf of the C&M system and is funded by a corresponding increase in income.
- 75% of legacy cost pressures funded within divisional budgets with the remaining expected to be mitigated through switch of or repurpose and will be monitored through the Sustainability Deliver Group.
- Further investment asks have been quantified by divisions, however given the financial risks that remain in the plan investments are currently being prioritised by cases which will support the delivery of activity targets and patient risk and safety.
- A recurrent CIP for the year of £12.7m (3.7%) with a further £5m carried forward from 22/23 as identified non-recurrently. CIP expected to be delivered for 23/24 therefore totalling a recurrent requirement of £17.7m (5%).
- A full planning exercise has been undertaken on the Mental Health Investment required to deliver the standards as part of the C&M system mental health group. Included in the plan is the recurrent impact of the 22/23 schemes, however agreement yet to be made on the 23/24 investment levels.

A set of financial parameters have been agreed as part of the 23/24 plan which will form part of the objectives for this year:

i. Achievement of the activity target set by all commissioners to secure additional income allocated
ii. Restriction in new investments unless deemed necessary due to safety/quality risks
iii. Series of change programmes to deliver at-scale cost improvement programmes to support financial sustainability

Efficiency Programme

A key factor of the 23/24 plan is a highly ambitious CIP target driven by a 3.7% minimum target set nationally with a further 1.3% stretch to support the delivery of a break-even position including the C & M ICS convergence factor, which will bring C& M ICS spend in line with their fair share allocation. This must be achieved through a combination of cost reduction, productivity and collaboration and further work is ongoing as part of objective "Sustainable and Accessible Services" to ensure appropriate resource is available to drive forward the programme of works required.

- A recurrent CIP for the year of £12.7m (3.7%) with a further £5m identified non-recurrently in 22/23 CIP expected to be delivered totalling a recurrent requirement of £17.7m (5%).
- The CIP target has been phased with higher weighting in the second half of the financial year to allow for schemes to be developed and implemented.

- The target has been distributed equally across clinical and non-clinical areas at this stage. As transformation areas and projects are agreed the targets may move to reflect the area of most opportunity.
- The overarching themes that are in development for the 23/24 plan include:
    - Workforce
    - Increase activity to achieve and exceed targets
    - Data capture and coding
    - Procurement
    - Infrastructure including Green and Net Zero
    - Medicine Optimisation
    - Commercial initiative
    - Corporate Services
    - Collaboration and Partnerships
- We will also continue to have a progressive and inclusive approach to identification of CIP utilising tools such as Model Hospital, GIRFT, in addition to the Trusts internal intelligence such as Service Line Reporting and Reference Costs.
- The Cost Improvement Programme for 2023/24 will continue to be governed through the Trust's Programme Assurance Framework and embedded within the Assurance Committees of the Board governance structure. CIP will also be monitored on through the Sustainability Delivery Board, which is also attended by the Divisions ensuring collective ownership of the programme and related decision making.

Capital Planning

Capital is an increasing scarce resource in the NHS and the level of spend is controlled by a Capital Resource Limit (CDEL) set nationally by treasury and then allocated to each ICS by way of a system CDEL envelope that must not be exceeded.

As a Foundation Trust, Alder Hey has previously had the autonomy to develop a capital plan that utilised internally generated cash with the approval of own Trust governance. The move to a system capital resource limit (CDEL) with allocations to each provider, removes this autonomy to ensure that the capital spend for the ICS is within the limits set nationally. The CDEL allocation is a 'permission to spend' our own cash reserves and not necessarily an additional cash allocation although, new national capital investments will take the form of new cash in addition to an increase in CDEL to spend it.

Capital limits are now in year 2 of 3, however, focus within C&M has been on agreeing the 23/24 capital plans with further work required on the following years.

The table below sets out the summary of the capital requirements for 23/24 based on a prioritisation process that has been undertaken, along with the confirmed CDEL of £12.5m and charitable allocations, resulting in a total capital plan for the year of £19.1m.

	23/24 Plan (subject to change) £`000			
Neonatal/PAU	6,000			
Medical Equipment	3,700	including 2nd CT scanner nationally funded		
Eating Disorder Daycase	2,500			
Elective Hub	4,000			
Community & Mental Health Hub	1,500			
Digital/H&S/Other	1,401			
Total planned year	**19,101**			

Discussions continue internally on the allocation of any remaining CDEL for the year based on prioritised need. The capital management group will be established throughout the year to review any new requirements and also monitor spend against the plan ensuring appropriate utilisation of the resources.

10. Great Partnerships

Alder Hey will continue to work with partners to advance and coordinate paediatric care, address health inequalities, and improve children and young people's outcomes. This will be progressed through strategic partnerships at national, regional and local levels.

Cheshire & Merseyside (C&M) Integrated Care System

In 23/24 Alder Hey will continue to convene the system around children and young people, working with partners on:

- Recovery – continued review of waiting lists across providers and specialties, alongside key transformation initiatives such as the paediatric dental hub
- Clinical standards of care – we will continue to work as a network of providers to improve standards and address gaps in service
- Beyond / Transformation – we will deliver Year 2 of the "Beyond" C&M ICS CYP programme, driving improvement in key outcomes such as respiratory, mental health/emotional wellbeing, obesity/healthy weight, LD/Autism, Diabetes, Epilepsy and Starting Well and Core20+5CYP
- Health Inequalities - Lead the Health Equity Collaborative for C&M in partnership with Barnardo's and the Institute for Health Equity, through Beyond.
- Digital - Play an active partnership and leadership role in the delivery of the C&M ICS Digital and Data Strategy. CDIO supports the system digital strategy in a leadership role as the CDIO lead for digital and data workforce linking into the North West Skills Development Network digital and data priorities.
- Support the development of an ICS CYP sub-committee
- Contribute actively to the Health Care Partnership and Board through leadership roles such as Alder Hey's Chair representing the Acute and Specialist Trust Provider Collaborative (CMAST)
- Contribute the CYP chapters into key ICS strategies and plans including the joint 5 year forward plan, final publication of which is expected in June 23.
- Provider Collaboratives - Contribute actively to both 2, CMAST and LD/Mental Health/Community.

Children's Hospital Alliance (CHA – National)

Alder Hey will continue to host, and jointly chair, the CHA with Great Ormond Street. The 23/24 work plan is under final agreement by the Alliance, but will include emphasis on:

- CYP elective recovery / transformation
- Poverty proofing and addressing CYP health inequalities
- Leading clinical innovation – including development of an innovation network and widespread adoption of key initiatives such as the 'was not brought' tool facilitated through artificial intelligence (AI), initiated through Alder Hey's innovation team
- Advocacy – raising the profile of paediatric care nationally.

North West Paediatric Partnership (NW/ Regional)

In 23/24, Alder Hey's partnership with Royal Manchester Children's Hospital will continue to develop, to further enable stable and equitable access to specialist CYP services across the NW, ensuring the children of the Northwest have access to the very best clinical expertise and outcomes. The NWPPB will continue to jointly host and oversee the set up/delivery of the NW Neonatal and Children's Operational Delivery Networks (ODNs) and their associated workplans.

The NWPPB will continue working with Specialist Commissioners and the NW Integrated Care Systems to consider and mitigate the impact and optimise the benefits associated with the planned of delegation of specialist services to ICS's, during this shadow year. 23/24 will see the full development of the NW SpecComm Women and Children's 'case for change', which is driving 3 transformation programmes to ensure equitable access and standards of care across the NW:

- the *Neonatal Transformation (Critical Care) Review*
- the *Paediatric Critical Care Review (level 1 & 2)*
- the *Children's Cancer service specification* (Primary Treatment Centres and Paediatric Oncology Shared Care Units)

The NWPPB will continue to work in partnership with NW Specialist Commissioning and partners across the system to support both the content of the case for change where appropriate and to implement the recommendations.

Place Partnership – One Liverpool

In 23/24, Alder Hey will contribute system leadership into Liverpool's 'Healthy Children and Families' segment of the One Liverpool plan, jointly with Liverpool City Council's Consultant in Public Health CYP lead (joint SROs). The segment ambition is to drive a better future for CYP and Families in Liverpool, working together to deliver the Liverpool City Plan / One Liverpool ambition of a 'healthier, happier, fairer Liverpool for all'.

There are five emergent areas of focus and delivery identified collaboratively as key areas to address health inequalities across the city:

- Better Start,
- Growing Well,
- Good Respiratory Health,
- Healthy Neighbourhoods and
- Mental Health & Emotional Wellbeing.

In addition, in 23/24, Alder Hey will oversee implementation of initiatives funded through the Contain Outbreak Management Fund (COMF) Liverpool in partnership with Liverpool City Council Public Health, which focus on: Healthy Weight, prevention in pathways, restrictive food intake and a health inequalities toolkit.

11. Risks

Our current organisation risks are set out in the Board Assurance Framework. The following risks are considered the most pertinent threats to the successful delivery of the goals and ambitions for C&YP, families and our people, as set out in this plan:

Risk to 2023/24 operational plan	BAF link	Risk Description	Mitigating actions
Fall in staff availability to work	BAF 2.1 BAF 2.2	• Ongoing Industrial Action • Surge in sickness rates • Staff burnout and stress due to inter	• Staff Advice & Liaison Service • People plan, with a focus on civility, development, compassion, and psychological safety
Alder C@re delay and system issues	BAF 1.2	• Alder C@re deployment is deferred due to incomplete system build, or insufficient training • Implementation issues during "go-live" resulting from inherent risks with large scale EPR changes.	• Comprehensive programme plan and regular programme oversight • Investment in project management and developer capacity
Demand rises faster than capacity growth and productivity improvements	BAF 1.2	• There remains a backlog of patients waiting for planned care, particularly in a small number of specialties including ENT, Dental, ASD, ADHD with challenges related to their recovery of capacity and/or high demand. • Unprecedented demand for urgent care has increased the wait for clinical assessment and reduced the percentage of patients treated within 4 hours.	• Specialty level actions plans, including investment in capacity, insourcing, improved productivity • ED@ Best program with focus on system level working, right staffing, and streaming patient to right clinic setting
Financial sustainability	BAF 3.4	• Delivery of a highly ambitious CIP programme of £17m assumed in the plan with c30% identified to date. • Delivery of activity programme to exceed income assumed in current plans • Deterioration of current expenditure run rate above the pressures and investments agreed, to meet peaks in urgent care demand and elective recovery plans. • Mental Health investment not yet secured in the plans • Commissioner investments for service developments is not secured in the new environment.	• Additional income will be obtained if we exceed 110% and deliver at marginal cost. • Productivity improvements • Reduce overheads • Commercial Opportunities • People Plan -Absence reduction in 1% • New opportunities from national funding to support emerging pressures and investments

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**Integrated Performance Report (February 2023)**
Report of:	**Executive Leads/Divisional Leads**
Paper Prepared by:	Deputy Head of Information

Purpose of Paper:	Decision ☐ Assurance ■ Information ■ Regulation ☐
Summary / supporting information:	
Action/Decision Required:	To note ■ To approve ☐
Strategic Context **This paper links to the following:**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ■ **Strong Foundations** ■
Resource Implications:	

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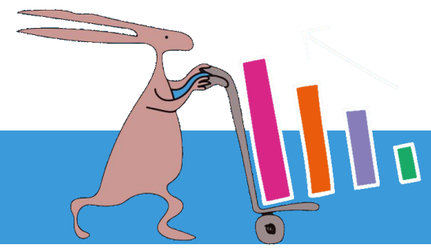
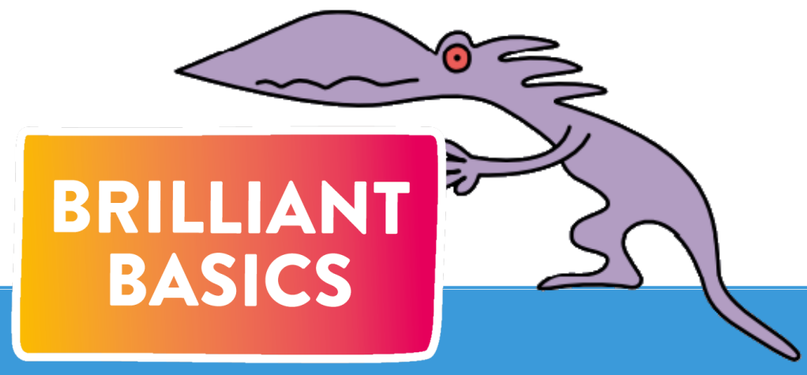
NHS
Alder Hey Children's
NHS Foundation Trust

Integrated Performance Report

Published: March 2023



Contents



Icon Definitions

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A statistical process control (**SPC**) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

IPR Summary

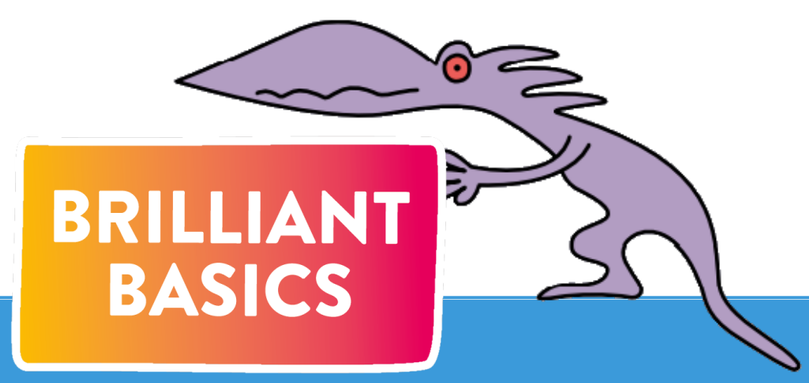
The matrix below provides a summary of performance metrics presented in the Integrated Performance Report. The matrix highlights headlines from the IPR against the Assurance and Variation icons.

		Assurance		
		Achieving Target	Inconsistently Achieving Target	Not Achieving Target
Variation	Special Cause - Improvement	Faster Diagnosis for Cancer demonstrates performance is consistently achieving target with an improving trend	Recovery for Outpatient New & Procedures are inconsistently achieving target with an improving trend	Medical Appraisals and Diagnostics are not achieving targets but demonstrating improvement
	Common Cause	Cancer and Overall Financial position metrics are consistently achieving targets	Level of Harm, Sepsis, Recovery and Staff Recommending Alder Hey as place to work metrics are inconsistently achieving target and are yet to evidence statistical improvement	ED Performance and Outpatient Follow up Activity are not achieving targets and are yet to evidence statistical improvement
	Special Cause - Concern			Access & Staff Turnover metrics are not achieving targets with a declining trend

From an overall perspective the headline analysis summary based on the assurance icons is as follows:

- 12% of our metrics are consistently achieving target
- 61% of our metrics are inconsistently achieving target
- We are not achieving the target for 27% of our metrics but experiencing improvement in 4 of these metrics.

Further narrative, specific to individual highlights, areas of concern and forward look are included within each section of the Integrated Performance Report.



Outstanding Safety - Safe

SRO : Nathan Askew, Chief Nursing Officer and AHP/HCP Lead

Highlights:

• No serious incidents of Never Events in February • No Category 3 or Category 4 pressure ulcers • Administration of antibiotics within 1 hour for sepsis was 100% in February. There has been a sustained improvement in this element of care in 8 out of the last 9 months

Areas of Concern:

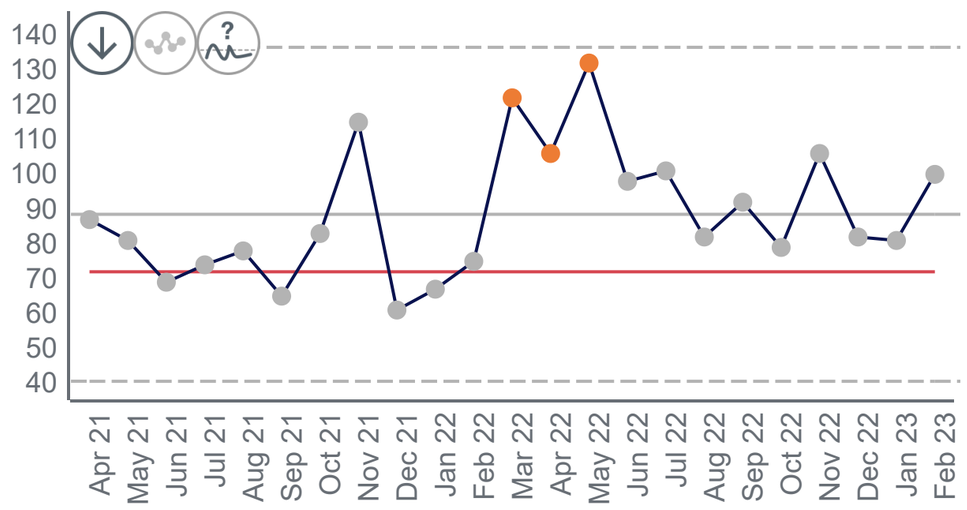
ED did not achieve 90% compliance with the administration of antibiotics within 1 hour for sepsis; 83% achieved. Whilst there has been improvement in the last 6 months, 90% is not consistently achieved. This is a specific focus area for the Division of Medicine

Forward Look (with actions)

Action plan devised to address compliance with antibiotic administration in ED:

1) Review Sepsis training – this is currently 85.96% (substantive ED staff)

Number of Incidents rated Minor Harm and above



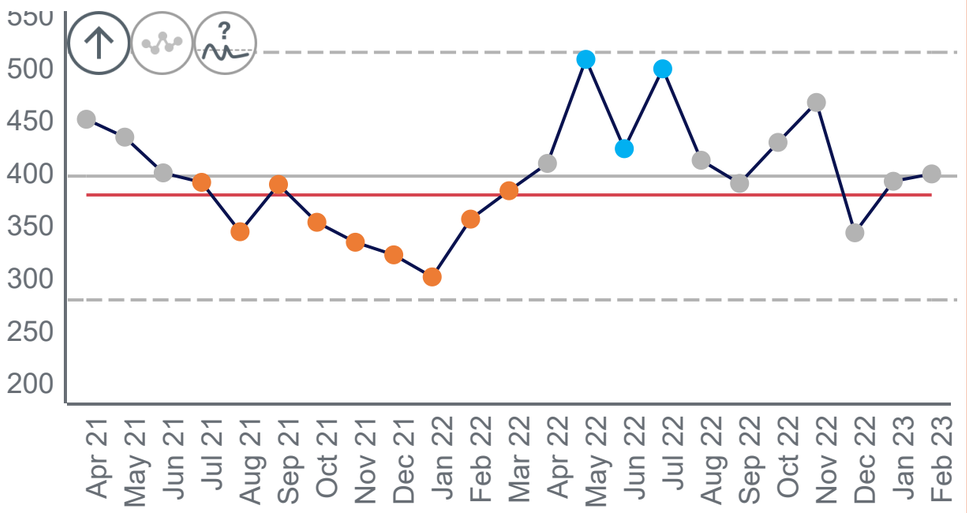
Technical Analysis:

Number of Harms per month is higher in Feb than the previous two months, however the underlying position remains stable and continues to demonstrate common cause variation. Of the 486 incidents in Feb, 88 were minor harm and 1 moderate/major harm.

Actions:

Incident resulting in moderate harm under investigation

Number of Incidents rated No Harm and Near Miss



Technical Analysis:

A high number of Near Miss and No Harm incidents reflects an open reporting culture. In February this was above target and consistent with the average, continuing to show common cause variation.

Actions:

Demonstrates an open culture; staff encouraged to keep reporting. Near misses provide an opportunity to review and make any identified improvements

Outstanding Safety - Safe - Metric Summary

Metric	Date	Value	Mean	Target	Variation	Assurance
Number of Incidents rated Minor Harm and above	February 2023	100	89	72		
Number of Incidents rated No Harm and Near Miss	February 2023	400	398	380		
Number of Serious Incidents (Steis reported)	February 2023	0	1	0		
Number of Never Events	February 2023	0	0	0		
Sepsis % Patients receiving antibiotic within 60 mins for ED	February 2023	83	85	90		
Sepsis % Patients receiving antibiotic within 60 mins for Inpatients	February 2023	100	90	90		
Number of Medication Errors resulting in harm (minor harm and above)	February 2023	4	4	4		
Pressure Ulcers G2-4	February 2023	5	4	5		
Use of physical restrictive intervention (MH Tier 4)	February 2023	16	15			
Number of patients deteriorating from an inpatient bed admitted to Critical Care (HDU/ICU)	February 2023	12	22	30		
Hospital Acquired Organisms - MRSA (BSI)	February 2023	0	0	0		P
Hospital Acquired Organisms - (C.Difficile)	February 2023	0	0	0	L	P
Hospital Acquired Organisms - MSSA	February 2023	0	1	0		

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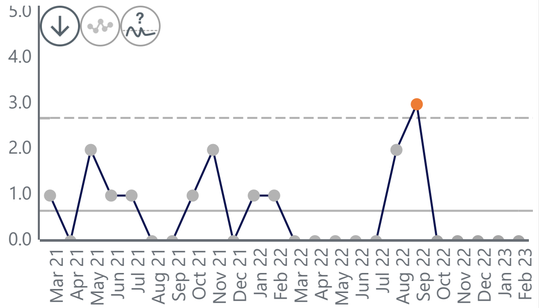
Integrated Performance Report | March 2023

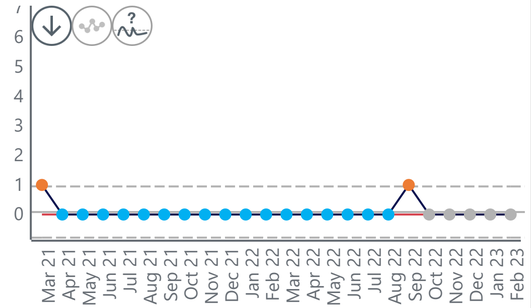
Alder Hey Children's NHS Foundation Trust

Outstanding Safety - Safe - Watch Metrics

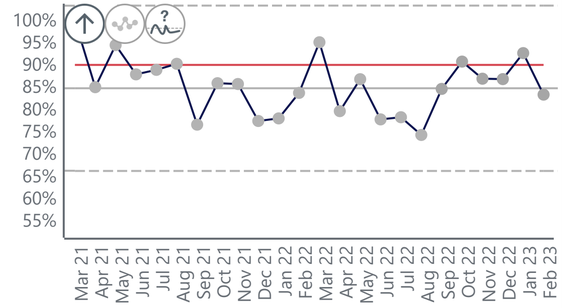
Number of Serious Incidents (Steis reported)



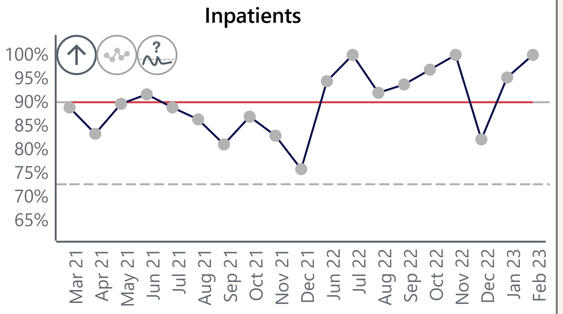
Number of Never Events



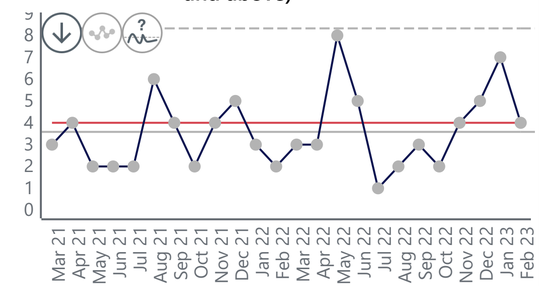
Sepsis % Patients receiving antibiotic within 60 mins for ED



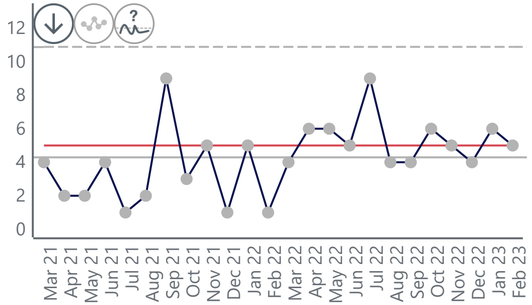
Sepsis % Patients receiving antibiotic within 60 mins for Inpatients



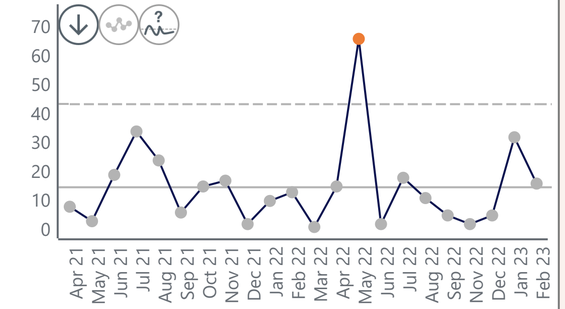
Number of Medication Errors resulting in harm (minor harm and above)



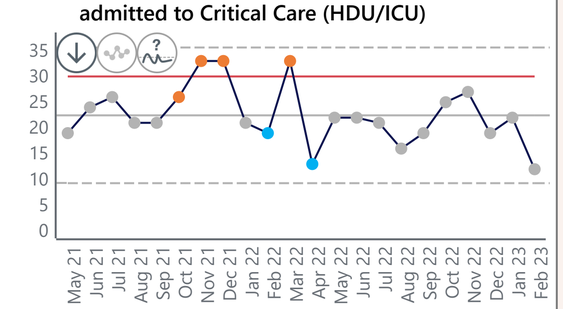
Pressure Ulcers G2-4



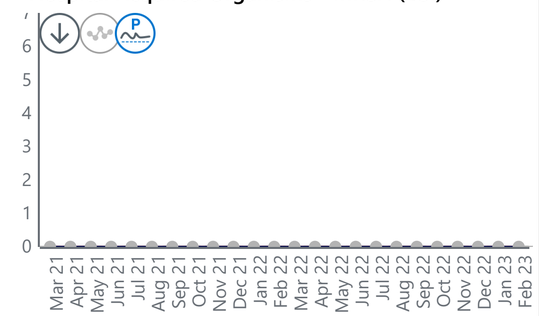
Use of physical restrictive intervention (MH Tier 4)



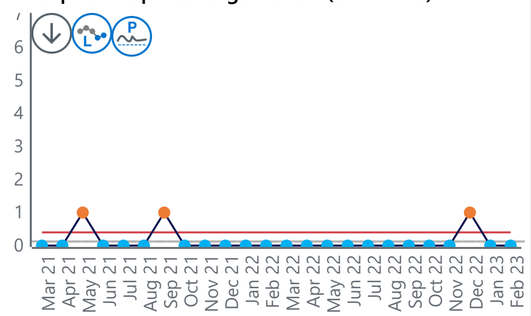
Number of patients deteriorating from an inpatient bed admitted to Critical Care (HDU/ICU)



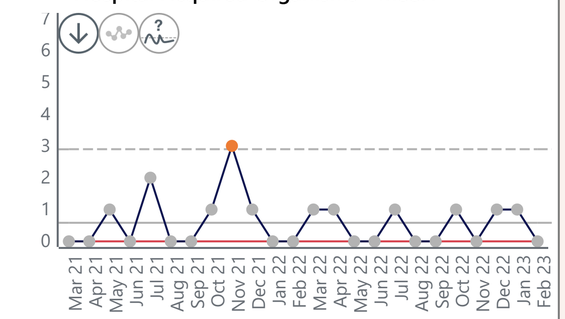
Hospital Acquired Organisms - MRSA (BSI)



Hospital Acquired Organisms - (C.Difficile)



Hospital Acquired Organisms - MSSA



Outstanding Safety - Caring

SRO : Nathan Askew, Chief Nursing Officer and AHP/HCP Lead

Highlights:

• Voice of the child, young person and family represented and heard strongly at the Patient Experience and Engagement meeting • Continued improved performance in relation to responding to PALS concerns within 5 days and complaints within 25 days

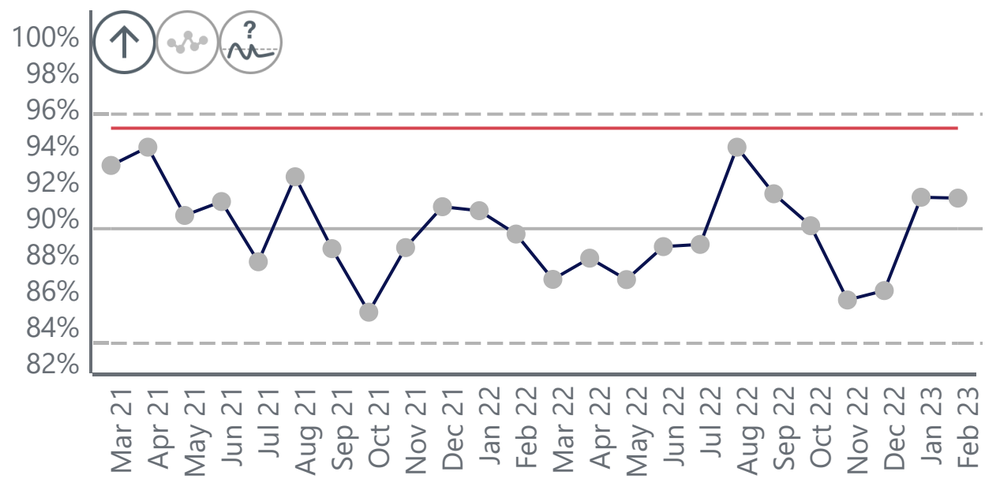
Areas of Concern:

Historical data legacy issues identified in relation to PALS; these have been addressed and resolved

Forward Look (with actions)

Opportunity to review the Complaints module in line with the new integrated risk management system go live

F&F Test - % Recommend the Trust



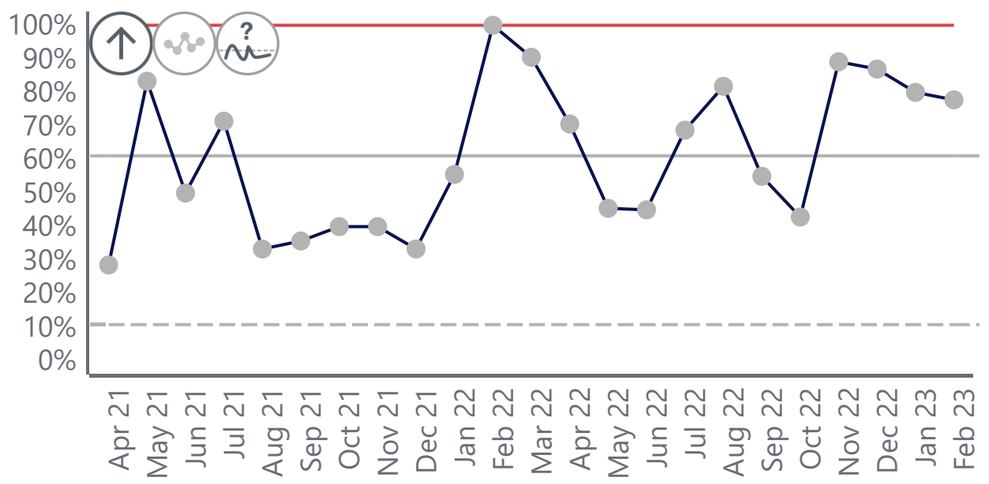
Technical Analysis:

Consistently falling short of the target – ED is at 80.8% while inpatients achieved 95% target for first time since Oct 22. Feb 91% is consistent with previous month and continues to demonstrate normal cause variation with no underlying improvement.

Actions:

ED team undertaking targeted work to improve the patient experience and learn lessons when families share a poor experience through PALS and / or complaints

% Complaints Responded to within 25 working days



Technical Analysis:

February response rate of 78% within 25 working day target is comparable to recent months. With a 100% target, actions are required to improve performance.

Actions:

Divisions continue to make sustained improvements in responding to complaints within 25 days. Variation in percentage compliance often linked to the small number of complaints

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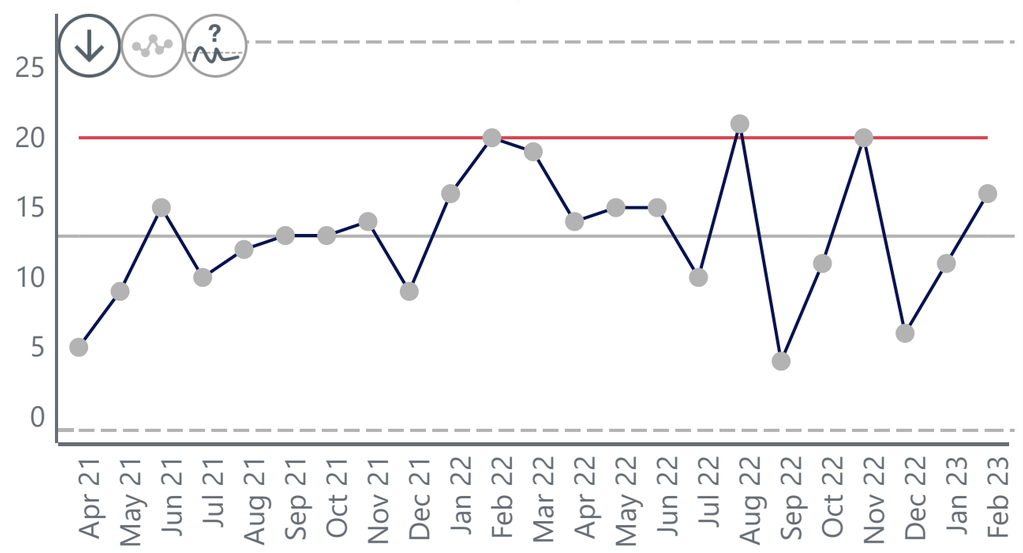
Alder Hey Children's NHS Foundation Trust

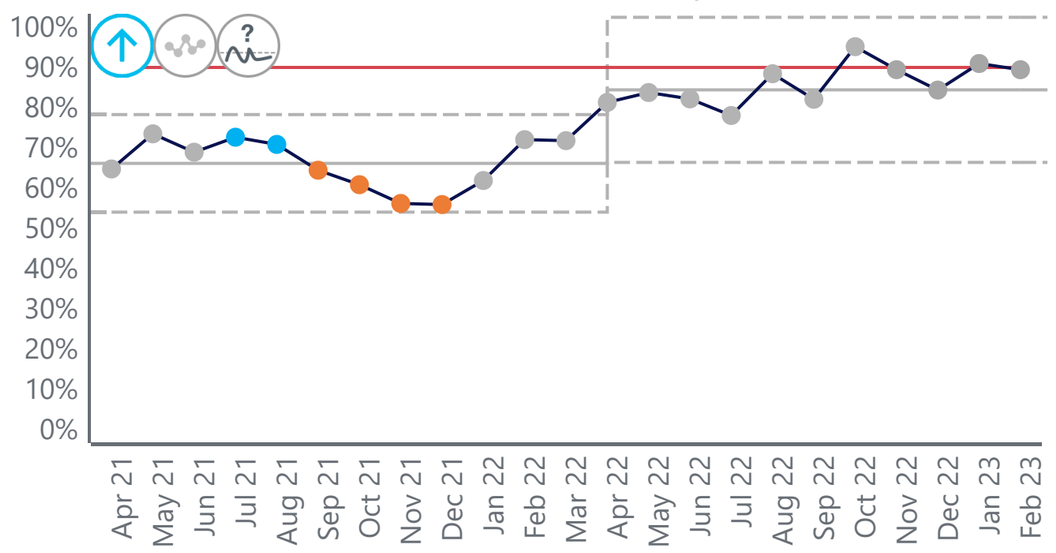
Outstanding Safety - Caring - Metric Summary

Metric	Date	Value	Target	Mean	Variation	Assurance
F&F Test - % Recommend the Trust	February 2023	91	95	89		
% Complaints Responded to within 25 working days	February 2023	78	100	61		
Number of formal complaints received	February 2023	16	20	13		
% PALS Resolved within 5 Days	February 2023	89	90	76		
Number of PALS contacts	February 2023	138	150	135		
F&F ED - % Recommend the Trust	February 2023	81	95	70		F

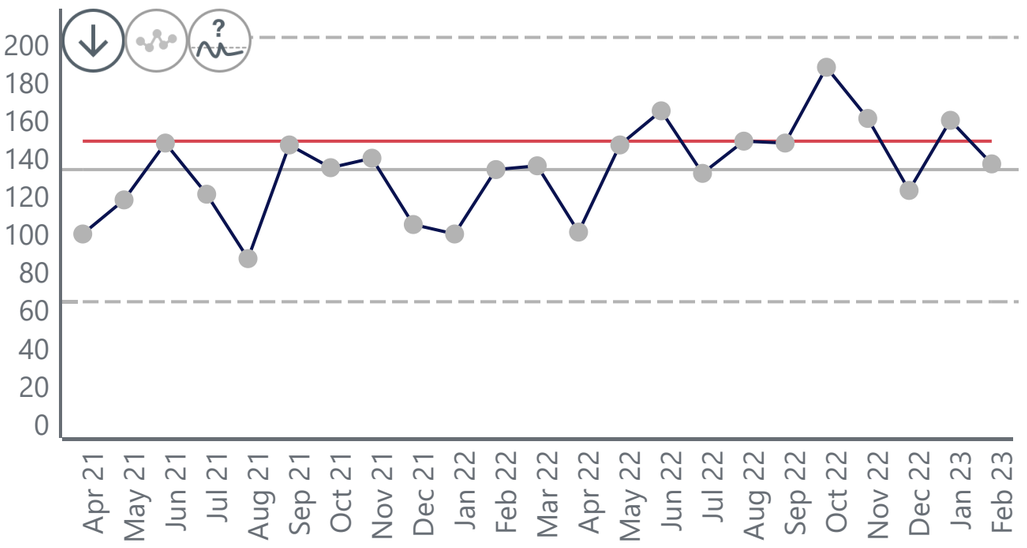
Number of formal complaints received



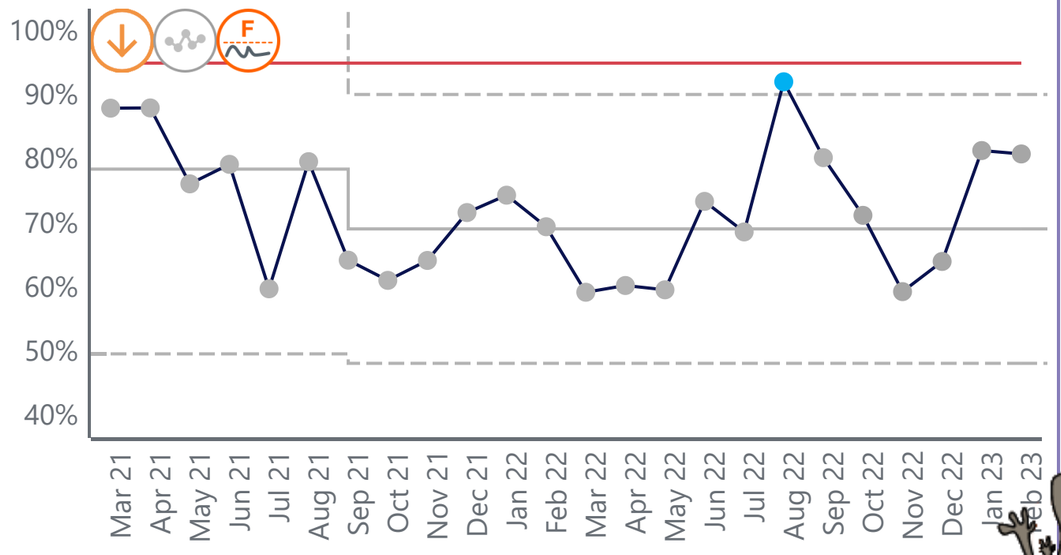
% PALS Resolved within 5 Days

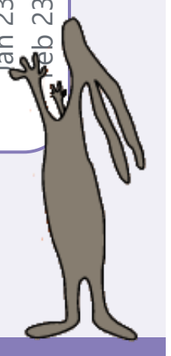


Number of PALS contacts



F&F ED - % Recommend the Trust





Recovery & Access - Effective

SRO : Adam Bateman, Chief Operating Officer

Highlights:

• Waiting time for Diagnostics now at 75% within 6 weeks and showing special cause variation due to successful improvement actions • 100% compliance with cancer access standards • High level of recovery in OP

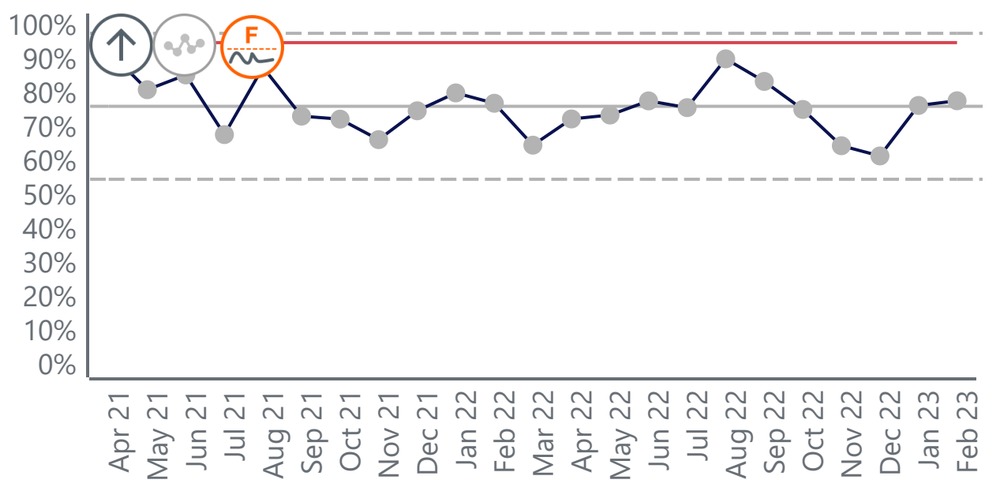
Areas of Concern:

• Pressures in ENT (driven by increase in Urgent referrals), provision of mutual aid to RMCH and impact of industrial action have all contributed to significant increase in patients >52ww

Forward Look (with actions)

• Prioritise longest waits to eliminate 78ww by end of March, including provision of mutual aid to RMCH • Ensure safe care during Industrial Action in March • Further improvement in Diagnostics through home sleep service

ED: % treated within 4 Hours

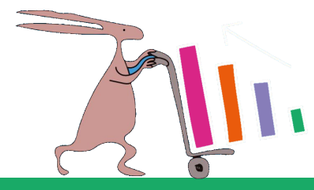


Technical Analysis:

February performance of 78% is consistent with January, and higher than Nov & Dec (although attendances lower than these last two months). The UTC has been operational for the whole month of Feb, with improvement expected to materialise in future months.

Actions:

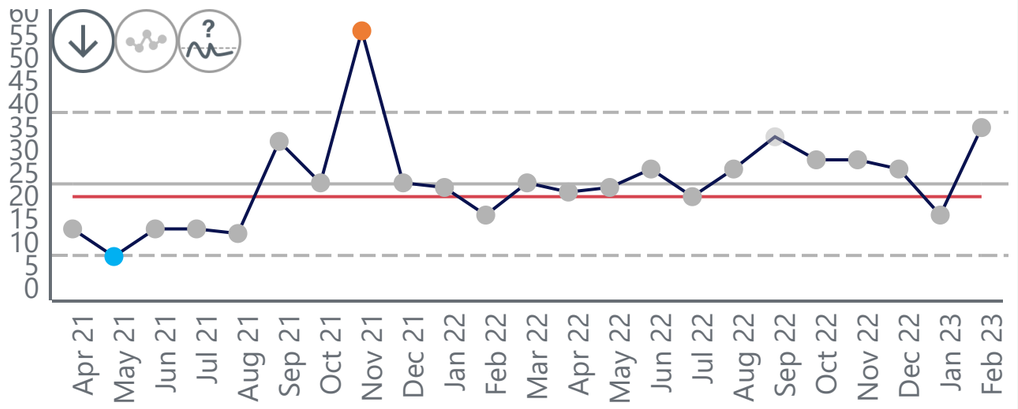
Ensure CYP are streamed to most appropriate setting, with training ongoing to ensure consistent implementation of pathways



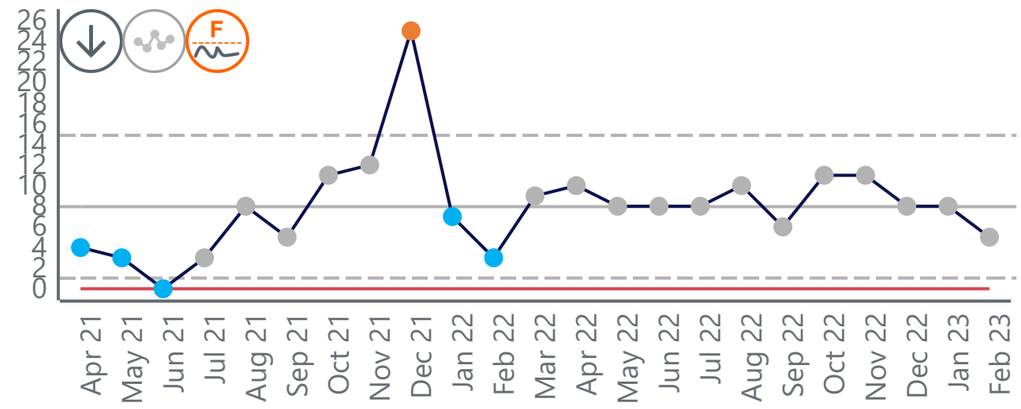
Recovery & Access - Effective - Metric Summary

Metric	Date	Value	Target	Mean	Variation	Assurance
ED: % treated within 4 Hours	February 2023	78	95	76.24		F
Number of Cancelled Operations (on day of admission for a non-clinical reason)	February 2023	35	20	23.22		?
Number of Patients cancelled on the day of surgery who are not re-booked within 28 Days	February 2023	5	0	7.96		F
Number of Super Stranded Patients (21 days)	February 2023	33	30	36.96		?
% Virtual Outpatients (national standard 25%)	February 2023	24	25	29.13		?
% Was Not Brought Rate (All OP: New and FU)	February 2023	8	10	9.74		?
% of Clinical Letters completed within 10 Days	February 2023	69	95	59.44		F

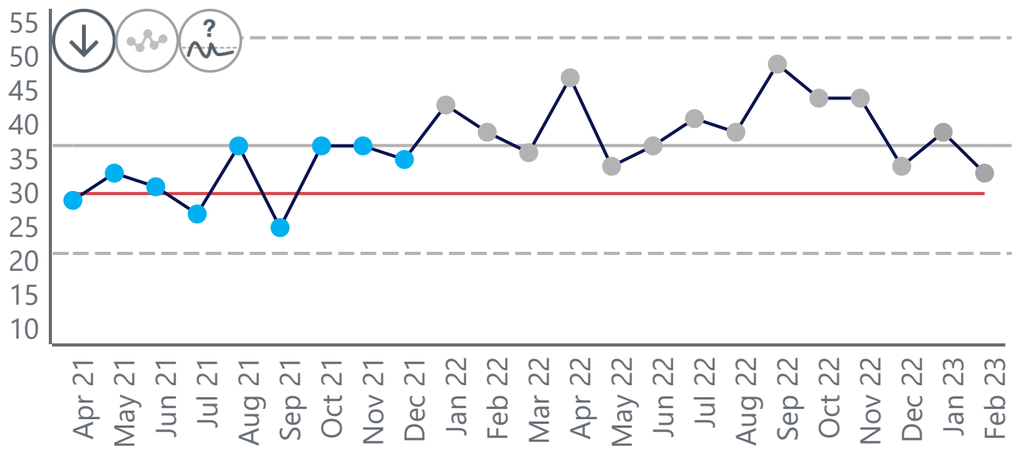
Number of Cancelled Operations (on day of admission for a non-clinical reason)



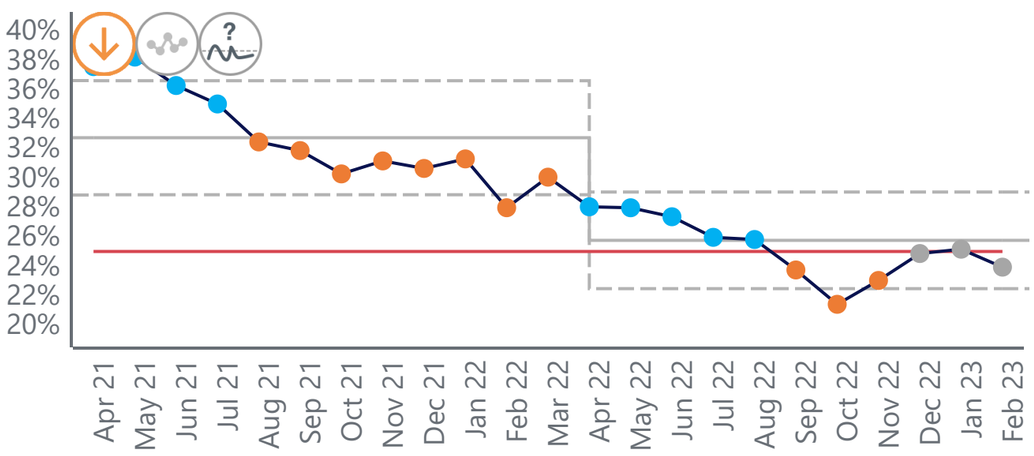
Number of Patients cancelled on the day of surgery who are not re-booked within 28 Days



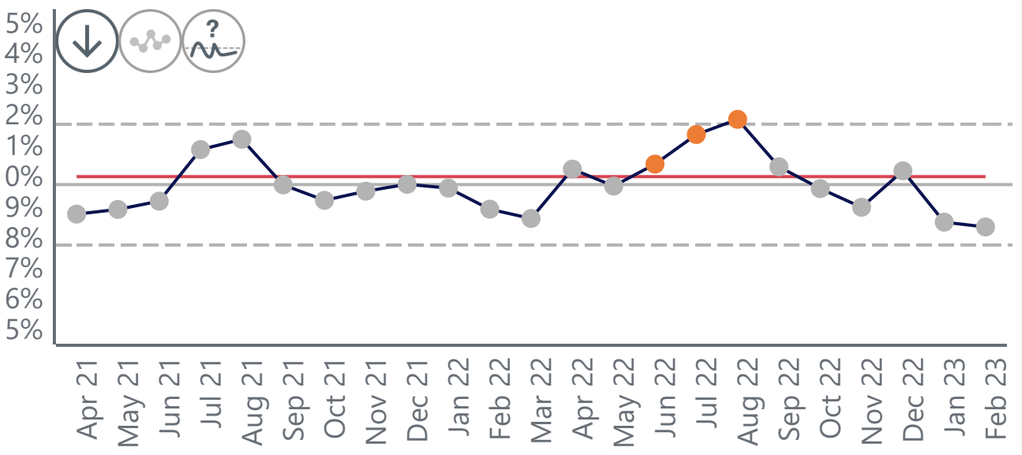
Number of Super Stranded Patients (21 days)



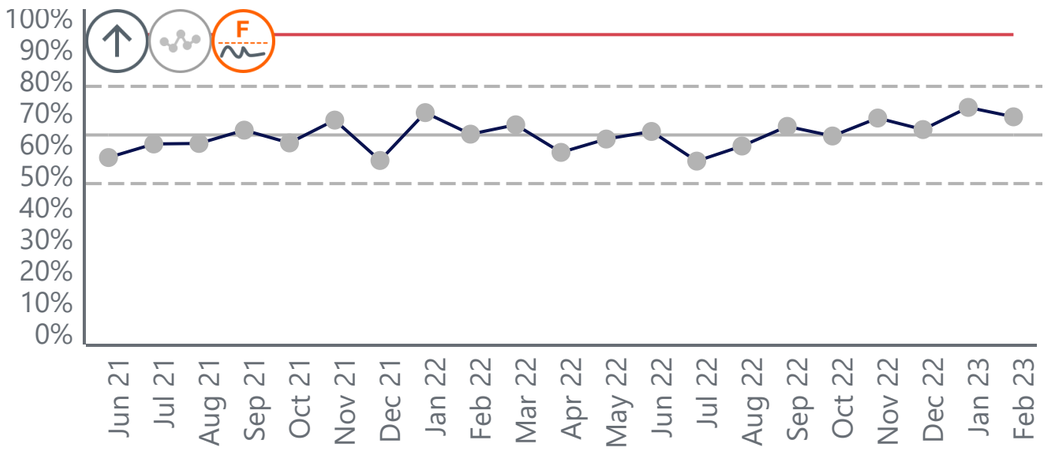
% Virtual Outpatients (national standard 25%)



% Was Not Brought Rate (All OP: New and FU)



% of Clinical Letters completed within 10 Days



Recovery & Access -Responsive

SRO : Adam Bateman, Chief Operating Officer

Highlights:

• WNB rate at <8%, lowest figure in the 2 year reporting period, with expectation that continued improvement will demonstrate special cause variation in future months • Backlog of clinic letters >30 days is at 397 (down from 2,034 in Aug) • 33 Long Stay patients (>21 LOS) is lowest figure for 17 months, although still with common cause parameters

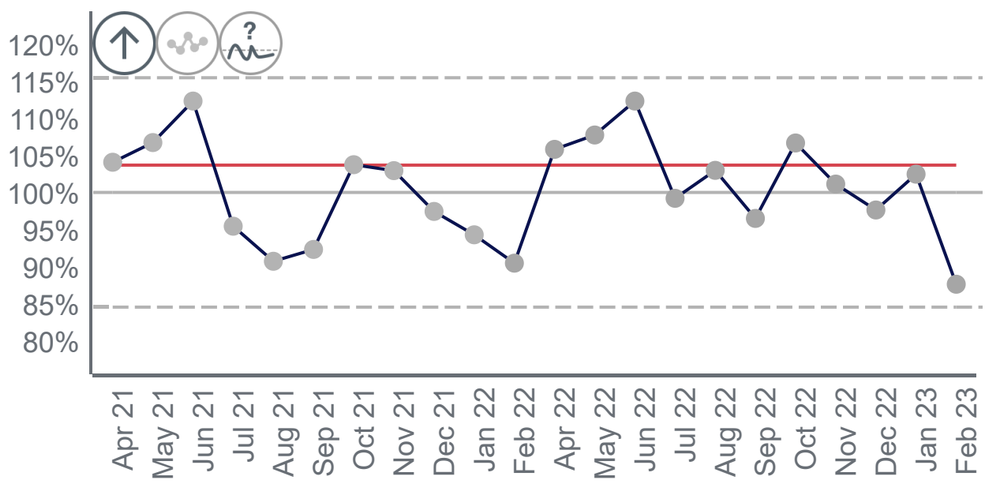
Areas of Concern:

• ED remains at 78% within 4 hours, with further improvement anticipated in future months with UTC now fully operational • Peak in cancelled operations (35 in Feb), although this is within common cause parameters

Forward Look (with actions)

• Continued application of AI predictor tool and interventions to reduce WNB rate • Clear backlog of letters >30 days • Ensure consistent implementation of new pathways in ED to maximise benefit of UTC

% Recovery for DC & Elec Activity Volume



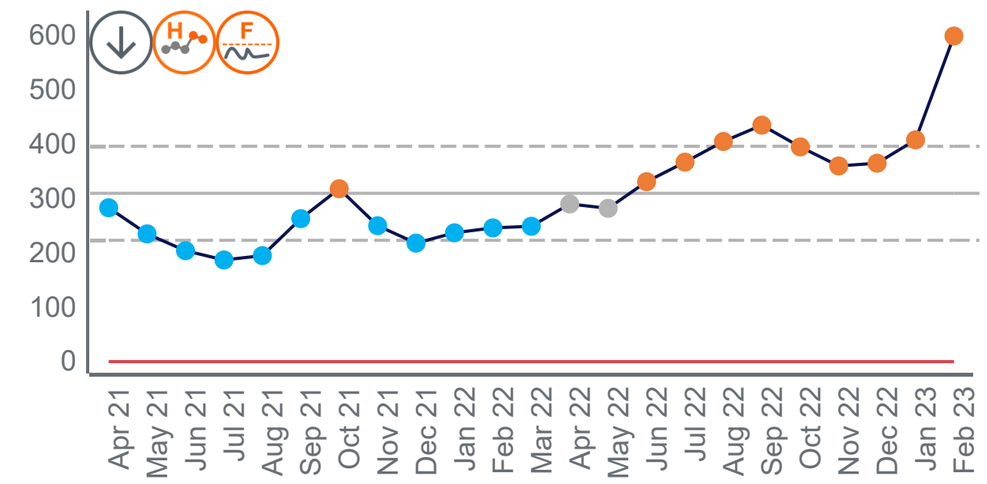
Technical Analysis:

Feb 23 performance of 88% by volume is below the target although only slightly less than Feb 22 (91%). Feb 23 was impacted by strike action but elective casemix supported financially. Monthly variation continues to demonstrate common cause variation. Further actions will be required to achieve step change required for 23/24 recovery targets.

Actions:

Maximise activity during March. Ensure safe care during Industrial Action in March

Number of RTT Patients waiting >52weeks



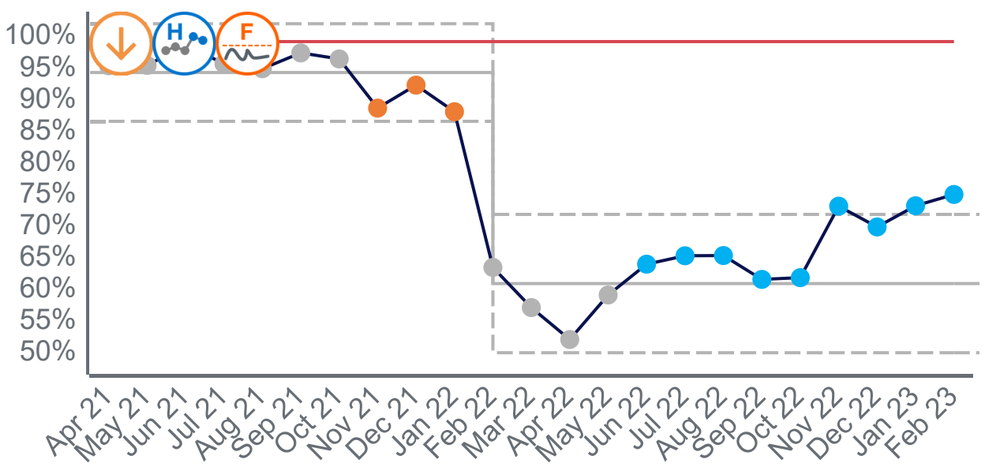
Technical Analysis:

The number of RTT patients >52wks has significantly increased from 408 to 599. The main factors relate to impact of Industrial Action, provision of Mutual Aid (focus on zero >78wks) and a significant increase in ENT as a result of urgent referrals taking priority. ENT now represents 41% of the Trust total.

Actions:

Prioritise longest waits to eliminate 78ww by end of March, including provision of mutual aid to RMCH. Dental Insourcing model. Provision of extra clinics in ENT, with capacity for c100 additional patients in March

Diagnostics: % Completed Within 6 Weeks of referral



Technical Analysis:

February performance at 75% is the highest in the last months. Special Cause variation has been observed which demonstrates the sustained success of the improvement actions in place. Further actions are being taken in Sleep and Scopes to drive further improvement.

Actions:

Continue improvement associated with Home Sleep service and the additional capacity this provides. Progress with actions to reduce scope waiting times, with standardised lists (based on complexity) to improve productivity

Recovery & Access -Responsive - Metric Summary

Metric	Date	Value	Target	Mean	Variation	Assurance
% Recovery for DC & Elec Activity Volume	February 2023	88	104	100.80		?
Number of RTT Patients waiting >52weeks	February 2023	599	0	309.65	H	F
Diagnostics: % Completed Within 6 Weeks of referral	February 2023	75	99	64.49	H	F
RTT Open Pathway: % Waiting within 18 Weeks	February 2023	56	92	61.97	L	F
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	February 2023	100	100	99.45		P
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	February 2023	100	100	100.00		P
All Cancers: 31 day wait until subsequent treatments	February 2023	100	100	100.00		P
31 days from urgent referral for suspected cancer to first treatment (Childrens Cancers)	February 2023	100	100	93.18	H	?
Cancer: Faster Diagnosis within 28 days	February 2023	100	75	94.04	H	P
% Recovery for OP New & OPPROC Activity Volume	February 2023	115	104	102.80	H	?
% OPFU Activity Volume	February 2023	101	85	105.97	L	F
Waiting List Size	February 2023	24842		19,552.52	H	?

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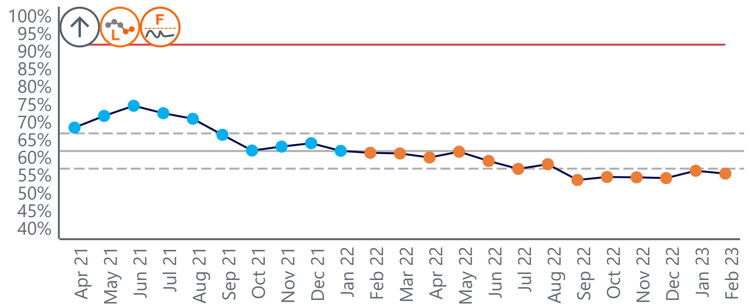
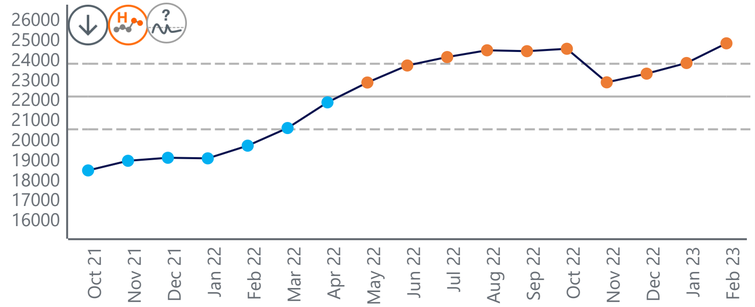
Alder Hey Children's NHS Foundation Trust

Recovery & Access -Responsive - Watch Metrics

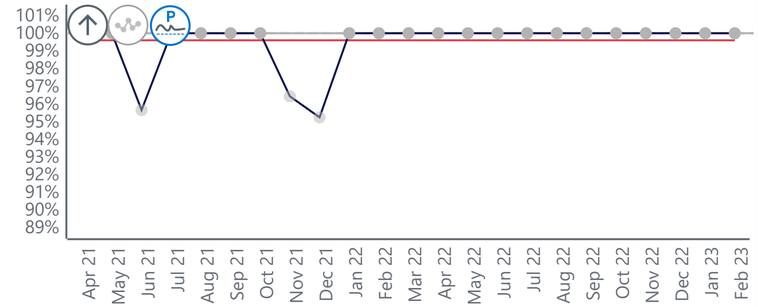
RTT Open Pathway: % Waiting within 18 Weeks



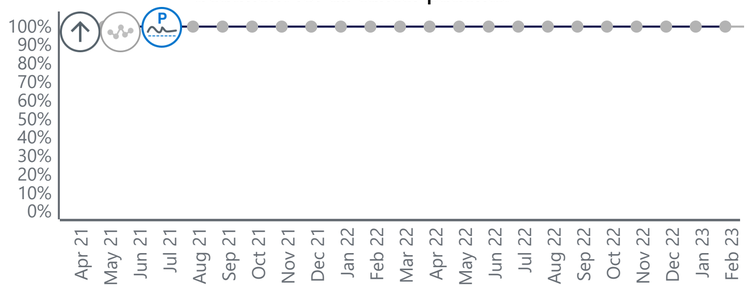
Waiting List Size



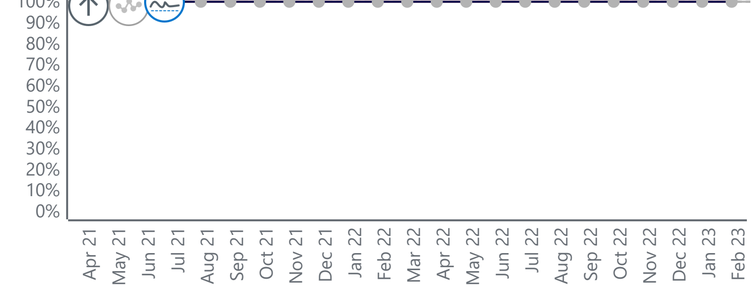
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals



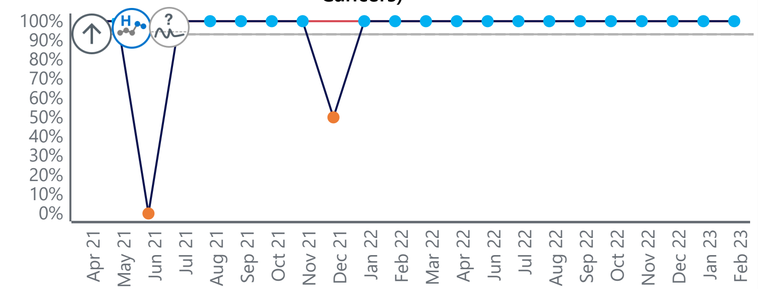
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.



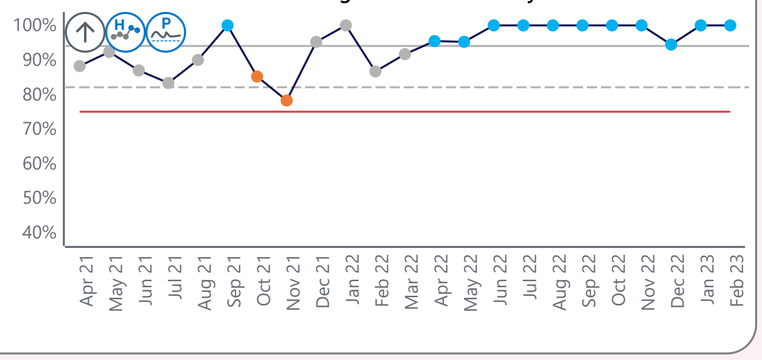
All Cancers: 31 day wait until subsequent treatments



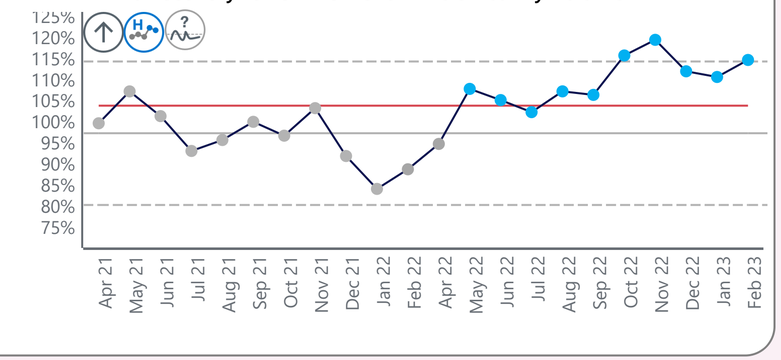
31 days from urgent referral for suspected cancer to first treatment (Childrens Cancers)



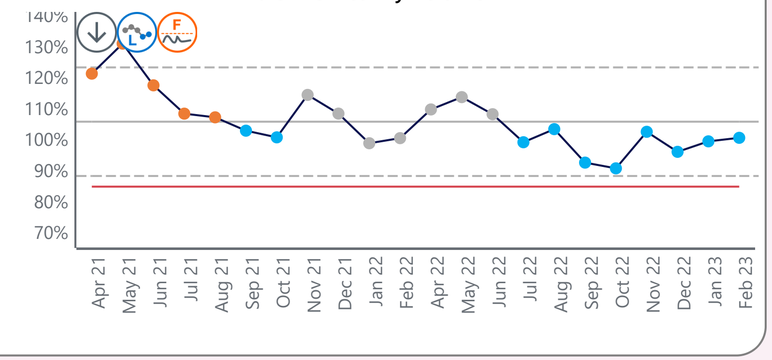
Cancer: Faster Diagnosis within 28 days



% Recovery for OP New & OPPROC Activity Volume



% OPFU Activity Volume



Well Led - Great Place to Work - People

SRO : Melissa Swindell, Chief People Officer

Highlights:

Sickness absence above target at 5.8% but showing small improvements.
Mandatory Training remains above target. PDRs have shown a massive improvement in month with over 72% now completed.

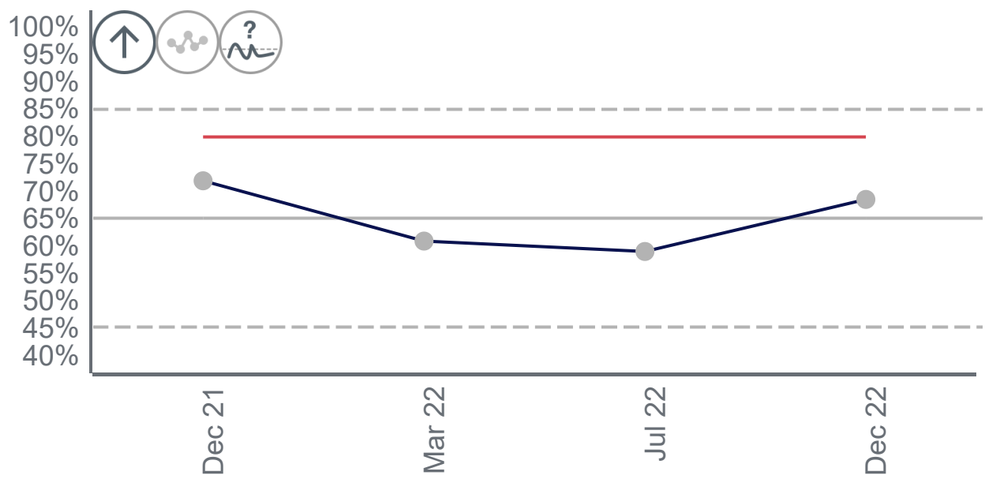
Areas of Concern:

Turnover remains high at 15%. Worth noting that medical appraisal compliance looks low, this is due to a change in reporting timeframes, so is still on target.

Forward Look (with actions)

Prioritise supporting sickness absence, retention initiatives and wellbeing

% Staff who recommended Alder Hey as a place to work



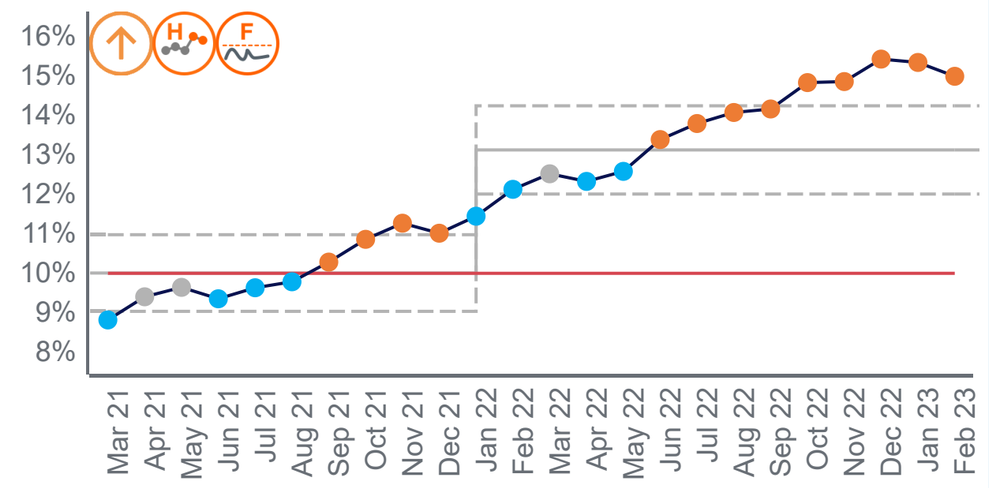
Technical Analysis:

Dec 22 performance of 69% is from national staff survey and therefore is considered a more reliable indicator than previous data points. Given current frequency of the data it is not possible to observe statistical trends, however is it noted that Dec 22 (69%) is lower than Dec 21 (72%) and lower than 80% target.

Actions:

Methodology to capture more data throughout the year in development

Staff Turnover



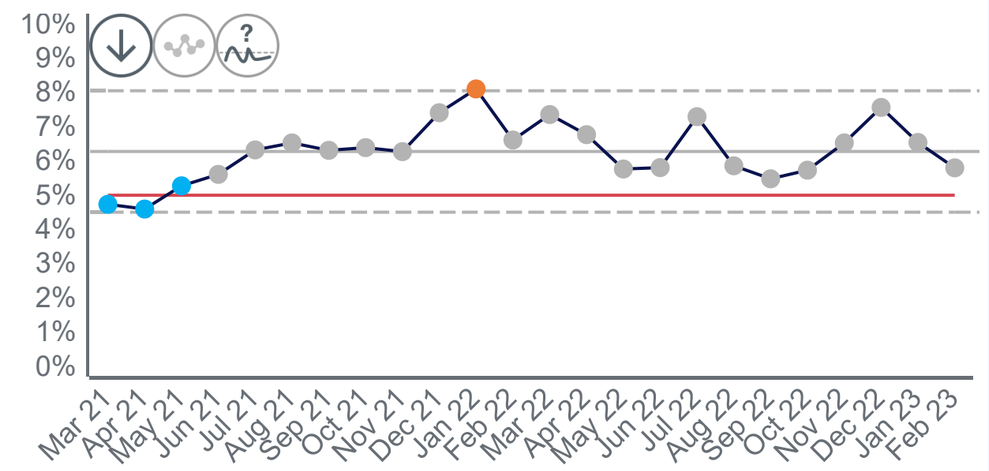
Technical Analysis:

Staff Turnover is at 15% in February, lower than the peak in December but this remains a significant concern due to special cause variation with a substantial increase in turnover rate sustained over the last two years. This level of staff turnover is creating substantial risk for the Trust.

Actions:

Retention programme is a key priority for 2023

Sickness Absence (Total)



Technical Analysis:

Total absence in Feb is 5.8% and remains above the 5% target. This comprises STS at 1.9% and LTS at 3.9%. This is still demonstrating common cause variation, and further actions are required to drive improvement to achieve the target.

Actions:

Continue to monitor actions to reduce absence; return to work, OH referrals in particular

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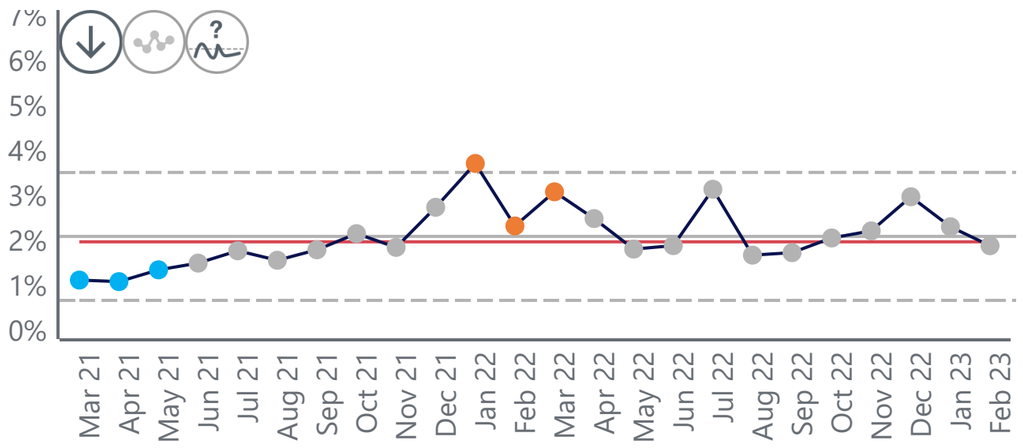
Alder Hey Children's NHS Foundation Trust

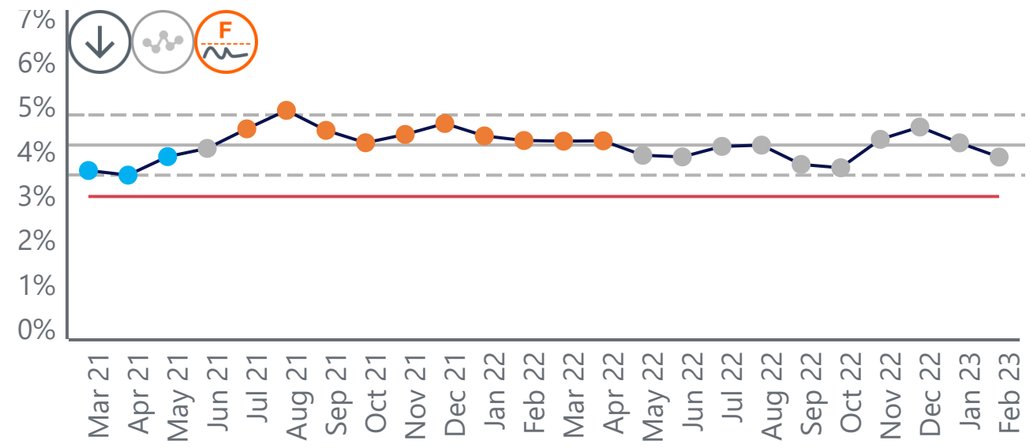
Well Led - Great Place to Work - People - Metric Summary

Metric	Date	Value	Target	Mean	Variation	Assurance
% Staff who recommended Alder Hey as a place to work	December 2022	69	80	65.18		?
Staff Turnover	February 2023	15	10	13.38	H	F
Sickness Absence (Total)	February 2023	6	5	6.28		?
Short Term Sickness	February 2023	2	2	2.12		?
Long Term Sickness	February 2023	4	3	4.16		F
Mandatory Training	February 2023	93	90	92.23		P
% PDRs completed since April	February 2023	72	90	45.62	H	F
Medical Appraisal	February 2023	33	100	59.39		F

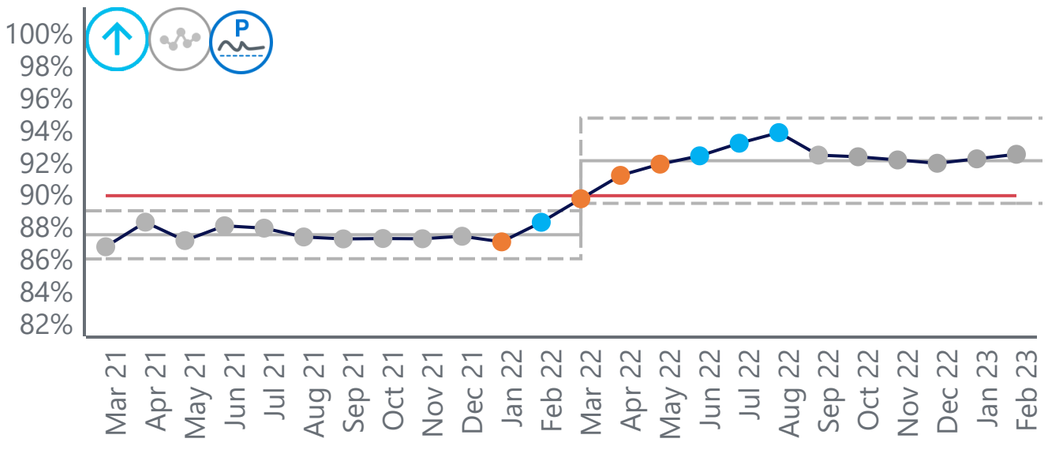
Short Term Sickness



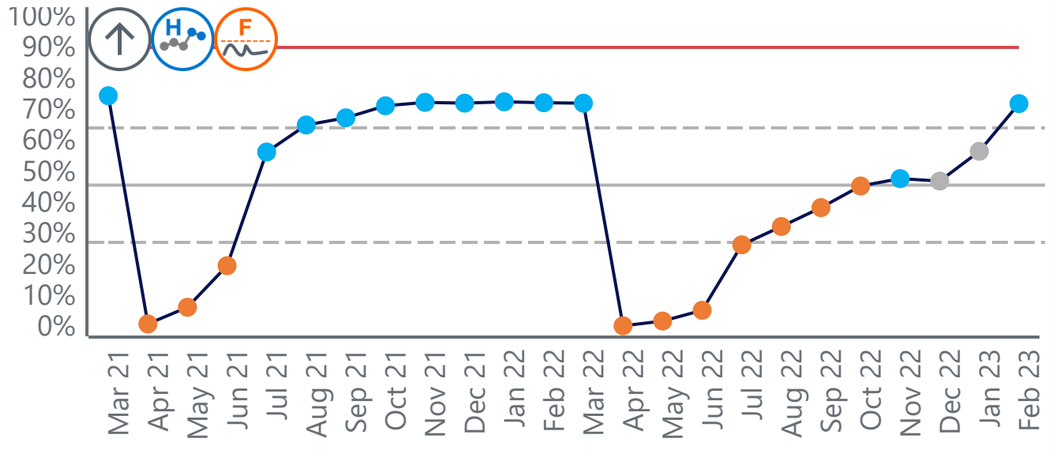
Long Term Sickness



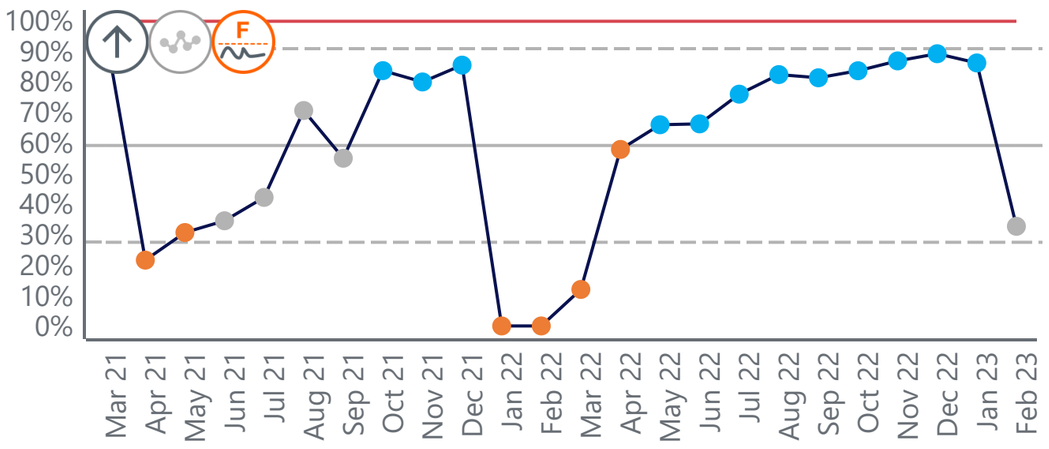
Mandatory Training



% PDRs completed since April



Medical Appraisal



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Alder Hey Children's NHS Foundation Trust

Well Led - Financial Sustainability - Finance

SRO : Rachel Lea, Deputy Director of Finance

Highlights:

For February (M11), the Trust is reporting a surplus of £2.2m which is £1.1m ahead of the planned position. The year to date position is £5.4m surplus which is £1.8m ahead of plan. The Trust is forecast to achieve a forecasted outturn position of £6.1m as approved last month however is also seeking to increase a further £1m to £7.1m. £17.3m Cost Improvement Plan target now achieved. Recurrent CIP achievement now at 57% of the identified target. Cash has remained high in line with the plan as capital spend increases in future months.

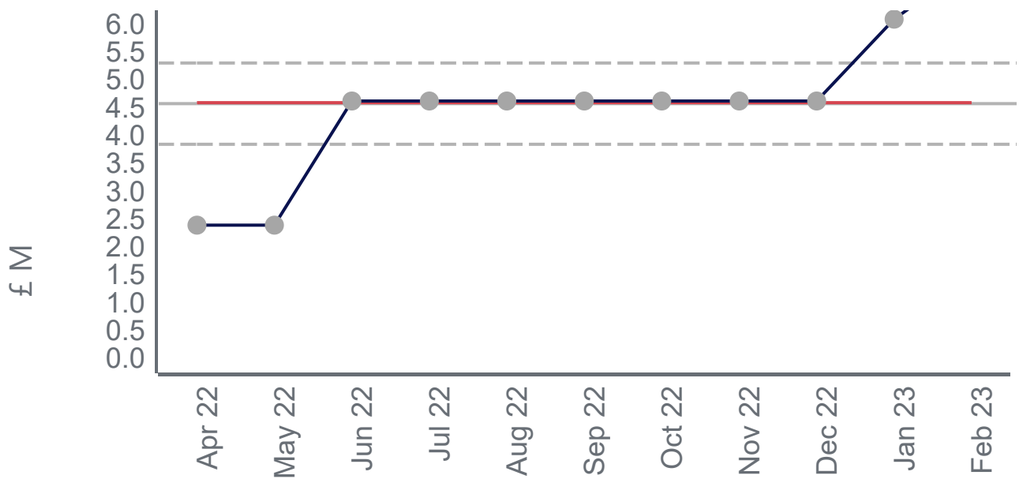
Areas of Concern:

A 43% gap remains in recurrent CIP identified with no transformational schemes in the plan. Challenges remain as we head into 23/24 financial year including inflationary pressures within energy, drugs, non pay and an increase in temporary/premium pay despite activity below 19/20 levels. Not achieving the 104% ERF threshold.

Forward Look (with actions)

Continued cost control to ensure achievement of the revised forecast by end of the financial year. Urgent focus required on recurrent efficiency. Further divisional finance panel meetings scheduled. Triangulation of costs/activity/workforce through the hospital optimisation project and will inform the 23/24 annual planning process.

Revenue Position (Year End Forecast)



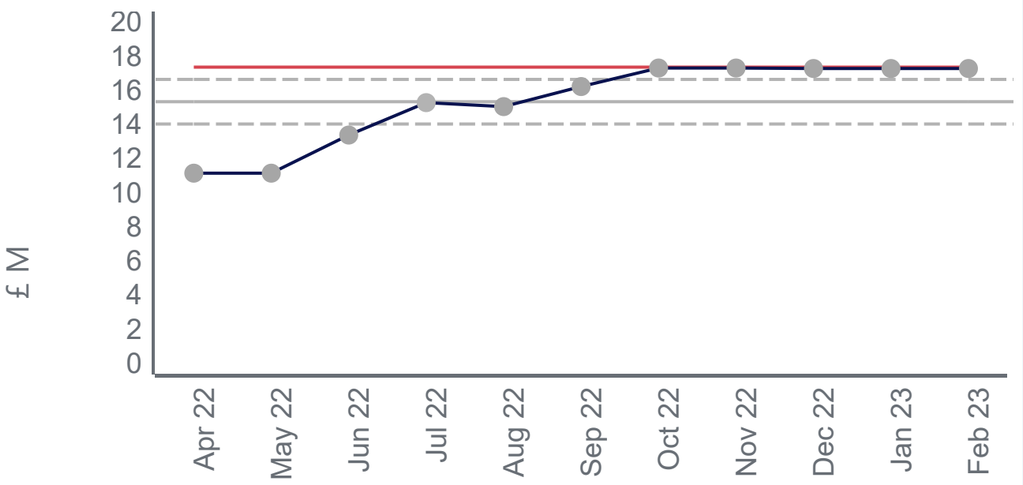
Technical Analysis:

Forecast to achieve £7.1m surplus.

Actions:

Continue to monitor inflationary pressures risk and mitigations and ensure robust cost control

CIP Position In Year (Year End Forecast)



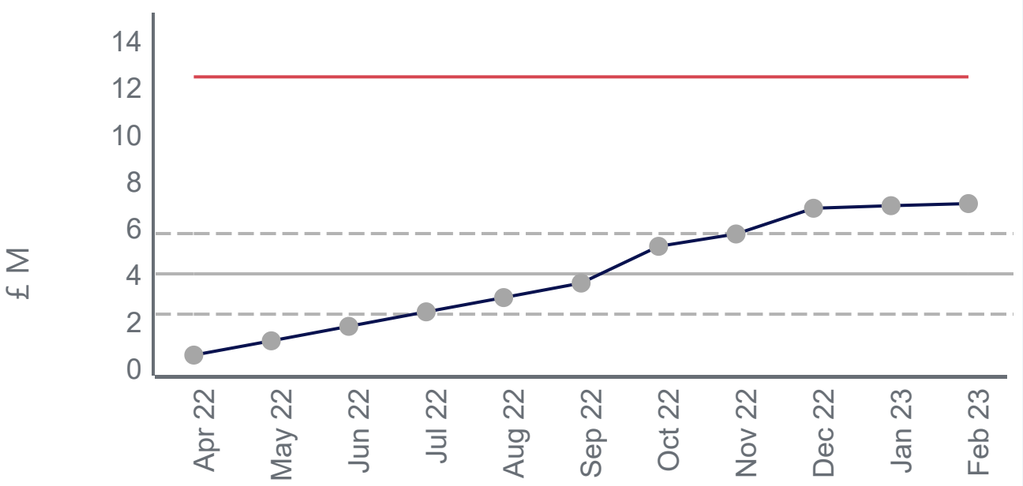
Technical Analysis:

CIP Target now achieved in year

Actions:

Continue scrutiny and challenge through financial reviews and SDG, across all areas to identify further CIP opportunities

CIP Position Recurrent/Full Year Effect



Technical Analysis:

Current forecasts now in line to achieve £7.1m subject to schemes will in progress

Actions:

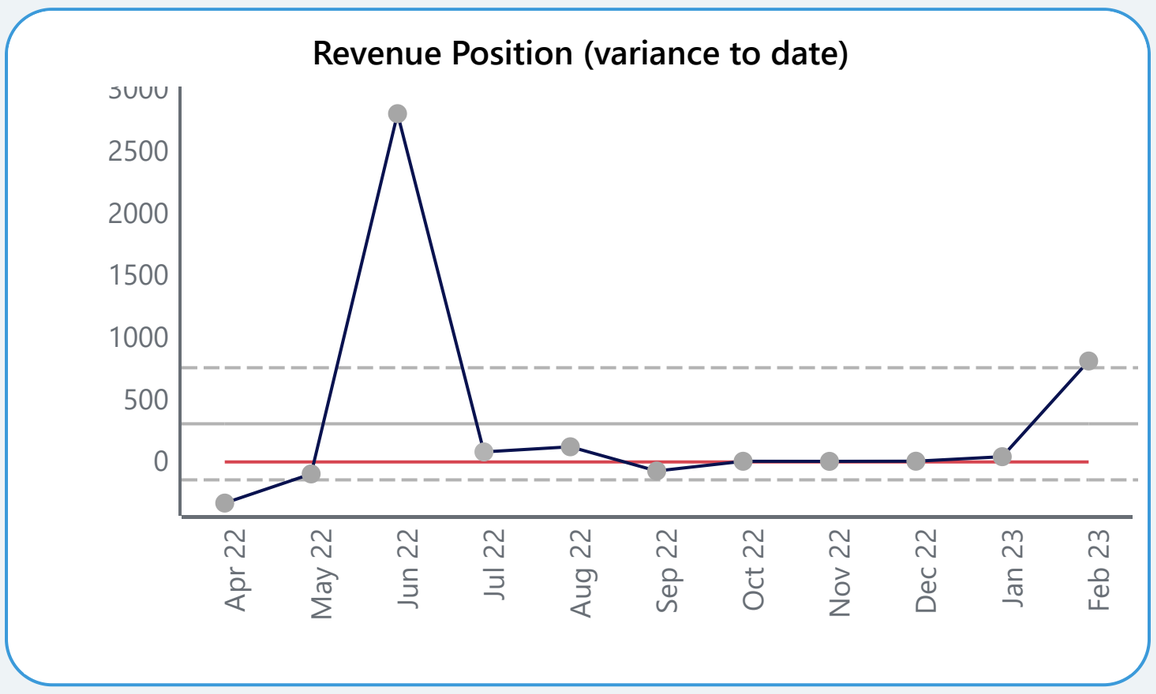
Support required with exec leads and transformation to identify the large scale opportunities either through existing programmes/projects or if not likely to deliver and for new schemes to be agreed & supported.

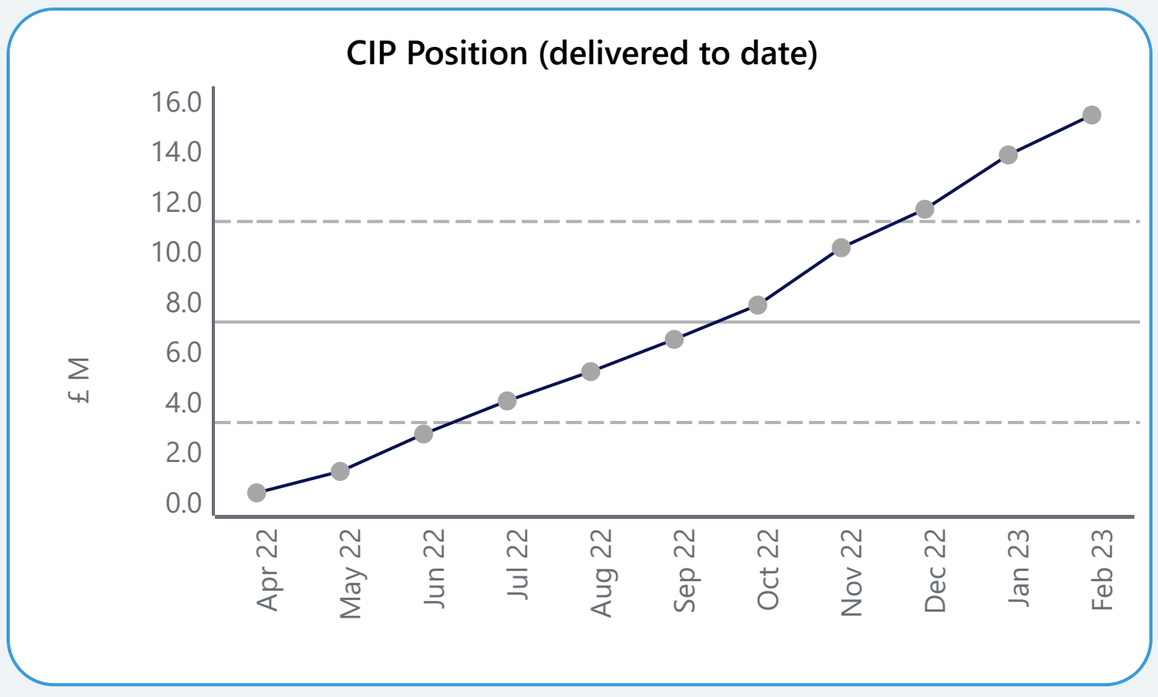
Integrated Performance Report | March 2023

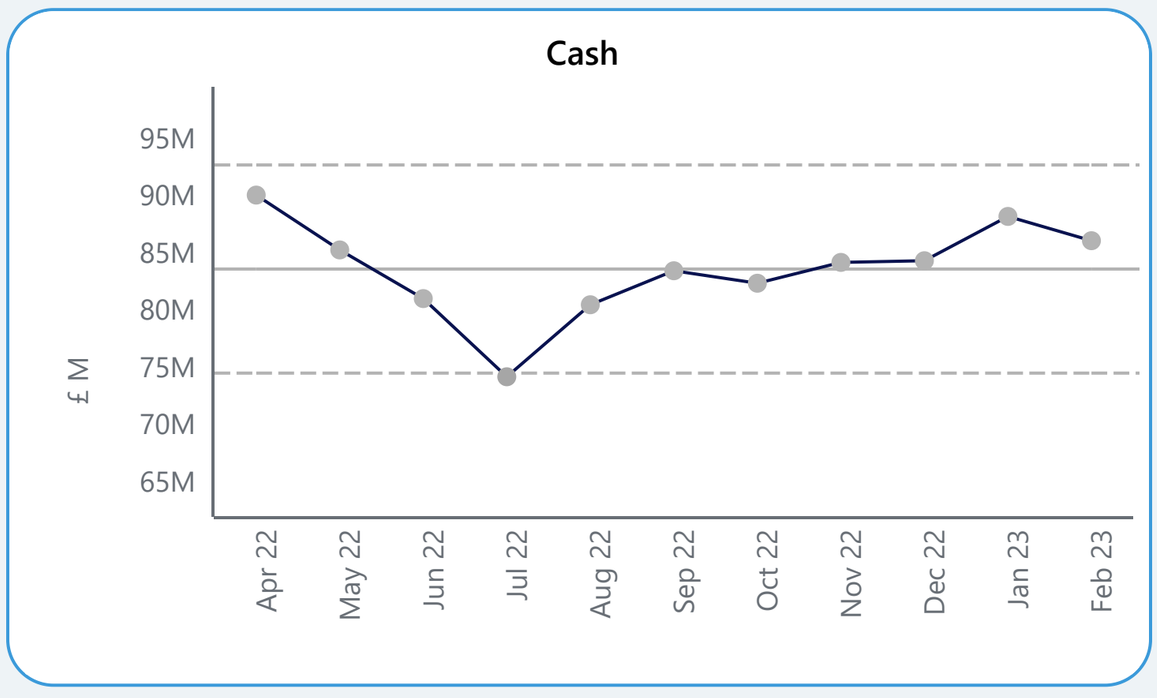
Alder Hey Children's NHS Foundation Trust

Well Led - Financial Sustainability - Finance - Metric Summary

Metric	Date	Value	Target	Variation	Assurance
Revenue Position (Year End Forecast)	February 2023	7	5		
CIP Position In Year (Year End Forecast)	February 2023	17	17		
CIP Position Recurrent/Full Year Effect	February 2023	7	13		
Revenue Position (variance to date)	February 2023	813	0		
CIP Position (delivered to date)	February 2023	16			
Cash	February 2023	86,123,000			







Well Led - Risk Management

SRO : Erica Saunders, Director of Corporate Affairs

Highlights:

All Divisional and Corporate Functions' high moderate longstanding risks (risks with a score of 12 on the risk register >12 months) reviewed with monthly oversight of progress from corporate governance team. Monthly risk register validation meetings continue with corporate oversight.

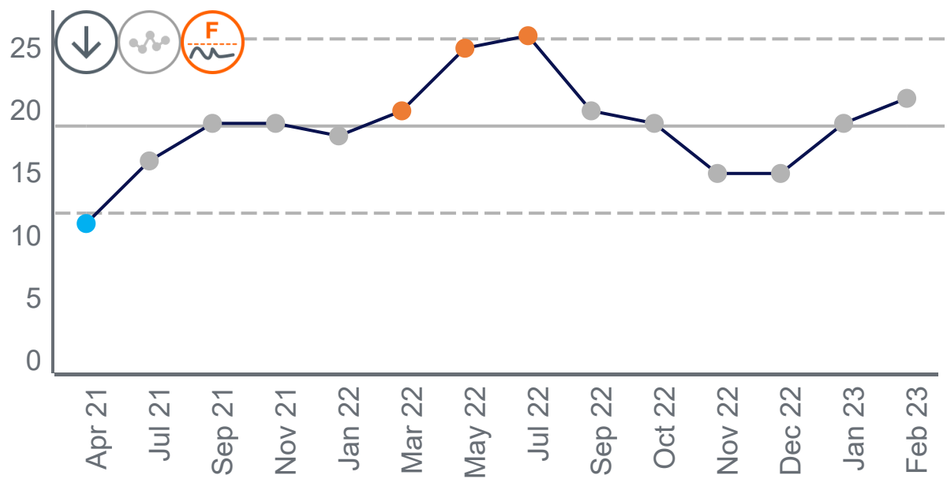
Areas of Concern:

Occasional high risk without allocated division or risk owner noted. Discussed at monthly risk management forum.

Forward Look (with actions)

Ongoing review of open risk, risks with no risk score and overdue actions with relevant teams. Services to continue with cleanse and update of risk registers: focused work with service leads/divisions with oversight from corporate governance team. Refresh of risk management training with staff once procurement of new risk management system implemented.

Number of High Risks (scored 15 and above)



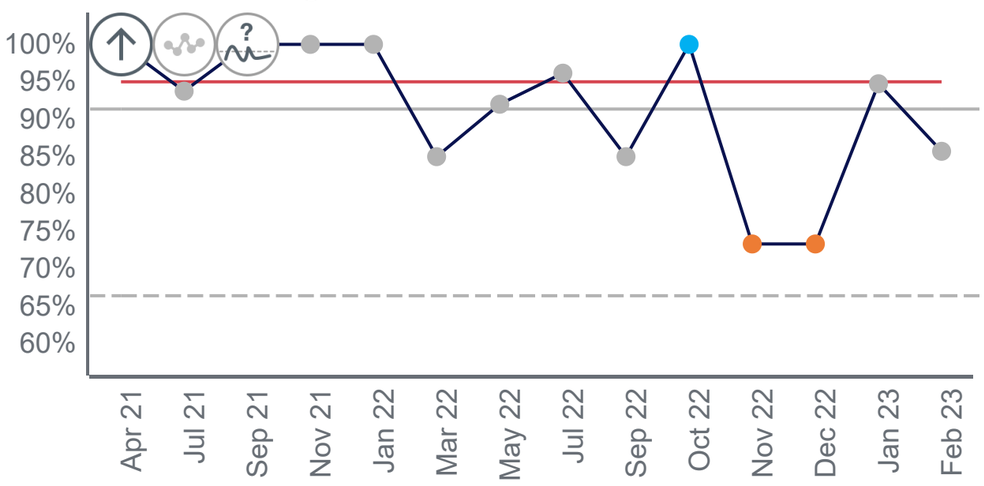
Technical Analysis:

There are 22 High Risks on the risk register at the end of February. This has increased from 15 in Dec but is within the normal range and does not demonstrate any change in the underlying position.

Actions:

Continue work with Divisions in strengthening internal processes for review/agreement and addition (if applicable) of new high risks/existing risks with increased score to risk register. Services to continue with cleanse/update of risk registers. Focus on high risks at RMF. Refresh of risk management (RM) training once new RM system implemented

% of High Risks within review date



Technical Analysis:

Compliance of reviewing High risks within date is variable and has fallen below target again in February. Action is required to ensure consistent compliance with the 95% target.

Actions:

3 outstanding risk reviews have been escalated to relevant risk owner, divisional governance team and divisional directors for review and progress update.

Well Led - Safe Digital Systems - Digital

SRO : Kate Warriner, Chief Digital and Information Officer

Highlights:

• New Trust Intranet is live • Alderhey Anywhere platform build has continued to make good progress • Progress has been made on the new Risk and Incident Management system ahead of planned Go Live in April 23 • Aldercare Go Live planning is in progress with an approved go live window of early September 2023 • Aldercare Training plans are progressing • Medical electronic consent forms are live • Analytics training for users of Power BI has continued

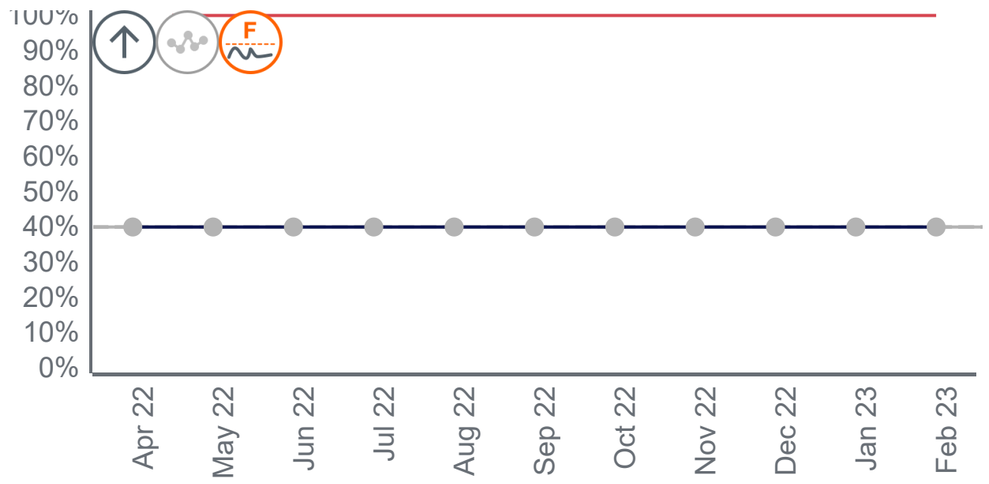
Areas of Concern:

• Delays to automated pharmacy solutions, working with the pharmacy team and medicine division to support progress • ISLA Care contract due for renewal in March, lodged as Cost Pressure for a year extension, whist longer term strategy is explored • Completion of AlderCare build

Forward Look (with actions)

• Continue AlderCare go-live planning including confirmation of date • Aldercare Gateway 2 scheduled • Deep dive into Aldercare data migration and reporting • Aldercare detailed training and cut over plans in progress • Implementation of the Risk and Incident Management system • Launch of Alderhey Anywhere platform with small number of specialties • Development of Business Case for Alderhey Anywhere and

Alder Care - Divisional Critical Criteria



Technical Analysis:

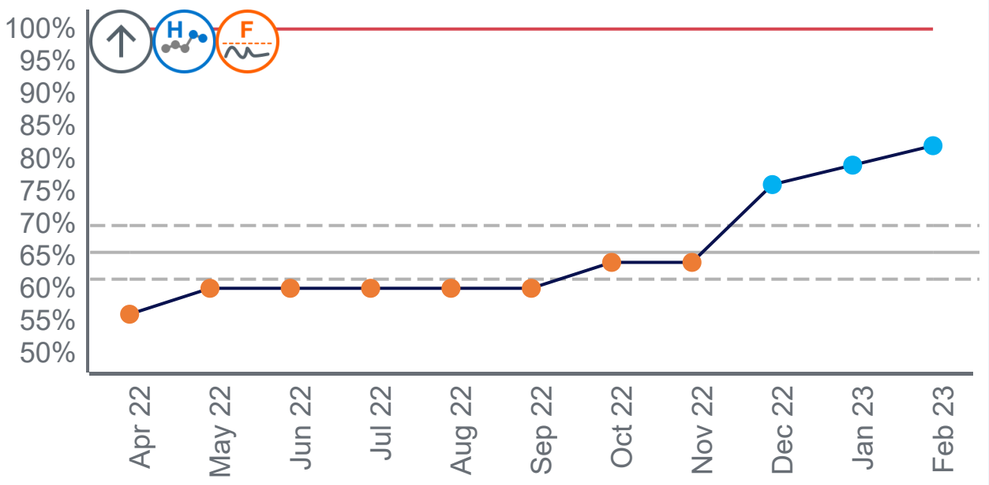
6/15 critical criteria complete. Remainder awaiting system build or key decisions (e.g waiting list management). Performance metric is for "sign off" so percentage only increases once each item is fully signed off. Three items reviewed in Dec 22 but further review ongoing in Jan/Feb 23 before final sign off expected in March '23.

Actions:

1) Ongoing development for remaining items

2) Continue to review 3 items for potential sign off in March

Alder Care - % System Build Completion



Technical Analysis:

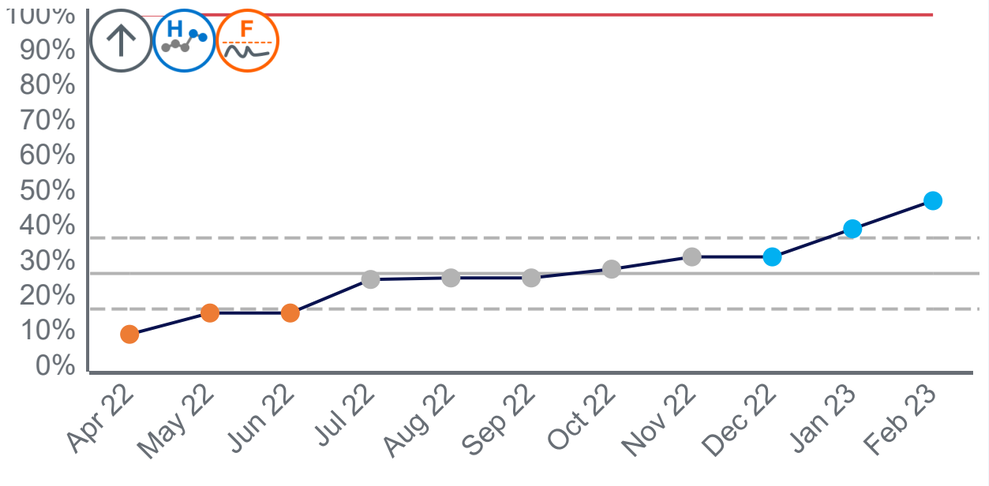
This metric monitors build across all workstreams. Further validation of build continues through cycle 4 of "Patient Journeys" with clinical and operational teams. Progress noted for EPMA which now moves into a further complex build phase.

Actions:

1) Continue build

2) Monitor progress on EPMA build (currently at 35%

Alder Care - % Speciality documentation build



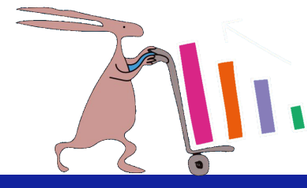
Technical Analysis:

25 of 59 specialty documents have now been completed, with 3 others close to completion. Formal sign off processes continue (11%) but we will work with Divisions to speed up sign off progress.

Actions:

1) Continue build (currently at 47%) and sign off process (currently at 11%)

2) Work with divisions to sign off Specialty Packages build



Divisional Performance Summary - Community & Mental Health

SRO : Lisa Cooper, Community & Mental Health Division

Highlights

• Launch of ND referral platform following engagement with staff, parent carer forums and SENCOs • Successful bid for Children and Young people peer support project (£30k) • Successful tender award for the Speech & Language Therapy Service for social communication in early years in Liverpool • Wave 8 – Mental Health Schools Team has gone live in Sefton • Virtual ward launched with capacity of 15 children • Improvements in sickness absence levels in February 2023

Areas of Concern

•Water safety in 3SM, Catkin and Sunflower House • Was not brought rate, improvements but remains at 12% • Increase in +52 week waiting times in Community Mental Health Services • Increased referrals to ASD & ADHD and impact on waiting times

Forward Look (with actions)

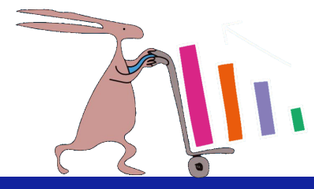
• Move into Sunflower House (24 March 2023) • Launch new ASD letters via healthcare comms project • PDR compliance to achieve 90% by 31 March 2023 (86% @ 03 March 2023) • Sub-contract ASD activity through third party provider to meet capacity shortfall

Safe

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of Incidents rated Minor Harm and above	February 2023	18	15	18.65		
Number of Incidents rated No Harm and Near Miss	February 2023	76	80	73.43		
Use of physical restrictive intervention (MH Tier 4)	February 2023	1		10.00		

Caring

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of formal complaints received	February 2023	4	6	3.09		
Number of PALS contacts	February 2023	38	45	43.35		



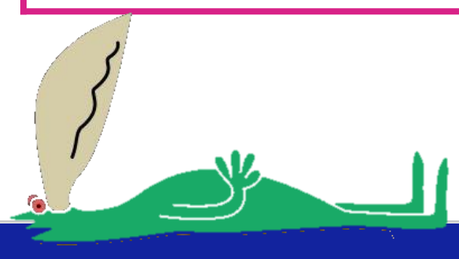
Divisional Performance Summary - Community & Mental Health

Effective

MetricName	Date	Value	Target	Mean	Variation	Assurance
% Virtual Outpatients (national standard 25%)	February 2023	45	25	53.31	L	P
% Was Not Brought Rate (All OP: New and FU)	February 2023	13	10	14.28		F
% of Clinical Letters completed within 10 Days	February 2023	65	95	59.18		F
CYP1 - Number of visitors to the site	February 2023	2053		1,443.35		?
CYP1 - Number of Referrals	February 2023	149		96.82		?
CYP1 - Number of Referrals Accepted	February 2023	83		39.64	H	?

Responsive

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of RTT Patients waiting >52weeks	February 2023	0	0	1.96		?
RTT Open Pathway: % Waiting within 18 Weeks	February 2023	50	92	54.71	L	F
% Recovery for OP New & OPPROC Activity Volume	February 2023	117	104	132.21		?
% OPFU Activity Volume	February 2023	138	85	130.99		?
CAMHS: Number of Patients waiting >52weeks	February 2023	32	0	7.48	H	?
CAMHS: First Partnership - % Waiting within 18 weeks	February 2023	58	92	63.33	L	F
CAMHS: Paired Outcome Scores	November 2022	19	40	29.25		?
CAMHS: Crisis / Duty Call Activity	February 2023	640		669.48		?
EDYS: Routine Completed Pathways per Month (Seen in 4 wks) (as %)	February 2023	93	95	76.10		?
EDYS: Urgent Completed Pathways per Month (Seen in 1 wk) (as %)	February 2023	0	95	66.67		?
ASD: % Incomplete Pathways within 52wks	February 2023	61	90	71.96		?
ASD: % Referral to triage within 12 weeks	February 2023	100	100	100.00		P
ADHD: % Incomplete Pathways within 52wks	February 2023	68	90	79.61		?
ADHD: % Referral to triage within 12 weeks	February 2023	100	100	100.00		P
IHA: % Complete within 20 days of starting in care	February 2023	23	100	9.80		F
IHA: % complete within 20 days of referral to Alder Hey	February 2023	39	100	28.18		F



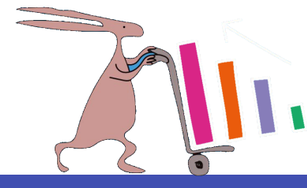
Divisional Performance Summary - Community & Mental Health

Well Led - People

MetricName	Date	Value	Target	Mean	Variation	Assurance
Staff Turnover	February 2023	16	10	13.23	H	F
Short Term Sickness	February 2023	2	2	1.77		?
Long Term Sickness	February 2023	4	3	4.06		?
Mandatory Training	February 2023	95	90	94.75		P
% PDRs completed since April	February 2023	75	90	51.43	H	F
Medical Appraisal	February 2023	20	100	52.73		?

Well Led - Financial Sustainability

MetricName	Date	Value	Target	Mean	Variation	Assurance
Revenue Position (variance to date)	February 2023	8	0	6.21		?



Divisional Performance Summary - Medicine

SRO : Urmi Das, Division of Medicine

Highlights

• Maintained improvement in IP Sepsis compliance • ED achieved above 76% in month • Super-stranded reduction in month and WNB rate reducing, both continuing trend • Reducing 52 week waits; appointed to consultant post in Neurology • OP recovery rates continue to exceed target • DM01 continues to improve – all sleep studies appointed and trajectory for recovery set to 3/7/23 • Maintaining Children's Cancer standards • Mandatory training improving trajectory • PDR's improving trajectory • Reducing sickness absence

Areas of Concern

• Reduced compliance in month ED Sepsis (2 cases) lessons learned communicated
• Maintaining watchful eye on DC/EL; 23/24 EL plan reduced, minimal patients waiting, elective list given up to surgery – Rheumatology and Gastroenterology lists have been reduced for emergency dermatology case – ongoing • OPFU rates – continued focus on transformation schemes; impact of Dermatology and AHP subsequent treatments needs to be modelled out of this indicator • Course specific compliance in some Care Groups e.g. PLS and moving and handling – care groups charged with improving compliance

Forward Look (with actions)

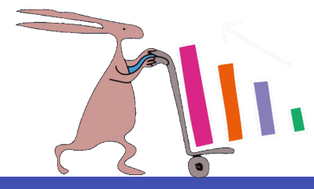
• Continue to focus on improving F&F scores • Ensuring DM01 trajectory delivers on time • Detailed review of OPFU activity and opportunity • Ensure all remaining PDR's are undertaken – Divisional plan approved to ensure all PDR's complete by 30th September

Safe

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of Incidents rated Minor Harm and above	February 2023	24	15	20.74		
Number of Incidents rated No Harm and Near Miss	February 2023	143	140	150.30		
Sepsis % Patients receiving antibiotic within 60 mins for ED	February 2023	83	90	85.45		
Sepsis % Patients receiving antibiotic within 60 mins for Inpatients	February 2023	100	90	91.79		

Caring

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of formal complaints received	February 2023	7	6	4.61		
Number of PALS contacts	February 2023	42	45	42.65		
F&F ED - % Recommend the Trust	February 2023	81	95	69.76		F



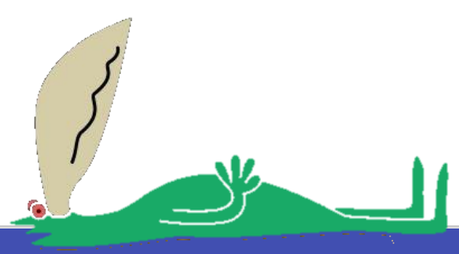
Divisional Performance Summary - Medicine

Effective

MetricName	Date	Value	Target	Mean	Variation	Assurance
ED: % treated within 4 Hours	February 2023	78	95	76.24		?
Number of Super Stranded Patients (21 days)	February 2023	21	20	26.78		?
% Virtual Outpatients (national standard 25%)	February 2023	27	25	36.01	L	P
% Was Not Brought Rate (All OP: New and FU)	February 2023	6	10	8.90	L	?
% of Clinical Letters completed within 10 Days	February 2023	64	95	57.82		F

Responsive

MetricName	Date	Value	Target	Mean	Variation	Assurance
% Recovery for DC & Elec Activity Volume	February 2023	96	104	111.29		?
Number of RTT Patients waiting >52weeks	February 2023	14	0	14.83		?
Diagnostics: % Completed Within 6 Weeks of referral	February 2023	75	99	66.88		F
RTT Open Pathway: % Waiting within 18 Weeks	February 2023	60	92	67.75	L	F
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	February 2023	100	100	99.45	H	?
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	February 2023	100	100	100.00		P
All Cancers: 31 day wait until subsequent treatments	February 2023	100	100	100.00		P
31 days from urgent referral for suspected cancer to first treatment (Childrens Cancers)	February 2023	100	100	93.18	H	?
Cancer: Faster Diagnosis within 28 days	February 2023	100	75	94.04	H	P
% Recovery for OP New & OPPROC Activity Volume	February 2023	156	104	107.28	H	?
% OPFU Activity Volume	February 2023	111	85	110.78	L	F



Divisional Performance Summary - Medicine

Well Led - People

MetricName	Date	Value	Target	Mean	Variation	Assurance
Staff Turnover	February 2023	14	10	12.99	H	F
Short Term Sickness	February 2023	2	2	2.42		?
Long Term Sickness	February 2023	4	3	4.57		F
Mandatory Training	February 2023	93	90	91.44		?
% PDRs completed since April	February 2023	69	90	43.67		F
Medical Appraisal	February 2023	27	100	56.88		?

Well Led - Financial Sustainability

MetricName	Date	Value	Target	Mean	Variation	Assurance
Revenue Position (variance to date)	February 2023	0	0	-1.56		?

Divisional Performance Summary - Surgery

SRO : Benedetta Pettorini, Division of Surgical Care

Highlights

Retained 100% inpatients receiving antibiotics within 60 minutes for Sepsis/ Maintained 100% response to both formal complaints and PALS/ % of clinical letters signed within 10 days continues to improve- 0 letters pre 2023 & oldest letter mid-February/108% recovery (against ERF/income)/ significant improvement in DM01 for Urodynamics, now at 100%/OP NEW/PROC delivered 102.4%/PDR performance significantly increased

Areas of Concern

On the day cancellations increased due to sickness/emergencies, although no. of patients re-booked within 28 days increased following implementation of tighter processes/ Considerable rise in over 52 weeks. Dentistry- although significant improvement in Outpatients, high conversion rate to inpatient procedures. ENT- significant volume, number of actions underway. Volume of mutual aid patients at 78 weeks- all

Forward Look (with actions)

Key action plans in place for challenged specialties around additional capacity, productivity & workforce improvements. Speciality level targets to be implemented in areas to increase divisional RTT. Continued focus on unsigned letters to work towards achieving 95% signed in 10 days

Safe

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of Incidents rated Minor Harm and above	February 2023	57	40	48.04		
Number of Incidents rated No Harm and Near Miss	February 2023	166	150	158.09		
Sepsis % Patients receiving antibiotic within 60 mins for Inpatients	February 2023	100	90	86.66		

Caring

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of formal complaints received	February 2023	4	6	4.65		
Number of PALS contacts	February 2023	52	45	41.43		

Divisional Performance Summary - Surgery

Effective

MetricName	Date	Value	Target	Mean	Variation	Assurance
Number of Cancelled Operations (on day of admission for a non-clinical reason)	February 2023	34	20	21.26		
Number of Patients cancelled on the day of surgery who are not re-booked within 28 Days	February 2023	5	0	7.09		
Number of Super Stranded Patients (21 days)	February 2023	12	30	10.13		F
% Virtual Outpatients (national standard 25%)	February 2023	18	25	17.40		F
% Was Not Brought Rate (All OP: New and FU)	February 2023	8	10	8.61		
% of Clinical Letters completed within 10 Days	February 2023	74	95	60.66	H	F

Responsive

MetricName	Date	Value	Target	Mean	Variation	Assurance
% Recovery for DC & Elec Activity Volume	February 2023	80	104	90.26		
Number of RTT Patients waiting >52weeks	February 2023	585	0	292.87	H	F
Diagnostics: % Completed Within 6 Weeks of referral	February 2023	75	99	45.40	H	F
RTT Open Pathway: % Waiting within 18 Weeks	February 2023	54	92	60.60	L	F
% Recovery for OP New & OPPROC Activity Volume	February 2023	95	104	98.30		
% OPFU Activity Volume	February 2023	89	85	99.46	L	

Divisional Performance Summary - Surgery

Well Led - People

MetricName	Date	Value	Target	Mean	Variation	Assurance
Staff Turnover	February 2023	14	10	12.60	H	F
Short Term Sickness	February 2023	2	2	2.43		?
Long Term Sickness	February 2023	3	3	3.71		?
Mandatory Training	February 2023	91	90	91.37		?
% PDRs completed since April	February 2023	64	90	40.41		F
Medical Appraisal	February 2023	40	100	63.08		?

Well Led - Financial Sustainability

MetricName	Date	Value	Target	Mean	Variation	Assurance
Revenue Position (variance to date)	February 2023	-3	0	-3.84		?

Divisional Performance Summary - Corporate

SRO : Erica Saunders, Director of Corporate Affairs

Highlights

Corporate Services Collaborative meeting due to take place 22nd March.
• Review of high moderate risks to take place • Sickness absence and turnover remain higher than target but reduced fractionally in month
• PDR's have hit target for the first time – now 92% for B7+ • Focus remains on top 5 areas of financial overspend across the Division • First Executive Performance Review of corporate services to take place on 23rd March.

Areas of Concern

• 38% of risks are overdue review • Turnover remains high at over 17% • Financial position in catering • Recurrent CIP projects c.0.7m required

Forward Look (with actions)

Not yet agreed with CSC group, however Chair to suggest focus on:
• Ensuring all risks are reviewed within timescale • Deep dive into vacancies across corporate areas to determine if any opportunities for progression/changes to skill mix • EPRR Manager to be invited to join group to ensure compliance in corporate areas.

Well Led - People

MetricName	Date	Value	Target	Mean	Variation	Assurance
Staff Turnover	February 2023	15	10	14.82	H	F
Sickness Absence (Total)	February 2023	8	5	6.68		?
Short Term Sickness	February 2023	1	2	1.69		?
Long Term Sickness	February 2023	7	3	4.99	H	F
Mandatory Training	February 2023	94	90	92.62	H	P
% PDRs completed since April	February 2023	86	90	50.45	H	F

Well Led - Financial Sustainability

MetricName	Date	Value	Target	Mean	Variation	Assurance
Revenue Position (variance to date)	February 2023	3	0	-9.48		?

000117

Safe Staffing & Patient Quality Indicator Report
November 2022

	Day		Night		Actual hours	Patients	CHPPD	National benchmark	Available FTE		Vacancy		Turnover (Leavers)		Sickness		Medication incidents		Staffing Incidents		FFT		Pals	Complaints
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Total	Total count of Patients at Midnight	CHPPD Rate		RN - FTE	HCA - FTE	RN - %	HCA - %	RN - %	HCA - %	RN - %	HCA - %	Month	YTD	Month	YTD	Number of responses	% Very good and good		
Burns	96%	-	100%	-	1924	**95**	20.25	12.57	15.64	0.80	-4.28%	-20.00%	0.00%	0.00%	3.46%	23.33%	1	23	0	4	2	100%	0	0
HDU	65%	106%	59%	84%	6882	**258**	26.67	28.25	65.93	2.61	-11.17%	-50.97%	1.52%	0.00%	10.20%	0.00%	3	91	2	4	1	100%	1	2
ICU	66%	68%	63%	45%	13216	**443**	29.83	28.25	147.68	4.00	-8.46%	-4.08%	1.30%	0.00%	5.64%	20.83%	15	146	0	2	1	100%	0	0
Ward 1cC	90%	86%	89%	70%	7034	**544**	12.93	13.30	60.49	6.45	3.50%	21.08%	0.00%	0.00%	1.97%	1.11%	5	32	0	3	6	100%	1	0
Ward 1cN	76%	0%	95%	-	2623	**212**	12.37	40.10	30.60	1.00	-13.09%	-100.00%	0.00%	0.00%	8.88%	0.00%	3	21	3	9	1	100%	0	1
Ward 3A	88%	94%	89%	110%	7493	**796**	9.41	5.69	51.50	11.18	6.59%	-31.29%	1.21%	0.00%	9.47%	2.59%	0	25	1	9	34	94.12%	1	0
Ward 3B	76%	93%	80%	-	4164	**389**	10.70	7.48	39.34	4.92	-14.01%	-2.56%	2.51%	0.00%	10.81%	39.02%	0	19	5	28	2	100%	0	0
Ward 3C	99%	95%	94%	102%	7584	**870**	8.72	8.05	56.27	4.23	-3.44%	-31.01%	0.00%	0.00%	9.04%	0.73%	7	60	1	5	15	86.67%	1	1
Ward 4A	90%	89%	85%	107%	8536	**837**	10.20	5.69	67.13	5.99	-0.30%	4.85%	2.97%	0.00%	11.29%	8.20%	6	49	0	3	21	95.24%	0	0
Ward 4B	67%	77%	60%	90%	7454	**639**	11.67	9.42	40.56	31.52	6.84%	-13.46%	0.00%	0.00%	17.37%	13.36%	24	79	1	15	11	72.73%	0	0
Ward 4C	81%	115%	78%	108%	6557	**877**	7.48	11.45	52.27	10.99	-8.99%	-12.47%	1.75%	0.00%	8.47%	6.52%	12	86	5	21	19	94.74%	0	1

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & HCA staffing fill rates and Care Hours per Patient Day (CHPPD). Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience.

Medicine

There continues to be high levels of sickness on the medical wards, especially wards 3B & 4B. A constant focus with ward managers and matrons which has significantly reduced sickness levels in January. Ward 4B has started HR drop-in sessions w/c 13th February and ward 3B started a workstream in September to focus and support staff wellbeing and retention.

Ward 3C had a high requirement for 1:1s on the ward, which required shifts to be covered via NHSP.

Ward 4B medication incidents have increased in November and being the highest reported ward. 19 of the 24 reported as near miss, 4 no harm and 1 minor harm. This indicates a good reporting culture on 4B and lessons learnt from all incidents and near misses are shared with all staff.

Surgery

Burns unit had an increase in short term HCA sickness at 23% compared to October & December data.

Neo was over recruited on RNs by 13% due to additional shifts being added for staff to start training for the new build. This will be ongoing over the next few months.

Ward 3A & 4A still have a high requirement for 1:1s which has required NHSP cover.

Critical Care

Following a successful recruitment day, several new nurses commenced in critical care in October but will be supernumerary for 4 months (till January 2023) and not included in numbers.

HDU had 7 leavers during the month of November and several new starters which has overlapped on the vacancy line showing as over recruit. 4 international nurses awaiting a PIN were also recorded on HDU budget line instead of ICU. This has been corrected in the December numbers.

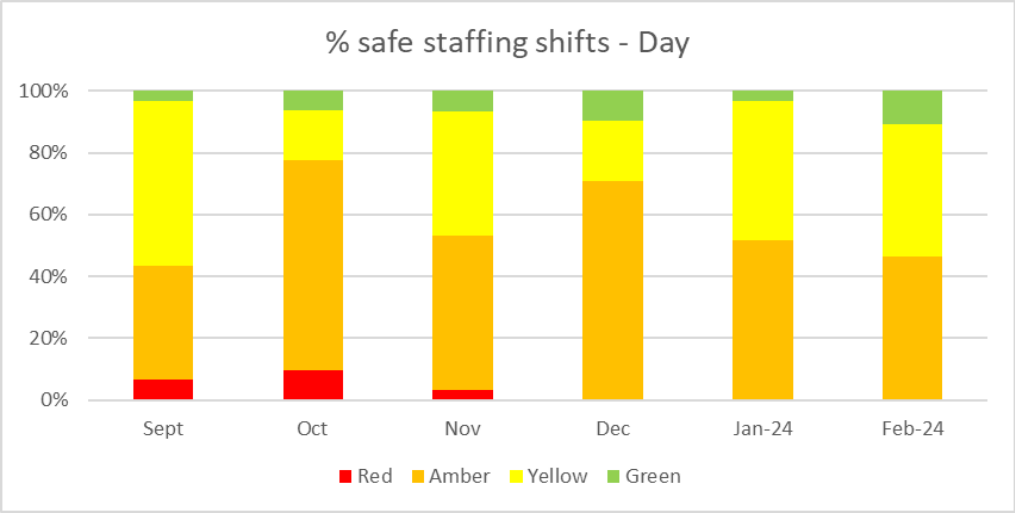
Summary

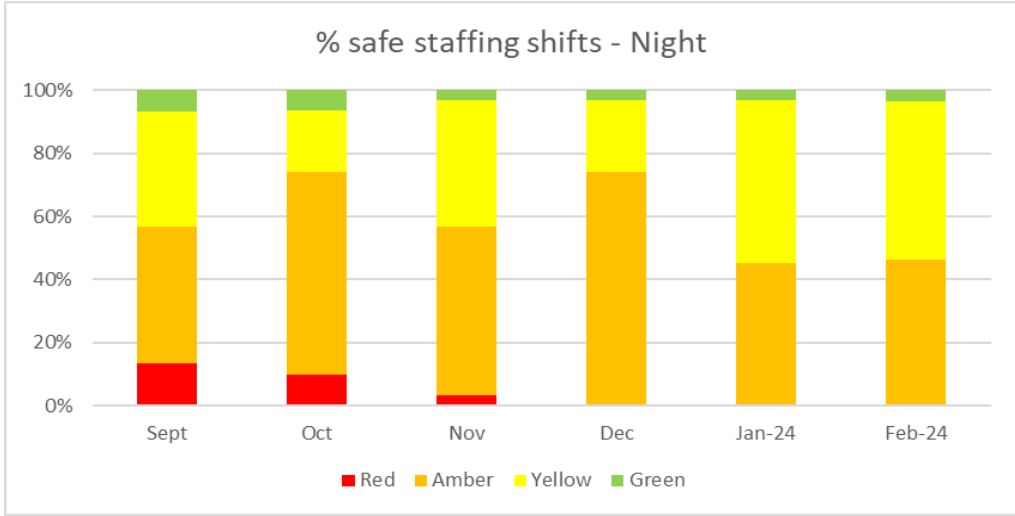
Overall CHPPD compares equally and well with other paediatric hospitals and trusts. However, Neo benchmark CHPPD is notably high with no national information explaining this.

During this period reported, staff moves on NHSP were not recorded on eRoster.

Summary of February staffing

Staffing rag has been similar to January with a slight increase in green days. 0 red days were recordered throughout December, January & February indicating an improvement in staffing levels.





Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Report of	Development Director
Paper prepared by	Senior Health Planning Advisor Jayne Halloran On behalf of Acting Associate Development Director Jim O'Brien
Subject/Title	Development Directorate Projects Update
Background papers	Nil
Purpose of Paper	The purpose of this report is to provide a Campus and Park progress update.
Action/Decision required	The Board is asked to confirm acceptance of the update and advise if reassurance has been provided.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ Sustainability through external partnerships
Resource Impact	N/A

Alder Hey Children's NHS
NHS Foundation Trust

Campus Development report on the Programme for Delivery

March 2023

1. Introduction

The purpose of this report is to keep the board informed of progress, risks and actions on the key capital projects as they arise. As of Month 3 in Quarter 4 of 2022/23 the programme Delivery Timetable RAG rates projects against planned commencement date.

2. Key Risks

Project	Highlight Risk	Mitigation
Neonatal and Urgent Care	Potential Delay and Cost Implications to Service Diversion Works Implications on next phase of contract sign off	MSC have advised they are looking at a programme mitigation plan to bring forward drainage works to run in parallel with the service diversion works.
Sunflower House / Catkin	Fire Compliance; Sprinklers Galliford Try (GT) Completion of Snagging GT Contract Claim Water Compliance issues upon occupation	Programme for installation being finalised with executive recommendation to proceed with occupancy without use of under croft parking pending sprinkler install. Final snagging list signed off with clinical lead. Target completion date 31.03.23. Defects period is 12 months. All works reported through estates helpdesk for categorisation, resolution and escalation as required. Trust disputing claim and responding with legal advice per the contract terms. Delayed overnight occupancy whilst awaiting negative test results.
2 Storey Modular Building (Police)	Programme delay, completion of land agreement before works can commence on site.	Discussions within the police hierarchy escalated.
Main Park Reinstatement	Decision required regarding park lighting. Work Package Risks Affecting Phase 3 Reinstate Park.	Trust to review options with LCC and community. Trust action plan in place to accelerate aspects to mitigate any programme risk.

3. Programme Delivery Timetable

Table1. Sets out the planned programme for the years 2021-2023 (financial years).

Table 1.	21/22				22/23			
Scheme	**Qtr.1**	**Qtr. 2**	**Qtr. 3**	**Qtr. 4**	**Qtr.1**	**Qtr. 2**	**Qtr. 3**	**Qtr. 4**
Neonatal and Urgent Care Blue Light Route (BLR) & Service Diversions								
Neonatal and Urgent Care Construction								
Neonatal and Urgent Care Occupation (Dec 2024)								
Sunflower House / Catkin Construction								
Catkin Occupation								
Sunflower House Occupation								
Temporary Modular Office (Alder Centre)								
Temporary Modular Office (Police Station)								
Police Station Design								
Police Station Construction								
Demolition Phase 4 (Final)								
Main Park Reinstatement (Phase 2/3)								
Mini Master plan (Eaton Rd Frontage) 2 phases to plan								
Fracture / Dermatology								
EDYS								
Surgical Day case								

4. Project Updates

Neonatal and Urgent Care Development

Current status	Risks/Issues	Actions/next steps
BLR works due to complete 03.04.23, this is five weeks later than anticipated due to an LV cable diversion required to the Institute in the Park. This work was being managed by the Trust under a separate project that was instructed, but later added to MSC scope of works due to dependencies with the BLR diversions.	Cost of LV diversion works £58K. Potential additional prelim costs for the 5 week delay.	£58K cost to be allocated from infrastructure funds.
Service investigations undertaken on site to confirm service diversion routes.	Additional services and information not known at tender stage, leading to potential impact on programme	Await further detail on programme implications
Next stage of contract sign off imminent however will be assessed alongside clearer implications of emerging service diversion risk. Main build provisional start date May 2023, at risk pending future information on service diversions.	Delay in proceeding with service diversion works impact programme timeline and cost packages.	As above

Sunflower House Construction & Occupation

Current status	Risks/Issues	Actions/next steps
Move 1 completed 06.03.23. Staff training and familiarisation orientation to conclude 23.03.23. All furniture in situ, with stocking of consumables by 22.03.23. Final fitting/filling of dispensers, minor works, non-statutory signage, and artwork installations to be completed by 23.03.23.	Fire compliance; sprinklers. GT Completion of Snagging & Defects.	Report to be presented to Executive Directors with agreement to proceed with occupation with car park under croft not in use Completion process agreed. New issues to be managed via estates help desk.

Communications, filming and media events well attended and supported by the clinical & senior leadership team. Finalising contract position Move 2 'Go Live' on target for 24.03.23.	GT contract claim. Water Compliance	Trust with assistance of Hive and Bevan Brittan to break down and discount the claim. Test results awaited. Mitigation plan identified for agreement, if required.

Modular Office Buildings

Current status	Risks/Issues	Actions/next steps
3 Storey Modular Building: The building is now occupied. External works commenced, new tarmac and road sweep complete. The stoning up of the parking area has commenced. 2 Storey Modular Building: All modular units built and ready for works to commence on site. This will require a 3 week mobilisation period, followed by a 10 week site completion programme.	Water compliance. Programme delay, completion of land agreement before works can commence on site.	Point of use filters in place until resolved. Discussions within the police hierarchy escalated.

Park Reinstatement

Current status	Risks/Issues	Actions/next steps
Clearance of Catkin building now completed, all services decommissioned. Sub 5 area now demolished, tarmac finishing course to new paths completed. Decision required regarding park lighting. Overall programme update • Works on north side of park progressing at pace • Demolition of catkin building underway which is a critical phase • Exploration of opportunities to accelerate aspects of the programme to mitigate and programme risks	Level of lighting required for planning discharge versus level which can be agreed with LCC MUGA not yet in use due to lighting connection. Risk of delay to any aspects of the park hand back	Alder Hey to review best way forward in consultation with LCC and community. LCC to complete LV installation. This has been escalated Programme determines handover date will be met however little contingency. Further work ongoing to assess options to accelerate packages to mitigate

Mini Master Plan for Eaton Road Frontage

Current status	Risks/Issues	Actions/next steps
Revised, smaller proposal being drawn up, workshop being held to look at improving the Eaton Road frontage to wrap into the new park. Proposals being drawn up, with costings to follow for approval.	None	None

Fracture and Dermatology

Current status	Risks/Issues	Actions/next steps
Funding agreed, feasibility study and engagement starting.	None	None

Surgical Day Case

Current status	Risks/Issues	Actions/next steps
Funding agreed, feasibility study and engagement commenced. Stage 1 report ready end March 2023.	Confirmation of available space to accommodate Schedule of Accommodation (SoA).	Stage 1 sign off April 2023.

Eating Disorder Day Case Unit

Current status	Risks/Issues	Actions/next steps
Funding agreed, feasibility study and engagement commenced. Initial floor plans produced for analysis. Stage 1 report ready April 2023.	Current SoA cannot be accommodated within footprint of the building. Building condition unknown.	Agreement of phasing, budget and existing lease issues. Commence condition surveys April 2023.

Communications

Current status	Risks / issues	Actions/next steps
Regular dialogue between development team and Communications department are now in place to cover the park development. Fortnightly meetings established to discuss wider campus development progress.	Loss of reputation, locally and regionally. Lack of engagement internally and externally.	Maintain links with community and support their development work. Appointment of a community liaison officer Community sessions taken place with further provision and active engagement programme

5. Conclusion

The Board are requested to receive and acknowledge the update provided as of 23 March 2023.

Alder Hey Children's NHS
NHS Foundation Trust

Resources and Business Development Committee
Minutes of the meeting held on Tuesday 21st February 2023 at 10:00, via Teams

Present:	Shalni Arora	Non-Executive Director (Chair)	(SA)
	Adam Bateman	Chief Operating Officer	(AB)
	John Grinnell	Deputy CEO/CFO (Joined from 212 onwards)	
	John Kelly	Non-Executive Director	
	Rachel Lea	Deputy Director of Finance	(RL)
	Kate Warriner	Chief Digital and Information Officer	(KW)
In attendance:	Kerry Byrne	Non-Executive Director	(KB)
	Nathan Askew	Chief Nursing Officer	(NA)
	Jason Bradley	EPR Strategic Advisor (Agenda item 211)	
	Jenny Dalzell	Associate Director of Strategic Partnerships	
	Urmi Das	Clinical Director Medicine (until item 209)	(UD)
	Emma Hughes	Acting Manging Director for Innovation	
	Emily Kirkpatrick	Associate Director Commercial Finance	
	Andy McColl	Associate Chief Operational Officer, Performance	
	Clare Shelley	Associate Director Operational Finance (until item 212)	
	Jill Preece	Governance Manager	
	Mark Flannagan	Director of Communications	(MF)
	Erica Saunders	Director of Corporate Affairs (Joined from 207)	(ES)
	Julie Tsao	Executive Assistant (*minutes*)	(JT)
Agenda item:	Graeme Dixon	PFI Manager	

22/23/201 Apologies:

Ian Quinlan	Non-Executive Director	(IQ)
Dani Jones	Director of Strategy and Partnerships	(DJ)
Cath Kilcoyne	Deputy Director of Business Development	
Melissa Swindell	Director of HR & OD	(MS)
Jim O'Brien	Associate Development Director	

22/23/202 Minutes from the meeting held on 23rd January 2023
The above minutes were approved as a true and accurate record.

22/23/203 Matters Arising and Action log
All actions had been included on the agenda.

22/23/204 Declarations of Interest
There were no declarations of interest.

22/23/205 Finance Report
Month 10 Financial Position
M10: achieved an in-month trading surplus of £1.5m in January which is £0.5m ahead of the planned financial position. Year to date (M1-10) the Trust is reporting a surplus of £3.2m again £0.5m ahead of plan.

The Chair queried clinical supplies and drugs spend. CS confirmed finance and pharmacy are developing a drugs report which can be summarised into a briefing paper for RABD. A briefing paper for clinical supplies can also be presented back to RABD.
Action: CS

Resolved:
RABD received and noted the M10 Finance report.

22/23/206 23/24 Annual Plan

Following on from last month's update RL the CIP Trust had been asked to increase the CIP target to 5% (£17m) for the 23/24 plan.

RL presented a number of slides on 23/24 plan. The financial strategy is being developed. RL went through a number of draft submission dates noting the final submission is due at the end of March 2023.

Resolved:

RABD noted progress to date on the 23/24 Annual plan.

22/23/207 Debt Write Off

The proposed debt write off was for 2 overseas private patients combined total was £4,731. Both debts dated back to 2019 and all collection efforts had been closed.

EK gave an overview of the current outstanding debt both none NHS and NHS alongside the payment plans for the debt to be paid back to Alder Hey.

Resolved
RABD APPROVED the February debt write off for a total of £4,731.

22/23/208 CIP

CS noted the slides in the pack and highlighted a workshop being held with Strasys on 28th February to look at further opportunities using our data on workforce, activity and expenditure.

Resolved:

22/23/209 Cash

Treasury Management Policy

RABD were asked to approve the above policy to be presented at the next Audit Committee for ratification.

Going forward RABD would be given the role of Investment Committee and would monitor performance through regular monthly updates and quarterly updates on the Treasury Management Performance.

JK queried the suggested 3 month maximum term of investment suggesting this should be amended to 6 months. RABD agreed the policy would be amended to note in review with national guidance.

Resolved:
RABD APPROVED the Treasury Management Policy noting management of the Investment Committee going forward.

22/23/210 Campus update

As JO'B had sent his apologies RABD received the Campus update.

SA asked for an update in relation to additonal contracts being signed for the Neonatal project. RL advised contracts had not yet been signed, if required an additional RABD would be arranged.

Resolved:
RABD received the monthly update in relation to the Campus.

22/23/211 **Aldercare**
KW welcomed Jason Bradley, EPR Strategic Advisor to the meeting and introduced the deep dive into the Aldercare programme. JB shared a presentation noting the programme is currently in the build phase and the majority is due to be completed in June 2023. The Electronic Prescribing element will be finalised in July 2023, running alongside this is the testing plan this will continue until the programme is ready to go live in August/September 2023.

KW shared a slide with 5 options including the details for the go live date noting the preferred option 4: 25th August – 11th September 2023. AB provided details on the number of additional appointments the programme would affect if the go live went later into September.

RABD thanked KW and JB for sharing the details of the Aldercare Programme. It was agreed a further update would be presented at the April RABD.
Action: KW/JB

Resolved:
RABD received the monthly update on Aldercare.

22/23/212 **BAF Deep Dive: 1.3 Failure to address ongoing building defects with Project Co**
AB and GD presented the above risk noting the scoring has recently been reduced from 15 to 12.

An update was received in relation to the main areas of risk: Corroded pipework, Skylights within the Intensive Care Unit, Chilling system and Domestic cold water temperatures.

KW asked for assurance on the chilling systems. GD noted the engineering had commenced and the temporary chillers were due to be removed at the end of March 2023.

Resolved:
RABD received an update for the risks associated with the building defects with Project Co.

22/23/213 **Digital and Information Technology Update**
KW highlighted:

- NHS digital has merged with NHS England to reduce duplication and support the national team to work effectively with local organisations.
- NHS England have established a national Digital Maturity Assessment, submissions are due on 19th March with the report to be available in April 2023.
-

Resolved:
RABD received and noted progress to date on Digital and Information.

22/23/214 Business Developments
Resolved:
Due to apologies this item had been deferred to the March RABD.

22/23/215 Month 10 Integrated Performance Report
AB highlighted:

- Reduction in A&E attendances compared to December.
- 76% of patients been treated within 4 hours.
- The new urgent treatment centre facility is now open with around 40 patients visiting each day, reducing overcrowding in A&E.
- Communication had been received in relation to Junior Doctor strikes, dates were to be confirmed.

Resolved:
M10 IPR report was received.

22/23/216 Communications Paper
Resolved:
RABD received and noted the Communications paper.

22/23/217 PFI – Building report
Resolved:
RABD received the monthly update on PFI.

22/23/218 Board Assurance Framework
Resolved:
RABD received and noted the risks being monitored through the BAF.

22/23/219 Risk Profiling/Tolerances
ES introduced a presentation detailing the risk appetite statements that were approved at February 2022 Trust Board. The presentation set out the proposed risk tolerance levels for RABD risk types including:

- Compliance and Regulatory
- Financial
- Commercial
- Reputation
- Systems and Partnerships
- Environment
- Technology

KB went on to explain that the introduction of these risk tolerances was aimed at ensuring a consistent approach for risk owners in terms of setting targets and closing risks. The Committee was informed that the Trust has already defined the impact descriptors for reputation, financial (compliance) and compliance and regulatory risks which had been set out in the presentation but that impact descriptors did not yet exist for 'less core' areas of work i.e. technology and commercial.

Resolved:

For each of the risk types, the Committee was asked to:

- consider the Risk Appetite Statements and confirm support or suggest any changes to be fed back to Board.
- review the risk impact descriptors for the reputation, financial (compliance) and compliance and regulatory risks and either confirm support or suggest any changes to be fed back to Board.
- define the risk descriptors and review the associated risk tolerances for those risks where impact descriptors do not exist.

A further update would be presented at the July RABD.

22/23/220 **External Communications policy**
Resolved:
RABD APPROVED the updated External Communications policy.

22/23/221 **Any Other Business**
Energy Cost
AP went through the savings that had been made with the flexible energy contract that was in place. A decision was to be made on the volumes to be bought ahead for the winter period. RABD agreed to review this again at the May RABD.
Action: AP

22/23/223 **Review of Meeting**
The Chair noted good discussions.

Date and Time of Next Meeting: Monday 27th March 2023, 1330, via Teams.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	Serious Incident, Learning and Improvement report 1st – 28th February 2023
Report of:	Chief Nursing Officer
Paper Prepared by:	Associate Director of Nursing and Governance Trust Risk Manager

Purpose of Paper:	Decision ☐ Assurance ☑ Information ☐ Regulation ☑
Summary / supporting information:	Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. NHS Patient Safety Strategy. NHS Improvement. July 2019. Never Events List (revised February 2021).
Action/Decision Required:	To note ☑ To approve ☑
Strategic Context **This paper links to the following:**	Delivery of **outstanding care** ☑ **The best people** doing their best work ☑ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☑
Resource Implications:	None identified

1. Purpose

The purpose of this paper is to provide the Trust Board with oversight of those incidents that are considered as serious incidents following the guidance from the NHS England Serious Incident Framework (March 2015), and any associated learning for the reporting timeframe 1st – 28th February 2023.

2. Background

Serious Incidents (SIs) are adverse events where the consequences to patients, families, staff, or the organisation are so significant or the potential for learning so great, that a heightened level of response is justified.

The National Serious Incident Framework (NHS England 2015) describes the circumstances in which such a response is required and the processes and procedures to be followed, ensuring SIs are correctly identified, investigated and importantly, learning embedded to prevent the likelihood of the same or similar incidents happening again.

In line with National SI Framework, the Trust is required to report SIs to the Strategic Executive Information System (StEIS) and share investigation reports with commissioners. SIs that does not meet the StEIS criteria are discussed at the Trust's weekly patient safety meeting and where appropriate a root cause analysis (RCA level 2) investigation is instigated.

Outcomes and oversight of SIs are considered at Divisional Assurance Boards, Clinical Quality Steering Group (CQSG), Safety and Quality Assurance Committee (SQAC) so that learning can be shared, and improvements enacted. The Trust Board receives a monthly summary report.

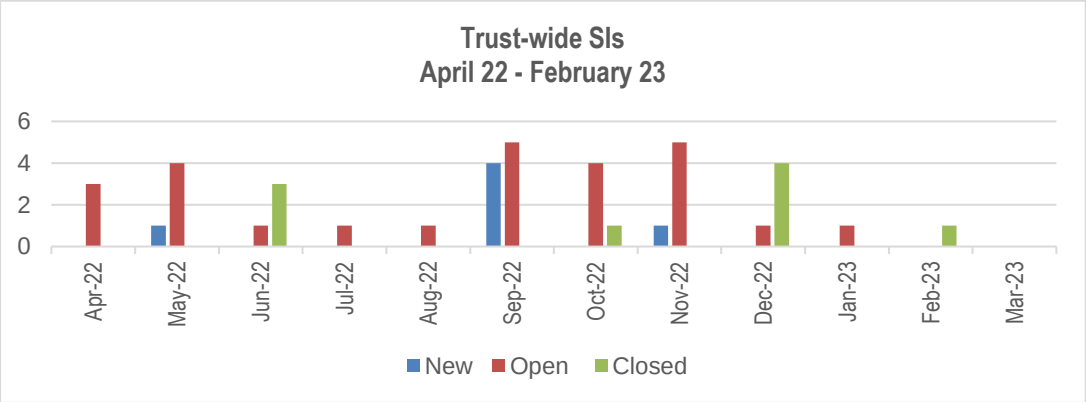
3. Local context

3.1 Never Events

The Trust declared **0** Never Events during the reporting period (1st – 28th February 2023).

3.2. Serious Incidents

Graph 1 Trust-wide StEIS reported SI status February 2023



3.2.1 Declared Serious Incidents

The Trust declared **0** StEIS reportable incidents during the reporting time frame (1st – 28th February 2023).

3.2.2 Open Serious Incidents

0 SIs were open during the reporting period.
1 SI investigation was completed in this reporting period (1st – 28th February 2023).

3.2.3 Serious incident reports

3.2.4 SI action plans

During the reporting period (1st – 28th February 2023) of the **3** action plans:

- **2** SI action plans are within their expected date of completion
- **1** SI action plan was completed and closed

Full details of the SI action plan position can be found at appendix 1.

3.3 Internal level 2 RCA Investigations

The Trust declared **zero** internal level 2 RCA investigations during the reporting period (1st – 28th February 2023).

3.4 Duty of Candour

The Trust is required to comply with Regulation 20 of the Health and Social Care Act 2008 (Regulated activity), Duty of Candour.

1 final Duty of Candour response was required during the reporting period (1st – 28th February 2023) which was sent within the expected deadline.

4. Learning from serious incidents

Alder Hey Children's Hospital NHS Foundation Trust is committed to ensuring all our children, young people and their families receive the highest quality of care; responding appropriately when things go wrong, demonstrating its commitment to continually improve the safety of the services it provides.

Immediate lessons learnt from all SIs are outlined where applicable in this report.

The main themes identified from the completed SI action plan were:

- Policies / guidelines unclear
- Communication breakdown
- Failure to follow systems & process

Further detail of actions to address findings is outlined in in appendix 2.

5. Recommendations

The Trust Board is asked to note the contents and level of assurance provided in this report.

Appendix 1

StEIS reference	Date incident reported	Date StEIS reported	Division	Incident	Total number of actions	Original date action plan due	Extension date agreed by division	Extension date agreed by commissioners	Number of extensions
2022/19971	14/09/2022	16/09/2022	Surgery	Never Event – retained foreign object post procedure.	6 1 action outstanding.	31/01/2023	08/04/2023		2
2022/20661	17/08/2022	28/09/2022	Surgery	Category 3 pressure ulcer under plaster cast.	2 All actions completed.	31/01/2023	28/02/2023		0
2022/23391	10/08/2022	02/11/2022	Research	Never Event – wrong side biopsy.	30 21 actions outstanding.	30/09/2023			0

Appendix 2

Learning from SIs		
StEIS reference	**Theme**	**Learning and Actions**
2022/23391 Never Event – wrong side biopsy.	Policies / guidelines unclear	The staff in SAL should have felt empowered to question the signed consent form which did not determine a side despite the site being marked and a Site Verification Form in place. When checking surgical site marks, staff must cross reference with the consent form and challenge any discrepancy. In the event of any discrepancy between a consent form and the site marking, the patient must not leave the ward and the surgeon must go back and change the consent form The staff in Theatre staff should have identified there was no laterality documented on the consent form as a part of the sign in process; staff must cross reference with the consent form and challenge any discrepancy. In the event of any discrepancy between a consent form and the site marking, they must challenge, and the surgeon must go back and change the consent form A pathway should not be fundamentally changed without a thorough multi-disciplinary review and risk assessment which considers the full impact of any change and any unintended consequences. Actions being taken: • Theatre Management team to remind all staff that in the event of a discrepancy between the consent form and site marking / Site Marking Verification Form they must challenge the surgeon and the consent form must be changed with the family • Remind all staff as a “Key Message” at a Patient Safety Meeting. • A pathway review is to be conducted. • To implement any changes arising because of the review.

	Communication breakdown	No multidisciplinary team handover and the research team did not attend the WHO Sign in process. Action included: • Principal Investigator and/or Neuromuscular Clinical Research Fellow and Research Nurses to be involved in huddle and theatre handover and attend the theatre WHO Safety Briefing (Huddle) for any research muscle biopsy.
	Failure to follow systems & process	Inadequate reviews of the biopsy surgical procedure and of the previous operation note. Actions being taken: • To remind derogated surgeons to familiarise self with the study protocol and discuss protocol, site, and side with the Principal Investigator. • To remind the derogated surgeon to review the patient's previous muscle biopsy operation notes.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**Safety Quality Assurance Committee**
Date of meeting:	22nd March 2023 – Summary 22nd February 2023 – Approved Minutes
Report of:	Fiona Beveridge, Non-Executive Director
Paper Prepared by:	Fiona Beveridge

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Safety Quality Assurance Committee meeting held on 22nd March 2023, along with the approved minutes from the 22nd February 2023 meeting.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	None
Associated risk (s)	None

1. **Introduction**

   The Safety Quality Assurance Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

   Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality including clinical quality, clinical practice and clinical governance arrangements and activities within the Trust.

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

   - Good reports provided to SQAC, with positive improvements in the quality of the reports provided, with good levels of oversight and assurance provided.
   - Quality and Assurance Rounds Themes & Risks report received
   - DIPC Exception Report received with good discussion held, data issues are being reviewed, with the aim to strengthen future reports presented to SQAC
   - ED@its best update received, SQAC welcomed a strengthened ED monthly update at April SQAC meeting
   - Mortality report received
   - Comprehensive Never Event Muscle Biopsy RCA received, SQAC noted the significant learning, and the general actions undertaken, with further reflections required regarding whether there are any further actions, or more generic actions that need to be undertaken regarding cultural issues.
   - Management and Impact of Medicine Shortages Report received, with good discussion held.
   - Children & Young People Engagement Forum report received.
   - Draft Trust wide Clinical Audit Annual Work Programme 2023/24 received
   - New written CQSG Key issues reported received and welcomed by SQAC
   - Implementation of Inphase report received
   - Transition Report received
   - Divisions raised a number of issues, which are also highlighted within the CQSG key issues report.

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

   - Management and Impact of Medicine Shortages Report.

4. **Positive highlights of note**

5. **Issues for other committees**

   None.

6. **Recommendations**

   The Board is asked to note the Committee's regular report.

Alder Hey Children's NHS Foundation Trust

Safety and Quality Assurance Committee
Minutes of the meeting held on
Wednesday 22nd February 2023
Via Microsoft Teams

Present:	Fiona Beveridge	SQAC Chair, Non-Executive Director	(FB)
	Kerry Byrne	Non-Executive Director) - Chairing SQAC	(KB)
	Nathan Askew	Chief Nursing Officer	(NA)
	Alfie Bass	Chief Medical Officer	(Aba)
	Adam Bateman	Chief Operating Officer	(AB)
	Lisa Cooper	Director – Community & Mental Health Division	(LC)
	Urmi Das	Divisional Director – Medicine Division	(UD)
	John Grinnell	Deputy Chief Executive	(JG)
	Jo Revill	Non Executive Director	(JR)
	Jackie Rooney	Associate Director of Nursing Governance	(JR)
	Paul Sanderson	Erica Saunders, Director of Corporate Affairs	(ES)
	Sarah Wood	Consultant Paediatric Surgeon	(SW)

In attendance:

	Julie Creevy	Executive Assistant (Minutes)	(JC)
	Natalie Palin	Associate Director of Transformation	(NP)
	Jacqui Pointon	Associate Chief Nurse, Community & MH	(JP)
	David Reilly	Associate Director of Digital System	(DR)
	Cathy Wardell	Associate Chief Nurse, Medicine Division	(CW)
22/23/195	Chris Talbot	Consultant Orthopaedic Surgeon, Patient Safety Specialist	(CT)
	Sian Calderwood	General Manager for Urgent Care	(SC)
	Bea Larru	Director Infection Prevention Control	(BL)

22/23/191 Apologies:

Pauline Brown	Director of Nursing	(PB)
Christine Hill	Pathology Manager	(CH)
Dani Jones	Director of Strategy	(DJ)
Phil O'Connor	Deputy Director of Nursing	(PoC)
Melissa Swindell	Director of HR & OD	(MS)

FB welcomed all members and attendees to the Safety and Quality Assurance Committee (SQAC).

22/23/192 Declarations of Interest
SQAC noted that there were no items to declare.

22/23/193 Minutes of the previous meeting held on 18th January 2023 – Resolved:
Committee members were content to **APPROVE** the notes of the meeting held on 18th January 2023.

22/23/194 Matters Arising and Action Log
Action Log – action log was received and updated.

22/23/195 Patient Safety Strategy Board update

CT provided an overview of Patient Safety Strategy Board programme update:-

- Team are working on implementation of the new local risk management system, go live date in April 2023, with ongoing work ensuring alignment with the learning from patient safety events, to ensure triangulation.
- Positive meetings had taken place with regards to the negligence and litigation work with significant progress made to date, 95 of the 100 cases had been reviewed and triangulated with PALS and complaints, with formulated lessons learned, to enable feedback to GIRFT regarding trends and themes. There is still ongoing work required regarding good practice and proactive learning through negligence and litigation, and whether this sits within the division, or whether there is a Trust wide response, a meeting is scheduled week commencing 27th February 2023 to review this further.
- Substantial work had been undertaken and had progressed to date with regards to implementing PSIRF, Terms of Reference had been established, for the PSIRF implementation team. Colleagues are working through the data that had been collected to help inform the Incident Response Plan and policy which requires sign off by September 2023.
- There had been significant engagement with Stakeholders, colleagues had met with Children and Young People Forum, and colleagues are reviewing how information can be more child friendly, Patient Safety partners are reviewing to design how to integrate children more into the safety work.
- Neonatal safety progress had slightly stalled, there is a formulated plan, and the focus of neonatal safety will be the neonatal screening programme, CT advised that a more detailed formal update would be provided at March SQAC meeting.

FB alluded to resources for PSIRF work and sought clarity regarding whether this is through existing resources, or whether this is new/additional resources. CT advised that this is a significant change and shift from moving from Serious Incident reporting to PSIRF and alluded to the complexities in terms of resources. CT advised that there are colleagues who had been trained within the organisation that could deliver on a number of standards, however there are also standards set that would require colleagues to be trained in additional skills and processes. CT advised that in other organisations there are specific teams for Patient Safety investigations and acknowledged that this is a significant piece of work. Patient Safety Strategy update is due to be presented to Trust Board in March 2023, fundamental review of what resources are required both divisionally and organisationally to ensure delivery.

KB sought assurance with regards to Trust readiness for implementation. NA stated that the current Ulysses contract finishes on 8th May 2023. NA alluded to the digital elements and confirmed that this is very achievable. NA acknowledged concerns regarding the number of staff who use the system and advised that 95% of staff would only see a change on the layout of the incident form completed, with 5% of staff in management or governance roles who would require training on the use/functionality of the system to close off incidents or to triangulate data. There is some contingency which had been incorporated given Easter holidays etc. Assurance had been provided by Inphase that the system is extremely user friendly and can be learned very easily.

NA supported CT's comments and advised that he is supportive of a Business case and stated that there are lots of people who have had training, and that what is evident in maternity units, is a model of a small, dedicated team, that produce exceptionally high quality investigation reports, and that this is the model that colleagues are advocating which NA is supportive of.

NA acknowledged the progress regarding Neonatal in reaching the current position and welcomed an update on the plan in due course.

FB thanked CT for positive update and welcomed a future update.

SQAC Received and **NOTED** good progress made in month

Safe

22/23/196 Parity of Esteem Update

JP presented the Parity of Esteem Update which included a summary of the current position on restrictive practice and safe physical intervention for clinical holding:-

Success Highlights:-

- Programme Board established and workstreams identified
- Restrictive practice identified as a Trust safety priority
- Mental Health Champions established in 2021, this had been recently relaunched during a quality round event.
- 'We can talk' Education resource identified and piloted
- Co-production underway with Healthy teen Minds, project lead is a staff nurse on 4C leading on quality improvement. Project is making good progress and is due to be rolled out during April 2023, with celebration event planned in May 2023.
- Colleagues had presented to National Chief Nursing Officers national conference in October 2022, and colleagues had received a high level of interest and queries nationally regarding the model.
- Suicide prevention workstream – anticipated progress throughout April 2023

KB expressed concern that the 'we can talk' training is not included within mandatory training, in terms of identifying mental health issues, and that KB is of the opinion that this had to be mandatory training, given the importance. JP stated that the aim is to develop a shorter/succinct module to raise awareness in the future to ensure meaningful and helpful information, with the aim to undertake at induction. JP stated that colleagues would be unable to make this mandatory training at the present time. Colleagues are reviewing how to include relevant information within the electronic patient record, with regards to completed questions regarding health promotion, physical health, emotional health and wellbeing, colleagues are working with the Expanse development team.

KB sought clarity with regards to inpatients, and whether inpatients and outpatient in the community are to be considered. JP advised that it is Trust wide.

KB referred to metrics and queried whether there is further work required, with regards to the absolute ideal scenario, and queried whether colleagues would expect to see increasing mental health referrals and physical health referrals. JP referred to the rate of referral and stated the importance of early intervention and signposting.

KB advised she is comfortable with the planned approach regarding training.

JRe -referred to MH champions, and questioned how many MH champions are required across the Trust, and whether it warranted a different approach. JP advised that this had been modelled against LD champions, and at present the Trust have a core group of 10-12 MH Champions, JP advised that there only need to be a small number of passionate people who are able to communicate with other people and feedback to the group as required.

JR referred to metrics and feedback regarding culture change in order to identify what has been implemented, and had made a difference, whilst ensuring that this is addressed and measured.

FB alluded to the suicide prevention group and queried that once this is fully embedded what this may this look like in the future, and how progress would be measured. JP agreed that she would provide further detail in her next report to SQAC.

FB thanked JP for Parity of Esteem update and welcomed future update.

Resolved: SQAC received and **NOTED** the Parity of Esteem update.

Delivery of Outstanding Care

22/23/197 ED Mental Health Attendance quarterly report

SQAC received and **NOTED** the ED Mental Health Attendance quarterly report.

22/23/198 DIPC Exception Report

SQAC received and **NOTED** the DIPC Exception Report.

22/23/199 Assurance Emergency Department Activity Monthly Update

SQAC received and **NOTED** the Assurance Emergency Department Activity monthly update.

22/23/200 ED@its Best update

SC presented the ED@its Best update, which included an overview of the current position. SC advised SQAC of the different management structure and operational structure and process which was embedded with good communication and safety culture within ED. Next steps are to further review and develop schemes as appropriate to ensure business as usual, and to review how this could be developed further.

- Positive impact had been evident with regards the Urgent treatment centre which opened at the end of January 2023, ED continue to streamline and work on effectiveness.
- Urgent treatment centre had allowed streaming of patients, ED colleagues are seeking additional support to be a formalised national pilot.
- SQAC received update on ED at Best Hospital Optimisation, Alder Hey had submitted Bid for funding to aid delivery of Urgent Care recovery plan, colleagues are anticipating that there may be further opportunities available nationally or regionally.
- Update was provided on development of virtual urgent care, and innovative developments and opportunities through innovation team and the network.
- ED had secured additional programme management resource from the end of February 2023, to aid management of competing priorities and support services.

FB alluded to collaboration and envisaged that this would be a significant resource, which extends beyond ED remit, and queried whether colleagues felt that they are having a genuine multi-disciplinary team, FB queried whether there is any support required from the Executive Team to enable further improvements to the work undertaken.
SC advised that there had been challenges at times, and highlighted that the process had been helpful to enhance the strengthening of clinical relationships.

AB advised that he envisaged that there would be a C&M urgent care recovery plan, and Alder Hey needed to ensure the plan addresses the needs of children and young people.

Discussion took place regarding sustainability, with further thought required from ED colleagues with regards to the leadership team in ED to ensure sustained ongoing support for staff, with ED required to review what this would potentially look like for the future.

Resolved: ED to review Leadership sustainability for the future

NA thanked SC for exceptional work and referred to the 7 objectives which had been set as part of the ED@itsBest programme, NA advised that it would be helpful to review the data relating to the impact of the objectives, and welcomed this information being shared with colleagues.

Resolved: Impact of objectives data to be shared with SQAC

FB thanked SC and ED colleagues for excellent presentation, FB welcomed the ongoing innovation and ability to link into the system, addressing urgent care plan and helping to shape this, which is important for C&YP.

Resolved: SQAC received and **NOTED** the ED@its Best update

22/23/201 Safe Waiting List update

AB presented the Safe Waiting List update report which provided a comprehensive summary of the current position:-

AB advised on the Trust response with regards to a follow up appointment which was not made for a child under urology service, this had resulted minor harm, given the delay in accessing the subsequent treatment. Review had been undertaken and had resulted in recommending several actions.

- There had been a review of all Urology patients discharged from inpatient/day case since March 2020, this validation of 430 patients identified 15 patients who had not received a follow up appointment, all 15 patient are due to be seen in March 2023. To address the underlying cause colleagues are working through the process to ensure a digitalised process, which is being overseen by AB, once digital process is in place there would be a roll out of training and SOP would commence.
- AB referred to waiting list for patients on a referral to treatment time and advised that the data is independently assessed, with a high confidence level regarding good assurance in terms of data quality for inpatient waiting list. Challenges and concern related to data quality for the follow up waiting list, with continued focus on working through follow up waiting list and improving mitigation for these patients.
- Next steps include re-establishing of the Safe Waiting List Oversight Group, which would be chaired by C Talbot, due to commence in April 2023. There would be a move regarding a change in the way colleagues categorise risk on the follow up waiting list with agreement for a high, medium and low arrangement which would be incorporated into EXPANSE, envisaged that this would be approved at Alder Care Programme Board meeting on 28th February 2023
- Validation work would be completed regarding data quality for the course of the year, to ensure every record is reviewed.

FB queried whether AB has had to shift his thinking regarding the initiative for more patient initiated follow up across the system. AB advised that there is a sustainability issue with regards to the number of patients listed for follow up, which outstrips the number of patients that are seen by specialties in some instances. PIFU option is useful and results in a more personalised tool to allow more sustainability in reducing the follow up waiting list backlog.

FB questioned how high, medium and low risk can be transferred into PIFU to ensure awareness and level of risk in that regard.

AB stated that PIFU would be tied to low risk, with a mechanism in place to check who is on PIFU with appropriate processes in place to ensure no requests are missed.

FB thanked AB for informative update and welcomed update in May 2023 meeting.

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Resolved: SQAC received and **NOTED** the Safe Waiting List update

Clinical Governance Effectiveness

22/23/202 CQSG Key issues report

NA provided update on CQSG Key issues report, key issues as follows:-

- There had been a lack of external telephone connection at Springwood Health School which had impacted on Community Physio Team, digital team are continuing to support colleagues, this remains a risk, and would be added to the Risk register, as this remains outside of AH control. DR agreed to liaise with IM&T colleagues to support colleagues and provide feedback to LC & JP.
- Research Division have a Research Trial Governance Manager in post

Resolved: SQAC received and **NOTED** the CQSG Key issues report from meeting held on 14th February 2023

22/23/203Transition Report

NA advised that the Transition Steering Group continue to work hard and reminded SQAC of the original request with regards to obtaining detail regarding the number of patients over 14 who did not require transition (due to definitive treatment). NA stated that the approach requires a refresh to ensure a consistent and robust process regarding transition. Senior Nurse Leadership team are due to discuss this further in early March 2023 to ensure that the data had been gathered by each clinical service in a consistent and robust manner, with the aim of presenting a collegiate view to SQAC at March 2023 meeting.

JP advised on the progress regarding the Transition Steering Group which had been relaunched, and updated on the work undertaken with the Brilliant Basics team to map out the process. Work is ongoing to ensure consistent transition across the organisation, with confidence displayed that the Trust has good practice across the organisation, however this is at different stages and using different systems.

FB welcomed a report detailing issues regarding pathways, and any issues regarding transitional routes, to ensure clarity on how many children 14 and above are in the organisation, and how many of those patients are expected to be excluded from transition.

FB welcomed a Transition Report at March 2023 meeting, with regards to obtaining assurance across the organisation that Transition is being actively managed for those patients that require transition.

Resolved: SQAC received and **NOTED** the Transition Report and welcomed the Transition Report at March 2023 meeting.

22/23/204Quarter 3 Aggregate Analysis Update

Report detailed themes and trends for Incidents, Complaints, PALS, claims and Inquest for Quarter 3

- During Quarter 3 there were 1,841 incidents, which is a decrease from Quarter 2, in relation to these incidents 4 resulted in moderate harm, which is a decrease of 8 in Quarter 2.
- There were 0 Severe or catastrophic harms reported
- 1 Never Event declared in November 2022, this is the same number compared to Quarter 2
- 1 Serious Incident had been reported externally which related to a Never Event referred to above, this was a decrease compared to Quarter 2.
- Duty of Candour - 3 moderate incidents requiring Duty of Candour, the Trust was fully

compliant with both written and verbal requirements with regards to CQC Regulation 20

- Top 5 themes of incidents reported in Quarter 3 related to medication, access, admission and transfer and discharge, medical devices and equipment, procedure and staffing. These are noted as similar themes as in Quarter 2, only exception being that in Quarter 2 there had been numerous incidents reported relating to documentation, and in Quarter 3 there were no staffing issues reported.
- 21 formal complaints were received in Quarter 3, down from 14 in Quarter 2, with theme continuing regarding treatment to procedures.
  Main sub themes within treatment and procedure is regarding the alleged failure in medical care which is consistent with previous reporting.
- PALS themes related to appointment delays and waiting times, similar to previous reporting
- 2 claims received in Quarter 3, compared to 6 received in Quarter 2
- 4 Inquests reported in Quarter 3, compared to 0 in Quarter 2
- Emerging themes from inquests and claims related to failure or delay in treatment and failure to recognise complications, which is consistent to the previous Quarter 2 report.

SQAC received and **NOTED** the content and findings, themes and trends and **NOTED** that the Trust does have a positive reporting culture as demonstrated in the report.

KB stated that she felt that the report does not provide insightful information, and sought clarity regarding the reason that the report is mandated, or whether this is a standardised report. JR stated that the Trust is required to link in with Commissioners regarding the ask for 23/24, and this work links closely with the PSIRF work and triangulating data. JR advised that from an ICS perspective that the 23/24 contact is not published as yet.

NP referred to chart 1 with regards to the total number of incidents, with a decreasing trend, and queried whether this is a normal variation for this time of year. JR stated the report is very subjective. NP alluded to the data within the report and using the data to ensure this forms part of the annual planning work.

NA expressed his thanks to JR for production of the report, and thanked KB for comments. NA referred to how links are made in terms of the aggregate analysis and the improvement work that's occurring. NA advised that this is an area that could be improved in the short term whilst ICB feedback is awaited.

FB thanked NA and colleagues for helpful update, FB welcomed a move to a more action focussed reporting requirement.

Resolved: SQAC received and **NOTED** the Quarter 3 Aggregate Analysis Update

22/23/205 NICE Compliance update

JR presented Quarter 3 NICE compliance update; JR advised that the Report had resulted in a number of reiterations and welcomed any feedback or comments regarding format.

- A total of 47 NICE guidance and publications were received by the Trust during the reporting period Quarter 3, 22/23 (1st October – 31st December 2022), of which 1 was relevant to the Trust.
- A total of 34 NICE guidance publication guidelines open during the reporting period, of the 34, there are 13 open guidelines at assessment guideline stage.
- There are currently 21 open guidelines at Stage 2: recommendation and action plan stage. JR advised that this an improved position, and that colleagues are working with the divisional teams to ensure oversight of progress.

FB stated that she had found the report much more informative, with regards to backlog and detailing the progress made, with necessary detail regarding the ongoing activity, the

planned progress and blockages, which is helpful at divisional level to enable colleagues to have oversight.

FB stated that she envisaged that there would be some refinements over time.
KB advised that she had discussed the report with JR and had been in dialogue regarding overdue reporting, JR continues to address this and welcomed any BI support or programme management support.

Resolved: SQAC received and **NOTED** the NICE Compliance update.

22/23/206Trust wide clinical effectiveness group options report

JR presented the Trust wide clinical effectiveness group update report, which had been produced to strengthen governance and oversight specifically in relation to NICE and clinical audit.

The report provided insight, benchmark review, internal feedback based on this 3 options. JR advised that the preferred option for consideration is option 3, to establish a Trust wide clinical effectiveness group, to provide assurance that systems are in place, ensure policy and standards are appropriate. JR confirmed that funding would be available, and that the Trust wide clinical effectiveness group would be positively received by Divisions.

FB sought comments or feedback from SQAC.
NA stated that he fundamentally agreed that there is a need for a clinical effectiveness group, and that it was timely to undertake a review of groups that report into SQAC, and that it would be opportune to present those changes to SQAC for approval, NA stated that he is optimistic to provide an update to SQAC at March 2023 meeting to review this further. Given the links to SQAC the ToR would require review and appropriate alignment.

Resolved: SQAC were supportive in principle of approving option 3, in order to ensure progress of establishment of this group, and that work should commence in totality, to enable progression to recruitment a chair. FB welcomed comments, and refurbishment of all committees to ensure all colleagues fully understand the reporting structures, which should be objective.

FB sought clarity whether this report is required to be presented at any other committees, NA advised that this should be reported though to Audit and Risk Committee and would report at Executive Team.

Well Led

22/23/207 Board Assurance Framework

SQAC received and **NOTED** the Board Assurance Framework.
NA referred to 1.1. Sepsis and advised that this risk would remain in place until there is a 3 months period of stability.

Resolved: SQAC received and **NOTED** the Board Assurance Framework.

22/23/208 Review of SQAC Terms of Reference

Resolved: SQAC received and **NOTED** the SQAC Terms of Reference, NA welcomed any comments from colleagues to be shared as appropriate with regarding to any further additions or amendments. NA advised that the ToR would be further scrutinised and reviewed in light of the changes to be made to reporting and structures and the SQAC Terms of Reference would be updated to reflect.

22/23/209 Future of Divisional Reports

FB referred to SQAC role to ensure SQAC is functioning as an assurance committee.

Future aim is to formulate standardisation of Divisional reporting and ensure focus on safety and quality. FB stated that it is essential for SQAC to move to a position to provide assurance that issues are routinely being considered and addressed as appropriate, which would result in an improved reporting process. SQAC acknowledged that this would be an improvement journey. Divisions welcomed a standardised reporting template which ideally would be ready to use from April 2023 onwards.

FB advised that although it had been helpful to receive highlights previously however there is a need to be focussed on trends.

LC made a plea to SQAC for the C&YP Engagement Forum to align into SQAC workplan.

FB stated that if SQAC have any good examples that are used by other organisations, that this information would be welcomed to share good practice.

Resolved: SQAC were supportive of the proposed standardised approach to Divisional reporting, a standardised template to be agreed, with the aim of utilising the template from April 2023 onwards.

22/23/210 Divisional Reports

Medicine Division – UD presented Division of Medicine update:-

- Cancer services - service had maintained all standards, however there are challenges within the skill mix, mainly due to unavailability of staff, and also consultant availability in Haematology. A listening event had taken place with Haematology staff and actions are currently being collated, any trends would be reviewed and measured as appropriate.
- Challenges with regards to diagnostics, there is an LTV consultant who is on long term sick, Division would be appointing another consultant, however this had caused a delay within the service.
- Mutual aid had been provided to 29 patients in Manchester for Gastro and diagnostics, UD advised that she could provide further detail at March 2023 meeting with regards to any potential impact on Alder Hey's patients.

Surgery Division - SW presented the Surgery Division update:-

- Despite challenges in staffing the Division had achieve 101% compliance against the 104% target set, with 98% for outpatients.
- Reduction in the was not brought rate, which is below Trust target
- There is a decrease in the on the day cancellations
- Division continue to work well to achieve 100% compliance with complaints responses
- Division had 100% compliance of inpatients receiving antibiotics for sepsis within 60 minutes
- Challenges within ENT and Dental workforce which is impacting on waiting list with regards to patients waiting 52 weeks

Division of Community & MH – LC presented Division of Community & MH update:-

- Division continue to report incidents as per the policy, - use of restrictive intervention – 2 reported during December 2022 and 0 for January 2023, this related to children inpatient unit and reflects the demographics for the conditions of the children and young people in the unit.
- 4 Formal complaints were received in January 2023
- PALS contacts continue to increase, with the majority relating to waiting times and ASD&ADHD
- Division to commence formally reporting on education and training, training requirements on safeguarding and compliance within the Safeguarding Report

Research - JT presented Research Division update:-

- Challenge regarding staff retention and turnover which is a key issue for the Division, with a trend that has been worsening over a period of time. A specific staff engagement group is in place to address any issues, which includes staff temperature checks, and focus on clear career pathways for staff.
- Interim Matron commences in post on 1st March 2023, Research Trial Governance Manager has commenced in post.
- Division have an active Programme to deliver studies, whilst ensuring an active Programme to ensure the appropriate closing of activity

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Resolved: SQAC **NOTED** the Divisional Exception report updates.

FB thanked all Divisions for update.

Responsive

22/23/211PALS & Complaints Quarterly report

SQAC received and **NOTED** the PALS & Complaints Quarterly report

NA advised that the Trust continue to see an ongoing reduction of formal complaints, with the highest number of complaints in ED

- Highest category of complaints related to treatment and procedure
- Good performance with regards to 3 day acknowledgement, and 25 day response times
- 1 case is currently open with Health Ombudsman which has been closed and not upheld
- There had been a decrease in the number of PALS lodged
- Responsiveness had improved

NA alluded to legacy PALS, and provided good assurance that the majority of the legacy PALS related to a data quality issue, colleagues are reviewing and ensuring the appropriate close down of legacy PALS, prior to the move to the new system with appropriate safeguards in place on the new system.

KB alluded to the ongoing work regarding responsiveness % of complaints responded in 25 days and referred to the graph on page 8, average 50% performance and stated that this is very erratic and queried whether colleagues understood the reasons. NA advised that the variability in numbers received can lead to large fluctuations. Small numbers received meant a bigger percentage difference. NA stated that there had been a month on month improvement. Colleagues would continue to monitor data.

FB alluded to the reference regarding nutrition being a source of complaints and queried if colleagues envisaged a sense of increasing complaints relating to nutrition, and whether this could be reviewed. NA confirmed that PB would review this and update as appropriate.

Resolved: PB to review nutrition complaints and provide update as appropriate at March SQAC

22/23/212 Patient & Family feedback quarterly report

SQAC received and **NOTED** the Patient and Family feedback quarterly report

NA advised that some sections are mandated within the report. The Patient Experience Team had included other examples of brilliant work undertaken i.e., 15 steps challenge with involvement with young volunteers, with volunteer providing direct and insightful feedback across the organisation via many routes.

NA expressed his thanks to V Charnock for the breadth of work undertaken in terms of engagement with Arts for Health for children and young people, and in terms of research.

SQAC received and **NOTED** the ongoing work that the Patient Experience team have helped facilitate.

22/23/213 Any other business

None

22/23/214 Review the key assurances and highlight to report to the Board

- Patient Safety Strategy Board update was received and SQAC **NOTED** the update on the rollout of Inphase, which is imminent, and the continued orientation towards PSIRF.
- SQAC received a Parity of Esteem update, SQAC acknowledged the ongoing Parity of Esteem journey and welcomed updates on how this evolves in the future.
- SQAC received an update on ED@its Best, with good discussion.
- SQAC received an update on the continued focus on improvement and some initial positive impact from the new UTC.
- SQAC received NICE guidance update, and noted the improvements made with regards to reporting, with further refinement still required, SQAC **NOTED** an improved position.
- SQAC received a Proposal for a Trust Wide Clinical Effectiveness and Outcomes Group, SQAC supported and approved the report and welcomed the proposal, ensuring alignment to SQAC and other committees as appropriate, and ensuring that the Terms of Reference are appropriately updated to reflect and align.
- SQAC discussed the future of Divisional reports presented to SQAC. NA welcomed comments from colleagues, with ongoing discussions required over the next 2-month period. Divisions welcomed a Divisional reporting template to be presented at SQAC, to enable SQAC to receive assurance and to receive updates on challenges and issues relevant to Safety and Quality across the Divisions.

22/23/215 Date and Time of Next meeting

Next meeting to be held on 22nd March at 9.30 am

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**Government Offer in Principle for the NHS Agenda for Change Workforce**
Report of:	**NHS Employers**

Purpose of Paper:	Decision ☐ Assurance ☐ Information ■ Regulation ☐
Summary / supporting information:	
Action/Decision Required:	To note ■ To approve ☐
Strategic Context **This paper links to the following:**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ■
Resource Implications:	

000151

NHS Employers

Government offer in principle for the NHS Agenda for Change workforce

16 March 2023

000152

Key messages

The following ‘offer in principle’ has been made today (16 March) by the government to the trade unions representing staff on the NHS Agenda for Change set of terms and conditions.

The offer in principle is made up of the following parts:

- 2022/23: a non-consolidated payment, made up of two parts - a 2 per cent non-consolidated award for all staff plus an additional backlog bonus, equivalent to an extra 4 per cent of the AfC pay bill.

- 2023/24: a consolidated pay uplift, made up of a 5 per cent headline pay uplift, combined with the introduction of a band 2 spot salary – for staff entering NHS employment at this level - which is worth a further 0.2 per cent investment onto the AfC pay bill. This is a total investment of 5.2 per cent for consolidated pay changes in 2023/24.

- A series of non-pay measures to support the NHS workforce.

NHS TCS non-consolidated award 2022/23

000153

Band	Position	22/23 Non-consolidated payments					
		2% Uniform payment		Backlog bonus (cash lump sum) differing by tier (worth an average 4%)		Total	
		%	£	£	%	£	%
1	Entry	2% for **all** staff worth:	£405	Band 1 -4 cash lump sum of **£1,250**	6.2%	£1,655	8.2%
2	Entry		£405		6.2%	£1,655	8.2%
	Top		£426		5.9%	£1,676	7.9%
3	Entry		£435		5.8%	£1,685	7.8%
	Top		£464		5.4%	£1,714	7.4%
4	Entry		£479		5.2%	£1,729	7.2%
	Top		£526		4.8%	£1,776	6.8%
5	Entry		£541	Band 5 -8a cash lump sum of **£1350**	5.0%	£1,891	7.0%
	Intermediate		£584		4.6%	£1,934	6.6%
	Top		£659		4.1%	£2,009	6.1%
6	Entry		£674		4.0%	£2,024	6.0%
	Intermediate		£711		3.8%	£2,061	5.8%
	Top		£812		3.3%	£2,162	5.3%
7	Entry		£833		3.2%	£2,183	5.2%
	Intermediate		£876		3.1%	£2,226	5.1%
	Top		£953		2.8%	£2,303	4.8%
8a	Entry		£971		2.8%	£2,321	4.8%
	Top		£1,092		2.5%	£2,442	4.5%
8b	Entry		£1,123	Band 8b -8c cash lump sum of **£1450**	2.6%	£2,573	4.6%
	Top		£1,305		2.2%	£2,755	4.2%
8c	Entry		£1,341		2.2%	£2,791	4.2%
	Top		£1,545		1.9%	£2,995	3.9%
8d	Entry		£1,592	Cash Lump sum of **£1550**	1.9%	£3,142	3.9%
	Top		£1,836		1.7%	£3,386	3.7%
9	Entry		£1,903	Cash Lump sum of **£1600**	1.7%	£3,503	3.7%
	Top		£2,189		1.5%	£3,789	3.5%

There are two components to the non-consolidated award:

- 2% non-consolidated payment to <u>all</u> staff.
- A tiered cash payment depending on which of 5 tiers staff are in (with an average value of 4%).
- The percentage component and backlog bonus are added together to give the total non-consolidated payment received that links to 2022/23.
- As the award is non-consolidated, this means it is a one-off payment, which is non-pensionable and does not feed into the calculation for additional earnings.

NHS TCS 2023/24 proposed consolidated pay award

000154

Band	Position	22/23 Basic Pay	23/24 Consolidated payments		
			Pay Scale Uplift (£)	Pay Scale Uplift (%)	23-24 Pay Scale
1	Entry	£20,270	£2,113	10.4%	£22,383
2	Entry	£20,270	£2,113	10.4%	£22,383
	Top	£21,318	£1,065	5.0%	£22,383
3	Entry	£21,730	£1,086	5.0%	£22,816
	Top	£23,177	£1,159	5.0%	£24,336
4	Entry	£23,949	£1,198	5.0%	£25,147
	Top	£26,282	£1,314	5.0%	£27,596
5	Entry	£27,055	£1,352	5.0%	£28,407
	Intermediate	£29,180	£1,459	5.0%	£30,639
	Top	£32,934	£1,647	5.0%	£34,581
6	Entry	£33,706	£1,686	5.0%	£35,392
	Intermediate	£35,572	£1,778	5.0%	£37,350
	Top	£40,588	£2,030	5.0%	£42,618
7	Entry	£41,659	£2,083	5.0%	£43,742
	Intermediate	£43,806	£2,190	5.0%	£45,996
	Top	£47,672	£2,384	5.0%	£50,056
8a	Entry	£48,526	£2,426	5.0%	£50,952
	Top	£54,619	£2,730	5.0%	£57,349
8b	Entry	£56,164	£2,808	5.0%	£58,972
	Top	£65,262	£3,263	5.0%	£68,525
8c	Entry	£67,064	£3,353	5.0%	£70,417
	Top	£77,274	£3,864	5.0%	£81,138
8d	Entry	£79,592	£3,979	5.0%	£83,571
	Top	£91,787	£4,589	5.0%	£96,376
9	Entry	£95,135	£4,756	5.0%	£99,891
	Top	£109,475	£5,474	5.0%	£114,949

- A consolidated payment to all staff of 5 per cent.
- Further investment to create a new band 2 single pay point – by increasing the bottom of band 2 by 10.4 per cent. This will see entry-level pay in the NHS increase to £11.45 per hour.
- The 2023/24 pay award is consolidated, meaning that it is a pensionable payment, which feeds into the calculation for additional earnings.
- The proposed new 2023/24 entry level spot rate of pay in band 2 compares favourably with both the National Minimum Wage rate (set to change to £10.42 per hour from 1 April 2023) and the current real Living Wage rate of £10.90 per hour. It is also a significant uplift on the current 2022/23 entry level rate of pay (£10.37 as at March 2023) in band 2.

Non-pay measures to support the NHS workforce (1)

000155

- **Support to nursing staff:** the government wants to address some specific challenges around recruitment, retention and career development and will work with employers and trade unions to improve opportunities for nursing career progression.
- **Building a workforce for the future:** to support the soon-to-be published comprehensive NHS workforce plan, the government will set out how this will be implemented, to ensure that the NHS can recruit and retain the staff it needs in the future to meet the growing and changing health and wellbeing needs of patients.
- **Career development and support**: the government has heard the concerns on career development and progression for NHS staff. The government wants to address these issues and will work with employers and unions to improve career development in three ways:

  1. agree amendments to terms and conditions to ensure that existing NHS staff will not suffer a detriment to their basic pay when they undertake apprenticeships.
  2. improving support for newly qualified healthcare registrants, commissioning NHS England to review the support those transitioning from training into practice receive.
  3. the NHS Staff Council will consider how the work to maintain and update national Job Profiles undertaken by the Job Evaluation Group can be applied fairly and appropriately to aid career development.

Non-pay measures to support the NHS workforce (2)

000156

- **Pay setting process:** the government is committed to ensuring that the pay setting process and the NHS Pay Review Body (NHSPRB) operates effectively. As part of this process, it will take the views of employers and trade unions into account and will:
  - review the timing and appointment process for the NHSPRB
  - look at ways for the NHS Staff Council to have greater input into NHSPRB
  - identify ways to reduce the duplication of data on the NHS workforce and labour market provided by parties to the NHSPRB.
- **Tackling violence and aggression:** the government will ask the existing groups established in the NHS Social Partnership Forum working on violence reduction to work with the health and wellbeing group of the NHS Staff Council to identify ways to tackle and reduce violence against NHS staff.
- **Pension abatement**: in October 2022, the government extended the suspension of NHS pension abatement rules for special class status members. This extension is currently planned to run until March 2025; to support retention measures, the government's intention is to make this easement permanent, and they will consult on this change shortly.
- **Cap for redundancy payments:** in its 2023/24 work programme, the NHS Staff Council will consider the application of a cap to redundancy payments of £100,000 and over.

000157

Next steps

- **Trade Union Consultation Process**: The AfC trade unions will now consult with their members, with a recommendation to accept the ‘offer in principle’ made by the government. We anticipate that this consultative process will take approximately three to four weeks.

- **Industrial Action**: during this consultation, and pending of any final decisions from their members, the AfC trade unions have agreed to continue with the suspension of all planned industrial action.

- **NHS Employers is:**

  - Working with the Department of Health and Social Care on FAQs for Agenda for Change staff.

  - Holding a confidential webinar for HR directors to take place at noon on Monday 20 March.

  - Updating all supporting materials and information on the pay details in line with implementation plans and the timetable for all pay related changes to be made for both 2022/23 and 2023/24 years.

Alder Hey Children's NHS Foundation Trust

People and Wellbeing Committee

Confirmed Minutes of the last meeting held on 18th January 2023 Via Microsoft Teams

Present:	Garth Dallas	Non-Executive Director (Chair)	(GD)
	Adam Bateman	Chief Operating Officer	(AB)
	Mark Flannagan	Director of Communications & Marketing	(MF)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Melissa Swindell	Chief People Officer	(MSW)
	Nathan Askew	Chief Nursing Officer	(NA)
	Nicola Norris (Guest)	E-Roster Manager	(NN)
	Joe Fitzpatrick (Guest)	Internal Communications Manager	(JF)
In attendance:	Pauline Brown	Director of Nursing	(PB)
	Carolyn Cowperthwaite	Acting Associate Chief Nurse – Surgery	(CC)
	Mark Carmichael	ACOO - Medicine	
	Asia Bibi	ACOO - Research	
	Rachel Greer	ACOO – Community & Mental Health	(RG)
	Sharon Owen	Deputy Chief People Officer	(SO)
	Preece	Governance Manager	(JP)
	Jo Potier	Associate Director of Organisational Development	(JP)
	Kathryn Allsopp	Head of Operational HR	(KA)
	Katherine Birch	Director, Alder Hey Academy	(KB)
	Kerry Turner	Freedom to Speak Up Guardian	(KT)
	Tracey Jordan	Executive Assistant (Minutes)	(TJ)
Apologies:	Chloe Lee	Associate COO – Surgery	(CL)
	John Grinnell	Deputy Chief Executive	(JG)
	Claire Liddy	Managing Director of Innovation	(CL)
	Fiona Beveridge	Non-Executive Director	(FB)
	Urmi Das	Director, Division of Medicine	(UD
	Ian Quinlan	Non-Executive Director	(IQ)
	Jacqui Pointon	Associate Chief Nurse	(JP)
	Clare Shelley	Associate Director of Operational Finance	(CS)
	Kerry Turner	Freedom to Speak Up Guardian	(KT)
	Cath Wardell	Associate Chief Nurse – Medicine	(CW)
	Natalie Palin	Associate Director of Transformation	(NP)
	Maisie StJohn	Service Manager	(MSt)
	Jeanette Chamberlain	Staff Advice & Liaison Service Manager	(JC)
	Adrian Hughes	Deputy Medical Director	(AH)
	Gill Foden	HR Manager	(GF)
	Alfie Bass	Acting Chief Medical Officer	(AB)
	John Chester	Director of Research & Innovation	(JC)
	Lisa Cooper	Director of Community & Mental Health Services	(LC)
	Rachel Hanger	Associate Chief Nurse – Surgery	(RH)
	Neil Davies	HR Business Partner	(ND)
	Jacqui Lyons-Killey	Associate Chief Nurse – Research	(JLK)
	Sarah Marshall	HR Business Partner, Community & Mental Health	(SM)
	Phil O'Connor	Deputy Director of Nursing	(POC)
	Julie Worthington	Staff Side Rep	(JW)

22/23/116 **Declarations of Interest**
No declarations were declared.

22/23/117 **Minutes of the previous meeting held on 7th December 2022**
The minutes of the last meeting were approved as an accurate record.

22/23/118 **Matters Arising and Action Log**
Action log was updated accordingly.

22/23/119 **Monitor Progress against the People Plan – Divisional Metrics**

Medicine Division:

- Sickness remains a challenge within Medicine – Team aims to maintain initial focus on hot spots reporting less than 28 days absence which triggers an increase in long term percentages with continued support from HRBPs.
- Long Term-Sickness data has identified unavoidable complex conditions which are being reviewed and supported to enable return to work. Absence data continues to be managed to support staff.
- Return to Work displays a slight increase compared to the previous months data. Brilliant Basics strategy will be aligned by engaging with staff around processes for improvement. Divisional Management Meetings continue to drive forward within the workforce to align to the people plan.
- Turnover Data shows numerous mixtures of numbers relating to Leavers including retire & returns plus other various end of fix term contracts – remains a focus within division.
- Time to Hire has reached below 30 days target and division continues to work closely with Recruitment Team in order to secure as many new starters as possible to commence in post in a timely manner.
- PDR Compliance for Band 7s and above have reached 90% compliance with 13 staff waiting completion - Senior Managers are aware of completion deadline and are working to ensure all areas are compliant.
- Radiology will have a "Recruitment Open Day" on 20.01.2023.
- Divisional Monthly Newsletter was re-launched in November 2022 aiming to concentrate on 'you said, we did' which continues to make good progress.
- Celebration & Recognition was launched designed to promote staff excellence and continue as work in progress.
- Business Plan was developed relating to workforce issues, all of which are being addressed and working in partnership with other organisations to resolve.
- Listening Events continue weekly on Tuesdays & Wednesdays with support from Oncology and Haematology and continues to be a success.

Next steps: Team continues to monitor data and drive improvements across the division.

Community & Mental Health Division:

- Sickness data has increase over the last few months noting plans are in place to continue to support.
- Long Term Sickness shows slight increase and continues to be well managed with support from HRBPs.
- Short Term Sickness has displayed a reduction which is an improvement. HRBPs continue to support Divisional Leaderships including all complex cases.
- Return to work data position is at 84% for the month of January 2023 and division continues to drive forward – good progress.
- Turnover remains a challenge with initial focus in connection with several ongoing projects running across the division – monitoring continues to be managed.
- Divisional Development Day will commence in February 2023 relating to staff survey and will aim to report back to individuals to ensure staff are heard and solutions are offered in providing opportunities around better ways of working.
- PDR Compliance year to date continues to maintain trust target position relating to several challenges. Division continues to support staff to maintain current position to keep on target.

Next steps: Team continues to monitor data and drive improvements across the division.

Surgical Division:

- Sickness absence reported above trust target at 9.98% - positive engagement with HR/HRBPs.
- Turnover current position is at 12% and continues to be managed and monitored.
- Time to Hire is reaching up to 47.5 days will all reasons being reviewed with continued engagement with Recruitment Team with plans to reduce.
- PDR Compliance continues to experience challenges within the division which has been escalated including ward areas. Current figure present position at 90% which does not reflect ESR data due to ongoing issues with transfer of the data. Investigations are in process with focus on completion by end of March 2023 - Plans to include wellbeing as part of development.
- Leavers have reported 9 for January 2023 highlighting the top reasons related to end of fix term contracts and work life balance including retirement – remains a focus within division.
- Exit Interviews remains work in progress and teams continue to meet regularly to review.
- Staff Survey position is at 42.48% engagement and communication remain a focus.
- Mandatory Training is above trust target with limited areas of focus but continues to show improvements.
- Return to Work has decreased for the month of December 2022. HRBPs continue to monitor and support division to maintain position.
- Division conducted 1st Away-Day which proved successful across the division.

Next Steps: Surgery Division is working on a 5-year workforce plan for delivery and sustainability to support all high-risk areas.

Research Division:

- Sickness Absence figure remains stable – no major concerns.
- Turnover has reported 32.86% which has decreased from December 2022. Plans have been shared at Performance Review Meetings and remains green overall.
- PDR Compliance has reported at 78% for the month of November 2022 which has increased to 84% from December 2022 - teams continue to push through.
- Long Term-Sick remains a focus with plans in place to stabilise - no stage 3 meetings were triggered for the month of December 2022.
- Return to Work Compliance has reach 100% - good improvement.
- Staff Engagement received positive feedback and teams continue to manage.
- Recruitment Update - Annual planning meetings continue to be reviewed ahead of the new financial year.
- A new creation of an "Idea Tree" has been developed for staff to hang comments which is currently underway to be introduced across the trust in due course.
- Division is preparing for the next performance review due in March 2023.
- There will be a staff engagement forum open to all staff within Division to attend and share ideas, looking to be set up within the next few months

AB referred to the new ways of working which had reported positive feedback relating to the new structures and processes following formal senior management and contract meetings. Divisions continue to explore business cases on how staff are managed and supported.

Next Steps: Team continues to monitor data progression and drive improvements across the division.

Corporate:

ES presented on behalf of Corporate Services highlighting key messages feedback following latest Collaborative Group Meeting which took place in 2022:

- Sickness Absence has reported 6.72% overall relating to short term & long term with a current position of 4.41%.
- Return to Work data reports 86.32% - to be reviewed at the next Collaborative Group Meeting and remains a focus.
- Turnover has shown a slight increase compared to the previous reporting data at 17.91% and remains a focus with an initial piece of work being collated with divisional colleagues for closer monitoring.
- Time to Hire position remains stable with steady support from HRBPs.
- Mandatory Training position stands at 90% - teams continue to be encouraged to meet deadlines.
- PDR data displays trust target not reached and remains a focus across various areas with help and support from Senior Managers with plans to review further.

- Facilities reported challenges with initial focus relating to hot spots in connection to headcounts with support from Associate Chief Operating Officer.

Next Steps: Data continues to be monitored to explore further opportunities for improvement.

Trust Metrics:

The Committee received and noted the content of the Trust Metrics and took the paper as read.

Committee noted concerns relating to identified overpayments and agreed to conduct an initial review for further understanding.

Action: To provide a detailed report on payroll processes and data for internal review and oversight by Committee.

22/23/120 **Progress against the Internal Communications Plan**

Committee received the Internal Communications Plan report and noted progress to date and took the report as read.

New Intranet Update:
Joe Fitzpatrick, Internal Communications Manager provided the Committee with an overview on the current position of the new intranet update:

Development of the launch trail remains in progress and continues on course to launch in February 2023. Contact with developers is closely monitored.

3 Main Pillars: In Working Progress

- Accessible: Designed to provide information on all frequently asked questions.
- Staff Directory: Easy access available to all colleagues with support assistance via Digital Team.
- Policies: All policies to be made available to all staff colleagues.

Communications Team will deliver these 3 main pillars across the trust highlighting additional functions including using notification settings to control content. A previous test was launched across Alder Hey for trial use of the programmed function tools and all feedback collated will be used as part of the development process.

JF referred to the updating aspect noting, all documents and files will be monitored to ensure all leads and authors are notified of expiry dates for governance control and individual accountability.

Resolved:
Committee received the New Intranet development update and noted progress to date.

22/23/121 **Staff Survey Action Plan – Progress**

Committee received an update on the progress of the staff survey and took the report as read.

Headlines

- Staff survey position to date reported 53.56% response rate which is good compared to the national rate of 45%.
- Compared to the previous year, feedback within divisions has improved and continues with the aim to align to the people promises
- Staff reporting Alder Hey overall as a recommended place to work is 67%, which is a small dip but still a good result compared to the sector, which is positive feedback. There is a small decline in the percentage of people recommending as a place to receive care.
- Staff Groups appear to have lower scores in Nursing and Midwifery and Estates and Ancillary.
- Surgical Care, Facilities and Medical areas reported as least satisfied – continued to be explored.
- Areas of focus; Staff appraisals, staff reported as experiencing discrimination on the grounds of disability, unpaid hours, burnout are all areas of concern.
- Health & Wellbeing continue to have steady rates – remains stable.

Team data to be produced one month earlier to order to capture timely and provide support where needed and teams continue to monitor progress.

Resolved: Committee noted the progress made and agreed further exploration of the key challenges highlighted.

22/23/122 **E-roster Update:**

Committee received an update on current position identifying key points by exemption:

- E-Rostering Team was asked to provide initial information relating to the e-roster rollout that commenced in November 2020. The aim moving forward will be to implement a roster to document and support with the assistance from NHSEI around the effective rostering, data visibility and transparency.
- Team have explored the benefits around pay accuracy and conducted a piece of work around discrepancies and any changes highlighted are picked up within the e-roster team and the relevant manager are notified.
- Deep dive is being conducted in connection to a saving of up to £229k. Remains under investigation.
- E-Roster Team will dedicate time to provide training to all clinical and non-clinical colleagues which remains a challenge due to priorities. Remains a focus with the aim to build around improvements.
- 76.5% of staff have now moved onto the roster with 56% live to payroll conducting business as usual. Target of 85% to be achieved by March 2023 in order to finalise the project within the first quarter - remains on track.
- NHSEI have provided levels of attainment detailing benchmarking against other NHS Trusts. Alder Hey aims to maintain up to 90% to achieve level 2/3 onwards.

- Breaches of pay have been identified within 7 areas and teams have an approach to address and correct. Focus will relate to agenda for change and non-medical and dental staff through the compliance for roster in those groups that will be managed by separate systems – continues to be managed and closely monitored.

Action: Team to conduct an end of year 12-month review of the rollout data to monitor progression.

Resolved: Team continue to make good progress and monitor data on a daily basis to improve workforce systems.

22/23/123 **Equality, Diversity & Inclusion Steering Group Update**

Chair announced all Network Chairs have now been appointed and obtained positions.

Network Chairs & Executive Sponsors:

REACH Network
Chair: AnneMarie Davies
Deputy Chair: Raji Thomas
Exec Sponsor: Urmi Das

Disability & Long-Term Network
Chair: Mark Carmichael (Emily Kavanagh to commence as chair in 12 months time)
Deputy: Emily Kavanagh
Exec Sponsor: Kate Warriner

LGBT+ Network
Chair: Alexandra Bowman
Exec Sponsor: Nathan Askew
Team will work together to align all plans of developments as part of the people plan 2030 and continue to make good progress.

Resolved:
Committee noted progress made within EDI Leadership / Meeting structure.

22/23/124 **Key Workforce Risks**
Committee noted that deep dives into all 3 remaining risks have taken place.
There is an ongoing piece of work to ensure there are clear linkages in connection with wellbeing and workforce sustainability. Team will continue to update and report on a regular basis with continued mitigations in place – on track and remains stable.

Resolved:
The Committee received and noted the latest position of the key workforce risks.

22/23/125 **Board Assurance Framework – Monitoring of Strategic Workforce Risks**

The Committee received and noted the latest position of the Board Assurance.

22/23/167 **Health & Safety Committee (HSC)**

The Committee received the approved minutes of the HSC meeting held on (September 2022).

22/23/127 **Joint Consultative and Negotiation Committee (JCNC)**

The Committee received the approved minutes of the JCNC meeting held on (October 2022).

22/23/128 **Local Negation Committee (LNC)**

The Committee received the approved minutes of the LNC meeting held on (October 2022).

22/23/129 **Any Other Business**

No other items of business were raised.

22/23/130 **Review of Meeting – Chair's Report to Board**

Divisional Metrics Update: Comprehensive review of the divisional metrics, challenges remain a focus and divisions have plans in place to address and stabilise. PDRs / Turnover & sickness absence remains a key area of focus.

New Intranet Update: Assurance provided to Committee - work schedule remains on track in preparation for live trial launch in February 2023.

EDI Steering Group: Good assurance given, all Network Chairs now in position and remains on track.

E-Roster Update: Good assurance report presented which outlined some of the benefits realisation. Target aimed to achieve 85% by March 2023 in order to finalise the project within quarter 1 – remains on track

The Chair thanked the Committee for today's insightful discussion and challenging questions and comments.

Date and Time of Next meeting
Wednesday 29th March 2023 at 2pm via MS Teams.

Equality, Diversity, and Inclusion Steering Group (EDI)

Minutes

Monday 16th January 2023 via MS Teams

Present: Garth Dallas, Chair and Non-Executive Director (GD)
Melissa Swindell, Chief People Officer (MKS)
Sharon Owen, Deputy Chief People Officer (SO)
Mark Flannagan, Director of Communications & Marketing (MF)
Nathan Askew, Chief Nursing Director (NA)
Angela Ditchfield, Head of EDI (AD)
David J Williams, Head of Spiritual Care (DW)
Kim Platt, Office Manager, Charity (KP)
Alexandria Bowman, Network Chair (AB)
Emily Kavanagh, Network Chair (EK)
Kerry Turner, Freedom to Speak Up Guardian (KT)
Tracey Jordan, EA Assistant (Minutes)

Apologies: Jessica Robinson, Jo Potier, Annemarie Davies, Julie Worthington, Alex Jones, Sarah Fletcher, Adrian Hughes,

Agenda Item	Key Discussion Points	Actions
1.	**Welcome** Chair welcomed everyone and gave a special welcome to Alder Hey's New Head of EDI, Angela Ditchfield who will be a key member of the EDISG.	
2.	**Declarations of Interest** There were no declarations of interest to note.	
3.	**Minutes & Action Log**	

Agenda Item	Key Discussion Points	Actions
	Minutes and Action from the previous meeting held on (***November 2022***) were reviewed and agreed as an accurate record.	
4	**Equality, Diversity & Inclusion Plans – Yearly Statutory Reporting Plan** AD presented an overview of the yearly statutory reporting plan highlighting plans for the next 12 months prior to the Quality Delivery System due in February 2024. Report on EDS22: Plan is to improve and monitor the service we are currently providing to communities to ensure staff and the workforce across are being valued, included, and have a sense of belonging in reflection of the Quality Act. This was previously being reviewed and since then we have introduced EDS22 to include changes to the architecture involving the ICS & ICB. The aim is to link this to the WRES/WDES to align with Health Inequalities to communities linking that to corpus 25 in order to develop EDS22. 12 months plans will involve working collaboratively with other organisations and external stakeholders with the aim to restore services and mitigate exclusion by accelerating programmes to strengthen outcomes and accountability. **Next Steps:** Team will focus on an engagement piece of work to explore and develop communication with NHSEI in readiness for submission in February 2024.	
5.	**Equality Delivery Scheme (EDS22)** AD provided a breakdown of the Equality Delivery Scheme plans for EDS22 identifying the main 3 domains: • There are currently 11 outcomes which includes Leadership, how to measure success and collate evidence to report in February 2024. • Communication will include a variety of other NHS organisations and the local authority and stakeholders who will help to deliver with support from our Networks Chairs. • Feedback and input to be collected including Speak Up Guardians to ensure engagement is successfully developed. <u>Developments in progress will commence as follows:</u> - Q1 – between April-June 2023 (review of domain) - Q2 – between July – September 2023 - Q3 – October – December 2023	

Agenda Item	Key Discussion Points	Actions
	Next Steps: Team will create an action plan by December 2023 to review in preparation for February 2024 publication.	
6.	**Review & Agree EDISG Workplan** EDISG Workplan was reviewed and agreed with the plan to include further items for discussion at futures meetings: • Staff Survey (Current Position) • Green (Green Planning) • Benchmarking (Development) • Veterans Charter Work (As required) **Resolved**: Equality, Diversity & Inclusion Workplan – Agreed. <u>Network Chairs & Executive Sponsors have now been appointed:</u> **REACH Network** Chair: AnneMarie Davies Deputy Chair: Raji Thomas Exec Sponsor: Urmi Das **Disability & Long-Term Network** Chair: Mark Carmichael (Emily Kavanagh to commence as chair in 12 month's time) Deputy: Emily Kavanagh Exec Sponsor: Kate Warriner **LGBT+ Network** Chair: Alexandra Bowman Exec Sponsor: Nathan Askew **Next Steps:** Team will work together to align all plans of developments as part of the people plan 2030 and continue to make good progress	
7.	**Board Assurance Framework – Monitoring of Risk 2.3 (Workforce Equality, Diversity & Inclusion)** SO presented Board Assurance Framework providing an overview on current position for oversight and awareness.	

Agenda Item	Key Discussion Points	Actions
	Risk Review Risk score: 15 with a target of 4 - There are mitigations in place to reduce all risks. Team reviewed from a Governance perspective, EDI Lead and Network Chairs are now in position to support and there are plans in place to review and stabilise gaps in control to help maintain service provisions. All information continues to be shared with The People & Wellbeing Committee relating to next steps as part of the People Plan 2030 to align EDISG to the plan. **Next Steps:** Team continue to make progress to reduce risks.	
8.	**AOB:** No issues	
9.	**Date of next meeting:** **Monday 20th March 2023 at 11am via Teams**	

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	**Board Assurance Framework 2022/23 (February)**
Report of:	Erica Saunders, Director of Corporate Affairs
Paper Prepared by:	Executive Team and Governance Manager

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	Monthly BAF Reports
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations** ■
Resource Impact:	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

000171

Board Assurance Framework 2022/23

1. Purpose

This report is a summary of the current Board Assurance Framework (BAF) for review and discussion. The purpose of the report is to provide the Board with assurance on how strategic risks that threaten the achievement of the trust's strategic plans and long-term objectives are being proactively managed, in accordance with the agreed risk appetite. The BAF for Alder Hey Children's Foundation Trust currently consists of a set of 14 principal risks aligned to the Trust's strategic objectives.

A properly used BAF will drive the agendas for the Board and its Committees. The Board Assurance Committees therefore review the BAF in advance of its presentation to the Trust Board and propose any further changes following Exec Lead monthly reviews to ensure that it remains current, that the appropriate strategic risks are captured and that the planned actions and controls are sufficient to mitigate the risks being identified.

The Risk Management Forum (monthly risk management meeting) is responsible for the Corporate Risk Register and for oversight of the Divisional Risk Registers and reports into the Audit and Risk Committee.

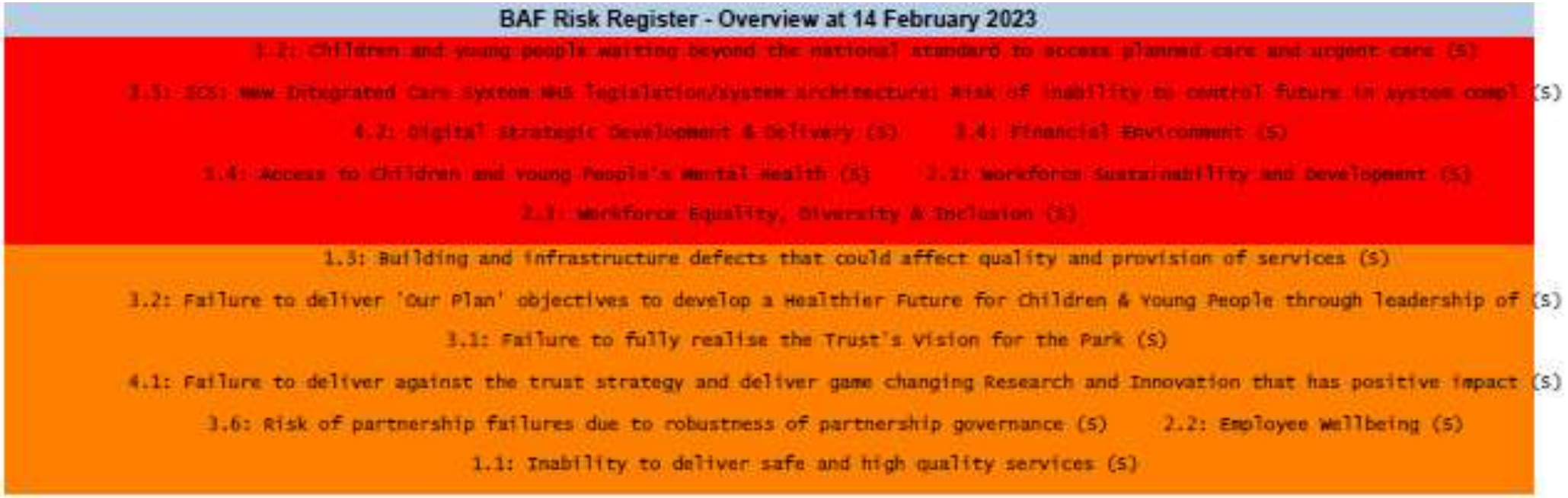
2. Review of the BAF

Strategic risks can often span across more than one area of accountability. The Board Committees are therefore provided with the whole BAF in case they need to refer to areas of potential overlap or duplication with other BAF risks ensuring a holistic joined-up approach. Responsibility to review and gain assurance to controls and any required actions are detailed below:

BAF Risk		Reviewed By
1.1	Inability to deliver safe and high-quality services	Safety & Quality Assurance Committee
1.2	Children and young people waiting beyond the national standard to access planned care and urgent care	Resources and Business Development Committee
		Safety & Quality Assurance Committee
1.3	Building and infrastructure defects that could affect quality and provision of services	Resources and Business Development Committee
1.4	Access to Children & Young People's Mental Health	Resources and Business Development Committee
		Safety & Quality Assurance Committee
2.1	Workforce Sustainability and Development	People & Wellbeing Committee
2.2	Employee Wellbeing	People & Wellbeing Committee
2.3	Workforce Equality, Diversity & Inclusion	People & Wellbeing Committee
3.1	Failure to fully realise the Trust's Vision for the Park	Resources and Business Development Committee
3.2	Failure to deliver 'Our Plan' objectives to develop a Healthier Future for Children & Young People through leadership of 'Starting Well' and Children & Young People's systems partnerships.	Resources and Business Development Committee
3.4	Financial Environment	Resources and Business Development Committee
3.5	ICS: New Integrated Care System NHS legislation/system architecture; Risk of inability to control future in system complexity and evolving statutory environment	Trust Board
3.6	Risk of partnership failures due to robustness of partnership governance	Resources and Business Development Committee
4.2	Digital Strategic Development and Delivery	Resources and Business Development Committee
4.1	Failure to deliver against the Trust's strategy and deliver game changing Research and Innovation that has a positive impact for Children and Young People.	Innovation Committee

3. Overview at the 10th March 2023

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



Trend of risk rating indicated by: B – Better, S – Static, W – Worse
Report generated by Ulysses

Corporate risks are linked to BAF Risks – a summary of these risks can be found at appendix A. The full BAF document is included as Appendix B which reflects the active review of risks, any changes to risk ratings, progress against existing actions, gaps in controls and review of the adequacy of mitigations.

4. Summary of BAF – at 10th March 2023

The diagram below shows that all risks remained static in-month with the exception of risk 3.6 which has now reached its target rating. The Board are asked to consider closing this risk.

Ref, Owner	Risk Title	Board Cttee	Risk Rating: I x L		Monthly Trend	
			Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care						
1.1 NA	**Inability to deliver safe and high-quality services**	SQAC	3x3	2x2	STATIC	STATIC
1.2 AB	**Children and young people waiting beyond the national standard to access planned care and urgent care**	RABD / SQAC	**4x5**	3x3	STATIC	STATIC
1.3 AB	**Building and infrastructure defects that could affect quality and provision of services**	RABD	4x3	2x3	STATIC	STATIC
1.4 LC	**Access to Children and Young People's Mental Health**	RABD / SQAC	**3x5**	3x3	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work						
2.1 MS	**Workforce Sustainability and Development**	PAWC	**3x5**	3x2	STATIC	STATIC
2.2 MS	**Employee Wellbeing**	PAWC	3x3	3x2	STATIC	STATIC
2.3 MS	**Workforce Equality, Diversity & Inclusion**	PAWC	**3x5**	4x1	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships						
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**	RABD	3x4	3x2	STATIC	STATIC
3.2 DJ	**Failure to deliver 'Our Plan' objectives to develop a Healthier Future for Children & Young People through leadership of 'Starting Well' and Children & Young People's systems partnerships**	RABD	4x3	4x2	STATIC	STATIC
3.4 JG	**Financial Environment**	RABD	**4x4**	4x3	STATIC	STATIC
3.5 DJ	**ICS: New Integrated Care System NHS legislation/system architecture; Risk of inability to control future in system complexity and evolving statutory environment**	Board	**4x4**	3 x3	STATIC	STATIC
3.6 DJ	**Risk of partnership failures due to robustness of partnership governance**	RABD	3x2	3x2	STATIC	IMPROVED
STRATEGIC PILLAR: Game-Changing Research and Innovation						
4.1 CL	**Failure to deliver against the Trust's strategy and deliver game changing Research and Innovation that has a positive impact for Children and Young People**	Innovation	3x3	3x2	STATIC	STATIC
4.2 KW	**Digital Strategic Development & Delivery**	RABD	4x4	4x1	STATIC	STATIC

5. Summary of February updates: External

risks

- ***Failure to deliver 'Our Plan' objectives to develop a Healthier Future for Children and Young People through leadership of 'Starting Well'and Children and Young People's systems partnerships (DJ)***
  Risk reviewed; no change to score in month. Vision 2030 progressing - scheduled update to March Trust Board.

- ***ICS: New Integrated Care System NHS legislation/system architecture; Risk of inability to control future in system complexity and evolving statutory environment (DJ)***
  Risk reviewed; level of system complexity currently sustaining higher risk rating, but architecture under construction (e.g. CYP board) to help reduce risk level. Actions and evidence reviewed.

- ***Risk of partnership failures due to robustness of partnership governance (DJ)***
  Risk reviewed; score reduced to target rating, based on MIAA audit and significant assurance against partnership governance. Ongoing programme of PQAR to be undertaken as business as usual within each strategic partnership.

- ***Workforce Equality, Diversity & Inclusion (MS)***
  Risk reviewed; no change to risk rating.

- ***Building and infrastructure defects that could affect quality and provision of services (AB)***
  The SPV board members have agreed to provide a report on the corroded pipework and the associated cold water temperatures. Weekly meetings continue with the SPV, LO'R & Mitie continue to discuss historical and newly identified risks, although the majority of historical defects are now resolved. The second phase of improving water quality within the closed loop system is underway. It is hoped that this will prevent further pipework from corroding. In response to out-of-range temperatures we have local mitigations in place such as filters on water outlets, and later this year we will introduce an chemical dosing system across the site.

  The chiller works continue and we await a date for the removal of the temporary ones. The recent actions on the chillers and the gas CHP are both supporting energy efficiency and cost control. Monitoring of the green roofs is underway to ensure they are in line with the PCP's (project co proposals) and that no future leaks occur. P Co/Mitie are seeking a standstill agreement and details of the proposal have been received and shared with relevant stakeholders for review. The next liaison committee is set for the 16th March.

Internal risks:

- ***Children and young people waiting beyond the national standard to access planned care and urgent care (AB)***
  The provision of Mutual Aid to RMCH and the loss of capacity as a result of safely managing the impact of Industrial Action means that in March our primary focus is to ensure no patient is waiting >78 weeks by the end of March, in line with national standards. There are weekly submissions to ensure every

patient potentially >78wks has a date booked for treatment. As a result of these pressures, there has been an increase in the number of patients >52wks. This is particularly driven by ENT, where actions are in place to deliver an increase in capacity for OP clinics during March and minimise the number of CYP waiting more than a year.

- ***Inability to deliver safe and high-quality services (NA)***
  This risk has been reviewed and was updated last month. Work continues to mitigate the gaps in controls and is monitored through SQAC and Patient Safety Board.

- ***Financial Environment (JG)***
  Risk reviewed and updated with progress on actions underway. No change in risk score due to current position of draft plans and ongoing uncertainty with the financial allocations.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Risk reviewed prior to March Board.

- ***Digital Strategic Development and Delivery (KW)***
  Risk reviewed; score remains static. Discussions ongoing regarding change freeze from May, progress with agreement of go live window for Aldercare in Aug/Sept 2023. Good progress with recruitment to key roles.

- ***Workforce Sustainability and Development (MS)***
  Risk reviewed and actions updated.

- ***Employee Wellbeing (MS)***
  Risk reviewed and actions updated. No change to risk rating.

- ***Failure to deliver against the Trust's strategy and deliver game changing Research and Innovation that has positive impact for Children and Young People (CL)***
  No change to risk score, active development of strategic outline case ongoing for infrastructure funding and to increase investment.

- ***Access to Children and Young People's Mental Health (LC)***
  Risk reviewed and remains the same. Phase 1 for PROMS is now live but awaiting date for Phase 2 completion. Action date therefore amended to 31 March 2023

Erica Saunders
Director of Corporate Affairs

Links between high scored risks & BAF

000176

BAF Risk

1.1 Inability to deliver safe and high-quality services (3x3=9)

Strategic Aim

Delivery of **outstanding care**

Related Corporate Risk(s)

Risk	Risk Title	Linked
2441	Patients could deteriorate whilst transport services and hospitals agree who is going to undertake retrieval	
2463	Children and Young People will not receive their ASD or ADHD assessment within the agreed timescale (30 weeks as per NICE standard), caused by significant increase in referrals to ASD and ADHD pathways during 2020. Note: Capacity within current pathways is funded to set level by CCGs	1.2 & 1.4
2327	Losing Cardiac data which can impact on the full AH Cardiac service and national submission, caused by database corruption resulting in the database crashing on a regular occurrence	4.2
2332	Challenges to finding a solution to providing a "single service" model for paediatric cardiology may result in delays to patient treatment. This may result in potential harm due to inequitable service provision across the paediatric congenital heart disease operational delivery Network in the North West	1.2
2383	Psychology provision not meeting minimal NHSE Standards. Currently only able to focus on more severe presentations or crisis management for patients. Therefore risk of negative impact on mental health of patients by not being able to provide timely care to avoid exacerbation or progression of presentation	1.2 , 2.1 & 1.4
2597	There will be inadequate staffing levels of experienced surgically trained neonatal nurses to deliver a safe service on 1C Neonatal. Risk to specifically Neonatal trained staff working outside their scope of experience and training if moved to another speciality. If 4th member of staff is rotating from LWH added pressure on remaining staff on 1C Neonatal	1.2 & 2.1
2196	Risk of deteriorating wellbeing and behaviours in children and young people with severe learning disability (non-verbal)	2.1
2657	No consistent method for recording and communicating resuscitation decisions across the trust	
2627	Not compliant with national guidance with transferring and transcribing patient records following adoption	
2100	Risk of inability to provide safe staffing levels	2.1
2740	No dedicated Dietician within Cardiology therefore currently not complying with CHD standards	2.1
2753	There is a risk that Children and young people could wait beyond a reasonable time frame to access care. This could potentially impact on their outcome. Current waiting times within a number of Surgical specialties do not support the strategic objective of the delivery of outstanding care.	1.2
2755	There would be a risk to the delivery of high quality services for Children and Young People. Due to Lack of sustainable workforce plans and associated investment (Surgery)	2.1
2684	the Trust will be unable to deliver high quality paediatric haematology service (non-malignant and malignant, including lab work) due to 50% reduction in the Consultant workforce and resulting impact on the remaining 2 WTE Consultants.	2.1
2767	There is a risk that the Safeguarding Team will be unable to provide a service for children/young people and/or staff in the hospital	2.1
1524	Delayed initiation and review of ADHD medication (due to lack of capacity within the service)	2.1
2746	The risk of patient harm due to a lack of clear guidance and a training structure. Patient harm due to the use of a drainage system that is not ordinarily used within the trust.	2.1
2360	Sefton Young People referred for urgent or routine treatment are likely to exceed locally set targets (2 weeks for urgents and 18 week referral to treatment target for routine).	
2779	There is a risk of uncontrolled and/or negative media attention and/or increased traction on social media outlets, which may include members of the public, patients and staff.	
2719	Risk the Paediatric Neurology Service becomes unstainable due to vacancies within the Consultant team resulting in collapse of the acute Neurology service and business continuity interruptions in Epilepsy and NORCESS	2.1
2774	If both Interventional radiologists are unavailable there is no emergency cover for seriously ill patients or patients suffering a major trauma	2.1

000177

BAF Risk

1.2 Children and young people waiting beyond the national standard to access planned care and urgent care (4x5=20)

Strategic Aim

Delivery of **outstanding care**

Related Corporate Risk(s)

Risk	Risk Title	Linked
2383	Psychology provision not meeting minimal NHSE Standards. Currently only able to focus on more severe presentations or crisis management for patients. Therefore risk of negative impact on mental health of patients by not being able to provide timely care to avoid exacerbation or progression of presentation	1.1 & 2.1
2597	There will be inadequate staffing levels of experienced surgically trained neonatal nurses to deliver a safe service on 1C Neonatal. Risk to specifically Neonatal trained staff working outside their scope of experience and training if moved to another speciality. If 4th member of staff is rotating from LWH added pressure on remaining staff on 1C Neonatal.	1.1 & 2.1
2463	Children and Young People will not receive their ASD or ADHD assessment within the agreed timescale (30 weeks as per NICE standard), caused by significant increase in referrals to ASD and ADHD pathways during 2020. Note: Capacity within current pathways is funded to set level by CCGs	1.1
2332	Challenges to finding a solution to providing a "single service" model for paediatric cardiology may result in delays to patient treatment. This may result in potential harm due to inequitable service provision across the paediatric congenital heart disease operational delivery Network in the North West	1.1
2753	There is a risk that Children and young people could wait beyond a reasonable time frame to access care. This could potentially impact on their outcome. Current waiting times within a number of Surgical specialties do not support the strategic objective of the delivery of outstanding care.	1.1

000178

BAF Risk

1.3

Failure to address ongoing building defects with Project Co.
(4x3=12)

Strategic Aim

Delivery of **outstanding care**

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

BAF Risk

1.4

Access to Children and Young People's Mental Health
(3x5=15)

Related Corporate Risk(s)

Risk	Risk Title	Linked
2383	Psychology provision not meeting minimal NHSE Standards. Currently only able to focus on more severe presentations or crisis management for patients. Therefore risk of negative impact on mental health of patients by not being able to provide timely care to avoid exacerbation or progression of presentation	1.1 & 2.1

000179

BAF Risk

2.1 Workforce Sustainability & Capability

(3x5=15)

Strategic Aim

The best people doing their best work

Related Corporate Risk(s)

Risk	Risk Title	Linked
2100	Risk of inability to provide safe staffing levels.	1.1 & 2.2
2383	Psychology provision not meeting minimal NHSE Standards. Currently only able to focus on more severe presentations or crisis management for patients. Therefore risk of negative impact on mental health of patients by not being able to provide timely care to avoid exacerbation or progression of presentation	1.1 & 1.2
2597	There will be inadequate staffing levels of experienced surgically trained neonatal nurses to deliver a safe service on 1C Neonatal. Risk to specifically Neonatal trained staff working outside their scope of experience and training if moved to another speciality. If 4th member of staff is rotating from LWH added pressure on remaining staff on 1C Neonatal	1.1 & 1.2
2196	Risk of deteriorating wellbeing and behaviours in children and young people with severe learning disability (non-verbal)	1.2
2741	The ability to maintain OFSTED ratio's as a result of staff availability/turnover Health and Safety concerns operating the nursery in its current position in the centre of a building development	
2740	No dedicated Dietician within Cardiology therefore currently not complying with CHD standards	1.1
2755	There would be risk of delivery of high quality services for Children and Young People. Due to lack of sustainable workforce plans and associated investment (Surgery)	1.1
2684	the Trust will be unable to deliver high quality paediatric haematology service (non-malignant and malignant, including lab work) due to 50% reduction in the Consultant workforce and resulting impact on the remaining 2 WTE Consultants.	1.1
2767	There is a risk that the Safeguarding Team will be unable to provide a service for children/young people and/or staff in the hospital	1.1
1524	Delayed initiation and review of ADHD medication (due to lack of capacity within the service)	1.1
2746	The risk of patient harm due to a lack of clear guidance and a training structure. Patient harm due to the use of a drainage system that is not ordinarily used within the trust.	1.1
2719	Risk the Paediatric Neurology Service becomes unstainable due to vacancies within the Consultant team resulting in collapse of the acute Neurology service and business continuity interruptions in Epilepsy and NORCESS	1.1
2774	If both Interventional radiologists are unavailable there is no emergency cover for seriously ill patients or patients suffering a major trauma	1.1

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BAF Risk

2.2 Employee Wellbeing

(3x3=9)

Strategic Aim

Related Corporate Risk(s)

Risk	Risk Title	Linked
2100	Risk of inability to provide safe staffing levels.	1.1 & 2.1

BAF Risk

2.3 Workforce Equality, Diversity & Inclusion

(3x5=15)

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

000181

BAF Risk

3.1 Failure to fully realise the Trust's vision for the Park (3x4=12)

Strategic Aim

Sustainability through **external partnerships**

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

BAF Risk

3.2 Failure to deliver 'Our Plan' objectives to develop a healthier future for CYP through leadership of 'Starting Well' and CYP systems partnerships (4x3=12)

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

BAF Risk

3.4 Financial Environment (4x4=16)

Related Corporate Risk(s)

Risk	Risk Title	Linked
2754	The Surgical division currently does not have a sustainable financial plan and is currently forecasting a year end deficit position.	

000182

BAF Risk

3.5 ICS: New Integrated Care System NHS legislation/system architecture; risk of inability to control future in system complexity and evolving statutory environment (4x4=16)

Strategic Aim

Sustainability through **external partnerships**

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

BAF Risk

3.6 Risk of partnership failures due to robustness of partnership governance (3x2=6)

Related Corporate Risk(s)

Risk	Risk Title	Linked
	NONE	

000183

BAF Risk

4.1 Failure to deliver against the Trust's strategy and deliver game changing Research and Innovation that has a positive impact for CYP
(3x3=9)

Strategic Aim

Related Corporate Risk(s)

Risk	Risk Title	Linked
2694	Delayed growth plan (strategy KPISs)	

BAF Risk

4.2 Digital Strategic Development and Delivery
(4x4=16)

Related Corporate Risk(s)

Risk	Risk Title	Linked
2327	Losing Cardiac data which can impact on the full AH Cardiac service and national submission, caused by database corruption resulting in the database crashing on a regular occurrence	1.1

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Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 1.1	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver safe and high quality services		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 2229, 2441, 2383, 2597, 2100, 2654, 2332, 2632, 2450, 2463, 2627, 2516, 2517, 2196, 2631, 2327		
Exec Lead: Nathan Askew	Type: Internal, Known	Current IxL: 3x3	Target IxL: 2x2	Trend: STATIC

Assurance Committee: Safety & Quality Assurance Commitee

Risk Description

Not having sufficiently robust, clear systems and processes in place to deliver high quality care and consistent achievement of relevant local, national and regulatory quality and experience standards.

Existing Control Measures	Assurance Evidence (attach on system)
Quality Impact Assessments and Equality Impact Assessments completed for all planned changes (NHSE/I).	Annual QIA assurance report
Risk registers including the corporate register are actively reviewed, risks are managed and inform Board assurance.	Risk assessments etc. and associated risks monitored via the Risk Management Forum. Trust Board informed vis Audit & Risk Committee minutes.
The Quality & Safety sections of the Corporate Report are reviewed and managed through SQAC and reported up to Trust Board	Safety & Quality Assurance Committee, Trust Board and Risk Management Forum.
Patient Safety Meeting monitors incidents, including lessons learned, immediate actions for improvement and sharing learning Trust wide.	Patient safety meeting actions monitored through CQSG, learning bulletin produced and learning from RCA's shared at the meeting
Programme of quality assurance rounds is in place at service level which provides assurance against a range of local and national metrics.	Reports and minutes from Safety & Quality Assurance Committee. Thematic analysis across the QAR meeting monitored through SQAC
Ward to Board processes are linked to NHSI Oversight Framework	Ward accreditation reports shared with SQAC, quality rounds outcomes report shared following each round. Programme of clinical audit supports the Trust dashboard in terms of safety and quality of care.
Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.	IPC action plan and Trust Board, Safety & Quality Assurance Committee, Divisional Quality Board minutes.
The Trust has a Patient Experience Group that reports against the workplan based on feedback from Children, Young People and their families, and will include representation from a wide range of stakeholders including children & young people.	Minutes of Patient Experience Group and associated workplan and dashboards monitoring a range of patient experience measures.
Oversight of progress with RCA actions and implementation plans is monitored through CQSG	Monitoring reports will be available from each review meeting
The STAT education and training program is in place in theatre to improve safety awareness and culture	monitoring of the AfPP action plan and STAT program outcomes monitored through the Surgery Divisional Board
Patient Safety Strategy board is in place with oversight of implementation of the trust strategy and progress against associated workstreams	Minutes of meetings and progress reports available and shared monthly with SQAC

Gaps in Controls / Assurance

1. Failure to meet administration of IV antibiotics within 1hr for C&YP with suspected sepsis
2. Patients with Mental Health needs are identified, risk assessed and appropriately managed within the organisation
3. Robust reduction programme in the number of medication incidents and near misses

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Continue to monitor KPI's at SQAC and within divisional governance structures.	31/03/2023	The sepsis leads have presented an updated position and action plan to SQAC giving increased levels of assurance. This will continue to be monitored through the reporting on the IPR and quarterly reports to SQAC

Executive Leads Assessment

February 2023 - Pauline Brown
This risk has been reviewed and was updated last month. Work continues to mitigate the gaps in controls and is monitored through SQAC and Patient Safety Board.

December 2022 - Nathan Askew
This risk has been updated based on feedback from SQAC and now should be aligned. Controls remain in place and progress has continued in relation to gaps in control, notably in increasing compliance with ABx administration

November 2022 - Nathan Askew
The risk has been reviewed and updated based on the deep dive presented to SQAC last month. Gaps in control have been updated to reflect the current position.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 1.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Children and young people waiting beyond the national standard to access planned care and urgent care		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective		Link to Corporate risk/s: 2233, 2383, 2597, 1902, 2501, 2501, 2463, 2517		
Exec Lead: Adam Bateman	Type: Internal, Known	Current IxL: 4x5	Target IxL: 3x3	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

There remains a backlog of patients waiting for planned care, particularly in a small number of specialties with particular challenges related to their recovery of capacity and/or high demand. In addition, unprecedented demand for urgent care has increased the wait for clinical assessment and reduced the percentage of patients treated within 4 hours. These factors combine to create a risk that waiting times for elective and urgent care will exceed national standards, with potential detriment to experience and outcomes for Children, Young People and their families

Existing Control Measures	Assurance Evidence (attach on system)
Controls for waiting time in the Emergency Department (ED): - Winter Plan with additional staffing and bed capacity - ED Escalation & Surge Procedure - Additional shifts to increase staffing levels to deal with higher demand - Trust-wide support to ED, including new in-reach services (physiotherapy, Gen Paeds & CAMHS)	- Daily reports to NHS England - Daily performance summary - Monthly performance report to Operational Delivery Group - Performance reports to RABD Board Sub-Committee - Bed occupancy is good
Controls for referral-to-treatment times for planned care: - Weekly oversight and management of waiting times by specialty - Weekly oversight and management of long wait patients - Use of electronic system, Pathway Manager, to track patient pathways - Additional capacity in challenged specialties - Access to follow-up is prioritised using clinical urgent signified by tolerance for delay	- Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee - Use of electronic patient pathway forms to signify follow-up clinical urgency and time-frame
Controls for access to care in Community Paediatrics: - Use of external partner to increase capacity and reduce waiting times for ASD assessments - Investment in additional workforce for Speech & Language service in Sefton - Weekly oversight and management of long wait patients	- Significant decrease in waiting times for Sefton SALT - Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee
Controls for access to care in Specialist Mental Health Services: - Investment in additional workforce in Specialist Mental Health Services - Extension of crisis service to 7 days - Weekly oversight and management of long wait patients	- Monthly performance report to Operational Delivery Group - Corporate report and Divisional Dashboards
Use of Challenged Area Action Boards for collective improvement in waiting times	Challenge boards live for ED, Radiology and community paediatrics
Transformation programme: - SAFER - Best in Acute Care - Best in Outpatient Care - Best in Mental Health care	- Monthly oversight of project delivery at Programme Board - Bi-monthly transformation project update to SQAC
Performance management system with strong joint working between Divisional management and Executives	- Bi-monthly Divisional Performance Review meetings with Executives - Weekly 'Executive Comm Cell' meeting held - SDG forum to address challenged areas and approve cases for investment where access to care is challenged.
Urgent clinic appointment service established for patients who are clinically urgent and where a face-to-face appointment is essential	New outpatient schedule in situ
Digital outpatient channel established - 'Attend Anywhere'	Weekly tracking of training compliance and number of patients consulted via a digital appointment
Urgent operating lists	
Weekly access to care meeting to review waiting times	Minutes
Winter & COVID-19 Plan, including staffing plan	
Additional weekend working in outpatients and theatres to increase capacity	
Safe waiting list management programme to ensure no child experiences harm whilst on a waiting list for treatment	
Clinical review of long waiting patients, and harm review SOP for patients who were not tracked optimally	

Gaps in Controls / Assurance

1. Reduce to zero the number of C&YP waiting over 52 weeks for treatment to clear the long-wait backlog for planned care
2. In urgent and emergency care, improve to 95% the number of patients treated within 4 hours and a time to clinical assessment of 60 minutes
3. Patients with an urgent referral to the eating disorder service to be seen within 7 days and routine referrals within 4 weeks

Board Assurance Framework 2022-23

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Urgent Care Improvement Group overseeing several improvement workstreams: PLACE - GP streaming relocation to OPD - complete FUNDING - business case submitted for approval to increase nursing and decision makers - Complete SUPPORT - external company engaged to support GP stream - complete; funding for 22/23 requested via CCG - pending WORKFORCE - subject to funding workforce required including out of hours - pending CAPACITY & DEMAND - review of demand and capacity by stream - pending STREAMING - Hub 2, increase GP presence (x4 per day) and open Urgent Treatment Centre (from 30 Jan) - complete EXPANSION - urgent care village development to increase assessment capacity and capability - PAUD build 23/24 - pending	31/03/2023	Streaming improvements include Hub 2 and opening Urgent Treatment Centre from 30 Jan
The following actions are being undertaken to improve the RTT performance: Expand the criteria of patients who can be booked onto a weekend list - ongoing External dentist given priority weekend lists - complete Recruit new honorary contract dentist - complete, mid-Sept 2022 Additional weekend capacity has been granted in May - complete Additional weekend capacity to be identified in June Increase number of complex patients planned per list - ongoing Allocate a Consultant Anesthetist on all dental lists - ongoing Consideration of temporary job plan changes to increase capacity - meeting scheduled w/c 23rd May Trial use of VR for older patients to avoid GA and increase productivity - started	30/04/2023	Clinical activity commenced as planned on 28th January. Trajcetory to be updated with increased activity

Executive Leads Assessment

0 - No Reviewer Entered
In October we have seen a positive increase in the level of service recovery: elective care was 103% and outpatient services 94% (provisional data) relative to 2019. The increase was driven in part by an increase in weekend sessions.. Nonetheless, there are risks to in-week throughput and recovery: firstly, PICU surge requiring volunteers to move from elective care to critical care. Secondly, high bed occupancy caused by a 20% rise in attendances to ED. As contained in our previous 52 week performance there has been an increase in the number of long wait patients from the Safe Waiting List Management programme. Our recovery plan in quarter 3 is focused on in-week productivity through the new theatre scheduling policy, additional sessions and recruitment through the accelerator investment.

March 2023 - Andrew Mccoll
The provision of Mutual Aid to RMCH and the loss of capacity as a result of safely managing the impact of Industrial Action means that in March our primary focus is to ensure no patient is waiting >78 weeks by the end of March, in line with national standards.

There are weekly submissions to ensure every patient potentially >78wks has a date booked for treatment.

As a result of these pressures, there has been an increase in the number of patients >52wks. This is particularly driven by ENT, where actions are in place to deliver an increase in capacity for OP clinics during March and minimise the number of CYP waiting more than a year.

February 2023 - Andrew Mccoll
For Urgent Care enhanced streaming is now in place with Hub 2 and opening new Urgent Treatment Centre from 30 Jan.

Access for scheduled care remains challenged with Industrial Action and providing Mutual Aid (to RMCH) slowing the rate of improvement

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 1.3	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Building and infrastructure defects that could affect quality and provision of services		
Related CQC Themes: Safe		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Adam Bateman	Type: External, Resource And Business Development Committee	Current IxL: 4x3	Target IxL: 2x3	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

Building defects that remain unresolved by Project Co could impact on patient services, reputation and financial sustainability

Existing Control Measures	Assurance Evidence (attach on system)
Detailed action plan agreed by both parties in place which reduces the risk of failure and identifies operational mitigations. Review of the action plan takes place monthly to ensure all remains on track.	
Where applicable a team from the service provider, is on standby to address any issues that may arise in a highly responsive way and mitigate operational impact.	
Regular oversight of issues by Trust committee (RABD)	Monthly report to RABD on progress of remedial works
Trust Board aware of the ongoing status and issues.	Monthly report to Board on mitigation and remedial works

Gaps in Controls / Assurance

Remedial Works not yet completed; lack of confidence in timescales being met.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Board to board meeting to take place on a regular basis and escalation of any issues	31/03/2023	
Undertake regular inspections on known issues/defects	31/03/2023	Inspections underway

Executive Leads Assessment

March 2023 - Graeme Dixon
The SPV board members have agreed to provide a report on the corroded pipework and the associated cold water temperatures. Weekly meetings continue with the SPV, LO'R & Mitie continue to discuss historical and newly identified risks, although the majority of historical defects are now resolved. The second phase of improving water quality within the closed loop system is underway. It is hoped that this will prevent further pipework from corroding. In response to out-of-range temperatures we have local mitigations in place such as filters on water outlets, and later this year we will introduce an chemical dosing system across the site.

The chiller works continue and we await a date for the removal of the temporary ones. The recent actions on the chillers and the gas CHP are both supporting energy efficiency and cost control. Monitoring of the green roofs is underway to ensure they are in line with the PCP's (project co proposals) and that no future leaks occur. P Co/Mitie are seeking a standstill agreement and details of the proposal have been received and shared with relevant stakeholders for review. The next liaison committee is set for the 16th March.

February 2023 - Graeme Dixon
The SPV board members have agreed to provide a report on the corroded pipework and the associated cold water temperatures. GD has chased (1/2/23) with the SPV general manager and was informed they are being reviewed. GD continues to meet weekly with the SPV, LO'R & Mitie continue to discuss historical and newly identified risks, although the majority of historical defects are now resolved. The second phase of improving water quality within the closed loop system is underway. It is hoped that this will prevent further pipework from corroding. The chiller works continue and we await a date for the removal of the temporary ones. The recent actions on the chillers and the gas CHP are both supporting energy efficiency and cost control. Monitoring of the green roofs is underway to ensure they are in line with the PCP's (project co proposals) and that no future leaks occur. P Co/Mitie are seeking a standstill agreement and details of the proposal have been received and shared with relevant stakeholders for review. The next liaison committee is set for the 16th March.

January 2023 - Graeme Dixon
Weekly meetings with the SPV, LOR & Mitie continue to discuss historical and newly identified risks, although the majority of historical defects are now resolved. There has been some notable recent success in getting the gas combined heating & power unit into action, and remedial works to the chillers (now on course for completion in January 2023) with the temporary ones on the top level of the car park being now being removed mid-January to ensure resilience over the festive period. Both of which are supporting energy efficiency and cost control. Nonetheless, there are two unresolved historic defects (corroded pipe work and skylight leaks) are on the risk register and updated monthly with project plans and actions. These issues were discussed at the liaison committee held in August and the directors from John Laing and Laing O'Rourke are committed to resolving. Monitoring of the green roofs is underway to ensure they are in line with the PCP's (project co proposals) and that no future leaks occur. P Co/Mitie are seeking a standstill agreement and details of the proposal are awaited.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 1.4	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Access to Children and Young People's Mental Health		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led		Link to Corporate risk/s: 2517		
Exec Lead: Lisa Cooper	Type: Internal,	Current IxL: 3x5	Target IxL: 3x3	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

There has been a significant increase in demand for Specialist Mental Health Services at Alder Hey following the COVID-19 pandemic which has led to an increasing number of children and young people presenting in mental health crisis including those with complex needs and challenging behaviours. This has increased waiting times and challenges meeting the internal Trust access standard of referral to treatment within 18 weeks.

Existing Control Measures	Assurance Evidence (attach on system)
Weekly safety check calls in place for routine and urgent breaches for community mental health services. If the presentation of a young person has deteriorated the appointment is upgraded to an urgent appointment.	Recent check in audit (attached)
Business case for investment submitted to Liverpool and Sefton CCG's. This is also included in the Cheshire & Merseyside ICB submission.	Business case (attached)
Weekly performance monitoring in place for operational teams which includes: □ Weekly Tuesday/Wednesday meeting with PCOs □ Divisional Waiting Times Meeting each Thursday □ Trust Access to Care Delivery Group each Friday This provides assurance on plans for urgent young people, long waiting routine young people (>46 weeks) and reallocations.	Minutes available for each meeting saved on Teams
Monthly performance information is communicated with commissioners to inform them of the latest position, provide assurance and request support where required.	Monthly assurance processes include: □ Monthly contract statements □ Waiting time position presented to Liverpool and Sefton Health Performance Meetings
Performance management system with strong joint working between Divisional management and Executives.	Bi-monthly Divisional Performance Review meetings with Executives
Weekly allocation process for children and young people waiting for treatment in place led by Assistant Clinical Leads to ensure the children and young people with the greatest need receive the earliest appointment dates possible.	Weekly allocation meetings
Continuous recruitment to existing vacancies. Opportunities are also present to retain staff by offering training courses and ability to move services through a transfer window.	Recruitment processes present through Trac software

Gaps in Controls / Assurance

1. Gaps in current trajectories to meet the Trust internal standard of 92% of children and young people waiting for treatment within 18 weeks due to outstanding confirmation on new investment.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Improvement required in completion and recording of Routine Outcome Measures. ROMS app to be launched which is expected deliver this improvement.	31/03/2023	Date amended to 31 March 2023 as phase 1 live and awaiting confirmation of date for phase 2
Actions from mental health workforce plan to be delivered which includes: -Improving workforce availability rate to >90% -Task & Finish group with aim to increase headcount of external staff through marketing of services and the organisation and enhancing job roles and adverts -Delivery of staff wellbeing schemes -Staff retention to be improved through review of job plans and education/training opportunities	28/04/2023	Job description task and finish group arranged regarding job roles/descriptions. Continue to meet with Cheshire & Merseyside group (workforce survey)

Executive Leads Assessment

March 2023 - Lisa Cooper
Risk reviewed and remains the same. Phase 1 for PROMS is now live but awaiting date for Phase 2 completion. Action date therefore amended to 31 March 2023

February 2023 - Lisa Cooper
Risk reviewed and update below:

Job description review this is progressing well and on course for target date

ROMs app progressing well but some delays so date extended to end February 2023.

All controls remain the same and in place for this month.

January 2023 - Lisa Cooper
Risk reviewed and action relating to waiting lists and validation completed

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 2.1	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Sustainability and Development		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: 2383, 2100, 2597, 2528, 2535, 2450, 2516, 2517, 2196, 2312, 2741, 2624, 2719		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x5	Target IxL: 3x2	Trend: STATIC

Assurance Committee: People & Wellbeing Committee

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Workforce KPIs tracked through the corporate report and divisional dashboards	Corporate Report and KPI Report to PAWC
Bi-monthly Divisional Performance Meetings.	Regular reporting of delivery against compliance targets via divisional reports
High quality mandatory training delivered and reporting linked to competencies on ESR	-Monthly reporting to the Board via the Corporate Report -Reporting at ward level which supports Ward to Board
Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.	ESR self-service rolled out
HR Workforce Policies	All Trust Policies available for staff to access on intratet
Attendance management process to reduce short & long term absence	Sickness Absence Policy
Wellbeing Steering Group established	Wellbeing Steering Group Terms of Reference
Training Needs Analysis linked to CPD requirements	New Learning and & development Prospectus Launched - June 2019
Apprenticeship Strategy implemented	Bi-monthly reports to PAWC and associated minutes
Engaged in pre-employment programmes with local job centres to support supply routes	Bi-monthly reports to PAWC and associated minutes
Engagement with HEENW in support of new role development	Reporting to HEE
People Plan Implementation	People Strategy report monthly to Board
International Nurse Recruitment	78 international nurses recruited since 2019
PDR and appraisal process in place	Monthly reporting to Board
Apprenticeship Strategy implementation	Bi-monthly reports to PAWC OFSTEAD Inspection
Leadership Strategy Implementation	Bi-monthly reports to PAWC
Recruitment and Apprenticeship strategy currently in development	progress to be reported to BAME task force and People and Wellbeing Committee
Employment checks and quality assurance that staff in post have the right skills, qualifications, and right to work in the post in which they are employed	Staff employment checks all on personnel files

Gaps in Controls / Assurance

1. Not meeting compliance target in relation to some mandatory training topics
2. Sickness Absence levels higher than target.
3. Lack of workforce planning across the organisation
4. Talent and succession planning
5. Lack of a robust Trust wide Recruitment Strategy
6. Lack of inclusive practices to increase diversity across the organisation
7. COVID related sickness impacting upon service delivery
8. Increasing turnover rates
9. Industrial action planned

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Process in place to monitor sickness absence levels and provide support to staff and managers to manage absence. this includes RTW compliance, training, SALS, OH	30/04/2023	as above
3. Development of a methodology to roll-out across the organisation.	30/04/2023	Project plan on track
5. Recruitment Strategy currently being developed in line with the actions set out in the NHS people plan	30/06/2023	amanded timeframes due to operational pressures

Board Assurance Framework 2022-23

Executive Leads Assessment
March 2023 - Melissa Swindell risk reviewed and actions updated
February 2023 - Melissa Swindell risk reviewed, actions on track. remains high at 15
January 2023 - Sharon Owen Risk reviewed and action remain on track - risk score remains high

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 2.2	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Employee Wellbeing		
Related CQC Themes: Effective, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Assurance Committee: People & Wellbeing Committee

Risk Description

Failure to effectively support employee health and wellbeing and address mental ill health which can impact upon the delivery of care and achievement of strategic aims.

Existing Control Measures	Assurance Evidence (attach on system)
The People Plan Implementation	Monthly Board reports
NHSE Organisational Health and Wellbeing framework implemented	HWB Steering Group ToRs, HWB diagnostic
Action Plans for Staff Survey	Monitored through PAWC (agendas and minutes)
Values and Behaviours Framework	Stored on the Trust intranet for staff to readily access
People Pulse results to People and Wellbeing Committee quarterly	PAWC reports and mintues
Values based PDR process	New template implemented and available on intranet. Training for managers (appraisers) delivered.
Staff surveys analysed and followed up (shows improvement)	2021 Staff Survey Report - main report, divisional reports and team level reports
Celebration and Recognition Group relaunched after being on hold during the peak of the pandemic	Celebration and Recognition Meetings established; reports to HWB Steering Group
Leadership Strategy	Strategy implemented October 2018
Freedom to Speak Up programme	Board reports and minutes
Occupational Health Service	Monitored at H&S Committee
Staff advice and Liaison Service (SALS) - staff support service	Referral data, key themes and outcomes reported to PAWC as part of the People Paper
Counselling and Psychological support - Alder Centre	
Trust Briefs - keeping staff informed	
Spiritual Care Support	
Clinical Health Psychology service support for staff (including ICU)	
Resilience hub now live offering additional psychoeducational support to all staff in the region and taking self-referrals from frontline staff since 12th April	
Ongoing monitoring of wellbeing activities and resources via monthly Health & Wellbeing Steering Group	Minutes presented to PAWC
Appointment of Wellbeing Guardian to report to Board regarding wellbeing activities and programmes of work	Implementation plan in place and progress assessed against 9 WBGuardian principles outlined in national guidance document. Action plan monitored via bi-monthly Wellbeing Guardian Meeting and reported to PAWC monthly
Health and Wellbeing Conversations launched	HWB Conversations now embedded as part of the PDR process supported by training and support from SALS, OD and Wellbeing Coaches where needed. Key metric currently is %PDR completed but value of HWB conversations also assessed via Quarterly People Pulse
Ground TRUTH session at execs (monthly) to feedback outcomes of team debriefings, surveys and targeted listening events, agree actions and communicate to the organisation via briefings and Ground Truth bulletin	Minutes of exec meetings
NICE Mental Wellbeing at Work Guideline issued and baseline assessment complemented	Baseline assessment
Regular Schwartz Rounds in place and Team Time in development in high pressure areas (e.g. ED and ICU)	
Network of SALS Pals recruited to support wellbeing across the organisation	
Drop in support sessions offered to ED staff during high pressure times to help to manage rising levels of moral distress and burnout	
Staff support plan for all staff to manage social and emotional impacts of strike action. Plan reviewed and communicated as part of tactical command and developed in consultation with nursing community and local strike committee	

Gaps in Controls / Assurance

Board Assurance Framework 2022-23

1. Significant gap in predicting what the likely demand for staff support will be over the coming months given the unprecedented nature of the pandemic and its impacts (PTSD, anxiety and depression rates nationally show significant rise amongst health care staff and suicide rates also rising among healthcare staff; cost of living crisis further increasing pressure for staff and poverty a known determinant of mental ill health).
2. Increase in significant mental health difficulties in healthcare staff due to personal and service related impacts of the Covid 19 pandemic and difficulties in accessing secondary mental health provision in the community in a timely way
3. Rising demand for SALS support and permanent resource not yet in place to ensure sustainability of provision for staff
4. Increase in self-reported rates of burnout and work-related stress as assessed via 2021 Staff Survey and consistent with national picture for NHS staff
5. Lack of private space to support staff and wellbeing activities
6. Likely psychological impacts on staff in the event of industrial action

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Increased space to be developed for staff support and staff wellbeing. This includes SALS specific space and also space to be more widely available to staff. Consider also specific HWB budget which departments can use to enhance current wellbeing spaces	30/06/2023	Date amended as action not closed
Business case in development and now awaiting opportunity to present at appropriate forum whilst SALS also seeking external funding sources and opportunities for income generation to assist with current cost pressures.	31/03/2023	Business case submitted and awaiting feedback
A clear and consistent, evidence based debriefing pathway to be established enabling staff timely access to support followin traumatic clinical incidents	01/05/2023	Meeting with EPR lead held. Agreed actions to develop Debriefing policy and guide. He will lead of draft policy and toolkit using materials developed in SALS and we will meet again to progress

Executive Leads Assessment

February 2023 - Joanne Potier De La
Risk reviewed and actions updated. No change to risk rating

January 2023 - Jo Potier
Risk reviewed and actions updated to reflect December activity. No change to risk rating.

December 2022 - Jo Potier
Risk reviewed and new controls added to reflect increased support to staff during industrial action and increased support to ED during additional significant pressures. Actions reviewed and updated. No change to risk rating.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 2.3	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Equality, Diversity & Inclusion		
Related CQC Themes: Well Led, Effective		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: External, Known	Current IxL: 3x5	Target IxL: 4x1	Trend: STATIC

Assurance Committee: People & Wellbeing Committee

Risk Description

Failure to have a diverse and inclusive workforce which represents the local population.
Failure to take steps to become an inclusive work place where all staff feel their contribution as an individual is recognised and valued.
Failure to provide equal opportunities for career development and growth.

Existing Control Measures	Assurance Evidence (attach on system)
PAWC Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.	-Bi-monthly reporting to Board via PAWC on diversity and inclusion issues -Monthly Corporate Report (including workforce KPIs) to the Board
Wellbeing Steering Group	Wellbeing Steering Group ToRs, monitored through PAWC
Staff Survey results analysed by protected characteristics and actions taken by EDI Manager	monitored through PAWC
HR Workforce Policies	HR Workforce Policies (held on intranet for staff to access)
Equality Analysis Policy	- Equality Impact Assessments undertaken for every policy & project - EDS Publication
Equality, Diversity & Human Rights Policy	- Equality Impact Assessments undertaken for every policy & project - Equality Objectives
Actions taken in response to the WRES	-Monthly recruitment reports provided by HR to divisions. -Workforce Race Equality Standards. - Bi-monthly report to PAWC.
Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	Diversity and Inclusion Action Plan reported to Board
Actions taken in response to WDES	- Monthly recruitment reports provided by HR to divisions. - Workforce Disability Equality Standards. - Bi-monthly report to PAWC.
Leadership Strategy; Strong Foundations Programme includes inclusive leadership development	11 cohorts of the programme fully booked until Nov 2020
EDI Steering Group now established - Chaired by NED	Minutes reported into PAWC

Gaps in Controls / Assurance

Staff Networks still in development stage, requires further support, resource and input.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
	31/03/2023	task and finish group have met once to discuss

Executive Leads Assessment

0 - Sharon Owen
Risk reviewed and actions progressing. Temporary collaborative EDI Lead now in place, progressing actions.

March 2023 - Melissa Swindell
risk reviewed; no change to risk rating

February 2023 - Melissa Swindell
actions updated and risks reviewed. no change to risk rating

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 3.1	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: David Powell	Type: Internal, Known	Current IxL: 3x4	Target IxL: 3x2	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

The Alder Hey long term vision for the Park and Campus development which will support the health and wellbeing of both our patients, families , staff and local communities will not be deliverable within the planned timescale and in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures	Assurance Evidence (attach on system)
Business Cases developed for various elements of the Park & Campus	Approved business cases for various elements of the Park & Campus
Monitoring reports on progress	Monthly report to Board Stakeholder events / reported to Trust Board
Design and Access Statement (included in planning application)	Compliance reporting from Park Project Team
Campus Steering Group	Reports into Trust Board
Monthly reports to Board & RABD	Highlight reports to relevant assurance committees and through to Board
Planning application for full park development.	Full planning permission gained in December 2019 for the park development in line with the vision.
Weekly Programme Check.	The Project Team run a weekly programme check.
The Trust Development team continues to liaise closely with Liverpool City Council and the planning department to discharge pre-commencement conditions	Minutes of park development meeting
Exec Design Group	Minutes of Exec Design Reviews to Campus Steering Group
Programme and plan (agreed with LCC and LPA) to return the park back by November 2023.	Updates on progress through Campus report .

Gaps in Controls / Assurance

1. Planning approvals for modular buildings to allow demo of Catkin and continuation of park works.
2. Successful handover of IP2 to allow temporary car park to be closed and continuation of park works.
3. Successful realisation of the moves plan.
4. Agreement to MUGA location and planning approval from LPA.
5. Funding availability and potential market inflation.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Set up Joint Planning meeting with community	31/03/2023	Team appointing a community liaison officer.

Executive Leads Assessment

March 2023 - David Powell
Prior to March Board

February 2023 - Richie Harkness
Decommission of (old) Catkin is now complete and the site is being handed over to Beech (demolition contractor) this week. A programme has been issued from the contractor, detailing a timeline for demolition of Catkin and Sub 5, and construction of swales, which will enable the ongoing remediation of land (known as phase 3 of the park) as per the agreement with LCC.

January 2023 - David Powell
End of Year Review

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

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

Assurance Committee: Resource And Business Development Committee

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Sustainability through external partnerships is a key theme in the Change Programme: assurance received through Programme Board and Trust Board	Growth of specialist services through partnerships included in approved trust strategic plan to 2024 (Our Plan). Monitored at Programme Board and via Strategy and Operations Delivery Board.
Compliance with Neonatal Standards	Single Neonatal Services Business Case approved by NHS England.
Alder Hey working in partnership with Manchester Children's to ensure collaboration/sustainability where appropriate, and support North West in national centralisation agenda	MOU with Manchester approved at Trust Board July 19. Work plan governed via NW Partnership Board (quarterly). Partnership update & refresh of North West Paediatric Partnership Board schedule and arrangements undertaken Feb 22 Sept 22 - NWPPB Chairs Report to Trust Board attached
'Our Plan' - Final - Strategic Plan to 2024: Explicit and clear about partnership plans, our role in the system and growth that supports children and young people's needs as well as system needs	'Our Plan' approved at Trust Board October 2019 2030 Vision development underway with Trust Board - will succeed Our Plan once approved in early 23/24
'One Liverpool' plan to 2024: system plan detailing clear strategic intent re: Starting Well and children and young people's services	Evidences alignment of Alder Hey's plan with those of our integrated care system and evidences the drivers for key partnerships within.
Involvement of Trust Executives, NEDs and Governors in partnership governance arrangements	ToR & minutes - NW Paediatric Partnership Board
Implementation of the 'Healthy Children and Families' partnership group for One Liverpool.SRO Dani Jones jointly with Melisa Campbell LCC PH confirmed.	Inaugural HC&F meeting held 24.1.23 - pack attached
One Liverpool - Provider Alliance action plan	Agreed plan per Provider Alliance 25.9.20 - inclusive of Children, Young People and Families priorities.
C&M "Beyond" Children's Transformation Programme - AH host and lead for C&M	Presentation to C&M W&C Programme to agree C&M priorities - led by Alder Hey (Dec 20). Approved paper to C&M HCP re establishment of the new C&M CYP Programme (Nov 20). Programme submission to C&M HCP for set up of new CYP Programme (Mar 21) supported by HCP (ICS) 4.10.21 - C&M CYP Programme now in full flight & progressing positively. New system initiatives re: THRIVE MH model & Obesity underway; LD / Autism & Respiratory in planning. Recruitment to CYP team underway. 9.11.21 - Presentation to ICS (HCP) Board - successful. Confirmation of funding for Y2 of programme received. 25.11.21 - Presentation of programme to Alder Hey Board. Fully endorsed. 27.1.22 - Presentation of Beyond programme to HCP Programme Board. ICS CEO in attendance. Programme progress accepted. 8.6.22 - C&M CYP Programme Board minutes (May) and documentation for June meeting attached for assurance of effective progress Sept 22 - Beyond Assurance Group established and reporting to Beyond Board - minutes and agendas attached Nov 22 - Presentation to ICB Chair (Children's Champion) at St Helens Town Hall; supported to cement further the CYP governance at ICB level - proposal under development Dec 22 - Beyond presented to Alder Hey Trust Board
2030 Vision: Alder Hey strategy refresh - Q4 21/22 - alignment with system	-Trust Board Strategy / 2030 Vision session scheduled Jan 22

objectives and trust ambitions	- Refreshed Draft 2030 Vision (to be attached following Jan Board session) - Final 2030 Vision & objectives to Trust Board for sign off Feb 22 - Trust Board Strategy session Feb 22 confirmed direction for 2030 vision, CYP @ heart and 5 core integrated strategic objectives - aligned with system priorities e.g. Health inequalities and prevention - Pop Health plan developed in conjunction with Strasys to inform 2030 vision - working group established. Initial Exec session 21st April, Trust Board session 28th April - Completed Sessions underscehduling with NEDs, Governors and Working Group during May - May 22 Informal Governors Vision 2030 / Strasys session completed (attached) - May 22 Trust Board Strategy Session Vision 2030 / Strasys & futures strategies completed - June 22 Trust Board strategy session / Vision 2030 strasys session completed. - Sept 22 - Trust Board approved strategy overview / baseline paper - agreed next steps to begin wider engagement (see attached evidence) - Jan 23 - 2030 Vision update paper to Trust Board, and Trust Board Strategy session (update & Futures) - Jan 23 - Council of Governors strategy session (full overview) - Jan & Feb 23 - Divisional Strategy 'tester' sessions - Surgery, MH & Community, Medicine - all completed to date. Excellent feedback, iterating.
Growing Great Partnerships - Quarterly Trust Board assurance report	- June 22 - Sept 22 - Jan 23

Gaps in Controls / Assurance

1. Inability to recruit to highly specialist roles due to skill shortages nationally.
2. Full completion of 2030 Vision and delivery plan

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Partner and stakeholder engagement on Vision 2030 as it is developed, and appropriate circulation/engagement following Board sign off.	30/11/2023	Action updated as above 4/11/22
6.Develop Operational and Business Model to support International and Private Patients	30/06/2023	Incorporated into Futures 2030 development plans
1. Developing a stronger understanding of paediatric workforce requirements through the Trust's 2030 Vision refresh work with Strasys - to enable trust and system workforce planning led through HRD	30/06/2023	Incorporated into 2030 People Plan developments

Executive Leads Assessment

March 2023 - Dani Jones
Risk reviewed; no change to score in month. Vision 2030 progressing - scheduled update to March Trust Board.

February 2023 - Dani Jones
Risk reviewed, no change to score in month. Evidence, actions and controls reviewed and updated.

January 2023 - Dani Jones
Risk reviewed; no change to score in month. Key progress in Vision 2030 development and C&M CYP / Beyond. Controls, actions and evidence reviewed.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 3.4	Strategic Objective: Strong Foundations	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: 2637		
Exec Lead: John Grinnell	Type: Internal, Known	Current IxL: 4x4	Target IxL: 4x3	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

Failure to meet NHSI/E target, impact of changing NHS finance regime and inability to meet the Trust ongoing Capital requirements.

Existing Control Measures	Assurance Evidence (attach on system)
Organisation-wide financial plan.	Monitored through Corporate Report and the monthly financial report that is shared with RABD and Trust Board.
NHSi financial regime, regulatory and ICS system.	Specific Reports submitted monthly and anually as part of business plan process (i.e. NHSI Plan Review by RABD)
Financial systems, budgetary control and financial reporting processes.	- Daily activity tracker to support divisional performance management of activity delivery - Full electronic access to budgets & specialty performance results - Finance reports shared with each division/department monthly - Financial in-month and forecast position reported through SDG, Exec Team, RABD, and Trust Board - Financial recovery plans reported through SDG and RABD - Internal and External Audit reporting through Audit Committee.
Capital Planning Review Group	Capital management group chaired by Exec lead to regularly review schemes and spend 5 Year capital plan ratified by Trust Board
Quarterly performance review meetings with Divisional Clinical/Management Team and the Executive	Quarterly Performance Management Reporting with divisional leads ('3 at the Top')
CIP subject to programme assessment and sub-committee performance management	Tracked through Execs / RABD and SDG for the relevant transformation schemes
RABD deep dive into any areas or departments that are off track with regards to performance and high financial risk area	RABD Agendas, Reports & Minutes
Financial Review Panel Meetings	Any area/division that is off plan is expected to attend a financial review panel meeting with DDOF with action plan detailing mitigation to bring back into budget.

Gaps in Controls / Assurance

1. Changing financial regime and uncertainty regarding income allocations and overall financial position of Trust.
2. Restriction on capital spend due to system CDEL limit and inability to deliver on 5 year programme
3. Long Term Plan shows £3-5m shortfall against breakeven
4. Long Term tariff arrangements for complex children shows underfunding c£3m for Alder Hey.
5. Devolved specialised commissioning and uncertainty impact to specialist trusts.
6. Deliverability of high risk recurrent CIP programme
7. Increasing inflationary pressures outside of AH control

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
4. Long Term Financial Plan	31/03/2023	This work is now included as part of the optimisation work underway and originally expected Dec but due to issues outside of our control, now expected February. Annual planning and budget setting is due to be complete end of January and this will include a full bridge and detail of WTE/Activity and £ to inform the overall trust plan.
2. Five Year capital plan	31/03/2023	Capital plan submitted as part of 23/24 draft plan with some indicative allocations on areas whilst awaiting final plans. Re-profiling of spend in 23/24 has reduced the gap in year but further work required on 24/25 plans.
1. Monitor closely impact of inflation increases 2. Ensure procurement processes followed to obtain value for money 3. Regular reporting to strategic execs and assurance to RABD and Trust Board	31/03/2023	Inflationary pressures appear to be reducing based on latest costs for areas such as energy, however a gap still remains from the funding allocated and therefore work is continuing to understood any further mitigation on areas such as drugs, clinical supplies etc.

Executive Leads Assessment

March 2023 - Rachel Lea
Risk reviewed and updated with progress on actions underway. No change in risk score due to current position of draft plans and ongoing uncertainty with the financial allocations.

February 2023 - Rachel Lea
Risk reviewed, actions and controls updated. No change in risk score due to current uncertainty on the 23/24 financial plan and longer term position.

January 2023 - Rachel Lea

Risk reviewed. Updated action plans and control measures to reflect current position following release of the national planning guidance and expected completion dates.
December 2022 - Rachel Lea Added a gap in control regarding increasing inflation pressures and detailed action plan on controls being taken. No change to risk score in month
November 2022 - Rachel Lea BAF risk reviewed, and score remains at 16 due to the uncertainty of the financial landscape going into 23/24 and beyond. Planning is underway both internally and across C&M for 23/24 and will feed into the ongoing financial risk.
October 2022 - Rachel Lea Risk reviewed and actions updated with latest progress. Risk score remains at 16 due to current uncertainty in future years. Work is underway as detailed in the actions.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 3.5	Strategic Objective: Sustainability Through External Partnerships	Risk Title: ICS: New Integrated Care System NHS legislation/system architecture; Risk of inability to control future in system complexity and evolving statutory environment		
Related CQC Themes: No Themes Identified		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Dani Jones	Type: External,	Current IxL: 4x4	Target IxL: 3x3	Trend: STATIC

Assurance Committee: Trust Board

Risk Description

NHS White Paper Innovation and Integration creating Integrated Care Systems (ICSs) and new statutory NHS body, including transformed system governance, finance, quality, provider collaboratives etc. - under definition & rapidly evolving. Uncertainty of governance arrangements at system level and implications for providers.

Existing Control Measures	Assurance Evidence (attach on system)
Membership of CMAST & LDMHC Provider Collaboratives - to ensure CYP voice high on agenda	CMAST - Governance paper and TOR for Committee in Common approach presented to Trust Board in September 22 and approved. Letter confirming Alder Hey support to LDMHC Provider Collaborative MOU (Aug 21) CEO engagement in 1st of 3 CMAST Provider Collaborative workshops (Oct 21) Due to Omicron wave, CMAST collaborative has focused on Hospital Cell / recovery and mutual aid approach during Dec/Jan
Beyond - C&M CYP Transformation Programme hosted at Alder Hey	ICS Programme Highlight Report Further evidence attached to BAF 3.2 Confirmation of funding for Y2 of programme received April 22 Beyond Impact Assessment submitted to ICS Feb 23
Uncertainty over System Finance planning, commissioning intentions and response to H2 (described in BAF 3.4)	See BAF 3.4 (financial environment)
Trust Board & Council of Governors - tracking of system / legislative developments, continued engagement and action planning	Presentations to Trust Board & CoG - updated July, Sept, Nov, Dec ICS Board development session complete Update to Trust Board April 22 Update to Council of Governors June 22 Update to Trust Board June 22 Update to Trust Board July 22 Update to Council of Governors Sept 22 Update to Trust Board Sept 22 Update to Trust Board Nov 22 Jan 23 Growing Great Partnerships Trust Board report incorporated HCP and ICS update
C&M CEO Provider Collaborative - Membership - sustain collaborative working arrangements with C&M-wide colleagues to shape system and ensure influence	
C&M ICS Finance Committee - play an integral role and ensure fair share of funding for CYP services	TOR & System Finance Principles in development (to be attached once finalised)
Maintain effective existing relationships with key system leaders and regulators	Regular connection established with Chair ICB and ICB CYP Exec Lead - quarterly meetings set up with Chair (agenda from initial meeting attached) and ICB CYP Exec lead member of Beyond Board from December
Lead Provider and partnership arrangements; development of new models of care	ICS Board Development session in Dec focused in on LDMHC Provider Collaborative plans
Impact assessment re: delegation of specialist services into ICS guidance (national, regional, ICS level) to enable understanding of risks/opportunities and influence for CYP	Children's Hospital Alliance proposals (under development) C&M CMAST Provider Collaborative proposals (under development) Joint letter of response to Specialist Commissioners from Alder Hey and Manchester Children's in August 22 Deputy CEO represents Alder Hey at the C&M Specialist Delegation group Likely delegation will not take place until April 24 - though work will continue through DoF, DoS and partners inc. CHA and NWPPB to shape the direction for CYP specialist services
Monitoring and influencing the direction of SpecCom delegation into ICSs	Joint letter to SpecCom from NW - AH & RMCH outlining the need to work at a NW footprint Nov 22 - Development of joint NW SpecCom delegation plan with Alder Hey and RMCH - outline shared position discussed at NWPPB Nov 22 - to be jointly developed further during Dec/Jan

ICS CYP Board - under development, to enable single oversight of CYP at ICS level and coalescing CYP priorities, resource and delivery	

Gaps in Controls / Assurance
Uncertainty over future commissioning intentions (see BAF 3.4 re finance) Future delegation of Specialist Commissioned services into ICSs - shadow arrangements under definition

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Monitoring progress in system developments, continuing to influence along with partners and shaping optimal outcome for C&YP services	31/08/2023	As previous
2. Children's Hospital Alliance & C&M CMAST Provider Collaborative proposals/assessments under development Financial assessment alongside - including impact of proposed population need based allocation formula (not yet shared)	31/08/2023	Delegation of SpecCom services to ICS's delayed nationally. 23/24 shadow running year - arrangements in NW as yet unclear. AH represented at NW SpecCom development group through DCEO. Continued work with RMCH to shape NWPPB supporting role and through CHA to assess impact of delegation on range of specialist services.

Executive Leads Assessment
March 2023 - Dani Jones RIsk reviewed; level of system complexity currently sustaining higher risk rating, but architecture under construction (e.g. CYP board) to help reduce risk level. Actions and evidence reviewed.
February 2023 - Dani Jones Risk reviewed; no change to score in month. ICS arrangements still developing and delegations unclear. AH involved at all levels. Actions, evidence and controls reviewed and updated.
January 2023 - Dani Jones Risk reviewed; no change to score in month. Developing proposal for ICB CYP Board - TBC. Controls and actions reviewed.

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 3.6	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Risk of partnership failures due to robustness of partnership governance		
Related CQC Themes: No Themes Identified		Link to Corporate risk/s: 2733		
Exec Lead: Dani Jones	Type: External,	Current IxL: 3x2	Target IxL: 3x2	Trend: IMPROVED

Assurance Committee: Resource And Business Development Committee

Risk Description

Partnerships vary in their shape, foundation, membership and governance arrangements; but issues experienced in partnerships can have operational, clinical and financial risks, layered with the potential for reputational risks (varies depending on the partnership) and risks/issues can be harder to resolve across multiple organisations.

Existing Control Measures	Assurance Evidence (attach on system)
NW NorCESS Escalation Plan - approved through NW Paediatric Partnership Board and adopted by the NorCESS service group	Control embedded.
Escalation process for risks and issues pertaining to ODNs and Joint Services	North West Paediatric Partnership Board is the escalation route for all - example papers attached. Control embedded.
Partnership Quality Assurance Framework	P'ship Quality Assurance Framework in development. Initial review with Alder Hey Execs (MD, Chief Nurse, Corp Gov Exec) complete; awaiting comments then further work with partners to identify pilot area. Update to Risk Management Forum Nov / Jan (dependent on partner engagement). PQAR Framework now tested with LNP to positive effect. Development of the process and framework underway, supported by Jacqui Rooney, in line with evolving CQC quality statements approach. NorCESS joint management team have agreed to pilot PQAR for the North West - to be scheduled in Q4.
Identification of 'pilot' partner for Partnership Quality Assurance Round - Liverpool Neonatal Partnership	PQAR Pilot scheduled with LNP for October 22 with Non-Exec representatives from both partner Trusts. Pilot of Partnership Quality Assurance Round approach agreed with LWH MD. Liverpool Neonatal Partnership and presented PQAR to LNP Board in June 22 - agreed next action to identify NED rep from both Trusts to do a full PQAR with LNP (under identification/scheduling) PQAR completed with NEDs from both Alder Hey and LWH 14th October. Positive process, plus some learning to shape PQAR pack for future sessions. Draft minutes attached (one amendment pending - ABR was not in attendance) will update once final minutes agreed. Action plan and next steps within.
Governance of Framework to be overseen at Risk Management Forum, and to involve NED's from both parties in any given Partnership	RMF agendas and minutes Presented to RMF inc. Divisional representatives June 22
Quarterly Board Paper reviewing progress and any key risks/issues for escalation from formalized partnerships	Quarterly Board paper - Sept 22 Quarterly Board paper - June 22 Quarterly Board paper - Jan 23
Twice-annual ODN oversight report to RABD	May 22 Report attached Nov 22 report attached.
MIAA Audit - Partnership Governance	Audit complete - MIAA returned verdict of significant assurance. To be presented to January Audit Committee. Final report attached

Gaps in Controls / Assurance

Sign up from further partners to engage in PQAR - in development (dependent on both parties subscribing)

Executive Leads Assessment

March 2023 - Dani Jones
Risk reviewed; score reduced to target rating, based on MIAA audit and significant assurance against partnership governance. Ongoing programme of PQAR to be undertaken as business as usual within each strategic partnership.

February 2023 - Dani Jones
Risk reviewed. No change to score in month. Evidence updated, controls and actions reviewed.

January 2023 - Dani Jones
Risk reviewed; no change to score in month - but this will move based on signfiicant assurance in MIAA audit and subsequent recommendations/actions. Evidence, controls and actions updated

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 4.1	Strategic Objective: Game-Changing Research And Innovation	Risk Title: Failure to deliver against the trust strategy and deliver game changing Research and Innovation that has positive impact for Children and Young People.		
Related CQC Themes: Well Led		Link to Corporate risk/s: 2694		
Exec Lead: Claire Liddy	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Assurance Committee: Innovation Committee

Risk Description

The trust strategy requires the growth of game changing research and innovation activities to enable an increase in R&D investment levels and generate commercial opportunity. The failure to deliver R&I strategies could result in an inability to achieve growth and new partnerships plans which will limit R&D investments and delay new discoveries.

The delivery of the R&I activities may also expose the Trust to contractual and reputation risks due to the need to enter into legal agreements with academia, large corporate's, SMEs and investors.

The delivery of the R&I activities will lead to industry data collaborations and AI with commercial contracts which will require robust data governance and ethics.

Existing Control Measures	Assurance Evidence (attach on system)
R&I: RABD review of commercial issues per Corporate governance manuals, oversight of Innovation Ltd Corporate governance manual and oversight of deal diligence (commercial and reputational) . Trust Board oversight of shareholding and equity investments and intellectual property.	Reports to RABD / Trust Board and associated minutes
R: Establishment of Research Management Board	Research Management Board papers.
I: Innovation Committee and RABD Committee	Committee oversight of Innovation strategy with NED expertise
I: Clear Management Structure and accountability within Innovation Division	ESR Divisional Hierarchies
R&I: Plans for joint research & innovation clinical leadership	Job Description and Hierarchy
R: Clinical trials Covid recovery plan operational.	Trust Board papers
R: Research Division monthly focus on research at the Research Management Board to support strategy delivery.	Research Management Board papers
I: Legal Partner now in contract to advise on partnership structure and intellectual property	Letter of engagement
R&I: Trust Policies and online declaration portal (gifts & hospitality, sponsorship etc.)	Trust Policies and digital audit trail to audit committee
R&I: Formal Press Releases and external communications facilitated through communications department	Communications Strategy and Brand Guide
R&I: Industry Partner and AI Data governance. To adopt Trust DPIA's/DSA's and IG Steering Group standard process and approvals	Policy and SOPs
New Commercial partnerships SOP approved at IC and RABD OCT/NOV 22	
Innovation risk register expanded and included in Risk Management Group (RMG)	

Gaps in Controls / Assurance

1. Availability and incentivisation model for resources to deliver strategy.
2. Capacity for business development and inward investment.
3. External factors such a Covid and Brexit creating delays in expansion plans.
4. Capacity of clinical staff to participate in research/innovation activity.
5. Capacity of clinical services to support research/innovation activity.
6. Availability of space for expansion of commercial research/innovation growth.

Executive Leads Assessment

March 2023 - Emma Hughes
no change to risk score, active development of strategic outline case ongoing for infrastructure funding and to increase investment.

February 2023 - Claire Liddy
Reviewed FEB 23. Strategic investment action updated including timetable to March 23. Risk score no change.

January 2023 - Claire Liddy
review Jan 23. no change to risk score but note the new corporate risk of financial sustainability

Board Assurance Framework 2022-23

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Digital Strategic Development & Delivery		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 2327		
Exec Lead: Kate Warriner	Type: Internal, Known	Current IxL: 4x4	Target IxL: 4x1	Trend: STATIC

Assurance Committee: Resource And Business Development Committee

Risk Description

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

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

Gaps in Controls / Assurance

Cyber security investment for additional controls approved - dashboards and specialist resource in place
Transformation delivery at pace - integration with divisional teams and leadership from divisional CCIOs
Issues securing experienced resources in some services
Anticipated delays with major programme delivery

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Recruitment linked to new iDigital operating model underway Maximising opportunities of collaboration	03/04/2023	Recruitment of perm positions to senior management team complete. Recruitment and retention plans in progress
Mobilisation of Y1 of Digital and Data Futures Strategy	31/03/2023	Mobilisation plans in development
1. Proposed change freeze of all digital programmes from April particularly in the context of preparation for Aldercare go live 2. Review of all other programmes with implementation to be achieved before April	01/05/2023	Change Freeze from May discussed with Programme Board and Execs, other programmes under review
Implementation of Alder Care Programme	30/06/2023	Programme review complete, new go live date to be agreed in 2023

Executive Leads Assessment

March 2023 - Kate Warriner
Risk reviewed, score remains static. Discussions ongoing regarding change freeze from May, progress with agreement of go live window for Aldercare in Aug/Sept 2023.

Good progress with recruitment to key roles.

February 2023 - Kate Warriner
Risk reviewed, score remains static. Work continues regarding timing of key programmes deployments in 2023.

January 2023 - Kate Warriner
BAF reviewed. Score remains appropriate. Progress with recruitment of permanent positions within iDigital Senior Management Team. Recruitment and retention focus in place. Work ongoing regarding timing of key programmes in 2023.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 30th March 2023

Paper Title:	Corporate Risk Register Report (CRR) 1st December 2022 – 31st January 2023
Report of:	Erica Saunders, Director of Corporate Affairs
Paper Prepared by:	Associate Director Nursing Governance and Risk Trust Risk Manager

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	Risk Strategy & Risk Management Policy & Procedure and supporting policy documents Board Assurance Framework CQC standards
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations**
Resource Impact:	Supports resource identification
Associated risk(s)	N/A

1. Purpose

This paper provides the Trust Board with the opportunity to scrutinise and discuss the current Corporate Risk Register (CRR). The reporting period covered is **1st December 2022 – 31st January 2023.**

2. Summary CRR:

Total number of open high risks = **19** (excluding BAF, Cheshire & Merseyside Children's & Young People's Partnership and network risks)

Risk Register High risks	**Current reporting period** 1st December 2022 – 31st January 2023	**Previous reporting period** 1st October – 30th November 2022	**Previous reporting period** 1st August – 30th September 2022	**Previous reporting period** 1st June– 31st July 2022
Number of new high risks reported	**6**	**1**	**1**	**3**
Number of high risks closed or removed	**2**	**2**	**4**	**1**
Number of high risks with increased risk score	**1**	**4**	**1**	**2**
Number of high risks with decreased risk score	**4**	**8**	**4**	**5**
Number of high risks overdue review	**0**	**4**	**3**	**1**
Number of high risks with no agreed action plan	**4** (Ref: 2741, 2753, 2754, 2755)	**1**	**1**	**1**
Number of high risks with actions past expected date of completion	**1** (Ref: 2657)	**3**	**2**	**3**
Number of high risks with static risk scores	**9**	**10**	**18**	**20**

Table 1 – New high risks
Table 2 – Closed high risks
Table 3 – Risks with increased risk scores
Table 4 - Risks with decreased risk scores
Table 5 – Long-standing risks (greater than 12 months since identification)

3. Themes

There are currently four themes identified on the CRR: people (9 risks) access to services (4 risks), governance (4 risks), and financial (2 risks).

Theme: People
Risk 2100 (4x4=16) "*Risk of inability to provide safe staffing levels",* caused by high level of sickness and absence. rust target is no more than 5%. Controls include sickness and absence policy, corporate report monitoring, Occupational Health Service, early intervention service. Expanding service provision of 'SALS Pals' into Theatres / ED and wards (by September 2022). Risk review: Actions in place and on track. However, risk score remains high in line with other regional Trusts plus impact of industrial action. **Risk Owner Melissa Swindell**
Risk 2196 (3x5 = 15) "*Risk of deteriorating wellbeing and behaviours in children and young people with severe learning disability (non-verbal)"* caused by insufficient number of clinicians appropriately trained in working with children and young people with severe learning disability (non-verbal) with experience of Positive Behavioural Support, resulting in service users not getting assessment and intervention in a timely manner. Risk review: Urgent cases being managed, 2 x band 6 learning disability specialists recruited, awaiting start dates (May 2023). Risk remains static. **Risk Owner Lisa Cooper**
Risk 2597 (4x4 = 16) *"There will be inadequate staffing levels of experienced surgically trained neonatal nurses to deliver a safe service on 1C Neonatal".* Controls include rotation of LWH staff and management of sickness and absence. Trust to adapt neonatal escalation staffing requirements. 1C neonatal establishment to be reviewed regularly - staff movement incident reported if not appropriate. **Risk Owner Jen Denney**
Risk 2740 (4x4 = 16) *"No dedicated Dietician within Cardiology therefore currently not complying with CHD standards".* Full business case shared with Exec team for support and agreement on next steps. 0.5WTE agreed as per business case however risk continues due to all aspects of the role not being covered. Element of funding has been agreed to support the service in dietetics cover **Risk Owner Caroline Jones**
Risk 2755 (4x4 = 16) *"There would be a risk to the delivery of high-quality services for Children and Young People"* caused by the lack of sustainable workforce plans and associated investment required to ensure the delivery of high-quality services for Children and Young People. Budget review complete and some areas allocated funding to support workforce growth. Review of high-risk areas complete and cases put forwards as investment requests as part of annual planning process. Workforce plans being developed within specialty teams. Key focus on theatre recruitment and retention**. Risk Owner** Chloe Lee
Risk 2684 (4x4 = 16) "*The Trust will be unable to deliver high quality paediatric haematology service (non-malignant and malignant, including lab work)* due to 50% reduction in the Consultant workforce and resulting impact on the remaining 2 WTE Consultants". Mitigations include lead for haemoglobinopathies, laboratory covered by other haematology consultants, additional waiting list initiative clinics established for elective work. Task and finish groups (workstreams) for Nursing, Consultant Recruitment & Pharmacy in place. Six more workstreams to be established. Current advert out for 1 x WTE consultant post. **Risk owner: Urmi Das**
Risk 1524 (4x4 = 16) *"Delayed initiation and review of ADHD medication"* due to a lack of capacity in ADHD Nurse Led Service, specifically medical supervision of ADHD medication initiation and completing prescribing. Mitigations include nurse prescribers in place for ADHD service, SOPs to support safe prescribing. Business case in development **Risk owner Lisa Cooper**
Risk 2741 (4x5 = 20) *"The ability to maintain OFSTED ratios because of staff availability/turnover. Health and Safety concerns operating the nursery in its current position in the centre of a building development".* Mitigations include agency staff and nursery manager included to meet ratios / staff absences and an operational plan has been developed. An external quality inspection took place on 2nd February 2023. **Risk Owner: Sharon Owens**

Risk 2767 (4x4 = 16) ***"There is a risk that the Safeguarding Team will be unable to provide a service for children/young people and/or staff in the hospital"*** **due to gaps in the 1st on and 2nd on medical rotas for Safeguarding,** because of gaps in 1st on call rota and the 2nd on call Consultant rota.
Controls include Rainbow rota for medical cover in place. Weekly meeting in place. Rota gaps filled with staff doing additional shifts. Local procedure developed for the process for managing and escalating issues relating to service cover due to sickness and absence. **Risk owner: Lisa Cooper**

Theme: Access to services
Risk 2441 (5x3 = 15) ***"Patients could deteriorate whilst transport services and hospitals agree who is going to undertake the retrieval"*** **caused by Paediatric surgery and Neurosurgery deliver a substantial part of University Hospitals of North Midlands (UHNM) surgical work**, this includes on call and out of hours. Initial meeting held and actions agreed to provide resilience to the neo natal transport pathway. Meeting with paediatric transport providers and representatives from Alder Hey and UHNM held January 2023.Risk remains static. **Risk Owner Adam Bateman**
Risk 2463 (4x4 = 16) ***"Risk that children and young people will not receive their ASD or ADHD assessment within the agreed timescale (30 weeks as per NICE standard)"*** **caused by significant increase in referrals to ASD continuing from 2020 (start of covid) and capacity within current pathway is funded to set level by Commissioners.** Controls include regular meetings with commissioners and divisional senior management team. Risk reviewed and remained static. **Risk Owner: Lisa Cooper**
Risk 2753 (4x4 = 16) New risk "***There is a risk that Children and young people could wait beyond a reasonable time frame to access care. This could potentially impact on their outcome****"* due to children and young people are waiting beyond the national standard to access planned care post Covid 19 pandemic due to a prolonged loss of capacity. Controls and actions agreed for most challenges specialities. **Risk Owner Chloe Lee**
Risk 2360 (3x5 = 15) ***"Sefton Young People referred for urgent or routine treatment are likely to exceed locally set targets (2 weeks for urgent /18-week referral to treatment target for routine)" due to demand on the service outweighing commissioned capacity in the team***. Mitigations include Crisis Care Team available 24/7 to ensure urgent clinical need is met for patients waiting specialist CAMHS, Agency staff in post to provide clinical cover where there are staffing gaps. Recruitment ongoing. Risk remains static **Risk owner: Vicky Killen**

Theme: Governance
Risk 2327 (4x4 = 16) ***"Losing Cardiac data which can impact on the full AH Cardiac service and national submission"*** **caused by database corruption resulting in the database crashing on a regular occurrence and having to use a backup system to generate previous work which can result in more current work being lost.** Funding has been secured to commence with supplier in implementation of software. **Risk Owner Benedetta Pettorini**
Risk 2627 (3x5 = 15) ***"Not compliant with national guidance with transferring and transcribing patient records following adoption"*** **due to pre-adoption records not being routinely closed post adoption** and therefore previous medical records including safeguarding history are attached to the new NHS number. Changing details SOP for children adopted reviewed and available on DMS. Interim process for closing record not progressed, due to requirement for Digital team input. Risk remains static **Risk Owner Lisa Cooper**

Risk 2657 (5x3 = 15) ***"As there is no consistent method for recording and communicating resuscitation decisions across the trust there is a child may be resuscitated inappropriately and receive inappropriate and potentially harmful treatment"*** **caused by no consistent method for recording and communicating resuscitation decisions across the Trust.** Mitigation includes the Trust's Resuscitation Policy. New process will be implemented in Expanse. The Respect document will be scanned into Meditech and a box on the Summary screen of the patient will direct staff to the document. This will be an on-going development which will continue to be developed as part of the phase 2 for nursing with Expanse. Also exploring how to use Share 2 Care so documents can be shared across the region for patients who may present at their local hospital with a Respect form in place **Risk Owner Peter White**
Risk 2746 (5x3 = 15) ***"The risk of patient harm due to a lack of clear guidance and a training structure. Patient harm due to the use of a drainage system that is not ordinarily used within the trust"*** **caused by chest drain management processes are substandard and do not encompass all relevant national guidelines.** Mitigations include an overarching risk assessment is in place and regularly updated. Meeting arranged with Medela rep to arrange demo of new drains. Interim guidance has been written and approved. Business case for new chest drain system is completed, pending feedback from ACOO prior to IRG presentation. **Risk Owner Alan Bridges**

Theme: Financial
Risk 2694 (4x4 = 16) ***"Delayed growth plan (strategy KPISs)"*** **caused by limited availability of senior officers and resources with experience and track record to deliver the growth team**. New round of business planning will take place when new member of team commences in January 2023. **Risk Owner Emma Hughes**
Risk 2754 (3x5 = 15) "The division currently does not have a sustainable financial plan and is currently forecasting a year end deficit position" due to the change in finance regime for 2022/23 has resulted in the Division failing to achieve their financial target. Division still forecasting a year end deficit. Investment requests submitted via annual planning to support divisional cost pressures. Activity plans have been submitted (awaiting income analysis). Initial CIP plans have been reviewed. **Risk Owner Chloe Lee**

Table 1: NEW HIGH RISKS

DIVISION	Ref / Score CxL	Risk	Reason/ comment	Risk Owner	Date Identified
Corporate Services (Nursery)	2741 4x5=20	The ability to maintain OFSTED ratios as a result of staff availability/turnover. Health and Safety concerns operating the nursery in its current position in the centre of a building development.	The Nursery in future will not be provided by Alder Hey, the detail of which is still to be confirmed but staff are aware of this change.	Sharon Owen, Deputy Director of HR & OD	01/12/2022
Surgery (Paediatric Surgery)	2746 5x3=15	The risk of patient harm due to a lack of clear guidance and a training structure. Patient harm due to the use of a drainage system that is not ordinarily used within the trust.	Chest drain management processes are substandard and do not encompass all relevant national guidelines.	Alan Bridge, Surgical Matron	19/12/2022
Surgery (Surgery Division – Division Wide)	2753 4x4=16	There is a risk that Children and young people could wait beyond a reasonable time frame to access care. This could potentially impact on their outcome.	Children and young people are waiting beyond the national standard to access planned care post Covid 19 pandemic due to a prolonged loss of capacity.	Chloe Lee, Associate Chief Operating Officer, Surgery	04/01/2023
Surgery (Surgery Division – Division Wide)	2754 3x5=15	The division currently does not have a sustainable financial plan and is currently forecasting a year end deficit position.	The change in finance regime for 2022/23 has resulted in the Division failing to achieve their financial target.	Chloe Lee, Associate Chief Operating Officer, Surgery	04/01/2023
Surgery (Surgery Division – Division Wide)	2755 4x4=16	There would be a risk to the delivery of high-quality services for Children and Young People.	Lack of sustainable workforce plans and associated investment required to ensure the delivery of high-quality services for Children and Young People. A lack of robust educational offer division wide to support continuous learning and development.	Chloe Lee, Associate Chief Operating Officer, Surgery	04/01/2023
Community & Mental Health Division (Rainbow – Safeguarding)	2767 4x4=16	There is a risk that the Safeguarding Team will be unable to provide a service for children/young people and/or staff in the hospital.	This is caused by gaps in the 1st on and 2nd on medical rotas for Safeguarding, because of gaps in 1st on call rota and the 2nd on call Consultant rota. There is potential that due to gaps in the rota, trained medical staff would not be available to provide the service.	Lisa Cooper, Director, Community & Mental Health Division	23/01/2023

000210

Table 2: CLOSED HIGH RISKS

DIVISION	Ref	Risk	Date Closed	Reason for closure
Community & Mental Health Division (CAMHS Sefton)	2517	Children and young people come to harm whilst waiting for urgent treatment episodes.	16/01/2023	Duplicate Risk reviewed and combined - see Risk 2360.
Surgery (Surgery Division – Division Wide)	2516	There is a risk that patients will not be managed appropriately, including appointments not being pended or booked correctly	04/01/2023	2 new risks opened to give more detail, risk numbers 2752 and 2751.

Table 3: RISKS WITH INCREASED SCORES

DIVISION	Ref	Risk	Prior Score / New Score	Reason for increase in score
Medicine (Haematology)	2684	Risk the Trust will be unable to deliver high quality paediatric haematology service (non-malignant and malignant, including lab work) due to 50% reduction in the Consultant workforce and resulting impact on the remaining 2 WTE Consultants.	4x3 = 12 4x4 = 16	No rationale provided.

Table 4: RISKS WITH DECREASED SCORES

DIVISION	Ref	Risk	Prior Score / New Score	Reason for decrease in score
Medicine (AED)	2631	Difficulty in maintaining Emergency department skilled workforce in Nursing to provide safe effective care.	5x4 = 20 3x1 = 3	Risk discussed at governance meeting 26th Jan team agreed closure of risk. No incident or pals and complaints since last review, risk to be closed with target score achieved as 3. Risk closed in February 2023.
Medicine (Neurology)	2719	Risk the Paediatric Neurology Service becomes unstainable due to vacancies within the Consultant team resulting in collapse of the acute Neurology service and business continuity interruptions in Epilepsy and NORCESS.	5x3 = 15 3x4 = 12	Review of risk rating and actions.

Medicine (Pathology) 000211	2450	No laboratory haematology/transfusion service which would lead to suspension of any service requiring blood for transfusion such as cardiac surgery, ED, ICU, oncology, theatres and ECMO.	5x3 = 15 4x3 = 12	Review of consecutive risk ratings for correlation; controls are not robust enough to reduce risk from overall initial 12.
Corporate (Access to Health Records)	2632	Patients are waiting a long time without clear communication which is leading to increased Pals & Complaints and negative Friends and Family Feedback.	4x5 = 20 3x3 = 9	Small screen visible but not ideal. Staff are also informing patients verbally when time allows.

Table 5: LONG-STANDING RISKS (identified more than 12 months on the register)

DIVISION	Ref	Risk Owner	Risk Score (CxL)	Risk	Date identified
CORPORATE SERVICES: HR	2100	Melissa Swindell Director of People	4x4 = 16	Inability to provide safe staffing levels **Summary:** Risk remains a high risk (score of 16).	**January 2020**
DIVISION OF COMMUNITY & MENTAL HEALTH: CAMHS All	2196	Lisa Cooper, Divisional Director, Community & Mental Health	3x5 = 15	Risk of deteriorating wellbeing and behaviours in children and young people with severe learning disability (non-verbal) **Summary:** Risk has remained static.	**May 2020**
DIVISION OF SURGERY: Cardiac Surgery	2327	Benedetta Pettorini, Director, Surgery	4x4 = 16	Losing Cardiac data which can impact on the full AH Cardiac service and national submission. Funding has been secured to commence with supplier in implementation of software. Risk score to be amended in line with funding being approved. **Summary:** Risk has remained static since January 2022.	**December 2020**
DIVISION OF COMMUNITY & MENTAL HEALTH: CAMHS - Sefton	2360	Vicky Killen, Clinical Lead	3x5 = 15	Sefton Young People referred for urgent or routine treatment are likely to exceed locally set targets (2 weeks for urgents and 18-week referral to treatment target for routine). **Summary:** Risk escalated to a high risk in January 2023.	**February 2021**

DIVISION OF SURGERY: Neurosurgery	2441	Adam Bateman, Chief Operating Officer	5x3 = 15	Patients could deteriorate whilst transport services and hospitals agree who is going to undertake the retrieval **Summary:** Risk has remained at the same level since first identified in June 2021 at a risk score of 15.	**June 2021**
DIVISION OF COMMUNITY & MENTAL HEALTH: ASD / ADHD	2463	Lisa Cooper, Divisional Director, Community & Mental Health	4x4 = 16	Children and young people will not receive their ASD assessment within the agreed timescale (30 weeks Trust standard) **Summary:** Risk has remained at the same level since first identified in July 2021.	**July 2021**
DIVISION OF COMMUNITY & MENTAL HEALTH: ASD/ADHD	1524	Lisa Cooper, Director, Community & Mental Health Division	4x4 = 16	Delayed initiation and review of ADHD medication **Summary** Risk has fluctuated between a high risk and a high-moderate risk. Risk score escalated from a high-moderate (12) to a high risk (16) at the end of January 2023.	**December 2017**