Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

Tuesday 3rd March 2020 commencing at 11:00

Venue: Tony Bell Board Room, Institute in the Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
STRATEGIC WORKSHOP – INSPIRING QUALITY OPERATIONAL EXCELLENCE READINESS ASSESSMENT (09:30 – 11:00) Facilitated by Ian Atkinson and James Cuthbertson, KPMG							
PATIENT STORY (1100 – 1115)							
1.	**19/20/342**	**1115**	**Apologies**	Chair	To note apologies:	**N**	For noting
2.	**19/20/343**	**1116**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate.	**R**	For noting
3.	**19/20/344**	**1117**	**Minutes of the Previous Meeting**	Chair	To consider and approve the minutes of the meeting held on: **Tuesday 4th February 2020.**	**D**	Read Minutes
4.	**19/20/345**	**1120**	**Matters Arising and Action Log**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	**A**	Read log
5.	**19/20/346**	**1125**	**Key Issues/Reflections and items for information**	All	Board to reflect on key issues & discuss any queries from information items	**N/I**	Verbal
Current Operational Update							
6.	**19/20/347**	**1140**	**Operational update**	A. Bateman	To highlight key operational issues from the previous month	**N**	Verbal
7.	**19/20/348**	**1150**	**Coronavirus/Covid-19**	N Murdock	To present an update on action plans to date.	**A**	Verbal
Strategic Update							
8.	**19/20/349**	**1200**	**Strategic Programme Progress Report**	J. Grinnell/ N Deakin	To receive an update on progress against key strategic projects	**A**	Presentation/ Read report
9.	**19/20/350**	**1210**	**Board Assurance Framework**	Executive Leads	To provide assurance on how the strategic risks that threaten the achievement of the trust's strategic operational plan are being proactively managed.	**A**	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
10.	**19/20/351**	**1220**	**Alder Hey in the Park Campus Development update**	D. Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	**A**	Read report
11.	**19/20/352**	**1230**	**Neonatal Partnership Update**	A Bateman	To receive the regular update as to progress with the development of LNP	**A**	Verbal
Lunch (12:30 – 13:00)							
Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led							
12.	**19/20/353**	**1300**	**Corporate Report - Divisional updates:** - **Medicine** - **Community & Mental Health** - **Surgery** **Executive exception report:** - **Quality** - **Performance** - **Finance** - **People**	A. Hughes L. Cooper A. Bass H Gwilliams A Bateman J Grinnell M Swindell	To receive the monthly report of Trust performance for scrutiny and discussion against CQC domains: **Safe, Caring, Effective, Responsive and Well Led,** highlighting any critical issues/actions needed.	**A**	Read report
13.	**19/20/354**	**1330**	**Serious Incident Report** - **Never Event Action Plan**	H Gwilliams N Murdock	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour. To note action plans in place	**A** **A**	Read report To follow
14.	**19/20/355**	**1340**	**Complaints Quarter 2**	H Gwilliams	To receive the quarterly report	**A**	Read report
15.	**19/20/356**	**1350**	**Clinical Quality Assurance Committee:** - **Chair's highlight report from the meeting on 12.02.20** - **Minutes from the meeting held on 15.01.20**	A Marsland	To receive a highlight report of key issues from the February meeting and the approved minutes from January 2020.	**A**	Read minutes
The Best People Doing Their Best Work							

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
16.	**19/20/357**	**1352**	**People Plan:** **- Gender Pay Gap report** **- Health Education England Annual Assessment Action Plan** **- Staff Survey**	M. Swindell	To receive the monthly report and updates with regard to specific items.	**A**	Read report
17.	**19/20/358**	**1400**	**Workforce and Organisational Development Committee:** - **Chair's update from the meeting held on 02.03.20**	C Dove	To receive a update of key issues from the March meeting	**A**	Verbal
Game Changing Research and Innovation							
18.	**19/20/359**	**1401**	**Innovation Committee:** - **Chair's highlight report from the meeting held on 17.02.20** - **Approved minutes from the meeting held on 10.12.19**	S Arora	To receive a highlight report of key issues from the February meeting and the approved December minutes.	**A**	Read report
Sustainability through Partnerships							
19.	**19/20/360**	**1402**	**One Liverpool Plan – 'Starting Well'**	D Jones	To present the current position and plans going forward.	**A**	Verbal
20.	**19/20/361**	**1410**	**Liverpool Specialist Trusts Alliance**	L Shepherd	To receive a report from the meeting of specialist trust boards held on 24th February 2020.	**D**	To Follow
Strong Foundations							
21.	**19/20/362**	**1420**	**Operational Plan: Including update on 2020/21 Financial Position**	J Grinnell	To provide details on the 2020/21 Operational Planning round and associated timetable.	**A**	Presentation
22.	**19/20/363**	**1430**	**Green Plan PiD**	S Brown	To brief the Board on the delivery approach for the initial implementation of the project, its management and the assessment of overall success.	**A**	Read report
23.	**19/20/364**	**1440**	**Resources & Business Development Committee Report:** - **Chair's highlight report**	I. Quinlan	To receive a highlight report of key issues from the February meeting and the approved January minutes.	**A**	Read report

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 26.02.20 - **Approved RABD minutes from the meeting held on 22.01.20**				
Items for information							
24.	**19/20/365**	**1441**	**Board Reporting Calendar – 2020/21**	Exec Leads	To confirm all items for each area is included with the right reporting date.	**D**	Read report
25.	**19/20/367**	**1442**	**Corporate Calendar Trust Board and Sub Committee Dates for 2020/21**	All	To receive Trust Board and Sub Committee dates for 2020/21	**N**	Reade report
26.	**19/20/368**	**1445**	**Any Other Business**	All	To discuss any further business before the close of the meeting.	**N**	Verbal
27.	**19/20/369**	**1450**	**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: Tuesday 7th April 2020 at 10:00am, Tony Bell Board Room, Institute in the Park.							

REGISTER OF TRUST SEAL
The Trust Seal was not used in February 2020

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION	
Finance Metrics Month 10	**John Grinnell**

Alder Hey Children's NHS
NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Minutes of the meeting held on **Tuesday 7th February 2020 at 10:00am,**
Tony Bell Board Room, Institute in the Park

Present:	Dame Jo Williams	Chair	(DJW)
	Prof F Beveridge	Non-Executive Director	(FB)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Mr J Grinnell	Director of Finance/Deputy Chief Executive	(JG)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs A Marsland	Non-Executive Director	(AM)
	Dr F Marston	Non-Executive Director	(FM)
	Dr N Murdock	Medical Director	(NM)
	Mr I Quinlan	Vice Chair	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Director of HR & OD	(MS)
In Attendance:	Mr A Bass	Director of Surgery	(AB)
	Ms L Cooper	Director of Community Services	(LC)
	Mr M Flannagan	Director of Communications	(MF)
	Dr A Hughes	Director of Medicine	(AH)
	Mrs D Jones	Director of Strategy	(DJ)
	Miss J Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator (minutes)	(JT)
	Mrs K Warriner	Chief Information Officer	(KW)
Observer:	Angela Parfitt	CQC Inspection Manager	
	Jeanette Harradine	NHS Professionals	
Apologies:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Mrs S Arora	Non-Executive Director	(SA)
	Mrs K Byrne	Non-Executive Director	(KB)
	Mrs C Dove	Non-Executive Director	(CD)
Agenda item: 321	Sue Brown	Assoc. Development Director	
326	Professor Jo Blair	Deputy Director of Research	
326	Jason Taylor	General Manager for Research	
326	Jacqui Lyons-Killey	Senior Nurse for Research	
329	Dr Christopher Dewhurst	Clinical Director, LNP	
329	Miss Jo Minford	Deputy Clinical Director/Surgical Lead, LNP	
329	Jen Deeney	Head of Nursing, LNP	
329	Sian Calderwood	General Manager, LNP	

Staff Story

The Chair welcomed James, who works as a perfusionist, to share his staff experiences with the Board. James noted changes to the perfusion team from the beginning of 2019 due to a range of circumstances. James spoke of how he had handled the increased workload resulting from this, his resulting stress and how low he felt during this time both at work and at home. Later in the year, James attended the Trust's Strong Foundations leadership programme, noting that the first day was in relation to 'leading yourself' and the impact that this had in relation to his own situation; after the first day James spoke to Dr Jo Potier, organisational psychologist and agreed to arrange a number of sessions going forward. James spoke of how both the course and the sessions helped him manage his workload and re-evaluate his relationships with team members.

As a result of his participation in the Strong Foundations programme James is implementing a theatre de-brief session for the team to provide an opportunity for staff to address any concerns together and share learning. James spoke very highly of the course and how it supports individuals to look after themselves and their team.

On behalf of the Board the Chair thanked James his openness and sharing his experiences with the Trust Board.

19/20/313 Declarations of Interest

There were none to declare.

19/20/314 Minutes of the previous meetings held on Tuesday 7th January 2020

Resolved:

The Trust Board approved the minutes from the last meeting held on 7th January 2020.

19/20/315 Matters Arising and Action Log

19/20/45: Hilda Gwilliams fed back from the meeting held with Mark Hilton, Head Teacher of Sandfield Park School in relation to regular updates on patients' access to learning.

Mark Hilton had advised that currently the criteria set only enables a small number of patients to access learning, this is under review to increase access. Hilda Gwilliams agreed to provide a further update at the March Board meeting.
Action: HG

Fiona Beveridge asked if there are any opportunities for learning with the Alder Play App; it was agreed that Claire Liddy, Director of Operational Finance and Innovation would be asked for an update.
Action: Claire Liddy

19/20/316 Key Issues/Reflections and items for information

The Chair welcomed two observers to the meeting both Angela from CQC and Jeanette Harradine from NHS Providers.

Louise Shepherd provided an update on the CQC core service inspections that had taken place at the end of January and would be followed up by a three day Well Led inspection next week. Initial feedback had been positive; this would be followed up by a written response at the end of the inspection which would be shared with the Board.

Following the high numbers of patients through A&E during November and December 2019, Liverpool CCG has commissioned a review to be led by Liverpool Provider Alliance.

Agreement has been reached by Sefton CCG to commission a pathway and back log for ADHD patients with no restrictions for where the patient lives.

Nicki Murdock noted an increase in medical students; colleagues in ENT have developed a one week programme with the University of Liverpool.

Nicki Murdock had led a session at the launch conference for the Collaborative on Friday 31st January 2020. The session had been around best interests cases, the interactions between families and clinicians and how to move forward constructively; the partnership are supporting a national framework on this.

Anita Marsland updated the Board on a Year of Reading event organised by the Reader Organisation, of which she is the chair, also attend by Appointed Governor Barbara Murray and Lead Governor Kate Jackson who gave a presentation, which had been very well received.

Kate Warriner reported on the new IT Service self help desk, this has been implemented to provider a faster response to IT issues.

The Annual Staff Awards event is due to take place on Friday 7th February 2020. The Daily Mail had printed an article on a patient who had surgery on a life threatening tumour which had been successfully removed following the creation of a 3D model which enabled a detailed plan to be drawn up; the resulting BBC Breakfast interview would be played during the Board lunch.

The BBC2 Programme *Hospital* is filming its fifth series across seven hospitals in Liverpool. Alder Hey is involved in two episodes, one on Craniofacial Surgery and another relating to complex care and transition; they will be screened in February/March 2020.

19/20/317 Operational update

Adam Bateman provided the following update:

Attendances at the Emergency Department reached a high peak during November and mid – December 2019, as predicted numbers had reduced last month.

Adam Bateman and three Clinical Information Leads had attended the Meditech Clinical Leadership Preparedness Program in Boston.

Resolved:
The Board received the Operational update.

19/20/318 Coronavirus

Nicki Murdock gave an update on available isolation areas for patients potentially carrying the highly contagious Coronavirus both at Alder Hey and Liverpool Royal University Hospital.

A drill/walk through is due to take place on Thursday; both visitors and staff will be informed of this. Hilda Gwilliams said a drill of transferring an Alder Hey patient to the Liverpool Royal had taken place last week with no concerns identified from the operation. Preparation is also under way for a wider delivery model if required.

Resolved:
The Board noted plans in place for the Coronavirus, a further update will be received at the March meeting.

19/20/319 Our Plan 2019/20 – The year at a glance

Executive Directors highlighted key areas of progress under each strategic objective as follows:

Delivering Outstanding Care

As part of the Inspiring Quality programme KPMG have been appointed to implement a Trust-wide systematic continuous improvement system. It was agreed the Trust Board Strategy session in March would be used to receive an update from KPMG about this work.

As part of Brilliant Booking and scheduling, patients who have not made contact for a follow-up are on a list which is reviewed and validated. In January 2019 there were around 10,500 patients on this list; all patients have now been contacted.

The Best People doing their Best Work
The staff story received earlier in the meeting had illustrated the benefits of participating in the Strong Foundations programme. The course is fully booked until November 2020 however further dates are to be released.

There are currently 85 learners enrolled on apprenticeships, Alder Hey is the only hospital in Merseyside to continue to offer apprenticeships.

Sustainability through External Partnerships
Starting Well / Healthy Children and Families: Alder Hey leads this segment of the 'One Liverpool' plan, through Children's Transformation partnership.

Louise Shepherd noted progress with the specialist trusts work. A meeting has been arranged for Board members across the trusts to take place on 24th February 2020.

Resolved:
The Board received progress to date against the Trust's strategic plan in 2019/20.

19/20/320 Change Programme Progress Report
John Grinnell presented the above report for January 2020 noting the improved levels of assurance across the range of projects within the change programme.

Going forward re-focus will be given to international patients.

Resolved:
The Board noted progress against the Change Programme.

19/20/321 Alder Hey in the park Campus Development
Alder Hey in the Park Site Development Update
Change Programme: Park, Community, Estates and Facilities
David Powell highlighted progress against the projects below:

The outstanding element of the Neonatal Development to be agreed is the approach from the PFI perspective, following receipt of the feasibility study; a meeting is due to take place on Friday 7th February 2020.

Exchange of contracts for the purchase of Knotty Ash Nursing Home occurred on 29th January 2020. Medical records storage will be split between this site and the ground floor of the old police station site.

Going for Green – Alder Hey Sustainability Plan
Sue Brown gave a presentation on progress to date to minimise air pollution, combat climate change and reduce waste and plastic usage by 2021.

Resolved:
The Board received:
- The site development programme noting progress to date.
- A presentation on Alder Hey's sustainability plan.

19/20/322 Corporate Report
The Board received the month 9 report.

The three Divisional Directors presented highlights and challenges for the month against the Safe, Caring, Effective, Responsive and Well Led domains.

Medicine – Adrian Hughes

Safe

There had been 0 clinical incidents resulting in moderate or semi-permanent harm, 0 clinical incidents resulting in severe or permanent harm, 0 pressure ulcers (category 3 and 4), 0 never events, 0 hospital-acquired infections for MRSA and C.difficile.

Inpatients treated for sepsis within 60 minutes was 100%.

Caring

There had been 2 complaints and 19 PALS responses; time to response has improved.

Effective

Although still below the 95% standard, the percentage of patients waiting under four hours in our emergency Department has increased from 79.36% in November to 84.87% in December. This performance standard continues to be our top operational pressure and priority. An ED action plan continues to make progress, which will bring about sustainable positive change over time.

Outsourcing of scanning continues with improved turnaround times.

Responsive

Diagnostic turnaround times are consistently good in many areas (especially Pathology). An action plan is place for areas requiring improvement including MRI and CT.

Well Led

Adrian Hughes noted his thanks to Will Weston, Associate Chief Operational Officer for Medicine who had been in post for over three years. Will was due to take up a different role at Alder Hey. Raman Chhokar has been appointed as Will's successor.

Surgery – Alfie Bass

Safe

One Never Event was reported for wrong site surgery on a tooth extraction. An action plan is due to be presented at Board next month.

Caring

There are a number of ongoing complex formal complaints, some of which are due to close soon.

Effective

Theatre sessions delivered in-month was 563. Theatre utilisation was down to 83% and clinic utilisation was down to 81%.

Responsive

Rescheduling patients cancelled on the day of admission within 28 days continues to be a challenge.

Well Led

The HR team is leading a piece of work to support the Division with the management of sickness levels.

Community – Lisa Cooper

Safe

A flu immunisation clinic in outpatients has commenced to support children and young people with complex needs who miss the universal flu vaccination programme in primary care.

Caring

Plans for the new Liverpool CAMHS building are being displayed at the Catkin Building where the services are currently located. Cleanliness around that part of the site has improved.

Effective

The Chair noted the drop-in service that allows families access to advice prior to their appointment.

Responsive

Crisis Care team actively involved in supporting the Emergency Department in managing children and young people experiencing mental ill health during Winter.

Well Led

At the end of December, all risks on the Divisional risk register had been reviewed.

The Division has achieved its required financial performance at the end of Month 9 (£78k+ year to date position) and full delivery of 2019/20 CIP.

Executive leads raised items by exception as follows:

Safe

The low number of near miss and no harm incidents reported are reflected in the decreased numbers of incidents reported overall in month. All staff are actively encouraged to continue to report incidents at the weekly Patient Safety Meeting.

Caring

Over 95% of families on inpatient wards would recommend the Trust as a place to receive treatment; this has been sustained for the past 4 months.

Effective

The scanning service for outpatients has improved, following the commencement of a new outsourced Scanning Bureau and turnaround times are now at an average of one day. Moving forward the objective is to work against a 24/48 hour SLA for scanning turnaround times.

Responsive

There had been one delay to the cancer care standard, which related to patient choice.

Well - Led

In Month 9 the Trust delivered a (£0.4k) deficit which was £0.4k ahead of the plan, bringing the position into line with the year to date plan.

A concerted effort has meant that the Trust continues to achieve mandatory training levels. It is key that this is sustained.

Completion of PDR's remains at just below the target of 90% and a concerted effort is required by all areas to improve this further. Additionally medical appraisals remain

behind target at 63.8% and a concerted effort is also required to improve this for future months.

Sickness levels have risen again to 6.4%. There is work underway to support specific teams where sickness levels are high.

Resolved:
The Board received and noted the contents of the corporate report for month 9.

19/20/323 Serious Incident Report

The Board received and noted the content of the Serious Incident report for December 2019 with the inclusion of lessons learned. Hilda Gwilliams stated that during this reporting period there was one new Never Event, three new Serious Incidents, and three SI's had been closed.

The Never Event was an incorrect tooth extraction: awareness of following procedures has been highlighted with staff.

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

19/20/324 Clinical Quality Assurance Committee

Resolved:
The Board received the Chair's highlight report from the last meeting on 15th January and the approved minutes from the meeting held on 18th December 2019.

19/20/325 People Plan

Melissa Swindell presented the report for January 2020 highlighting:

- On 28th February 2020 the first 25 of the Trust's international nurse recruits will be arriving from India.
- The Trust has secured funding from Health Education England to support our Step into Work programme. Alder Hey has committed to offer 30 placements throughout the next 12 months to unemployed people across quarterly cohorts. The programme will be promoted amongst local minority groups to encourage equality, diversity and inclusion across the organisation.
- A national update on pensions is due to be received on 11th March 2020, this will be shared with the Board.

The Board received the Annual Assessment Visit report from Health Education England North West. The Medical Education team and colleagues are in the process of preparing an action plan in response, which must be submitted by the end of March 2020.

Resolved:
The Board received:

- The People Plan update for January 2020.
- The Annual Assessment Visit report from Health Education England North West.

19/20/326 Research Strategy and Delivery Update

Professor Jo Blair, Jason Taylor and Jacqui Lyons-Killey presented the research strategy and progress to date highlighting the high level of research participation at Alder Hey compared with other hospitals and the higher number of improved patient outcomes. Alder Hey is the largest recruiter for research studies in the UK.

Alder Hey have been shortlisted for five awards at the North West Research and Innovation Awards taking place on 28th February 2020.

On behalf of the Board the Chair thanked the Clinical Research Division for their presentation and asked for a further update in six months.

Resolved:
The Board noted progress to date against the research strategy.

19/20/327 Research Management Board
Resolved:
The Board received the Chair's highlight report from the last meeting on 29th January and the approved minutes from the meeting held on 31st October 2019.

19/20/328 Developing our Partnerships
Dani Jones gave an overview of the local, national and global partnerships and networks to support the delivery of 'Our Plan'.

As part of Starting Well two community hubs have been set up; the Aintree hub MDT went live in January 2020 with the Speke hub due to go live soon.

An infant feeding pilot training session at Alder Hey was launched on 29th January 2020. The event was well attended by Health Visitors, GPs and Paediatricians.

Progress continues with North Mersey Urgent Care to meet paediatric standards.

Over the next 12 months progress will include Starting Well, delivery of new models of community care, Cheshire and Mersey Women and Children's Programme, focus on Paediatrics and International Child Health.

Resolved:
The Board received an update against developing our partnerships.

19/20/329 Liverpool Neonatal Partnership – Alder Hey and Liverpool Women's Hospital
Dr Christopher Dewhurst, Miss Jo Minford, Jen Deeney and Sian Calderwood attended the meeting in their capacity as the leadership team for the joint Liverpool Neonatal partnership (LNP). They briefed the Board on the timeline from 2009 when the NICE Quality Standards for hospitals providing Neonatal Care were developed. The trusts have been working together to develop the Neonatal partnership including implementation of a business case to provide a joint service supported by the appropriate resource.

The aims and objectives of the partnership include: to reduce the number of transfers for babies between hospitals; maximise the benefits for patient care by standardising care pathways where appropriate.

Another key strand of work relates to the expansion of neonatal estate on the Alder Hey site. The next immediate step is to agree the location for the new unit at AH and progress with procurement, design and build. This is due to be approved at the next Resource and Business Development committee taking place on 26th February 2020.

Within Alder hey any governance concerns will be raised with the Clinical Quality Assurance Committee.

On behalf of the Board the Chair thanked the team for their presentation.

Resolved:
The Board noted progress to date in relation to the Neonatal Partnership.

19/20/330 Operational Plan: Including update on 2020/21 Financial Position

John Grinnell highlighted the operational and performance changes for acute trusts following publication of the 2020/21 Operational Planning guidance for the NHS.

The financial planning assumptions for 2020/21 were outlined with a draft deficit of £4.6m driven by 4 key items. CIP requirement (£6m) in order to deliver the £4.6m is 2.18% which is already 1% above national levels.

Resolved:
The Board noted the changes to budget setting arrangements nationally in the coming year, the Trust's current position and planning assumptions. A further update will be presented on 3rd March 2020.

19/20/331 Board Assurance Framework (BAF)

Erica Saunders presented the Board Assurance Framework noting the majority of risks remained static in-month with the exception of risk 1.4 sustaining operational delivery in the event of a 'No Deal' exit from the European Union, which had improved in light of the transition period agreed by the government.

Resolved:
The Board received the BAF January 2020 report.

19/20/332 Integrated Governance Committee

Resolved:
The Board received the Chair's highlight report from the last meeting on 22nd January and the approved minutes from the meeting held on 29th November 2019.

19/20/333 Register of Shareholder Interests

The above document as at 31st December 2019 was presented. Under Alder Hey Living Hospital Ltd Sir David Henshaw, previous Chair was listed as a director, however this had been changed following Sir David's departure, with Erica Saunders taking his place as a director of the company. This amendment would be made to the paper and the correct version be published on the Trust website.

Resolved:
The Board received the register of Shareholder as at 31st December 2019.

19/20/334 Audit Committee

Resolved:
The Board received the Chair's highlight report from the meeting held on 16th January and the approved minutes from the meeting held on 21st November 2019.

Erica Saunders highlighted the contract for Trust external auditor provision from Ernst and Young was due to end this year, after their initial three year term. This would be an item at the Council of Governors meeting on 12th March for Governors to approve a recommendation to extend the contract by a further two years which was an option in the original tender.

19/20/335 Resource and Business Development Committee

Resolved:
The Board received the Chair's highlight report from the meeting held on 22nd January and the approved minutes from the meeting held on 27th November 2019.

19/20/336 Any Other Business

No further business was reported.

19/20/337 Review of the meeting

Following the meeting it was noted communication would be circulated across the Trust on going green Alder Hey Sustainability Plan.

Date and Time of next meeting: Tuesday 3rd March 2020 at 10:00 in the Tony Bell Board Room, Institute in the park.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following on from the meeting held on the 3.9.19

Alder Hey Children's NHS
NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Action for October 2019							
03.09.19	19/20/145	Corporate Report	***Play*** - Look into the possibility of receiving reports from schools on learning.	H Gwilliams	01.10.19		01.10.19 awaiting a response from school. 05.11.19 A response from the School was still awaited. 03.12.19: A response had been received from the school and a meeting was to be arranged in the new year. The contract was being sourced to see if there had been any previous agreement in relation to learning updates from the school. 07.01.20: A meeting was to be agreed for Janaury 2020. 04.02.02: The meeting had taken place with agreement to extend the criteria to increase access to learning, a further update will be provided on 03.03.20
Action for 3rd March 2020							
04.02.20	19/20/315	Matters Arising and Action Log	To advise if there are opportunities to provide learning through the Alder Play Application	Claire Liddy	03.03.20		03.03.20 Play could be used as a vehicle to support education materials in the future, however the next phase of the project will focus on building the content infrastructure, therefore would not be available for beyond 12 months.
Action for 2nd April 2020							
07.01.20	19/20/289	Moratlity report Quarter 2	To look into the continued reduction of deaths and report back on the findings within the Quarter 3 report	Nicki Murdock/Julie Grice	02.04.20		

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following on from the meeting held on the 3.9.19

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Status							
Overdue							
On Track							
Closed							

Alder Hey Children's NHS
NHS Foundation Trust

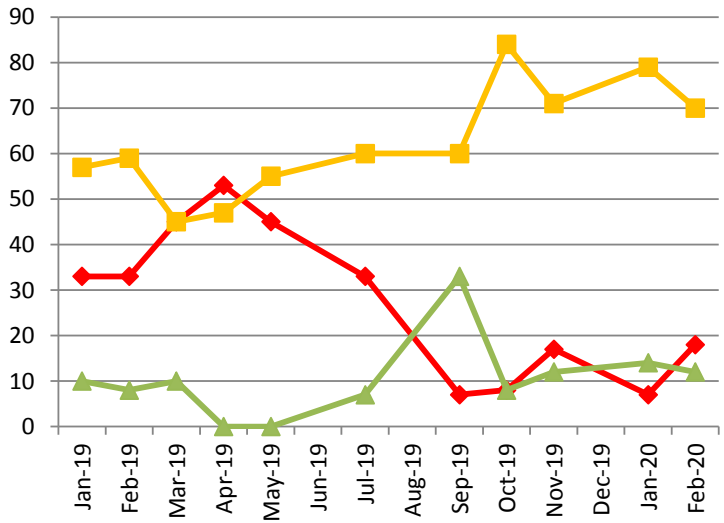
Programme Assurance Summary
Change Programme

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

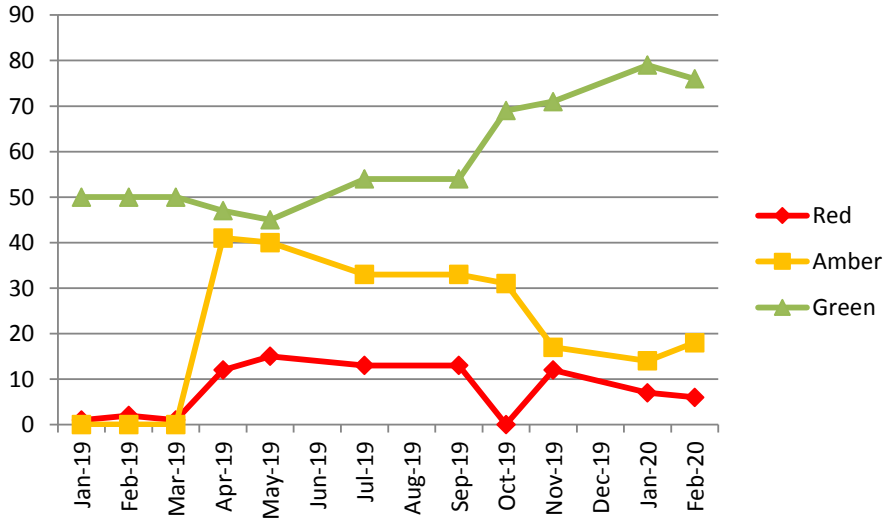
1. This Board report comprises of extracts from the assurance dashboard covering all of the themes of the change programme as reporting to the Board sub-Committees: CQAC 12th Feb, RABD 26th Feb and WOD 2nd Mar 2020.
2. Slide 2 of this programme assurance report contains the current scope for the20/21 change programme.
3. Of the 17 projects rated in this report with regards to the **overall delivery** assessment: 18% of the projects are green rated with 70% amber and 12% red.
4. The **overall governance** position is good, with 76% of the projects green rated, 18% amber and 6% red rated projects.

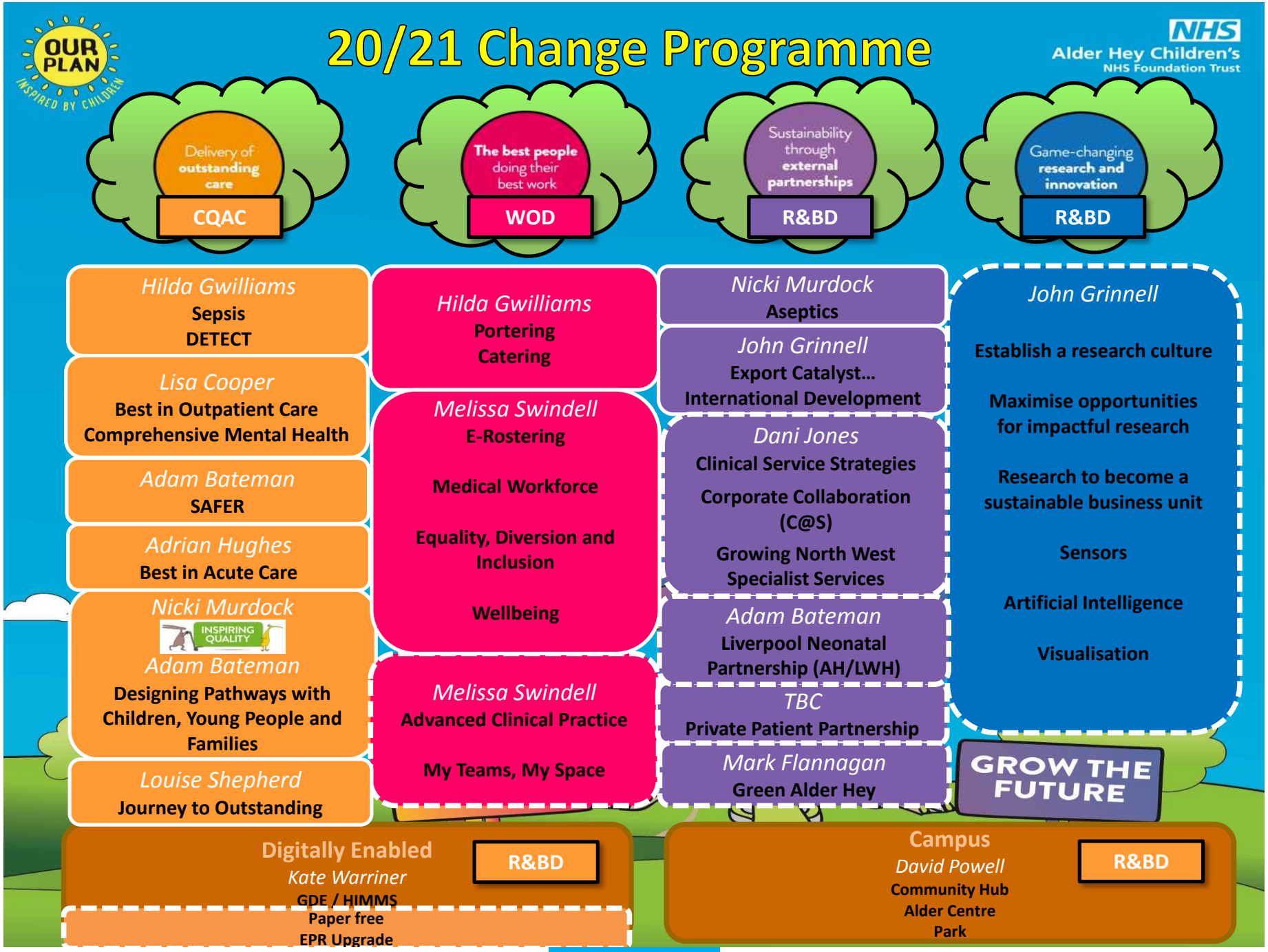
N Deakin, Head of Programme Management and Independent Programme Assurance 26 February 20

Delivery Ratings



Governance Ratings




OUR PLAN
INSPIRED BY CHILDREN
20/21 Change Programme
NHS
Alder Hey Children's
NHS Foundation Trust
Delivery of outstanding care
CQAC
The best people doing their best work
WOD
Sustainability through external partnerships
R&BD
Game-changing research and innovation
R&BD
Hilda Gwilliams
Sepsis
DETECT
Lisa Cooper
Best in Outpatient Care
Comprehensive Mental Health
Adam Bateman
SAFER
Adrian Hughes
Best in Acute Care
Nicki Murdock
INSPIRING QUALITY
Adam Bateman
Designing Pathways with Children, Young People and Families
Louise Shepherd
Journey to Outstanding
Hilda Gwilliams
Portering
Catering
Melissa Swindell
E-Rostering
Medical Workforce
Equality, Diversion and Inclusion
Wellbeing
Melissa Swindell
Advanced Clinical Practice
My Teams, My Space
Nicki Murdock
Aseptics
John Grinnell
Export Catalyst…
International Development
Dani Jones
Clinical Service Strategies
Corporate Collaboration (C@S)
Growing North West Specialist Services
Adam Bateman
Liverpool Neonatal Partnership (AH/LWH)
TBC
Private Patient Partnership
Mark Flannagan
Green Alder Hey
John Grinnell
Establish a research culture
Maximise opportunities for impactful research
Research to become a sustainable business unit
Sensors
Artificial Intelligence
Visualisation
GROW THE FUTURE
Digitally Enabled
R&BD
Kate Warriner
GDE / HIMMS
Paper free
EPR Upgrade
Campus
R&BD
David Powell
Community Hub
Alder Centre
Park

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Delivering Outstanding Care

Work Stream Summary (completed by Independent Programme Assurance)

Overall, for the **Delivery of Outstanding Care** programme, ratings are satisfactory in terms of governance and delivery.

Most of the benefits for the *Sepsis* projects are now displaying positive trends. All measures are now tracked on a benefits tracker and plans for the coming year are available. The Sepsis PID for 2020 however; is still required to be signed off at Programme Board.

The output metrics linked to the implementation of the DETECT study are trending positively with all planned areas now live and increasing numbers of observations logged using the new technology.

The *Best in Outpatients* project is green in all domains for both governance and delivery and is showing positive trends in most of its metrics.

The *SAFER* project is showing positive trends for some but not all metrics. The project team should access whether the remaining actions in their plan will lead to targets being reached.

Evidence is available to show the planned change in direction for some of the work streams within the *Best in Mental Health* project, focus should remain on progressing this agenda as ratings have deteriorated significantly this month.

The *Best in Acute Care* project now needs to finalise metrics to ensure that all are SMART.

There is a Phase 1 paper in evidence for the *Inspiring Quality* programme however this finished in November 2019. A phase 2 plan now needs to be developed.

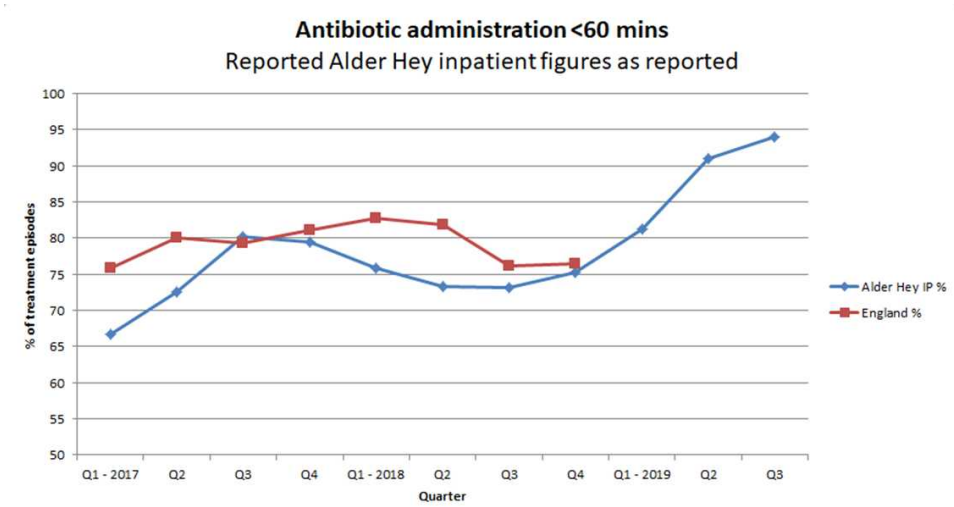
Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 4 Feb 20

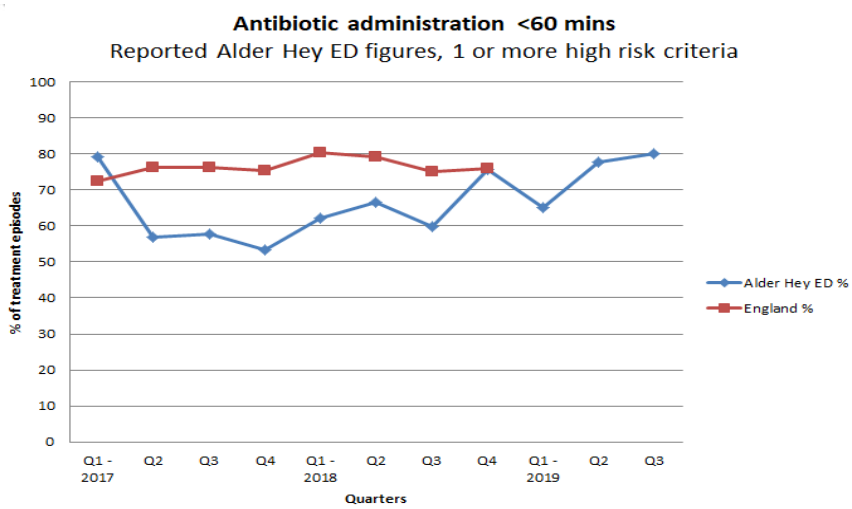
Independent Assurance Report – SEPSIS

Exec Sponsor: Hilda Gwilliams

To improve the awareness about sepsis throughout the hospital. Using a framework tool to support the early identification, escalation and timely response to treatment for patients with suspected/known sepsis.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Percentage of inpatients treated for sepsis with high risk criteria in <60 mins	N/A	88% (Jan 20)	90%
2.0 OUTCOME Percentage of ED patients treated for sepsis with high risk criteria in <60 mins	N/A	83% (Jan 20)	90%
1.1 OUTPUT Clinically appropriate staff have received Sepsis training	0	85% (Jan 20)	90%





Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Sepsis		●	●	●	●	●	●		●	●	Sepsis Steering Group minutes are availa up to 15 January 20. The PID for the next phase of the project has not yet been signed off via Programme Board but is availale on SharePoint. A number of benefits are now trending positively.There is a milestone plan which is being tracked. Considerable stakeholder engagement is now available from previous months. All risks are within their review date on the Ulysses system. EA/QIA complete. **Last updated 03 Feb 20.**

Independent Assurance Report – DETECT

Exec Sponsor: Hilda Gwilliams

The DETECT project is a research study which aims to :

- Standardise active monitoring of vital signs to determine the individual patient risk for deterioration using underpinning age-specific PEWS risk models.
- Improve the accuracy, availability and visibility of patients' vital signs and PEWS to the entire clinical team in real-time
- Use in-built escalation pathways, based on the recorded information, to prompt a timely review and appropriate treatment.
- Measure the clinical utility of VitalPAC Paediatric to detect deteriorating patients.
- Highlight patients displaying two or more components of the NICE sepsis pathway
- Further analysis of the cases of critical deterioration to understand individual risk factors for deterioration, the deteriorations which might be preventable and which processes would need to be affected to reduce deterioration across the hospital.
- Explore the experiences of patients and their families of being monitored using VitalPAC Paediatric and examine its clinical utility and acceptability to clinicians.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Reduction in PICU and HDU costs (Patient level costs for >11m critical care stay associated with deterioration).	£11.5m	Measured annually	£10m (£1m reduction)
1.1 OUTPUT Reduction in number of resuscitation team calls from study wards	17 per month	9 per month (Dec 19)	7 per month (August 21 – 1 year post go live)
1.2 OUTPUT Number of areas live with CareFlow	0	10 wards 6 day case (Dec 19)	10 wards 6 day case
1.3 OUTPUT Number of staff trained on CareFlow	0	820 (Dec 19)	800
1.4 OUTPUT Reduction in annual average number of beds used for critical deterioration (6.5% reduction)	7665	Measured annually	7167
1.5 OUTPUT Reduction in Critical Care median LOS	7.6 days	2.8 days (Oct 19) Nov - TBC	LOS to be better than baseline (TBC)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
DETECT Study		●	●	●	●	●	●		●	●	Evidence of project team meetings are in evidence up to 7 Jan. A high level description of the scope is available in a 7 slide pack and a detailed PID has now been completed. Benefit metrics are outlined and are now being tracked with a small number of omissions. Positive trends seen for training numbers and number of staff live with Connect Communication System. A detailed workbook has now been uploaded which contains task logs and a comprehensive milestone plan which looks largely on track. There is a suite of stakeholder engagement in evidence. Risks are on Ulysses and within review date. EA/QIA uploaded and signed. **Last updated 03 Feb 20.**

Independent Assurance Report – Best in Outpatients

Exec Sponsor: Lisa Cooper

The Best in Outpatient Project will deliver an outstanding experience of Outpatients services for children, families and professionals, measured by increased patient, family and staff satisfaction, improvements to flow and waiting times, a safe increase in patient activity, enhanced methods of staff support and improved usability of clinical and administrative systems.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Increase % of visitors likely to recommend OPD	91% (Mar 19)	96% (Dec 19)	95% (Mar 20)
2.0 OUTCOME Increase Clinicians satisfaction with OPD (measured every 4 months measure)	40% (Mar 18) 60% (Mar 19)	85% (Dec 19)	80% (Mar 20)
3.0 OUTCOME Reduce missing outcomes ePPF	1253 (Mar 19)	539 (Jan 20)	626 (Mar 20)
3.1 OUTPUT Reduce cash up's completed after 48 hours of appointment (ePPF)	11% (Mar 19	6% (Dec 19)	5% (Mar 20)
4.0 OUTCOME Increase clinic utilisation	84% (Mar 19)	81% (Dec 19)	90% (Mar 20)
4.1 OUTPUT Reduce WNB rate	10% (Mar 19)	9% (Dec 19)	12% (Mar 20)
5.0 OUTCOME Reduction in DNC list	10128 (Mar 19)	13(Jan 20)	0 (Mar 20)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Outpatient Care		●	●	●	●	●	●		●	●	Evidence of Steering Group meetings available to 26 Nov 2019. A comprehensive 19/20 PID is available and has now been signed off at Programme Board. There is a comprehensive benefits tracker with the majority of measures now showing sustained positive trends albeit with some excpetions. A milestone plan for 19/20 is available and closely tracked. There is a planned approach to stakeholder engagement and a raft of excellent Outpatient departmental newsletters are in evidence. Risks are managed via Ulysses and are all within review date. EA/QIA is signed and uploaded. **Last updated 03 Feb 20.**

Independent Assurance Report – SAFER

Exec Sponsor: Adam Bateman

The SAFER Bundle is a practical tool to reduce delays for patients in inpatient wards and works particularly well when it is used in conjunction with the 'Red and Green Days' approach. The SAFER Bundle blends five elements of best practice to achieve cumulative benefits namely; to reduce length of stay, increase turnover and improve patient experience.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Reduction in Trust LOS	3.3 Days (Apr 19)	2.19 Days (Dec 19)	3.1 Days (Mar 20)
1.1 OUTPUT Increase in CUR compliance	79% (Apr 19)	83% (Dec 19)	85% (Mar 20)
1.0 OUTCOME % of patients who know their planned date of discharge?	67% (Apr 19)	92% (Dec 19)	95% (Mar 20)
2.0 OUTCOME Reduction in cancelled operations for non-clinical reasons	27 per month (18/19)	28 per month (average 19/20 up to Dec 19)	20 per month (19/20)
3.0 OUTCOME Reduction of in-patient delayed discharges with a LoS <21 days	16% (18/19)	12% (Dec 19)	12% (Mar 20)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
SAFER											Evidence of SAFER Steering Group available up until 12 Dec 19 however no minutes in evidence. A comprehensive PID for 19/20 is available and has been signed off. There is a comprehensive benefits tracker which shows some but not all measures trending positively. There is a closely tracked and detailed milestone plan but this is not up to date. Evidence of stakeholder engagement and a comprehensive communication plan is available in the PID however a tracked communications plan would also be beneficial. Risks are within review date on Ulysses. An EA/QIA has been signed. **Last updated 15 Jan 20.**

Independent Assurance Report – Best in Mental Health Care

Exec Sponsor: Lisa Cooper

Deliver a range of improvements in mental health services which will ensure that children and young people receive the right level of care, at the right time to meet their needs. This includes ensuring we have the right number of tier 4 beds, we deliver a comprehensive eating disorder service and our access to all CAMHS (including urgent care) is appropriate and timely.

Key Programme Metrics	Baseline	Current	Target
Eating Disorder Services			
1.0 OUTCOME % of patients who receive their appointment within national targets	35% (April 19)	36% (Sep 19)	95% (2020)
Booking and Scheduling			
2.0 OUTCOME Reduction in WNB rate	13.72%	12% (Dec 19)	10%
3.0 OUTCOME Reduction in staff turnover rates	15.2%	11.7% (Dec 19)	10%

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Mental Health Care		🔴	🟢	🟡	🟢	🟢	🟢		🔴	🔴	Evidence of project team meetings available until 09 Sep 19. There is a final PID which was signed off at Programme Board on 22 Aug 19. Benefits are tracked however very few are showing a positive trend. A comprehensive milestone plan but is not being tracked. A stakeholder analysis has been completed but further evidence required of wider stakeholder engagement. Risks are on Ulysses and are within their review period. A signed EA/QIA has been uploaded. **Last updated 15 Jan 20.**

Independent Assurance Report – Best in Acute Care

Exec Sponsor: Adrian Hughes

The aim of the project is to re-design and implement a number of models of care for Alder Hey. The 5 workstreams are as follows; HDU, EDU, ACT Care Team, Out of Hours and Pathways and Thresholds.

Key Programme Metrics	Baseline	Current	Target
High Dependency Unit (HDU)			
1.0 OUTCOME Reduction in average LOS in HDU	4.7 (18/19)	TBC	4.2 Days (Apr 2020)
2.0 OUTCOME Reduction of re-admissions within 48 hours	TBC	TBC	TBC (Apr 2020)
1.1/2.1 OUTPUT Number of hours with Consultant cover	0	0	168 Hours (full 7 day cover) (Nov 19)
Acute Care Team (ACT)			
3.0 OUTCOME Reduction in unplanned admissions to PICU/HDU	328 (18/19)	TBC	279 per annum (Apri2020)
4.0 OUTCOME Reduction in unplanned admissions and bed days in Critical Care	1600 (18/19)	TBC	1360 per annum (Apr 2020)
3.1/4.1 OUTPUT Full recruitment to ACT team	0 WTE	9.38 WTE (Dec 19)	21.04 WTE
Out of Hours			
OUTPUT Number of General Paediatricians onsite until later in the evening	0 WTE	0 WTE (Oct 19)	3.0 WTE

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Acute Care											Evidence of Models of Care meetings up to 18 Nov 19. A high level design process is available and the 19/20 PID has now been signed off. Various data packs are in evidence and the project now has clear measures for success which are categorised into outputs and outcomes. Some of these metrics however still require baselines and tracking. A comprehensive milestone plan is available and is being tracked however there are now a number of missed milestones which need revised dates. There is evidence of stakeholder engagement including updates to Programme Board. Risks now available on Ulysses and are within review date. There is signed EA/QIA in evidence. **Last updated 16 Jan 20.**

Independent Assurance Report - Inspiring Quality

Exec Sponsor: Nicki Murdock

Alder Hey's programme of work which promotes continuous quality improvement to deliver 3 key aims; to put children first, to be the safest children's Trust in the NHS and to achieve outstanding outcomes for children

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Children report that we 'put them first	94%	96%	95% of children report that we 'put them first
1.1 OUTPUT Sweeney Collaborative Programme	0	1	3 teams scheduled to have participated in programme by March 2020
1.2 OUTPUT Staff trained in Child and Family Centred Care	0	0 (staring March 2020)	784 staff to be trained by Nov 2021
1.3 OUTPUT Pathways & Improvements designed with children and families	0	0	5 pathways complete by Nov 2020
4.0 OUTCOME Staff report feeling able to make improvements to care	TBC Staff Survey (2018)	TBC Staff Survey (2019)	80% of staff report feeling able to make improvements to care
4.1 OUTPUT Staff trained in Strong Foundations Leadership programme	0	100	85 staff to be trained by November 2021
4.2 OUTPUT Issues to be resolved by using huddle boards	0	6	100 issues to be resolved by November 2021

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Inspiring Quality		●	●	●	●	●	●		●	●	Evidence of project meetings to 27 Jan 20. The Inspiring Quality Plan serves as a comprehensive PID. Benefits are clearly defined in the PID and a presentation entitled 'Outputs and Outcomes' now indicates the measures which the programme is intending to measure. A Phase 1 'Starting Change' paper is available which clearly maps out the next 6 months of the plan however this phase is due to come to an end at the end of Oct 19 and details of phase 2 are now required. There is evidence of wider stakeholder engagement in the form of a staff engagement session with pledges however this programme of work would now benefit from a enanced plan and communications plan. Risks are on Ulysses and are being tracked. There are a number of EA/QIA to be complete due to the multiple projects which sit within the programme. Some of these are now available in draft. **Last updated 29 Jan 20.**

Exec Sponsor: Louise Shepherd

Independent Assurance Report – Journey to Outstanding

A structured programme of work to complete all tasks which we know contribute to a rating of **OUTSTANDING** in all areas from the CQC.

Key Programme Metrics	Current	Target
OUTCOME 1.0 - SAFE KLOE rating	REQUIRES IMPROVEMENT	OUTSTANDING
OUTCOME 2.0 - EFFECTICE KLOE rating	GOOD	OUTSTANDING
OUTCOME 3.0 - WELL LED KLOE rating	GOOD	OUTSTANDING
OUTCOME 4.0 - RESPONSIVE KLOE rating	GOOD	OUTSTANDING
OUTCOME 5.0 - CARING KLOE rating	OUTSTANDING	OUTSTANDING

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Journey to Outstanding					N/A	N/A	N/A				Evidence of project meetings up to 3 Feb 20. There is no PID available given the short project lifecycle. There is now a CQC tracker in evidence which tracks the outputs of the project; most of which are trending positively. There is a detailed and complex milestone plan which is being tracked. There is a suite of evidence of stakeholder engagement and a comprehensive comms plan. Risks identified within this project will be logged on Ulysses as a BAU risk and not under a project heading as there is no specific change planned in this project. EA/QIA is not required. **Last updated 04 Feb 20.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

Work Stream Summary (completed by Independent Programme Assurance)

Sustainability through External Partnerships

The *Aseptics* project 's plan is still showing slippage of milestones even after submitting an exception report to reset milestone dates last year.

The *Export Catalyst* ratings for both governance and delivery have now deteriorated as the project life cycle has come to an end with no milestones planned beyond September 19.There is a closure report in evidence on SharePoint and this is scheduled on the next Programme Board agenda for Thursday 27th February 20.

Global Digital Exemplar

The governance ratings of the GDE / HIMMS programme are satisfactory and the delivery of speciality packages has hit its November target. The next steps for the GDE Programme are to achieve full GDE accreditation and HIMSS Level 7. Evidence on SharePoint now needs to reflect these plans.

Park, Community Estate and Facilities

The governance and delivery ratings for the *Park, Community Estate and Facilities* programme have improved this month.

There are still gaps with regards to the identification and tracking of SMART metrics for all the projects within the programme and a more detailed programme plan would be beneficial.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 18 February 20

Independent Assurance Report – Aseptics

Exec Sponsor: Nicki Murdock

The Trust's long term aspiration is to establish and maintain a licensed Aseptic manufacturing unit to support internal demand, limit the need to outsource preparations, deliver the expanding research agenda, provide a commercial income generation opportunity for the organisation, whilst providing wider NHS resilience in line with STP principles.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTPUT Increase the number of commercial research studies open to recruitment	3 (April 19)	2 (Jan 20)	6 (July 2020)
2.0 OUTPUT Increase in number of patients on research studies.	2 (April 19)	2 (Jan 20)	6 (July 2020)
3.0 OUTPUT Reduction in medication errors in ASU (injectable therapy)	5 (April 19)	5 (Jan 20)	2 (July 2020)
4.0 OUTPUT Increase in number of ready to use products prepared in-house by ASU	66 (April 19)	524 (Jan 20)	230 (Jan 2020)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Aseptics											Minutes of the Quality Management Meeting of the Aseptics Services Department are available up to 9 Jan 20. Scope is described by the 'Proposal for commissioning, validation and licensing of the Pharmacy Aseptic Services Unit' dated 16 March 2018' together with a 'Project Overview Document' dated 14 Jun 2018. A final business case dated 9th April 2019 is also evidenced. The number of ready to use products made in house has seen a marked increase in September. A 'Project Milestone Plan' is in place and being tracked and an exception report is in evidence dated 22.05.19 which resets some milestone deadlines however a number of these milestones are once again showing slippage. Project risk(s) are within review date on Ulysses. EA/QIA signed off. **Last updated 18 Feb 20.**

Independent Assurance Report – Export Catalyst

Exec Sponsor: John Grinnell

The purpose of the Export Catalyst Project is to:

- Produce an output of an overarching international strategy
- Prioritise and review the propositions across the business
- Supporting the creation of cost and business models per target market
- moving from reactivity to proactivity in market selection

Key Programme Metrics	Baseline	Current	Target
OUTPUT 1.0 Sustainable Services	£200k contribution	£1m target contribution	Jan 2020 attain by Apr 2022
OUTPUT 2.0 Strategy & Plans	NA	Final version of strategy document available	Sep 19
OUTPUT 3.0 Pricing & Markets	NA	Documented and Agreed	Sep 19

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Export Catalyst					N/A	N/A	N/A				Evidence of meetings of project meetings up to 28 Jun 19 with an agenda for the debrief session on 23 Jul 19 available. Comprehensive initiation slides are available but no PID is necessary for this project given its relatively short project cycle. Evidence of stakeholder engagement. A detailed Gantt chart is available which is being tracked up to 26 Aug 19. The project life cycle as per the plan appears to come to a close at the end of Sep 19 however there is a draft closure report in evidence. Benefits are detailed but not tracked. Risks not applicable. No EA/QIA required. **Last updated 22 Aug 19.**

Independent Assurance Report – GDE

Exec Sponsor: Kate Warriner

GDE - Create exemplars that can inspire others showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness.

Specialty Packages - The development of a digital bespoke clinical system will ultimately result in a paper lite system which enables improved patient safety, patient experience and staff experience. The review and sign off of agreed manual pathways and processes prior to digital development optimize clinical pathways and release time to care.

Key Programme Metrics	Baseline	Current	Target
OUTPUT 1.0 Number of specialty packages complete	0	52 (Nov 19)	52 (Nov 19)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
GDE		🔴	🟡	🟡	🟢	🟢	🟢		🟡	🟢	Digital Oversight Collaborative meeting notes available up to 30 Oct 19 and delivery meetings up until 7 Oct 19. Programme is RAG rated green and on target as per the programme's own assessment and on the CORA portal which is NHS Improvements digital platform. Speciality packages delivered their November milestone however the plan for the coming year(s) now needs to be developed. The vast majority of risks are within review date on Ulysses. **Last updated 18 Feb 20.**

Independent Assurance Report – Alder Centre

Exec Sponsor: David Powell

This projects sets the plan to develop and construct the new Alder Centre with bereavement garden within the park setting once demolishment of the old site buildings has occurred and as the park landscape develops. The Alder Centre forms a key component of the overall Alder Hey and Springfield Park Master Plan, and of our new Children's Health Park Campus.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Expansion of services on offer	Not available	Not available	10% increase in income (April 2020)
OUTCOME 2.0 Increase the types of therapies delivered (To include arts, horticultural and pet therapy)	Not available	Not available	Not available (April 2020)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Alder Centre											Alder Centre move meetings with the teams are evidenced up to 18 Feb 20. Meeting notes with architects are also available up until 19 Dec 19. Scope/approach defined in PID. Benefits are defined but no evidence of the tracking of these. Handover of building is slightly delayed by a few weeks and a plan of upcoming key milestones is available as a word document however the overall programme plan does not appear to be tracked. Evidence of Comms/ Engagement activities available. Risks are on Ulysses and are within review date. EA/QIA complete. **Last updated 18 Feb 2020.**

Independent Assurance Report – Community Hub

Exec Sponsor: David Powell

To build new facilities that will support the delivery of excellent clinical care for he following services:

- CAMHS
- Neurodevelopmental Assessment
- Psychological services
- Orthotics

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Staff morale	Not available	Not available	Improvement of 10% (Sep 20)
OUTPUT 1.1 Increase in efficiency of desks per staff members	Not available	Not available	15% improvement in staff to desk ratio (Sep 20)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Community Hub											Actions and agendas are available for the Strategic Development Steering Group meeting in which the park project forms part of the agenda up until 9 Dec 19. PID available on SharePoint. A high level programme plan is available but has not started being tracked. Benefits are detailed in the PID with expected start dates in 2020. There is evidence of stakeholder engagement however engagement with building users would also be beneficial. Risks are within review date on Ulysses. EA/ QIA complete and signed. **Last updated 18 Feb 2020.**

Independent Assurance Report – Park

Exec Sponsor: David Powell

To redevelop Springfield Park in accordance with the land swap agreement with Liverpool City Council, entailing the demolition of the existing hospital site and creating an integrated site development encompassing Springfield Park, Alder Hey Children's Hospital, the Research and Education Building, future schemes and the developed surplus landsite. The project focuses on the physical reinstatement of Springfield Park, the exploration of the opportunity to create an enhanced park, models of park ownership and a schedule of events and activities.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Generate income	£0	Not available	Not available
OUTCOME 2.0 Support environmental sustainability	Not available	Not available	100% increase in number of trees (2021)
OUTPUT 2.1 Increase community participation	Not available	Not available	Not available

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Park											Actions and agendas are available for the Strategic Development Steering Group meeting in which the park project forms part of the agenda up until 9 Dec 19. PID available on SharePoint and has recently been updated. There is a comprehensive suite of benefits outlined in the PID however some benefits are not SMART and not tracked. A high level programme plan is now available. Evidence of stakeholder engagement including events with with staff and the community which took place in January 2020 ae in evidence. Risks are on Ulysses and within review date. EA/QIA complete. **Last updated 18 Feb 2020.**

Programme Assurance Summary

The Best People doing their Best Work

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary (completed by Independent Programme Assurance)

The *Improving Portering Services* project appears to have gained momentum once again with evidence of letters to portering staff detailing a proposed trial of new working patterns.

The *Catering* project displays a very good standard of governance and all benefits/metrics are showing positive trends. There is a completed closure report now in evidence which features on the agendas of the Workforce and Organisational Development (WOD) sub-committee scheduled on 02 Mar 20 as well as Programme Board scheduled on 27 Feb 20.

The *E-Rostering* project displays a good standard of governance however project plans and benefit trackers now need to be worked up in more detail and tracked.

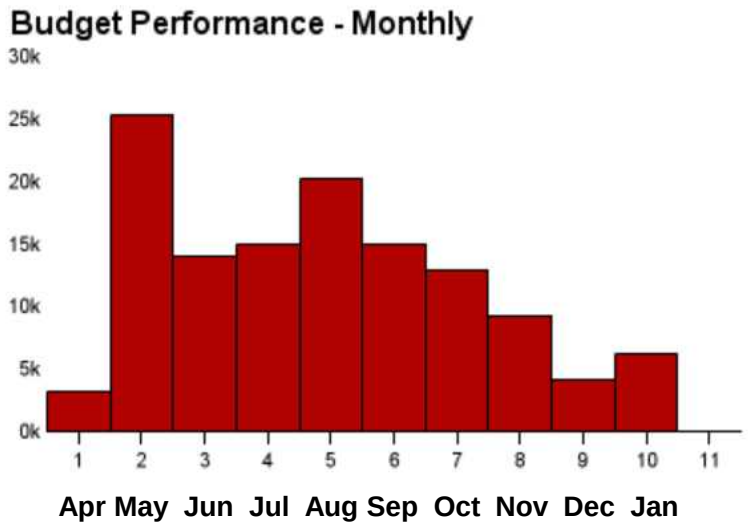
Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 25 Feb 20

Independent Assurance Report – PORTERING

Exec Sponsor: Hilda Gwilliams

The aim of this project is to deliver an effective portering service which meets all KPIs agreed by the Trust relating to all portering tasks and to ensure that the department has the right resource at the right times throughout the working week thus reducing portering spend.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Portering spend per month	£64,000 (per month)	£70,541 (Jan 2020)	£47,000 (per month)



	Budget	Actual	Variance	Var %
INCOME	0	(556)	556	
PAY	58,721	70,541	(11,820)	(20%)
NON PAY	10,047	4,972	5,075	51%
Total	**68,768**	**74,957**	**(6,189)**	**(9%)**

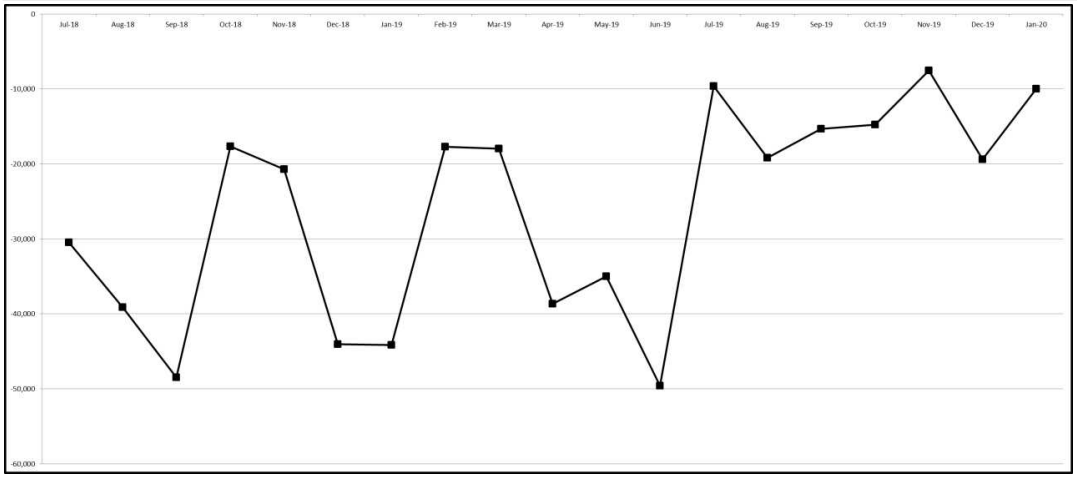
Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Improving Portering Services Project											Project team meeting notes available but no evidence of recent meetings. PID available but needs reviewing for 19/20. The Milestone Plan show significant slippage of all remaining milestones. Evidence of letters sent to portering staff relating to upcoming trial. All risks are within review date on Ulysses. EA/QIA complete. **Last updated 25 Feb 20.**

Independent Assurance Report – CATERING

Exec Sponsor: Hilda Gwilliams

To implement the recommendations from the Independent Catering review to improve the overall food service delivery at Alder Hey whilst reducing the financial loss current operating within the Catering Department.

Key Programme Metrics	Baseline	Current (Jan 20)	Target
OUTCOME 1.0 Profit/loss	£-28,756 (June 18)	£-9,973	£-12,933 (July 19)
OUTPUT 1.1 Increase in income	£76,296 (June 18)	£79,489	£122,038 (July 19)
OUTPUT 1.2 Reduction in overspend	£-105,052 (June 18)	£-89,462	£-134,971 (July 19)
OUTCOME 2.0 Increase satisfaction with food served on the wards	98% (June 18)	98%	100% (July 19)



Graph shows reduction in loss made by Catering Department from a baseline position of -£28,756 in June 2018 to a loss of -£9,973 in Jan 2020

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Catering		●	●	●	●	●	●		●	●	Evidence is available for the project 'Steering Group' meetings up to 18 Sep 19.The extensive and detailed 'Review of Catering Services – Final Version' dated January 2018 is serving as a detailed PID. There is a detailed 'Catering Project Benefit Tracker 2019/20' with all benefits tracked a number of benefits showing positive trends. There is a tracked plan milestone plan which shows the majority of milestones now complete. Evidence of stakeholder engagement is available on SharePoint. All risks are within review date on Ulysses. There is a closure report in evidence. **Last updated 25 Feb 20.**

Independent Assurance Report – E-ROSTERING

Exec Sponsor: Melissa Swindell

To implement an electronic rostering system across the organisation.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Reduction in bank costs	£2.9M	TBC	£2.1M (25% reduction over 3 years)
OUTCOME 2.0 Reduction in sickness rates	4.9%	TBC	3.5%
OUTPUT 1.0 Number of wards live	0	0	20
OUTPUT 2.0 Number of staff trained (Ward Managers included)	0	0	TBC

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
E-Rostering		●	●	●	●	●	●		●	●	Evidence of team meetings available up to 19 Feb. A completed PID is available on SharePoint. There is a benefits tracker which outlines proposed metrics however this is understandably not yet being tracked. There is no project plan available as of yet however high level milestone dates are available in the project PID. There is evidence of stakeholder engagement with external suppliers as well as internal stakeholder groups across the organisation. Risks are recorded on Ulysses and are within reveiw date. There is a completed and signed EA and QIA. **Last updated 24 Feb 20.**

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 3 March 2020

Paper Title:	**Board Assurance Framework (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.

Board Assurance Framework 2019/20

1. Purpose

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

2. Review of the BAF

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

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

BAF Risk Register - Overview at 25 February 2020

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

3. Summary of BAF - at 25 February 2020

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

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

8. Changes since 4 February 2020 Board meeting

External risks

- ***Risk of failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's system partnerships (DJ)***
  Risk reviewed; updates to actions and controls re: Starting Well. No change to score in month.

- ***Workforce Equality, Diversity & Inclusion (MS)***
  Risk Reviewed, actions updated.

- ***Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (JG)***
  Following review with specialty leads no issues identified.

Internal risks:

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

- ***Inability to deliver safe and high quality services (HG)***
  Risk Reviewed - no change to score in-month. Actions remain on track.

- ***Financial Environment (JG)***
  Month 10 financial results are a £0.2m adverse variance in month and £1.8m forecast risk to control total. Clinical and corporate divisions have been set improvement targets which are being tracked.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Review in advance of February Board

- ***Digital Strategic Development and Operational Delivery (KW)***
  Reviewed BAF including key actions which are on track. Good progress being made.

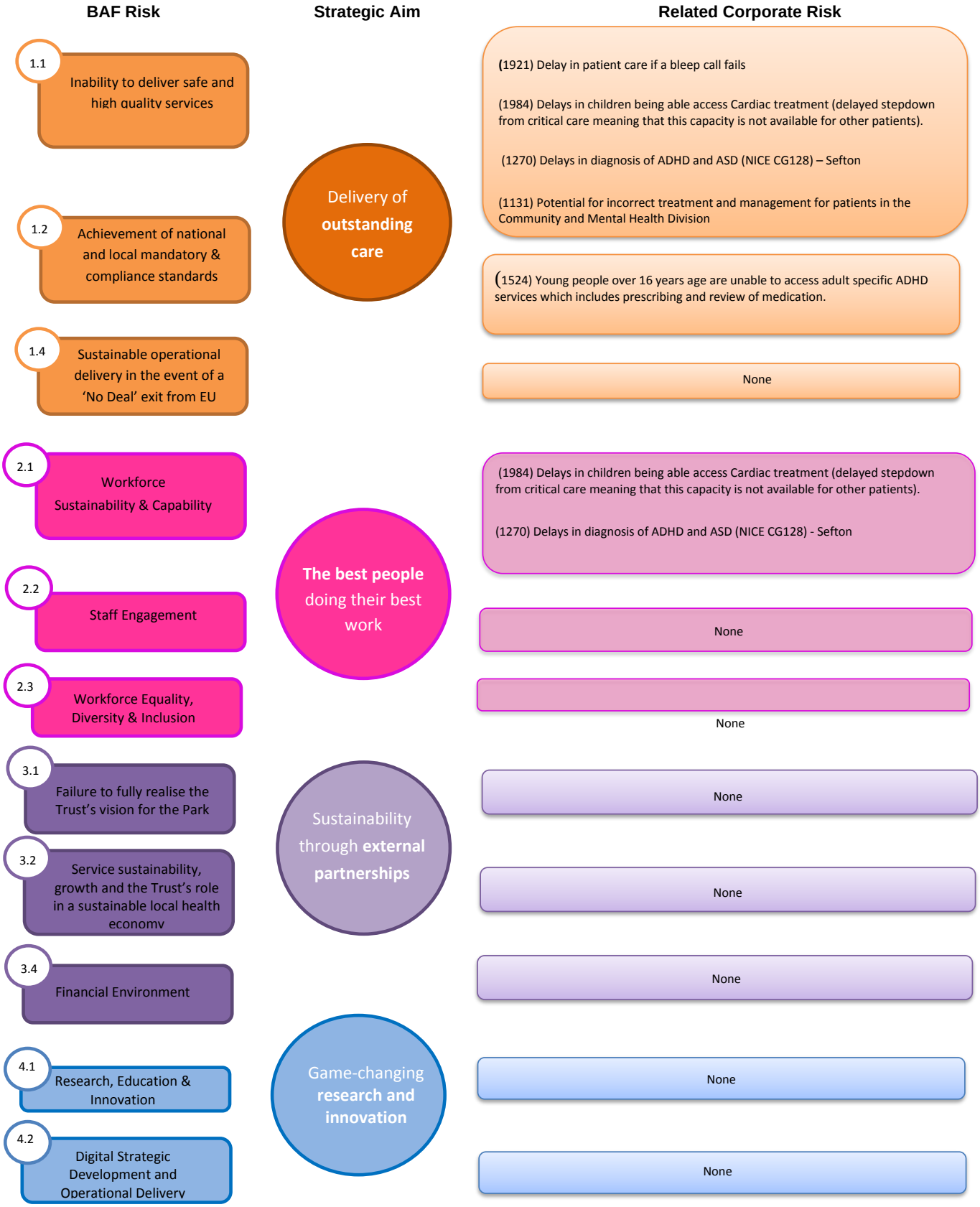
- ***Workforce Sustainability and Development (MS)***
  Reviewed actions and actions on track.

- ***Employee Wellbeing (MS)***
  Risk reviewed, all actions on track. Lead for wellbeing team appointed to and some of the team. Hope all team will be in post ready to launch 1st April 2020.

- ***Research & Innovation (CL)***
  Risk reviewed; no change to score; actions on track.

Erica Saunders
Director of Corporate Affairs
3 March 2020

Appendix A. Links between BAF and high scored risks – as at 25 February 2020



Board Assurance Framework 2019-20

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: 1270, 1921, 1131		
Exec Lead: Hilda Gwilliams	Type: Internal, Known	Current IxL: 3x3	Target IxL: 2x2	Trend: STATIC

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Quality impact assessment completed for all planned changes(NHSe). Change programme assurance reports monthly	Annual QIA assurance report and change programme assurance report
Risk registers including corporate register inform Board assurance.	Risk assessments etc. and associated risks monitored via the Integrated Governance Committee. Trust Board informed vis IGC minutes. Divisional Integrated Governance Committee Minutes.
Quality section of Corporate Report including incidents, complaints, infection control including sepsis, friends and family test, best in acute care, best in surgical care, performance managed at Clinical Quality Assurance Committee and Trust Board.	Clinical Quality Assurance Committee, Trust Board and Divisional Quality Board minutes
Division and Corporate Quality & Safety Dashboards in place and monitored consistently via performance framework. This includes safety thermometer i.e. infections, falls, pressure ulcers, medication, workforce 'Hard Truths', sickness, appraisals, etc.	Corporate Report - quality section, Trust Board and Divisional Quality Board minutes
Patient Safety Meeting monitors incidents, including lessons learned, immediate actions for improvement and sharing Trust wide.	Minutes from trust Board, CQAC, Weekly Patient Safety Group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Also MIAA Audit Report
Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).	Reports and minutes from Clinical Quality Assurance Committee and Divisional Integrated Governance Committees
Annual clinical workforce assurance report presented to Board, aligned to Relevant Professional Standards.	Annual Medical Appraisal Report and Nurse staffing report to Trust Board biannually and associated minutes
Quality Strategy 2016/2021, Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	Board and sub-board committee minutes and associated reports
Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework	Minutes from NHSI Quarterly engagement meetings, CQC engagement meetings, Trust Board, Clinical Quality Assurance Committee, Executive Committee, Weekly patient safety group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Patient survey reports and associated action plans
Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.	IPC action plan and Trust Board, Clinical Quality Assurance Committee, Integrated Governance Committee, Divisional Quality Board minutes.
Internal Nursing pool established and funded	Nursing Workforce report and associated Board minutes.
Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.	Trust Board (Nursing Workforce Report)
Annual Patient Survey reports and associated action plans	Patient survey reports and associated action plans, Trust Board, Clinical Quality Steering Group, Workforce and Organisational Development Committee, Divisional Quality Board minutes.
Trust policies underpinning expected standards	Trust audit committee reports and minutes
CQC regulation compliance	CQC Action Plan monitoring via Board and sub-committees

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. International recruitment in line with UK Guidance	30/04/2020	Profiling placements for the imminent EHU students completing their programmes. Main area of focus will be the medical division as international recruitment services the surgical division. The expectation is 25 recruits in April 2020.
Alignment of workforce plans across the system	30/06/2020	Discussions taking place to address demand surges and associated pressures

3. Confirm EHU graduate numbers qualifying in April 2020 and allocate to medical areas.	16/03/2020	Action incorporated into action 9408 (alignment of workforce plans across the system)

Executive Leads Assessment
February 2020 - Hilda Gwilliams Risk Reviewed - no change to score in-month. Actions remain on track
January 2020 - Hilda Gwilliams Risk revised following Board Workshop in line with 'Our Plan' to 2024. Confirmation of international recruitment completed and additional highly skilled nursing recruits joining the Trust in February 2020.
November 2019 - Hilda Gwilliams Risk reviewed, no change to score in-month. Additional mitigations in place until international workforce commence in January 2020.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver accessible services to patients, in line with national standards, due to rising demand		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective		Link to Corporate risk/s: 1524		
Exec Lead: Adam Bateman	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to meet targets and internal performance metrics due to poor flow and lack of capacity to fulfil activity plans and respond to increasing demand

Existing Control Measures	Assurance Evidence (attach on system)
Controls for waiting time in the Emergency Department (ED): - Winter Plan with additional staffing and bed capacity - ED Escalation & Surge Procedure - Additional shifts to increase staffing levels to deal with higher demand - Trust-wide support to ED, including new in-reach services (physiotherapy, Gen Paeds & CAMHS)	- Daily reports to NHS England - Daily performance summary - Monthly performance report to Operational Delivery Group - Performance reports to RABD Board Sub-Committee - Bed occupancy is good
Controls for referral-to-treatment times for planned care: - Weekly oversight and management of waiting times by specialty - Weekly oversight and management of long wait patients - Use of electronic system, Pathway Manager, to track patient pathways - Additional capacity in challenged specialties - Access to follow-up is prioritised using clinical urgent signified by tolerance for delay	- Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee - Use of electronic patient pathway forms to signify follow-up clinical urgency and time-frame
Controls for access to care in Community Paediatrics: - Use of external partner to increase capacity and reduce waiting times for ASD assessments - Investment in additional workforce for Speech & Language service in Sefton - Weekly oversight and management of long wait patients	- Significant decrease in waiting times for Sefton SALT - Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee
Controls for access to care in Specialist Mental Health Services: - Investment in additional workforce in Specialist Mental Health Services - Extension of crisis service to 7 days - Weekly oversight and management of long wait patients	- Monthly performance report to Operational Delivery Group - Corporate report and Divisional Dashboards
Use of Challenged Area Action Boards for collective improvement in waiting times	Challenge boards live for ED, Radiology and community paediatrics
Transformation programme: - SAFER - Best in Acute Care - Best in Outpatient Care - Best in Mental Health care	- Monthly oversight of project delivery at Programme Board - Bi-monthly transformation project update to CQAC
Performance management system with strong joint working between Divisional management and Executives	- Bi-monthly Divisional Performance Review meetings with Executives - Weekly 'Executive Comm Cell' meeting held - Operational Delivery Board as a forum to collectively address challenged areas and to submit cases for investment where access to care is challenged

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. 5 year workforce plan, model of care and investment case for the urgent and emergency care	30/11/2020	Draft business case submitted to Executive Directors and to be finalised by 30/1/2020. Additional resilience required for Winter 2020-21 Letter sent to CCG highlighting the need for investment in paediatric urgent care system
2. Increase in capacity and new pathways of care in community paediatrics for ASD & ADHD diagnostics	30/06/2020	Alternative service provision models e.g. pathways within ASD/ADHD assessment processes Use of external provision (third party provider) to support diagnosis of ASD. Recruitment commenced for Speech & Language, Neuro developmental Practitioner and Clinical Psychology

4.Completion of detailed actions for specialties with a Challenged Action Board	31/12/2020	Challenge Action Boards reviewed at Operational Delivery Board and Executive Directors Meeting to monitor and support progress
3. Additional workforce capacity in Specialist Mental Health Services and new pathways	30/06/2020	Recruitment commenced for additional practitioners in Specialist Mental Health Services New CBT group treatment session designed
Strategic and tactical command now established to support ED	31/03/2020	Command centre stood down as flow has improved and attendances have reduced

Executive Leads Assessment

February 2020 - Adam Bateman
ED waiting time performance in January improved to 87.6%.
There has been a delay in completion of the ED business case as the new Clinical Director and ACOO evaluate demand, workforce requirements and model. The case will be concluded in March.

As pressures have lessened and flow in ED has improved relative to November we have stood down the incident management group and are managing this as business as usual.

In ED we are increasing staffing levels to have a second triage nurse and to appoint additional ANPs to reduce time to treatment.

In order to further support patient flow in ED, we have agreement through the Best in Acute Care Group a new Paediatric Assessment Unit. The business case will be submitted in March and the pilot is expected to start in July 2020.

January 2020 - Adam Bateman
Overall access to planned care and cancer care is outstanding and in line with national standards at the aggregated level. Nonetheless, in community paediatrics there are delays to follow-up appointments and long waiting times for ASD and ADHD diagnosis.
We have faced exceptional pressures in the Emergency Department due to unprecedented volumes of patients attending which has led to an increase in the number of patients waiting over 4 hours for treatment. Maintaining safe emergency care has been our top priority and we have taken a number of exceptional actions to enhance staffing levels (HCA in waiting room and additional night shift) and increase capacity (Daily emergency access clinic and respiratory physiotherapy appointments).

November 2019 - Erica Saunders
Risk score increased to reflect pressures from extremely high emergency attendances and a number of theatre cancellations on the day of planned surgery.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.4	Strategic Objective: Delivery Of Outstanding Care		Risk Title: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union		
Related CQC Themes: Safe, Effective, Responsive			Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: External,		Current IxL: 3x2	Target IxL: 3x1	Trend: STATIC

Risk Description
Failure of measures put in place nationally and locally in the event of a 'no deal' exit from the EU to safeguard the organisation's ability to deliver services safely and maintain business continuity. 11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020.

Existing Control Measures	Assurance Evidence (attach on system)
National NHS EU coordination centre established to oversee planning and provide support to local teams to resolve escalating issues. Internal team in place to implement operational guidance.	Internal team meets regularly; work stream leads identified; risk assessments undertaken. Assurance framewroks completed and submitted to NHSE.

Gaps in Controls / Assurance
There maybe some very limited supply issues when we move from transition at the end of December 2020 but there is no immediate risk to supply other than business as usual fluctuations which would be considered as normal within the current risk profile.

Executive Leads Assessment
February 2020 - Lachlan Stark Following review with specialty leads no issues identified
January 2020 - Lachlan Stark 11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020.
December 2019 - John Grinnell Risk reviewed in line with 31 January 2020 scheduled exit. Business to remain 'as is' given 12 month transition period. Business continuity plans to remain in place ready for resurrection if required.

Board Assurance Framework 2019-20

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: 1270, 1984		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 4x3	Target IxL: 4x2	Trend: STATIC

Risk Description

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

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

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Continue with regular reporting of data target hotspot areas and staff groups review methodology of accessing training	31/03/2020	good work progresses - over 90% mandatory training across the trust with some hotspot areas still in development.
2. Action plan developed in conjunction with NHSI to support the reduction of sickness absence across the organisation. This includes the introduction of a pilot wellbeing team to support the management of sickness absence. Target is 4% absence rates across the organisation.	31/03/2020	Wellbeing Team Leader appointed, recruitment to the full team in January 2020
3. Development of a methodology to roll-out across the organisation. Plan for a workforce summit in June/July 2019	31/03/2020	progress delayed. Under review for a roll out for business planning for 2020/21
4. Succession planning to be completed for the Executive Team. To be rolled out to the Divisional senior management teams in January 2020	31/03/2020	In progress

Executive Leads Assessment

February 2020 - Sharon Owen
reviewed Actions and actions on track

January 2020 - Melissa Swindell Risk reviewed and updated to reflect changes. All gaps in controls have associated actions
November 2019 - Sharon Owen Risk reviewed actions remain on track, risk rating remains the same.
October 2019 - Melissa Swindell Risk reviewed, actions updated.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

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

Risk Description

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

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

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Develop a proposal to implement a SALS service	31/03/2020	Proposal in development
2. Appoint to the wellbeing team	31/03/2020	Team Leader appointed; team to be appointed Jan 2020
3. Detailed action plan in response to 2018 HEE visit. Use of £60k welfare monies to re-purpose a new JD mess. JD Forum refreshed	29/02/2020	JD mess agreed, will be fully in place February 2020

Executive Leads Assessment

February 2020 - Sharon Owen
Risk reviewed, all actions on track. Lead for wellbeing team appointed to and some of the team. Hope all team will be in post ready to launch 1st April 2020.

January 2020 - Melissa Swindell
Risk reviewed and updated to reflect changes. All gaps in controls have associated action plans

November 2019 - Sharon Owen
Risk reviewed actions remain on track, risk rating remains the same

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 2.3	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Equality, Diversity & Inclusion		
Related CQC Themes: Well Led, Effective		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: External, Known	Current IxL: 3x4	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to proactively develop a future workforce that reflects the diversity of the local population, and provide equal opportunities for career development and growth for existing staff.

Existing Control Measures	Assurance Evidence (attach on system)
WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.	- Bi-monthly reporting to Board via WOD on diversity and inclusion issues - Monthly Corporate Report (including workforce KPIs) to the Board
Wellbeing Steering Group	Wellbeing Steering Group ToRs, monitored through WOD
Staff Survey results analysed by protected characteristics and actions taken by EDI Manager	monitored through WOD
HR Workforce Policies	HR Workforce Policies (held on intranet for staff to access)
Equality Analysis Policy	- Equality Impact Assessments undertaken for every policy & project - EDS Publication
Equality, Diversity & Human Rights Policy	- Equality Impact Assessments undertaken for every policy & project - Equality Objectives
BME Network established, sponsored by Director of HR & OD	BME Network minutes
Disability Network established, sponsored by Director of HR & OD	Disability Network minutes
Actions taken in response to the WRES	-Monthly recruitment reports provided by HR to divisions -Workforce Race Equality Standards - Bi-monthly report to WOD
Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	Diversity and Inclusion Action Plan reported to Board
LGBTQIA+ Network established, sponsored by Director of HR & OD	LGBTQIA+ Network Minutes
Time to Change Plan	Time to Change Plan
Actions taken in response to WDES	- Monthly recruitment reports provided by HR to divisions - Workforce Disability Equality Standards - Bi-monthly report to WOD
Leadership Strategy; Strong Foundations Programme includes inclusive leadership development	11 cohorts of the programme fully booked until Nov 2020

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. Work with the BME and Disability Networks to develop specific action plans to improve experience.	31/03/2020	time to change plan implemented oct 19
1. Work with Community Engagement expert to develop actions to work with local community	31/03/2020	scoping expertise from C&M NHS resources

Executive Leads Assessment

February 2020 - Sharon Owen
Risk reviewed, actions updated

January 2020 - Melissa Swindell
Risk reviewed and updated to reflect changes. All gaps in controls have associated actions

November 2019 - Sharon Owen
Risk reviewed all actions remain on track, no change in risk score

Board Assurance Framework 2019-20

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: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Business Cases developed for various elements of the Park & Campus	Approved business cases for various elements of the Park & Campus
Monitoring reports on progress	Monthly report to Board Stakeholder events / reported to Trust Board
Heads of Terms agreed with LCC for joint venture approved	
Campus Steering Group	Reports into Trust Board
Monthly reports to Board & RABD	Highlight reports to relevant assurance committees and through to Board
Capacity Lab have been engaged for a period of 3 months to complete a piece of work/proposal for setting up a Community Interest Company as well as supporting the Trust to bring partners on board with the development and providing some financial contributions	
Planning application for full park development.	Full planning permission gained in December 2019 for the park development in line with the vision, awaiting written confirmation.

Gaps in Controls / Assurance

1. Fully reconciled budget with Plan.
2. Risk quantification around the development projects.
3. Absence of final Stakeholder plan

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
3. Agree detailed plan for Phase 1 Park works	24/01/2020	Consultation process in train
2. Agree Park management approach with LCC	29/06/2020	Outline process agreed with LCC
Complete market test and scheme rationalisation and secure sign off	09/04/2020	Cluster schemes prepared for market test
3. Agree plan for bringing forward Park clearance	10/02/2020	Plan agreed at November Board
Create single line of accountability into Development Team	10/02/2020	
Complete cost plan	30/04/2020	
Prepare Action Plan for NE plot development	20/04/2020	
Prepare revised plan for park clearance	31/03/2020	

Executive Leads Assessment

February 2020 - David Powell
Review prior to March Board

January 2020 - David Powell
Programme Review paper prepared for January Board including risk assessment

November 2019 - David Powell
Review in advance of December Board

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

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

Risk Description

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

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

Gaps in Controls / Assurance

1. Inability to recruit to highly specialist roles due to skill shortages nationally.
2. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
6. Develop Operational and Business Model to support International and Private Patients	01/06/2020	
1. Strengthening the paediatric workforce	31/03/2020	6 monthly audit of 7-day standards is subject to external scrutiny. Global Digital Excellence has improved measurement capability. Adrian Hughes is now leading as one of the top 5 Operational Priorities known as 'New Models of Care'. In addition, junior doctor numbers were bolstered during the winter which improved cover and consultant arrangements.
2. Develop Sefton and Knowsley plans for C&YP - align with One Liverpool where possible/appropriate	30/04/2020	Progressing with both areas;Alder Hey membership of the new Sefton Paediatrics Partnership Board and the Knowsley programme of Children & Young people's improvement sponsored by Knowsley Council and Knowsley CCG
3.Collaboration with LCCG and system leaders to develop 28/02/2019 next stage of One Liverpool; develop the	30/04/2020	Alder Hey leading the "Starting Well" theme for One Liverpool on behalf of the Liverpool system and agreed through the January 20

programme of work for C&YP / Starting Well - Children's transformation partnership to take a leadership role		Provider Alliance.
4.Continue to develop joint partnership hosting arrangements for existing and pending ODNs with RMCH	30/04/2020	Work progressing to design joint arrangements in partnership; agenda item for North West Paediatric Partnership Board in March 2020
5.Develop Business Model to support centralisation agenda and Starting Well	01/04/2020	Agreed system approach to programme resource for Starting Well (Feb 20). Move to scope and implementation Feb-Apr 20.

Executive Leads Assessment
February 2020 - Dani Jones Risk reviewed; updates to actions and controls re: Starting Well. No change to score in month.
January 2020 - Dani Jones Refresh of risk title, descriptor and actions following Our Plan and subsequent risk review with Trust Board. Risk score reviewed and no change in month.
November 2019 - Dani Jones Risk reviewed - no change to score in month. Additional evidence attached to controls and new actions added.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 3.4	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: Internal, Known	Current IxL: 4x4	Target IxL: 4x3	Trend: STATIC

Risk Description

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

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

Gaps in Controls / Assurance

1. Divisional recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan.
2. Affordability of Capital Plans
3. Cost of Winter escalating
4. Long Term Plan shows £3-5m shortfall against breakeven

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
3. Five Year capital plan	31/03/2020	Board agreed revised 5 year programme which recognises potential shortfalls in years 3-5 and initial mitigation. Programme to be further assessed as we finalise our LTP.
1. Tracking actions from Sustainability Delivery Group	31/03/2020	Recovery work overseen by the Group has shown significant progress with forecast gap to control reducing to £1.9m with further improvement workstreams planned for Q4.
2. Develop fully worked up CIP programme - £1.5m gap	31/03/2020	Latest recovery programme has improved CIP trajectories with objective in Q4 to bridge any identified gaps.
4. Cost of Winter	28/02/2020	Revised winter impact has been completed which reduces investment levels to c.£1m which has been incorporated into revised forecast. Discussions ongoing across the system regarding potential funding.
5.Long Term Financial Plan	28/02/2020	Constructive conversations and workplan underway with NHSI pricing Team with regards to a long term solution to tariff pressures we face. Meeting in February with NHSI and the pricing team to explore whether any transitional support may be available.
6. Childrens Complexity tariff changes	17/02/2020	Case lodged with regulators for review

Executive Leads Assessment

February 2020 - Claire Liddy
Month 10 financial results are a £0.2m adverse variance in month and £1.8m forecast risk to control total. Clinical and corporate divisions have been set improvement targets which are being tracked.

January 2020 - John Grinnell
Divisional forecast demonstrating £2.5m shortfall against plan despite CIP projections. Winter pressures are offsetting some improvements which is becoming the biggest risk to our delivery. Contract position is showing a nett underperformance so risk profile lower. Actions in Q4 include recovery

action plans and a stretch target for each Divisional area. Focus is now turning to bridging our gap in our 20/21 plan. Key elements will be our escalation of the impact of tariff on our ability to meet plan and also us focussing on key transformational schemes that will drive efficiencies. Capital plan remains a concern given reduced funding available and control of the capital budget lines which are showing pressure.
November 2019 - John Grinnell Latest forecast is a £2.4m deficit from control total. Corporate and Divisional recovery schemes being focussed on. Increased risk relating to winter pressures and financial performance that have yet to be fully scoped.
October 2019 - John Grinnell Risk reviewed - no change to score in-month. Half yearly forecast still showing £2.8m gap. Some progress being made on recovery actions to bridge however, further step-up required. Further assessment to be undertaken at M7.
September 2019 - John Grinnell Sustainability recovery group continues to meet weekly with an action focus on closing £3.4m gap. Significant progress being made through the targeted recovery plan

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

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

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

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

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

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

Executive Leads Assessment
February 2020 - Claire Liddy Risk reviewed; no change to score; actions on track
January 2020 - Claire Liddy Updated and reviewed as risk static
November 2019 - Claire Liddy Updated and reviewed. Risk static

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Digital Strategic Development and Operational Delivery		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Kate Warriner	Type: Internal, Known	Current IxL: 4x2	Target IxL: 3x2	Trend: STATIC

Risk Description

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

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

Gaps in Controls / Assurance

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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Implementation of cyber actions including managed service and cyber accreditation	31/03/2020	Cyber action plan in place, cyber lead in post, plans for cyber essentials for March 2020
Integration with divisions, clinical leadership strengthened, clarity and ownership of plans	31/03/2020	Divisional CCIOs in post, Divisional IT leads in place, clear strategy and priorities through digital futures
Testing and commissioning of secondary data centre	28/02/2020	New equipment delivered, installation underway.

Executive Leads Assessment

February 2020 - Kate Warriner
Reviewed BAF including key actions which are on track. Good progress being made.

January 2020 - Kate Warriner
BAF reviewed. Good progress in relation to risk areas. Plans in place for 2020 delivery.

December 2019 - Kate Warriner
BAF risk reviewed, score reduced due to significant progress against plans made in 2019. Strategic risks in relation to cyber security and delivery of transformation at scale and pace remain.

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
3rd March 2020

Report of	Development Director
Paper prepared by	Associate Development Director
Subject/Title	Development Directorate Campus Development report on the Programme for Delivery
Background papers	Nil
Purpose of Paper	The purpose of this report is to update the Trust Board on the Campus delivery.
Action/Decision required	The Board is asked to acknowledge the content of the report, the current status, risks and actions. Decision on a request to reset of the programme delivery timetable for the next 3 years.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ Sustainability through external partnerships
Resource Impact	Capital projects budget.

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board Report

Campus Development report on the Programme for Delivery

3rd March 2020

1. Introduction

The Board held in January accepted a reset of the Campus development programme and the new format of this report. It should be noted that as these projects have some longevity, on a month to month basis individual projects may see little movement from a reporting perspective. The aim is to keep the Board informed of progress, risks and actions as they arise.

As of the March Board and coming to the end of Qtr4 for 19/2020 the programme Delivery Timetable will rag rate projects from there planned commencement date.

2. Programme Delivery Timetable

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

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

Clinical Hub and Dewi construction will not commence before the end of Qtr 1, hence the red RAG rating. Its expected that the Contract will be signed in April with construction commencing within two weeks. Having reviewed the planned programme with Galliford Try , they will still deliver the project to the above timetable, so this should return to a green RAG rating by May.

3. Capital Cost

The development team fully appreciate the relevance of projects costs extending beyond available budget and how this could impact the overall capital monies available to the Trust and therefore will continue to value engineer and reduce costs were ever possible without deterring from the quality of the developments. The development team are negotiating hard with potential and current contractors to reduce costs across all developments. The finance department is fully supporting the Team in monitoring and taking relevant actions to stay within the financial envelope available.

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

Table 2.

Estates Savings Target	Budget	Dec Estimate	Dec Comments
The Park	1,750	3,000	Phase 1 tender suggests the gap may reduce significantly
Alder Centre	1,681	1,931	Charity have agreed to bridge gap
C Cluster Hub	18,822	20,572	Out to market test-value engineering list to be finalised
C Cluster Dewi			Additonal 50k cost for comepletion of PCSA
Infrastructure - Utilities	1,200	1,200	
Landscaping	481	500	
Attenuation	600	600	
Infrastructure - Roads (inc s278)	858	858	
Demolition and decomm	2,356	2,656	Asbestos levels over estimated provision
Relocations	1,227	1,227	
Neonatal	11,869	13,569	Initial cost plan suggests budget pressure-under review
Institute retention	0	0	
Development team	1,100	1,631	Under review with proposed rationalisation
Community/Off site	300	300	
NE Site Development	0	0	
Institute re-works	360	360	
Office Requirement	2,700	2,970	
Medical Records	0	0	
Staff removals	250	250	
Car Park	100	100	
	45,654	**51,724**	
Revised Budget	45,615	51,724	
Under/(Over) Budget	**-39**	**6,109**	

4. Project Management

One Project Manager for the Delivery Management Office has been appointed to cover the campus projects and commences on the 26th February

Two further Capital projects Manager Post have now been appointed to, one of which would be responsible for delivery of the Neonatal Development and the other one for the Cluster/Hub and Dewi Jones Unit. These posts are being funded from the capital budgets and recent reduction in hours/retirements and will provide the skills we are currently short of for the actual construction project management.

5. Project updates

Park Reinstatement Phase 1

Current status	Risks	Actions/next steps
The Trust has entered into a service level agreement with Capacity, the Public services Lab for the next 6 months with an option to extend. Beech Demolition LTD have been commissioned to conduct the preparation works to the ground, with a plan for Groundworks to start the landscaping work from April onwards and delivery for late July 2020. Capacity Lab have been working on a programme for delivery of the full park reinstatement over a further two phases producing the tender documentation for engaging partners who can support funding for elements of the long term vision. There were some planning conditions which we are just in the process of implementing e.g. tree protection.	Presence of asbestos and other contaminants in the ground could be disturbed by development works to Phase one of the park plan.(Risk 2116- Score 6)	Regular project meetings on a monthly basis with groundworks to ensure programme delivers on time and budget. Capacity lab engage with groundworks on a regular basis

Alder Centre

Current status	Risks	Actions/next steps
Construction of the Alder Centre Building currently is in a 3 week delay. The change from last month's report is that occupation of the building will entail a further delay as the external works package costs have not yet been fully agreed. This is due to the complexity of the perimeter wall and specifically the section directly facing the park as this backs onto a Haha (drainage boundary solution). The delay is also impacted by the construction of the Gabion wall (part	Landscaping and external perimeter wall construction will not be delivered in line with occupation dates. (2101- score of 9)	Price and programme to be determined and agreed with contactor by first week in March.

of Community Cluster- retaining wall for the under croft car park to ensure the access path to the Alder Centre is safe. Occupation will therefore likely occur towards the end of May/beginning of June instead of mid-April. This does not present us with an issue as the Critical date for the completion of the move is 30th June. Infrastructure plan- Temporary infrastructure ducts have now been laid for water, power and data. The landscaping design is being scaled back to a simpler design to enable works to commence within the current budget available. Dates for meeting in the run up to the move with the Alder centre team with divisional input have now commenced.	New service model structure currently not agreed and worked up across the Alder Centre Unit. (Current Manager vacancy)	Ensure the Division address the vacancy /cover and service model is fully developed and agreed prior to occupation of the new building. **Plan now agreed with the division for work to be completed before occupation.**

Acquired Buildings Occupation (neighbouring sites)

Current Status	Risks	Action/next steps
410 Prescot Road- currently in the process of being purchased for £425k. Some minor refurbishment works are currently being costed and will be covered from the allocated budget. Expected completion on acquiring the building was the end of January 2020 however Solicitors are awaiting some outstanding information from the Vendors. Development team in regular contact with the solicitor and estate agents for r updates on progress. **Knotty Ash Nursing Home** Transaction/purchase completed and we are now the registered owner of the property. Initial refurbishment/re-design plans have been drawn up by the Mersey Design Architects, with the aim of temporarily re-locating some services to allow demolition and park advancement to occur late	Resistance from staff to move to either location. (2102 risk score 9) Medical records storage exceeds the space available. Refurbishment works not	Director led group has been set up; there is a need to agree all relocation of staff/services and manage the change process appropriately. IM&T currently working up a programme for digitisation of all stored records.

this year. Ultimately this building will provide accommodation for corporate functions in two years' time. A workshop with a number of executive colleagues occurred on 25th February to plan out realistic department re-locations/changes. Executive sign off for the planned moves will occur week commencing 2nd March which will enable the tender package to go to the market for the refurbishment works. In the meantime, an Asbestos survey has been ordered and a price for strip out of the current building is being obtained.	delivered to planned timetable.	Tendering of works to commence as soon as possible after exec approval for the move plan.
Ability to expand campus and link into the hospital –the Trust are still in the view that the most viable option for long term expansion space (Clinical services) would be to acquire the Vets, Job shop and Police Station on Eaton Road and will be seeking to discuss commercial deals that could be completed over the next 3-5 years with current occupiers/owners.	Capital cost may be beyond future capital available.	Keep up to date with business future plans/lease and potential for purchase of said buildings. Seek to maintain an interest and respond accordingly to any opportunities which present.

Police Station (lower floor) occupation

Current status	Risks	Actions/next steps
The Trust is currently in discussion with the Police service for planned occupation of 2/3rds of the lower floor from July 2020 under a lease agreement. This will then allow for relocation of some corporate services from the current retained estate buildings.	Police do not release the space while decisions are made in regards to additional police funding and its use. (2088 risk rating 8) This will mean a delay to the old management block being	Weekly discussion and communication with the police estates departments. Development team are currently working up the contingency plan. Expected to complete this end of January. This will need executive

	vacated and therefore delay to demolition of the building.	approval but will initially go to the newly formed agile working group lead by the Director of HR&OD.

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

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

Park reinstatement Phase 2/3

Current status	Risks	Actions
Capacity Lab have been engaged to provide a team of people to replace the Park Co-ordinator for the next 6 months (with option to extend) to work up a plan with a partnership approach to generate funding and work with all stakeholders across the community and wider region. It is anticipated the partnership model will bring in funding to add to the £1.5m contribution from the Trust to deliver the full vision for the park. LCC have requested Simon O'Brien to lead a piece of work across the community on delivering the stakeholders vison, Simon will also link with Capacity Lab and	Funding required is not delivered through the partnership approach. (relates to risk 1241 actions) LCC do not agree to a future Community Interest Company for Sustainability.	Weekly review of the programme and progress with Capacity Lab, with weekly presence on site. Maintain regular discussion with LCC, make contact with Neil Coventry until such a point in time

groundworks.		the Lead for leisure Services is appointed.

Infrastructure works & commissioning

Current status	Risks	Actions
Masterplan of Infrastructure works is currently being prepared, planning application to be submitted in April and out for tender in May 2020.	Nil at present time.	Ensure timely process /programme is adhered to.

Clinical Hub and Dewi Jones Construction

Current status	Risks	Actions
There has been further delay to the Pre-contract Services Agreement (PCSA) due to contractual obligation discussions. This has now been extended with a final construction /contract price due the middle of March followed by a short period for any Value engineering should it be required (Current construction costs are estimated as C. £14.7m which is £1.7m over the available budget). Construction is therefore expected to commence in late April or beginning of May. The additional cost of the extended piece of work which includes detailed Room data sheets across the development is £50k; work has now commenced with clinical teams and will occur over an 8 week period. Market testing for component packages is out to the market currently and due to conclude in the week commencing 2nd March 2020. List of value engineering options has been completed; this could translate into some reduction in space of the proposed Orthotics area. (Shell and core only). Currently assessing costs and plans by two competitors for construction of the Gabion wall.	Final construction cost of project exceeds the allocated budget. (1948 risk rating 9) Delay to full contract agreement. (2106 risk rating 12)	There is anticipated short list of further items. Which could be value engineered out in the first instance to bring the project cost down. Board approval prior to final contract signature/sign off will occur in April. Continue with weekly meetings with Galliford Try.

Demolition Phase 4 (Final)

Current status	Risks	Actions
N/A at current time, planned for Qtr. 4. 21/22	Cost may exceed current allocated budget.(2003 risk rating 12)	Monitor demolition budget management on a monthly basis and work up contingency plan.

Neonatal Development

Current status	Risks	Actions
Design brief has been developed. The outstanding elements to be agreed is the approach from the PFI perspective (we have received their feasibility study), our approach to procurement which will depend on any agreement with the PFI and the location of the new unit. Exercise completed what space could be utilised on ward 1C and integrated with a new build. An Option appraisal has been developed , looking at three options: • Option 1. New build at Level 1c which utilises some space from EDU (Clinically preferred option) • Option 2. Extension to the end of 1c (current neonatal unit, least preferred option by clinicians) • Option 3. New build to level 1 PICU , this would extend between finger 1-2 **Option 2** now ruled out due the complexity of access to services such as Theatres and ITU. **Options 1 & 3** is being further progressed following feedback from the clinical teams.	Costs of new unit exceed current financial envelope. Cost of PFI management of the Process versus VAT savings. Not reaching agreement with PFI risks a workable interface with the CHP being achieved. In decision on final location	Division of Surgery to take a revised and final Business Case to the Trust board for approval, date to be confirmed. Ask Gilling Dodd to work up current option 1 to RIBA Stage 1, which would provide Gross Internal Floor Area (GIFA), Schedule of Accommodation (SOC), room adjacencies and estimated Cost in readiness for next stage. **Complete.**

Estimated cost of option 1 is £12.5m (if we were to shell and core the ground floor space adjacent to the emergency Department and refurbishment of the current EDU is C £15m) Estimated cost of option 3 is C. £15 The new clinical model of care has been outlined in order to inform the design brief and develop the unit with a fully integrated family model. One Project Manager for the Delivery Management Office has been appointed to cover the campus projects. Two further Capital Projects Managers have been recruited, one of which would be responsible for delivery of this project. likely commencement date would June 2020. Discussions with Phillips with regards to encompassing new and innovative design to the unit, continues via meetings and dialogue.	Planning permission fails to be achieved within the timescale of the overall programme delivery.	Maintain open communication with the LCC planning departments. Ensure HR processes are completed as swiftly as possible.

North East Plot Development

Current status	Risks	Actions/next steps
Stepplaces the Developer who has purchased the north east plot of land is currently in discussion with the trust on how the development could support some of Alder Hey's vision for the future some of the discussions currently include development of : • A Gym	Local community resistance to Trust non-development aspects and planning submission.	Maximise our offering/ support /negotiation on development content and opportunities.

• A Nursery with an increase potentially of 40 providing 100 places in the future • Science/Knowledge building • Varied accommodation's which could be offered to staff, trainees etc.… • Supported living accommodation and homes retirement/ ADHD/Disabled Children and families • Provision of commercial opportunities to compliment the Eaton road current offering.		Appoint to a commercial part time role to lead on the East Plot development on behalf of the Trust. **Complete**

Communications

Current status	Risks	Actions/next steps
Draft Comprehensive Communication plan developed which requires finalising and Trust Board Sign off. Fortnightly meetings between development team and Communications department are now in place.	Loss of reputation, locally and regionally. Lack of engagement internally and externally	Final Communication plan/strategy to go to Trust Board in February. Maintain links with Friends of Springfield park groups and actively support their development work. Team brief to include updates on campus/park development. Feature paper/spread in Qtr. 4 aiming to communicate over all campus development plans incorporating an easy to read roadmap.

Car Parking

Current status	Risks	Actions/next steps
There is a requirement to reduce the overall parking spaces on the current estate with particular need on the retained estates and the temporary car parking solution in situ (from a planning perspective we have permission to utilise the large temporary car until the end of 2021. However there is public pressure to reinstate the parkland as part of the land exchange agreement which is currently 2 years behind plan. In addition to this the developer who purchased the East plot is from early discussion with the planning department going to have difficulty in gaining planning permission for residential parking if Alder Hey do not reduce the current parking numbers. Retained estate planned reduction are detailed in the table below.	Car parking cannot sustain a reduction to current Numbers by June 30th 2020	Car parking group to continue to work with Mott MacDonald and internal group members to produce an overall plan.

Spaces reduced (number)	Date	Which part of the site/ Additional detail
50-60	16th March 2020	Overflow at Catkin.
97	30th June 2020	Catkin (effectively close this car park and reallocate some patient spaces with in the temp car park with a direct path to new entrance into the catkin building)
91	30th June 2020	Temp car park reduction
248 in total		
187	Dec 2021	When the Cluster opens we have 68 spaces in the under croft, but under planning conditions we have to close the Temp car park.

This will prove to be very challenging and the car parking group is looking at a number of options to incentivise staff to use alternative modes of transport or alternative ways of working. Mott MacDonald a travel consultancy have also been engaged to advise Alder Hey on proven methods for reduced parking.

Future Board reports will provide updates on progress.

Staff resistance to change.

Travel plan from Mott MacDonald does not provide realistic and evidenced solution.

6. Trust Board of Directors

The Trust Board of Directors is requested to receive and acknowledge the update provided.

NHS
Alder Hey Children's
NHS Foundation Trust

TRUST BOARD Report January 2020

How Did We Do?

Executive Summary **Month: January** **Year: 2020**

Delivery of Outstanding Care

Safe

- There have been four moderate harm incidents reported in January 2020; two by the Surgical Division; and two by the Medical Division; Two of the moderate harm incidents reported related to the same incident; and one moderate harm incident also met the SI criteria.
- One serious incident reported in January 2020 within the Medical Division.
- All moderate and severe harm incidents are discussed and reviewed at the weekly Patient Safety Meeting. The findings, lessons learned and actions for improvement are shared across Divisions to ensure Trust wide learning.

Highlight

- ED sepsis – strongest performance year to date.

Challenges

- Inpatient sepsis – Three patients received their anti-biotic therapy over the sixty minute target, case review underway.

The Best People Doing their Best Work

Caring

- The number of complaints remain low however the PALs concerns have significantly risen. The team are currently reviewing the information to identify any areas requiring further escalation and action including themes.

Highlight

- ED – strongest performance year to date in relation to % of people who would recommend the Trust, with a score of 88%.
- CYP involved in play further improved in month to 96%, highest performance year to date.

Challenges

- CYP involved in learning remains a challenge however has improved over the last two months.

Delivery of Outstanding Care

Delivery of Outstanding Care

Effective

ED waiting time performance improved in January to 87.6% within 4 hrs, whilst this is below the 95% standard our performance remains strong relative to the national picture.

On the day cancellations of elective surgery reduced in January to the lowest level in five months however the number of children and young people who had their elective operation within 28 days of their cancellation increased. Continued winter pressure on inpatient beds, reduced elective operating times over new year and impact of cancellations within a single specialty contributed to this increase.

Scanning turnaround times have remained challenging but plans to establish a Scanning Bureau have progressed. A reduction in turnaround time for Outpatients has been achieved for January (1 day) but scanning rates for inpatient notes remains high. Plan is in place to support improvements in inpatient scanning over the next month.

Highlight

- Zero patients re-admitted to PICU within 48 hrs
- Reduction in on the day cancellations
- Improvement in ED waiting times
- Scanning turnaround times for outpatient documentation

Challenges

- ED waiting times remain below the national target
- Scanning turnaround times for inpatient documentation

Delivery of Outstanding Care

Responsive

Access to planned care remains excellent, with zero patients waiting over 52 weeks for consultant-delivered care. At specialty level there are challenges in waiting times for ASD, ADHD, Community Paediatrics and Neurology. Actions plans are being worked on to improve access to these specialties. In ASD and ADHD the significant additional investment from Sefton CCG will support

Our performance in access to cancer care and diagnostics is excellent too and we commend the work of these departments for this position.

Highlight

- Improvement in % of patients involved in learning
- Access to planned care
- Access to cancer care
- Access to diagnostics

Challenges

- Access times in some clinical specialties is sub-optimal and longer than we would want.

The Best People Doing their Best Work

Well Led

In Month 10 we delivered a £1.5m surplus which was (£0.2m) behind the plan. This leaves us (£0.1m) behind our year to date plan.

Activity levels were behind plan in all POD's with the exception of Outpatients which was 6% ahead of plan. A&E activity was 8% behind plan whilst Elective activity was 4% behind plan and Non Elective was 15% behind plan.

Pay was £0.4m underspent in the month. Temporary staffing expenditure remains high at £0.8m in the month.

Non pay expenditure remains an area of concern and is overspent in the month by (£0.8m).

The CIP target for the year of £6m has now been fully identified relating to improved use of our estates overhead and depreciation charges.

Cash holdings are £76.5m which is significantly higher than plan driven mainly by capital slippage.

A concerted effort has meant we continue to achieve mandatory training levels again. It is key that this is sustained.

Completion of PDR's are just ahead of the target of 90% and a concerted effort is required by all areas to maintain and improve this further. Additionally medical appraisals have improved but remain behind target at 82.7% and a concerted effort is also required to improve this for future months.

Sickness levels have reduced to 5.7% but are still higher than target. There is work underway to support specific teams where sickness levels are high.

Highlight

- PDR's Completion
- Mandatory Training.

Challenges

- Sickness levels.
- Forecast year end Control Total.

Game Changing Research and Innovation

Research and Development

- Appointment of Associate Divisional Research Directors to represent 3 x Clinical Divisions
- Recruitment for protected research time for clinical staff under way
- Ratification of single point of access for new and amended studies

Highlight

- Research recognised in NWC Research & Innovation Awards (5 finalists over 4 categories).

Challenges

- Level of staffing to support and deliver research activity.

Contents

Contents

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Leading Metrics

SAFE

Clinical Incidents resulting in catastrophic, death	Hospital Acquired Organisms - C.difficile	Hospital Acquired Organisms - MRSA (BSI)	Medication errors resulting in harm	Never Events	Sepsis: Patients treated for Sepsis - A&E
0	0	0	0	0	83.87 %
Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020

Sepsis: Patients treated for Sepsis within 60 mins - Inpatients
87.50 %
Jan 2020

CARING

Friends & Family: Overall Percentage Recommended Trust
94.32 %
Jan 2020

EFFECTIVE

ED: 95% Treated within 4 Hours
87.63 %
Jan 2020

RESPONSIVE

31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	All Cancers: 31 day wait until subsequent treatments	Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	Diagnostics: % Completed Within 6 Weeks
100 %	100 %	100 %	100 %
Jan 2020	Jan 2020	Jan 2020	Jan 2020

Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	RTT: Open Pathway: % Waiting within 18 Weeks	Waiting Greater than 52 weeks	Waiting List Size
100 %	92.01 %	0	12885
Jan 2020	Jan 2020	Jan 2020	Jan 2020

WELL LED

Cash in Bank (£'000s)	Control Total In Month Variance (£'000s)	Mandatory Training	NHSI Use of Resources	Safer Staffing (Shift Fill Rate)	Sickness
76536	-207.02	94.26 %	3	90.60 %	5.82 %
Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020	Jan 2020

Delivery of Outstanding Care

SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG			Comments Available
Proportion of Near Miss, No Harm & Minor Harm	D	99.3%	99.3%	100.0%	100.0%	100.0%	99.5%	99.4%	99.8%	99.3%	100.0%	99.8%	99.2%	99.0%		>=99 %	N/A	<99 %	✔
Clinical Incidents resulting in Near Miss	D	59	84	76	59	83	58	114	52	63	63	70	44	75		>=61	>=58	<58	✔
Clinical Incidents resulting in No Harm	D	283	250	280	301	296	296	317	287	277	329	295	224	334		>=295	>=281	<281	✔
Clinical Incidents resulting in minor, non permanent harm	D	78	84	104	94	108	77	68	70	72	92	89	90	93		<=86	N/A	>86	✔
Clinical Incidents resulting in moderate, semi permanent harm	D	2	1	0	0	0	1	4	1	1	0	1	2	4		<=1	N/A	>1	✔
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	0	0	1	0	0	1	1		0	N/A	>0	✔
Clinical Incidents resulting in catastrophic, death	D	1	2	0	0	0	1	0	0	1	0	0	0	0		0	N/A	>0	✔
Medication errors resulting in harm	D	2	4	2	6	3	3	2	1	2	6	3	2	0		<=3	N/A	>3	✔
Pressure Ulcers (Category 3)	W	0	0	0	0	0	1	0	1	0	0	1	0	0		0	N/A	>0	✔
Pressure Ulcers (Category 4)	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Never Events	W	1	0	0	0	0	0	0	0	2	0	0	1	0		0	N/A	>0	✔
Sepsis: Patients treated for Sepsis - A&E	D P	77.4%	71.1%	79.4%	58.8%	71.1%	65.2%	79.3%	76.7%	77.8%	78.4%	84.2%	76.7%	83.9%		>=90 %	N/A	<90 %	✔
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	70.2%	82.1%	73.3%	81.8%	71.4%	90.9%	80.0%	100.0%	94.1%	100.0%	93.8%	87.5%	87.5%		>=90 %	N/A	<90 %	✔
Number of children that have experienced avoidable factors causing death - Internal	W	0	0	0	0	0	0	1	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - C.difficile	D	0	0	1	0	0	0	0	0	0	1	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MSSA	D	1	0	4	1	1	0	0	1	1	0	1	0	0		<=1	N/A	>1	✔

The Best People doing their best Work

CARING

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG	Comments Available
Friends & Family: Overall Percentage Recommended Trust	W	91.2%	90.1%	93.2%	91.1%	90.8%	89.7%	90.6%	92.4%	93.5%	92.9%	91.6%	92.2%	94.3%		>=95 % >=90 % <90 %	✔
Friends & Family A&E - % Recommend the Trust	D	90.5%	80.3%	89.5%	78.8%	87.7%	80.4%	82.8%	88.1%	91.1%	83.6%	80.9%	80.8%	88.0%		>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust	D	98.5%	100.0%	98.6%	88.4%	100.0%	93.8%	92.9%	92.9%	91.9%	95.0%	94.1%	91.9%	92.0%		>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust	D	97.0%	96.2%	97.8%	97.3%	90.6%	90.1%	93.2%	92.5%	95.5%	96.5%	95.9%	95.9%	97.1%		>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust	D	88.9%	76.9%	82.9%	80.8%	88.7%	100.0%	33.3%	78.8%	88.5%	66.7%	89.1%	73.1%	90.7%		>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust	D P	87.4%	89.1%	91.1%	92.7%	91.7%	93.5%	91.2%	94.4%	93.8%	95.3%	94.5%	95.7%	95.6%		>=95 % >=90 % <90 %	✔
Complaints	W	7	9	16	7	9	6	15	13	12	4	15	8	9		No Threshold	
PALS	W	136	97	95	110	103	121	128	93	130	120	104	67	122		<=123 <=137 >137	✔

Delivery of Outstanding Care

EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG			Comments Available
% Readmissions to PICU within 48 hrs	W	1.4%	1.8%	2.5%	2.7%	2.1%	1.3%	5.3%	4.1%	0.0%	1.2%	0.0%	0.0%	0.0%		<=3 %	N/A	>3 %	✔
ED: 95% Treated within 4 Hours	D	92.1%	90.6%	95.6%	93.5%	91.3%	89.4%	91.8%	94.7%	89.0%	86.9%	79.4%	86.1%	87.6%		>=95 %	N/A	<95 %	✔
ED: Number of patients spending >12 hours from decision to admit to admission	W	0	0	0	0	1	0	1	0	0	0	0	0	0		0	N/A	>0	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	D	11	10	12	9	24	15	37	35	18	34	44	36	20		<=20	N/A	>20	✔
28 Day Breaches	W	4	1	1	0	0	1	2	0	1	0	2	7	10		0	N/A	>0	✔
Average Scanning Turnaround - Inpatient	D		44.00	49.00	49.00	50.00	55.00	55.00	65.00	71.25	73.00	74.00	64.00	70.00		<=7	N/A	>7	✔
Average Scanning Turnaround - Outpatient	D		26.00	23.00	24.00	21.00	23.00	23.00	31.50	32.25	9.00	10.00	24.00	1.00		<=5	N/A	>5	✔

Delivery of Outstanding Care

RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG	Comments Available
IP Survey: % Received information enabling choices about their care	W	96.0%	94.9%	95.7%	98.3%	96.6%	97.5%	97.6%	95.7%	97.7%	95.7%	96.7%	96.5%	97.3%		>=95 % >=90 % <90 %	✔
IP Survey: % Treated with respect	W	100.0%	99.3%	99.5%	99.3%	99.0%	98.1%	99.2%	97.5%	98.4%	97.7%	97.6%	98.5%	98.7%		>=95 % >=90 % <90 %	✔
IP Survey: % Know their planned date of discharge	D P	76.5%	82.8%	80.6%	88.8%	84.1%	87.9%	87.8%	87.1%	89.2%	92.2%	92.6%	90.2%	90.5%		>=90 % >=85 % <85 %	✔
IP Survey: % Know who is in charge of their care	W	96.3%	94.3%	93.4%	99.3%	90.5%	96.3%	90.8%	98.0%	98.4%	93.7%	98.3%	96.8%	98.0%		>=95 % >=90 % <90 %	✔
IP Survey: % Patients involved in Play	D						93.3%	94.5%	95.3%	91.5%	92.1%	93.9%	91.2%	95.6%		>=90 % >=85 % <85 %	✔
IP Survey: % Patients involved in Learning	D						70.9%	75.6%	72.1%	68.3%	73.5%	68.3%	85.4%	85.4%		>=90 % >=85 % <85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	W	92.0%	92.0%	92.0%	92.0%	92.0%	92.1%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		>=92 % >=90 % <90 %	✔
Waiting List Size	W	12,872	12,888	12,746	12,871	12,876	12,843	12,883	12,874	12,826	12,754	12,827	12,879	12,885		<=12899 N/A >12899	✔
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	96.4%	100.0%		100 % N/A <100 %	✔
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
All Cancers: 31 day wait until subsequent treatments	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
Diagnostics: % Completed Within 6 Weeks	W	99.7%	99.6%	99.5%	100.0%	99.8%	100.0%	99.8%	100.0%	99.7%	100.0%	100.0%	99.7%	100.0%		>=99 % N/A <99 %	✔
PFI: PPM%		100.0%	100.0%	98.0%	98.0%	98.0%	98.0%	100.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		>=98 % N/A <98 %	✔

The Best People doing their best Work

WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG	Comments Available
CIP In Month Variance (£'000s)	W	-199	-74	-75	-163	-54	-47	-26	176	-165	-22	57	-147	-297		>=-5% >=-20% <-20%	✔
Control Total In Month Variance (£'000s)	W	-21	-433		-394	-165	596	-848	852	94	-240	-205	358	-207		>=-5% >=-20% <-20%	✔
Capital Expenditure In Month Variance (£'000s)	W	1,032	259	1,610	1,030	640	728	694	1,239	865	1,909	-115	624	3,126		>=-5% >=-10% <-10%	✔
Cash in Bank (£'000s)	W	19,983	22,068	33,699	34,361	34,449	37,415	79,086	80,174	80,807	81,847	77,896	75,657	76,536		>=-5% >=-20% <-20%	✔
Income In Month Variance (£'000s)	W	456	355	19,495	-612	21	846	-52	1,348	666	1,103	1,387	1,479	1,404		>=-5% >=-20% <-20%	✔
Pay In Month Variance (£'000s)	W	-510	-850	-495	183	-25	-130	-260	273	143	-254	-39	-89	394		>=-5% >=-20% <-20%	✔
Non Pay In Month Variance (£'000s)	W	34	63	-942	34	-161	-119	-537	-769	-715	-1,090	-1,552	-1,031	-2,004		>=-5% >=-20% <-20%	✔
NHSI Use of Resources	W	1	1	1	1	3	3	3	3	3	3	3	3	3		<=3 N/A >3	✔
AvP: IP - Non-Elective	W				53	58	109	158	132	54	-19	-97	-109	-229		>=0 N/A <0	✔
AvP: IP Elective vs Plan	W				-45	-23	-41	-79	18	-66	-67	29	-43	-53		>=0 N/A <0	✔
AvP: Daycase Activity vs Plan	W				-53	-133	-240	-45	79	58	-76	-32	-20	-5		>=0 N/A <0	✔
AvP: Outpatient Activity vs Plan	W				930	340	1,619	2,409	3,009	2,660	3,499	2,451	1,715	2,826		>=0 N/A <0	✔
PDR	W	90.1%	92.2%	92.2%	4.8%	20.7%	47.3%	86.4%	89.3%	89.3%	89.3%	89.3%	89.3%	90.1%		>=90 % >=85 % <85 %	✔
Medical Appraisal	W	100.0%	100.0%	100.0%	99.7%	98.1%	97.8%	95.7%	96.6%	93.8%	88.5%	69.7%	63.8%	82.7%		>=95 % >=90 % <90 %	✔
Mandatory Training	W	89.4%	88.8%	89.6%	90.0%	88.4%	90.5%	90.8%	91.9%	91.1%	91.3%	91.5%	92.1%	94.3%		>=90 % >=80 % <80 %	✔
Sickness	D	5.7%	5.7%	5.3%	5.2%	5.5%	5.2%	5.2%	5.0%	5.2%	5.7%	5.6%	6.4%	5.8%		<=4 % <=4.5 % >4.5 %	✔
Short Term Sickness	D	1.9%	1.7%	1.6%	1.5%	1.5%	1.4%	1.3%	1.0%	1.4%	1.8%	1.9%	2.0%	1.7%		<=1 % N/A >1 %	✔
Long Term Sickness	D	3.8%	3.9%	3.7%	3.7%	4.0%	3.9%	3.9%	4.0%	3.8%	3.9%	3.7%	4.4%	4.2%		<=3 % N/A >3 %	✔
Temporary Spend ('000s)	D	937	1,046	1,357	1,114	1,061	899	1,058	992	1,145	933	1,021	917	863		<=800 <=960 >960	✔
Staff Turnover	D	9.4%	9.5%	9.9%	9.7%	9.9%	9.8%	9.3%	10.0%	10.3%	10.2%	10.2%	10.4%	10.8%		<=10 % <=11 % >11 %	✔
Safer Staffing (Shift Fill Rate)	W	94.5%	92.8%	95.4%	95.3%	95.2%	92.6%	92.0%	93.5%	90.8%	92.2%	96.2%	91.6%	90.6%		>=90 % N/A <90 %	✔
Domestic Cleaning Audit Compliance	W	92.0%	95.0%	86.0%	81.5%	100.0%	81.2%	97.2%	92.5%	90.5%	100.0%	82.0%	100.0%	100.0%		>=85 % N/A <85 %	✔
Performance Against Single Oversight Framework Themes	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 <=1 >1	✔

Game Changing Research & Innovation

R&D

Alder Hey Children's NHS
NHS Foundation Trust

GROW THE FUTURE

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG			Comments Available
Number of Open Studies - Academic	W	121	121	153	154	158	161	158	172	161	162	167	172	166		>=130	>=111	<111	✔
Number of Open Studies - Commercial	W	29	26	60	59	59	58	57	59	38	42	45	46	46		>=30	>=21	<21	✔
Number of New Studies Opened - Academic	W	6	5	3	1	5	4	2	3	2	2	5	6	3		>=3	>=2	<2	✔
Number of New Studies Opened - Commercial	W	1	1	4	2	1	2	2	2	1	2	6	3	0		>=1	N/A	<1	✔
Number of patients recruited	W	238	211	314	234	221	350	431	165	941	1,228	1,180	1,094	982		>=200	>=171	<171	✔

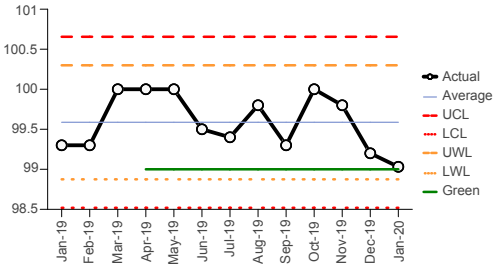
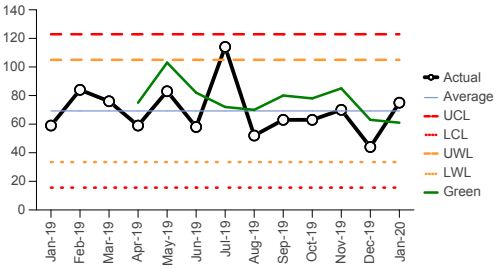
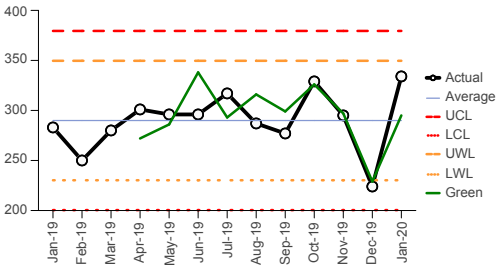
Delivery of Outstanding Care

7.1 - QUALITY - SAFE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

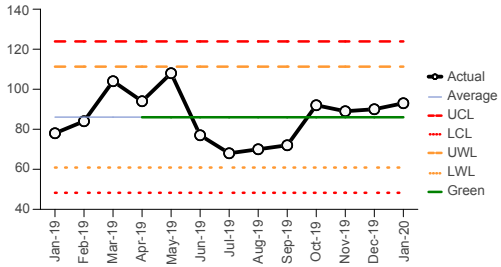
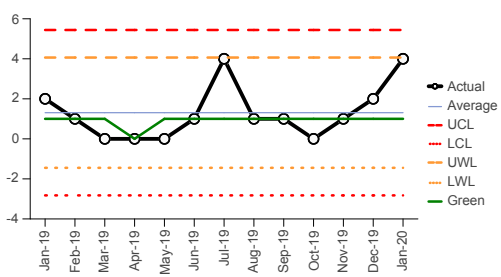
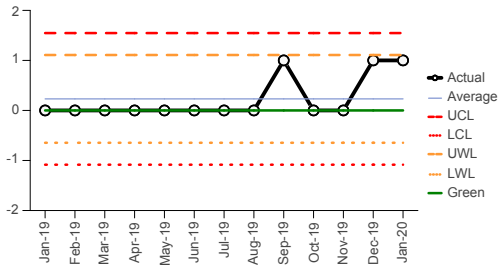
	Description	Performance	Threshold	Trend	Management Action (SMART)
Proprtion of Incidents	**Proportion of Near Miss, No Harm & Minor Harm** D Proportion of Near Miss, No Harm and Minor Harm incidents against all levels recorded. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	99.03 %	R <99 % A N/A G >=99 %		No Action Required
Incidents: Increasing Reporting	**Clinical Incidents resulting in Near Miss** D Total number of Near Miss Incidents reported. The threshold is based on increasing on last year for the period Apr 18 - Mar 19. 19/20 aim is to see more than 5% reported than last year for the same month to demonstrate a learning culture. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	75	R <58 A >=58 G >=61		No Action Required
Incidents: Increasing Reporting	**Clinical Incidents resulting in No Harm** D Total number of No Harm Incidents reported. The threshold is based on increasing on last year for the period Apr 18 - Mar 19. 19/20 aim is to see more than 5% reported than last year for the same month. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	334	R <281 A >=281 G >=295		No Action Required

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

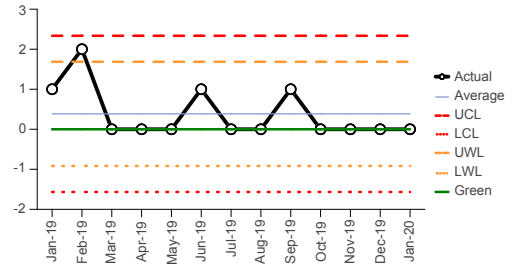
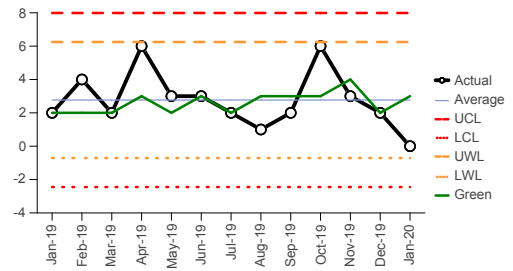
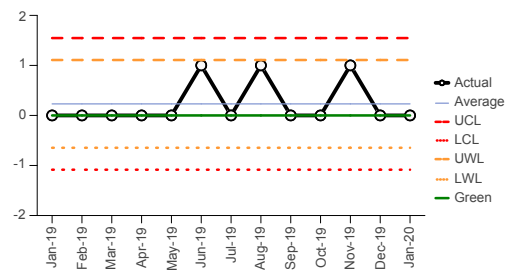
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in minor, non permanent harm** D Total number of Minor Harm Incidents reported. The threshold is based on a reduction for the period Apr 18 - Mar 19. 19/20 aim is to see volume reported less than last year for the same month. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	93	R >86 A N/A G <=86		The divisions receive weekly reports of all 'low Harm ' incidents reported, for the previous week, to enable prioritisation of reviews and ensure lessons are learned, actions for improvement are implemented in a timely manner, and feedback to staff (to minimise risk) and reporters. Staff are encouraged to report 'low harm ' incidents as these are considered learning opportunities to review systems and processes to minimise risk of more serious harm to patients and staff .
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** D Incidents reported resulting in moderate harm. The threshold is based on achieving a 10% reduction on the period Apr 18 - Mar 19. 19/20 aim for the trust is 11 or less, annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	4	R >1 A N/A G <=1		The Trust has complied with the reporting requirements for the moderate harm incidents including duty of candour applied in line with regulation 20. The incidents have been discussed at the weekly patient safety meeting. The level 1 RCA investigations are in progress, in line with policy
Incidents: Reducing Harm	**Clinical Incidents resulting in severe, permanent harm** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	1	R >0 A N/A G 0		The Trust has complied with the reporting requirements for this severe incident in terms of a 72 hour review completed, reported to StEIS within 48 hours, and duty of candour applied in line with regulation 20. The incident was also raised and discussed at weekly patient safety meeting. The comprehensive level 2 RCA investigation is in progress. The divisions receive weekly reports for any severe harm incidents reported, to enable prioritisation of reviews and ensure immediate lessons are learned and timely actions for improvement are implemented

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in catastrophic, death** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Medication Errors	**Medication errors resulting in harm** D Medication errors reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 20% reduction on the period Apr 18 - Mar 19, on trajectory with WHO global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% by 2022. 19/20 aim is less than 34 annually for the trust. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >3 A N/A G <=3		It is extremely encouraging that no medication errors associated with harm have been reported in January 2020. The Trust continues to work hard to promote safe medication practice in all areas.
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** W Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

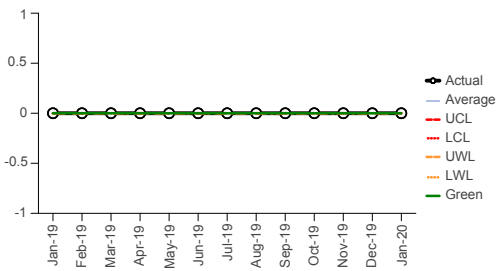
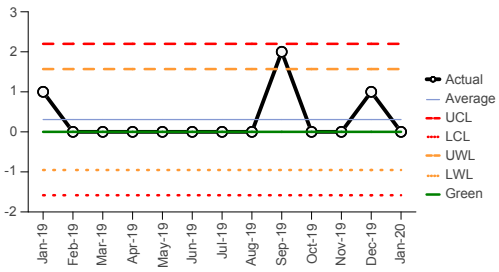
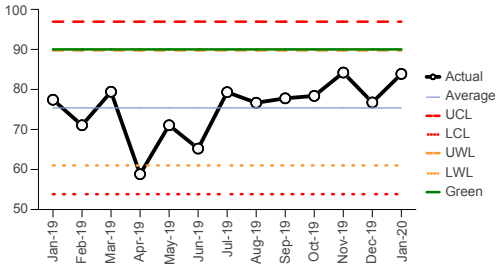
Delivery of Outstanding Care

7.4 - QUALITY - SAFE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Pressure Ulcers	**Pressure Ulcers (Category 4)** W Pressure Ulcers of Category 4. The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Never Events	**Never Events** W Never Events. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 19/20 aim is 90%. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	83.87 %	R <90 % A N/A G >=90 %		High levels of acuity and a number of patients escalated straight into resus. Overall positive increase in percentage. Staff aware of importance of early escalation and timely administration. Many patients requiring sepsis bundle care. Sepsis Status now in place to be monitored alongside current data method capture.

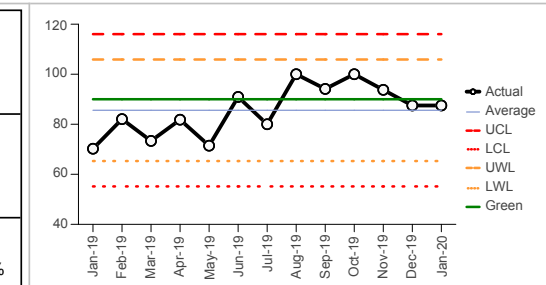
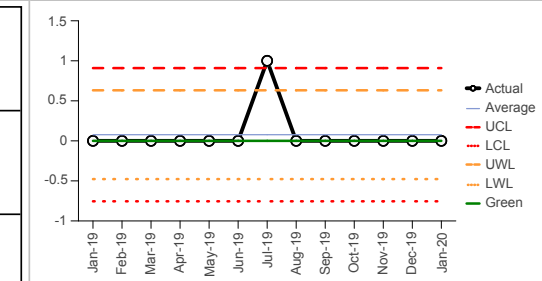
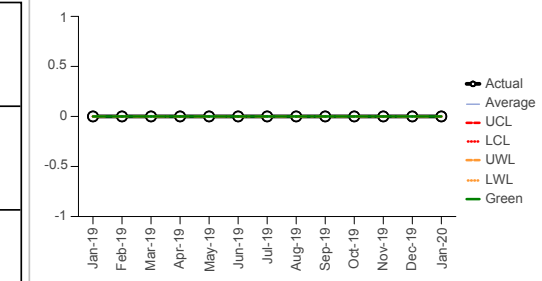
Delivery of Outstanding Care

7.5 - QUALITY - SAFE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

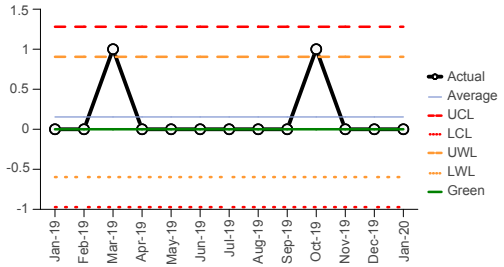
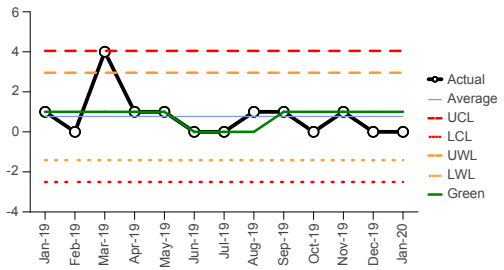
	Description	Performance	Threshold	Trend	Management Action (SMART)
Sepsis	**Sepsis: Patients treated for Sepsis within 60 mins - Inpatients** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 19/20 aim is 90%. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	87.50 %	R <90 % A N/A G >=90 %		24 patients identified with 21 ivab administered in under 60 mins. The three over 60 mins, non required a fluid bolus or any further escalation of treatment and were all reviewed by clinicians and treated as a precaution. Wards continually updated on improtance of recognition and prompt escalation/treatment for sepsis care management
Mortality	**Number of children that have experienced avoidable factors causing death - Internal** W Total number of children that have experienced avoidable factors with issues relating to care provided in Alderhey. Figures provided by HMRG group. The threshold for 19/20 is zero. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** D The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.6 - QUALITY - SAFE

Alder Hey Children's NHS NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - C.difficile** D The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MSSA** D Hospital Acquired Organisms - MSSA . 19/20 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >1 A N/A G <=1		No Action Required

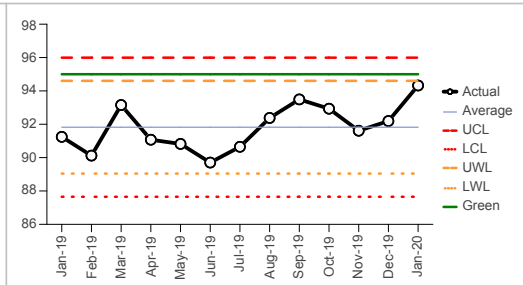
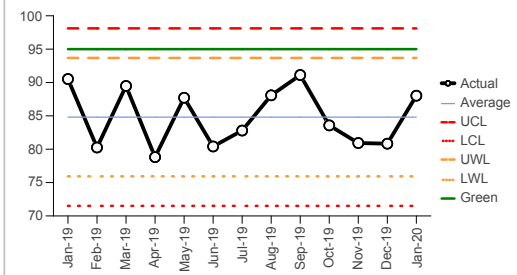
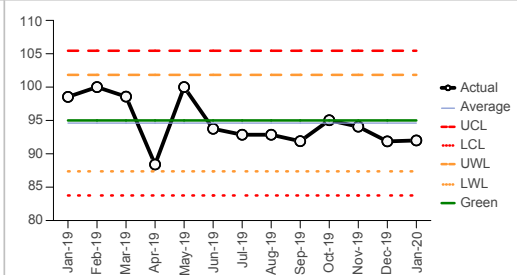
The Best People doing their best Work

8.1 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family: Overall Percentage Recommended Trust** W Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	94.32 %	R <90 % A >=90 % G >=95 %		Highest overall % recommend in 12 month period. This includes rise of 8% in A&E, 1% in Community and 3% in Medicine and 14% mental health. Response rate has increased by 15.97% since December.
Friends & Family	**Friends & Family A&E - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	88.02 %	R <90 % A >=90 % G >=95 %		Increase of 8% - highest recommend over 3 month period. Volunteer role in A&E now in place - offering extended evening and weekend support. Identified areas of improvement include provision of cold drinks in waiting area, updates on waiting times, preparation of cubicles and play
Friends & Family	**Friends & Family Community - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	92 %	R <90 % A >=90 % G >=95 %		Consistent recurring theme of surroundings and journey from AHP to retained estate. Waiting times and length of wait for appointments. Care continues to be commented on positively

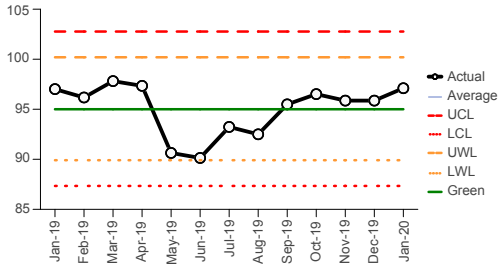
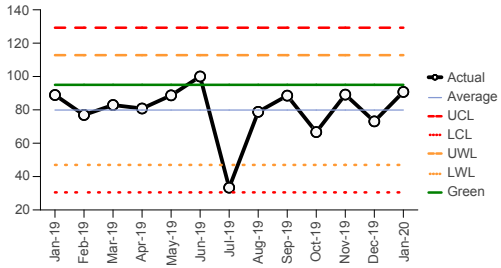
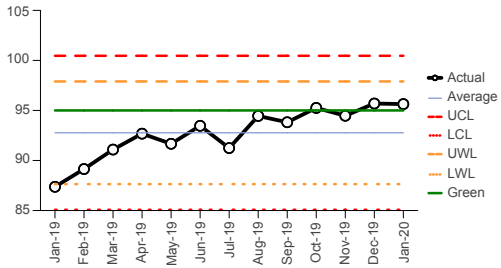
The Best People doing their best Work

8.2 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Inpatients - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	97.10 %	R <90 % A >=90 % G >=95 %		No Action Required
Friends & Family	**Friends & Family Mental Health - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	90.74 %	R <90 % A >=90 % G >=95 %		An increase of 17% since December with 101 recommending and 6 would not, this is an increase from 16 recommend during December and 2 not. Comparison to other services shows that SMS message is not the predominant form of feedback and that 80% comes from staff directly encouraging feedback using FFT cards
Friends & Family	**Friends & Family Outpatients - % Recommend the Trust** D P Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	95.63 %	R <90 % A >=90 % G >=95 %		No Action Required

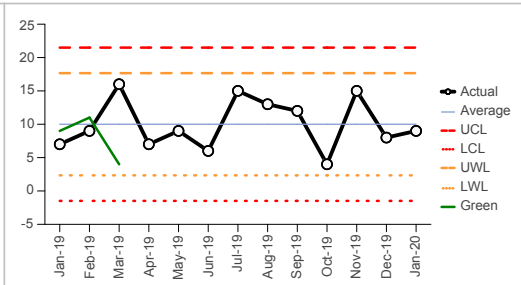
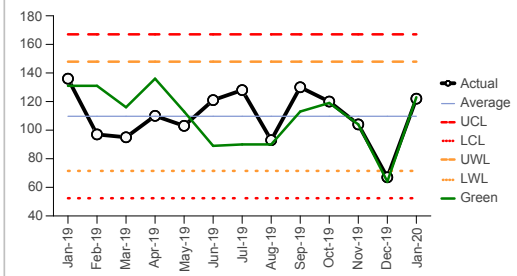
The Best People doing their best Work

8.3 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

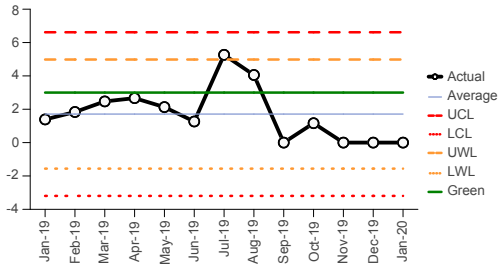
	Description	Performance	Threshold	Trend	Management Action (SMART)
Complaints	**Complaints** W Total complaints received. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	9	No Threshold		
PALS	**PALS** W Total number of PALS contacts. Threshold is based on a 10% Reduction on 18/19. 19/20 aim is to reduce by 10% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	122	R >137 A <=137 G <=123		No Action Required

Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

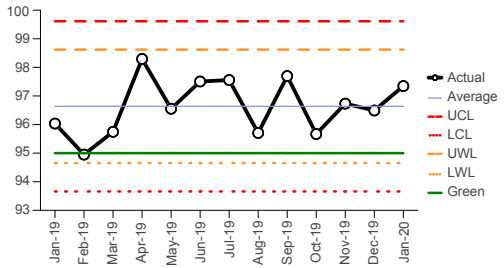
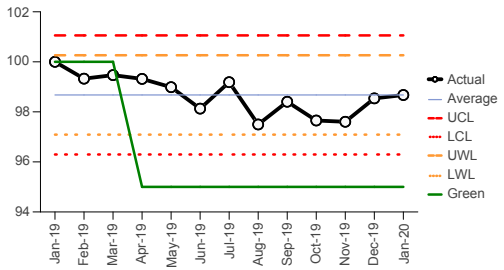
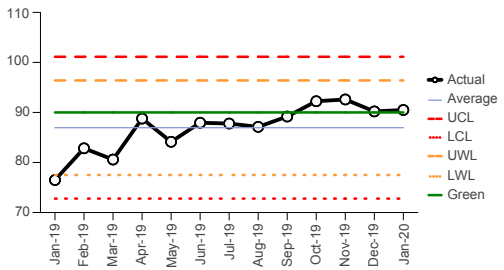
	Description	Performance	Threshold	Trend	Management Action (SMART)
PICU Re-admissions	**% Readmissions to PICU within 48 hrs** W % of discharges readmitted to PICU within 48hrs sourced from PICANet [Paediatric Intensive Care Audit Network]. Threshold agreed with PICU is based on the reported range nationally from all UK PICUs, most recent published range (16/17) was 0-3% averaged over a calendar year. Data is presented as monthly incidence for the purpose of this report. Annual average for this site was 2.4% **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0 %	R >3 % A N/A G <=3 %		No Action Required

Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

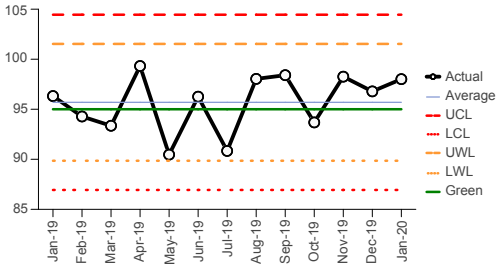
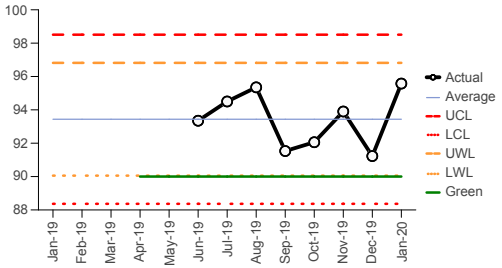
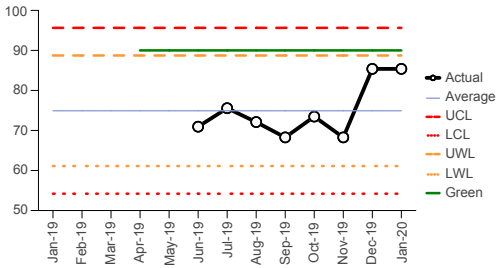
	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Choices	**IP Survey: % Received information enabling choices about their care** W Percentage of patients / families that report receiving information to enable them to make choices. Thresholds are based on previously defined local targets. The 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	97.35 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Respect	**IP Survey: % Treated with respect** W Percentage of children / families that report being treated with respect. Thresholds are based on previously defined local targets. The 19/20 is 100%. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	98.67 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Date of Discharge	**IP Survey: % Know their planned date of discharge** D P Percentage of children / families that report knowing their planned date of discharge. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	90.49 %	R <85 % A >=85 % G >=90 %		No Action Required

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: In Charge of Care	**IP Survey: % Know who is in charge of their care** W % of children / families that report knowing who is in charge of their care. Thresholds are based on previously defined local targets. The 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	98.01 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Play	**IP Survey: % Patients involved in Play** D % of children / families that report engaging in play. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	95.58 %	R <85 % A >=85 % G >=90 %		No Action Required
Inpatient Survey: Learning	**IP Survey: % Patients involved in Learning** D % of children / families that report engaging in learning. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	85.38 %	R <85 % A >=85 % G >=90 %		Following large increase last month after introduction of amended questions, figures remain the same

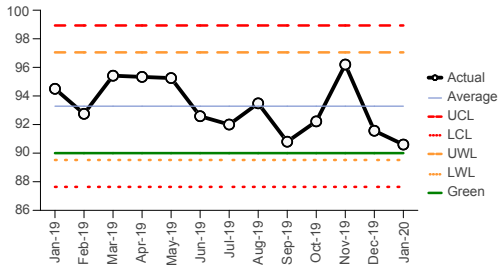
The Best People doing their best Work

11.1 - QUALITY - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

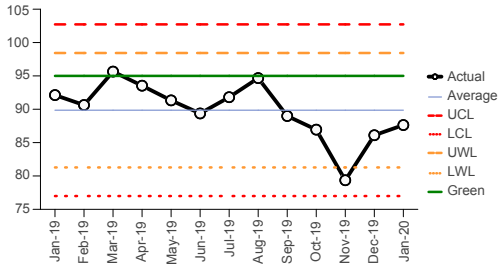
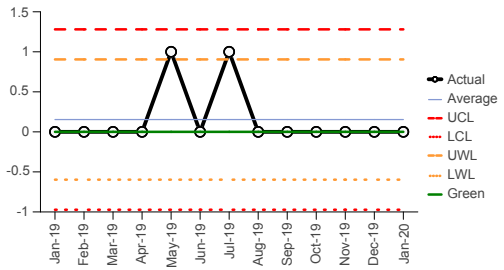
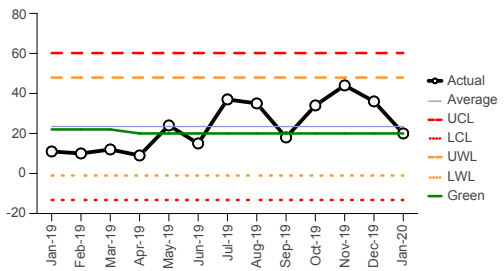
	Description	Performance	Threshold	Trend	Management Action (SMART)
Staffing	**Safer Staffing (Shift Fill Rate)** W Safer Staffing. Threshold is based on National Target of 90% or above. **Exec Lead:** Pauline Brown **Committee:** CQAC	90.60 %	R <90 % A N/A G >=90 %		No Action Required

Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

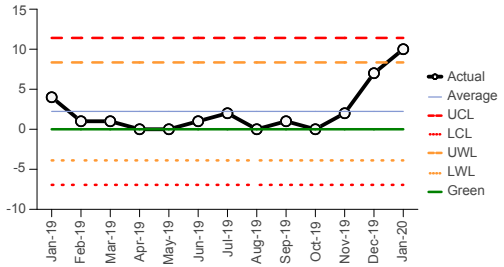
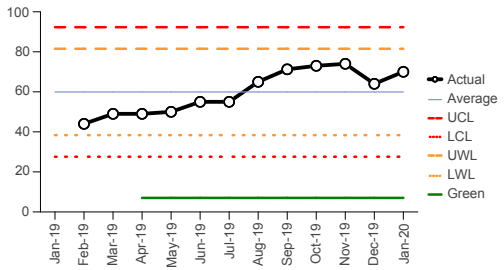
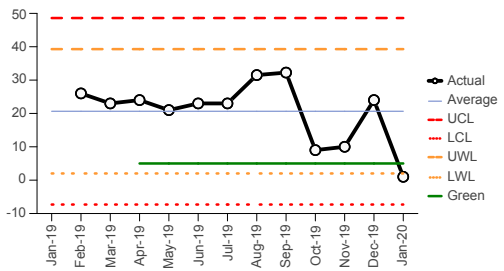
	Description	Performance	Threshold	Trend	Management Action (SMART)
ED 4 Hour Standard	**ED: 95% Treated within 4 Hours** D Threshold is based on National Guidance set by NHS England at 95%. **Exec Lead:** Adam Bateman **Committee:** RABD	87.63 %	R <95 % A N/A G >=95 %		Although still below the 95% standard, the percentage of patients waiting under 4 hours in our emergency department has showed a steady increase at 87.63% in January compared to 84.87% in December and 79.36% in November. The performance standard continues to be our top operational pressure and priority. There is a divisional focus on implementing an improvement plan for ED which includes workforce, pathways and departmental structure.
ED 12 Hr Waits	**ED: Number of patients spending >12 hours from decision to admit to admission** W Number of patients spending >12 hours in A&E from decision to admit to admission. This is a national standard with a zero tolerance threshold. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required
Cancelled Operations	**On the day Elective Cancelled Operations for Non Clinical Reasons** D Performance is measured for on the day cancelled elective operations for non clinical reasons. This based on National Guidance. Threshold aims to reduce cancellations by 16% based on 18/19 overall performance. This is inline with trajectory from Oct 18 - Mar 19 **Exec Lead:** Adam Bateman **Committee:** RABD	20	R >20 A N/A G <=20		No Action Required

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

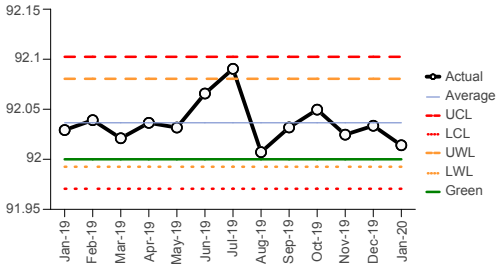
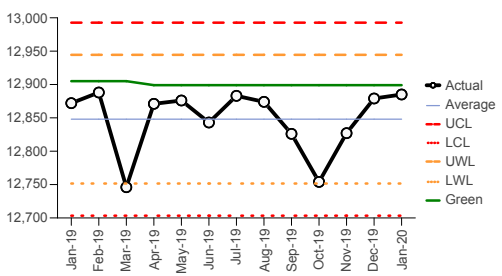
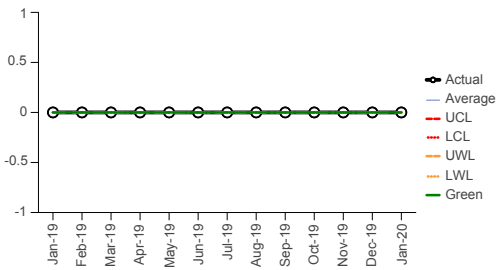
	Description	Performance	Threshold	Trend	Management Action (SMART)
Operation Breaches	**28 Day Breaches** W Standard is when a patients operation is cancelled by the hospital last minute for non-clinical reasons, the hospital will have to offer another binding date with 28 days. This is based on national guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	10	R >0 A N/A G 0		Unfortunately one speciality in particular experienced a high number of cancelled procedures during December which resulted in a high number of patients requiring a new date within January. Owing to this volume they were not able to re-accommodate all patients within 28 days of their cancelled op. Moving forward the division will support the speciality with increased visibility over the cancelled patients and increased priority of theatre list to ensure as many patients as possible are offered a new date within 28 days.
Scanning	**Average Scanning Turnaround - Inpatient** D Days from being clinically coded following inpatient discharge to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	70	R >7 A N/A G <=7		Metric remains red for January being 70 days. We have ceased scanning as we are prepping and tracking all in patients to the new bureau. Expectation is to be scanning as soon as possible once we have resolved the technical functionality issues.
Scanning	**Average Scanning Turnaround - Outpatient** D Days from Clinic attendance to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	1	R >5 A N/A G <=5		No Action Required

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
RTT	**RTT: Open Pathway: % Waiting within 18 Weeks** W Percentage of patients waiting within 18 weeks. Threshold is based on previous national target of 92%, this is applied in order to maintain monitoring of measure. **Exec Lead:** Adam Bateman **Committee:** RABD	92.01 %	R <90 % A >=90 % G >=92 %		No Action Required
Waiting Times	**Waiting List Size** W National threshold as part of the 18/19 NHSI plan. The target is to maintain reduction of the total waitlist size from March 2018. **Exec Lead:** Adam Bateman **Committee:** RABD	12885	R >12899 A N/A G <=12899		No Action Required
Waiting Times	**Waiting Greater than 52 weeks** W Total number of more than 52 weeks for first treatment. The threshold is based on this event never occuring. 19/20 aim is zero annually. There is a financial and contractual penalties in the failure to achieve this. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required

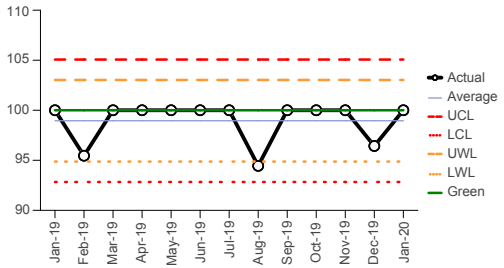
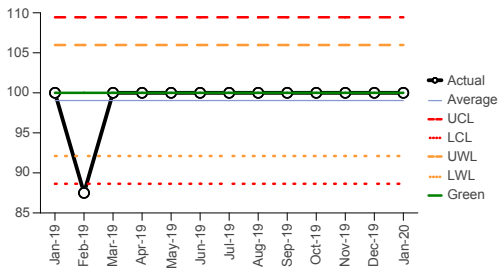
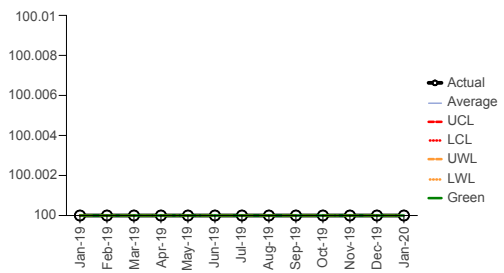
Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

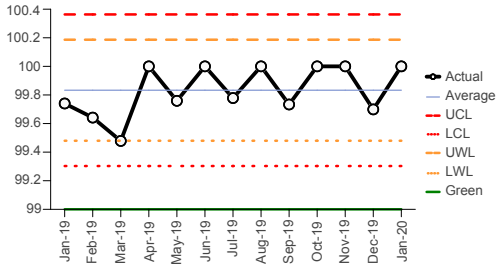
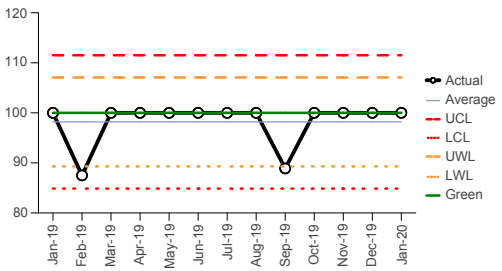
	Description	Performance	Threshold	Trend	Management Action (SMART)
Cancer RTT	**Cancer: 2 week wait from referral to date 1st seen - all urgent referrals** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required
Cancer RTT	**Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required
Cancer RTT	**All Cancers: 31 day wait until subsequent treatments** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required

Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Diagnostics	**Diagnostics: % Completed Within 6 Weeks** W Threshold is based on National Guidance set by NHS England at 99%. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <99 % A N/A G >=99 %		No Action Required
Cancer RTT	**31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required

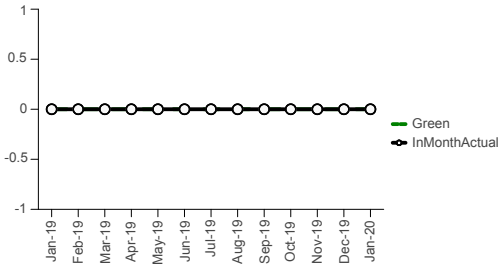
The Best People doing their best Work

14.1 - PERFORMANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Governance	**Performance Against Single Oversight Framework Themes** W Five themes against which trusts' performance is assessed and the indicators that trigger consideration of a potential support need: Quality, Finance and UOR, Operational performance, strategic change and Leadership and improvement capability (well led). **Exec Lead:** Erica Saunders **Committee:** CQAC	0	R >1 A <=1 G 0		No Action Required

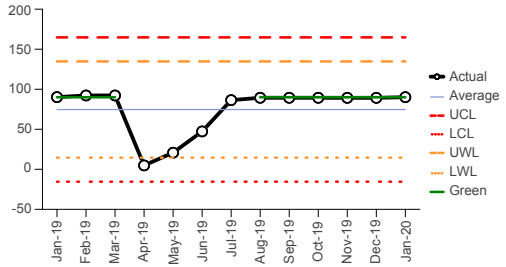
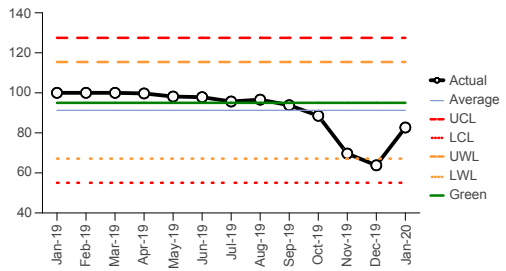
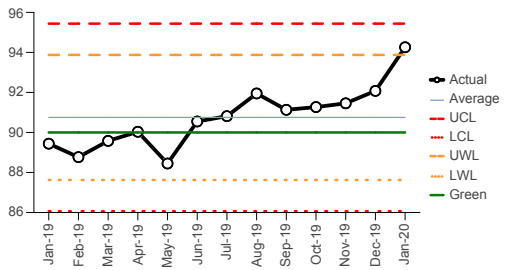
The Best People doing their best Work

15.1 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Personal Development	**PDR** W Trust target, measuring compliance of staff Personal Development Reviews (Non medical). The Trust compliance period is set to be achieved in the first 4 months of each year (April -July). **Exec Lead:** Melissa Swindell **Committee:** WOD	90.07 %	R <85 % A >=85 % G >=90 %		No Action Required
Appraisal	**Medical Appraisal** W Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	82.66 %	R <90 % A >=90 % G >=95 %		Appraisals missed due to winter pressures are now being completed with outstanding appraisals expected to be done in February 2020.
Training	**Mandatory Training** W This is a Trust target that measures all required training including Resuscitation. **Exec Lead:** Melissa Swindell **Committee:** WOD	94.26 %	R <80 % A >=80 % G >=90 %		No Action Required

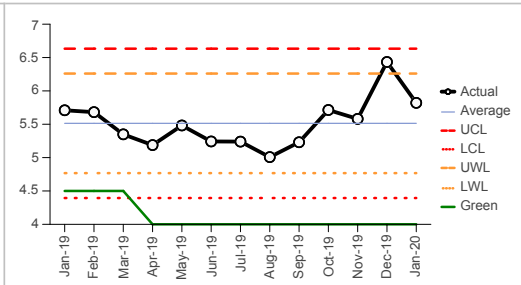
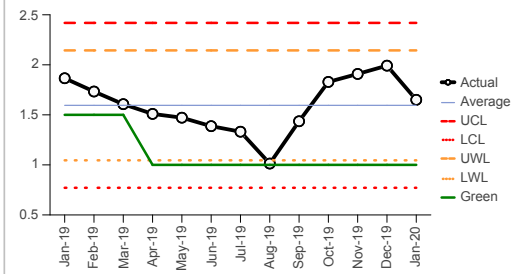
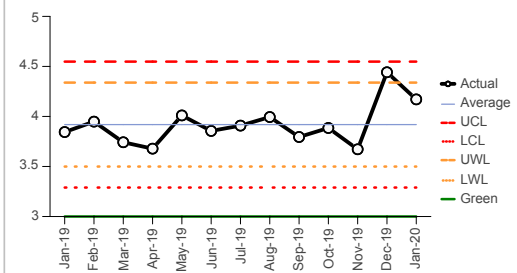
The Best People doing their best Work

15.2 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Sickness	**Sickness** D % of staff who have been absent from work due to sickness, this is broken down into LTS & STS in further metrics **Exec Lead:** Melissa Swindell **Committee:** WOD	5.82 %	R >4.5 % A <=4.5 % G <=4 %		The average sickness figure over the 3 month period November-January has marginally increased compared to the same average figure 12 months ago, however, we continue to work in partnership with the health and wellbeing steering group and subject matter experts to support our staff across the organisation. Overall, long term absence continues to be the main attributing factor to our sickness figures with the implementation of a centralised Wellbeing Team a more strategic approach to managing absence will support us to manage more effectively and supportively the wellbeing of our workforce
Sickness	**Short Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting less than 28 days **Exec Lead:** Melissa Swindell **Committee:** WOD	1.65 %	R >1 % A N/A G <=1 %		see above
Sickness	**Long Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting 28 days or more **Exec Lead:** Melissa Swindell **Committee:** WOD	4.17 %	R >3 % A N/A G <=3 %		See above

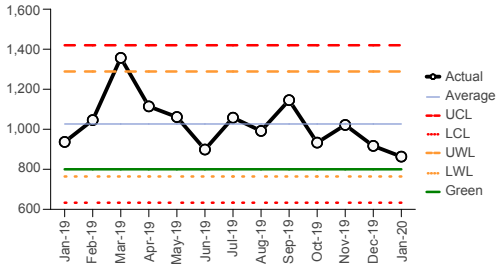
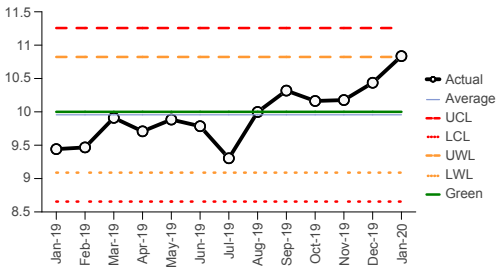
The Best People doing their best Work

15.3 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Temporary Spend	**Temporary Spend ('000s)** D Indicates the expenditure on premium temporary pay spend and monitors the reduction. **Exec Lead:** Melissa Swindell **Committee:** WOD	863.25	R >960 A <=960 G <=800		Business Partners together with Finance Accountants and Ass COOs regularly review status in Divisions and advise on actions as appropriate. Monthly temporary staffing reviews also take place with the Director & Deputy Directors of HR & Finance.
Staff Turnover	**Staff Turnover** D Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	10.84 %	R >11 % A <=11 % G <=10 %		Turnover is slightly up on last month but only just over our Trust target of 10%.

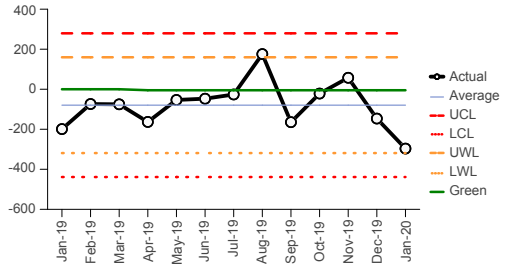
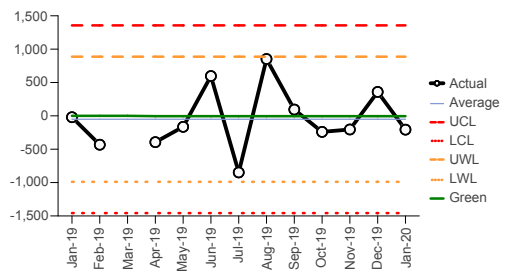
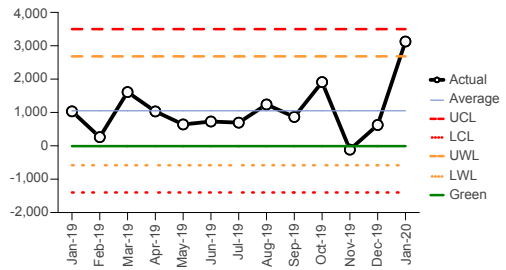
The Best People doing their best Work

16.1 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**CIP In Month Variance (£'000s)** W Variance from Sustainability plan (CIP). Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month. **Exec Lead:** John Grinnell **Committee:** RABD	-297	R <-20% A >=-20% G >=-5%		The CIP performance for January was £0.3m behind plan. It is expected that the Trust will achieve the full year CIP target of £6m by the end of March.
Finance	**Control Total In Month Variance (£'000s)** W Variance from Control Total plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-207	R <-20% A >=-20% G >=-5%		The Trust achieved a £1.5m surplus in January which was £0.2m behind the plan. The Trust is also £0.2m behind the year to date plan. It is important that the Trust recovers this position in the final two months of the year in order to secure its sustainability funding.
Finance	**Capital Expenditure In Month Variance (£'000s)** W Variance from capital plan. Variation between months is usual and the threshold of + or - 5% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	3,126	R <-10% A >=-10% G >=-5%		No Action Required

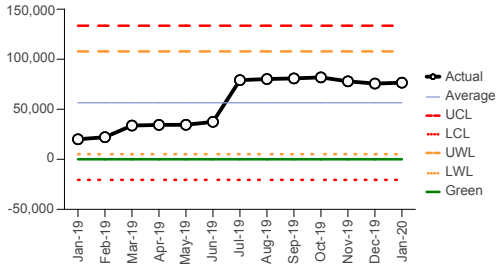
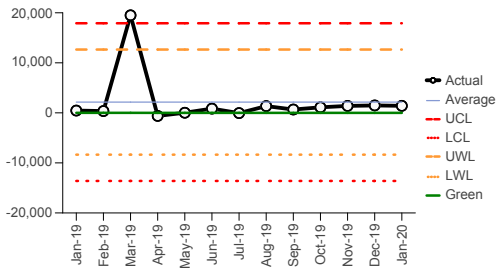
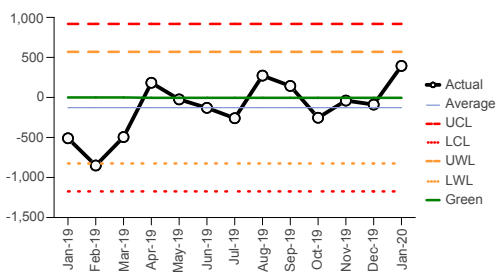
The Best People doing their best Work

16.2 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Cash in Bank (£'000s)** W Variance from Cash plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	76,536	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Income In Month Variance (£'000s)** W Variance from income plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	1,404	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Pay In Month Variance (£'000s)** W Variance from pay plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	394	R <-20% A >=-20% G >=-5%		No Action Required

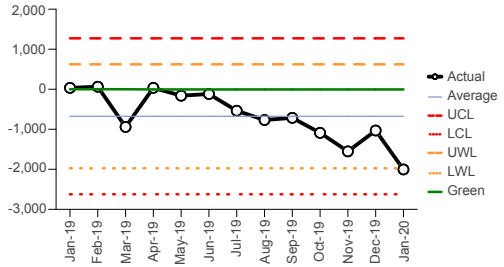
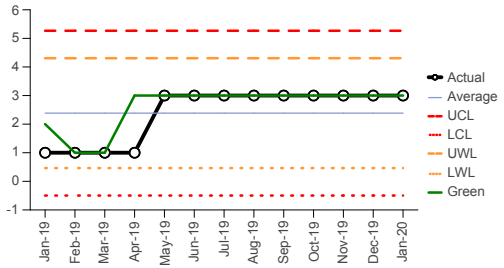
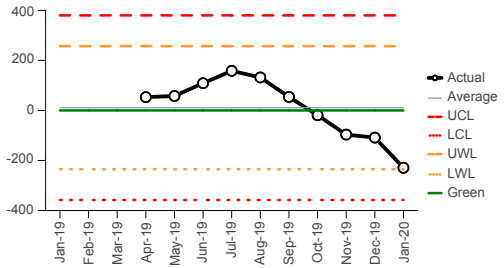
The Best People doing their best Work

16.3 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Non Pay In Month Variance (£'000s)** W Variance from non pay plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-2,004	R <-20% A >=-20% G >=-5%		For the month of January non pay expenditure exceeded plan by £2m. Of this £1.1m related to pass through drugs costs which were offset by income and the remainder related to overspends on clinical supplies in theatres and the wards.
Finance	**NHSI Use of Resources** W NHSI Use of Resources Metric indicates financial sustainability of the Trust. This varies from 1 to 4 with 1 being the highest score possible and 4 being the lowest **Exec Lead:** John Grinnell **Committee:** RABD	3	R >3 A N/A G <=3		No Action Required
Finance	**AvP: IP - Non-Elective** W Actvity vs Plan for Inpatient Non-Elective Activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-229.21	R <0 A N/A G >=0		The most significant adverse variances were in respiratory (123 spells down), gen paeds (44 spells) and A&E (46 spells)

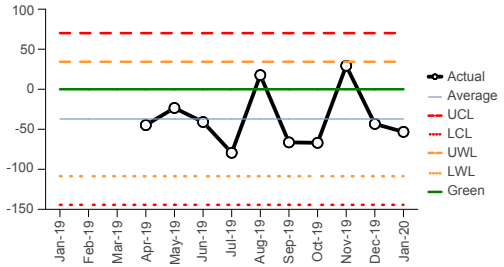
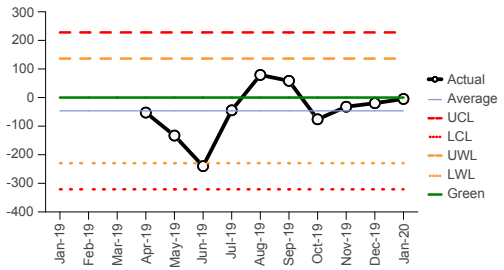
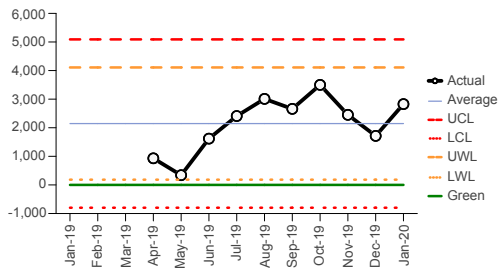
The Best People doing their best Work

16.4 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: IP Elective vs Plan** W Actvity vs Plan for Inpatient Elective activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-53.29	R <0 A N/A G >=0		The most significant adverse variance was in sleep studies (32 spells)
Finance	**AvP: Daycase Activity vs Plan** W Actvity vs Plan for Daycase activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-4.98	R <0 A N/A G >=0		The most significant adverse variances were in nephrology (40 spells) and dentistry (39 spells)
Finance	**AvP: Outpatient Activity vs Plan** W Actvity vs Plan for Outpatient activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	2826.32	R <0 A N/A G >=0		No Action Required

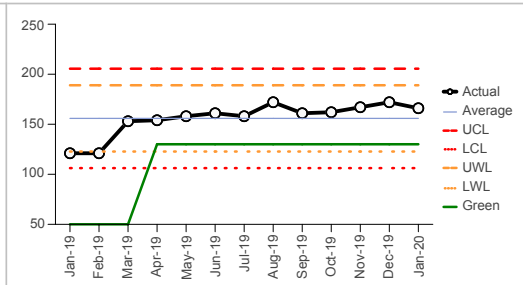
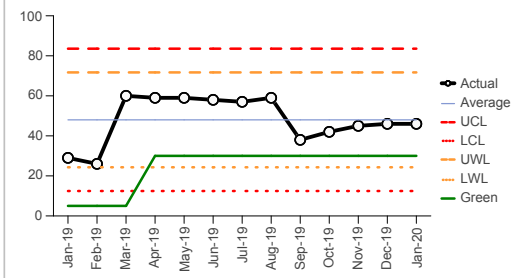
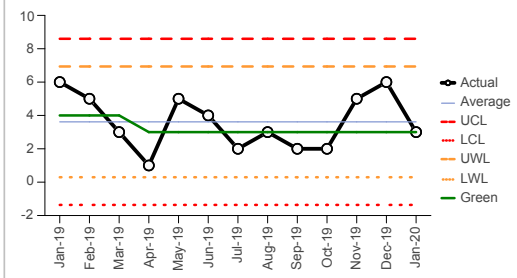
Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

GROW THE FUTURE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of Open Studies - Academic** W Number of academic studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	166	R <111 A >=111 G >=130		No Action Required
Clinical Research	**Number of Open Studies - Commercial** W Number of commercial studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	46	R <21 A >=21 G >=30		No Action Required
Clinical Research	**Number of New Studies Opened - Academic** W Number of new academic studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	3	R <2 A >=2 G >=3		No Action Required

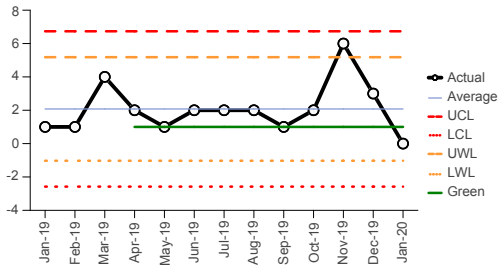
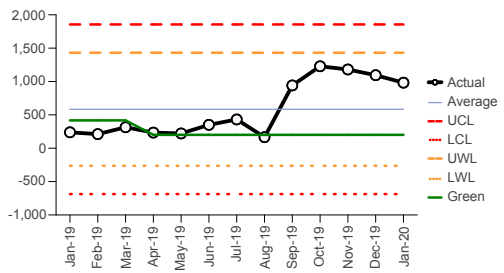
Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS Foundation Trust

GROW THE FUTURE

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of New Studies Opened - Commercial** W Number of new commercial studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	0	R <1 A N/A G >=1		The Division is well ahead in its progress with delivering the target of 12 commercial studies within 19/20. To date, 20 commercial studies have been opened within the financial year.
Clinical Research	**Number of patients recruited** W Number of patients recruited to NIHR portfolio studies in month. **Exec Lead:** Matthew Peak **Committee:** REIC	982	R <171 A >=171 G >=200		No Action Required

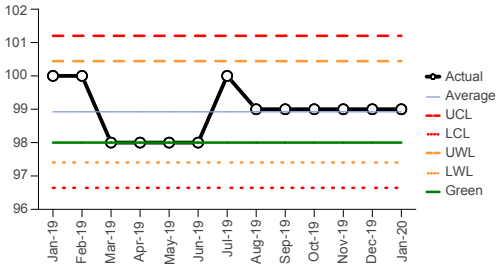
Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

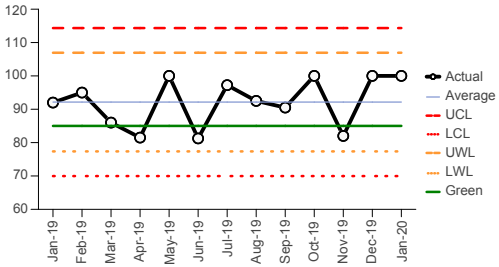
	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**PFI: PPM%** PFI: Scheduled maintenance as part of Planned and Preventative Maintenance (PPM) schedule to ensure compliance with statutory obligations and provide a safe environment 98% **Exec Lead:** David Powell **Committee:** RABD	99 %	R <98 % A N/A G >=98 %		No Action Required

The Best People doing their best Work

19.1 - FACILITIES - WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**Domestic Cleaning Audit Compliance** W Auditing for Domestic Services, aim is to ensure National Cleaning Standards. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	100 %	R <85 % A N/A G >=85 %		No Action Required

All Divisions

D Drive W Watch P Programme

SAFE

		COMMUNITY	MEDICINE	SURGERY	RAG
Clinical Incidents resulting in Near Miss	D	7	36	29	No Threshold
Clinical Incidents resulting in No Harm	D	46	132	139	No Threshold
Clinical Incidents resulting in minor, non permanent harm	D	7	23	44	No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	D	0	2	2	No Threshold
Clinical Incidents resulting in severe, permanent harm	D	0	1	0	0 / N/A / >0
Clinical Incidents resulting in catastrophic, death	D	0	0	0	0 / N/A / >0
Medication errors resulting in harm	D	0	0	0	No Threshold
Pressure Ulcers (Category 3)	W	0	0	0	0 / N/A / >0
Pressure Ulcers (Category 4)	W	0	0	0	0 / N/A / >0
Never Events	W	0	0	0	0 / N/A / >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P		100.0%	57.1%	>=90 % / N/A / <90 %
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0 / N/A / >0
Hospital Acquired Organisms - C.difficile	D	0	0	0	0 / N/A / >0
Hospital Acquired Organisms - MSSA	D	0	0	0	No Threshold

CARING

		COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	W	2	6	1	No Threshold
PALS	W	44	43	27	No Threshold

EFFECTIVE

		COMMUNITY	MEDICINE	SURGERY	RAG
% Readmissions to PICU within 48 hrs	W			0.0%	<=3 % / N/A / >3 %
ED: 95% Treated within 4 Hours	D		87.6%		>=95 % / N/A / <95 %
ED: Number of patients spending >12 hours from decision to admit to admission	W		0		0 / N/A / >0

All Divisions

D Drive W Watch P Programme

		COMMUNITY	MEDICINE	SURGERY	RAG		
On the day Elective Cancelled Operations for Non Clinical Reasons	D	0	2	18	No Threshold		
28 Day Breaches	W	0	0	10	0	N/A	>0

RESPONSIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
IP Survey: % Received information enabling choices about their care	W		95.5%	98.5%	>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect	W		98.9%	98.5%	>=95 %	>=90 %	<90 %
IP Survey: % Know their planned date of discharge	D P		86.4%	93.1%	>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care	W		97.7%	98.2%	>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play	D		94.4%	96.4%	>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning	D		81.6%	87.7%	>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	76.3%	94.0%	93.5%	>=92 %	>=90 %	<90 %
Waiting List Size	W	1,191	3,043	8,651	No Threshold		
Waiting Greater than 52 weeks	W	0	0	0	0	N/A	>0
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W		100.0%		100 %	N/A	<100 %
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W		100.0%		100 %	N/A	<100 %
All Cancers: 31 day wait until subsequent treatments	W		100.0%		100 %	N/A	<100 %
Diagnostics: % Completed Within 6 Weeks	W		100.0%	100.0%	>=99 %	N/A	<99 %
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W		100.0%		100 %	N/A	<100 %

WELL LED

		COMMUNITY	MEDICINE	SURGERY	RAG
Control Total In Month Variance (£'000s)	W	-58	122	-567	No Threshold
Income In Month Variance (£'000s)	W	104	1,315	-160	No Threshold
Pay In Month Variance (£'000s)	W	-90	21	42	No Threshold
Non Pay In Month Variance (£'000s)	W	-72	-1,214	-449	No Threshold

All Divisions

D Drive W Watch P Programme

		COMMUNITY	MEDICINE	SURGERY	RAG		
AvP: IP - Non-Elective	W		-251	21	>=0	N/A	<0
AvP: IP Elective vs Plan	W	0	-29	-26	>=0	N/A	<0
AvP: Daycase Activity vs Plan	W		30	-37	>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W	632	734	799	>=0	N/A	<0
PDR	W	91.3%	87.1%	94.3%	>=90 %	>=80 %	<85 %
Medical Appraisal	W	69.7%	84.1%	84.1%	>=95 %	>=90 %	<90 %
Mandatory Training	W	96.7%	94.1%	93.0%	>=90 %	>=80 %	<80 %
Sickness	D	4.7%	5.9%	6.5%	<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.2%	1.9%	2.0%	<=1 %	N/A	>1 %
Long Term Sickness	D	3.5%	4.0%	4.6%	<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	135	252	432	No Threshold		
Staff Turnover	D	12.5%	9.9%	11.1%	<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	101.0%	91.6%	89.4%	>=90 %	>=80 %	<90 %

Medicine Division

SAFE	Zero Never Events; Cat 3 and 4 Pressure Ulcers; Hospital-acquired Infections For MRSA and C Difficile.	**Highlight** ▪ 100%: Inpatients treated for Sepsis within 60 mins. ▪ Improved cleanliness score to 98.3%. ▪ Zero never events, hospital-acquired infections (MRSA, C. difficile) for over 12 months. **Challenges** ▪ Two incidents of moderate harm and one incident of permanent or moderate harm reported in January ▪ Pharmacy outpatient dispensing times remain challenged at 47% compliance with the 30 minute standard
CARING	6 complaints and 43 PALS responses.	**Highlight** ▪ Overall complaint numbers remain low **Challenges** ▪ Complaints have increased from < 2 complaints per month for the last three months. Plan to engage with the new quality team to improve response times and follow up actions.
EFFECTIVE	ED Performance is at 87.6%, improving by 1.5% since December. Although this figure represents the highest performance since October 2019, this is below the national standard of 95%. Delivery of the Emergency Care standard continues to be the Division's top operational pressure and priority. An ED action plan continues to make progress, balancing immediate actions such as additional triage capacity (through staff bank) and maximising primary care capacity, with a longer term proposal to strengthen ED workforce and redesign patient flows.	**Highlight** ▪ Was Not Brought rate remains below 12% (9.3% for Jan). ▪ Clinic session utilisation up on the previous month by 5.8% to 86.4% overall. ▪ Coding comorbidity average remains above 4.4 for 7th consecutive month. **Challenges** ▪ ED performance (see to the left).
RESPONSIVE	Pathology turnaround times consistently good with notable improvement in urgent requests. Concern over MRI, CT, Ultrasound and Nuclear Medicine. Action plan to address this was presented at Operational Delivery Board on 28/11/19 and involves recruitment of additional radiologists as well as Outsourcing presented at Divisional Board on 21/01/2020. Outsourcing has now commenced and the action plan is to be refreshed.	**Highlight** ▪ RTT target consistently achieved for over 12 months though acknowledge that some areas still require focus. ▪ Overall waiting list size down by over 400 patients compared to the previous month and 12 month average ▪ Diagnostic target consistently achieved for over 12 months. **Challenges** ▪ Imaging reporting turnaround times ▪ Imaging waiting times, particularly MRI (see left) as well as CT, ultrasound and nuclear medicine
WELL LED	Shift fill rate above 90% for 13 consecutive months. Significant improvement in divisional risk management resulting in review of all overdue risks in January.	**Highlight** ▪ Delivery of the in month and forecast year end financial control total. ▪ Mandatory training is above 90% for 8th consecutive month and is at 94.1% in January **Challenges** ▪ Sickness levels remain high at 5.9% leading to a small creep in temporary staffing expenditure.

Alder Hey Children's NHS
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Medicine

D Drive W Watch P Programme

SAFE

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss (D)	20	36	30	19	29	20	36	11	20	16	25	20	36		No Threshold
Clinical Incidents resulting in No Harm (D)	98	89	89	103	88	78	105	76	69	87	73	70	132		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	35	24	37	38	25	23	21	9	19	21	16	22	23		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	0	0	0	0	0	0	0	1	0	0	1	0	2		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	1	1		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	1	1	0	0	0	1	0	0	0	0	0	0	0		0 N/A >0
Medication errors resulting in harm (D)	0	2	1	4	3	0	1	0	0	3	0	1	0		No Threshold
Medication Errors (Incidents)	31	31	34	51	40	24	37	32	21	30	20	22	47		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	1	0	0	1	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Acute readmissions of patients with long term conditions within 28 days	3	3	2	2	3	3	4	4	1	8	5	3	5		No Threshold
Never Events (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients (D P)	74.2%		63.2%	100.0%	66.7%	85.7%	83.3%	100.0%	87.5%	100.0%	90.0%	100.0%	100.0%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	1	0	0	1	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI) (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - CLABSI	2	6	1	0	0	2	1	1	2	1	3	1	1		No Threshold
Hospital Acquired Organisms - MSSA (D)	0	0	1	0	0	0	0	1	0	0	0	0	0		No Threshold
Cleanliness Scores	97.1%	97.1%	98.6%	97.2%	98.3%	91.8%	96.4%	98.5%	98.6%	97.9%	97.4%	98.3%	97.8%		>=90 % >=80 % <80 %
Pharmacy - ASU (Aseptic Service Unit) Environmental Monitoring to include ranking within the region.				99.5%	99.5%	99.7%	100.0%	99.5%	99.6%	99.7%	99.7%	100.0%	99.9%		>=95 % N/A <95 %
Pharmacy - NPP (Near Patient Pharmacy) Medicines Reconciliation, percentage completed.				65.6%	55.0%	55.0%	58.9%	58.9%	58.9%	58.9%	58.5%	58.5%			>=50 % N/A <50 %
Pharmacy - Dispensing for Out Patients - Routine within 30 minutes	50.0%	63.0%	62.0%	63.0%	54.0%	63.0%	52.5%	52.5%	62.0%	59.0%	50.0%	62.0%	47.0%		>=90 % >=80 % <90 %
Pharmacy - Dispensing for Out Patients - Complex within 60 minutes	91.0%	67.0%	95.0%	60.0%	75.0%	100.0%	87.5%	87.5%	63.0%	100.0%	92.0%	89.0%	84.0%		>=90 % >=80 % <90 %

CARING

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Complaints (W)	4	2	4	2	1	3	2	4	7	0	1	2	6		No Threshold
PALS (W)	47	37	23	40	34	38	40	33	40	40	38	21	43		No Threshold

EFFECTIVE

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Referrals Received (Total)	2,041	1,939	2,185	2,023	2,118	1,971	2,204	1,707	1,776	2,095	1,917	1,815	1,958		No Threshold
ED: 95% Treated within 4 Hours (D)	92.1%	90.6%	95.6%	93.5%	91.3%	89.4%	91.8%	94.7%	89.0%	86.9%	79.4%	86.1%	87.6%		>=95 % N/A <95 %
ED: Percentage Left without being seen (W)	4.5%	5.5%	3.4%	3.9%	5.2%	6.8%	4.9%	3.6%	6.2%	5.9%	9.3%	7.0%	4.0%		<=5 % N/A >5 %
ED: Number of patients spending >12 hours from decision to admit to admission (W)	0	0	0	0	1	0	1	0	0	0	0	0	0		0 N/A >0
Theatre Utilisation - % of Session Utilised (W)	84.5%	83.4%	83.6%	81.8%	83.3%	82.9%	83.6%	86.2%	80.2%	83.9%	79.3%	78.9%	80.3%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons (D)	4	2	0	1	1	1	2	5	2	3	4	1	2		No Threshold

Medicine

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
28 Day Breaches	W	0	1	0	0	0	0	0	0	0	0	1	0	0		0 N/A >0
Clinic Session Utilisation	D P	81.2%	86.7%	87.2%	85.3%	85.2%	84.7%	85.5%	81.5%	85.3%	84.6%	85.8%	80.9%	86.4%		>=90 % >=80 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice		29	58	32	64	62	62	40	43	39	38	42	26	22		No Threshold
OP Appointments Cancelled by Hospital %		15.2%	15.2%	13.5%	17.1%	17.9%	16.1%	14.6%	16.1%	13.0%	15.0%	13.9%	15.2%	12.9%		<=5 % N/A >10 %
Was Not Brought Rate	W P	11.5%	11.8%	9.6%	10.8%	10.7%	9.9%	11.0%	12.1%	9.7%	9.5%	9.6%	11.2%	9.3%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts)	W	14.1%	13.7%	10.6%	13.6%	13.6%	10.1%	13.3%	14.7%	11.0%	12.6%	11.6%	13.9%	11.5%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts)	W	10.6%	11.2%	9.3%	9.9%	9.7%	9.8%	10.3%	11.2%	9.3%	8.5%	9.0%	10.4%	8.6%		<=14 % <=16 % >16 %
Coding average comorbidities		3.75	4.01	3.93	4.39	4.37	4.40	4.49	4.66	4.43	4.69	4.70	4.80	4.72		No Threshold

RESPONSIVE

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Convenience and Choice: Slot Availability		91.5%	87.5%	78.0%	63.1%	66.8%	64.5%	64.7%	72.9%	74.9%	84.7%	85.6%	82.7%	95.9%		>=96 % N/A <96 %
IP Survey: % Received information enabling choices about their care	W	93.3%	89.7%	94.2%	98.6%	94.8%	97.9%	97.4%	95.4%	99.0%	93.8%	96.1%	94.6%	95.5%		>=95 % >=90 % <90 %
IP Survey: % Treated with respect	W	100.0%	100.0%	99.4%	99.3%	98.6%	97.9%	99.5%	97.0%	99.0%	97.2%	96.6%	97.7%	98.9%		>=95 % >=90 % <90 %
IP Survey: % Know their planned date of discharge	D P	68.7%	75.0%	76.0%	85.0%	82.1%	82.8%	84.1%	83.8%	89.0%	87.7%	87.1%	92.7%	86.4%		>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care	W	98.5%	92.2%	92.9%	98.6%	91.5%	95.8%	88.4%	97.0%	98.4%	97.6%	98.3%	92.7%	97.7%		>=95 % >=90 % <90 %
IP Survey: % Patients involved in Play	D						92.7%	94.7%	94.4%	93.8%	88.6%	91.0%	90.4%	94.4%		>=90 % >=85 % <85 %
IP Survey: % Patients involved in Learning	D						69.4%	86.2%	75.1%	68.1%	72.0%	68.1%	81.6%	81.6%		>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	92.9%	92.5%	93.9%	94.6%	94.3%	94.7%	94.3%	93.5%	92.9%	93.5%	93.9%	94.2%	94.0%		>=92 % >=90 % <90 %
Waiting List Size	W	3,686	3,398	3,355	3,434	3,771	3,565	3,762	3,501	3,195	3,213	3,332	3,420	3,043		No Threshold
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Waiting Times - 40 weeks and above		18	22	15	7	5	5	7	11	9	10	18	1	2		No Threshold
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	96.4%	100.0%		100 % N/A <100 %
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %
All Cancers: 31 day wait until subsequent treatments	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %
Diagnostics: % Completed Within 6 Weeks	W	99.7%	100.0%	99.6%	100.0%	100.0%	100.0%	99.8%	100.0%	99.7%	100.0%	100.0%	99.7%	100.0%		>=99 % N/A <99 %
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %
Pathology - % Turnaround times for urgent requests < 1 hr		89.9%	89.4%	90.8%	92.4%	91.0%	92.7%	93.4%	90.8%	91.7%	91.5%	90.9%	89.8%	90.2%		>=90 % >=85 % <90 %
Pathology - % Turnaround times for non-urgent requests < 24hrs		100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%		>=90 % >=85 % <90 %
Imaging - % Report Turnaround times GP referrals < 24 hrs		99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=95 % >=90 % <95 %
Imaging - % Reporting Turnaround Times - ED		93.0%	88.0%	92.0%	75.0%	83.0%	94.0%	86.0%	96.0%	94.0%	100.0%	92.0%	82.0%	85.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Inpatients		88.0%	82.0%	86.0%	84.0%	84.0%	88.0%	92.0%	82.0%	87.0%	91.0%	85.0%	81.0%	86.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Outpatients		82.0%	92.0%	85.0%	88.0%	86.0%	96.0%	92.0%	93.0%	94.0%	87.0%	87.0%	92.0%	89.0%		>=85 % N/A <85 %
Imaging - Waiting Times - MRI % under 6 weeks		69.0%	78.0%	66.0%	67.0%	64.0%	63.0%	73.0%	78.0%	76.0%	92.0%	89.0%	82.0%	64.0%		>=95 % >=90 % <95 %
Imaging - Waiting Times - CT % under 1 week		89.0%	82.0%	89.0%	81.0%	82.0%	85.0%	87.0%	88.0%	84.0%	84.0%	80.0%	89.0%	87.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Plain Film % under 24 hours		92.0%	91.0%	92.0%	91.0%	92.0%	92.0%	92.0%	91.0%	92.0%	89.0%	89.0%	90.0%	91.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Ultrasound % under 2 weeks		84.0%	86.0%	81.0%	85.0%	78.0%	90.0%	86.0%	89.0%	88.0%	86.0%	87.0%	88.0%	88.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks		92.0%	88.0%	81.0%	100.0%	60.0%	78.0%	68.0%	68.0%	100.0%	82.0%	83.0%	79.0%	61.0%		>=95 % >=90 % <95 %

Medicine

D Drive W Watch P Programme

WELL LED

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W	-430	-242		-140	-302	-215	-308	946	-8	199	66	494	122		No Threshold
Income In Month Variance (£'000s)	W	50	418	416	-225	-298	86	79	676	-53	595	678	869	1,315		No Threshold
Pay In Month Variance (£'000s)	W	-212	-217	-244	-51	98	37	-79	291	129	126	162	-12	21		No Threshold
AvP: IP - Non-Elective	W				17	21	89	111	67	3	-33	-73	-129	-251		>=0 N/A <0
AvP: IP Elective vs Plan	W				-30	-26	-30	-56	-1	-36	-41	-5	-41	-29		>=0 N/A <0
AvP: OP New					-31.10	-56.48	35.41	119.12	177.81	201.81	-45.52	40.78	23.30	107.65		>=0 N/A <0
AvP: OP FollowUp					-167.82	-311.12	-78.98	93.27	253.81	243.43	259.99	381.97	242.31	583.30		>=0 N/A <0
AvP: Daycase Activity vs Plan	W				-6	-119	-154	-65	100	39	-37	-61	21	30		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W				-71	-404	22	248	564	457	365	518	319	734		>=0 N/A <0
PDR	W	89.2%	89.2%	89.2%	2.8%	14.1%	37.4%	83.8%	87.8%	87.8%	87.8%	87.8%	87.8%	87.1%		>=90 % >=85 % <85 %
Medical Appraisal	W					98.4%	97.6%	93.7%	93.7%	92.1%	88.1%	69.8%	65.1%	84.1%		>=95 % >=90 % <90 %
Mandatory Training	W	91.0%	90.1%	90.7%	90.7%	89.7%	92.0%	91.2%	91.9%	91.4%	91.6%	91.8%	91.6%	94.1%		>=90 % >=85 % <80 %
Sickness	D	4.6%	4.4%	4.8%	4.5%	4.7%	4.6%	5.3%	5.0%	5.3%	5.2%	5.6%	6.0%	5.9%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	1.8%	1.9%	2.0%	1.6%	1.4%	1.1%	1.6%	1.2%	1.6%	1.3%	2.1%	2.2%	1.9%		<=1 % N/A >1 %
Long Term Sickness	D	2.8%	2.5%	2.8%	2.9%	3.3%	3.4%	3.8%	3.8%	3.6%	3.8%	3.4%	3.8%	4.0%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	219	297	326	270	271	263	247	282	300	284	247	224	252		No Threshold
Staff Turnover	D	7.8%	7.7%	8.0%	8.0%	8.5%	8.8%	8.9%	9.8%	10.6%	9.8%	9.8%	9.5%	9.9%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	96.0%	97.0%	103.2%	100.2%	101.0%	97.5%	97.8%	98.8%	102.9%	99.3%	97.2%	90.7%	91.6%		>=90 % >=85 % <90 %

Surgery Division

SAFE	• No Never events • No SUI's • No incidents resulting in sever or permanent harm • No Grade 3/4 Pressure ulcers • Increase in medication errors incident 27<42 however none resulting in harm • Sepsis 57% in Jan	**Highlight** • 99% cleanliness scores • No Grade 3/4 pressure ulcers **Challenges** • Sepsis – Dec & Jan <90% compliance
CARING	• Reduction in formal complaints only receiving 1 in January 7> 5 >1 • PALS concerns, total 27	**Highlight** • School Visit to the division of surgery introducing children to 'real life superheroes' **Challenges** • Conclude complex / long term complaints
EFFECTIVE	• Increase in theatre utilisation by 7%, 89.8% total, highest since August • Significant reduction in on the day cancelled ops 31>40>35>18 • Highest number of 28 day breaches YTD, 10 • 32 CCAD cases, highest since October • Clinic Utilisation improved by 5%, 86.3% total • Theatre sessions delivered 602, (range 132-144)	**Highlight** • 3 months 0% readmission to PICU within 48 hours • Improved theatre utilisation • Reduction in cancelled ops **Challenges** • Cancelled ops remain an challenge owing to non-elective admissions and bed availability
RESPONSIVE	• RTT 93.5% (national target 92%) • No 52 week breaches this year to date • Continue to achieve 100% for seeing all patient requiring diagnostic tests within 6 weeks since May 2019 • IP survey, all metrics >93% except from learning	**Highlight** • Continuing to exceed national waiting time targets **Challenges** • Maintaining elective programme while supporting acuity medical demand in March
WELL LED	• Mandatory training – 93% • Sickness – 6.2% (Short term 2.1% and Long Term 4.1%) • Staff Turnover rate 11% • Finance: forecast deteriorated by £300k to £1m gap vs budget	**Highlight** • Liverpool Neonatal Partnership presented update at Trust Board • Mandatory training 93% **Challenges** • Improvement in sickness rates however remains a challenge for the division

Initial feedback from the unannounced CQC Inspections in our core services (Surgery and Neonates) was extremely positive.

Alder Hey Children's NHS
NHS Foundation Trust

Surgery

D Drive W Watch P Programme

SAFE

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss	D	28	40	34	28	30	20	59	27	29	42	32	19	29		No Threshold
Clinical Incidents resulting in No Harm	D	139	104	139	143	142	163	139	137	130	144	144	114	139		No Threshold
Clinical Incidents resulting in minor, non permanent harm	D	32	34	43	38	67	37	33	39	27	46	52	45	44		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	D	2	1	0	0	0	1	3	0	1	0	0	2	2		No Threshold
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	0	0	1	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death	D	0	1	0	0	0	0	0	0	1	0	0	0	0		0 N/A >0
Medication errors resulting in harm	D	2	2	1	2	0	3	1	1	1	3	3	1	0		No Threshold
Medication Errors (Incidents)		37	41	44	38	57	49	28	45	24	41	55	27	42		No Threshold
Pressure Ulcers (Category 3)	W	0	0	0	0	0	1	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4)	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Never Events	W	1	0	0	0	0	0	0	0	2	0	0	1	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	62.5%		90.9%	75.0%	75.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	60.0%	57.1%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)		0	0	0	0	0	1	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	D	0	0	1	0	0	0	0	0	0	1	0	0	0		0 N/A >0
Hospital Acquired Organisms - MSSA	D	1	0	3	1	1	0	0	0	1	0	1	0	0		No Threshold
Cleanliness Scores		97.3%	97.2%	98.0%	98.2%	97.7%		97.0%	97.2%	97.7%	97.9%	97.6%	98.0%	99.1%		>=90 % >=80 % <80 %

CARING

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Complaints	W	2	2	6	1	2	2	8	7	4	1	7	5	1		No Threshold
PALS	W	39	26	30	33	31	26	42	21	48	40	35	19	27		No Threshold

EFFECTIVE

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Readmissions to PICU within 48 hrs	D	1	2	2	2	2	1	5	3	0	1	0	0	0		No Threshold
% Readmissions to PICU within 48 hrs	W	1.4%	1.8%	2.5%	2.7%	2.1%	1.3%	5.3%	4.1%	0.0%	1.2%	0.0%	0.0%	0.0%		<=3 % N/A >3 %
Referrals Received (Total)		3,671	3,796	4,017	3,752	4,080	3,776	4,159	3,307	3,556	3,830	3,293	2,803	3,646		No Threshold
Theatre Utilisation - % of Session Utilised	W	89.7%	89.4%	90.4%	89.7%	90.0%	88.6%	89.4%	90.8%	88.3%	86.9%	85.6%	83.6%	89.8%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons	D	7	8	12	8	23	14	35	30	16	31	40	35	18		No Threshold
28 Day Breaches	W	4	0	1	0	0	1	2	0	1	0	1	7	10		0 N/A >0
Clinic Session Utilisation	D P	83.8%	85.1%	88.6%	87.9%	87.3%	87.2%	89.0%	87.1%	86.5%	87.0%	85.0%	81.5%	86.3%		>=90 % >=80 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice		55	74	58	53	41	40	43	37	29	70	57	11	29		No Threshold
OP Appointments Cancelled by Hospital %		13.8%	14.1%	13.6%	13.3%	12.9%	12.7%	11.9%	12.1%	11.9%	12.6%	12.2%	13.0%	14.0%		<=5 % <=10 % >10 %
Was Not Brought Rate	W P	12.7%	11.7%	10.6%	11.8%	11.1%	9.5%	9.6%	10.4%	9.6%	9.6%	10.8%	12.1%	10.0%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts)	W	12.3%	11.7%	10.8%	11.4%	10.8%	10.5%	10.2%	11.6%	10.1%	10.1%	11.4%	11.8%	9.6%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts)	W	12.9%	11.7%	10.5%	12.0%	11.2%	9.1%	9.4%	9.9%	9.4%	9.5%	10.5%	12.3%	10.2%		<=14 % <=16 % >16 %
Coding average comorbidities		3.96	4.13	3.92	4.09	4.23	4.15	4.12	4.25	4.06	4.15	4.16	4.26	4.05		No Threshold
CCAD Cases		33	39	42	30	36	31	43	35	38	35	27	23	32		No Threshold

Surgery

D Drive W Watch P Programme

RESPONSIVE

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Convenience and Choice: Slot Availability		82.6%	90.6%	87.0%	80.0%	76.5%	90.0%	89.7%	82.0%	90.5%	96.9%	99.0%	98.7%	99.0%		>=96 % N/A <96 %
IP Survey: % Received information enabling choices about their care	W	97.7%	98.3%	96.8%	98.0%	97.9%	97.2%	97.7%	95.9%	97.1%	96.8%	97.2%	97.6%	98.5%		>=95 % >=90 % <90 %
IP Survey: % Treated with respect	W	100.0%	98.9%	99.5%	99.3%	99.3%	98.3%	99.0%	97.8%	98.1%	98.0%	98.2%	99.1%	98.5%		>=95 % >=90 % <90 %
IP Survey: % Know their planned date of discharge	D P	81.3%	87.8%	83.8%	92.4%	85.6%	91.3%	90.1%	89.0%	89.3%	95.0%	96.1%	88.7%	93.1%		>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care	W	95.0%	95.6%	93.7%	100.0%	89.7%	96.5%	92.4%	98.6%	98.4%	91.3%	98.2%	99.3%	98.2%		>=95 % >=90 % <90 %
IP Survey: % Patients involved in Play	D						93.8%	94.4%	95.9%	90.3%	94.2%	95.7%	91.7%	96.4%		>=90 % >=85 % <85 %
IP Survey: % Patients involved in Learning	D						72.1%	68.9%	70.4%	68.4%	74.3%	68.4%	87.7%	87.7%		>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	93.1%	94.0%	94.0%	93.6%	94.0%	94.0%	93.8%	94.1%	94.5%	93.8%	93.7%	94.2%	93.5%		>=92 % >=90 % <90 %
Waiting List Size	W	7,923	8,221	8,129	8,165	7,712	7,939	7,765	8,266	8,519	8,319	8,157	8,088	8,651		No Threshold
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Diagnostics: % Completed Within 6 Weeks	W	100.0%	89.5%	92.3%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=99 % N/A <99 %

WELL LED

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W	-240	-470		-405	-63	282	-525	455	531	-399	-59	159	-567		No Threshold
Income In Month Variance (£'000s)	W	-56	208	364	-372	159	370	53	775	771	266	580	565	-160		No Threshold
Pay In Month Variance (£'000s)	W	-30	-407	-274	23	-7	-34	-165	-117	-116	-286	-213	-37	42		No Threshold
AvP: IP - Non-Elective	W				36	36	20	48	65	51	14	-23	21	21		>=0 N/A <0
AvP: IP Elective vs Plan	W				-15	3	-10	-25	18	-30	-27	29	-2	-26		>=0 N/A <0
AvP: OP New					-207.97	-305.45	-342.11	-235.53	-170.56	-326.33	-187.46	-325.84	-257.44	-222.65		>=0 N/A <0
AvP: OP FollowUp					489.69	324.90	964.71	1,117.55	1,450.07	1,358.96	1,793.97	852.38	692.95	846.64		>=0 N/A <0
AvP: Daycase Activity vs Plan	W				-46	-15	-86	17	-23	18	-42	27	-43	-37		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W				420	86	682	1,016	1,647	1,198	1,965	729	523	799		>=0 N/A <0
PDR	W	90.0%	96.6%	96.6%	11.6%	42.7%	74.4%	93.8%	93.3%	93.3%	93.3%	93.3%	93.3%	94.3%		>=90 % >=85 % <85 %
Medical Appraisal	W					97.6%	97.6%	97.0%	98.2%	94.5%	89.6%	67.7%	65.2%	84.1%		>=95 % >=90 % <90 %
Mandatory Training	W	90.0%	88.4%	89.4%	88.8%	87.3%	88.6%	89.3%	90.3%	90.6%	90.3%	89.9%	91.1%	93.0%		>=90 % >=85 % <80 %
Sickness	D	6.2%	6.4%	5.2%	5.2%	6.2%	6.6%	6.4%	5.7%	5.8%	6.2%	5.8%	7.1%	6.5%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	2.1%	2.0%	1.6%	1.5%	1.7%	1.6%	1.6%	1.1%	1.6%	1.9%	1.7%	2.2%	2.0%		<=1 % N/A >1 %
Long Term Sickness	D	4.1%	4.4%	3.6%	3.7%	4.5%	5.0%	4.8%	4.6%	4.2%	4.3%	4.1%	4.9%	4.6%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	474	564	591	515	505	461	527	513	613	513	577	471	432		No Threshold
Staff Turnover	D	9.7%	9.9%	10.3%	10.5%	11.0%	11.3%	9.9%	10.6%	10.5%	10.5%	10.4%	11.0%	11.1%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	93.3%	89.3%	89.4%	91.9%	91.0%	89.1%	89.4%	92.5%	86.1%	89.6%	95.5%	91.7%	89.4%		>=90 % >=85 % <90 %

Community & Mental Health Division

SAFE	Teams welcomed CQC inspections across Specialist Mental Health Services and Outpatients. Speech & Language Therapy Service reported an incident relating to an item removed from the pan-Mersey prescribing formulary. Issue addressed urgently no impact on clinical care delivered to children and young people.	**Highlight** • Zero never events • Zero incidents resulting in moderate of severe harm • Significant reduction in medication errors • Zero pressure ulcers grade 3 or 4 **Challenges** • Increase in reported issues with the POD system in outpatients. Task and finish group to be established to review process • Provision of Tissue Viability Support to community based staff
CARING	Formal complaint regarding a member of staff in Specialist Mental Health Services in relation to email communication. Learning identified in relation to appropriate tone and content of emails when communicating with families as tone and messages can easily be misinterpreted.	**Highlight** • Children & young people presentation at Divisional Board • Continued engagement with parent forums regarding ASD & ADHD **Challenges** • Increase in PALS reported (44) main themes related to access and communication • FFT responses increased and continue to highlight negative experience of Catkin building
EFFECTIVE	Investment agreed from Sefton CCGs regarding ASD and ADHD diagnostic pathways, Eating Disorders and Crisis Care Service.	**Highlight** • Continued reduction in outpatient appointments cancelled by hospital • Improvements in Was not Brought (WNB) rate in Specialist Mental Health Services **Challenges** • Achieving above 90% clinic utilisation in Community Paediatrics remains a challenge. This service will shortly move to bi-directional texting and additional resources secured to support booking of Looked after Children health assessments.
RESPONSIVE	All children and young people referred to Eating Disorder Service seen within national targets for urgent and routine appointments.	**Highlight** • Increase in RTT for Specialist Mental Health Services to 58.3% (as per agreed plan at December 2019 Trust Board) • Sefton SALT on track to achieve 18 week RTT by end of March

		Challenges
		• Increase in Liverpool SALT waiting times to 22 weeks (92nd percentile) due to staff sickness and vacancies. Plan in place to ensure waiting times are reduced to 18 weeks by 31 March 2020.
WELL LED	Recruitment of two substantive Consultant Psychiatrists for Liverpool & Sefton Specialist Mental Health Services. Appointment of Divisional Research Lead, Dr Nadia Ranceva	**Highlight**
		• Reduction in staff sickness levels for 4th consecutive month to 4.7% • Mandatory training is at 96.7% • PDR compliance is at 91.3%
		Challenges
		• Staff turnover continues to be above trust target divisional plans in place to support recruitment and retention of staff.

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Community

D Drive W Watch P Programme

SAFE

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss D	3	3	3	6	15	7	5	7	8	1	6	2	7		No Threshold
Clinical Incidents resulting in No Harm D	38	41	41	48	54	41	53	57	68	85	63	30	46		No Threshold
Clinical Incidents resulting in minor, non permanent harm D	4	6	6	6	2	7	8	7	6	11	9	12	7		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm D	0	0	0	0	0	0	1	0	0	0	0	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm D	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death D	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Medication Errors (Incidents)	10	9	5	12	6	3	6	5	9	11	8	9	1		No Threshold
Pressure Ulcers (Category 3) W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Cleanliness Scores	100.0%					99.5%			98.9%				100.0%		>=90 % >=80 % <80 %
CCNS: Advanced Care Plan for children with life limiting condition	0	0	0	10	10	10	10	9	8	8	7				No Threshold
CCNS: Supported early discharges from hospital care				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		No Threshold
CCNS: Prescriptions	0	0	0	12	24	17	21	32	28	25	21				No Threshold

CARING

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Complaints W	1	4	6	4	4	1	4	2	1	3	5	1	2		No Threshold
PALS W	36	29	33	30	30	43	37	28	37	37	21	20	44		No Threshold

EFFECTIVE

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Referrals Received (Total)	908	969	1,086	918	1,067	923	1,024	622	819	1,098	935	783	893		No Threshold
Clinic Session Utilisation D P	76.7%	74.4%	85.9%	77.7%	81.4%	80.3%	82.5%	81.7%	83.1%	82.1%	83.9%	79.0%	79.7%		>=90 % >=85 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice	8	18	16	20	14	14	8	7	14	20	19	11	18		No Threshold
OP Appointments Cancelled by Hospital %	18.4%	21.4%	22.7%	20.2%	17.1%	18.9%	16.0%	11.1%	12.6%	13.9%	12.7%	12.7%	11.0%		<=5 % <=10 % >10 %
Was Not Brought Rate (New Appts) W	13.9%	10.8%	10.0%	10.8%	11.9%	9.7%	11.3%	9.5%	8.6%	8.9%	11.3%	11.5%	9.8%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) W	14.0%	12.7%	11.4%	13.4%	12.6%	12.1%	12.1%	13.6%	11.7%	10.4%	10.3%	13.0%	12.2%		<=14 % <=16 % >16 %
Was Not Brought Rate (New Appts) - Community Paediatrics	17.8%	14.9%	13.3%	12.7%	16.0%	12.0%	14.1%	9.6%	10.5%	10.1%	13.5%	13.7%	12.5%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) - Community Paediatrics	11.6%	10.4%	6.9%	12.4%	9.8%	10.4%	8.7%	9.9%	9.6%	9.8%	9.1%	11.3%	10.2%		<=14 % <=16 % >16 %
Was Not Brought Rate (CHOICE Appts) - CAMHS	17.6%	12.6%	14.9%	15.8%	12.9%	13.5%	19.1%	21.0%	10.4%	13.7%	13.8%	16.7%	9.7%		<=10 % <=12 % >12 %
Was Not Brought Rate (All Other Appts) - CAMHS	15.6%	13.9%	13.6%	14.0%	14.2%	12.8%	14.0%	16.4%	13.8%	11.1%	11.5%	14.7%	13.8%		<=14 % <=16 % >16 %
CAMHS: Tier 4 DJU % Bed Occupancy At Midday	95.9%	88.8%	118.9%	115.7%	100.0%	91.4%	98.2%	86.2%	84.8%	65.9%	71.0%	77.9%	98.6%		No Threshold
CAMHS: Tier 4 DJU Bed Days	414	346	474	424	404	322	364	310	296	226	238	278	366		No Threshold
Coding average comorbidities	2.00	1.50	6.00	4.00	2.50	3.00	3.00	5.50	5.00	4.00	1.00		3.00		No Threshold
CCNS: Number of commissioned packages	0	0	0	10	10	10	10	10	10	10	10	10			No Threshold

RESPONSIVE

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
CAMHS: Tier 4 Admissions To DJU		2	2			2	1			1		1	1		No Threshold

Community

D Drive W Watch P Programme

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
CAMHS: Referrals Received		332	351	402	325	346	309	326	185	289	418	342	259	352		No Threshold
CAMHS: Referrals Accepted By The Service		203	210	232	190	218	172	175	125	161	251	176	151	206		No Threshold
CAMHS: % Referrals Accepted By The Service		61.1%	59.8%	57.7%	58.5%	63.0%	55.7%	53.7%	67.6%	55.7%	60.0%	51.5%	58.3%	58.5%		No Threshold
Convenience and Choice: Slot Availability				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=96 % N/A <96 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	82.7%	78.3%	74.2%	75.2%	74.9%	73.9%	76.4%	71.6%	70.8%	76.1%	76.8%	74.3%	76.3%		>=92 % >=90 % <90 %
Waiting List Size	W	1,263	1,269	1,262	1,272	1,393	1,339	1,356	1,107	1,112	1,222	1,338	1,371	1,191		No Threshold
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
CAMHS: Crisis / Duty Call Activity		325	344	425	343	337	343	315	266	294	471	384	250	410		No Threshold
CAMHS: RTT (First Partnership) % waiting within 18 weeks	W				63.6%	66.0%	61.1%	54.7%	49.6%	46.2%	48.9%	49.6%	49.0%	58.3%		>=50 % >=45 % <45 %
ASD: Completed Pathways		65	68	76	68	63	84	44	74	78	88	76	41	42		No Threshold
ASD: Completed Pathway Compliance (% within 18wks)		38.5%	41.2%	57.9%	60.3%	30.2%	25.0%	13.6%	28.4%	32.1%	54.5%	51.3%	53.7%	73.8%		>=92 % >=90 % <90 %
EDYS: Routine Completed Pathways per Month (Seen in 4 wks) (as 95%)	P			86.7%	66.7%	66.7%	70.0%	75.0%	72.7%	75.0%	93.8%	100.0%	100.0%	87.5%		No Threshold
EDYS: Urgent Completed Pathways per Month (Seen in 1 wk) (as 95%)	P				50.0%	50.0%		66.7%	0.0%		0.0%	100.0%	100.0%	100.0%		No Threshold
CCNS: Number of Referrals	W				138	163	156	147	149	133	129	168	105	102		No Threshold
CCNS: Number of Contacts	D				886	919	894	921	893	913	951	1,094	863	790		No Threshold

WELL LED

		Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W	-38	14		-66	75	-12	-13	27	92	-36	22	-9	-58		No Threshold
Income In Month Variance (£'000s)	W	87	61	336	-111	177	36	-47	57	43	74	34	26	104		No Threshold
Pay In Month Variance (£'000s)	W	-151	-57	-307	181	-69	-64	2	-4	51	-43	15	-30	-90		No Threshold
AvP: OP New					-0.48	-10.08	-5.63	28.14	-3.08	114.22	191.67	180.19	115.32	128.17		>=0 N/A <0
AvP: OP FollowUp					15.13	98.99	359.17	301.03	145.10	268.13	278.48	423.78	208.82	504.85		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W				15	91	357	332	145	389	474	605	325	633		>=0 N/A <0
PDR	W	93.7%	93.7%	93.7%	1.4%	10.8%	48.6%	87.1%	90.1%	90.1%	90.1%	90.1%	90.1%	91.3%		>=90 % >=85 % <85 %
Medical Appraisal	W					100.0%	100.0%	97.0%	100.0%	97.0%	84.8%	78.8%	51.5%	69.7%		>=95 % >=90 % <90 %
Mandatory Training	W	88.3%	89.2%	90.3%	92.2%	89.2%	90.2%	92.0%	93.2%	92.9%	92.7%	93.5%	94.1%	96.7%		>=90 % >=85 % <80 %
Sickness	D	7.9%	7.5%	7.4%	6.7%	6.4%	4.9%	4.3%	4.4%	4.2%	5.9%	5.7%	6.1%	4.7%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	1.7%	1.5%	1.8%	1.4%	1.6%	1.2%	0.9%	0.8%	1.1%	2.4%	2.1%	1.9%	1.2%		<=1 % N/A >1 %
Long Term Sickness	D	6.2%	6.0%	5.6%	5.3%	4.8%	3.7%	3.4%	3.6%	3.1%	3.6%	3.6%	4.2%	3.5%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	179	106	367	198	226	96	158	122	143	42	104	120	135		No Threshold
Staff Turnover	D	12.2%	11.9%	12.8%	11.8%	11.7%	9.9%	10.1%	10.2%	10.6%	10.5%	11.2%	11.7%	12.5%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	97.0%	100.0%	106.0%	100.0%	102.0%	97.0%	87.0%	87.3%	91.2%	87.6%	100.3%	96.7%	101.0%		>=90 % >=85 % <90 %

NHS
Alder Hey Children's
NHS Foundation Trust

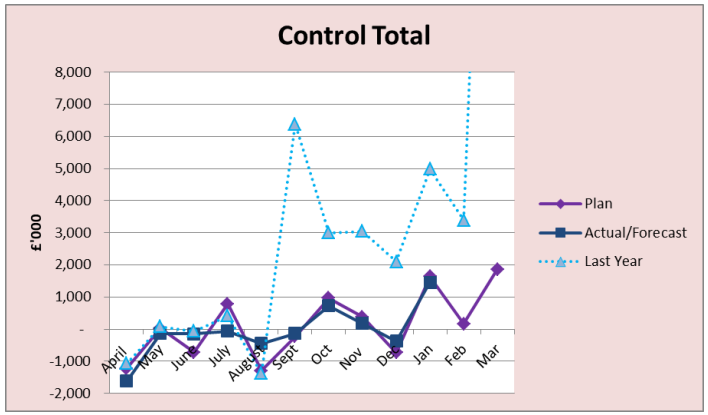
Financial Dashboard -M10 2019/20

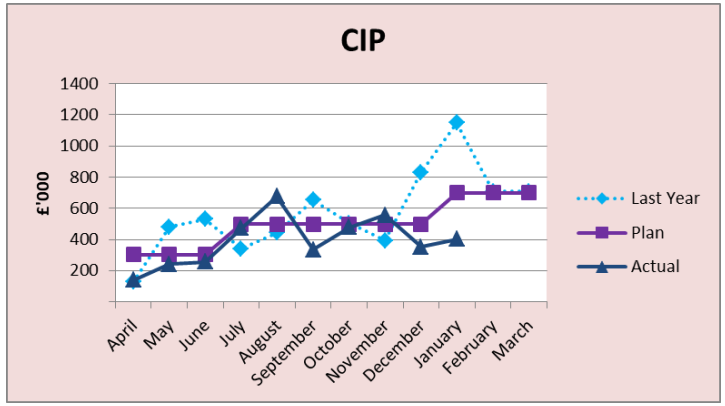
How Did We Do?

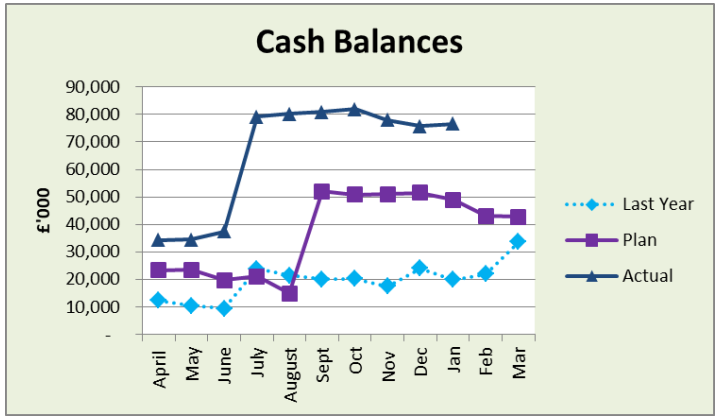
Executive Summary **Month: 10** **Year: 2020**

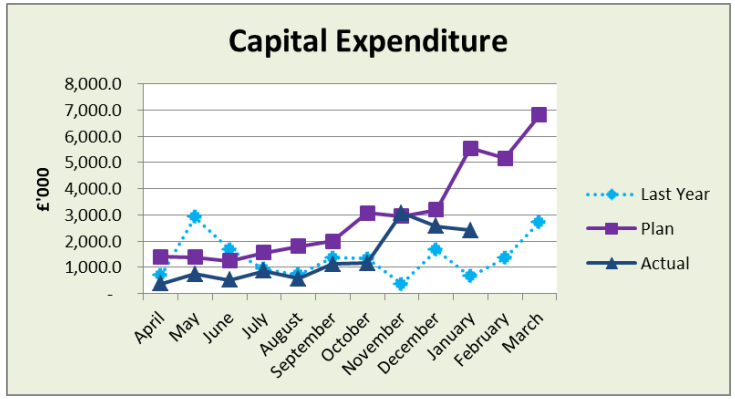
Alder Hey Children's NHS

Control Total in month	CIP Forecast for year	Use of Resources	Control Total Forecast
£1.5m	£6m	3	(£0.2m)
Not Achieved	Achieved	Achieved	Not Achieved

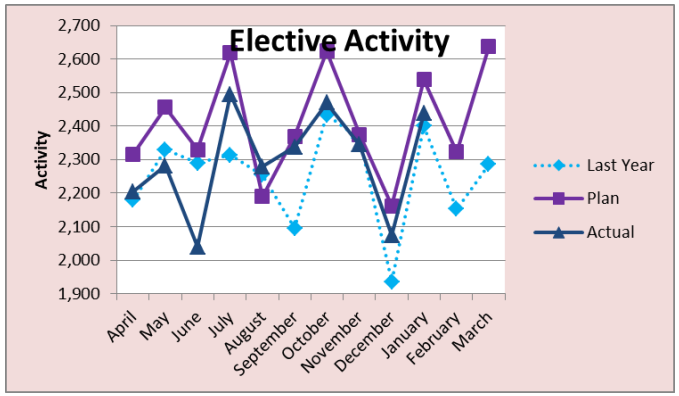


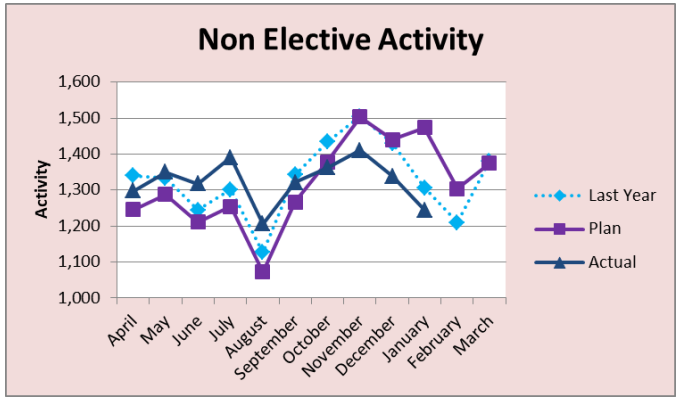


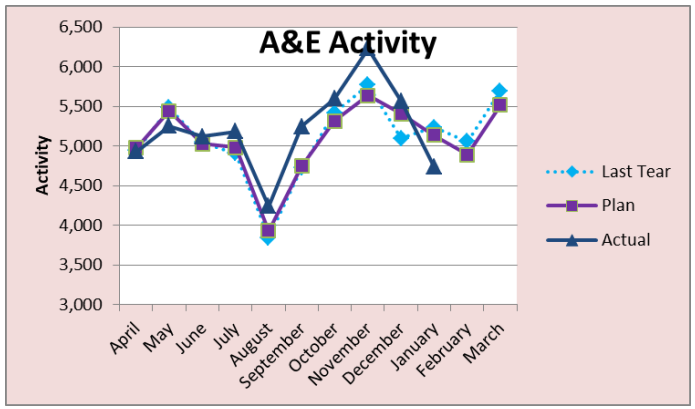


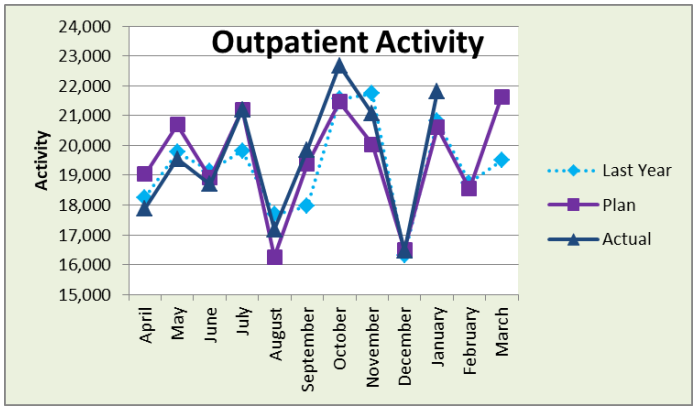


Elective Activity in Month	Non Elective Activity in Month	Outpatient Activity in Month	A&E Activity In Month
2,438	1,244	21,817	4,739
Not Achieved	Not Achieved	Achieved	Not Achieved









Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 3rd March 2020

Paper Title:	Serious Incident and Learning Report
Report of:	Chief Nurse
Paper Prepared by:	Associate Director of Nursing and Governance
Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	Seven Steps to Patient Safety. National Patient Safety Agency 2004. Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. Revised Never Events Policy and Framework (NHSI 2018) Never Events List 2018. Incident Investigation 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:	n/a

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1. Purpose of the report

The purpose of this report is to provide the Board with an overview of the current serious incident management position. The report includes learning from serious incidents, 'Never Events' closed since the last reporting period (December 2019) and the immediate learning from serious incidents declared in this reporting period (January 2020).

2. Background

All investigations are monitored via the performance assurance meetings with individual divisions, focusing on the management of investigations, including lessons learned and assurance of progress with actions for improvement. In addition, monthly supportive meetings are held with the division's leads and the Associate Director of Nursing and Governance, to assess and monitor progress with investigations and actions for improvement. Furthermore, the divisions present a progress update on investigations and lessons learned to Clinical Quality Steering Group, with exceptions reported to Clinical Quality Assurance Committee. All serious and moderate harm incidents and Never Events are reported and discussed at the weekly Patient Safety meeting, at the time of reporting.

3. Summary of Serious Incidents and Never Events

The cumulative total of serious incidents including Never Events over the 12 month period was **6**.

There was **1** serious incident reported during January 2020. There were no never events and no serious safeguarding incidents reported. Duty of candour was applied fully, in line with regulation 20. The 72 hour review was completed within Trust policy timeframes and submitted to Liverpool Clinical Commissioning Group (CCG).

Appendix 1 provides an overview of immediate lessons learned, immediate actions for improvement and ongoing actions, to minimise risk of recurrence of the same or similar incidents recurring for the new serious incident reported during this period.

Appendix 2 provides an overview of the completed investigations during this reporting period.

There were three moderate harm incidents reported during this period:

1. Incident 39695 – Confirmed as moderate harm on the 09.01.2020; relating to a re-insertion of a chest drain. The investigation is in progress at the time of reporting.
2. Incident 39797 – Confirmed as moderate harm on the 13.01.2020; relating to a patient suffering a fracture of the femur of the right leg. The investigation is in progress at the time of reporting.
3. Incident 39994 – Confirmed as moderate harm on the 28.01.2020; relating to a naso-jejunal tube eroding through the patient's bowel wall. The investigation is in progress at the time of reporting.

Note: All investigations are compliant with the 60 days' timeframe or completed within the agreed extension period.

Appendix 1

New SIRI investigations					
StEIS reference	Incident	Duty of Candour in line with regulation 20	Immediate lessons	Immediate actions	Further action to be taken
2020/608	Diagnostic incident including delay meeting SI criteria Misdiagnosis of the grading of a tumour 8 years ago	Completed/compliant	Routine practice at this time (2011) was that only one pathologist would review samples. On occasions samples would be sent elsewhere for second opinion.	At the time there was no awareness that this was a risk, and it was the accepted practice in this MDT 8 years ago. These risks do not now apply as there is in-house 'double reporting' in all cases.	Level 2 Investigation underway

Appendix 2

Completed SIRI investigations in reporting period					
StEIS reference	Incident	Duty of Candour in line with regulation 20	lessons learned	Recommendations	Further action to be taken
StEIS 2019/20632	Death of a patient awaiting cardiac surgery	Completed/compliant	Poor communication between teams can result in poor experience and increased anxiety for parents	Formal apology to the family for the communication failings identified through this investigation.	To provide feedback to the family including copy of report and offer of meeting to discuss findings.
			Should special investigations be cancelled (CT scan) the primary cardiology Consultant for the patient should be informed to prevent delays in the interstage care pathway	To provide feedback to the family and staff involved in the incident, including a copy of the report.	To provide feedback to the staff involved in the incident, including a copy of the report.
			Should a child from RMCH who is on the cardiac surgical waiting list clinically deteriorate, this should be escalated through a formal process to the surgical planning meeting and JCC when appropriate	To inform the primary Consultant if a specialist investigation is cancelled and escalate to JCC. The children on the cardiac surgery waiting list and the categories are reviewed weekly	To ensure there is a process in place. Feedback to radiology departments at AHCH and RMCH Weekly update to be provided to lead cardiologist regarding patients going over recommended time for surgery.
			Should a cardiac surgery operation be cancelled, if aspirin medication has been stopped this should be restarted.	Formal method to escalate if there is a deterioration in a child's clinical condition from RMCH to JCC	Development of formal escalation process if there is a deterioration in a child's clinical condition whilst on the cardiac surgical waiting list
			The cardiac surgery waiting list should be reviewed weekly regarding the category of patients listed to inform the cardiac surgical planning meeting. Patients going over their	Clear guidance on alteration of aspirin medication when children due for cardiac surgery are cancelled Discuss the case discussed at cardiac QAQI	Formal process to escalate if there is a deterioration in a child's clinical condition whilst on the cardiac surgical waiting list To develop an SOP regarding aspirin guidance when on the cardiac surgery waiting list

			recommended timing (category) for surgery should be reported to the lead cardiologist to allow for clinical oversight.	All children on the waiting list with either a PDA stent or BT shunt reviewed to assess surgical priority Local policy of stopping Aspirin prior to surgery reviewed and amended for cancelled operations	
2019/20104	Loss of vision in the right eye of a patient following the identification of widespread retinal haemorrhages and surgery for extraction of cataract	Completed/compliant	Significant retinal haemorrhages of this pattern and extent following paediatric cataract surgery is previously unreported. Frameworks are in place to allow appropriate evaluation of evidence if problems occur and this should start with an incident report. Referral to Rainbow team with significant retinal haemorrhage is appropriate Protocols for the recording of the administration of medicines must be followed Record keeping and	To provide feedback to the child, family and staff involved in the incident. To further evaluate the role of antibiotics in this procedure and report proposed changes to CEDG as necessary Trust wide communication highlighting the importance of clear documentation within the patient electronic record of any drug prepared and / or administered to a patient as per section 11 of the Medicines Management Code and relevant professional bodies protocols. An audit of the recording and documentation of drug preparation and administration in theatre to identify any training	The family will receive the report and an invitation to formally discuss the findings of the report. To further evaluate the role of antibiotics in this procedure and report proposed changes to CEDG as necessary An audit of the recording and documentation of drug preparation and administration in theatre to identify any training needs; provide training as

			communication with professional teams must always be in line with professional bodies' standards and Trust policies.	needs; training will then be provided as necessary. Disseminate the report with the team involved to address the action plan and ensure shared learning. In addition shared the findings and lessons learned Trust wide. The RCA investigation team recommends that the ophthalmology department ensures the instructions for administration of eye drops on the ward is very clear and that consistent information is given to the nursing team and parents and documented in the medical record. Refer to paediatrics for general overview of causes of unilateral retinal haemorrhages.	necessary. An audit of the instructions for administration of eye drops from the surgical team to the ward to identify any training needs; provide training as necessary. The report is to be shared with the team involved and Trust wide within 1 month of completion of the report. Refer to paediatrics for general paediatric overview of causes of unilateral retinal haemorrhages

END

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES (NatSSIPs) ACTION PLAN

Alder Hey Children's NHS
NHS Foundation Trust

NHS England, Safer Care Model, NatSSIPs

Introduction

The NatSSIPs have been created to bring together national and local learning from the analysis of Never Events, Serious Incidents and near misses in a set of recommendations that will help NHS organisations to provide safer care to their patients. The idea is that hospitals will review their local standards and will ensure they are harmonised with the national standards. NatSSIPs do not replace the WHO Safer Surgery Checklist; they broaden the safety net to include more Children and Young People (CYP) undergoing care in our Trust.

Experience of a checklist approach suggests that all surgical invasive procedures, including those beyond theatres would result in the delivery of safer care for CYP. In addition, the evidence shows that safety is about checklist, teamwork and human factors (and many other things) working together and less effective if undertaken in segregation of each other. Organisation should **standardise** the process that underpin patient safety, they should **harmonise** practice ensuring that there is a consistent approach and commit to providing time and resources to **educate** those who provide care for patients.

Locally Produced Safety Standards, LocSSIPs

The Trust has modified the NatSSIPs for local use; however the national standards have been taken into account in order to ensure that key safety steps have not been missed whilst producing local standards. Furthermore, the Association of Perioperative Practice's (AfPP) standards and Safer Perioperative Practice guidance have also been taken into account when developing LocSSIPs.

The continuous quality improvement in the delivery of safe care for patients undergoing invasive procedures will depend upon the audit findings and compliance with LocSSIPs and NatSSIPs. The Trust is required by Commissioner and regulators to provide evidence of audit and any associated actions taken as a result of the audit findings.

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES (NatSSIPs) ACTION PLAN

Alder Hey Children's NHS
NHS Foundation Trust

Trust Wide Action Plan

Key	
B	Completed
G	In progress and on track to be completed by target date
A	Risk of non-completion by target date
R	Overdue

No	Department	Number of Invasive Procedures	Alder Hey action	Director	Lead	Support Lead	Q2 and 3 Compliance with audit	BRAG	Improve performance in Q4	Expected date of completion
1	Corporate	N/A	Develop Trust strategy Review procedures in scope in line with NHSE guidance eg intubation not included	Medical Director	Chief Nurse	Theatre Manager - Neil Herbert	Revise Trust document		To finalise Trust Strategy	Jan 20
2	Corporate	N/A	Collaborate working with Royal Liverpool to enhance Trust position	Medical Director	Chief Nurse		Joint working agreed with Royal – on site support		Ongoing	Ongoing
Develop RegSIPP and LocSSIP documents										
3	Theatres (including dental)	8 RegSSIPs 5 LocSSIPs	Develop standardised LocSSIPs Palma Notation Board in place	Medical Director for Surgery	Clinical Director	Theatre Manager - Neal Herbert				Completed
4	Radiology	1 LocSSIPs	Develop standardised LocSSIPs	Medical Director for Medicine	Clinical Director	Head of Radiology - Hilary Stowbridge				Completed
5	PICU	3 LocSSIPs	Develop standardised LocSSIPs	Medical Director for Surgery	Clinical Director	Head of Nursing Surgery - Joanna McBride				Completed
6	ED	7 LocSSIPs	Develop standardised LocSSIPs	Medical Director for Medicine	Clinical Director	Head of Nursing Medicine - Amanda Turton				Completed
7	OPD	1 LocSSIPs	Develop standardised LocSSIPs	Clinical Director of Community	Clinical Director	OPD Matron - Lesley Taylor				Completed
8	Vascular Access/OPAT	1 LocSSIPs Trustwide	Develop standardised LocSSIPs	Director of Nursing	Chief Nurse	Associate Director Infection Control Valya Weston				Completed
9	Ward 3A and 1C NEO	1 LocSSIPs	Develop standardised LocSSIPs	Medical Director for Surgery	Clinical Director	Surgical Matron Kelly Black/ Neonatal Lead Nurse Jen Deaney				Completed
Audit										
10	Theatres (including dental)	3910	Undertake ongoing audit	Medical Director for Surgery	Clinical Director	Theatre Manager - Neal Herbert	3910 checklists completed – 100%		100% compliance	Ongoing

1

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES (NatSSIPs) ACTION PLAN

Alder Hey Children's NHS
NHS Foundation Trust

11	Radiology	4	Undertake ongoing audit	Medical Director for Medicine	Clinical Director	Head of Radiology - Hilary Stowbridge	4 checklist completed – 100%		100% compliance	Ongoing
12	PICU	180	Undertake ongoing audit	Medical Director for Surgery	Clinical Director	Head of Nursing Surgery - Joanna McBride	112 checklists completed – 62%		100% compliance	Ongoing
13	ED	5	Undertake ongoing audit	Medical Director for Medicine	Clinical Director	Head of Nursing Medicine - Amanda Turton	2 checklists completed – 40%		100% compliance	Ongoing
14	OPD	227	Undertake ongoing audit	Clinical Director of Community	Clinical Director	OPD Matron - Lesley Taylor	227 checklists completed – 100%		100% compliance	Ongoing
15	Dental	Approx10 per month in OPD	Undertake ongoing audit	Medical Director for Surgery	Clinical Director	Paediatric dentist – Sharon Lee	Feb		100% compliance	Ongoing
16	Vascular Access/OPAT	154	Undertake ongoing audit	Director of Nursing	Chief Nurse	Associate Director Infection Control Valya Weston	154 checklists completed – 100%		100% compliance	Ongoing
17	Ward 3A and !C NEO	4	Undertake ongoing audit	Medical Director for Surgery	Clinical Director	Surgical Matron Kelly Black	4		100% compliance	Ongoing
No	**Department**	**Number of Invasive Procedures**	**Alder Hey action**	**Director**	**Lead**	**Support Lead**	**Q3 Compliance**	**BRAG**	**Improve performance in Q4**	**Expected date of completion**
				Education						
18	Corporate	NA	Develop Trust wide TNA	Medical Director	Chief Nurse	Theatre Manager Neil Herbert			by Q4 all services will have training requirement clearly identified in the LocSSIPs	29th February 2020
19	Corporate	NA	Train the trainer for key LocSSIPs service trainers	Medical Director	Theatre Matron Paula Clements	Theatre Education Team	Ongoing			31st March 2020
20	Theatres	As above	MDT training in use of LocSSIPs	Medical Director for Surgery	Clinical Director	Theatre Matron – Paula Clements / Theatre Education Team	Completed		Trust wide TNA – target 90%	Completed
21	Radiology	As above	MDT training in use of LocSSIPs	Medical Director for Medicine	Clinical Director	Theatre Matron – Paula Clements / Theatre Education Team	Ongoing		Trust wide TNA – target 90%	September 2020
22	PICU	As above	MDT training in use of LocSSIPs	Medical Director for Surgery	Clinical Director	Theatre Matron – Paula Clements / Theatre Education Team	Ongoing		Trust wide TNA – target 90%	September 2020
23	ED	As above	MDT training in use of LocSSIPs	Medical Director for Medicine	Clinical Director	Theatre Matron – Paula Clements	Ongoing		Trust wide TNA – target 90%	September 2020
24	OPD	As above	MDT training in use of LocSSIPs	Clinical Director of Community	Clinical Director	Theatre Matron – Paula Clements	Ongoing		Trust wide TNA – target 90%	September 2020

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES (NatSSIPs) ACTION PLAN

Alder Hey Children's NHS
NHS Foundation Trust

25	Dental	As above	MDT training in use of LocSSIPs	Medical Director for Surgery	Clinical Director	Theatre Matron – Paula Clements / Theatre Education Team	Ongoing		Trust wide TNA – target 90%	September 2020
26	Vascular Access/OPAT	As above	MDT training in use of LocSSIPs	Director of Nursing	Associate Director Infection Control	Lead Nurse IV Therapy Sara Melville	Ongoing		Trust wide TNA – target 90%	September 2020
27	Ward 3A and 1C NEO	As above	MDT training in use of LocSSIPs	Medical Director for Surgery	Clinical Director	Theatre Matron – Paula Clements / Theatre Education Team	Ongoing		Trust wide TNA – target 90%	September 2020
Monitoring and Assurance										
28	Clinical Audit	Annual	Register LocSSIPs audit in Trust plan	Chief Nurse		Associate Director of Nursing and Governance	Completed		Trust wide audit plan includes LocSSIPs	Jan 20
29	Clinical Audit	Ongoing	Further develop formal clinical audit steering group	Medical Director	Chief Nurse	Theatre Manager Neil Herbert	Ongoing		Monthly audit steering group	April 20
30	Divisions	Ongoing	Action plans for improvement updated monthly signed off by Divisional Director	Divisional Directors	Clinical Directors		Ongoing		Improvement action plans in place	Feb 20
31	Clinical Audit	Quarterly	Produce quarterly aggregated analysis report via CQAC	Chief Nurse	Associate Director of Nursing and Governance - Cathy Umbers	Head of Clinical Audit – Liz Edwards	Ongoing		Aggregated analysis form part of CQAC work plan	Q1 - 20
32	Corporate	Ongoing	Add NatSSIPs to monthly divisional board template	Chief Operating Officer	Chief Nurse		Completed		Executive monthly performance	Completed
33	BI	Ongoing	Quarterly reporting to CCG/ specialist commissioning	Medical Director	Chief Nurse	BI team leader -Karl Edwardson	Ongoing		Ongoing	Completed
General										
34	Division	One off	Meet with clinical leaders of Surgery and Anaesthetics to discuss the issue of never events and seek support from those present as leaders in theatres	Medical Director	Director Surgical Division		Completed			
35	Division	Ongoing	Work with Imperial College Trust to learn from their Human Factors programme of Simulation, Coaching and Human Factors training in teams	Medical Director	Director Surgical Division	Theatre manager	Ongoing			
36	Division	One off	External review of the culture and behaviours in theatres	Medical Director	Director Surgical Division		Complete by 4/12 for the review and 6 months for the report. 8 months for action plan.			
37	Corporate	Ongoing	Develop business case for Human Factors Lead	Medical Director	Director Surgical Division	Patient Safety Lead in Surgery Division	In development		Ongoing	April 20
38	Corporate	Ongoing	Align simulation and human factor training to themes arising during discussion and from the review when received	Medical Director	Patient Safety Lead in Surgery Division	Patient Safety Lead in Surgery Division	Ongoing		Ongoing	Q1 2020

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST NATIONAL SAFETY STANDARDS FOR INVASIVE PROCEDURES (NatSSIPs) ACTION PLAN

Alder Hey Children's NHS
NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust

Trust Board

Tuesday, 3rd March 2020

Paper Title:	**Q3 Complaints and PALS report**
Report of:	**Chief Nurse**
Paper Prepared by:	Liz Edwards, Head of Clinical Audit and NICE guidance

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:	
Associated risk (s)	n/a

Alder Hey Children's NHS Foundation Trust

Quarter 3:- 01 October 2019- 31 December 2019

Complaints summary

The Trust received 28 formal complaints during this period. In 2018/19 Q2 the Trust received 26 formal complaints, this is slightly higher than same period last year.

The category of complaints received in this quarter are:-

Access, Admission, Transfer, Discharge	4
Consent, Communication, Confidentiality	9
Treatment/Procedure	15

Alleged Failure In Medical Care	12
Appointment - Delay (OP)	3
Communication Failure	2
Alleged Failure In Care - AHP	1
Attitude Of Staff - Nursing	2
Alleged Failure In Nursing Care	2
Attitude Of Staff - Medical	2
Attitude Of Staff - Ancillary	2
Confidentiality breach	1
Diagnosis Delayed	
Diagnosis Not Made/failure	
Equipment Inadequate	
Privacy/Dignity	
Security Issues	

Treatment /procedure is the highest category within this period. Examples of complaints received are:-

Complaint 1

' I am writing this email as I do not believe that nurse had looked over any of our daughters file as she didn't take her learning difficulties into consideration at all when making decisions. This goes for how she didn't communicate appropriately with her, how she didn't seem concerned by the fact that she hadn't eaten or drank for a day and the fact that she didn't seem to know anything about her learning difficulties. These are things it has taken us the last couple of years to put in place with yourselves and every other member of staff seems to be prepared for her and deals with her appropriately when she arrives.
I understand it is a busy hospital and beds are needed for children that may be worse than our daughter but my husband and I don't appreciate being spoken to in a rude and unprofessional manner by a nurse. That nurse gave me the impression she just wanted us out so she had a spare bed. Nurses are in my opinion supposed to care for people, this nurse didn't seem to care at all about our daughter and she barely made eye contact with my husband and I '

Complaint investigation ongoing

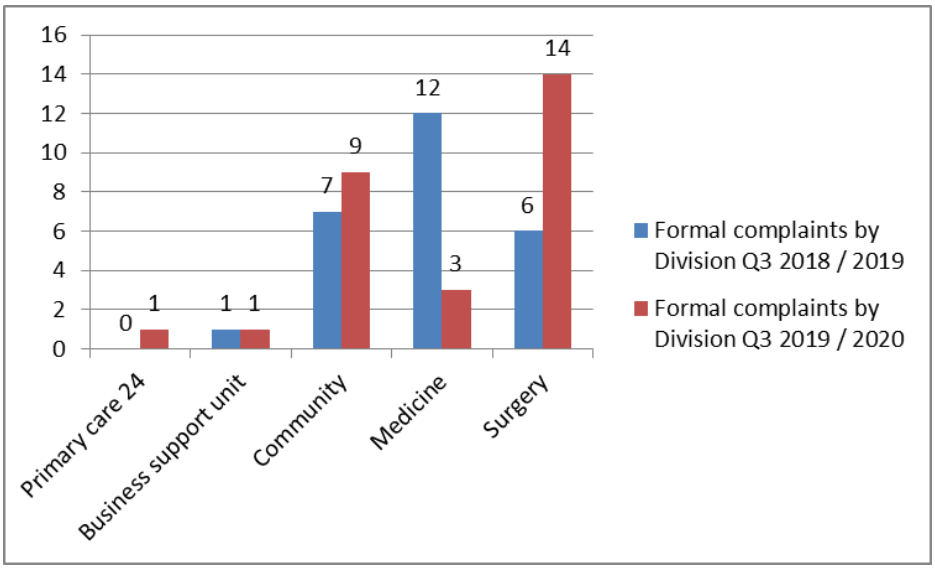
Complaint 2

- *Weekends care is not adequate and it is too easy for decision makers to pass over care.*
- *The SHO should have checked who his patients were, had he looked, as (Consultant) did, Patient could have been treated much sooner.*
- *Patient was due a medical review for his cold and the medics did not come to see him at all over the weekend.*
- *No one review Patient that weekend, surgical or medical.*
- *Why can't nurses be trained to insert Foley's to stomas if they can catheterise?*
- *Patients with multiple teams need better care and MDT's with parent involvement.*
- *All teams should remain in charge of their own areas, i.e once Patient's primary care becomes Gastro, his stoma should remain surgical without being subjected to hospital politics.*
- *Parents should not have to fight for their child's care.*
- *How can an SHO suddenly be incompetent of making a surgical decision that his team made two weeks prior and relies on a medic to do it for him.*
- *How can someone in that profession listen to a child in that much pain and pass him over knowing what he needs takes 90 seconds at the most to complete. (I have now been trained to insert a Foley)*
- *Patients shouldn't be on a ward where no one can make a decision for them.*

Complaint investigation ongoing

Complaints by Division in Quarter 3

The following graph demonstrates the amount of complaints received within each Division during Quarter 3 2019 – 20 and includes a comparison from the same time period in 2018/19.

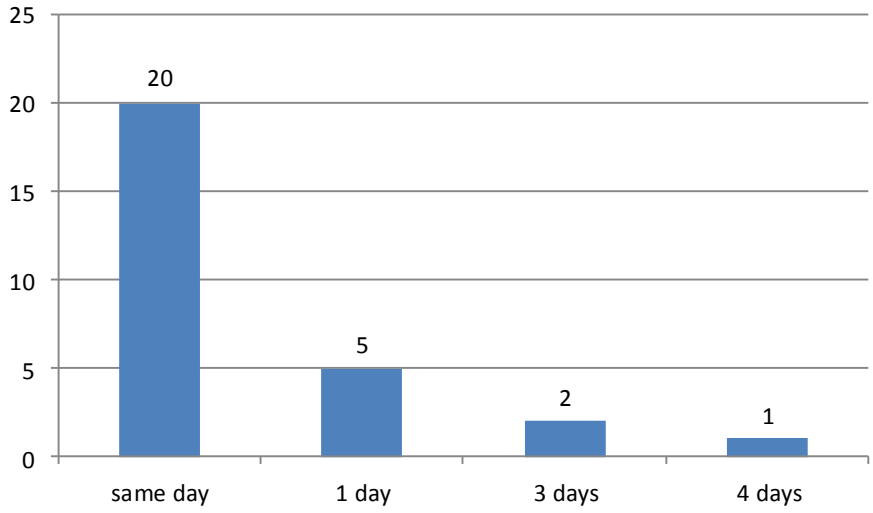


Report against three day acknowledgement

The Trust has three working days to formally acknowledge a complaint; this can be in an email or by phone. The Trust has a generic formal complaint acknowledgement letter that is sent out to the complainant; this includes a named contact for the complainant to contact should they require to do so (including the direct phone number) and the date the response is expected to be with them. The letter also includes information relating to the services offered by Healthwwatch Advocacy.

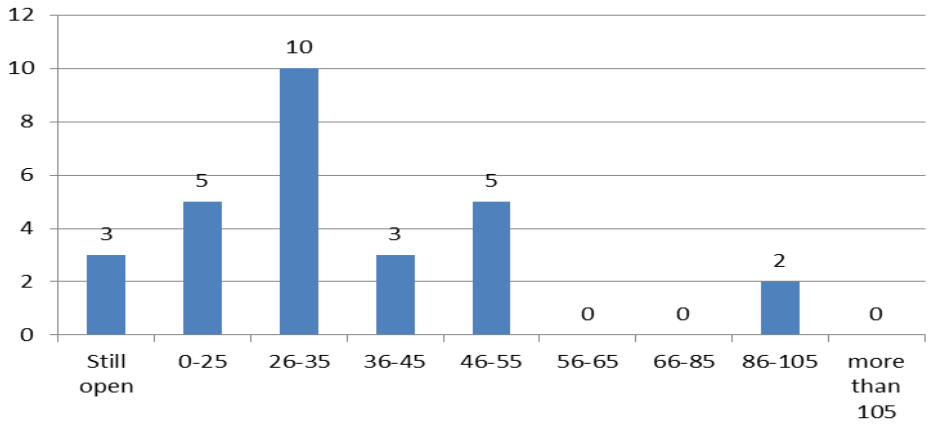
In Q3 27 out of 28 complaints received were acknowledged within 3 days - 77% on the same day.

Days to acknowledge complaint – Trust timeframe is within 3 working days



The Trusts internal timeframe for responding to complaints is 25 working days, however if the complaint is complex and multi organisational we can discuss this with the complainant and negotiate an extended timeframe with them and agree a new date for response.

The graph below now shows the timeframes the Trust has responded to a formal complaint within Q3.



Withdrawn complaints

2 complaints from this quarter were subsequently withdrawn from the process, on both occasions the complaints team reported no communication from complainant despite several attempts to contact by telephone and in writing.

Complaint outcome

Of the 28 complaints responded to in this quarter, 16 complaints were upheld, 7 were not upheld. 3 are still ongoing and 2 were withdrawn.

All complainants are fully up dated regarding any delays in response timeframes.

Referrals to Parliamentary & Health Service Ombudsman

- Complaint from Q2 2018 (surgery) PHSO team attended on 11 and 12 November 2019 to interview 7 staff members regarding this case - ongoing.
- Complaint from Q4 2018 (Medicine) – PHSO investigation in progress
- Complaint from Q1 2019 (Medicine) – PHSO team have requested copies of health records and complaint file to assess whether investigation is required

Out of Time complaints (OOT)

There were no out of time complaints in Q3.

Actions /Lessons learned from complaints

Ref :SO05971

Training competencies for nursing staff reviewed to support in the care and management of children with chest drains.
Some areas identified where further training and education is required.
The practice education nurse is part of a Trust wide task and finish group, looking at the care and management of children with chest drains, looking specifically at training, education, equipment along with policies and guidelines that support the care and management of children with chest drains.

SO06016

Complainant attended Divisional Integrated Governance meting to share her experience with the team

SO06346
Additional training provided to ward staffs from Cleft palate team

Alder Hey Children's NHS Foundation Trust

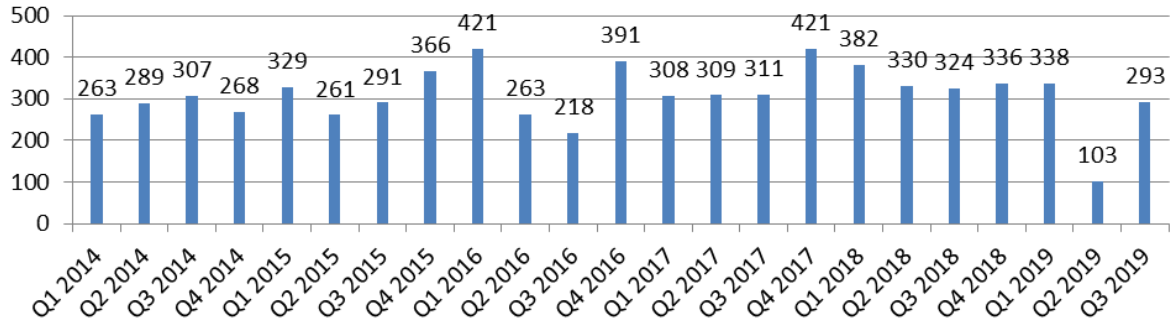
PALS summary

In Q3 2019 -2020 PALS received total 293 contacts, in comparison to the same quarter in 2018/19 this is a decrease of 31.

PALS concerns are received in a variety of methods, phone call, email, written and face: face. Phone calls and face: face account for 66% of the contacts whilst the written concerns account for 34%

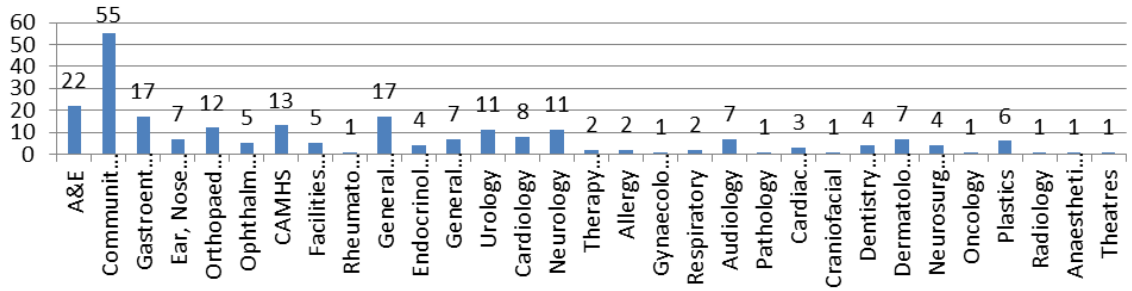
Fig 3- PALS contacts from 2014/15 – Q2 2019/20. The table shows a continuing trend of circa 330 contacts per month.

PALS 2014 to present

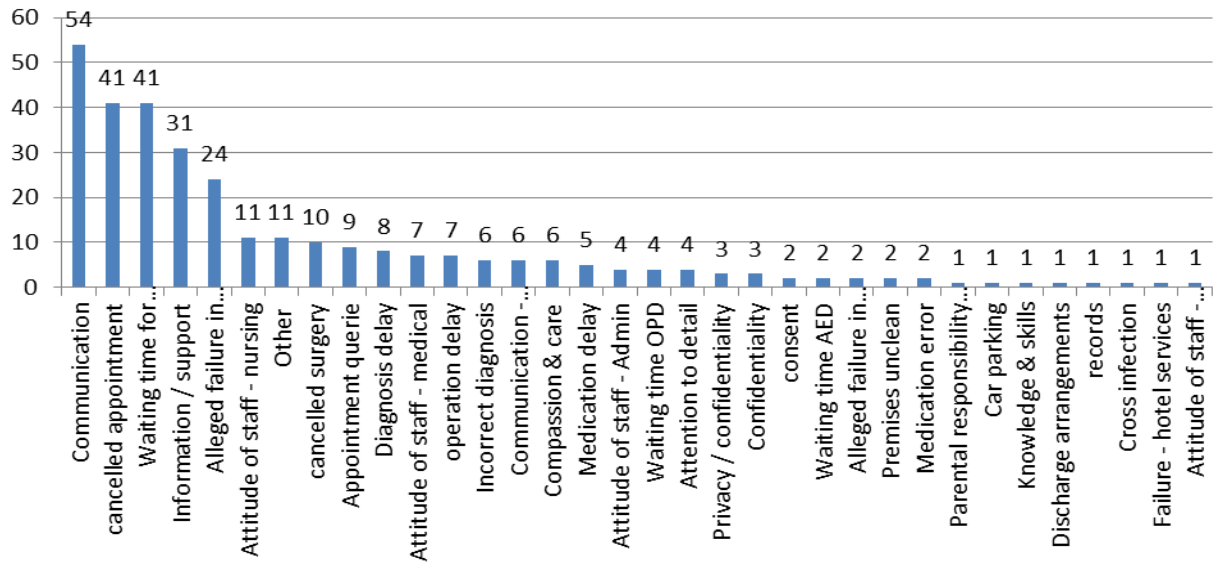


The table below clearly demonstrates the amount of PALS contacts received by specialities - Community Paediatrics remains the highest area.

PALS by specialty



The table below shows the main categories seen in PALS in Q3 2019



Key issues from PALS during Quarter 1

The main issues identified within Q3 relates to appointments management –waiting times. The main speciality that has issues relating to this area is Community Paeds. PALS and complaints are communicated and fed back to senior staff at the three Divisional integrated Governance meetings to ensure appreciation of current trends are fully disseminated and actions can be taken to look at specific areas of concern. Updates are shared by the Divisions at the Clinical Quality steering Group (CQSG) each month

Compliments

Compliments continue to be recorded on the Ulysses system and shared with the relevant teams.

4 compliments have been recorded this quarter on Ulysses: -, these have all been shared with the relevant teams and staff.

Compliments received

Audiology staff

Mum came into the PALS office today wanting to praise the doctor that her daughter saw today and regularly sees in Audiology. Mum described the doctor as being, "just simply wonderful and always kind. He makes me feel at ease and he really is just so wonderful and we want him to know what a wonderful job that he is doing and that he's appreciated."

Alder Hey Children's NHS Foundation Trust

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Theatre team

I would like to pass on my personal thanks and praise for the recent care of my nephew

I feel it is pertinent to mention that I am a nursing Matron at (other NHS Trust) and feel it is my duty to give positive feedback to my colleagues.

Firstly I would like to commend the surgical pre op suite.
Sister Katie was extremely friendly and approachable. She has excellent leadership skills and the unit was very well led on her shift. We waited a number of hours due to a lack of beds and therefore you can imagine the stress that this added to the staff.
Katie continuously kept parents and children up to date and did it with the warmest, kindest manner.

Helen, staff nurse was equally as helpful. Nothing was too much trouble and she was extremely kind, courteous and polite. She had a calming nature with my nephew when he was distressed as he is on the autistic spectrum.

Hannah and Alix HCAs on the unit were absolutely lovely.
They have a lovely manner and friendliness with everyone. It is a very high stress environment and they have a fun happy attitude to try to help de stress the children and parents.

Louise, student nurse had a kind caring manner. Lots of smiles and a helpful attitude for her fellow colleagues and visitors.

I was worried about the delay in beds for fear of cancellation, therefore I asked if I could speak to someone to get an idea if we would be likely going home.

I spoke to the recovery manager Lyndsey she was extremely helpful and professional. She is a fantastic leader and role model. Her empathy, compassion and understanding was exemplary.

Alan theatre coordinator on shift also came out to keep us up to date. He said he was doing everything he could to try to maintain the theatre operations and was very professional.

Another staff member Riza from theatres was also fantastic. She found out that we had recently lost our mother a few weeks ago and was extremely sympathetic and understanding to our family. I honestly can't believe how truly wonderful they all were.

Heartfelt thanks and praise to you all.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 3rd March 2020

Paper Title:	**Name of Committee**
Date of meeting:	12th February 2020 Summary 15th January 2020 – Approved Minutes
Report of:	Clinical Quality Assurance Committee key i
Paper Prepared by:	Julie Creevy, CQAC Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Clinical Quality Assurance Committee meeting 12th February 2020 along with the approved minutes from the 15th January 2020 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 Clinical Quality Assurance Committee **i**s 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)

- Journey to Outstanding update
- Transition Update
- CQSG Key issues report
- Board Assurance Framework
- Corporate Report – Quality Metrics Divisional update
- Quarter 3 Complaints Report
- Chaperone Policy - (approved virtually)
- Clinical Audit Policy - (approved virtually)

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

- Board of Directors to receive Never Events Update at 3rd March 2020 meeting

4. Positive highlights of note

A positive update was received regarding Transition

5. Issues for other committees

None

6. Recommendations

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

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 15th January 2020
10.00 am, Large Lecture Theatre, Institute in the Park

Present:	Anita Marsland	(Chair) Non-Executive Director
	Adam Bateman	Chief Operating Officer
	Shalni Arora	Non Executive Director
	Pauline Brown	Director of Nursing
	Denise Boyle	Associate Chief Nurse - Surgical Division
	Lisa Cooper	Director - Community & Mental Health Division
	Mark Flannagan	Director of Communications and Marketing
	John Grinnell	Director of Finance/Deputy Chief Executive
	Hilda Gwilliams	Chief Nurse
	Adrian Hughes	Director - Medicine Division
	Fiona Marston	Non Executive Director
	Nicki Murdock	Medical Director
	Matthew Peak	Director of Research
	Tony Rigby	Deputy Director of Risk & Governance
	Erica Saunders	Director of Corporate Affairs
	Louise Shepherd	Chief Executive
	Melissa Swindell	Director of HR & OD
	Cathy Umbers	Associate Director of Nursing & Governance
	Kate Warriner	Chief Digital & Information Officer

In attendance:

Agenda item:		
19/20/144		
19/20/152&153		
	Natalie Deakin	Change Programme Manager
19/20/153/161	Jo Minford	Co Director of Clinical Effectiveness
19/20/153	Sian Falder	Co Director of Clinical Effectiveness
19/20/153	Jo Pottier	Associate Director of Organisational Development
19/20/155	David Porter	Sepsis Lead
19/20/155	James Ashton	Sepsis Team
19/20/156	Gerri Sefton	Co-CI for the DETECT study, ANP PICU
19/20/156	Dr. Enitan Carroll	
19/20/157	Valya Weston	Head of Service/Associate Director
19/20/158	Jenny Williams	Senior Improvement Manager
19/20/158	Judith Gray	Head of Optical Services
19/20/162&163	Michelle Perrigo	Claims Legal Services Manager
19/20/164	Elvina White	Care Pathways, Policy & Guidance Manager
	Angela Parfitt	CQC Inspection Manager
	Elyas Amiry	CQC Inspector
	Julie Creevy	Executive Assistant (Minutes)
19/20/145	**Apologies:**	
	Alfie Bass	Director, Division of Surgery

Dani Jones	Director of Strategy
Jill Preece	Governance Manager
Anne Hyson	Head of Quality – Corporate Services
Cathy Wardell	Associate Chief Nurse – Medicine Division

19/20/146 Declarations of Interest

None declared.

AM welcomed Angela Parfitt & Elyas Amiry to Clinical Quality Assurance Committee, Angela & Elyas were in attendance to observe the meeting.

19/20/147 Minutes of the previous meeting held on 18th December 2019

Resolved: The minutes of the previous joint Clinical Quality Assurance Committee/Clinical Quality Steering Group meeting were agreed as a correct record.

19/20/148 Matters Arising and Action Log

Action Log

19.20.74 – Quarter 1 DIPC Report further discussion – NM stated that a meeting is diarised for 10th February 2020, with colleague in order to agree future restructuring of the DIPC report.

19.20.139 – Safer Update – 'KW to report whether there is any potential to incorporate automated EDD info' – KW confirmed that the process had been reviewed regarding issue of likely Discharge Date, which was the same as EDD. KW confirmed that this is on the ward status board and remains static. KW stated that this action was now complete.

'CQAC & Programme Board to receive regular SAFER updates' – Safer updates had been included on workplan for CQAC and Programme Board as appropriate – Action to be closed and removed from action log.

19.20.140 – 'Progress from Central Lines Review Group' – AB confirmed that the Business Case was being presented to Investment Review group, team are meeting w/c 20th January 2020, AB would expect to receive an update therafter following that meeting. Further discussion with divisional directors required during February 2020.

19.20.142 – CQSG key issues – Transfusion – 'lack of engagement from LWH Colleagues' - PB confirmed that POC had contacted Lead Nurse at LWH to highlight the need for improved engagement. POC had also ensured JM was also informed, it is envisaged that this would result in improved engagement from colleagues at LWH with TS, Transfusion Lead for Alder Hey going forward. PB confirmed that TS provides updates as necessary to CQSG.

19.20.144 – 'GIRFT Opthalmology update' – Committee noted that this was included on the agenda, action to be be closed and removed from action log.

19.20.145 – 'CQAC to receive CQC Insight update', CQAC noted that this is on plan to receive update at March 2020 meeting.

19.20.148 – Corporate Report – ED/Sepsis – 'KW to ascertain progress status of potential fix planned for 2020' – KW stated that the configuration work had been completed, and that this information would be in the system, by week ending 17th January 2020.

19.20.149 – Clinical Audit Plan – 'AM & POC to agree future reporting

schedule to receive Clinical Audit Update' – PB confirmed that agreement had been reached for CQAC to receive Quarterly Clinical Audit Updates, and that POC had updated LE as appropriate. Committee agreed that this action would be closed and removed from action log.

19.20.150 – Safeguarding update – CQAC to receive quarterly Safeguarding Update – CQAC noted that this is on trajectory to receive update at March 2020 meeting.

19.20.151 – 'Intro meeting to be diarised with AM - & A Bass' – Committee noted that a meeting had been scheduled for 28th January 2020, this item to be closed and removed from the action log.

Quality Improvement Progress Reports

19/20/149 **Programme Delivery update**

ND presented Programme Delivery update – key issues as follows:-

- Rating outstanding for Programme Delivery is good.
- ND reflected on 2019 project performance – with particular emphasis on progress made with regards to Sepsis, DETECT and Best in Outpatients.
- ND confirmed that there were no major issues of concern, and that the projects were in a positive position.

AM stated that she welcomed the positive position update. JG stated that significant improvements had been made in terms of Resus/deterioration.

CQAC received and noted the 19/24 Change Programme Delivery Update.

AM thanked ND for update.

Inspiring Quality monitoring/assurance update

NM & ND presented the Inspiring Quality Monitoring update, key issues as follows:-

- NM confirmed that the Inspiring Quality Summit was held on 24th May 2018, with over 100 delegates in attendance, with 8 parents in attendance. Following the event positive feedback had been provided, with the aim of Inspiring Quality to always put the child first/ ensuring safety of Children in the Trust.
  Aims as follows:-
  - Oustanding outcomes for children
  - Patient Shadowing – with children setting and recording goal based outcomes /safety culture. Inspiring Quality Team plan is to train teams in human factors, to look at how teams communicate to ensure a great positive experience for children & young people, using great technology and through information gathering.
  - Quality hub had been established, team are training staff, with the use of quality improvement tools.
  - ImERSE Patient Shadowing Programme is being rolled out in the Trust to enable colleagues to shadow a family through the patient journey. Data received is quantitive and qualitve and is thematacly analysed.
  - Inspiring Quality Team are working with the Point of Care Foundation & KPMG
  - 3 day Sweeney Programme for colleagues, with focus on Human. Factors, based on openness.

- Schwartz rounds had been held, with over 95% of colleague who had attended had provided positive feedback – NEDS were welcome to attend future Schwartz rounds.
- Training the trainer model – committee noted that there was numerous events taking place for staff – RCA investigation and improvement training to assist staff with incident report writing had been held.
- Strong Foundations Programme established in order to further strengthen and improve creating a culture to enable learning – 3 day Programme focussing on resilience, leading staff, family friendly care/psychological support and coaching skills. 85% of current leaders throughout the Trust had been trained and programme is fully booked until November 2020. Positive feedback had been received from colleagues who had attended, who had valued the collective learning during attendance at the programme.
- Stepping upto leadership is currently being trialled and piloted with medical colleagues within the Medicine Division.
- KW reported that from a digital perspective the Trust is creating a brilliant experiencing for C&YP, aligning outcomes and enabling care to be provided in a different way. KW reported that the Digital Futures Strategy was launched in the summer of 2019 and endorsed by the Board of Directors in July 2019.
- KW stated that the Trust is 1 of 16 Trusts Nationally to be a Digital Exemplar, with 50 packages delivered. The Trust is actively pursuing PROMS, and reviewing patient journey, working with C&YP forum, with good challenge received from C&YP forum members.
- Alder Hey is one of 4 Trusts in the Country to obtain HIMMs level 6 accreditation.
- The Trust had implemented bed side verification technology at patients bedsides, and are working with clinical teams. Bed side verification supports the Trust's aim of reducing medication incidents.
- Clinical Intelligence Portal for GDE – SF confirmed that this had been really positive, providing opportunity to review outcomes, to allow a tool for clinical staff to access intelligence regarding performance issues, clinical outcomes of care. Portal had been in the process of being upgraded during the last two months.
  Next steps were to work with teams, to bring together data points and single point of contact to develop pathways/review audits. It is envisaged that this would be live within the next few weeks.

LS acknowledged the positive work that had taken place.
LS updated the committee that agreement had been reached at the Children's Alliance meeting on 14th January 2020 to work together with other children's Trust in order for our Trust to ehance engagement in wider agenda, regarding GDE roll out. Committee noted that there is currently no benchmarking information available for other paediatric Trusts/no real time information and that there is a need for a system approach to work collectively to improve benchmarking data.

- AB stated the Inspiring Quality team are continuing to build culture of principle on working on improvements through the lense of children & young people. AB stated that a Community Inspiring Quality Channel had been created within Microsoft teams.
  HG stated that Improvements boards have been implemented in all clinical inpatient areas.

Next Steps
- Phase 2 Delivery plan to commence in February 2020
- Include working with appointed partners KPMG & Point of Care Foundation.
- Programme Board would receive update on Delivery Plan.

MP stated that this was tremendous achievement, and that the information should be published. CQAC agreed that they would welcome this. MP stated that this would be addressed internally within 'Alder Hey Life publication.

Action: Offline discussion to take place with MF & AB

FM queried what the plan was in order to undertake any follow up/review with the team in order to ascertain how things had progressed etc or identify any challenges.

NM stated that there is a need to examine how the Trust follows up with families. NM stated that she would envisage an update around February/March 2020.
There is a need for a parent & Young People representative on the Steering Group. A postcard had been sent to all involved in the Summit detailing what progress had been made.

CQAC noted the progress made, and looked forward to receiving update regarding delivery of the outputs which were required.
LS stated that the Trust was on correct trajectory.

CQAC agreed that a Inspriing Quality patient story should be shared at future Board of Directors meeting.

Action: SA requested that the Schwartz rounds be circulated to NEDs

Action: Patient Story to be included at Board of Directors meeting.

Children with medical complexities
LC presented Children with medical complexities update for Quarter 2, key issues as follows:-
- Medical Complexity Team had been in place for over a year, in order to support children with significant length of stay.
- MDT's are organised and chaired, set from 7 days – 21 days.
- Document developed and used for MDT's, including Action Plan. With weekly escalation report, highlighting delayed discharges.
- Dewi Jones now included in Data.
- Number of delayed discharges supported (medically fit)
- 2018/19 – Q1 – 9, Q2 – 7, Q3 – 4, Quarter 4 – 6
- 2019/20 – Q1 – 13, Q2 – 12
- Reasons for delayed discharge include housing, care packages, legal, safeguarding, equipment/repatriation/parental engagement/care training/rehab.
- Committee noted actions in Quarter 2, together with plans for Quarter 3.
- CQAC received case study for a young person (15 years), and noted the extremely positive feedback from patients family.

JG stated that during the Quality Assurance Visit for OT held on 8th January 2020 attended by JG/AM & NM discussion had taken place regarding North

Wales, and the ability to discharge patients to wales – JG asked whether there is anything CQAC could do, in order to provide support. LC stated that National work had been completed in Midlands, with regards to transferring patients back to local District General Hospitals and local services, despite care packages not being in place. LC stated that Alder Hey would not discharge a patient if the team were not confident that the patient could be cared for. LC stated that a wider discussion with commissioners would be helpful regarding acute services and wider issues. LC stated at Alder Hey could take a leadership role with regards to AHP perspective. CQAC noted that a joined up approach is required.
AH stated that the Models of Care work led by Jane Ratcliffe included trainee SPIN Module for this year.

CQAC received Children with medical complexities update and noted achievements to date.

AM, on behalf of CQAC acknowledged and expressed thanks to team for achievements to date, which had been as a result of collective effort and determination of staff and asked LC to extend thanks to the team.

19/20/150 Delivery of Outstanding Care

Safe

Sepsis Update
DP, JA & RB presented the Sepsis update – which detailed information regarding inpatient AB<60 min data, effect of including antibiotic 'sepsis' indication, using prescription indication included 'low risk' children', ED AB<60- min: reported data, sepsis status and training, key issues as follows:-

- Sepsis team continue to work on established work – incident reporting,RCA's, ward liaison, divisional updates and training.
- Sepsis Status in ED – team are going to correct shortly.
- Data reporting – DP stated that data collected had not concluded yet, and that it was a complicated set of data, with 3 separate sections. Sepsis data verification form was currently in test, and that the dashboard was being finalised.
- Team are working on Sepsis Status Board, in order to obtain improved accurate data, which would assist the team when patients are admitted via an alternative route, DP envisaged that this would be live within the new few months.
- System had been introduced to record data with regads to a sepsis concern, case above 90% threshold. Since DETECT introduction temporary loss of NICE – with final information to incude nursing assessment in full.
- Training compliance – sepsis training in relation to role across the Trust for Nurses, Clinicians and AHP's. Training appropriate to role and reporting from ESR system. With team having a weekly update. –as at 13th January 2020 – Medicne 84%, Surgery 79.2%, AHP 81.4%, Medical 80.9%, Nursing 81.4% - overall 81.3% for 1500 staff. Discussion took place regarding frequency of training, which was currently every 12 months, DP sought approval from the committee to move this to every 2 years, HG was supportive of this approach.
- DP stated that the sepsis team needed to recruit half of JA post, as JA was moving to meditech Expanse team.

- Sepsis team provide E Learning and face to face learning, together with bespoke training. starting to integrate ESR.
- Next six months would focus on established work, Sepsis Status in ED, Data reporting, training compliance, DETECT integration and Meditech Expanse – which would largely change the impact in the way the Trust treats patients and may allow additional improvements towards the end of 2020.

AM sought any comments from committee. AH emphasied that Sepsis is on ongoing programme/journey. With Sepsis Steering Group being instrumental to programme delivery, with comm cell seeing improvements. CQAC agreed it beneicial for interrogation of individuals cases.

AH referred to sustained pressures placed on AED staff and that despite the increased numbers of patients, the AED staff had not had the advantage of IT support, however AED stands at 84%. Committee acknowledged this.

Committee acknowledged that training is important, ensuring the right staff are training, with the correct level of training provided.

AM, on behalf of CQAC acknowledged the progress that had been made by the Sepsis team and paid tribute to the team, and thanked the team for update.

DP, in turn thanked committee for the continued positive support and reception received from CQAC, which was appreciated by Sepsis team.

DETECT update

GS presented the DETECT update, key issues as follows:-

- NIHR funded study to enable real time data on the move, with automated alerts and instant messaging for task management and communication. Single site study to evaluate the clinical effectiveness at preventing critical deterioration, the clinical utility and the cost effectiveness. With the aim to identify patients in ascending trajectory.
- 750 lives saved in 2 hospitals and demonstrated a reduction in mortality. DETECT had been rolled out across the Trust in August 2019, with all areas now 'live' since 1st October 2019. Over 800 staff had been trained and are using Vitals in order to document observations, with 75,000 sets of vital signs captured. 750 nurses and doctors had been registered and using connect, with 1800 tasks raised on connect.
- Early clinical effectiveness data demonstated a 30% reduction in critical deterioration. Critical deterioration (CD requiring unplanned admissions to PICU/HDU) - September to December 2018 – 123, September to December 2019 – 91. Critical deterioration reduced by 1/3.
- Critical Deterioration per 1000 non ICU bed days – September – December 2018 – 4.2, September to December 2019 – 3.0 – Reduction 30%.
- Critical care bed capacity increased by 40% in first 3 months post-implementation. Critical beds released are equivalent to 3 extra beds a day within PICU, and 1 extra bed per day in HDU (91 days in this period)

- Critical care length of stay had reduced by >40%, within first 3 months post-implementation.
- CQAC noted the signficiant improvement, despite being a period of increased activity. Cautious optimism was felt to be prudent by the team, given the early preliminary data (4 months of data).
- Unplanned admissions to HDU/PICU had greated impace on cancellation of major elective surgical cases.
- Potential to improve productivity and substantial cost savings (3M/year).
- In order to continue with sustained improvement the wards with consistently high performance should be used as exemplars of best practice. Wards with performance consistently below trust average should be highlighted areas for additional resource (staffing/training).

Discussion took place regarding publication of data, whilst acknowledging probity around sharing of data. All agreed that information should be published at the correct time.

NM stated that the findings were outstanding and that this was a testament to the team, which had resulted in a robust system. NM queried the calculation of the cost savings, GS confirmed that the finance team had provided costs of drugs, bed days and interventions for critical care. NM queried whether England and Wales would be reviewed in the future, GS stated that the HRG coding for costs would be reviewed.

JG questioned whether the study encapsulated non critical care element, GS confirmed that this was correct. JG stated that he would be happy to link in to any future discussions regarding productivity data.

KW stated that as a digitally mature Trust and whether colleagues feel that staff are used to using new technologies and how the Trust benchmarks other paediatric centres. KW indicated that ward feedback was extremely helpful, but queried how best to systemise feedback to support operational teams. HG confirmed that reports are available at ward level, with real time input of data, with significant progress made.

NM alluded to a video clip by Iain Hennessey on the Trust website detailing ‘organic creature’ and the journey to a ‘organic’ hospital.

PB stated that the benefit in terms of ward establishment, with national guidance is very clear, with DETECT ensuring quantifiable data, ensuring smarter information and timely intervention.

Quarter 3 DIPC report

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

- 0% Red actions
- 10% Amber actions
- 78% Green actions
- 9% - required to progress
- A new ‘Black’ section had been included within the Quarter 3 DIPC report, which included actions that could not be progressed as they were outside of Alder Hey control – i.e. recruitment of virologist – however the Royal are not recruiting to virology post, therefore this item could not be progressed.
- CDiff case – Team would be challenging this case, discussion required with CCG, as there were no lapses of care at Alder Hey.

- VW stated that the committee would see a larger number of CDiff cases, and community onset for Cdiff is now going to be included.
- MSSA – 5 cases.
- Gram negatives on target, with very low numbers, when compared to other children's hospitals. VW highlighted that there are some cases that may have more than 1 bactaraemia, and that these cases had to be counted twice, this usually applied to very complex cases.
- Hand hygiene 95.6% compliance.
- Team are working on an app for the Isolation Policy.
- Bactaraemia Situation reports are now delivered.
- Trust have CQUIN target of 80%, w/c 6.1.2020 – 77%.
- Team have purchased a Portacount machine would enables rapid and effective fit testing abilities for staff across the Trust.
- IPC Team had been successful in recruitment of community staff member who commence in post on 1st February 2020.
- Trust wide update planned regarding matresses week commencing 20.1.2020.
- Isolation facilities in ICU – Biobank sending 3D Plans regarding building and ventilation. AB stated that there is a need to convey to critical care to provide isolation. AB asked whether the committee are assured. NM stated that the Trust could handle, until a permanent solution is in place, but would reduce capacity. CU confirmed that this was low risk on the Risk Register.
- Agreement had been reached to have a trainer within the hospital to deliver specialised PP training, with some monies that are held by the Royal would be allocated to Alder Hey.
- Central lines/CLABSI – Trust wide group had been established, led by Medicine and Surgery division.
- Future requirements regarding admin/funding to grow IPC team/investment for new pieces of equipment in order to further grow and enhance the IPC service.

LS refered to gram negative with regards to noticeable reductions within the 'Black' column, and queried whether these were different or whether there were any 'blockers', and asked whether there was any support required from CQAC to enable acceleration. VW confirmed that it was not within Alder Hey's gift to progress this issue further.
Discussion took place regarding RSV season, CQAC noted that the IPC team have an action plan, and lessons learned from previous RSV season were addressed in the action plan regarding cohorting of patients.

FM stated that combining figures for CDiff hospital and community data is going to be misleading. VW stated that should themes become evident, that they would be typed.

PB welcomed the hand hygiene audit compliance data set with inceased numbers to audit against, which was a more robust way of recording.

AM thanked VW for update.

Effective

GIRFT Update – Opthalmology
JW & JG presented the GIRFT update for Opthalmology, Key issues report, key issues as follows:-

- GIRFT deep dive was undertaken in March 2017, with National Report received in December 2019. Alder Hey was the first Paediatric Trust that GIRFT undertaken a revew, with feedback received from GIRFT that the GIRFT team had learned a great deal from our Trust.
- GIRFT review focussed on high impact interventions, with ongoing work with alliance. Feedback was that the service was a comprehensive provider, with key recommendations regarding developing workforce, ensuring AHP's are working to the top of their licencse. Coding Procedure in terms of generating income from coding. Regular monitoring with discussions with coders and surgeons. Coding accurately 16/17 – 936, 17/18 £1349
- Safe – ensuring patients are seen in timely manner, to ensure that patients do not come to any harm.
- IT infrastructure in terms of connectivity within the community/EPR.
- J Gray stated that the team are developing EPR for Opthalmology
- Capturing co-morbiity.
- Financial coding to be reviewed
- Recuited to consultant vacancies, with Business Case approved to secure staff.
- Waiting list management – revlalidation
- Tolerence level
- Significant work had originated from lessons learned from incidents, with close work with Business Intelligence team.
- GIRFT recommended eye clinic Liaison Officer (ECLO) which is a non clinical role to provide support for C&YP Team had been successful in charity application for a 3 year funded appointment, with applicant who commenced in Post in December 2019.
- High follow up rate, with a increase in new referrals received.

JW highglighted the benefit of the GIRFT programme, All agreed programme was a valuable and worthwhile process, ensuring self reflection. in order to provide validation and assurance of existing and planned initiatives. CQAC noted this was work in progress. JW stated the importance of Executive involvement and active challenge in GIRFT programme.

AM welcomed comments from committee. All agreed that the structure and format used in Opthalmology GIRFT update should be adopted for future GIRFT updates to CQAC.

AM thanked JW & JG for update

CQAC received and noted GIRFT update.

Well Led

Board Assurance Framework

ES presented the Board Assurance Framework update.

ES stated that there had been a board level workshop regarding Strategic Risk. Reset to 2024, with opportunity to review strategic risks, making links to top level risks and threats to delivery. Signficant quality improvement work had taken place, with the Board of Directors continuing to monitor progress.

HG and colleagues continued to address gaps and review controls with regads to demand from system in terms of workforce challenges.

Trust continued to address mandated requirements regarding responsiveness.
AM sought any comments, no comments were received.
CQAC received and noted the Board Assurance Framework.

Corporate Report – Quality Metrics
Divisional Leads presented the Corporate Report – Quality metrics, key issues as follows:-

Medicine Division
AH presented key issues within Medicine Division.

- Safety – 115 Clinical incidents reported – no severe or catastrophic incidents
- 35 Medicine incidents – all resulting in non harm, with themes regarding samples, documentation. 8 medicine incidents, 5 relating to incorrect level, 7 prescribing.
- For a sustained period of greater than 12 months the division had not had any 0 gram negatives.
- Zero never events and no pressure ulcers.
- One grade 3 presure ulcer reported for complex cancer patient, with shared care from Birmingham and Alder Hey. Treatment with splinting issues, following retrospective review of pictures, it was felt that this was a grade 3 pressure ulcer which had been reported to CCG, this had been stood down following the after action review. With advice given regarding fresh look at whether there is a need for a clearer assessment tool.
- Significant progress had been made with regards to the 'not brought rate', with progress regarding scanning, with significant impact on improvement for patients.
- Challenges regarding numbers and acuity with sustained increase from November 2019. Action plan in place to support AED staff, with previous support with a daily business continuity tactial plan, which is overseen by Executive Team, the frequency of the daily business continuity meeting had been stood down. AH highlighted the support received from the orgnaisation, during this sustained increase, with support from General paediatricians undertaking additional clinics in order to support AED, with additional ambulatory clinics.
- AH highlighted that for 12 consecutive months the team had achieved RTT targets, with inpatient survey 96%.
- Planned date of discharge highlgithed significant improvement, challenges regarding MRI and CT targets.
- Well Led – Shift fill rates were very good.
- Mandatory training continued with month on month improvement.
- Significant improvement had been made with regards to items on the Risk
- register, with the team working on a small number of items for review.
- 3 Radiologists had been appointed, with 2 consultants appointed for Palliative Care.
- Pharmacy team had been recognised for excellence award.
- 3 Clinical Directors had been appointed, with 7 CD appointments still to be made.
- Bespoke strong foundation package had been included for the Division.

LS acknowledged outstanding work of AED team and supporting teams during ongoing sustained challenging period, and stated that teams needed to be acknowledged and thanked by the Board of Directors.

Surgery Division

DB presented the Surgery Division update, key issues as follows:-

- There were no never events during November 2019.
- No SIRI's, no medication errors
- No grade 3 or grade 4 pressure ulcers, with last pressure ulcer in July 2019.
- 1 MSSA infection on PICU, review panel which demonstrated that there were no lapses in care provided.
- Sepsis - 100%, with division working closely with JA. Sepsis Team.
- Decrease in PALS in October, 39 to 34. Data had been interrogated, with highest theme regarding waiting times for operation.
- 6 formal complaints received, all unrelated.
- 555 theatre sessions during November 2019, 146 Threatre sessions in one week. With threatre utilisation and clinical utilisation routinely 85% .
- There had been a 5% improvement in responsiveness, with regards to patients who know who is in charge of their care.
- Signficiant work had taken place regarding date of discharge.
- PB stated that since splitting out play and learning, there would be a number of patients who would not want to play, ie if they had just had an operation, and there is a need to review how this particular question around play is asked to children & young people.

Community & Mental Health Division

LC presented Community & Mental Health Division Report, key issues as follows:-

- Continued position improvement regarding incident reporting.
- There were no never events during November.
- There were no moderate harm incidents.
- There were no grade 3 or grade 4 pressures ulcers during November 2019.
- PALS continued to decrease, with 50% decrease since November 2019. Waiting times are reported at Board of Directors meeetings. CAMHS access Improvement Paper had been approved at Board of Directors meeing, with CAMHS patients triaged on a daily basis, with similar process for ASD & ADHD patients.
- Well Led – corrected review figures issue reporting data nationally. 100.3% in November 2019.
- HG stated that following a deep dive, and increased resources to further enhance play and learning, that the Trust had not seen an increase in positive feedback, despite daily cages of toys being delivered, with toys being taken home by children, and children not feeling that they wanted to play. In order to establish the root cause, play and education needed to be reported against separately. HG reported that she is due to meet with headmaster of on site school on 28th January 2020 to review how academic support is currently delivered.

JG refered to medication errors and stated that over the next few months that it would be helpful to review global level regarding medication errors. Committee agreed it would be benefificial to review IT monitoring data, post intervention at April 2020 CQAC meeting.

Action: CQAC to receive medication errors, data at April 2020 CQAC meeting.

LS referred to Safer Staffing for Surgery Division and questioned whether a forward look had taken place to ensure appopriate staffing levels during Winter period. DB confirmed that there had been a large international recruitment drive, with continued recruitment drive commencing again on 28th February 2020. DB confirmed that Critical Care continually have a ongoing recruitment process, and additional resources had been incorporated into surgical wards. DB stated that the Surgery Division had a good preceptorship and induction programme. HG confirmed that monthly profiling takes place.

NM stated that there had been a significant junior doctor shortall previously, with a large recruitment drive during September/October 2019, which has resulted in improved safety for the Trust.

SA queried whether the trends in clinical incident with no harm was an anomoloy. HG confirmed that further work was underway focussing on no harm incidents. Following completion of analysis, SA to be sent a copy of the report.

Action: On completion of analysis HG to forward Analysis of no harm incidents report to SA.

ExeConnect – executive visibility programme

JM presented the ExeConnect Report, which detailed an overview of the programme, the metrics, highlighted actions, themes and developments to date, key issues as follows:-

- Executive Visibility events had taken place from September 2018-2019, including shadowing in wards/departments CEO Open Door Sessions, monthly Quality Assurance Rounds, Monthly Star Awards, Trust induction.
- A total of 34 shadowing events were completed by 10 executive team members during October – December 2019.
- All directorates had been visited.
- 2 Schwartz rounds had taken place during the reporting period, wth 6 executive/senior leaders participated.
- 2 executive members participated as panel members.
- Next planned Schwartz round planned for 23rd January 2020
- ImERSE patient shadowing programme in Development,
- Patient Partner, JG had spent 12 months with a ‘patient partner’, shadowing through outpatient appointments and inpatient admissions. Plan is to expand this to other executives.
- Highlights - AB had shadowed PICU research nurse lead. AD reflect sense of commitment of nurse lead nurse, within the high performing team and how she was ‘inspriing in her passion for clinical research’
- MP visited clinical laboratories and was impressed by genuine sense of pride amongst the staff, plus the atmosphere of dedication and professionalism.
- LS felt ‘true kindness’ in the room at Schwartz Round, where she was a panel member and shared her story about ‘when your best isn’t good enough’.
- Actions & Themes – with positive attitues and well functioning team, showing fantastic resilience under pressure, always maintaining a caring attitutue, good humour and great sense of pride, housekeepers/HCA’s well regarded by whole team, implementing lunchtime huddle had improved patient flow, very positive feedback from families.

Improvement themes:-

- IT performance & connectivity – many PC's across the Trust had been replaced, resulting in improved connectivity in community sites.
- Ward staffing pressures – New medical appointments HDU, Agreed bank/agency usage on 4A.
- HR issues – support for managers – 18 month pilot – Wellbeing Support Team'.
- Infrastructure – Major improvement in community estate, building work on Ward 4A to improve visibility, communication and safety. New blinds on Ward 4A. wider access to school room on ward 4B, ceiling tiles fixed.
- Communication within and beyond A&E – Waitings times displayed in ED. Seeking to convene Strategic Oversight Group (execs and seniors leaders in A&E.)

Developments:–

- Gathering dates for January, February & March 2020.
- Further spread of activity to corporate and surgical specialties.
- Greater focus on patient shadowing.
- Engaging NEDs in atient shadowing.
- Developing tracker to collate and monitor actions/recommendations.

Responsive

Clinical Claims Report

MP presented Clinical Claims Report, key issues as follows:-

- There had been an increase in claim rate
- 16 new claims for 6 month period, 6 inquest funding requests
- 6 letters of claim, 4 letters of notification.
- 1 historic case, dating back to 2009, no reason given regarding record request in 2014.
- 5 new cases involving complaint – delay in diagnosis to treatment
- Cases are equally split between Medicine and Surgery division, - low numbers, with delay in treatment being the highest category.
- 2 cases related to pressures sores, both cases unrelated
- 12 closed claims, 2 with damages and 10 without damages
- 2 inquests, 4 denied and 1 in progress, with other 3 may re open.
- 10 new inquest cases, 9 ongoing, a number are out of area/safeguarding. Inquests scheduled for February 2020, March 2020, and June 2020, all cases had undergone RCA's and lessons learned.
- MP stated that she would recirculate score cards.
- 105 claims on the score cards, relating to 10 years of data, high value scorecards.
- JG raised issue regarding national position regarding CNST Premiums, and that for the next year the premium is due to rise by 42%. Benchmarking is taking place with Children's Alliance with regards to tariff to review general trends regarding litigation figures. JG envisaged further information week commencing 20th January 2020. HG stated that she would have an offline discussion with MP to review further.

Action: offline discussion with HG & MP

RM7 Claims Management Policy

MP presented RM7 Claims Management policy which was due for renewal. Policy had had been updated. 6 month renewal to policy requested. MIAA

are undertaking a non clinical claims review. Once MIAA report is to be been shared, appropriate information would then be incorporated into the policy.

Resolved: Committee ratified policy with suggested amendments.

Dissemination and implementation of National Guidance Policy
EW presented Dissemination and implementation of National Guidance Policy. Processes had been updated regarding organisational change and issues regarding alerts with executive leads incorporated, with NM & HG now both Executive leads. Escalation for NICE and CAS alerts had been formalised within the policy to ensure a clear route within Divisions, to further ensure that the policy is more robust. Policy is more robust in terms of alerts regarding drug disruption.

Resolved: Committee ratified Dissemination and implementation of National Guidance Policy.

19/20/153 Any Other Business

Review of meeting
CQAC reviewed the content of the meeting, and agreed that the presentations were extremely informative, and had provided significant assurance.

18/19/154 Date and Time of Next meeting
10.30 am - Wednesday 12th February 2020, Tony Bell Boardroom, Institute in the Park - **(please note later start time of 10.30)**

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

4th March 2020

Paper Title:	**Alder Hey People Plan Update**
Report of:	**Human Resources & Organisational Development**
Paper Prepared by:	**Senior HR Business Partner**

Purpose of Paper:	Decision ☐ Assurance ☐ Information X Regulation ☐
Background Papers and/or supporting information:	None.
Action/Decision Required:	To note X To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work X Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations**
Resource Impact:	None

Introduction

The purpose of this paper is to provide the Board with a monthly strategic update against the Alder Hey People Plan. More detailed discussions about the delivery of the Operational Plan, which underpins the delivery of the strategic People Plan, take place at the bi-monthly Workforce and Organisational Development Committee.

Our People Plan Pillars

Staff Advice and Liaison Service (SALS)

The Staff Advice & Liaison Service (SALS) is in the starting stages of development with guidance and advice available to staff through Dr Jo Potier and her team and via the staff intranet pages. As part of the development of the SALS programme, a Listening into Action 'Big Conversation' took place 11th February 2020 with multi-disciplinary representatives from across the Trust to understand the needs of the workforce and develop a system of support that is right for staff. A full action plan is being developed further to the LiA event and the outcomes of the discussions and will be shared with the Workforce and Organisational Development Committee.

The system will combine the best of the staff support currently on offer in the organisation with a number of new elements to bring about the consistency and ease of access that

would make staff support at Alder Hey outstanding. Further updates will be shared with the Board at future meetings.

Wellbeing Team

As part of our ongoing focus on supporting staff to be healthy and well in the workplace we are in the process of recruiting and developing a dedicated Wellbeing Team to support staff and managers across the organisation to identify and access support available. Feedback from our managers suggests that the administration processes for supporting absence is a significant challenge as it is time consuming and prevents them from being able to provide staff with the holistic support they need, as key aspect of the teams responsibility will be to support with these processes with the aim of releasing time to care. As part of the development of this team we are identifying a select number of areas who we will be working with as part of a pilot programme which will begin in April 2020.

Talent Management

As part of the development of the Trust's approach to talent management and succession planning each of the Division were asked provide an indication of the readiness and potential of an individual to progress to the next level in order to start developing a consolidated picture of the pool of people likely to progress in leadership roles within a given timeframe. It has been identified that we have an aging demographic, and due to national issues including the reduced number of junior doctors and trained nurses in the pipeline the focus of the next 12 months will be identifying and developing our future talent.

Apprenticeships

The team are preparing for an imminent Ofsted inspection of the Trust's internal provision. As part of the ongoing development of the internal apprenticeship offer the team have identified a tutor who is qualified to deliver the Level 2 and 3 Health and Social Care apprenticeship pathway. This will enable the team to develop our healthcare support workers internally and also attract individuals to the organisation on structured development programmes.

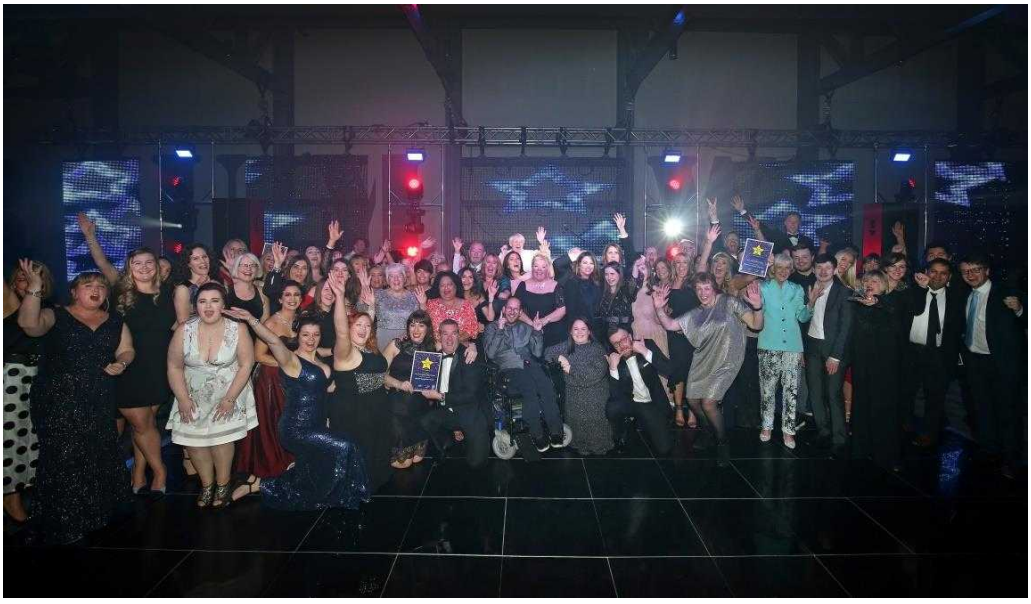
During the week 3rd – 7th February 2020 the team also celebrated National Apprentice Week and had a range of activities planned internally and externally to support the **'Look beyond'** campaign. The Apprenticeship team hosted a number of information sessions and developed apprenticeship matrices for each of the clinical division to support ongoing workforce development.

Gender Pay Gap reporting

The 2020 Gender Pay Gap report is due in March 2020 which provides details and context to help understand and contextualise the Trust position in relation to Gender Pay Gap in line with are legislative responsibilities. A full copy of the report will be provided as part of the agenda.

Alder Hey Stars

On 7th February 2020 our communications team in conjunction with the Trust Reward and Recognition Group arranged a night of celebration at The Titanic Hotel where our amazing Alder Hey Stars were recognised for their brilliant contributions to the children and families of Alder Hey.



E-Rostering team

The NHS Long Term Plan contains the commitment that by 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy e-rostering software to its fullest potential. The Trust was successful in obtaining a total capital funding bid of £390,000, split across 2019/2020 and 2020/2021 financial years.

E-rostering ensures staff are appropriately allocated to provide high quality and efficient services and effective e-rostering considers factors such as patient needs, staff needs, organisational needs, the workforce and skills required to deliver services, and workforce availability.

Over the last 18 months the HR and Nursing Leadership teams have being working in partnership with the DMO team and have successfully identified a potential e-roster provider. A launch meeting is scheduled for 4th March 2020 and we continue to engage with multi-disciplinary representatives across the organisation to develop the Trust approach and response to e-roster. To support the e-rostering project a dedicated support team are in the process of being recruited.

Summary of formal Employment Relations Activity – January 2019

Following the release of Baroness Dido Harding's guidance and recommendations related to people practices in May 2019, the HR team have identified a number of actions including regular reporting of employee relations activity to board. A full overview is provided quarterly and summary view is provided monthly to provide assurance and oversight.

In December there were a total of 18 live cases, with the majority of these within the Division of Surgical Care.

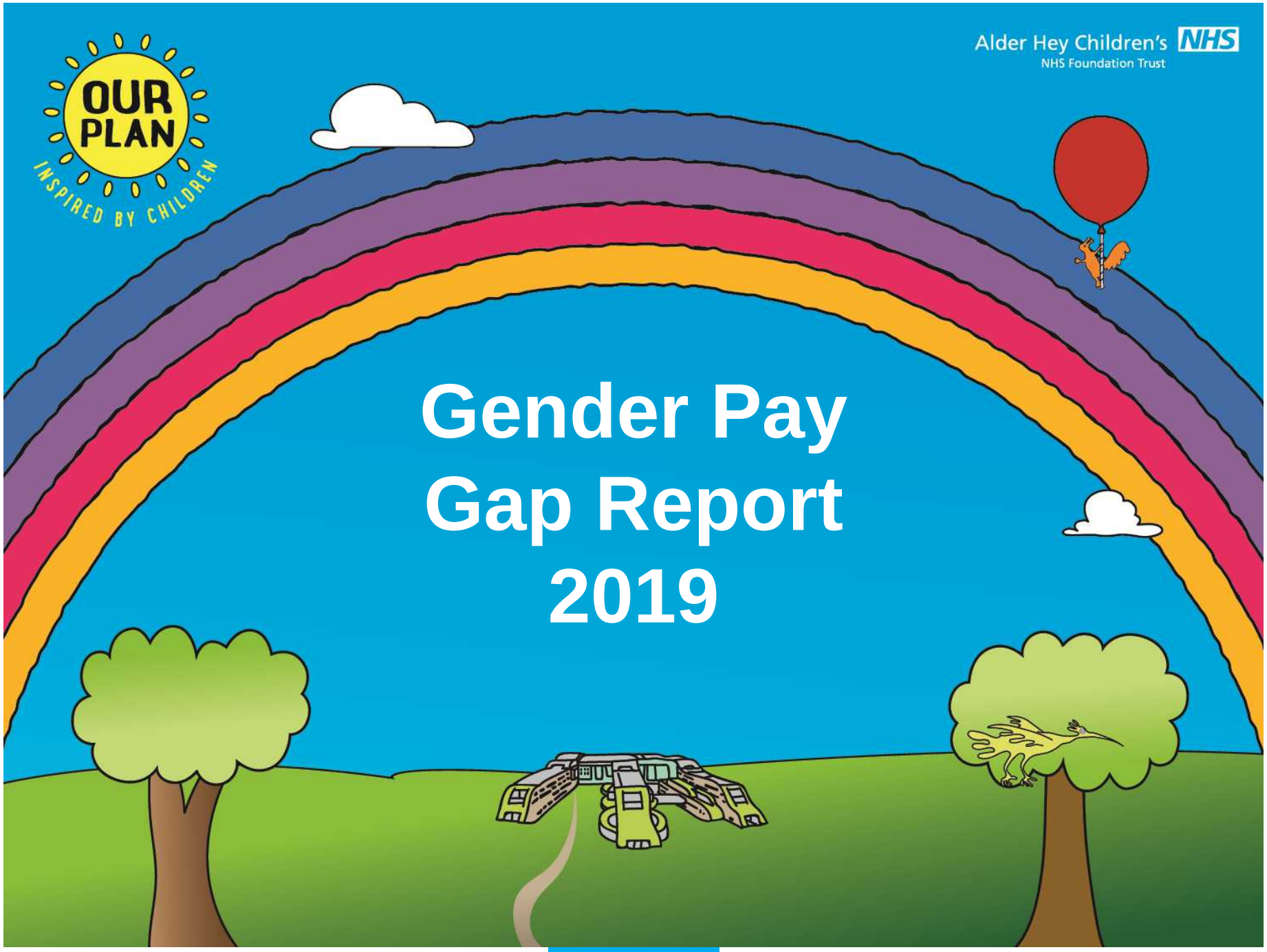
Division	B&H	Investigation	Disciplinary	Grievance	Org. Change	Employment Tribunal	Total
Surgery	3	3	1	2	0	1	10
Medicine	0	0	0	1	0	0	1
Community	1	0	2	1	0	0	4
Corporate	1	1	0	0	1	0	3
Total	**5**	**4**	**3**	**4**	**1**	**1**	**18**

Workforce KPI's – January 2019

Sickness **5.82%** Threshold - 4%	Short Term Sickness **1.65%** Threshold - 1%	Long Term Sickness **4.17%** Threshold- 3%
PDR **90.07%** Threshold - 90%	Medical Appraisal **82.66%** Threshold - 95%	Mandatory Training **94.26%** Threshold - 90%
Temporary Spend ('000's) **£863.25** Threshold - £800	Staff Turnover **10.84%** Threshold - 10%	Safer Staffing **90.6%** Threshold - 90%

Mandatory Training position

	Overall Mandatory Training
Trust	**94.05%**
Division	
Alder Hey in the Park	**94.52%**
Capital	**97.67%**
Community	**95.89%**
Corporate Other	**90.74%**
Facilities	**90.91%**
Finance	**97.16%**
Human Resources	**96.84%**
IM&T	**98.00%**
Medicine	**94.32%**
Nursing & Quality	**95.91%**
Research & Development	**96.78%**
Surgery	**92.66%**
Staff Group	**Overall Mandatory Training**
Add Prof Scientific and Technic	**95.25%**
Additional Clinical Services	**94.23%**
Administrative and Clerical	**95.79%**
Allied Health Professionals	**97.26%**
Estates and Ancillary	**90.95%**
Healthcare Scientists	**95.76%**
Medical and Dental	**91.94%**
Nursing and Midwifery Registered	**93.01%**

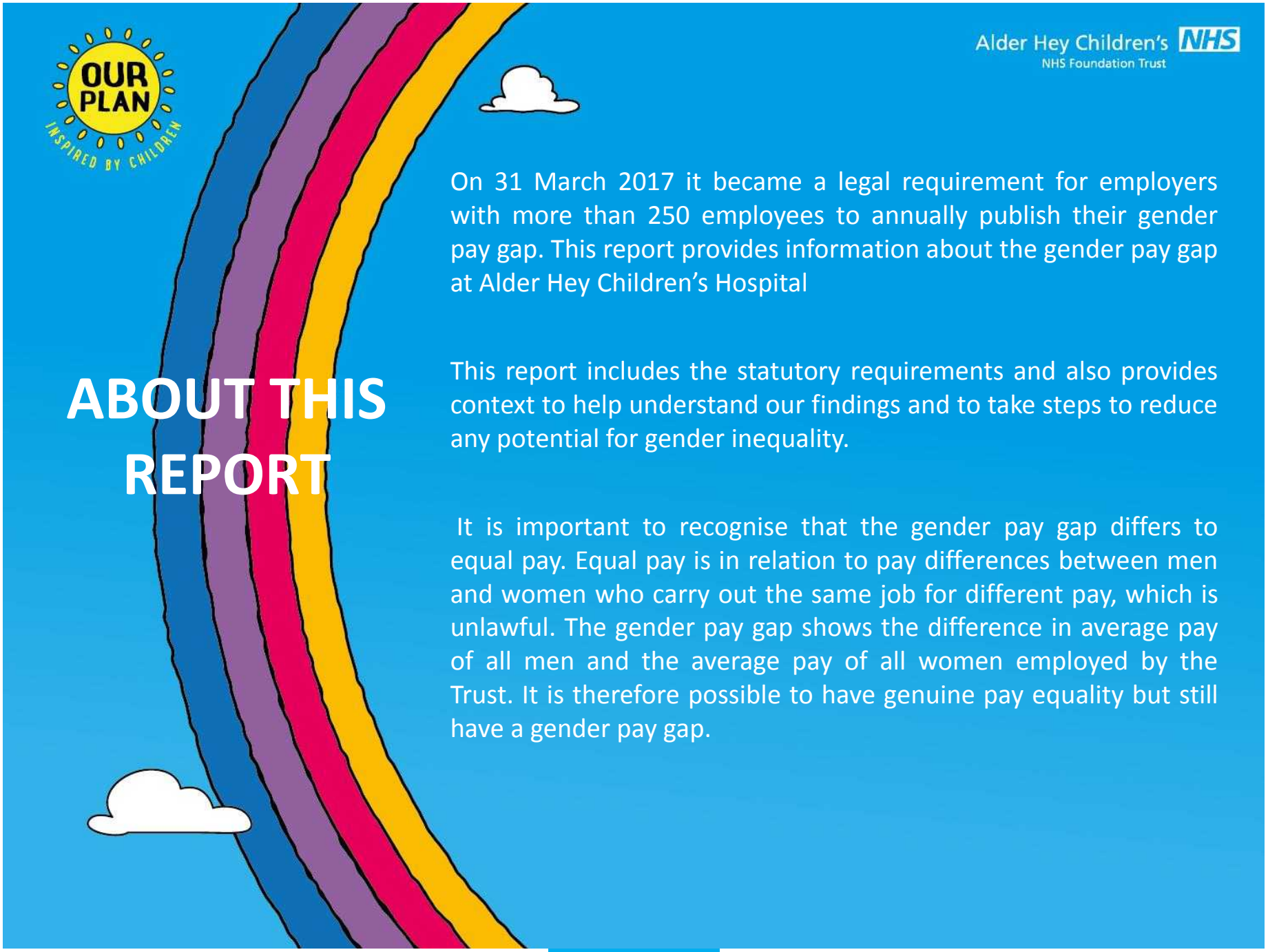

OUR PLAN
INSPIRED BY CHILDREN
Alder Hey Children's NHS
NHS Foundation Trust
Gender Pay Gap Report 2019

OUR PLAN
INSPIRED BY CHILDREN

Alder Hey Children's NHS
NHS Foundation Trust

INTRODUCTION

Our People Plan outlines how we will support all of our people over the next 4 years. Our people plan is build around 5 strategic pillars which are integral for developing the best people, do their best work in the best place, this includes Equality, Diversity and Inclusion. Alder Hey is committed to building a diverse and inclusive workforce that reflects our local population and families that come through our door and celebrates the creativity and innovation of our workforce.



ABOUT THIS REPORT

On 31 March 2017 it became a legal requirement for employers with more than 250 employees to annually publish their gender pay gap. This report provides information about the gender pay gap at Alder Hey Children's Hospital

This report includes the statutory requirements and also provides context to help understand our findings and to take steps to reduce any potential for gender inequality.

It is important to recognise that the gender pay gap differs to equal pay. Equal pay is in relation to pay differences between men and women who carry out the same job for different pay, which is unlawful. The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust. It is therefore possible to have genuine pay equality but still have a gender pay gap.

HOW WE COLLECT OUR DATA

Alder Hey Children's NHS Foundation Trust

Using snap shot data from our Electronic Staff Record System (ESR) this report looks at the following calculations to meet the requirements of the legislation:

- Mean gender pay gap in hourly pay
- Median gender pay gap in hourly pay
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of males and females receiving bonus payment
- Proportion of males and females in each pay quartile.

The snapshot date for public sector organisations is **31st March 2019,** this report therefore reflects our pay profile for the preceding 12 months from this date

16% **84%**

GENDER PROFILE OF OUR WORKFORCE

As at 31st March 2019 the gender split of our workforce was 83% females and 17% males. This compares similarly with the overall gender profile of the NHS. Employees on leave, such as sick leave or maternity leave, are excluded from our reporting if receiving reduced pay.

OUR PLAN
INSPIRED BY CHILDREN

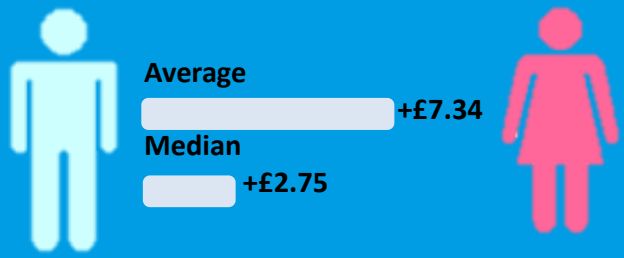
GENDER PAY GAP SUMMARY

Alder Hey Children's NHS
NHS Foundation Trust

Mean pay gap

This is the difference between the average hourly earnings of men and women.

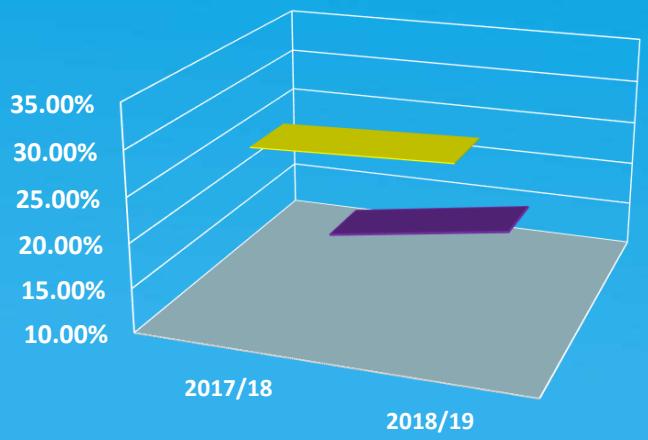
The data tells us that, on average, female employees earn **30%** less than male employees. This has remained relatively static since last year. This is reflective of the NHS which has a higher proportion of females in lower banded roles and a predominantly male workforce in the higher banded Medical & Dental professions.



Median Gender Pay Gap

This is the difference between the midpoints in the ranges of hourly earnings of men and women.

The median data tells us that female employees earn **15%** less than male staff, a 3% increase from 2017/18. (Inclusive of Clinical Excellence Awards payments that are paid to eligible medical staff)



	2017/18	2018/19
Avg. Hourly Rate	29.53%	30.28%
Median Hourly Rate	12.17%	15.38%

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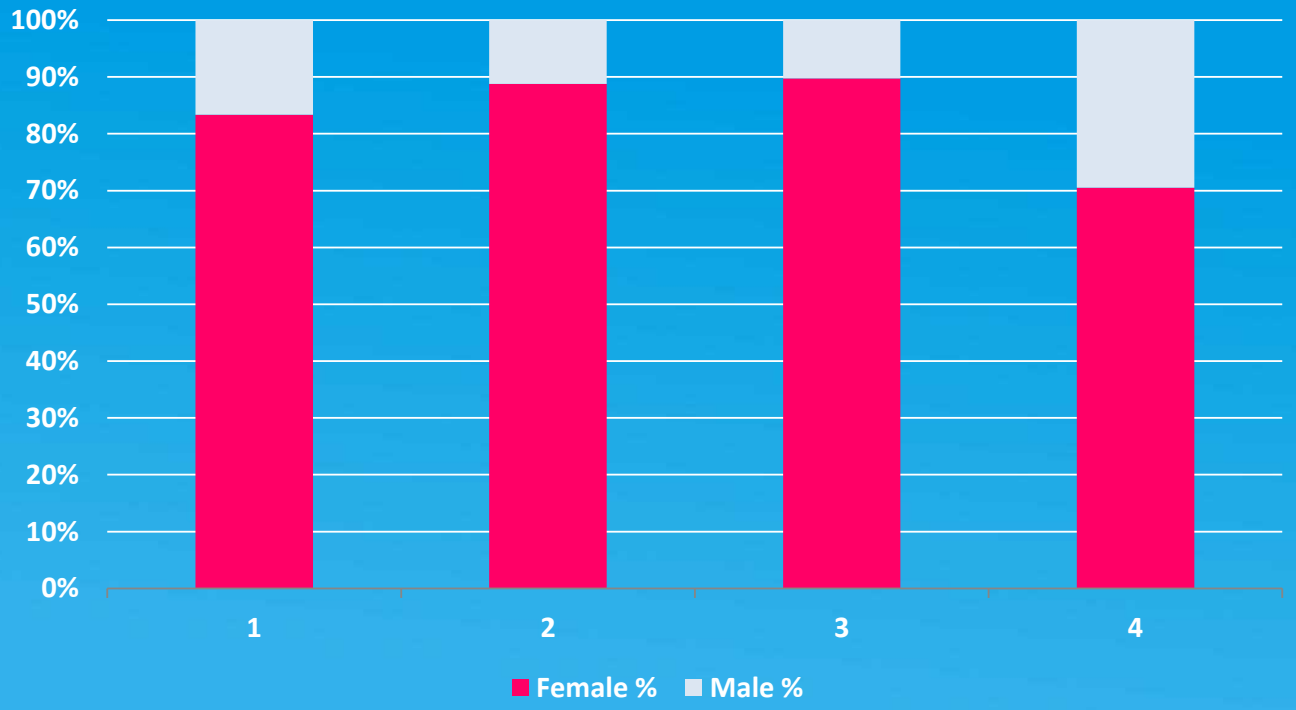
Alder Hey Children's NHS
NHS Foundation Trust

Proportion of Men and Women in each Salary Quartile Band

The chart below shows the proportion of males and females in each pay quartile; the lower quartile includes the lowest paid staff per hour and the upper quartile includes the highest paid staff per hour.

There are a higher percentage of males in the upper pay quartile compared to the percentage in each of the lower pay quartiles.



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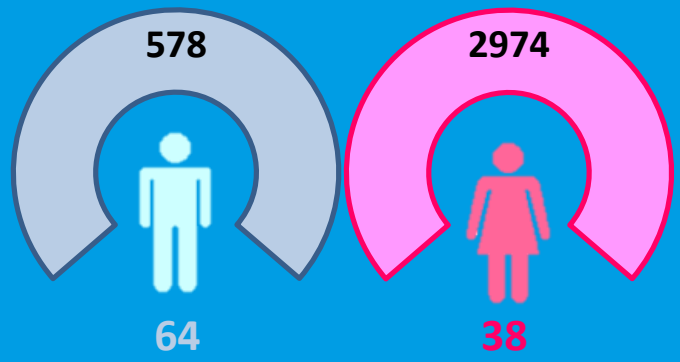
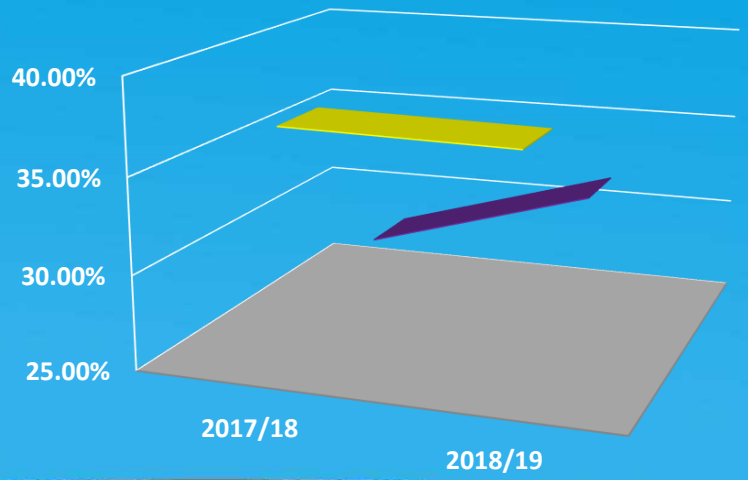
GENDER PAY GAP BONUS PAY

Alder Hey Children's NHS
NHS Foundation Trust

Bonus Pay forms part of basic pay for the purposes of calculating the mean and median average gender pay gap data. Bonus pay at Alder Hey takes the form of Clinical Excellence Awards awarded to eligible Consultant Medical and Dental staff. These awards recognise and reward individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The CEA's are administered within the Trust on an annual basis.





	2017/18	2018/19
Avg. Pay	37.24%	37.03%
Median Pay	28.14%	31.71%

Mean Bonus Gender Pay Gap

The data tells us that on average bonus pay, female employees earn 36% less than male employees.

Median Bonus Gender Pay Gap

The data tells us that on median bonus pay, female employees earn 31% less than male staff.

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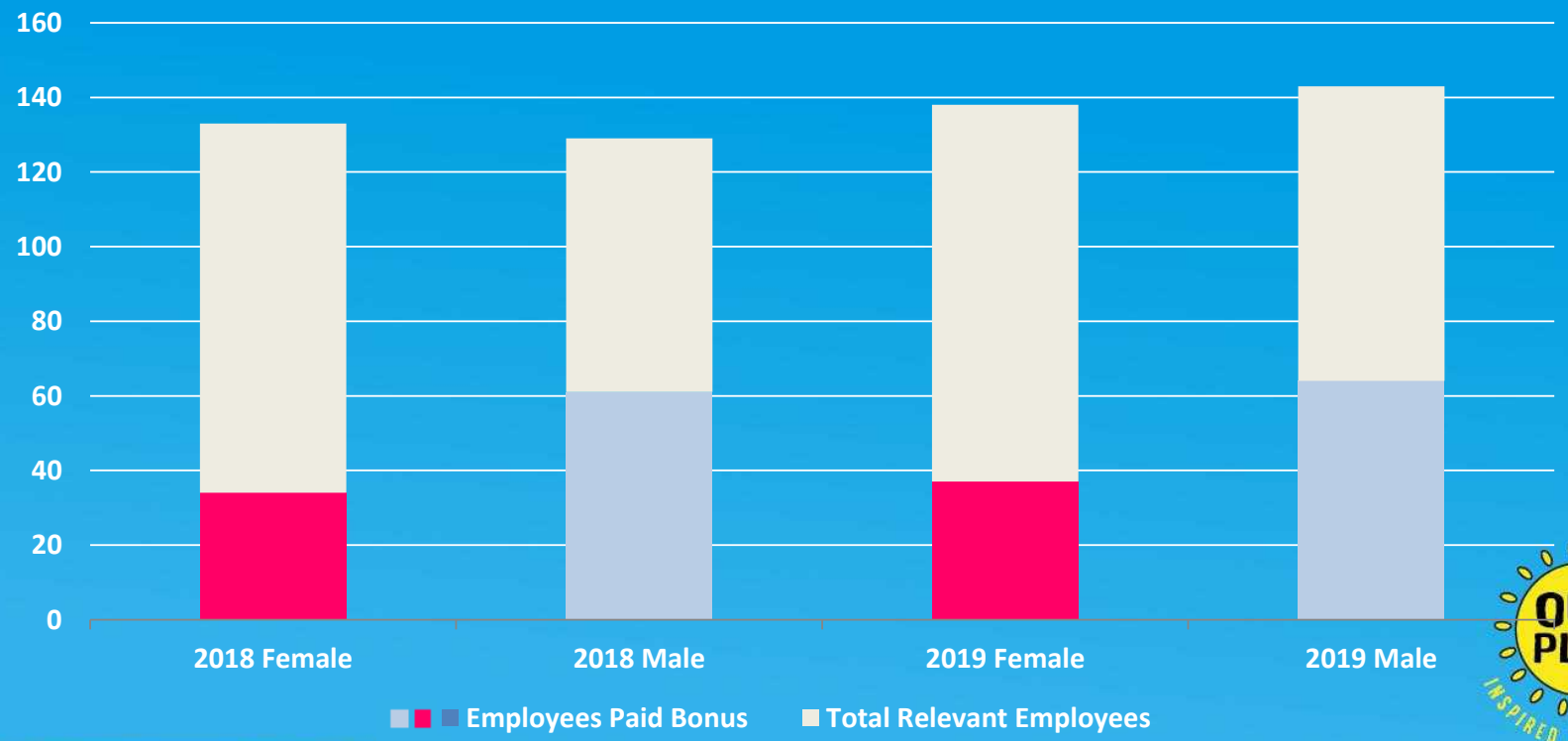
Alder Hey Children's NHS
NHS Foundation Trust

GENDER PAY GAP BONUS MEDICAL AND DENTAL

This data shows the total number of staff paid bonuses against the total number of staff in the organisation. Our 2019 data reflects below eligible medics who are able to apply for Clinical Excellence Awards and Executives that have been awarded a bonus



OUR PLAN
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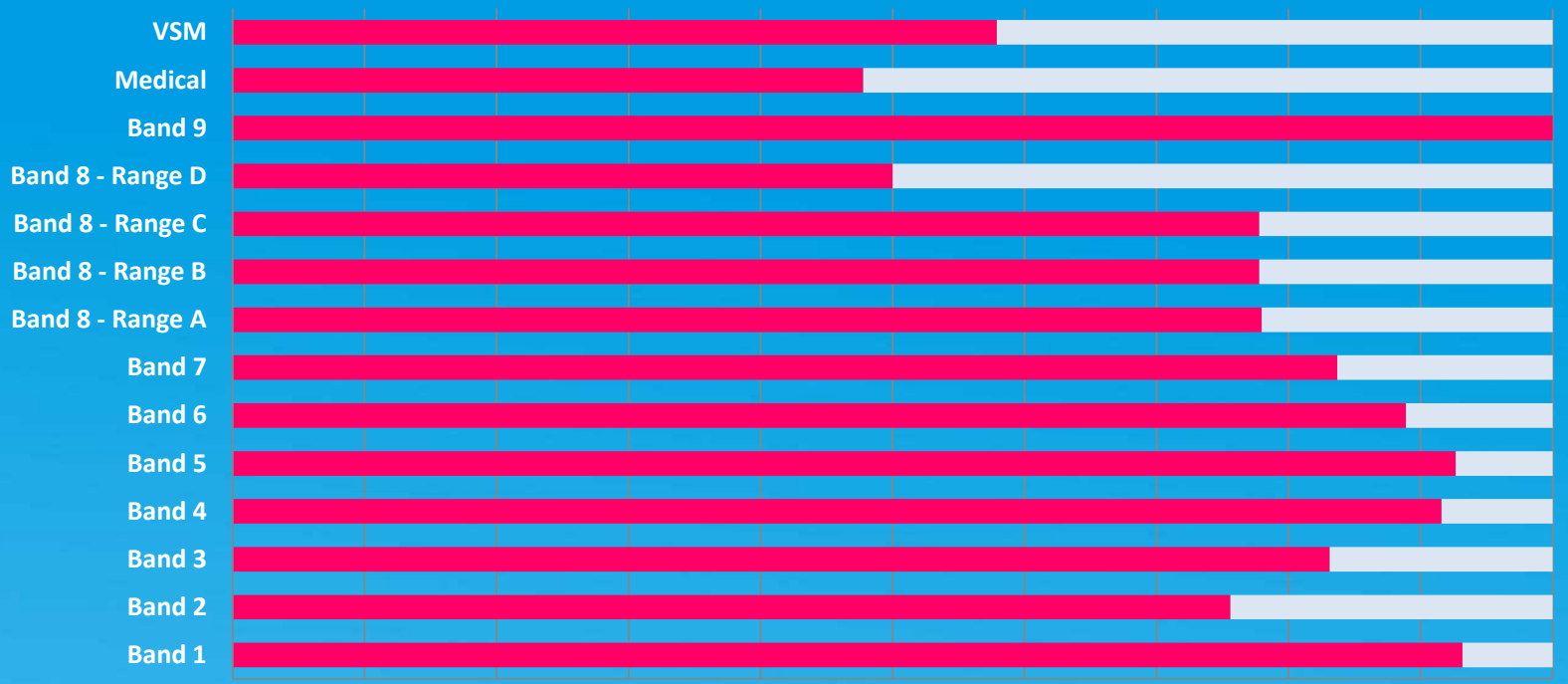
UNDERSTANDING OUR RESULTS

Alder Hey Children's NHS Foundation Trust

Alder Hey staff are employed on national contractual terms and conditions; Agenda for Change Bands 1-9, Medical and Dental, and Very Senior Managers (VSM). The chart below shows the gender differences between grades and staff groups.



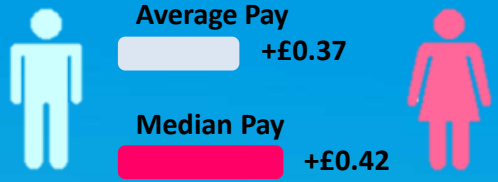
	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8 - Range A	Band 8 - Range B	Band 8 - Range C	Band 8 - Range D	Band 9	Medical	VSM
Female	93.18%	75.59%	83.11%	91.59%	92.67%	88.89%	83.70%	77.97%	77.78%	77.78%	50.00%	100.00%	47.78%	57.89%
Male	6.82%	24.41%	16.89%	8.41%	7.33%	11.11%	16.30%	22.03%	22.22%	22.22%	50.00%	0.00%	52.22%	42.11%

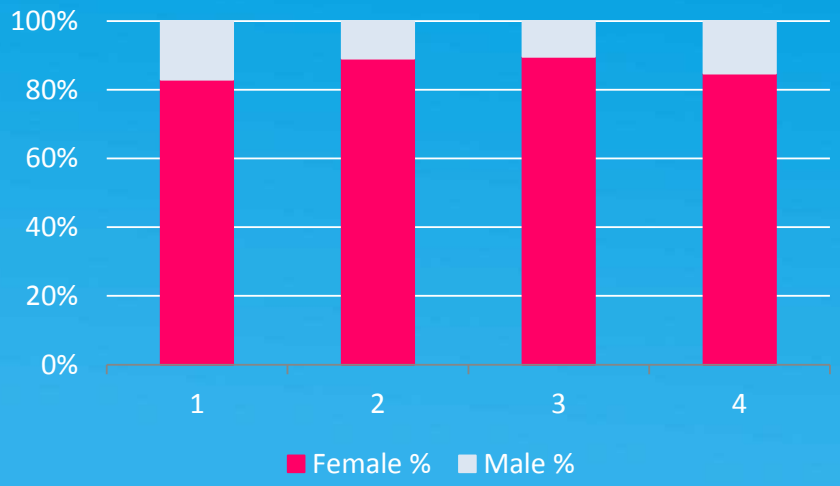
Alder Hey Children's NHS
NHS Foundation Trust

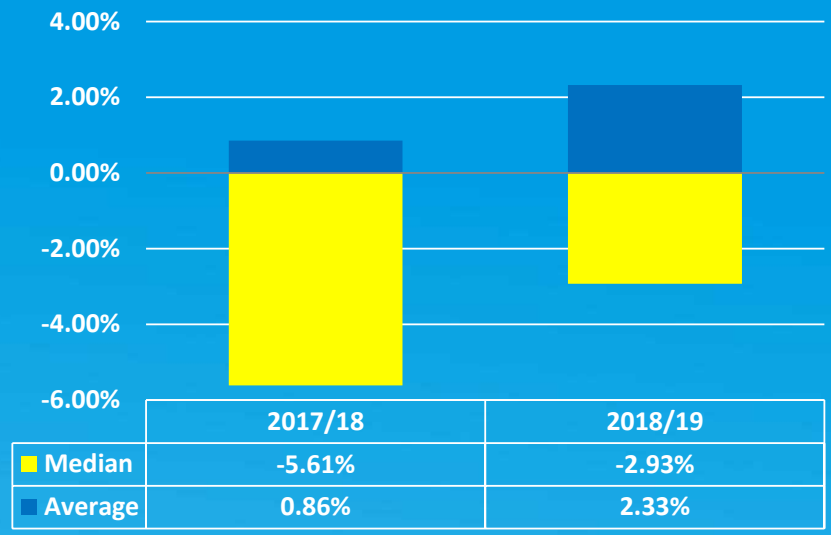
UNDERSTANDING OUR RESULTS

AFC BREAKDOWN

An analysis of salary within AfC staff only, reveals that there is no mean pay gender gap, and that there is actually a small median gender pay gap for males of 2.93%, an improvement from 2018 data.







	2017/18	2018/19
Median	-5.61%	-2.93%
Average	0.86%	2.33%

OUR PLAN
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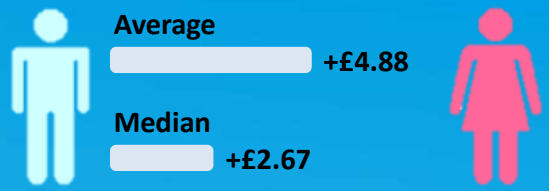
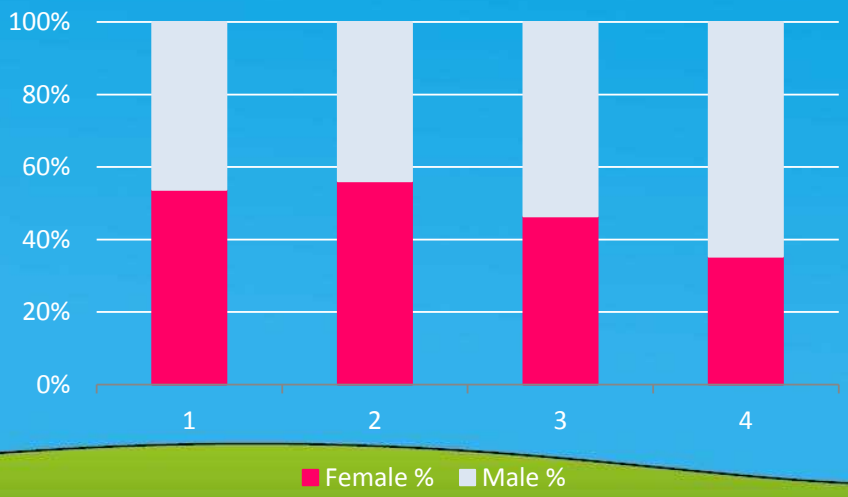
Alder Hey Children's NHS
NHS Foundation Trust

UNDERSTANDING OUR RESULTS

MEDICAL & DENTAL BREAKDOWN

The gender split within this staff group is 52% males to 48% females. There remains to be mean gender pay gap of 10.46% and a median gap of 5.86% although these figures are an improvement on last year's data. Male medical staff have a longer length of service than female medical staff, which impacts upon salary. This number is reducing and consequently having an impact on the pay gap.





	2017/18	2018/19
Avgerage	12.90%	10.46%
Median	8.59%	5.86%

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CONCLUSION

The report summarises the Trust pay gap data based on the gender split of the organisation in line with the government's gender pay gap reporting regulations ahead of submission of 30th March 2019.

Mean gender pay gap – 30%

Median gender pay gap- 15%.

This report demonstrates that the Trust gender pay gap remains mainly within our Medical and Dental staff groups and is reflective of an ageing male workforce within this staff group . Medical & Dental female workforce profile is evolving with an increased number of female consultants being appointed

The report also provides a summary narrative that explains the data and provides an organisational context.

The reasons for a gender pay gap are multi-factorial; terms and conditions, length of service, gender mix, pension, flexible working arrangements and salary sacrifice commitments will all have an impact upon the overall gender pay gap results.

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Alder Hey Children's NHS
NHS Foundation Trust

RECOMMENDATIONS

The Trust Board are asked to approve the report to enable it to be published on the Trust and government website in line with statutory reporting guidelines.

The Trust is committed to ensuring an equitable workforce and steps to reduce the gender pay gap will be incorporated into Trust Workforce Equality Objectives. The key objectives identified in this report will be incorporated into the People Plan Operational Plan and will be monitored by the Workforce and Organisational Development committee on a quarterly basis.

The specific objectives include;

1. Promoting Clinical Excellence Awards to encourage range of applications reflective of our workforce
2. Support for consultants considering making an application for a CEA to assist them through the process
3. Promotion and support of flexible working arrangements

OUR PLAN
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Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
03/03/2020

Paper Title:	**Update Annual Assessment Visit Action Plan**
Report of:	**Medical Education & Revalidation Manager**
Paper Prepared by:	Helen Blackburn

Purpose of Paper:	Decision ☐ Assurance ☐ Information ✓ Regulation ☐
Background Papers and/or supporting information:	Draft action plan
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:	
Associated risk (s)	Include risk(s) reference, title of risk, and current risk score.

1. Introduction

The AAV took place in October 2019; the subsequent report and action plan was received in January 2020. The overall report was positive and we received one area of good practice regarding support for educators who required support.

2. Background

The action plan highlights areas that require action; each action is rated from 1-4. We have one action rated 3, this relates to our handover processes within Medicine. The visiting team recorded that it was complicated and did not provide an educational experience.
The four actions rated 2 cover a range of areas, induction, cardiology placements, job-plan allocation for educational supervisors, access to regional teaching for trainees.

The actions rated 1 include access to guidelines, access to PCs and printers, incident reporting and feedback, cancellation of teaching, Rota patterns.

Rating	**Threshold**
0	No evidence that HEE standards are not met
1	HEE standards not met, but action plan in place and provider consistently working to resolve.
2	HEE standards not met, and sustainable improvements not at pace, despite action plan.
3	Placements well below HEE standards, and sustained improvements not at pace, despite action plan.
4	Placements well below standards; serious risk to trainee or patient safety; escalation has not resolved the concern.

3. Conclusion

The Education team and wider trust members have contributed to the response. The work will continue and the action plan will be reviewed with the Medical Education Board members. Further actions will be developed to ensure that we attain resolutions for each of the actions to allow the trainees to

4. Recommendations

N/A

Action Plan – Postgraduate Educational Monitoring Visit

Trust: Alder Hey Children's Hospital NHS Foundation Trust

Date of Visit:	3 October 2019
Date Action Plan required:	30 March 2020
Response compiled by:	

Please do not embed any documents. Documented evidence should be referenced in the action plan and made available on request.

Number	Requirements Owner Education Team/ Sarah Wood/	Risk Score: 2
3	**The Trust must continue the work being carried out to improve induction, ensuring that** **a) All inductions cover key information trainees need to work safely;** **b) All inductions provide access to the key systems trainees need to do their jobs;** **c) All trainees, including those working nights, receive a full induction before starting.** **All surgical trainees providing cross-cover for other specialties receive an appropriate induction to the department they are working in. SW**	
a) We heard examples of paediatrics trainees arriving to work at their department without the department being informed of their arrival. We heard a number of examples of accommodation made for trainees starting out-of-hours, but also heard from several of the trainees that they did not have an induction prior to starting. In one case a trainee gave an example of starting nights in emergency medicine without an induction and admitted to getting lost because they were not familiar with the geography of the hospital. **b)** Not all trainees knew where to find the incident reporting form used by the Trust.		

c) We heard that tier 1 paediatrics trainees did not cover on-call arrangements or handover as part of their inductions.

d) We heard variable reports of departmental induction: a comprehensive handbook was provided in some departments (like cardiology) but most did not supply one. Some paediatrics trainees reported a tour of the department but in some areas, this did not take place.

e) Trainees working in neurology reported still not having been introduced to consultants at the time of this review. In respiratory medicine, we heard trainees were supplied a written document but would have preferred a more interactive introduction which covered where to go and who to see.

f) Trainees in renal medicine reported a handbook, including meeting timetable and an introduction to the consultants, but, as noted elsewhere, added that the addition of guidelines for unusual medicines would have been helpful.

g) We heard examples of paediatrics trainees arriving to work at their department without the department being informed of their arrival. We heard a number of examples of accommodation made for trainees starting out-of-hours, but also heard from several of the trainees that they did not have an induction prior to starting. In one case a trainee gave an example of starting nights in emergency medicine without an induction and admitted to getting lost because they were not familiar with the geography of the hospital.

h) Not all trainees knew where to find the incident reporting form used by the Trust.

i) We heard that tier 1 paediatrics trainees did not cover on-call arrangements or handover as part of their inductions.

j) We heard variable reports of departmental induction: a comprehensive handbook was provided in some departments (like cardiology) but most did not supply one. Some paediatrics trainees reported a tour of the department but in some areas, this did not take place.

k) Trainees working in neurology reported still not having been introduced to consultants at the time of this review. In respiratory medicine, we heard trainees were supplied a written document but would have preferred a more interactive introduction which covered where to go and who to see.

l) Trainees in renal medicine reported a handbook, including meeting timetable and an introduction to the consultants, but, as noted elsewhere, added that the addition of guidelines for unusual medicines would have been helpful.

m) In emergency medicine trainees reported feeling equipped for work, with an effective departmental rota, an introduction to the support available for trainees, including supervisory arrangements and accessible and user-friendly rotas.

n) Paediatrics trainees working in cardiology and gastroenterology described delays in obtaining the handover lists on starting, two weeks in one case.

o) Paediatrics trainees informed the panel that there are two patient management systems in use, and while all reported getting access to the Meditech system, not everyone was given access to the Badger system used in ICU. We also heard that these trainees did not have access to the Badger training. Whilst trainees were always able to access Badger through someone else's password, this is a potential information governance risk.

p) Paediatrics trainees reported having blood product training as part of their induction, but they were not provided with access to the blood ordering system. We heard one trainee explain that it took them a month to arrange appropriate access. A plastic surgery trainee was not aware of how to order blood and had to ask a foundation trainee.

q) The panel felt some of the terminology used was confusing – "ward handover" for example a better description than "second on".

r) Plastic surgery trainees described the induction as split between IT and clinical work and did not cover key aspects of clinical work: trainees described following up with nurses to find out how some clinical aspects worked.

s) The panel heard from plastic surgery trainees who were uncertain and lacked confidence in the management of emergencies and escalation protocols when providing cross-cover for ENT.

t) The Panel note the Trust policy not to have trainees providing ENT cross-cover but point out that the rota has them providing this cover for other organisations, such as the Royal Liverpool Hospital.

u) Plastic surgery trainees described the job-plans they received six weeks prior to ENT placement as the best the trainees had ever seen.

v) Emergency medicine trainees reported starting without having the induction to prescribing which others had received, and another reported that the induction team had no record of them and so they did not receive a computer login prior to starting their placements. Other trainees reported having to attend the induction in their own time and had not yet received the hours back in lieu.

Trust response

Trainee's names, grades etc are sent to each team in advance of the trainees start date via email. We ask each dept for a named person as the lead contact to meet the trainees for local induction.
Generic induction does currently include incident reporting and on-call however this information needs to be reviewed and included in the handbook for trainees to refer to later.
2. Emphasis will be made at Induction on incident reporting.
3. Surgical induction covers:

- A walk round of wards
- A discussion about expectations, how to escalate, who accepts referrals, who they cover, how the weekends and week day oncalls work, and how we negotiate commitments during the week
- Handover – both paperwork and physical time/ place
- Rotas – who to contact, how it works and how to arrange swaps
- Teaching – i.e the fact that we expect them to attend their teaching but they need to tell us when it is so we can either arrange swaps or facilitate this so they can attend as many as possible
- Access to systems – such as the shared K drive for paediatric surgery which has on it the induction book, general surgical handover sheet, and other work administrative/ guidelines on it.
- General questions

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
1. QI project to look at the generic induction and handbook including review of online feedback after induction and to reintroduce an exit feedback questionnaire 2. Qi project to look at the departmental induction to ensure consistent and of same standard across all specialities.			Clare Halfhide, PG Clinical Tutor

How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	Requirements Owner – Kate Warriner / Clinical Teams/ Education Team	Risk Score: 1
4	**The Trust must review the storage and content of protocols and guidelines so that all are available to trainees in a consistent and accessible location.**	

a) We heard that each department stored its protocols differently and trainees were not always provided with access to these. Some protocols were stored on the K Drive, others on the intranet and in various different sections.

b) Paediatrics trainees described the K drive as the depository for some protocols, which trainees by default did not have access to. One trainee described pursuing IT for access, a process which was said to take several weeks and required permission at a very high level.

c) Educators were clear that protocols had to be stored safely in order to prevent unauthorised changes, but the panel would point out that read-only access would achieve this and allow trainees to review the protocols they needed.

d) This issue was compounded by the prescribing of unfamiliar medication, which has been mentioned elsewhere.

e) In respiratory medicine, trainees perceived guidelines as critical resources for handover.

f) We heard from trainees who had worked in gastroenterology that there were multiple copies of the guidelines and they were not certain which should be followed.

g) We heard from the paediatrics supervisors that the Trust quality team were working towards a consistent and effective store of protocols. We heard them describe the current issue created by people creating copies and workarounds for various protocols. The Guideline Committee can only process so many guidelines at a time, and people have adapted locally stored guidelines while they are waiting.

Trust response			
Some of the departments continue to have protocols which are not available for everyone to see, however with a focus on GDE within the hospital. Most teams are moving these and other patient specific data for example ventilation sheets onto the Meditech system so these will then be accessible to all staff in the near future. We are also creating an App which could also be utilised to store the guidelines			
Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
Ensure that all depts. have guidelines on Meditech			
How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	**Requirements Clare Halfhide/ Neisha Dunbar-Creasey/ Kate Bayley**	**Risk Score: 1**
5	**The Trust must ensure that rotas are responsive to the needs of trainees.**	

Review Evidence:

a) We heard from tier 1 paediatrics trainees that they had some difficulty in accessing their annual leave: it was explained that there were logistical issues and trainees were meant to arrange their own swaps, but reported that they had not been made aware of this guidance.

b) Another paediatrics trainee, who had arranged to work LTFT, described regularly being assigned work on non-working days, which then had to be rearranged at a considerable cost in terms of time.

c) The panel appreciate the need to balance service delivery with the needs of individuals, both as employees and trainees.

Trust response
The rota team have clarified with both trainees and HR in designing the new rota for March 2020, to ensure that LTFT trainees are not asked to work on a non-working day. The rota team do work hard to ensure that each department has enough staff in working hours to cover their service and provide learning opportunities. There are rules built into the rota system to ensure that each team has a predetermined minimum number of staff. However, having excess trainees to allow the taking of annual eave and study leave is not built into the rota system and this is left up to individual teams to arrange. The rota team do not organise swaps, cover for annual leave or most study leave except locum cover is arranged for 24 hours around exam or short-term sickness. We will ensure that this is made clear during induction and a section has been added into the induction handbook.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
Include LTFT check list to pass to rota coordinator			Helen Blackburn
How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	**Requirements – Owner Anne Kerr**	**Risk Score: 1**
6	**The Trust must ensure that trainees in emergency medicine work in an environment that allows access to the available learning opportunities.**	

Review Evidence:

d) We heard that half of the departmental teaching programme in emergency medicine had been cancelled because of staff shortages.

e) The same group highlighted the increased likelihood of sick leave for those working with children as part of the reason for staff shortages.

f) We heard trainees describe conditions as relentless when someone calls in sick, and as this is such a frequent occurrence, trainees were too tired to enjoy their days off work, having to recharge their batteries rather than enjoying life outside work.

g) Trainees described a shift pattern of four days working 1300 – 2300, then a block of nights, which they described as leaving them feeling exhausted and more likely to make mistakes.

Trust response

I have looked into the departmental teaching programme and we cannot find any sessions that were cancelled in the ED. It would be really helpful to know which trainee has raised this. Occasionally the simulation training on Tuesday and Thursday needs to be cancelled at short notice, but this is additional teaching above and beyond the normal requirement.

The rota is very tight and we understand that if someone is calling in sick there is a knock on effect for the department. We have many regular locums and additional support in place. We also have a work force plan business case which will offer more robust cover for the department.

The rota is changing following feedback to ensure that that run of late and long shift doesn't happen and hopefully that will give people a better work/ life balance.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	**HEE Quality**	**Requirements Owner Gavin Cleary/ Clare Halfhide/ Education Team**	**Risk Score:**

	Standards		3
7	**The Trust must continue working to improve handover so that the process encourages appropriate patient management and opportunities for learning.**		

a) We heard of complex arrangements around a dual handover (one for general cases/the take and another for tertiary patients) which ideally required separate rooms that were not always available. The "2nd on" handover sometimes overran, impacting on the HDU round scheduled to start 30 minutes later.

b) The panel acknowledge that handover has changed recently: all interviewees reported some improvement, although trainees noted that consultant input remains variable. We heard that consultants were always present at the generalist handover but their attendance at the second, specialist handover was variable.

c) Paediatrics educators described a lot of work during 2019, including detailed audits, and a number of measures intended to improve handover, including an improved structure based around consultant input.

d) We heard that the handover process is paper based. Trainees reported the Meditech system incorporated patient information but did not yet include a list of assigned patients.

e) The panel heard from paediatrics trainees that there was no consistent place for handover documentation, although trainees added that this was being addressed.

f) We heard that long-term patients were not covered by the handover, so that trainees starting their placements did not have information about a considerable portion of patients.

g) Paediatrics trainees reported that the 1700 handover is not always well attended and sometimes no-one turns up because there is nothing to discuss. Some felt that this was a wasted learning opportunity.

h) We heard that there was generally a consultant presence at handover, but that learning opportunities were not always exploited and more often than not, business handovers were taking place.

i) Trainees took a considerable time explaining the handover arrangements to the panel. We heard that the processes were developed by previous trainees and the current cohort expressed frustration regarding the process. Some trainees remembered the Trust had a handover team but no-one was able to

tell us whether this team still existed. Some thought the process was confusing, with dual arrangements, different practices and methods of recording in different departments and nursing staff uncertain how to escalate concerns. Despite this, we heard that there is a handover book.

j) Handover is related to other patient management systems. One paediatric trainee made a pertinent comment that trainees were always able to find patients they are looking for, but handover did not cover all patients. Trainees did not expect to know about every patient but did expect to know who was sick, which room they were in, which nurse was assigned, and which jobs needed to be done.

k) For those trainees who had worked there, the model of handover used in HDU was described as effective without being onerous.

l) We heard from paediatrics tier 3 trainees that matrons were not present at handover, and this would have been useful.

Trust response

The education team acknowledge that considerable work has been started on handover but that this needs to be reviewed and evaluated to ensure that the educational content is as effective as possible. The education team will ensure that handover is discussed at Induction and that they will liaise with the JDF on a regular basis to ensure that it continues to be effective and useful.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	**Requirements Owner Caroline B Jones/ Michael Bowes**	**Risk Score: 2**
8	**The Trust must support improvements to paediatric cardiology placements so that trainees have time to learn and consultants have time to teach.**	

a) Paediatric cardiology educators reported experiencing issues promoting learning in such a busy department. They acknowledged the small rota and the responsibility towards the on-call rota but recognised that this was limiting trainees' experience to working on wards or the on-call rota at night.

b) They described paediatric cardiology trainees who would have to spend all day working hands-on with patients who were becoming disenfranchised with the specialty.

c) We heard that educators were aware of concerns amongst trainees about the introduction of a residential rota and expressed their own concerns that such a rota would require twice as many trainees to run safely and sustainably.

d) Educators expressed concerns at the sustainability of the programme, highlighting the risk presented by the number of retirements expected in the consultant body over the next few years.

e) Paediatric cardiology educators referred to increasing numbers of referrals and perceived the medical on-call teams would refer patients on to cardiology without fully examining them.

f) Educators referred to a background of a national shortage of paediatric cardiology trainees. The educators were aware that the paediatric cardiology trainees were all considering leaving their specialty.

g) The educators praised the work of the ANPs and felt that they would benefit if they had more of them.

h) This concern is rated at level 2 to reflect the significance of the GMC Survey results in 2019.

Trust response

The paediatric cardiology team are working hard alongside medical and education leads in the trust to establish a change in the working pattern for the paediatric cardiology trainees. It is recognised that the current full shift rota results in a significant loss of educational and training opportunities that for the speciality are predominantly during the working day. The trust envisages this new working pattern (24 hour non-resident on call rota) becoming effective in September 2020. Moving to a 24 hour non-resident on call will reduce the 'non cardiology' work experienced on night shifts and improve access to training in the day. Robust escalation plans and pathways will mean initial review and assessment for ward patients will be delivered by the medical team. Cardiology trainees will be contacted for PICU patients and out of hospital advice directly and specific patients following medical review. Consistent presence of trainees in the daytime the department feel will have a significant positive impact on training, consultant workload and patient care overall. Since the deanery visit the North West NTN historically placed in RMCH (completed training 2012) has been secured and will be placed at Alder Hey following the national recruitment in 2020. In addition

considering two NTNs (four total) are taking significant time out of programme an additional trainee will be recruited to cover this absence. These new appointments in addition to recruited fellow posts will support implementation of the new rota in September 2020.

Since the deanery visit we have secured a cardiology trainee rest room to support transition to new working arrangements and give trainees somewhere quiet to rest or work undisturbed on research/audit projects during the day.

Cardiology continue to support the service and trainees with two ANPs qualifying in September 2019 and hope to recruit two more to begin training in September 2020. Similar expansion is expected in the cardiac physiology department.We are continuing to actively recruit to Paediatric Cardiology Consultant roles to improve working patterns and job plans enabling senior staff to have more time to teach and train.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
Change in trainee working pattern	Sustainable 24 hour non-resident on call	Sept 2020	TPD Paediatric Cardiology, Dr C Jones (Cardiology Lead), Dr C Halfhide (PG Clinical Tutor), Dr G Cleary (DME)
How will you sustain quality improvement?		**Timeline**	**Responsibility**
Continue to recruit to clinical fellow roles, ANP and cardiac physiology to support trainees and rota sustainably Expansion of Paediatric Consultant Numbers		2 years	TPD Paediatric Cardiology Dr C Jones (Cardiology Lead)

Number	**Requirements Owner Education Team/ Jo Gwilliams**	**Risk Score: 1**

9	**The Trust must continue working to ensure that trainees know how to record clinical incidents and receive necessary support and feedback if they do so.**

Review Evidence:

a) Trainees in paediatrics described the incident form available on the intranet but added that this was not included in induction and one trainee mentioned having to ask a ward sister where to find the form.

b) We heard one group of educators describe the incident reporting tool as lacking usability.

c) One trainee who had been involved in reporting an incident described support from the ward sister. Others who were named in incident reports that they had not completed mentioned that they would only find out at the last minute that they were involved.

Trust response – Awaiting approval from Cathy Umbers

In relation to the usability of the system; it is acknowledged that aspects of the system could be made more user-friendly for the staff reporting incidents. There is a Task and Finish Group currently ongoing, inclusive of medical, nursing representation to review the incident reporting module in order to render it more accessible for staff.

In relation to staff being named in the incident form; if staff are named; it is expected that the line manager of the named individual would liaise with them to advise them that the incident has been reported and in addition this would form part of their revalidation process with their Educational Supervisor.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
How will you sustain quality improvement?		**Timeline**	**Responsibility**

Number	Requirements Owner Nicki Murdock/ Gavin Cleary	Risk Score: 2
10	**The Trust must continue working to ensure that all educators are provided with a job-plan that allows time to supervise trainees and engage them in educational activities.**	

Review Evidence:

a) We heard that handover was not part of job-planning yet, but paediatrics supervisors informed the panel that this was a work in progress. Some supervisors felt that handover did not need to be included in job plans as it should be considered part of direct clinical care.

b) From emergency medicine supervisors, we heard that each consultant is trained as a supervisor within six months of starting. Royal College Educational Supervisor training is provided and educators are not assigned any trainees until this is completed.

c) Paediatric cardiology educators described their job plans as intense and they sometimes found it difficult finding the time they needed for education, despite feeling supported by the Trust and their TPD.

d) We already hold this concern at level 2.

Trust response

Corrective action	How will you demonstrate quality improvement?	Timeline	Responsibility

How will you sustain quality improvement?	Timeline	Responsibility

Number	Requirements Owner Kate Warriner/ Cathy Fox/ Anne Kerr	Risk Score: 1
11	**The Trust must ensure that enough computers are available for trainees to access, and these are fit for the purpose intended.**	

Review Evidence:

a) Paediatrics trainees referred to considerable lost time due to faulty computers and printers.

b) Emergency medicine trainees described not having enough computers available and gave an example of three computers failing in their department, in the week prior to our review, yet to be replaced. We heard that there was always someone waiting to get on a working computer once available.

c) Access to the online resources is further compounded by the issues we heard about wi-fi. The panel heard from several groups of trainees that there were areas of the hospital in which the wi-fi signal was less than effective. We heard that the crash bleep was not affected but that the local team bleeps, reliant on the mobile signal, had malfunctioned, and trainees reported that they frequently could not be located.

d) We heard that the signal did not work in the Institute in the Park, where offices, lecture theatres and the library were located. Trainees did not know exactly which areas of the hospital had a strong signal and which areas were affected.

Trust response

A .All trust PCs being upgraded to W10 by end March and will be no PC in use older than 5 years, in critical, clinical areas the average age of a PC will be 1 year or less, the trust has invested in over 1,500 new devices this year

There is a new floor walking process in place in key areas in hospital to check the working order of critical PCs/Printers which should improve response/fix time, in addition we have a new service desk that is resolving more issues over the phone

C/D. Following testing whilst implementing the corrective action below it was discovered that the Android devices in use for the Bleeps from Motorola would not apply the settings we were trying to enforce. Following extensive testing and troubleshooting we have discovered that Motorola do not provide the API's required to allow full management of the handsets.

We have identified a test device from Samsung that has the correct Wi-Fi Standards the trust needs for roaming devices and can be fully managed. We are procuring a model to undertake a short period of testing with a clinical member of staff. Once testing has completed successfully we will be recommending to the Trust the replacement of the current Motorola Bleep handsets.

B. The main issue for the ED is in the amount of computer hardware available to document patient notes. I think this is a valid concern, we have raised the issue with IT and have an additional 3 computers on wheels around the department but they are used variably. We have been looking to see where more hardware could go as desktop space is fully used, it is an issue we will be looking at again with IT – ED will be included in Windows 10 project

Corrective action updated below.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
1. Procure new handset which can be fully managed. 2. Apply MDM policy to handset and test. 3. Test device with Clinical staff. 4. Submit bid to replace bleep devices with suitable new device following successful	Bleep phones will be replaced with suitable model that can be fully managed and secured. Period of close monitoring following migration.	April 2020	Technical Services team. Oversight from Dean Eyre, Associate Director of Operational IT.

testing. 5. Build, configure and deploy replacement handsets. AK to meet with IT team to discuss improvements for dept.			
How will you sustain quality improvement?		**Timeline**	**Responsibility**
Continual periodic monitoring of devices connected to Bleep SSID to ensure no cross contamination of devices connecting to the wrong network.		On-Going	IM&T

Number	**Requirements Owners Education Team/ Consultants**	**Risk Score: 2**
12	**The Trust must ensure that trainees are able to access regional teaching, and that attendance is monitored so that educators are aware of the number of trainees able to attend each session**	
Review Evidence: **a)** Paediatrics tier 1 trainees described their regional teaching programme as much improved recently, although their rota only allows them to attend one		

regional teaching session every six months. Trainees praised the STEP teaching programme, although this was said to be hard to get to sometimes.

b) Tier 3 paediatrics trainees perceived regional teaching as needing improvements: they referred to a lack of consultant support, and a perceived difficulty for Alder Hey trainees to attend, despite it being based at the hospital.

c) We heard from emergency medicine trainees that it was difficult for them to attend regional teaching, as there were not enough people available on the rota to fill the gap.

d) We asked supervisors why trainees were finding it difficult to attend regional teaching, but they seemed unaware of the issue, despite their monitoring of teaching attendance. We heard that there is a rota for teaching, with the day rotating each week so as not to disadvantage those working LTFT.

Trust response

The STEP teaching dates are circulated to all AHH teams, listed on the School of Paediatrics webpage. We will ensure that it is included on the rota system. We will discuss with the STEP 3 organiser how AHH consultants can support this teaching to be more effective.

C. I have not been aware of any trainees who haven't been able to attend compulsory teaching, and in fact we encourage them to attend. We have identified a number of clashes between regional ED and STEP teaching. Plans are in place to rectify this.

Corrective action	**How will you demonstrate quality improvement?**	**Timeline**	**Responsibility**
Education Team will continue to monitor attendance and circulate emails more frequently.			
How will you sustain quality improvement?		**Timeline**	**Responsibility**

NHS
Health Education England

Quality Outcome Report

Local office name:	**Health Education England – North West**
Organisation:	**Alder Hey Children's Hospital NHS Foundation Trust**
Placements reviewed:	**Postgraduate medical trainees at all grades working in paediatrics, paediatric cardiology, emergency medicine and plastic surgery.**
Date of Review:	**3 October 2019**

Date of report:	**13 January 2020**
Author:	**Martin Smith**
Job title:	**Quality Support Manager**

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Review context

Background

Our monitoring process:	HEE monitors the risks to educational quality within our placements. Where we see significant, increasing or sustained risks we will intervene appropriately, through the requirements included in this report. Our reviews include both exploratory and supportive elements. We look for evidence that the Education Provider has effective quality control mechanisms of its own, by looking for concerns and good practice. HEE's role in this is not to alert the Provider to issues, but to check the Trust's awareness of issues and subsequent actions taken. This report includes requirements to support the Provider in developing its own quality control mechanisms. Further support is available through your Associate Dean and Quality Support Manager.
Reason for review:	See "Background and Introduction" section.
No. of learners met:	24 (paediatrics) + 9 (other specialties)
No. of supervisors / mentors met:	14 (paediatrics) + 9 (other specialties)
Other staff members met:	CEO, MD, DME, GoSW and others.
Duration of review:	9 hours
Intelligence sources seen prior to review:	CQC reports; earlier reviews and action plans; specialty reports; GMC survey results 2013-2019; regional QSG reports; local intelligence from our educators' network.

Panel members

Name	Job title	Role
Dr Andy Watson	Deputy Dean	Review Panel Chair
Dr Roisin Haslett	Deputy Dean	Review Panel
Professor Pramod Luthra	Associate Dean	Review Panel
Dr Aruna Hodgson	Associate Dean	Review Panel
Dr Tamsin Dunn	Head of School	Review Panel
Robin Benstead	GMC	Review Panel
Dr Richard Tubman	GMC	Review Panel
Jyoti Vithlani	Lay Representative	Review Panel Quality Assurance
Martin Smith	Quality Support Manager	Notes
Leanne Moore	Quality Coordinator	Notes

Executive summary

Background and Summary

We select the learners to meet based on risk, from the evidence available to us. In this case, we asked to meet doctors working in paediatrics, for whom we have concerns under GMC enhanced monitoring. The focus of these concerns is around induction and handover, and we can provide some detail in this report on the nature of these concerns, and how they are linked. We also asked to meet trainees and educators working in paediatric cardiology, in plastic surgery and in emergency medicine, as in each case recent GMC Survey results have raised concerns.

Monitoring by risk ensures that our focus is necessarily on areas which may need improvement; we recognise that there were a number of trainees we did **not** need to meet. In these cases, we are assured by the evidence that education is working well. For those we did ask to meet, trainee and educator groups were extremely well attended, and we commend the DME, MEM and all those who had worked hard to organise this review.

The panel were made very welcome by the Chief Executive, Directors of HR, Organisational Development (OD) and Clinical Medicine and DME and Clinical Tutor. The DME presented a comprehensive summary of the issues, history and the vision of education and training, and highlighted the many educational partnerships the Trust had established and maintained.

We heard one immediate safety concern on the day which we have formally raised with the Trust and to which the Trust has robustly and comprehensively responded. We will also refer to some patient safety issues which, although we heard no evidence of an immediate risk to patients, there is a potential for risk which we wanted to bring to the Trust's attention.

GMC enhanced monitoring currently applies to Alder Hey, as monitoring highlighted significant issues surrounding induction and handover. This report provides some detail regarding induction and handover, which we hope will be useful to the Trust in identifying continued improvements in these areas. For both these indicators, paediatrics trainees reported a gradual improvement to processes, but there is still some work to be done to ensure all trainees have a comprehensive induction prior to starting, and that handover is a clearly understood robust process that supports patients and provides learning opportunities for trainees. We have included requirements below to support the continuation of this work. The panel recognises small improvements in both handover and induction, but we have no evidence at this time that improvements will be sustained, so we cannot recommend enhanced monitoring is removed at this time.

Learning environment and culture

This is a Trust with a unique role and with unique challenges. Paediatrics educators described the transition to new premises in 2016 as a big move entailing big changes. It was made clear to the panel that the organisation of work, either through processes or electronic systems, is one of the key concerns for this Trust.

Most of the trainees we met described a supportive, friendly trust: we have included some examples of educators working hard to protect trainees from intensive rotas, but also of strained working relationships. For emergency medicine trainees, we heard that they did not feel entirely part of the

team they worked in. We also heard an example of a trainee who did not feel supported while performing a lumbar puncture on a child.

The Trust described plans to implement an electronic patient record system, and to build robust patient management systems around this. Whilst we heard that this was still in the planning stages, trainees spoke with optimism about their involvement. Our interviews suggest that there is still work to be done to improve handover and induction, and we hope that the systems and processes under development will encourage improved management of information and clearer terminology. We have included examples where systems had not worked as expected and while the response was normally rapid enough to prevent the risk of harm, watertight processes will further minimise the need for further interventions.

Trainees recognised that learning opportunities, such as interesting cases, were available, and often prolific, but access was limited whenever there were gaps in the rota. The panel heard from trainees that teaching was variable in quality across specialties, including paediatrics, but that educators were not aware of this when we discussed it with them.

To provide an example: a concern emerged regarding protocols; paediatrics trainees described some departments (cardiology was given as one example) in which protocols were not available to trainees unless someone with access was willing to print them. In some cases (such as endocrinology) we heard that the protocols were unfamiliar, lacked effective version control and would need to be discussed with a consultant if working on-call or providing cover.

The Trust has also recognised a poor morale amongst trainees since 2016-17, in part attributable to the lack of a space for doctors to rest and recover. We heard of plans to provide a doctor's mess in the hospital treehouse in order to help address this. We heard that there was apathy amongst trainees regarding IT systems; emerging from old computers, inconsistent ways of working in different departments and heard Meditech described as inefficient.

We heard of developments from the Future Models of Care Group – extended consultant presence at evenings; admission thresholds to avoid patients falling between named consultants; a new Acute Care team; new education development posts; an escalation policy in event of unexpected rota gaps.

Two thirds of the emergency medicine trainees we met recommended their placements: the rest cited the work-life balance they experienced as the reason why they could not recommend to other trainees. We heard trainees describe a variable approach to the learning opportunities, but that things worked well when they went to plan. They described a supportive department, but we heard that they never fully felt part of the team.

The plastic surgery and otolaryngology trainees we met expressed satisfaction with their placements and a few minor issues notwithstanding, we are satisfied that these placements meet the required educational standards.

We met paediatric cardiology trainees as part of our review but have limited what we have reported to avoid identifying trainees with the comments we heard. The Deputy Dean for Hospital and Community Care will raise the issue within the school of medicine, and we have included a requirement below as we have concerns regarding the experience of trainees in paediatric cardiology placements, and about the sustainability of the programme.

When asked, in a blind test, to rate their placements out of five, most tier 1 paediatrics trainees gave 3 points. All tier 3 paediatrics trainees gave four out of five for their generalist experience, whilst their view of specialist learning was more variable: 3 gave five points, 4 gave four points and 3 gave three points.

Educational Governance and Leadership

We have reassuring evidence of improving educational governance from our review and have therefore reduced the risk level of our concern from Intensive Support Framework level 3 to 2. This report includes examples of improved local governance and engagement with educational quality, as well as a developing educational governance framework in the organisation.

We were pleased to hear that our 2018 report acted as a catalyst to enable the voice of education to be heard at all levels of the Trust.

We heard from the Trust about collaborative action plans across short, medium and long terms. College tutors from each speciality report to the Medical Education Board, which reports to the Educational Governance Committee, as does the Junior Doctor Forum (chaired by the GoSW) and the Out of Hours (OOH) Committee which responds to rota challenges. The Educational Governance Committee reports through the Workforce Organisational Development Committee to the Trust Board.

We heard from the Trust that attendance data for induction, teaching and mandatory training had been collected and these were included as metrics for the Medical Education Board as educational performance indicators.

When we asked how trainees were encouraged to attend the HEE review, we heard that the message had been sent out through consultants, through email and through the WhatsApp group used for secure internal communications.

Supporting and Empowering Learners

None of the trainees we met raised concerns about trainees or patients not being treated with fairness, dignity and respect on this occasion.

In our Round Table discussion, we heard that the Alder Centre supplies staff counselling and support; support through the Lead Employer; clinical psychologist in the OD development role. The Trust highlighted a strong freedom-to-speak-up ethos and was developing the Staff Advice and Liaison Service to help support this.

Trainees were involved in the Future Models of Care Group and had contributed towards the plans for improving handover and patient management.

We have provided some examples of good support for trainees returning to work following a break; but the examples we cite for flexible working suggest some work remains to be done in this area.

Supporting and Empowering Educators

Several of the developments proposed by the Trust were dependant on an educationally-engaged consultant workforce. When we asked whether this engagement was in place, we heard that it was

beginning to form, as consultants were becoming aware that a well-trained trainee workforce would be beneficial to the Trust – if trainees were able to manage handover themselves, for example. We have, however, set a requirement to complete the review of educator job-planning to further support this engagement.

Educators have a 360-degree appraisal every three years, with education a standard part of the appraisal documentation. We had a consistent response from educators when we asked how their educational appraisal worked.

The Panel note an improving sense of faculty, with many specialty educators meeting to discuss educational matters and an improved awareness that this was happening. The educators we spoke to felt that they were generally well supported, although some were still awaiting the educational job-planning process, and those in paediatric cardiology described limited time for education because of the pressures of the service they provided. We have continued a previous requirement to continue this job-planning work.

Developing and Implementing Curricula and Assessments

Paediatrics trainees working at tier 1 described plentiful learning opportunities, particularly for those working on-call or in community-based roles.

We heard from emergency medicine trainees that they were confident about meeting the requirements of their curriculum from their placements. Paediatrics trainees had opportunity to cover their CBDs but reported observations to be harder to arrange. Paediatrics supervisors had variable enthusiasm for WPBAs: some recognised their value and others felt they were a tick-box exercise. Surgery educators reported work under way to improve educator awareness and delivery of foundation competences within their placements.

Educators in plastic surgery and ENT were aware of the opportunities provided by the number of cases involving cleft palates and maxillofacial work and wanted to do more to ensure trainees could access these opportunities. We heard that educators felt that the recent increase in the number of trainees on the rota was improving access to such opportunities.

We heard that ST2 and ST3 grade trainees in emergency medicine were paired with each other to support their gathering of portfolio evidence. From emergency medicine educators, we heard that trainees' responsibility to gather portfolio evidence promptly was made clear on induction to the department, and that they should seek help from their educational supervisor if they needed it.

Sustaining the workforce

From the Trust's presentation, the panel heard of a multi-professional approach at the bedside, in research and in teaching.

We heard that a Trust representative had travelled to Boston to look at how extended rotas are used, as this was seen as a way to support senior and junior staff. Specialist ANPs were in place in many

areas, and the Trust were looking to further integrate members of the multi-professional team to ensure a more robust future workforce.

From emergency medicine trainees we heard that ANPs were very supportive to trainees as they were able to mix medications and process discharges. We heard that trainees thought that an ANP or another doctor at night would help the rearrangement of shifts to attend teaching or other learning opportunities.

Findings and conclusions

Trust Induction
The panel heard examples of accommodations made to help prepare trainees for work: trainees transferring from other deaneries were given three days to acclimatise before providing cross-cover or ward work. We heard that in respiratory medicine, returning trainees would spend their first day back with the leading consultant. We heard one example of a trainee starting out-of-sync to the rest of the cohort who started the placement on-call. This trainee did not have an induction until the day after their on-call shift.

We heard from tier 3 paediatrics trainees that they received a timetable, 48 hours before induction, and a request to complete a training module before starting – and there was time in the induction to complete the module as well. Trainees welcomed the inclusion of transfusion training and informed the panel that the Meditech induction was helpful.

Plastic surgery trainees described their Trust induction as useful and interesting. Their educators described encouraging trainees to read the handbook provided and contribute to updates as necessary. Paediatric cardiology trainees had a similar view, describing team building sessions and adding that the rota coordinator is a trainee on the programme and so will never start a trainee on a night shift until they are two weeks into the placement. We heard that current trainees will modify their work for this fortnight to give trainees time to get settled and familiar with their surroundings.

Emergency medicine trainees reported all having a Trust induction, which they described as above average: they were introduced to key people and were shown an online handbook which they described as useful.

Departmental Induction
Paediatric cardiology trainees described a departmental induction which included a full walk-around of the unit, a guidebook written by previous trainees, consultant mobile numbers (with permission), protocols stored on the intranet, all supported by helpful nursing staff.

One trainee described a double-induction for both emergency medicine and their departmental specialty, which was flexibly delivered to prevent the trainee working more than their contracted hours.

Culture and Working Relationships
Paediatrics trainees described all staff as supportive and gave examples of staff rallying around when parents or patients showed challenging behaviour. Tier 1 trainees described nursing staff as efficient and supportive and registrars as particularly helpful.

We heard some isolated examples of behaviours which did not encourage good working relationships: one described “getting flak” from consultants when asking to join the theatre list. Another described fraught relationships when the referral pathway for a patient was uncertain.

Emergency medicine trainees were treated with respect, but some did not feel that they were fully part of the team – more just passing through. We also heard that educators would coach trainees on managing

conversations with patients. However, we heard an example from a trainee of consultants openly discussing trainees in the department. In the example provided, we heard that a trainee called in sick, followed by comments by a consultant, audible by other staff, that the trainee was not too sick to post on social media the previous day.

From trainees working in paediatric cardiology, we heard about good working relationships with medical on-call teams guided by senior nurses.

Rota Management
Tier 3 paediatrics trainees reported that additional junior doctors and locums had been scheduled for weekends.

We asked paediatrics educators how trainees would go about influencing the rota for a key educational event. The response was that the names of trainees arriving for the next rotation was often delayed, so the Trust would have to take some steps to ensure the appropriate provision of service. We heard that supervisors worked hard to protect new starters and encourage clinic and teaching attendance. Some paediatrics educators observed that the process for arranging swaps should be formalised and clarified. We heard from educators that trainees may not have fully understood the process for arranging swaps.

Emergency medicine supervisors confirmed that numbers were low, including consultant numbers which we heard counted ten at the time of the visit rather than the sixteen planned for. We heard that, despite a supportive and flexible rota coordinator, sickness could not always be covered.

From supervisors working in plastic surgery, we heard that the number of trauma patients had doubled since 2015, when their rota extended to include Whiston and Chester, but the number of trainees had not changed. They recalled that the Trust had needed to recruit doctors from abroad when one of the ST trainees became unwell. Surgery educators felt that the busy rota prevented them from providing feedback to trainees as often as they would like.

Learning Experiences
From emergency medicine educators, we heard that supervisors were assigned the learning opportunities and resources which they could then distribute to trainees. Educators described identifying trainees who worked well in the department and assigning more challenging tasks like leading the resuscitation team under supervision, managing nerve blocks or reviewing other patients.

Emergency medicine trainees reported plentiful opportunities for learning that workload often prevented them from accessing. The panel heard that these trainees were able to attend clinics and follow their patients through the treatment system using an electronic record. We heard that they were encouraged to ask questions of the follow-up patients they met.

We heard that paediatrics tier 1 trainees appreciate the work of the phlebotomy team in picking up most of the blood work. These trainees also mentioned learning a lot from the specialty trainees in the Trust.

Tier 3 paediatrics trainees perceived the amount of specialty training was low compared to the amount of generalist training. This issue has been raised within the paediatrics School Board.

The Panel heard that in surgery, local teaching is delivered fortnightly and every Friday is designated a teaching day. We heard from surgery educators that there is no inter-professional teaching or opportunity for shared learning.

Plastic surgery educators described a very busy department and had discussed the choices with trainees: inclusion on the theatre timetable plus on-call duties, or inclusion on the clinic timetable plus on-call duties.

Clinical Supervision / Bedside Teaching / Feedback

Tier 1 paediatrics trainees reported being well supervised during their out-of-hours work. De-briefing sessions had been arranged to ensure trainees received supervisor feedback following out-of-hours work.

Paediatrics trainees working in dermatology cited proactive support from their supervisors.

We heard from emergency medicine trainees that they did not feel as well supported at nights as they did during the day.

Tier 1 trainees reported little feedback at this early stage of their placements but expected robust and detailed feedback in their mid-placement meetings. They did, however, highlight the support and feedback they received from registrars and nursing staff.

Emergency medicine trainees reported receiving constructive criticism from their consultants, including on a case-by-case basis. We heard that they would have liked more feedback about their work within the emergency medicine team.

Clinical Governance and Incident Reporting
All the trainees we met described confidence in openly raising concerns and felt that they would be heard and action taken.

Trainees reported a lead consultant available in emergency medicine should concerns emerge.

From emergency medicine trainees we heard that issues arising from critical incidents are regularly discussed in the departmental mortality and morbidity meetings, but that trainees were unable to attend these. The panel were left uncertain about how shared learning would be disseminated. Educators described conversations and huddles if issues emerge within the department; outside the department, information is sent via email.

The panel heard that pharmacists would attend departmental meetings to discuss the shared learning to be made from prescribing errors. In rheumatology, these meetings took place each week.

We heard from consultants in plastic surgery that trainees were encouraged to do a piece of reflective work which could later be discussed with the supervisor.

Local Teaching
In general, paediatrics trainees praised their local teaching. Diabetes and endocrinology teaching was said to be very good by trainees who had attended.

We heard that teaching in cardiology was driven by a particular consultant; the panel did not record this consultant's name but we are grateful for the leadership demonstrated in driving teaching.

From emergency medicine trainees we heard that ad hoc teaching takes place for 10 minutes before handover every day. Trainees also described GP teaching in emergency medicine every week for an hour, which was open to all trainees if available. ST trainees in emergency medicine reported no formal local teaching, exception for some simulation which the trainees found useful.

Simulation
Paediatrics trainees highlighted simulation days in emergency medicine, but these were only available to those working on a certain shift.

We heard from emergency medicine educators that they try to deliver 2 simulation sessions each month, including some for nurses, but that this would be interrupted by any absence on the consultant rota.

The panel heard from educators that there was little on-site simulation available to plastic surgery trainees, and some available for those working in ENT.

Study Leave
Paediatrics trainees reported applying for study leave without any problem. We heard a reported example from some trainees that one trainee was expected to cover the night shift the day before their exam, despite the Trust policy to prioritise time off in such circumstances. Exploring further, the panel heard that several trainees would take the exam at the same time and allowing all trainees to take the preceding day off was perceived as unrealistic. The panel acknowledged the reasons but was concerned that one trainee was at a disadvantage as far as exams were concerned.

Educational Governance
Educators in emergency medicine described meetings to discuss end-of-placement survey findings as well as the GMC survey. The panel heard about action plans being discussed and then implemented. The Panel heard that supervisors working in surgery had been recently made aware of the GMC survey results through the school.

Educators in ENT described weekly meetings to discuss overall trainee progress, which trainees were frequently involved in.

Paediatric cardiology supervisors reported regular meetings to discuss the GMC survey.

Emergency medicine trainees were also unable to provide any information about the representatives or the work of the trainee forum.

Trainees reported having been introduced to the GoSW on induction. The group of emergency medicine trainees agreed that exception reporting appeared to involve a lot of work, and they felt that this put many trainees off logging an exception. None of these trainees reported logging an exception, despite telling us that they rarely felt able to leave on time.

Educational Supervision
We heard from emergency medicine trainees that most were introduced to their educational supervisors in the first week of their placements. All reported having a personal development plan following their initial meeting and the meetings were said to be easy to schedule.

From surgery educators, we heard that they would assess trainee confidence and theatre time to judge the level of supervision to provide.

Equality and Diversity
All trainees we met described being treated fairly, and with dignity and respect.

We heard emergency medicine educators described aiming to be role models for compassion, including examples of demonstrating respect for religious beliefs during end of life care, empathy with the many children and carers facing disabilities and the use of translation services to communicate with patients who did not speak English. In the latter example, we heard that trainees were involved to learn about addressing language differences in a clinical setting. They described a need to improve services for patients with hearing impairments, but that this had been escalated and was being addressed. Plastic surgery educators confirmed that language services were standard practice at the hospital and effectively delivered.

From paediatrics supervisors, we heard an example of a paediatrics trainee with impaired hearing, who was provided with an adapted bleep unit on joining the Trust.

Support for Trainees
We heard from paediatrics supervisors that the Trust had a return to training (RTT) policy, with an RTT champion working to alert supervisors and help orient trainees by assigning daytime on-call work to include direct supervision from a consultant.

Supervisors in paediatrics highlighted ways of checking trainee health and wellbeing, and that handover (if attended) and ward rounds will usually give consultants a good sense of the trainees who might need additional support. We heard that senior nurses or consultants were often asked to monitor and support trainees, without the specific detail of the issue being discussed with them.

Educators in ENT recognised the need for close supervision of trainees, especially when very young patients were involved, and recognised the need to encourage more complex procedures under supervision. We heard examples of issues picked up quickly by educators and shared with the Training Programme Director. Supervisors met each week with an agenda including any trainees needing support, with a larger scale meeting at the end of each placement.

From emergency medicine educators, we heard that trainees could call the medical support team at nights, but we also heard about a trainee left very upset having had to administer a lumbar puncture without the support expected from this team. The consultants we interviewed reported being aware of this concern and had provided support for the trainee following the event and encouraged a report to the GoSW.

Emergency medicine educators demonstrated awareness of trainees who required additional support in their placements. We heard that they looked out for trainees frequently staying after their shift, and those who were demonstrating a lack of engagement or experiencing difficulty with a technical task. We heard that staff nurses on nights had raised concerns about a trainee with educational supervisors, who discussed options with other consultants, then supported the trainee through adaptations to the placement. Educators also heard about information from other Trusts but described this as “on the grapevine” and highlighted the potential value of a formal Trust-to-Trust handover for trainees requiring professional support.

Flexible Working

We heard from a trainee working LTFT that it had been very difficult getting their work schedule organised – a catch 22 required the work schedule to be signed off by the ES before the trainee had met their ES. It took a week before this trainee was able to get their LTFT work schedule signed off.

Most trainees received their work schedules two weeks in advance of starting: one reported a helpful arrangement in which they were not given any on-call work for two weeks to help them acclimatize to the UK. Educators described an arrangement with a LTFT trainee who was unable to work a particular night session.

The Panel heard that LTFT trainees were not always assigned a supervisor as rapidly as their full-time colleagues.

Resources

We heard reports of intermittent wi-fi signal throughout the hospital. In one example, the panel heard of a trainee missing seven bleeps to attend a neonatal patient. In another example, a bleep did not reach a trainee, who reported being initially blamed for not responding. Although this trainee was excused eventually, this concern is not conducive to healthy working relationships. We also heard that bleep problems may have limited educational opportunities as supervisors highlighted the use of non-urgent bleeps to convey information about training or interesting cases.

Trainees mentioned that the paediatrics ePortfolio ideally needs Google Chrome installed, but that this browser is not available within Alder Hey.

Paediatrics trainees raised the issue of car parking: it was generally felt that for those trainees working in the community, car parking at Alder Hey should be free.

Educators in paediatric cardiology reported not having a place to sleep in their department. We heard that a number of rooms had been suggested but none of these had met regulations.

Supporting Educators

Educators in emergency medicine felt supported by the Trust but were concerned for the future of their specialty: they highlighted the eighteen trainees currently in the department of which only two had aspirations to be an emergency medicine consultant.

Educator Selection
We heard that there were only two accredited educational supervisors working in cardiology and one of these was currently on maternity leave, with the other left to supervise all five trainees in the department. Whilst both consultants are now working in the Trust, trainees were uncertain whether they would be each be assigned trainees.

From emergency medicine supervisors, we heard that each consultant is trained as a supervisor within six months of starting. Royal College Educational Supervisor training is provided, and educators are not assigned any trainees until this is completed. We heard that similar arrangements were in place for consultants working in surgery.

Educator Development
We heard that the Royal College of Paediatrics had recently delivered “Effective Educational Supervisors” training at the Trust.

Paediatric cardiology educators described being well supported in attending in-house or external training but felt reluctant to do so because of the impact this would have on the department.

Educator appraisal
Some appraisers were present in the group of paediatrics supervisors we met. From them, we heard that educational appraisal is embedded in the general medical appraisal. If appraisers held concerns, they would raise them with the DME, the panel heard.

All the consultants we met reported having an appraisal annually which included reflection on their work as educators and were appreciative of the support they had from the Trust in this area.

Faculty
From emergency medicine consultants, we heard that consultants would discuss the allocation of trainees at the start of the placement, and carefully allocated those trainees needing additional professional support to the consultant best placed to provide that support. We heard that they would meet each day for 10 minutes before lunch to discuss current trainee needs. Educators were not aware of any forum or meeting with educators from other departments.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

Learning environment / Prof. group / Dept. / Team	Good practice
Trust-wide	We heard of a process for supporting educators who may be having difficulties with the role.

Patient / learner safety concerns

Any concerns listed will be monitored by the organisation. It is the organisation's responsibility to investigate / resolve.

Were any patient/learner safety concerns raised at this review?	Yes

The safety concerns outlined in red have been shared with the Trust and a detailed action plan has been received.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_01	*Paediatrics*	*Postgraduate trainee*
		Risk Category: 2
The Trust must ensure that the paging system used by trainees is effective in delivering urgent messages to trainees.		
	1. We heard from trainees that there were two forms of pager available, and some trainees carried both whilst others only had one. We heard that the newer version of the pager would not convey pages to the trainees in certain parts of the hospital, and trainees would only discover they had been paged sometime later, often too late to respond. 2. We noted this issue during previous visits and included it in our report. 3. Trainees reported that the crash bleep was now run using the older bleep system to ensure it had reach in all parts of the hospital. 4. Some trainees had an older, reachable bleep whilst others held the newer, less accessible format. We heard that some trainees were told they could not have one of the older bleeps. 5. We heard of an issue with a new-born patient; the trainee missed seven bleeps as they were out of the range of the signal. 6. With two systems at play, trainees were uncertain of the protocol covering paging. 7. This issue affected trainee's relationships with other teams, as they reported sometimes being held to account for bleeps they had not received. 8. We heard from doctors working in surgery that their issues with paging had now been resolved.	

The following non-immediate patient safety risks were identified during the visit which we would ask the Trust to investigate and address as appropriate.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_02	*Paediatrics*	*Postgraduate trainee*
		Risk Category: 1
The Trust must ensure that trainees are not working beyond their competence in writing out repeat prescriptions for patients never met.		
	9. We heard from paediatrics trainees working in neurology and other specialties that they are expected to sign repeat prescriptions, for patients that they had not met, frequently for medication they were not familiar with. 10. More senior trainees were comfortable with this: indeed, it was viewed as an efficiency for patients needing medications, but the tier 1 trainees we spoke to expressed some discomfort at having to do this, as they were processing prescriptions based on consultant letters. When we asked	

	why the repeat prescriptions could not go through a GP, we heard that this went against Trust policy. 11. Consultants in paediatrics highlight weekly script meetings with a pharmacist in rheumatology and had not had any medication errors since these meetings began. We heard from the same group that oncology had a formal process to ensure all prescribing was safe.

Educational requirements

Compulsory requirements are set where HEE have found that GMC / HEE standards are not being met.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_03	*Paediatrics / all trainees*	*Postgraduate trainees*
		Risk Category: 2

The Trust must continue the work being carried out to improve induction, ensuring that

a) All inductions cover key information trainees need to work safely;

b) All inductions provide access to the key systems trainees need to do their jobs;

c) All trainees, including those working nights, receive a full induction before starting.

d) All surgical trainees providing cross-cover for other specialties receive an appropriate induction to the department they are working in.

Summary of findings	12. We heard examples of paediatrics trainees arriving to work at their department without the department being informed of their arrival. We heard a number of examples of accommodation made for trainees starting out-of-hours, but also heard from several of the trainees that they did not have an induction prior to starting. In one case a trainee gave an example of starting nights in emergency medicine without an induction and admitted to getting lost because they were not familiar with the geography of the hospital. 13. Not all trainees knew where to find the incident reporting form used by the Trust. 14. We heard that tier 1 paediatrics trainees did not cover on-call arrangements or handover as part of their inductions. 15. We heard variable reports of departmental induction: a comprehensive handbook was provided in some departments (like cardiology) but most did not supply one. Some paediatrics trainees reported a tour of the department but in some areas, this did not take place. 16. Trainees working in neurology reported still not having been introduced to consultants at the time of this review. In respiratory medicine, we heard trainees were supplied a written document but would have preferred a more interactive introduction which covered where to go and who to see. 17. Trainees in renal medicine reported a handbook, including meeting timetable and an introduction to the consultants, but, as noted elsewhere, added that the addition of guidelines for unusual medicines would have been helpful. 18. We heard examples of paediatrics trainees arriving to work at their department without the department being informed of their arrival. We heard a number of examples of accommodation made for trainees starting out-of-hours, but also heard from several of the trainees that they

did not have an induction prior to starting. In one case a trainee gave an example of starting nights in emergency medicine without an induction and admitted to getting lost because they were not familiar with the geography of the hospital.

19. Not all trainees knew where to find the incident reporting form used by the Trust.
20. We heard that tier 1 paediatrics trainees did not cover on-call arrangements or handover as part of their inductions.
21. We heard variable reports of departmental induction: a comprehensive handbook was provided in some departments (like cardiology) but most did not supply one. Some paediatrics trainees reported a tour of the department but in some areas, this did not take place.
22. Trainees working in neurology reported still not having been introduced to consultants at the time of this review. In respiratory medicine, we heard trainees were supplied a written document but would have preferred a more interactive introduction which covered where to go and who to see.
23. Trainees in renal medicine reported a handbook, including meeting timetable and an introduction to the consultants, but, as noted elsewhere, added that the addition of guidelines for unusual medicines would have been helpful.
24. In emergency medicine trainees reported feeling equipped for work, with an effective departmental rota, an introduction to the support available for trainees, including supervisory arrangements and accessible and user-friendly rotas.
25. Paediatrics trainees working in cardiology and gastroenterology described delays in obtaining the handover lists on starting, two weeks in one case.
26. Paediatrics trainees informed the panel that there are two patient management systems in use, and while all reported getting access to the Meditech system, not everyone was given access to the Badger system used in ICU. We also heard that these trainees did not have access to the Badger training. Whilst trainees were always able to access Badger through someone else's password, this is a potential information governance risk.
27. Paediatrics trainees reported having blood product training as part of their induction, but they were not provided with access to the blood ordering system. We heard one trainee explain that it took them a month to arrange appropriate access. A plastic surgery trainee was not aware of how to order blood and had to ask a foundation trainee.
28. The panel felt some of the terminology used was confusing – "ward handover" for example a better description than "second on".
29. Plastic surgery trainees described the induction as split between IT and clinical work and did not cover key aspects of clinical work: trainees described following up with nurses to find out how some clinical aspects worked.
30. The panel heard from plastic surgery trainees who were uncertain and lacked confidence in the management of emergencies and escalation protocols when providing cross-cover for ENT.
31. The Panel note the Trust policy not to have trainees providing ENT cross-cover but point out that the rota has them providing this cover for other organisations, such as the Royal Liverpool Hospital.
32. Plastic surgery trainees described the job-plans they received six weeks prior to ENT placement as the best the trainees had ever seen.

	33. Emergency medicine trainees reported starting without having the induction to prescribing which others had received, and another reported that the induction team had no record of them and so they did not receive a computer login prior to starting their placements. Other trainees reported having to attend the induction in their own time and had not yet received the hours back in lieu.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_04	*All*	*Postgraduate trainees*
		Risk Category: 1
The Trust must review the storage and content of protocols and guidelines so that all are available to trainees in a consistent and accessible location.		
Summary of findings	34. We heard that each department stored its protocols differently and trainees were not always provided with access to these. Some protocols were stored on the K Drive, others on the intranet and in various different sections. 35. Paediatrics trainees described the K drive as the depository for some protocols, which trainees by default did not have access to. One trainee described pursuing IT for access, a process which was said to take several weeks and required permission at a very high level. 36. Educators were clear that protocols had to be stored safely in order to prevent unauthorised changes, but the panel would point out that read-only access would achieve this and allow trainees to review the protocols they needed. 37. This issue was compounded by the prescribing of unfamiliar medication, which has been mentioned elsewhere. 38. In respiratory medicine, trainees perceived guidelines as critical resources for handover. 39. We heard from trainees who had worked in gastroenterology that there were multiple copies of the guidelines and they were not certain which should be followed. 40. We heard from the paediatrics supervisors that the Trust quality team were working towards a consistent and effective store of protocols. We heard them describe the current issue created by people creating copies and workarounds for various protocols. The Guideline Committee can only process so many guidelines at a time, and people have adapted locally stored guidelines while they are waiting.	

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_05	*All*	*Postgraduate trainees*
		Risk Category: 1
The Trust must ensure that rotas are responsive to the needs of trainees.		
Summary of findings	41. We heard from tier 1 paediatrics trainees that they had some difficulty in accessing their annual leave: it was explained that there were logistical	

	issues and trainees were meant to arrange their own swaps, but reported that they had not been made aware of this guidance. 42. Another paediatrics trainee, who had arranged to work LTFT, described regularly being assigned work on non-working days, which then had to be rearranged at a considerable cost in terms of time. 43. The panel appreciate the need to balance service delivery with the needs of individuals, both as employees and trainees.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_06	*Emergency Medicine*	*Postgraduate trainees*
		Risk Category: 1
The Trust must ensure that trainees in emergency medicine work in an environment that allows access to the available learning opportunities.		
Summary of findings	44. We heard that half of the departmental teaching programme in emergency medicine had been cancelled because of staff shortages. 45. The same group highlighted the increased likelihood of sick leave for those working with children as part of the reason for staff shortages. 46. We heard trainees describe conditions as relentless when someone calls in sick, and as this is such a frequent occurrence, trainees were too tired to enjoy their days off work, having to recharge their batteries rather than enjoying life outside work. 47. Trainees described a shift pattern of four days working 1300 – 2300, then a block of nights, which they described as leaving them feeling exhausted and more likely to make mistakes.	

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_07	*Paediatrics*	*Postgraduate trainees*
		Risk Category: 3
The Trust must continue working to improve handover so that the process encourages appropriate patient management and opportunities for learning.		
Summary of findings	48. We heard of complex arrangements around a dual handover (one for general cases/the take and another for tertiary patients) which ideally required separate rooms that were not always available. The "2nd on" handover sometimes overran, impacting on the HDU round scheduled to start 30 minutes later. 49. The panel acknowledge that handover has changed recently: all interviewees reported some improvement, although trainees noted that consultant input remains variable. We heard that consultants were always present at the generalist handover but their attendance at the second, specialist handover was variable. 50. Paediatrics educators described a lot of work during 2019, including detailed audits, and a number of measures intended to improve handover, including an improved structure based around consultant input.	

	51. We heard that the handover process is paper based. Trainees reported the Meditech system incorporated patient information but did not yet include a list of assigned patients. 52. The panel heard from paediatrics trainees that there was no consistent place for handover documentation, although trainees added that this was being addressed. 53. We heard that long-term patients were not covered by the handover, so that trainees starting their placements did not have information about a considerable portion of patients. 54. Paediatrics trainees reported that the 1700 handover is not always well attended and sometimes no-one turns up because there is nothing to discuss. Some felt that this was a wasted learning opportunity. 55. We heard that there was generally a consultant presence at handover, but that learning opportunities were not always exploited and more often than not, business handovers were taking place. 56. Trainees took a considerable time explaining the handover arrangements to the panel. We heard that the processes were developed by previous trainees and the current cohort expressed frustration regarding the process. Some trainees remembered the Trust had a handover team but no-one was able to tell us whether this team still existed. Some thought the process was confusing, with dual arrangements, different practices and methods of recording in different departments and nursing staff uncertain how to escalate concerns. Despite this, we heard that there is a handover book. 57. Handover is related to other patient management systems. One paediatric trainee made a pertinent comment that trainees were always able to find patients they are looking for, but handover did not cover all patients. Trainees did not expect to know about every patient but did expect to know who was sick, which room they were in, which nurse was assigned, and which jobs needed to be done. 58. For those trainees who had worked there, the model of handover used in HDU was described as effective without being onerous. 59. We heard from paediatrics tier 3 trainees that matrons were not present at handover, and this would have been useful.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_08	*Paediatric cardiology*	*Postgraduate trainees*
		Risk Category: 2

The Trust must support improvements to paediatric cardiology placements so that trainees have time to learn and consultants have time to teach.

Summary of findings	60. Paediatric cardiology educators reported experiencing issues promoting learning in such a busy department. They acknowledged the small rota and the responsibility towards the on-call rota but recognised that this was limiting trainees' experience to working on wards or the on-call rota at night. 61. They described paediatric cardiology trainees who would have to spend all day working hands-on with patients who were becoming disenfranchised with the specialty. 62. We heard that educators were aware of concerns amongst trainees about the introduction of a residential rota and expressed their own concerns that such a rota would require twice as many trainees to run safely and sustainably.

	63. Educators expressed concerns at the sustainability of the programme, highlighting the risk presented by the number of retirements expected in the consultant body over the next few years. 64. Paediatric cardiology educators referred to increasing numbers of referrals and perceived the medical on-call teams would refer patients on to cardiology without fully examining them. 65. Educators referred to a background of a national shortage of paediatric cardiology trainees. The educators were aware that the paediatric cardiology trainees were all considering leaving their specialty. 66. The educators praised the work of the ANPs and felt that they would benefit if they had more of them. 67. This concern is rated at level 2 to reflect the significance of the GMC Survey results in 2019.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_09	*All*	*Postgraduate trainees*
		Risk Category: 1
The Trust must continue working to ensure that trainees know how to record clinical incidents and receive necessary support and feedback if they do so.		
Summary of findings	68. Trainees in paediatrics described the incident form available on the intranet but added that this was not included in induction and one trainee mentioned having to ask a ward sister where to find the form. 69. We heard one group of educators describe the incident reporting tool as lacking usability. 70. One trainee who had been involved in reporting an incident described support from the ward sister. Others who were named in incident reports that they had not completed mentioned that they would only find out at the last minute that they were involved.	

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_10	*All*	*Educators*
		Risk Category: 2
The Trust must continue working to ensure that all educators are provided with a job-plan that allows time to supervise trainees and engage them in educational activities.		
Summary of findings	71. We heard that handover was not part of job-planning yet, but paediatrics supervisors informed the panel that this was a work in progress. Some supervisors felt that handover did not need to be included in job plans as it should be considered part of direct clinical care. 72. From emergency medicine supervisors, we heard that each consultant is trained as a supervisor within six months of starting. Royal College Educational Supervisor training is provided and educators are not assigned any trainees until this is completed.	

	73. Paediatric cardiology educators described their job plans as intense and they sometimes found it difficult finding the time they needed for education, despite feeling supported by the Trust and their TPD. 74. We already hold this concern at level 2.

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_11	*All*	*Postgraduate trainees*
		Risk Category: 1
The Trust must ensure that enough computers are available for trainees to access, and these are fit for the purpose intended.		
Summary of findings	75. Paediatrics trainees referred to considerable lost time due to faulty computers and printers. 76. Emergency medicine trainees described not having enough computers available and gave an example of three computers failing in their department, in the week prior to our review, yet to be replaced. We heard that there was always someone waiting to get on a working computer once available. 77. Access to the online resources is further compounded by the issues we heard about wi-fi. The panel heard from several groups of trainees that there were areas of the hospital in which the wi-fi signal was less than effective. We heard that the crash bleep was not affected but that the local team bleeps, reliant on the mobile signal, had malfunctioned, and trainees reported that they frequently could not be located. 78. We heard that the signal did not work in the Institute in the Park, where offices, lecture theatres and the library were located. Trainees did not know exactly which areas of the hospital had a strong signal and which areas were affected.	

Reference no.	Programme / specialty:	Learner / professional group:
AHCH_20191003_12	*All*	*Postgraduate trainees*
		Risk Category: 2
The Trust must ensure that trainees are able to access regional teaching, and that attendance is monitored so that educators are aware of the number of trainees able to attend each session.		
Summary of findings	79. Paediatrics tier 1 trainees described their regional teaching programme as much improved recently, although their rota only allows them to attend one regional teaching session every six months. Trainees praised the STEP teaching programme, although this was said to be hard to get to sometimes. 80. Tier 3 paediatrics trainees perceived regional teaching as needing improvements: they referred to a lack of consultant support, and a perceived difficulty for Alder Hey trainees to attend, despite it being based at the hospital. 81. We heard from emergency medicine trainees that it was difficult for them to attend regional teaching, as there were not enough people available on the rota to fill the gap.	

	82. We asked supervisors why trainees were finding it difficult to attend regional teaching, but they seemed unaware of the issue, despite their monitoring of teaching attendance. We heard that there is a rota for teaching, with the day rotating each week so as not to disadvantage those working LTFT.

Acknowledgements

We would like to thank the Trust education, quality and senior leadership teams for their support in organising this review and for their continued engagement with HEE. The rooms were well set out, and all visitors felt welcomed and well catered for. The Trust kept us informed about a potential scheduling clash on the day of the review, and the education team worked hard to ensure representative numbers of trainees were present for the interviews.

Sign off and next steps

Report sign off

Outcome report completed by *(name)*:	Martin Smith
Chair's signature:	Dr Andy Watson
Date signed:	
HEE authorised signature:	Dr Andrew Watson
Date signed:	10 January 2020
Date submitted to organisation:	13 January 2020

Organisation staff to whom report is to be sent

Job title	Name
Chief Executive	Louise Shepherd
Medical Director	Dr Nicki Murdock
Director of Medical Education	Dr Gavin Cleary
Medical Education Manager	Helen Blackburn

Action plan to be completed by the Trust

To be returned to:	Martin.smith@hee.nhs.uk
To be returned to HEE by *(date)*:	30 March 2020

To be completed by *(name)*:	

Appendix 1: HEE Quality Framework Domains & Standards

Domain 1 - Learning environment and culture

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.
1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

2.1 The educational governance arrangements measure performance against the quality standards and actively respond's when standards are not being met.
2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
2.4 Education and training opportunities are based on principles of equality and diversity.
2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3 – Supporting and empowering learners

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
3.3 Learners feel they are valued members of the healthcare team within which they are placed.
3.4 Learners receive an appropriate and timely induction into the learning environment.
3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Domain 4 – Supporting and empowering educators

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
4.2 Educators are familiar with the curricula of the learners they are educating.
4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
4.4 Formally recognised educators are appropriately supported to undertake their roles.
4.5 Educators are supported to undertake formative and summative assessments of learners as required.

Domain 5 – Developing and implementing curricula and assessments

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendix 2: HEE Intensive Support Framework

Our monitoring is based around risk, and we use several sources, including the GMC Surveys, CQC and QSG reports and our own monitoring visits, to determine an estimated risk score. We provide a risk score with each requirement and will track and monitor the risk to see whether the actions taken are successful. We will amend the risk scores where we see evidence of changes (both positive and negative) and will always inform you of any changes.

Rating	Threshold
0	No evidence that HEE standards are not met
1	HEE standards not met, but action plan in place and provider consistently working to resolve.
2	HEE standards not met, and sustainable improvements not at pace, despite action plan.
3	Placements well below HEE standards, and sustained improvements not at pace, despite action plan.
4	Placements well below standards; serious risk to trainee or patient safety; escalation has not resolved the concern.

Appendix 3: Abbreviations Used

ACAT	Acute care assessment tool
ACCS	Acute care common stem
AHP	Allied health professional
ALS	Advanced life support
AMU	Acute medical unit
ANLS	Advanced neonatal life support
ANP	Advanced nursing practitioner
AP	Assistant practitioner
APLS	Advanced paediatric life support
ARCP	Annual review of competence and progression
BLS	Basic life support
CAMHS	Child and adolescent mental health services
CCG	Clinical commissioning group

CCT	Certificate of completion of training
CfWI	Centre for workforce intelligence
CI	Clinical incident
CMT	Core medical training / trainee
CPD	Continuing professional development
CQC	Care Quality Commission
CPT	Core psychiatry training / trainee
CST	Core surgical training / trainee
CT	Core trainee
D&E	Diabetes and endocrinology
DGH	District general hospital
DME	Director of medical education
E&D	Equality and diversity

ENT	Ear, nose and throat (otolaryngology)
EOLC	End of life care
EPR	Electronic patient record
ESR	Electronic staff record
EWTD	European working time directive
F1	Foundation year 1
F2	Foundation year 2
FFT	Friends and family test
FOI	Freedom of information
GDC	General Dental Council
GMC	General Medical Council
GoSW	Guardian of safe working
GPhC	General Pharmaceutical Council
GPST	General practice specialist trainee
HCA	Health care assistant
HEE	Health Education England
HEE NW	Health Education England in the Northwest
HEI	Higher education institution
ICAT	Intensive care assessment tool
ICP	Integrated care pathway
ICU	Intensive care unit
IG	Information governance
IT	Information technology
JDAT	Junior doctors advisory team
KPI	Key performance indicator
LAS	Locum appointment for service
LAT	Locum appointment for training
LETB	Local education and training boards
LTFT	Less than full time
LWAB	Local workforce action board
MAU	Medical assessment unit
MD	Medical director
MH	Mental health

NETS	National education and training survey
NHSE	NHS Employers
NHSI	NHS Innovation and Improvement
NICE	National Institute for Health and Care Excellence
NMC	Nursing and midwifery council
O&G	Obstetrics and gynaecology
OOH	Out of hours
OOP	Out of programme
OT	Occupational therapist
PA	Physician associate
PG	Postgraduate
PHE	Public Health England
PICU	Paediatric intensive care unit
QA	Quality assurance
QC	Quality control
QI	Quality improvement
QSG	Quality surveillance group
RC	Royal college
RCA	Root cause analysis
RMN	Registered mental health nurse
RO	Responsible officer
SHO	OBSOLETE: Senior House Officer
SLA	Service level agreement
SPA	Supporting professional activities
ST	Specialist trainee
STP	Sustainability and transformation plan
SUI	Serious untoward incident
T&O	Trauma and orthopaedic
TTA / TTO	To take away / out (medication on discharge)
UG	Undergraduate
WPBA	Workplace-based assessments
WTE	Whole time equivalent

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
3rd March 2020

Paper Title:	**Staff Survey Update February 2020**
Report of:	**Staff Survey 2019: Update**
Paper Prepared by:	Dr Jo Potier, Associate Director of Organisational Development

Purpose of Paper:	Decision ☐ Assurance ☐ Information ■ Regulation ☐
Background Papers and/or supporting information:	LiA Big Conversation template presentation
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:	
Associated risk (s)	

Background

The annual Staff Survey commenced on the 2nd October 2019 and closed on the 29th November. The final response rate was 62% which is a 2% increase from last year.

Next Steps

The results from the survey are now available and ready to be shared with the organisation.

This year, as last year, we will be using LiA Big Conversations as the vehicle to discuss the staff survey results and agree and implement actions. This year, however, we will be providing the data already embedded into a Big Conversation presentation template so that for each Division and department it is ready to use (see presentation). We are also offering training to managers in running Big Conversations (2 dates in March).

A communication has been sent to the Divisional Leads outlining the plans for the feedback and asking them to book in their Big Conversation dates now (as clinical teams will need 6 weeks notice). We will have their data ready to send in early March so that they can start with Division level Big Conversations before the teams commence their own conversations.

The action plans from each conversation will be sent to the HR Business Partner who will be able to support any actions going forward and also track where necessary. These action plans will also be collected centrally via the LiA administrator so that there is oversight and understanding of the issues across the Trust.

Offer has been made by the OD team to support Big Conversations where needed.

Alder Hey Children's NHS
NHS Foundation Trust

Staff Survey 2019

Trust-wide 'Big Conversation' Template And Toolkit for Teams

Inspired by Children

Listening into Action Big Conversations: A Guide for Managers

Invite

- Make a list of key people who have a stake in the issue or whose input will be useful to get things moving, and book a suitable venue.
- Create an Outlook event for the Team Conversation and invite everybody, at least weeks in advance if clinical staff are involved.
- Make sure you have provision in place so that all who want to attend can be released from their duties.

Advertise

- If you have invited anybody who can't check their e-mail regularly, or if there might be broader interest in attending, make sure you also put up some posters on noticeboards
- You can also print out paper invitations and distribute them to all staff, leave on break room tables etc.
- Contact internal comms to get your poster displayed on screensavers or e-mailed to the whole Trust.

Prepare

- Prepare a short introduction to the Team Conversation, covering the key reasons why you have called the meeting.
- This will be your 'Case for Change', or evidence that the team could make improvements that would benefit patients, staff and Alder Hey as a Trust. A presentation template is provided with this pack.

Listen

- At the Big Conversation, keep the introduction brief and spend at least 20 minutes on each of the two key questions:
  1. "What day-to-day frustrations get in the way of us delivering the very best care for our patients and their families?"
  2. "What changes - that we can make between us - would make the biggest difference to patient care and the way we work?"
- Let everybody speak about how they are experiencing the issues raised, and let everybody be engaged in finding solutions.
- If there are more than 10 people, seat them on tables of 6/7 to discuss the questions, and feedback their answers one table at a time.

Record

- Record the key points raised for each question on a flipchart, so that everybody can see that their points have been noted.
- Make sure that good ideas for solutions are marked as Action Points and assigned to a named person to make them happen.
- After the meeting, type up the flipchart notes (there is an Action Plan and Meeting Notes template included in this toolkit) and circulate these to everybody who was at the meeting, and anybody else who was assigned actions.

Act

- Follow up on the action plan as soon as possible. Arrange meetings with the right people and put target dates in place for each action. Make these meetings regular if it will be useful, and check progress regularly.
- If there is an obstruction to progress on any of the agreed actions, ask Listening into Action/Sponsor for support in unblocking the way.

Review

- Set a date for a follow-up meeting to review the action plan. This doesn't need to be as big as the Big Conversation, but should be open to anybody who attended who still wishes to be involved.
- Go through progress on each action decided at the Big Conversation. If needed, set follow-up actions and new targets. Always make sure there is a target date to review the action and a named person to set it in motion.
- When an action is complete, make plans to communicate and celebrate this as a win. If it's relevant to the rest of the Trust, or just a good story, tell the Communications team so that it can go on the intranet or an Alder Hey newsletter. Thank people who have worked hard and, if appropriate, put them forward for an Alder Hey Stars or other award.

Alder Hey Children's NHS
NHS Foundation Trust

Our mission

By 2024 we will be known as…

….the best place to work,

with happy staff delivering the care they aspire to

Inspired by Children

Alder Hey Children's NHS
NHS Foundation Trust

Why this matters

2019 - 69% recommend organisation as place to work

2019- 88% would recommend to friends or family if needed treatment

Where do we want to be……

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NHS Foundation Trust

Staff Survey 2019 Key Themes

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.4**	1971	**9.3**	2108	Not significant
Health & wellbeing	**6.1**	1979	**6.0**	2118	Not significant
Immediate managers	**7.0**	1985	**6.8**	2120	↓
Morale	**6.4**	1969	**6.3**	2102	↓
Quality of appraisals	**5.6**	1778	**5.5**	1891	Not significant
Quality of care	**7.5**	1745	**7.4**	1848	Not significant
Safe environment - Bullying & harassment	**8.4**	1966	**8.5**	2104	Not significant
Safe environment - Violence	**9.7**	1947	**9.7**	2092	Not significant
Safety culture	**6.8**	1971	**6.8**	2109	Not significant
Staff engagement	**7.3**	1996	**7.2**	2135	↓
Team working	**6.7**	1949	**6.7**	2086	Not significant

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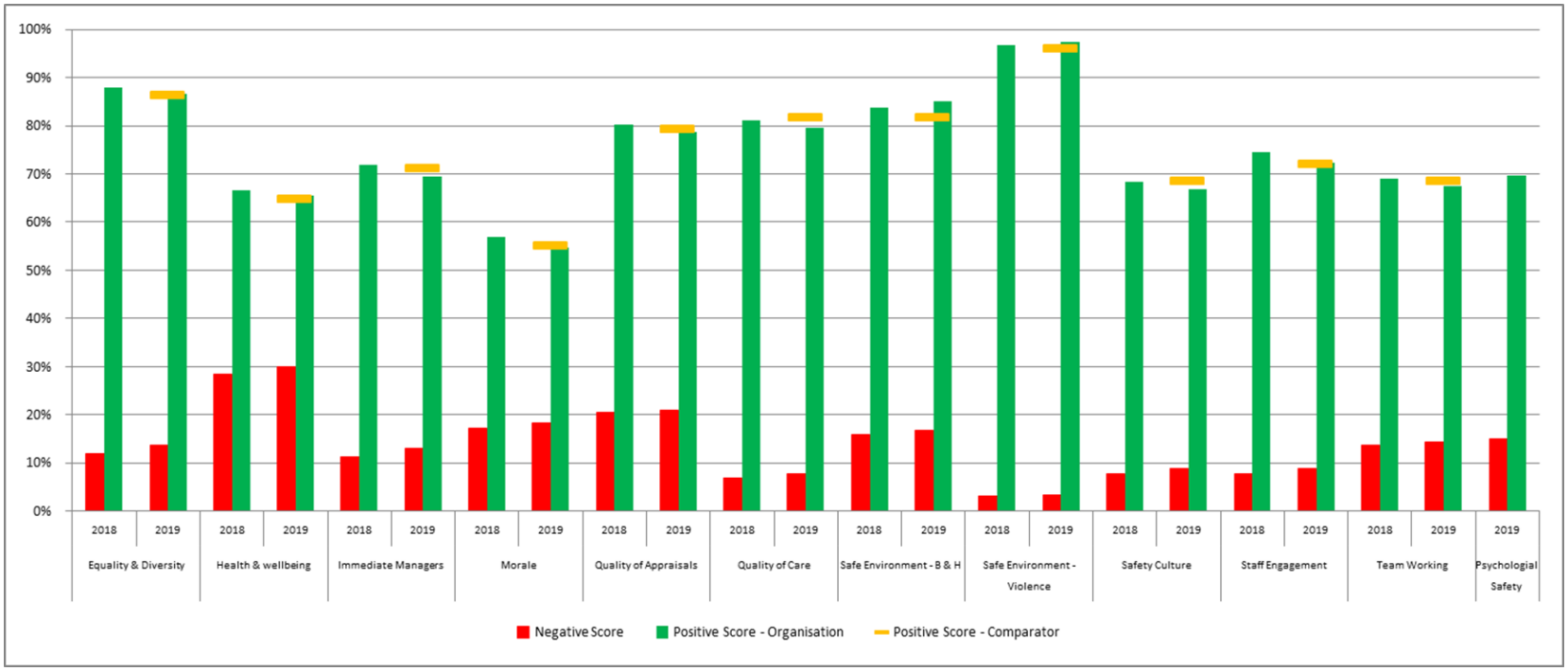
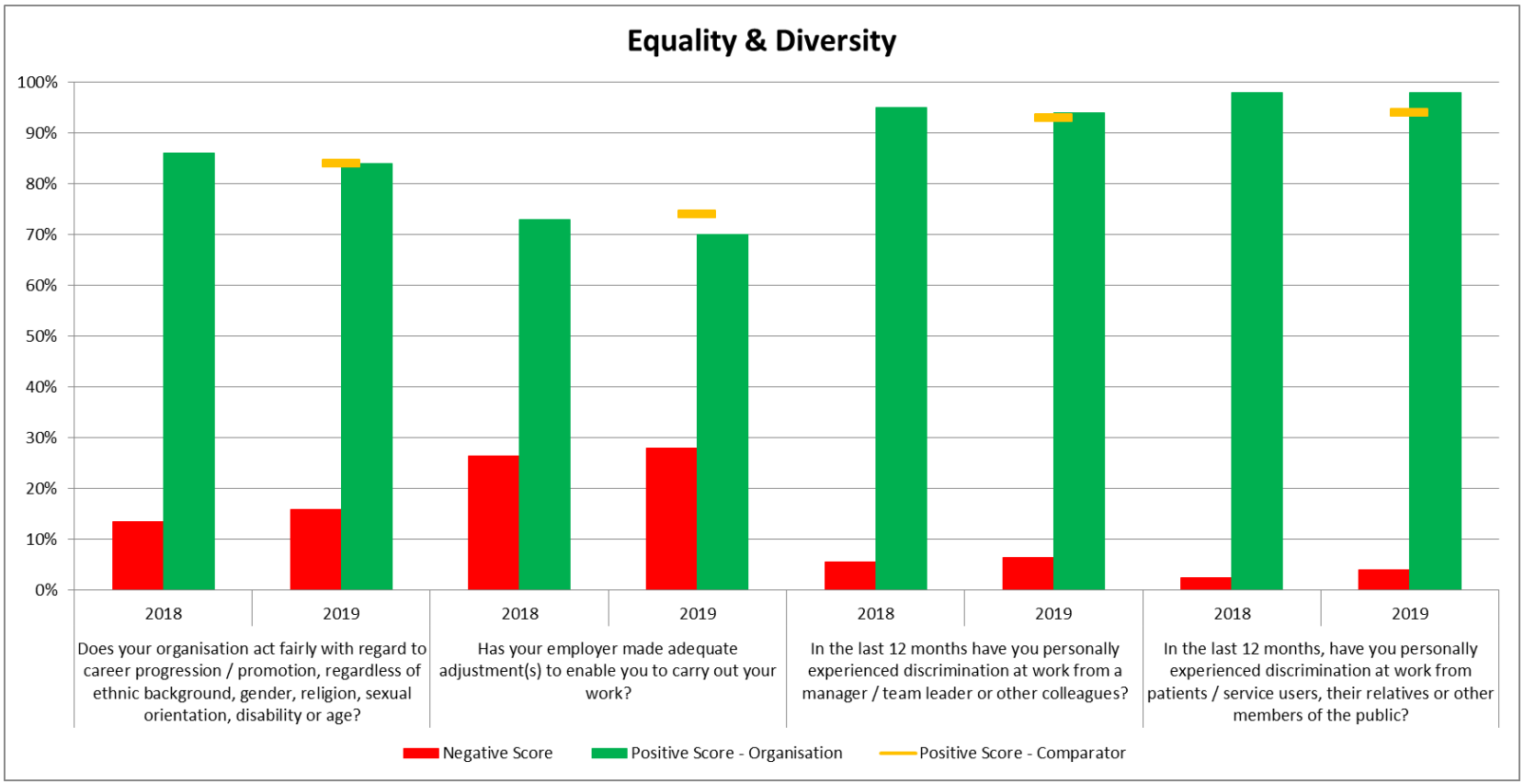
Trust Overall 2019 Themes

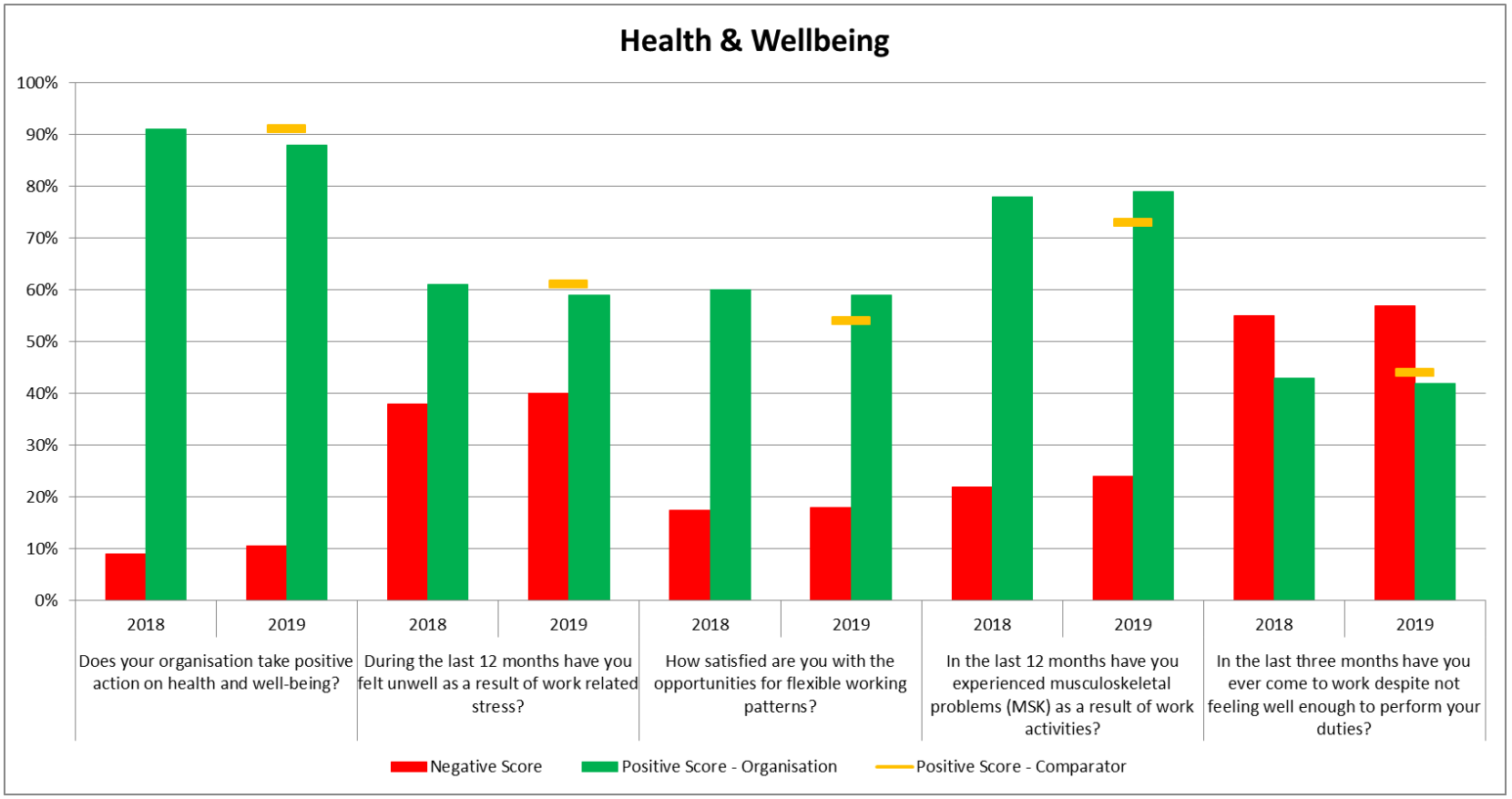
(Comparator is Combined Acute and Community Trusts)



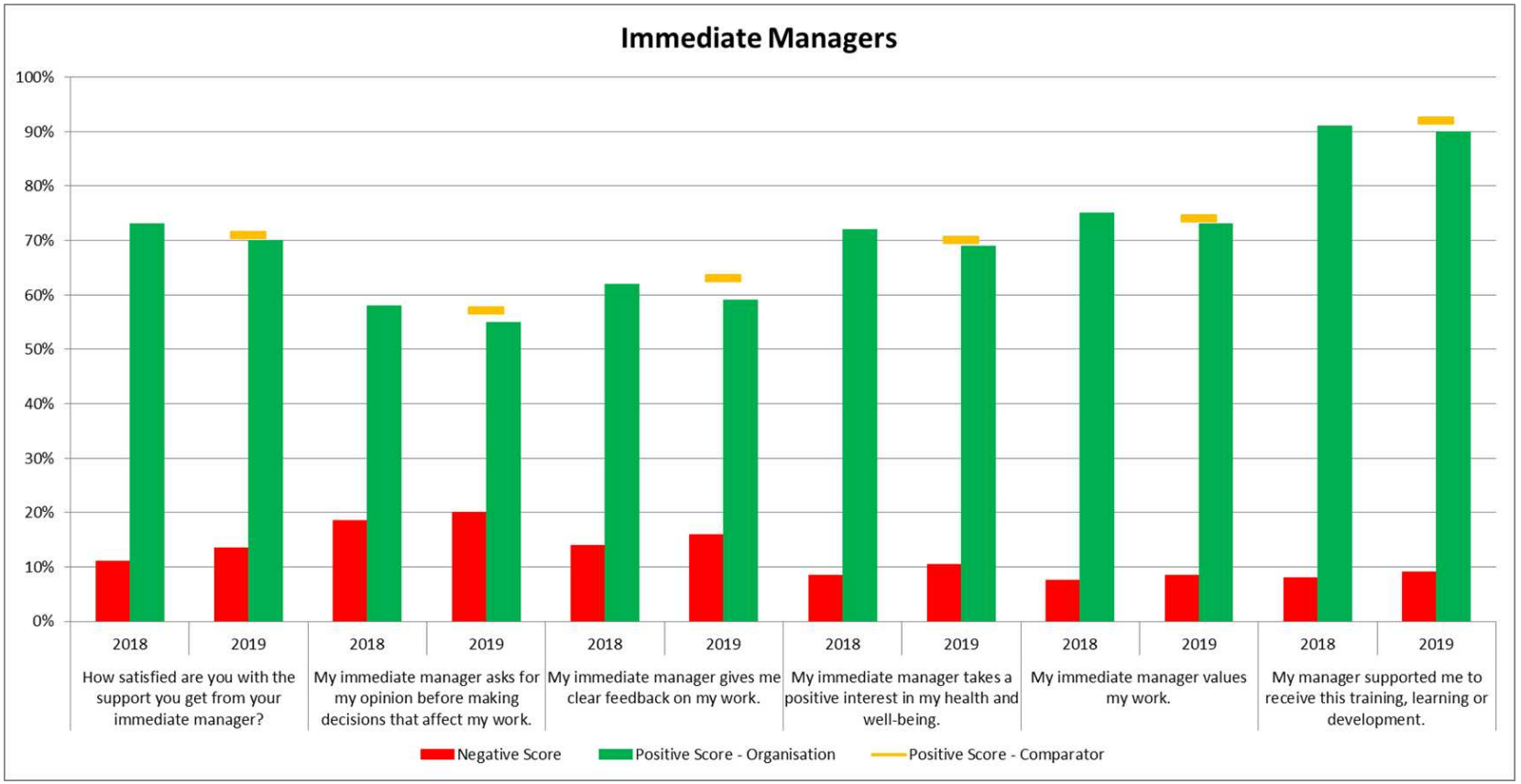
Equality & Diversity



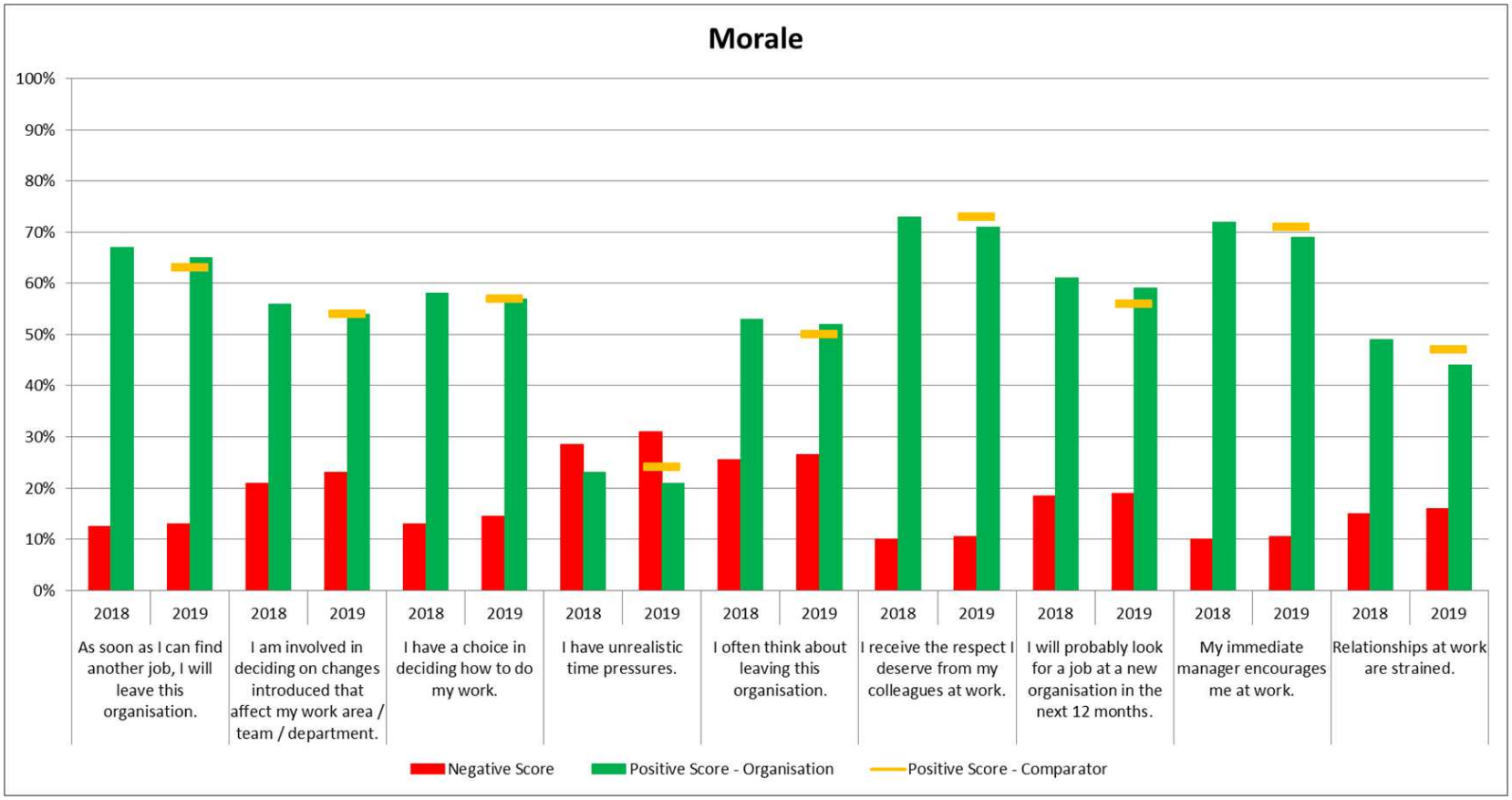
Health & Wellbeing



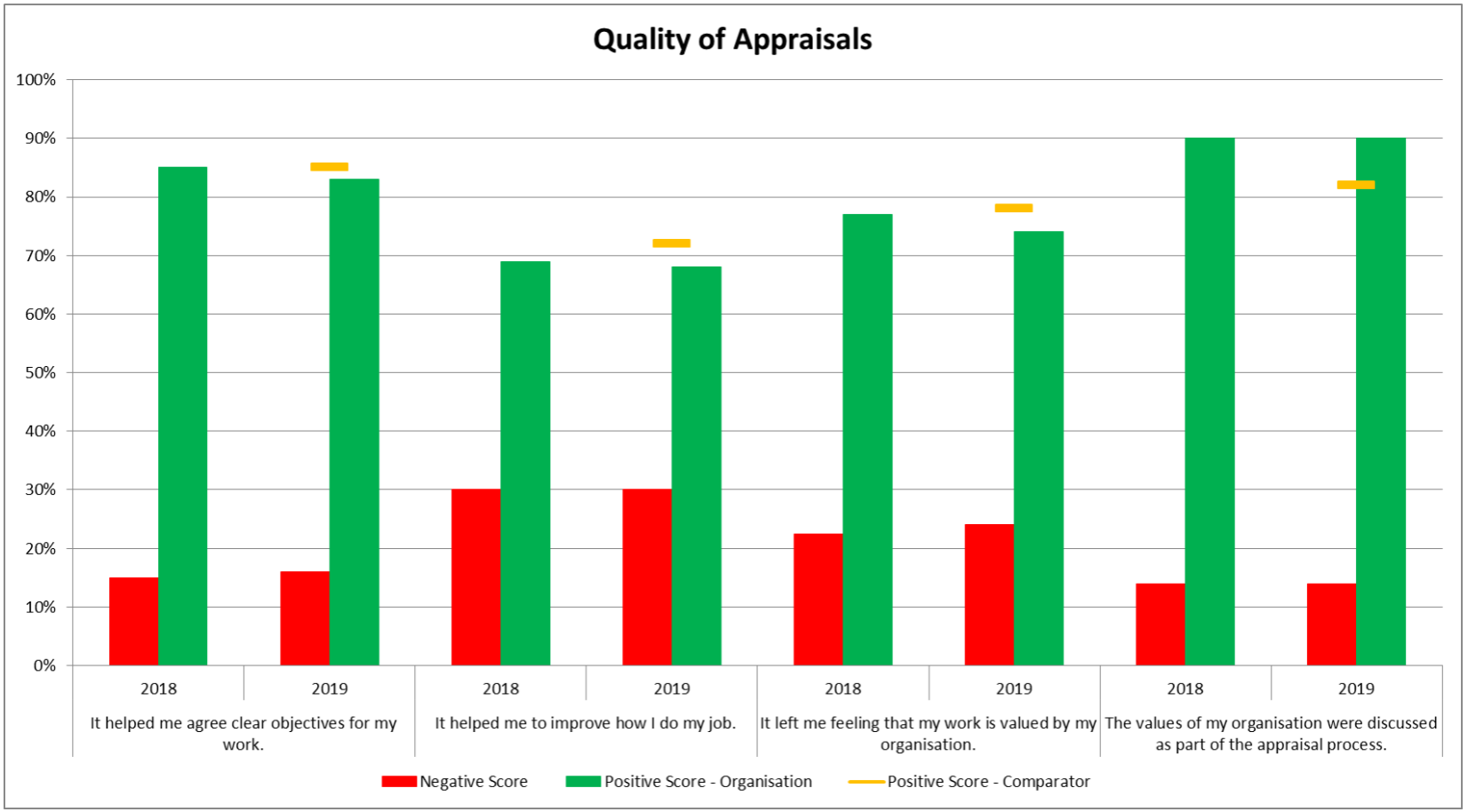
Immediate Managers



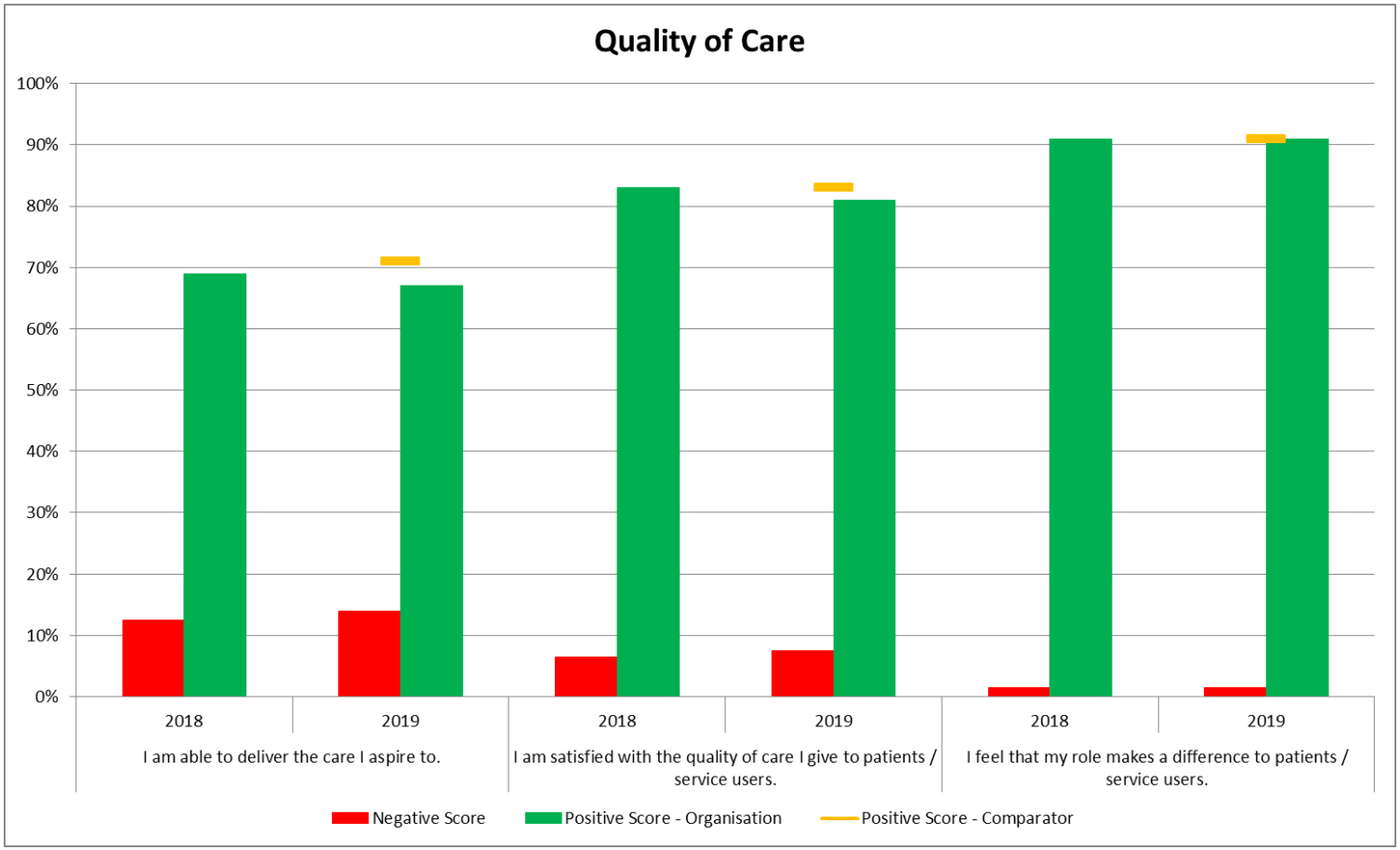
Morale


Morale
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2018
2019
As soon as I can find another job, I will leave this organisation.
I am involved in deciding on changes introduced that affect my work area / team / department.
I have a choice in deciding how to do my work.
I have unrealistic time pressures.
I often think about leaving this organisation.
I receive the respect I deserve from my colleagues at work.
I will probably look for a job at a new organisation in the next 12 months.
My immediate manager encourages me at work.
Relationships at work are strained.
Negative Score
Positive Score - Organisation
Positive Score - Comparator

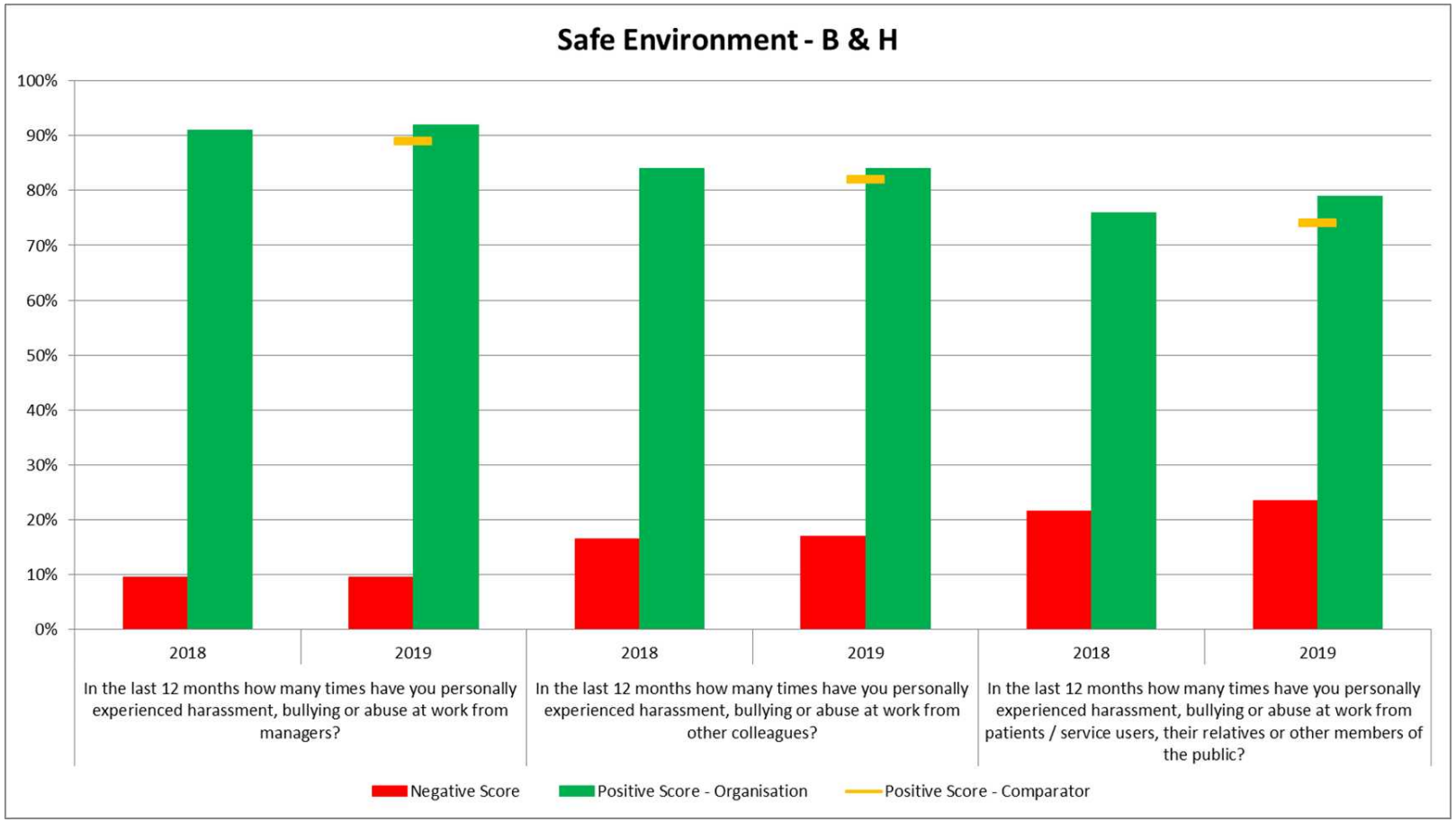
Quality of Appraisals



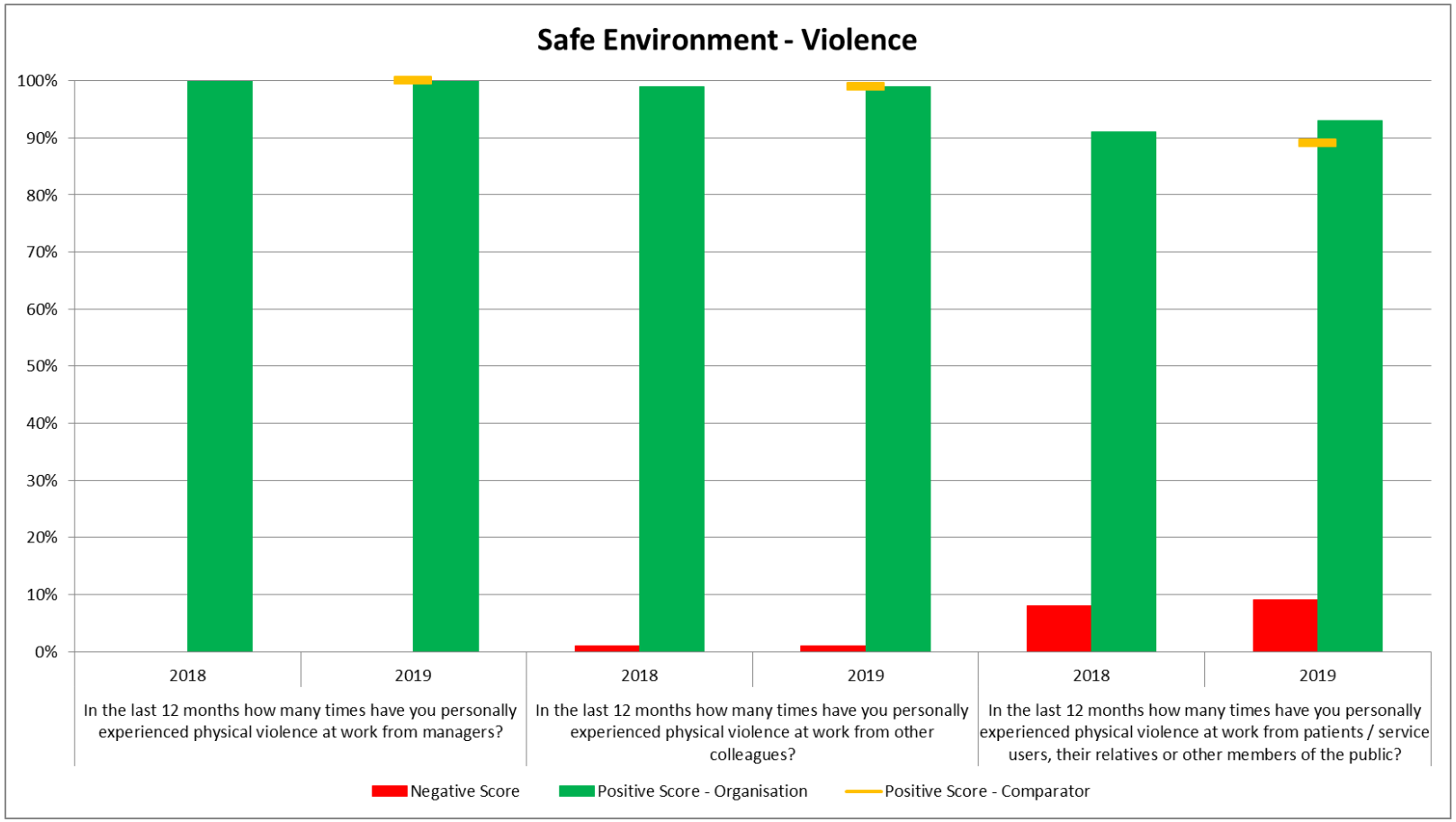
Quality of Care



Safe Environment – Bullying & Harassment

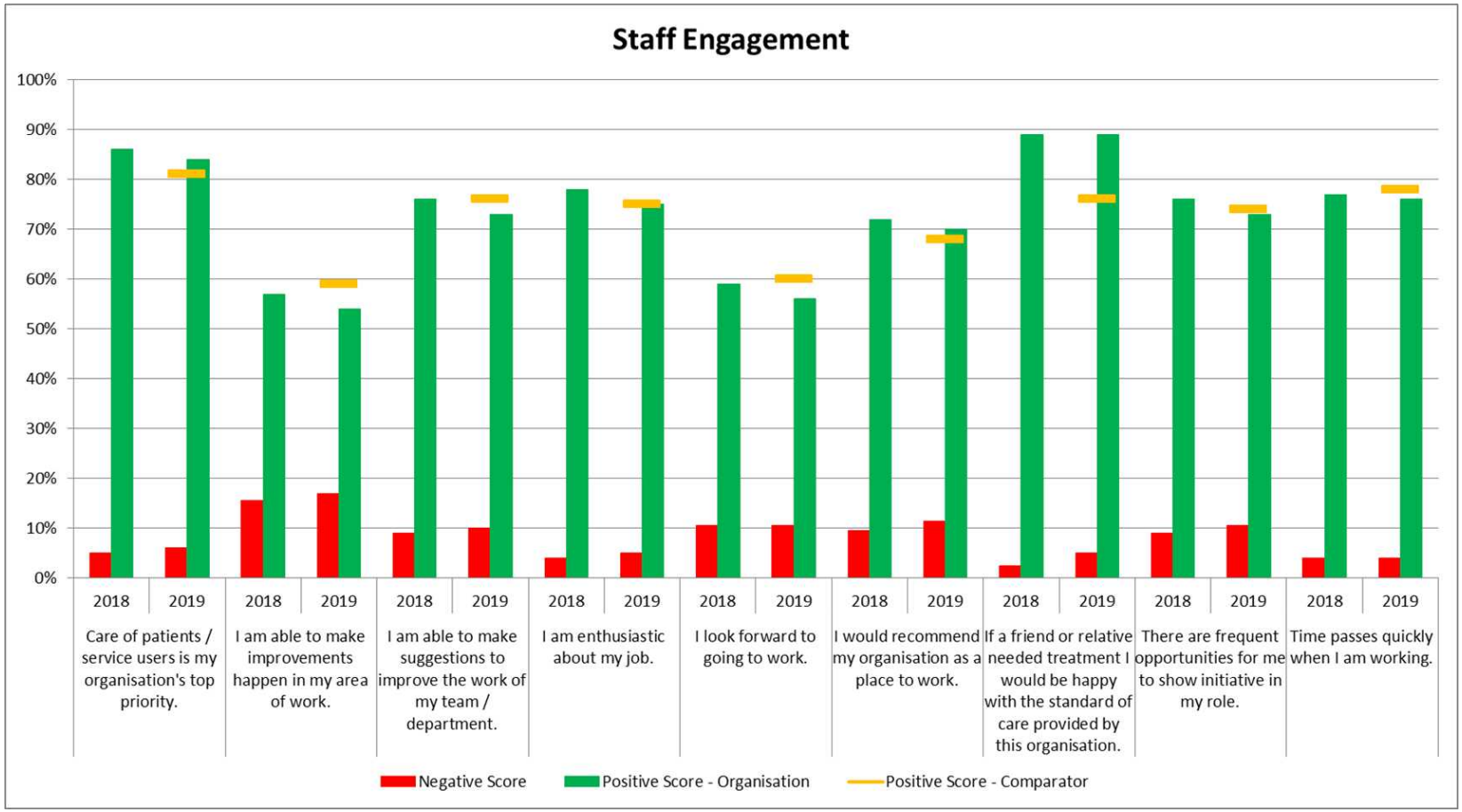


Safe Environment - Violence

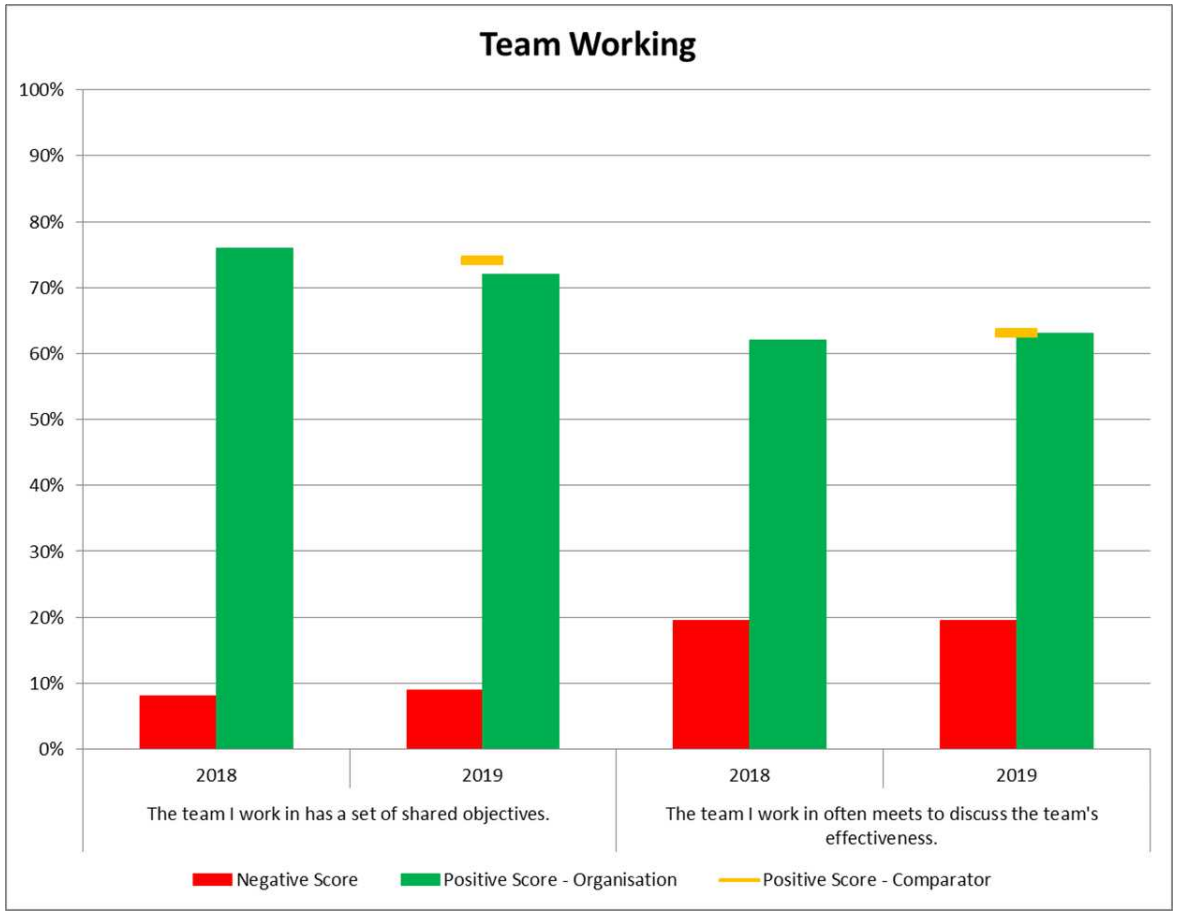


Safety Culture

Staff Engagement



Team Working



Alder Hey Children's NHS
NHS Foundation Trust

What we will be asking teams to do in their Big Conversations:

Asking 2 simple questions…

Inspired by Children

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"What gets in the way of us being the best place to work (consider key themes)?"

- If we were getting this right, what would be happening?
- Take 5 minutes to reflect individually and capture your thoughts
- Spend 20 minutes sharing your views, and come up with your tables' TOP 3 key issues

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"What changes – that we can make happen between us – would make the biggest difference?"

- Be really specific – this needs to turn into action
  - Who could make each thing happen?
- Take 5 minutes to reflect individually and capture your thoughts
- Spend 20 minutes sharing your views, and come up with your tables' TOP 3 'changes to make a difference'

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Template Action Plan

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- Complete action plan (included in pack)
- Send a copy to your HR Business Partner
- Work on your actions together with your team

Staff Survey Big Conversation: [Team]			
Meeting date/time	**Attending**	**Q1: What gets in the way... Top Points**	**Q2: What can we do... Top Points**
Click here to enter a date.		•	•

Q1 Notes	Q2 Notes

Action	Owner	Date Created	Target Date	Status updates Meeting Date:	Status of action:	✓
		Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		☐
		Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		☐
		Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		☐

Inspired by Children

Survey Coordination Centre

NHS England

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey

Benchmark Report

Contents

Survey Coordination Centre

Introduction

NHS England

This benchmark report for Alder Hey Children's NHS Foundation Trust contains results for themes and questions from the 2019 NHS Staff Survey, and historical results back to 2015 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

The structure of this report

Introduction

- Introduction
- Using the report
- Organisation details

Provides a brief introduction to the report, including the graphs used throughout.

The '**Organisation details** ' page contains key information about the organisation's survey and its benchmarking group.

Theme results

- Overview
- Trends
- Detailed information

The eleven themes provide a high level overview of the results for an organisation.

The '**Detailed information**' sub-section contains the question results that feed into each theme.

Question results

- Your job
- Your managers
- Your health, well-being and safety at work
- Your personal development
- Your organisation
- Background details

Results from all questions, structured by the questionnaire sections.

Workforce Equality Standards

- Introduction
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

Shows data required for the NHS Staff Survey indicators used in the Workforce Equality Standards.

Appendices

- Response rate trends
- Significance testing of themes
- Tips on action planning and interpreting results
- Additional reporting outputs

'**Significance testing of themes**' contains comparisons for the 2019 and 2018 theme scores.

Survey Coordination Centre

Using the report

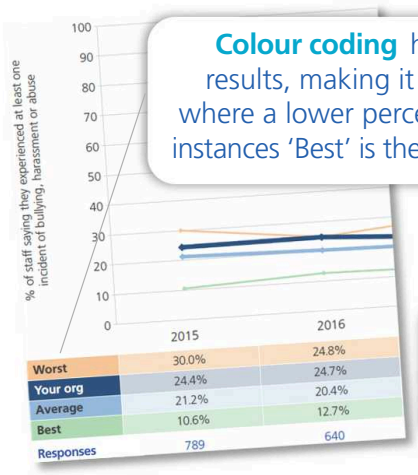
NHS England

Key features

Question number and text (or the theme) specified at the top of each slide

Slide headers are **hyperlinked** throughout the document. '2019 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text highlighted in bold can be used to navigate to sections and sub-sections

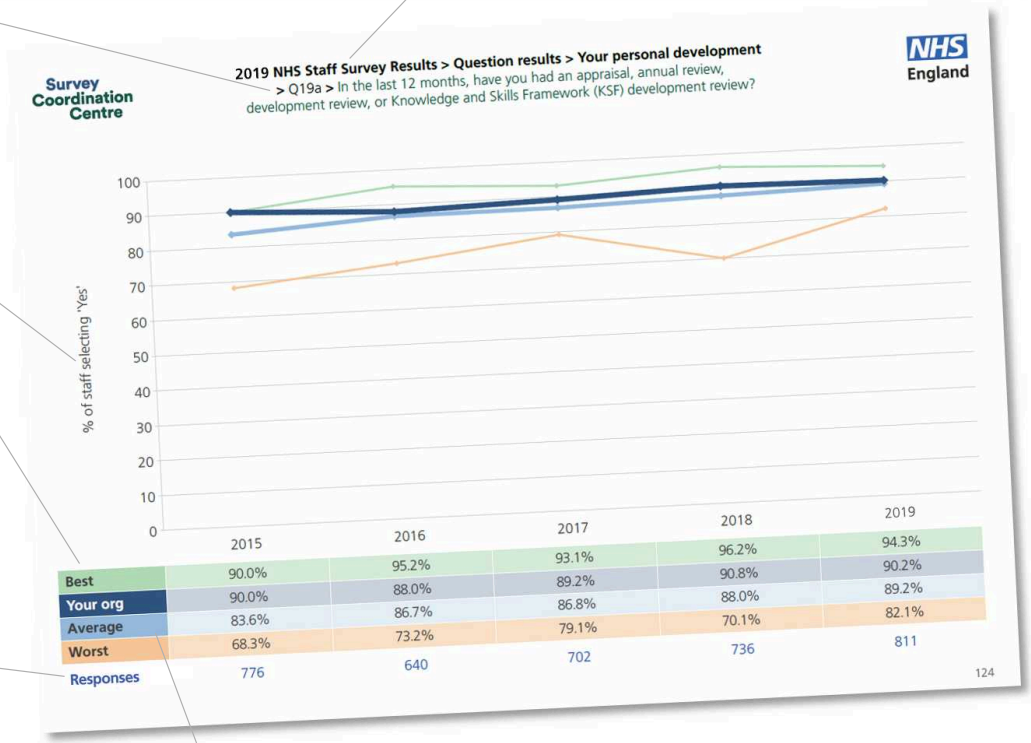
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Survey Coordination Centre

Organisation details

NHS England

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey

Organisation details

Completed questionnaires	2,141
2019 response rate	62%

See response rate trend for the last 5 years

Survey details

Survey mode	Mixed
Sample type	Census

This organisation is benchmarked against:

Combined Acute and Community Trusts

2019 benchmarking group details

Organisations in group: **48**

Median response rate: **46%**

No. of completed questionnaires: **127,403**

Survey Coordination Centre

NHS England

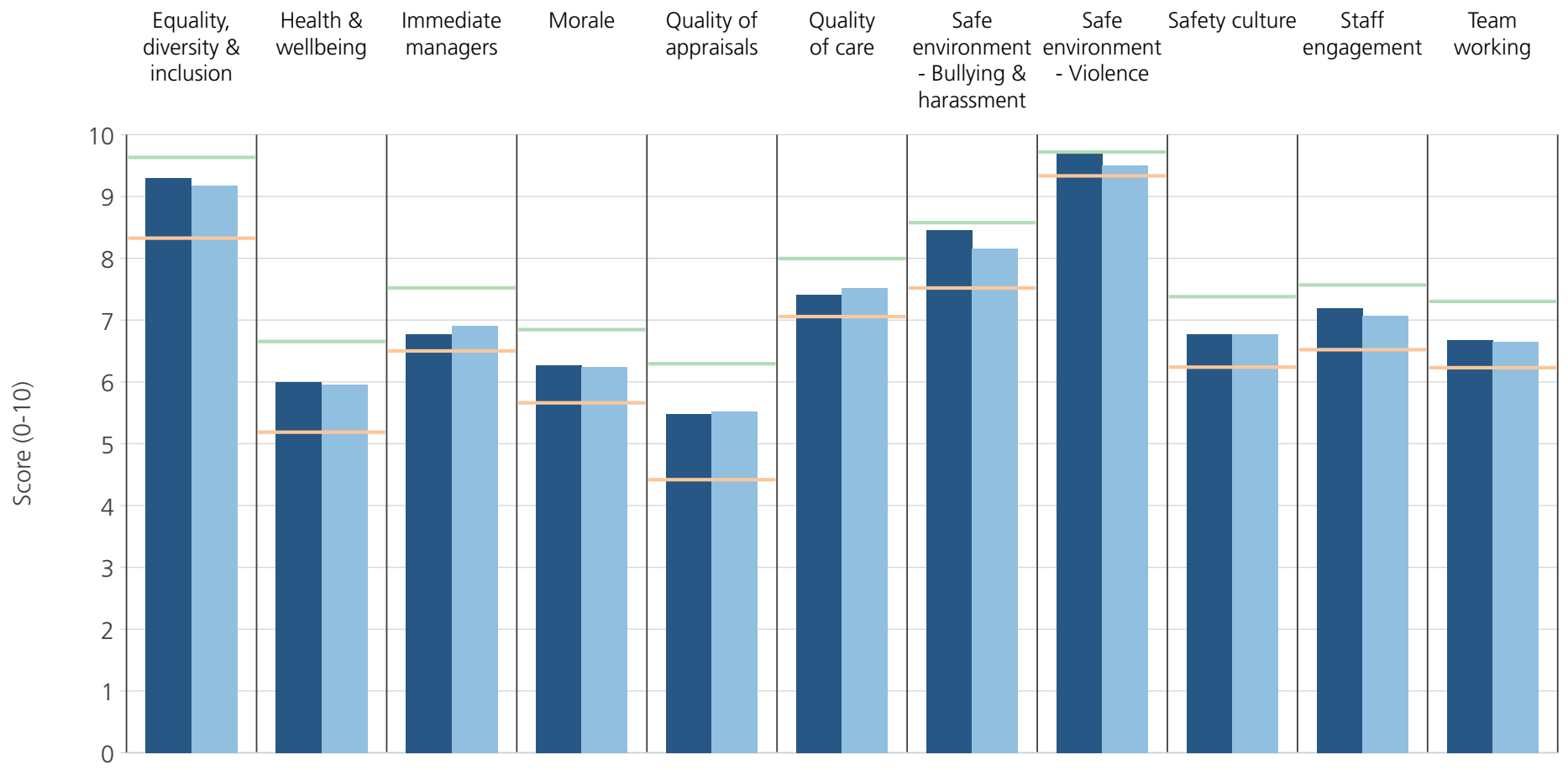
Theme results

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

NHS England



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	9.3	6.0	6.8	6.3	5.5	7.4	8.5	9.7	6.8	7.2	6.7
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	2,108	2,118	2,120	2,102	1,891	1,848	2,104	2,092	2,109	2,135	2,086

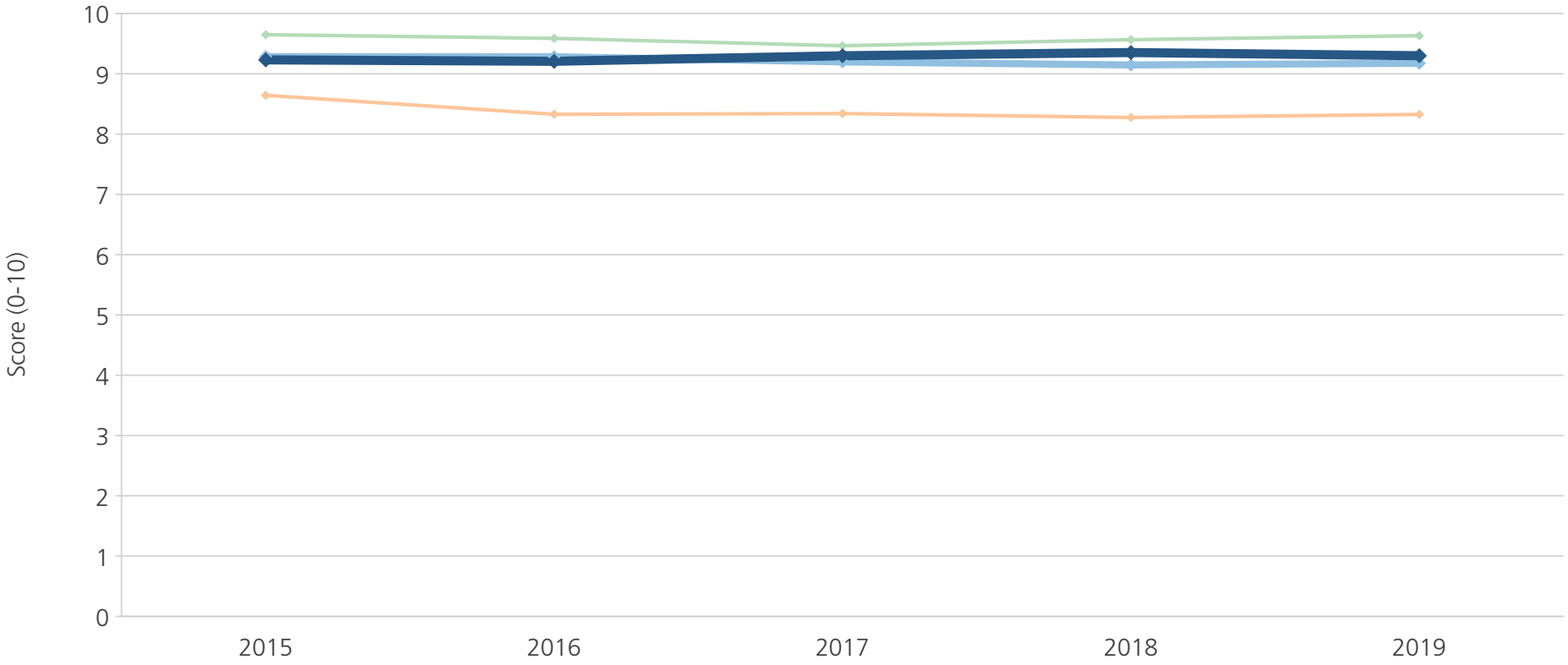
Survey Coordination Centre

NHS England

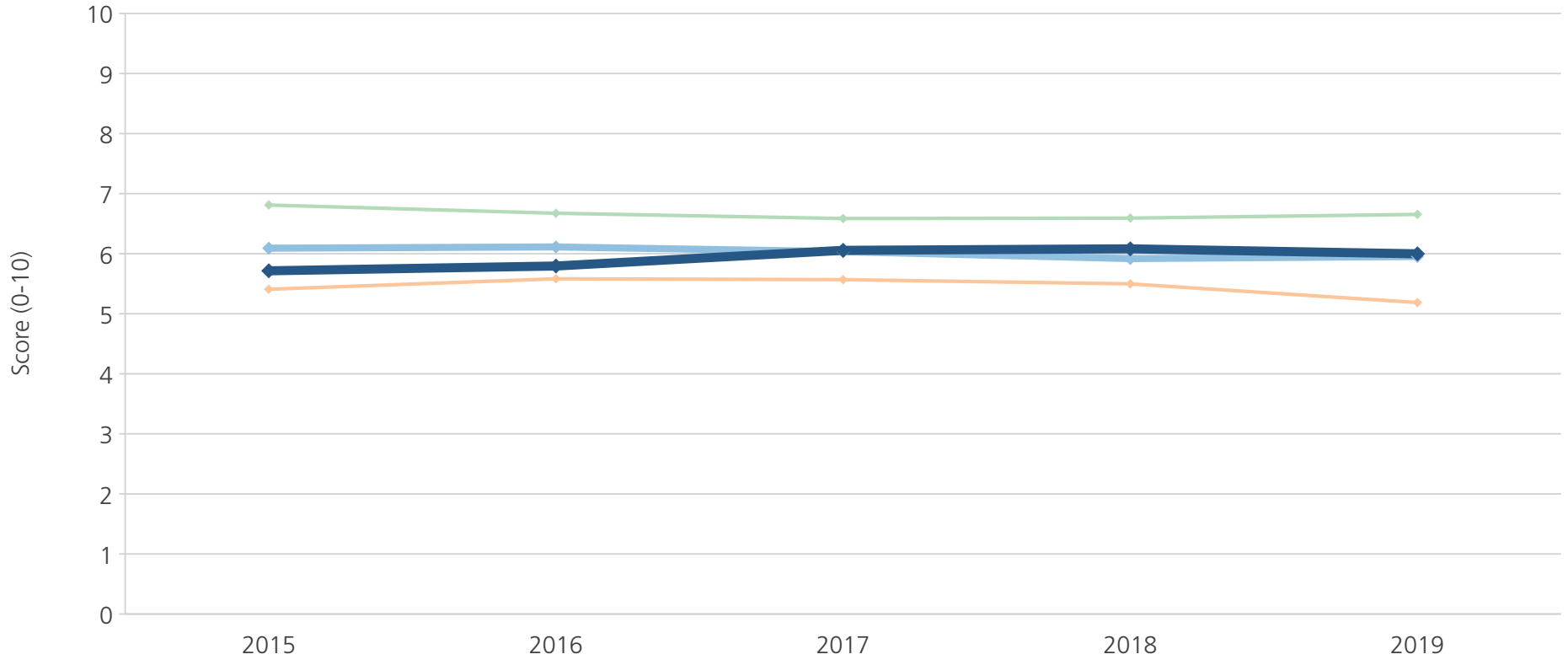
Theme results – Trends

Alder Hey Children's NHS Foundation Trust

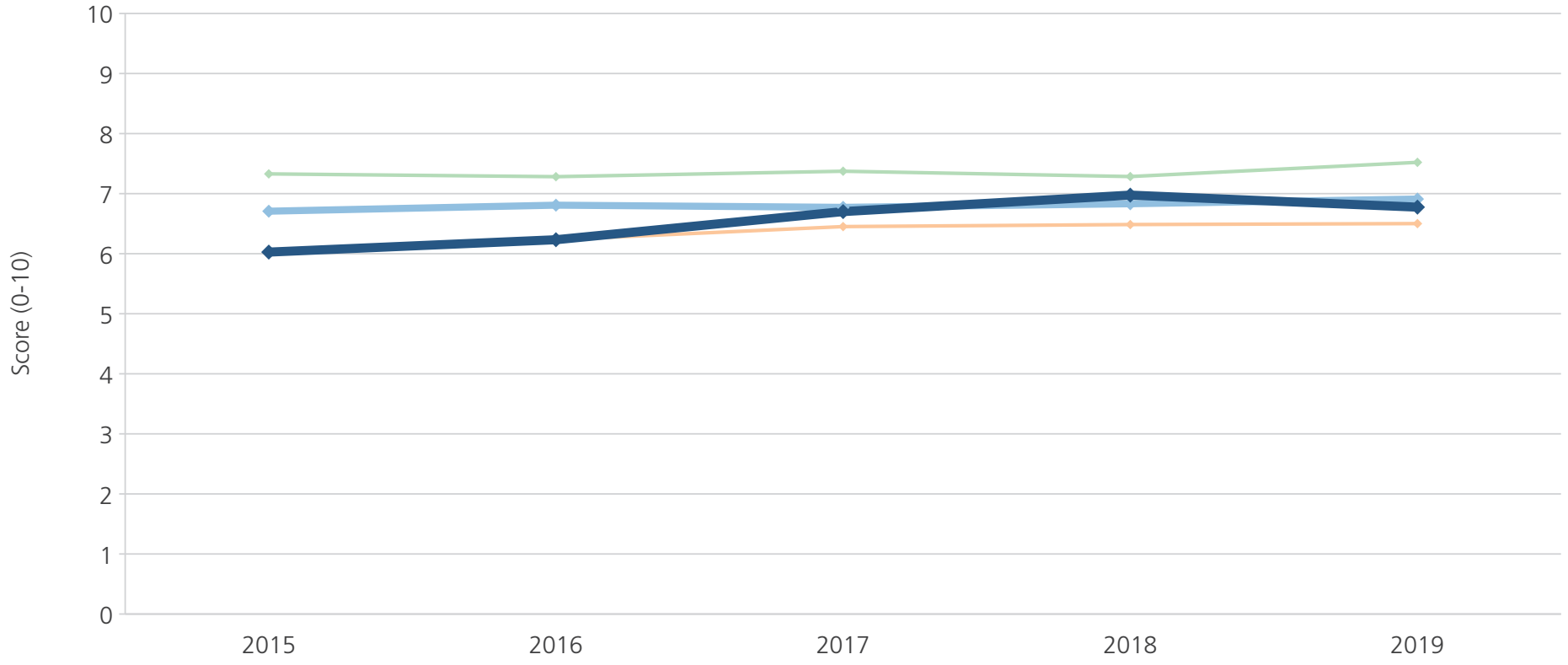
2019 NHS Staff Survey Results



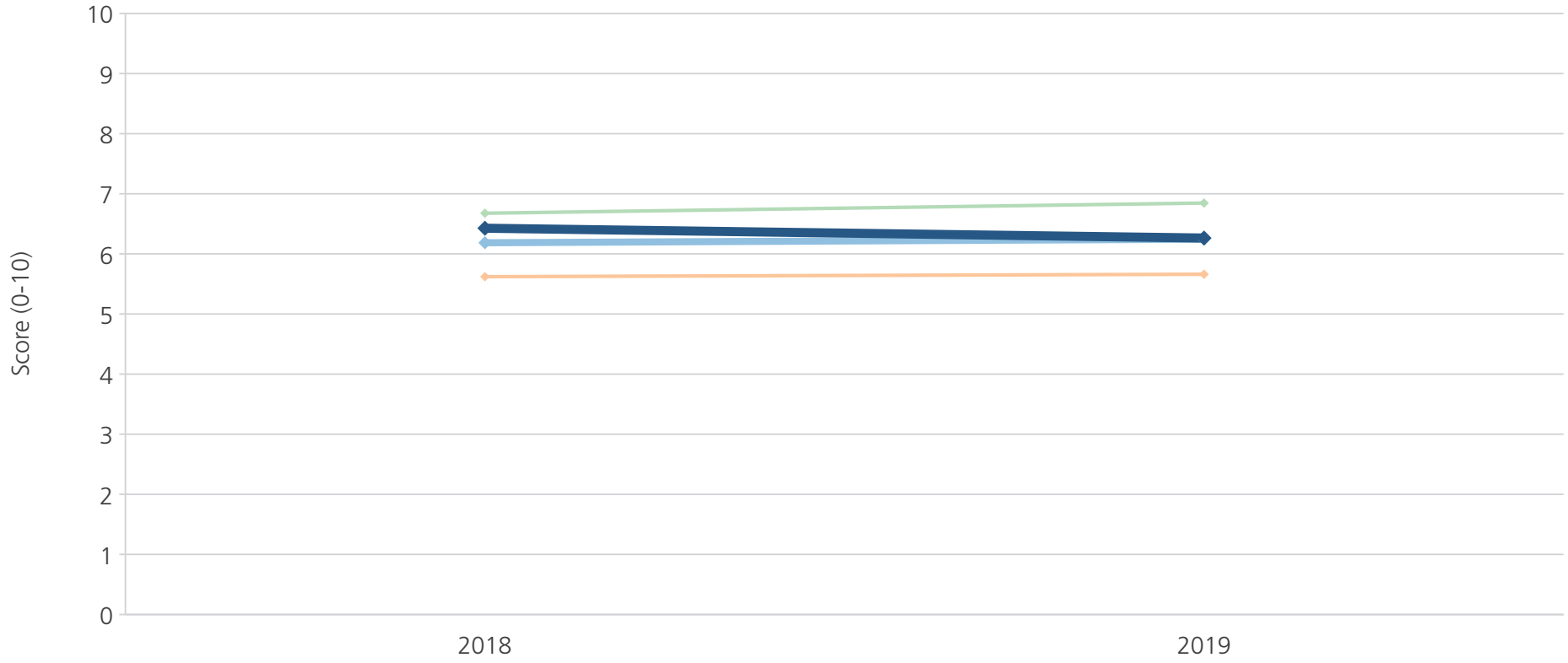
	2015	2016	2017	2018	2019
Best	9.6	9.6	9.5	9.6	9.6
Your org	9.2	9.2	9.3	9.4	9.3
Average	9.3	9.3	9.2	9.1	9.2
Worst	8.6	8.3	8.3	8.3	8.3
Responses	926	1,117	1,725	1,971	2,108



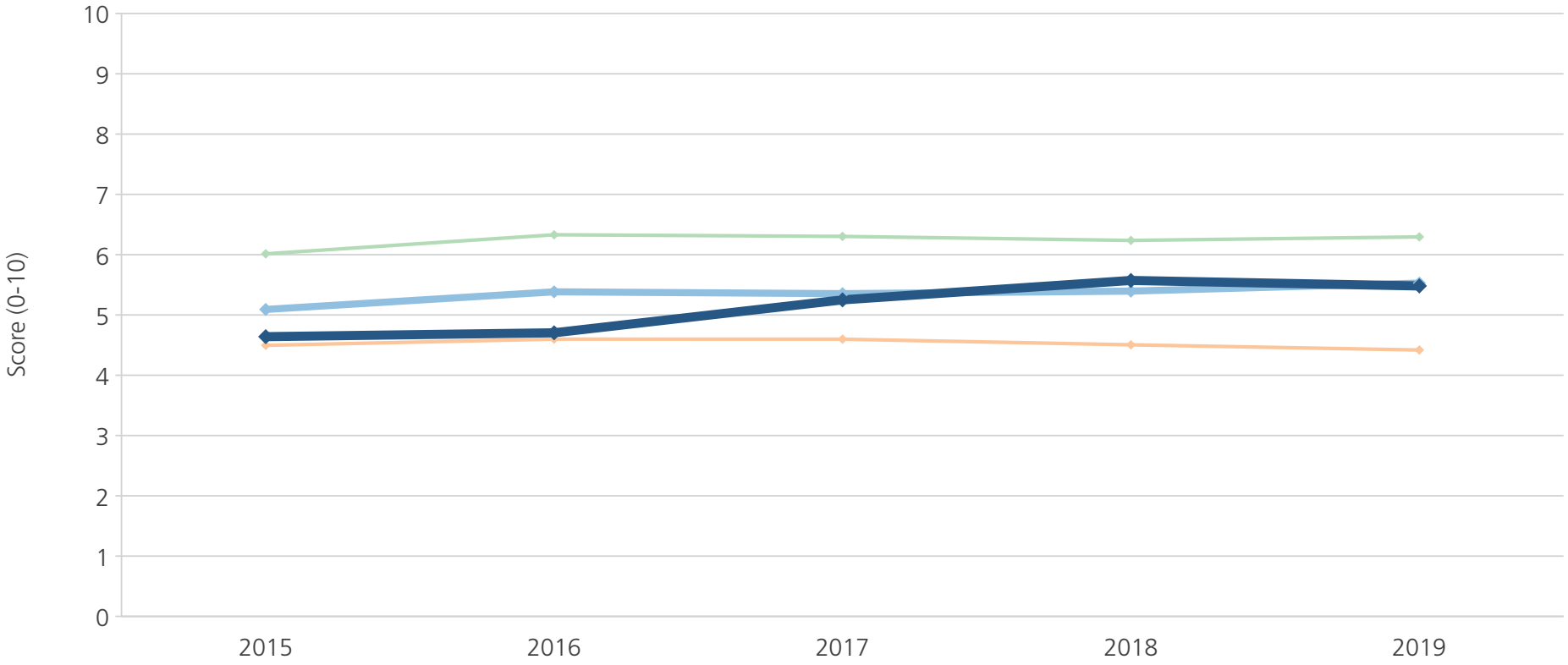
	2015	2016	2017	2018	2019
Best	6.8	6.7	6.6	6.6	6.7
Your org	5.7	5.8	6.1	6.1	6.0
Average	6.1	6.1	6.0	5.9	6.0
Worst	5.4	5.6	5.6	5.5	5.2
Responses	929	1,131	1,743	1,979	2,118



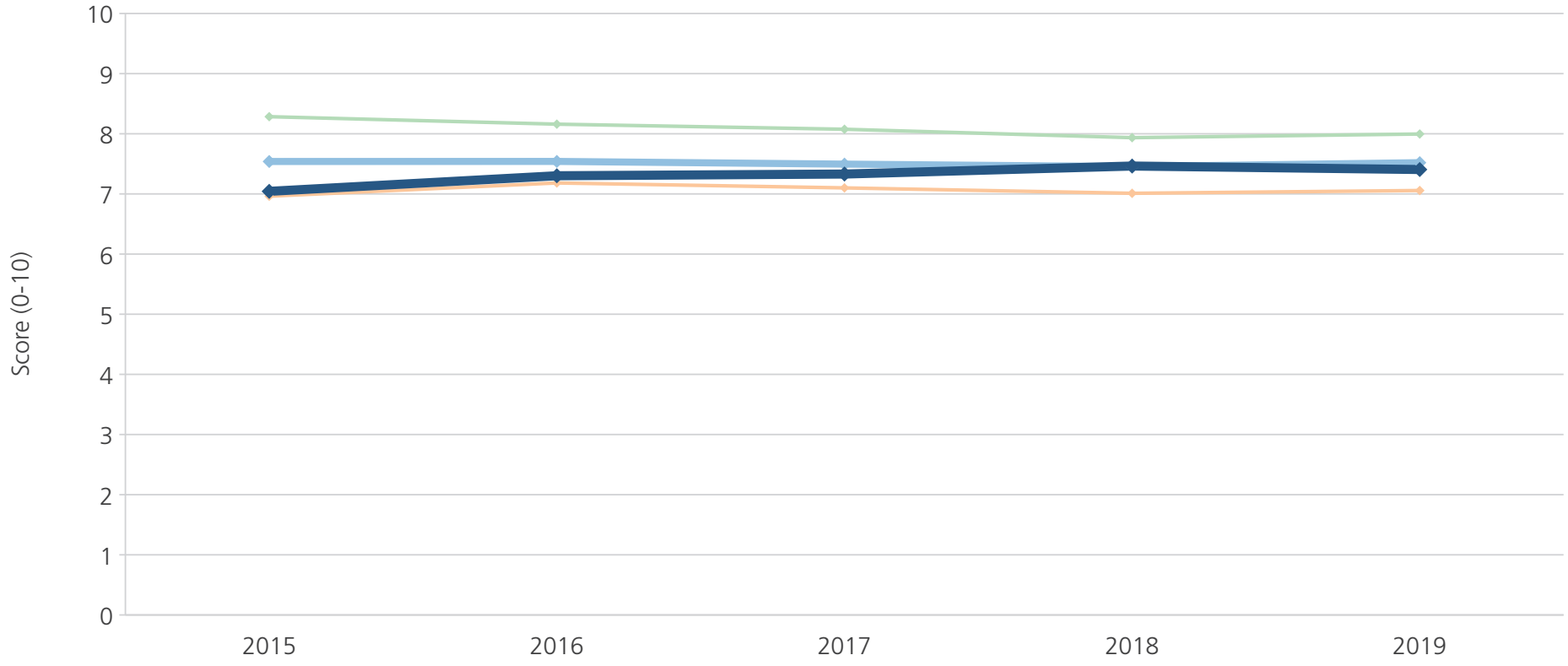
	2015	2016	2017	2018	2019
Best	7.3	7.3	7.4	7.3	7.5
Your org	6.0	6.2	6.7	7.0	6.8
Average	6.7	6.8	6.8	6.8	6.9
Worst	6.0	6.2	6.5	6.5	6.5
Responses	928	1,130	1,737	1,985	2,120



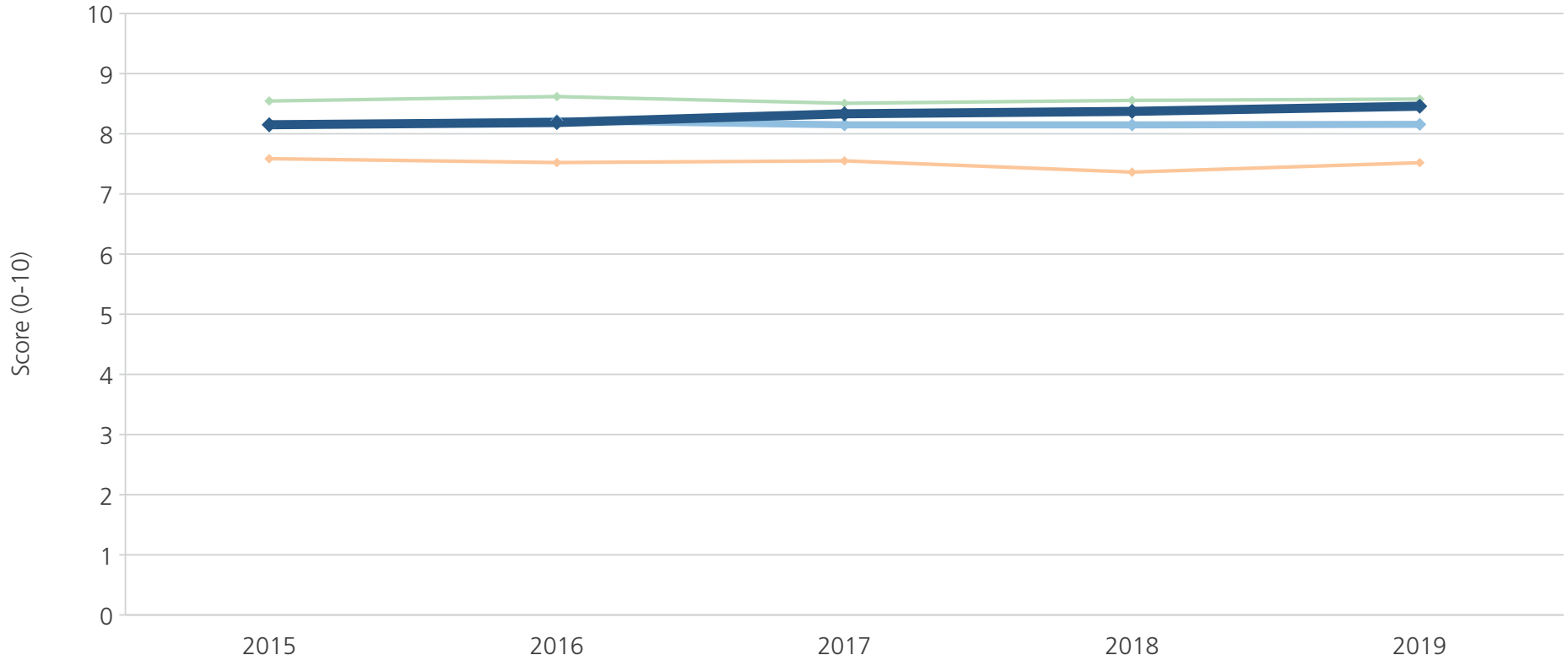
	2018	2019
Best	6.7	6.8
Your org	6.4	6.3
Average	6.2	6.2
Worst	5.6	5.7
Responses	1,969	2,102



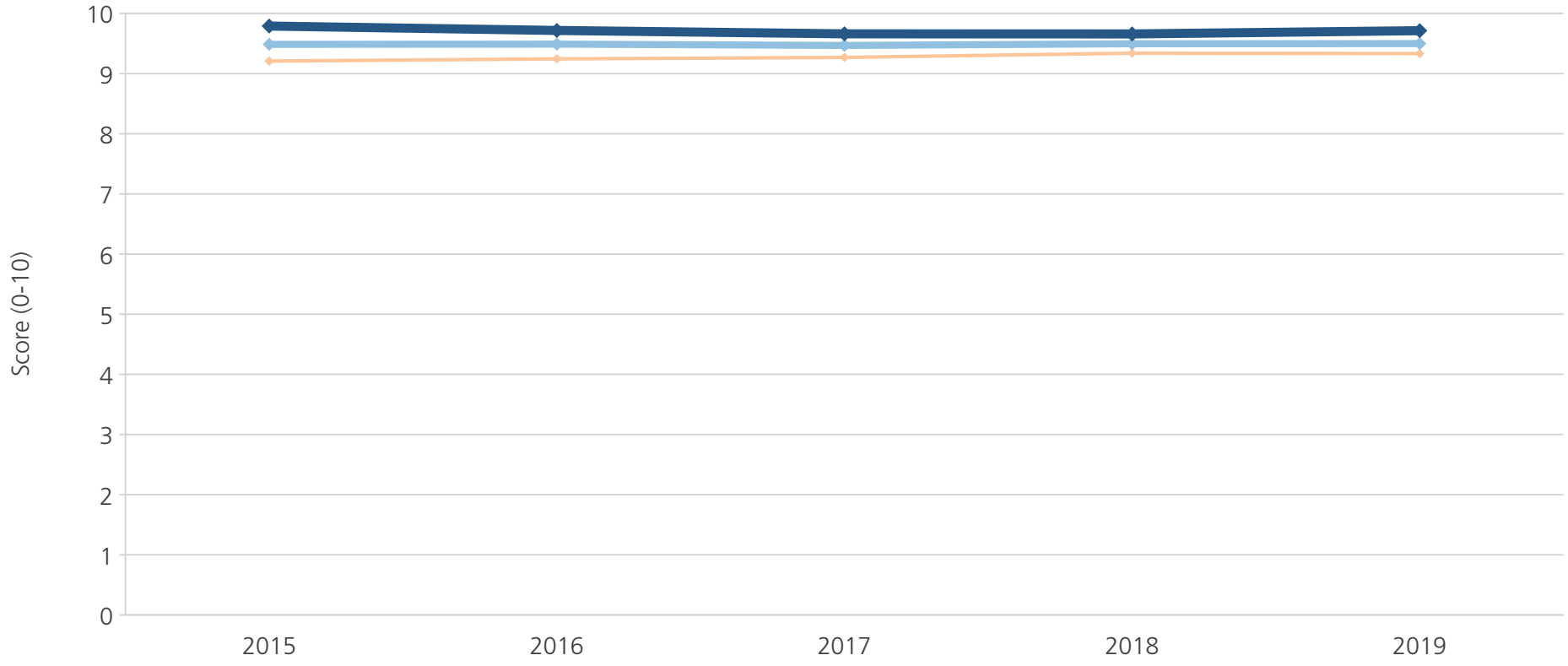
	2015	2016	2017	2018	2019
Best	6.0	6.3	6.3	6.2	6.3
Your org	4.6	4.7	5.3	5.6	5.5
Average	5.1	5.4	5.4	5.4	5.5
Worst	4.5	4.6	4.6	4.5	4.4
Responses	694	899	1,459	1,778	1,891



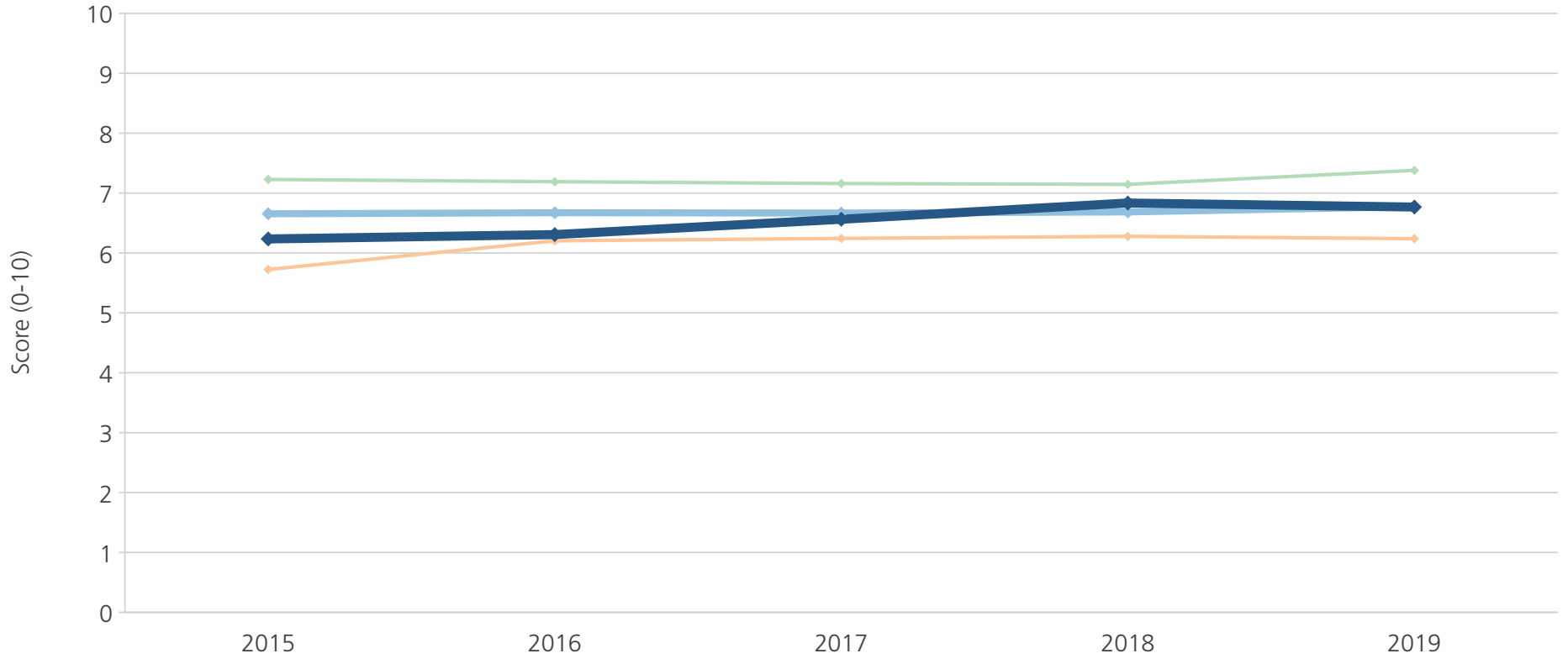
	2015	2016	2017	2018	2019
Best	8.3	8.2	8.1	7.9	8.0
Your org	7.0	7.3	7.3	7.5	7.4
Average	7.5	7.5	7.5	7.5	7.5
Worst	7.0	7.2	7.1	7.0	7.1
Responses	805	966	1,523	1,745	1,848



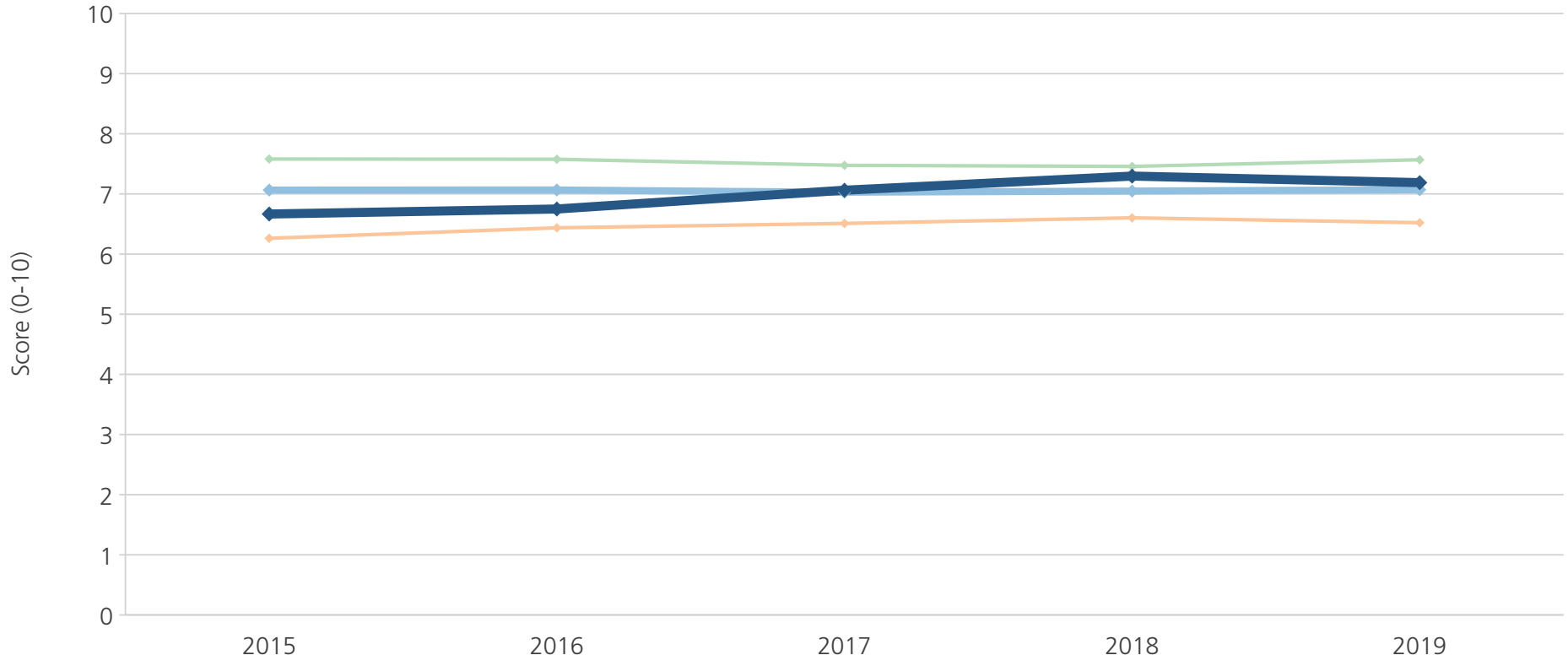
	2015	2016	2017	2018	2019
Best	8.5	8.6	8.5	8.6	8.6
Your org	8.2	8.2	8.3	8.4	8.5
Average	8.1	8.2	8.1	8.1	8.2
Worst	7.6	7.5	7.5	7.4	7.5
Responses	911	1,101	1,713	1,966	2,104



	2015	2016	2017	2018	2019
Best	9.8	9.7	9.7	9.7	9.7
Your org	9.8	9.7	9.7	9.7	9.7
Average	9.5	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3	9.3
Responses	923	1,111	1,727	1,947	2,092



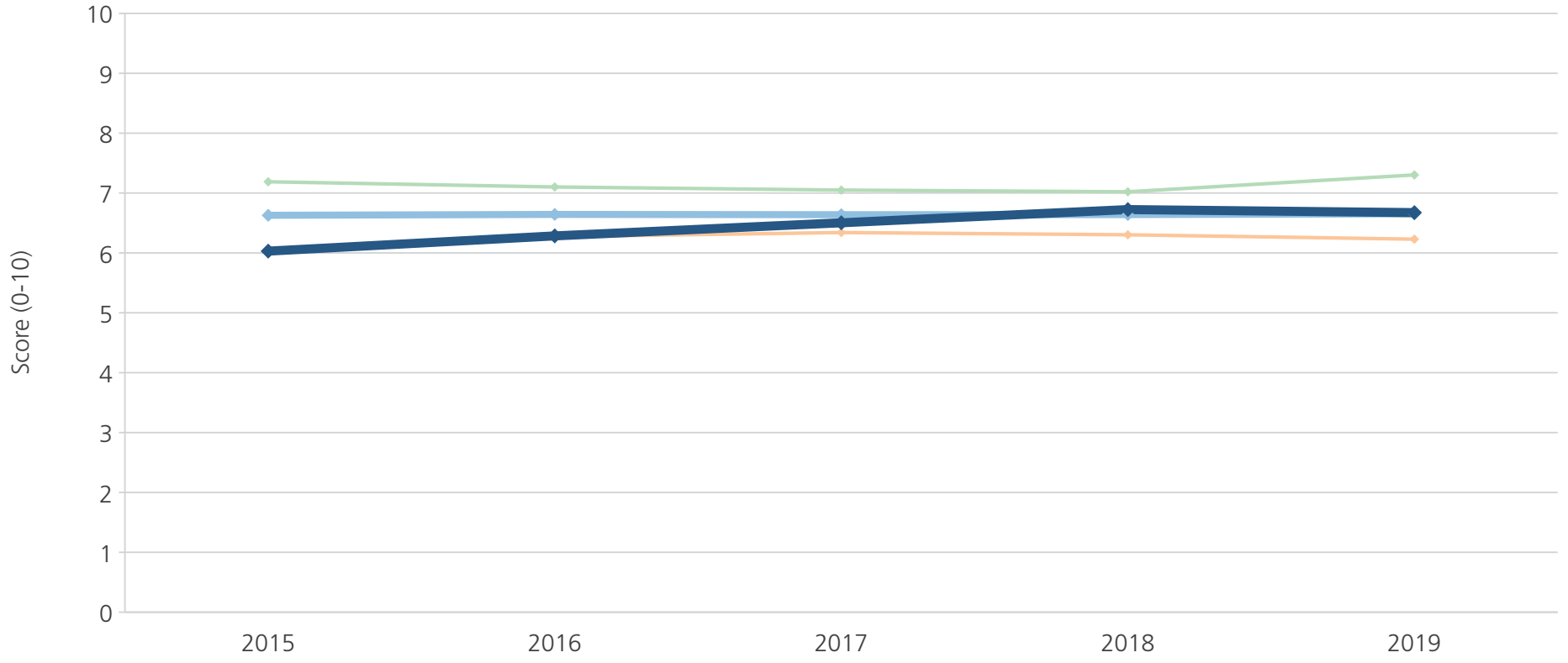
	2015	2016	2017	2018	2019
Best	7.2	7.2	7.2	7.1	7.4
Your org	6.2	6.3	6.6	6.8	6.8
Average	6.7	6.7	6.7	6.7	6.8
Worst	5.7	6.2	6.2	6.3	6.2
Responses	925	1,123	1,735	1,971	2,109



	2015	2016	2017	2018	2019
Best	7.6	7.6	7.5	7.5	7.6
Your org	6.7	6.7	7.1	7.3	7.2
Average	7.1	7.1	7.0	7.0	7.1
Worst	6.3	6.4	6.5	6.6	6.5
Responses	929	1,135	1,748	1,996	2,135

Survey Coordination Centre

NHS England



	2015	2016	2017	2018	2019
Best	7.2	7.1	7.0	7.0	7.3
Your org	6.0	6.3	6.5	6.7	6.7
Average	6.6	6.6	6.6	6.6	6.7
Worst	6.0	6.3	6.3	6.3	6.2
Responses	914	1,125	1,722	1,949	2,086

Survey Coordination Centre

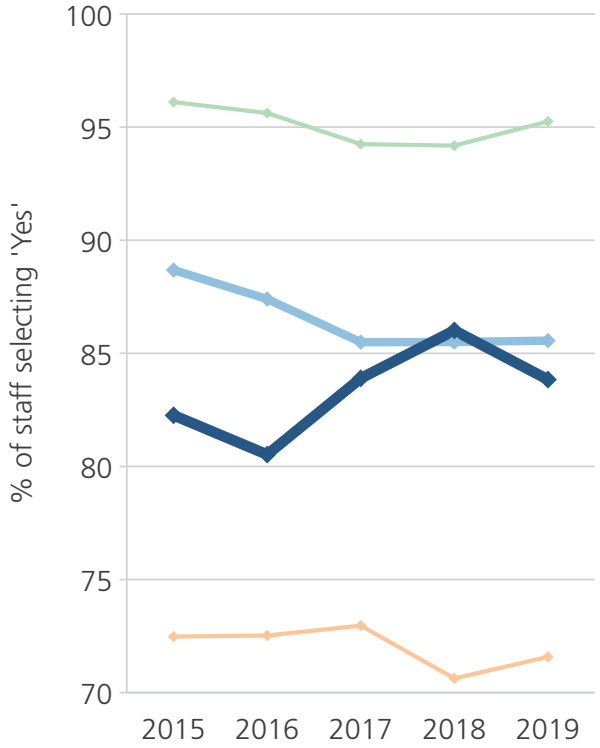
NHS England

Theme results – Detailed information

Alder Hey Children's NHS Foundation Trust

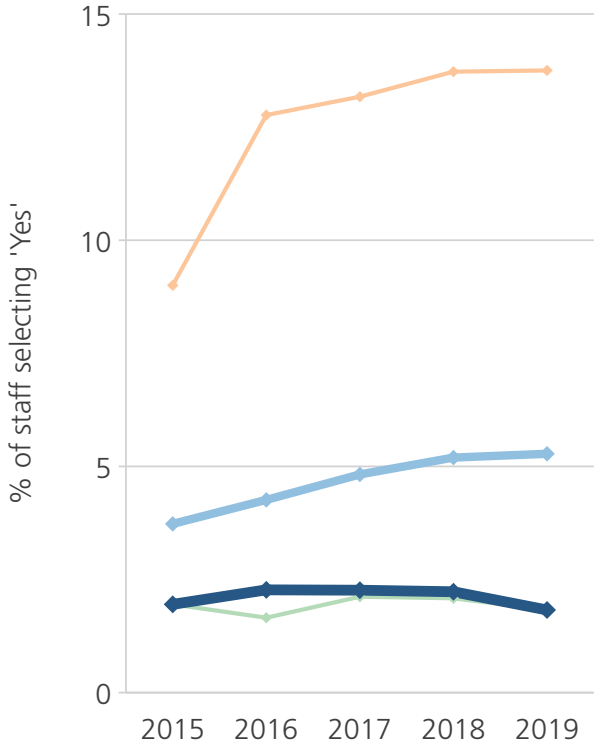
2019 NHS Staff Survey Results

Q14
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



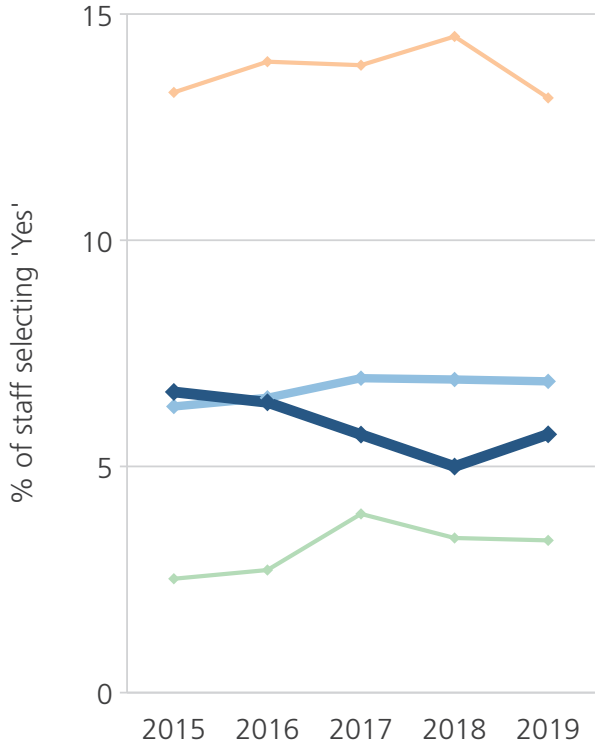
	2015	2016	2017	2018	2019
Best	96.1%	95.6%	94.2%	94.2%	95.3%
Your org	82.3%	80.5%	83.9%	86.0%	83.8%
Average	88.7%	87.4%	85.5%	85.5%	85.6%
Worst	72.5%	72.5%	73.0%	70.6%	71.6%

Q15a
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2015	2016	2017	2018	2019
Worst	9.0%	12.8%	13.2%	13.7%	13.8%
Your org	2.0%	2.3%	2.3%	2.2%	1.8%
Average	3.7%	4.3%	4.8%	5.2%	5.3%
Best	2.0%	1.7%	2.1%	2.1%	1.8%

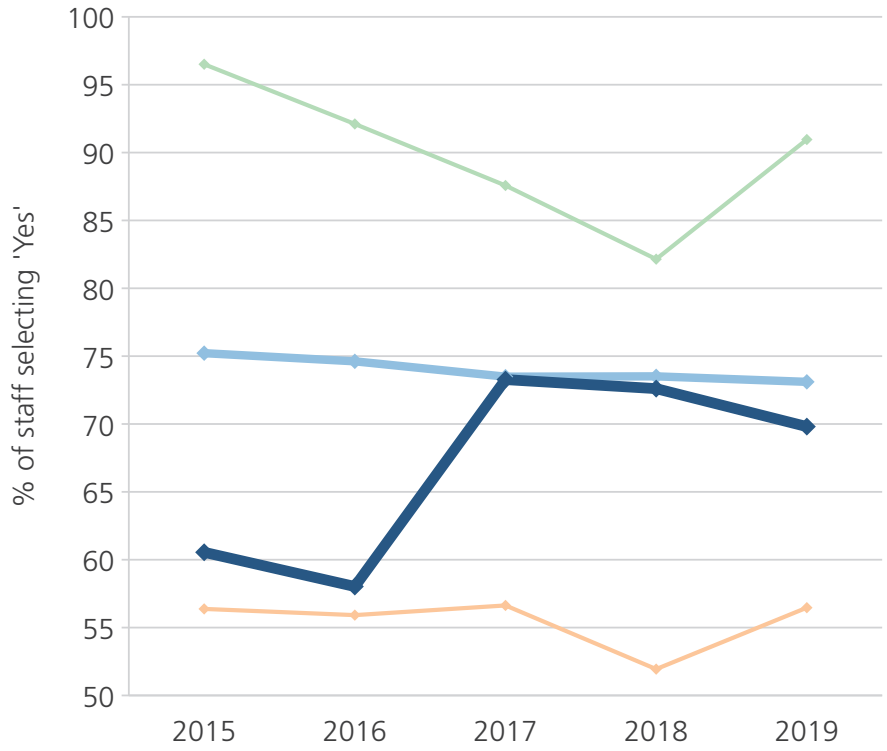
Q15b
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2015	2016	2017	2018	2019
Worst	13.3%	13.9%	13.9%	14.5%	13.1%
Your org	6.6%	6.4%	5.7%	5.0%	5.7%
Average	6.3%	6.5%	7.0%	6.9%	6.9%
Best	2.5%	2.7%	4.0%	3.4%	3.4%

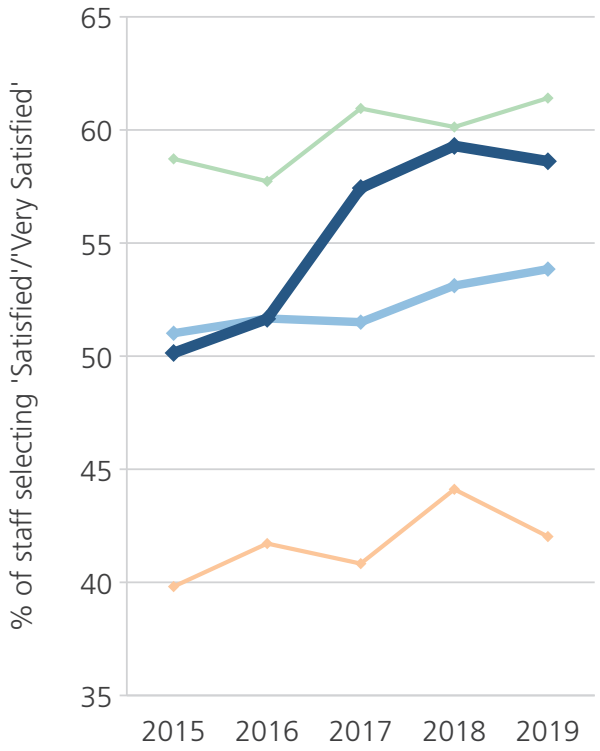
Q28b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



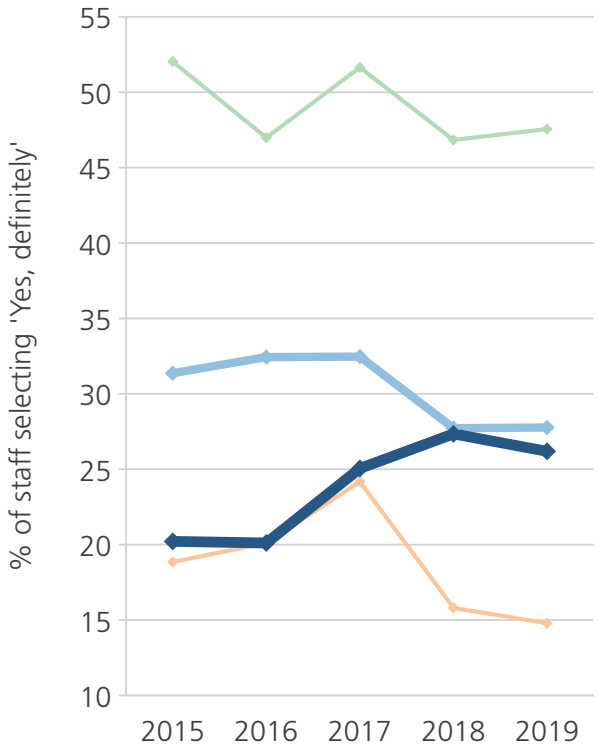
	2015	2016	2017	2018	2019
Best	96.5%	92.1%	87.6%	82.1%	91.0%
Your org	60.5%	58.0%	73.3%	72.6%	69.8%
Average	75.2%	74.6%	73.5%	73.5%	73.1%
Worst	56.4%	55.9%	56.6%	51.9%	56.5%

Q5h
The opportunities for flexible working patterns



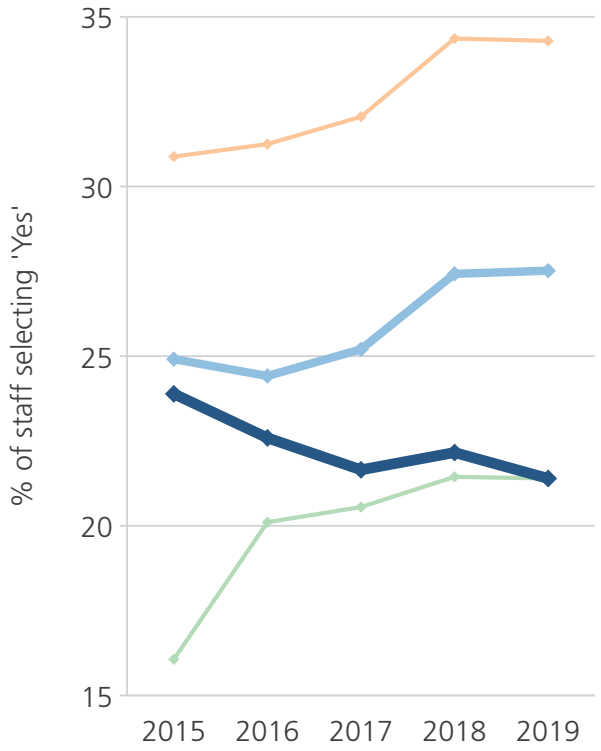
	2015	2016	2017	2018	2019
Best	58.7%	57.7%	60.9%	60.1%	61.4%
Your org	50.1%	51.7%	57.4%	59.3%	58.6%
Average	51.0%	51.7%	51.5%	53.1%	53.8%
Worst	39.8%	41.7%	40.8%	44.1%	42.0%

Q11a
Does your organisation take positive action on health and well-being?



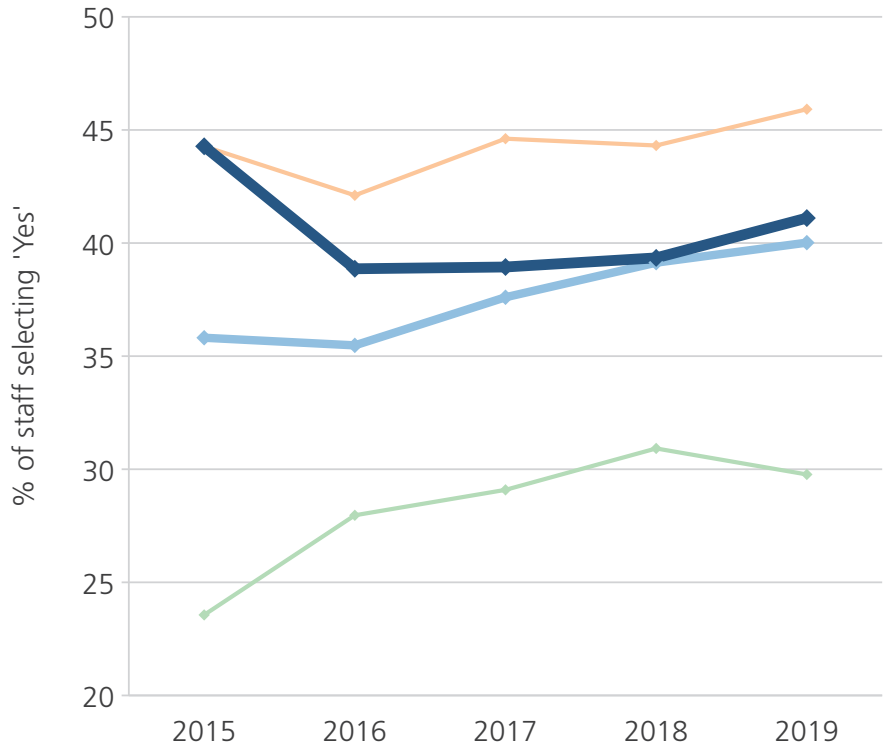
	2015	2016	2017	2018	2019
Best	52.0%	47.0%	51.6%	46.8%	47.6%
Your org	20.2%	20.1%	25.1%	27.3%	26.2%
Average	31.4%	32.4%	32.5%	27.7%	27.8%
Worst	18.8%	20.1%	24.2%	15.8%	14.8%

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



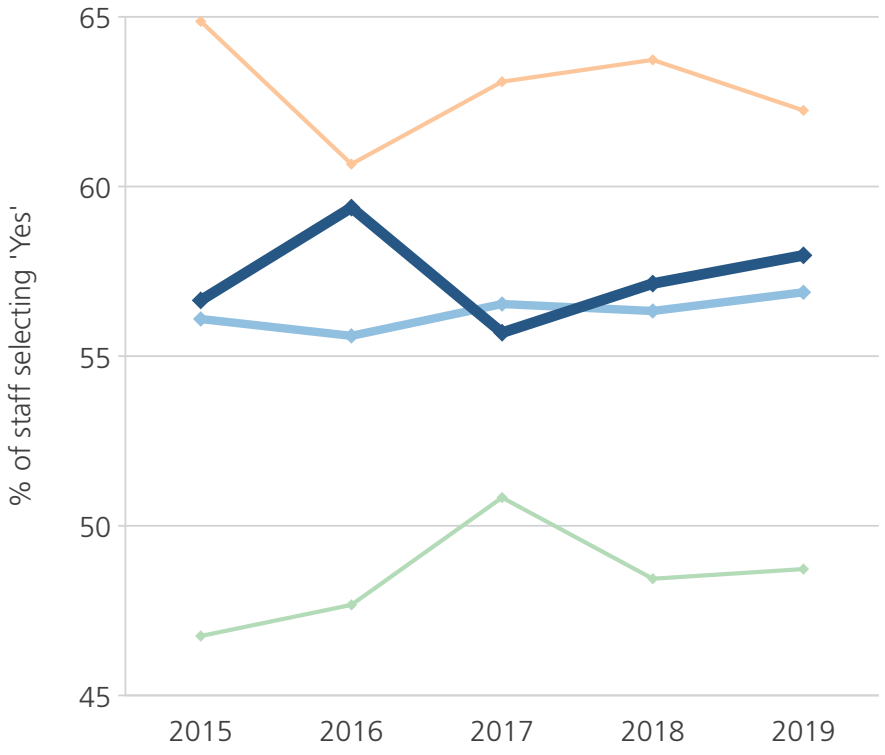
	2015	2016	2017	2018	2019
Worst	30.9%	31.2%	32.1%	34.4%	34.3%
Your org	23.9%	22.6%	21.6%	22.2%	21.4%
Average	24.9%	24.4%	25.2%	27.4%	27.5%
Best	16.1%	20.1%	20.6%	21.4%	21.4%

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



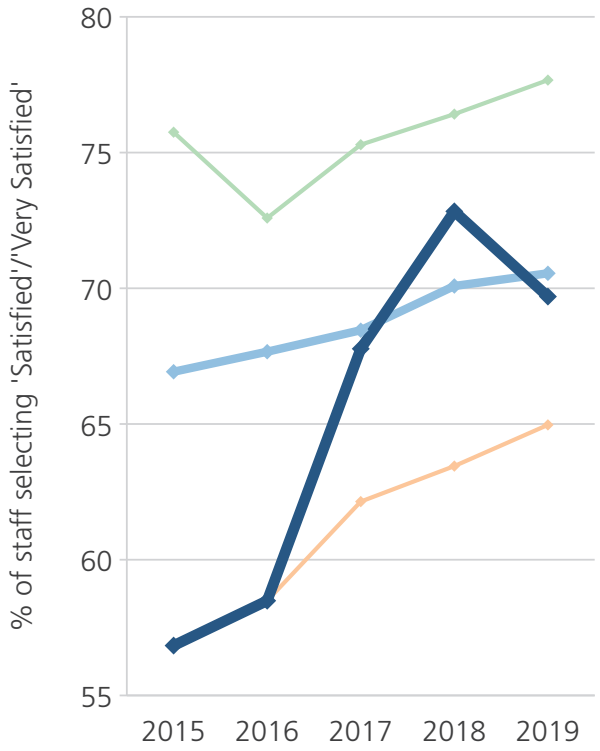
	2015	2016	2017	2018	2019
Worst	44.3%	42.1%	44.6%	44.3%	45.9%
Your org	44.3%	38.9%	38.9%	39.3%	41.1%
Average	35.8%	35.5%	37.6%	39.1%	40.0%
Best	23.6%	28.0%	29.1%	30.9%	29.8%

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



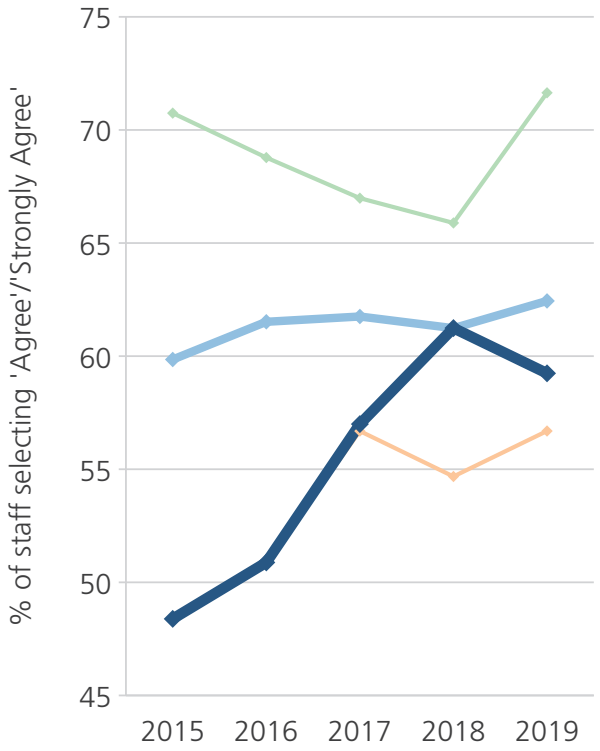
	2015	2016	2017	2018	2019
Worst	64.9%	60.7%	63.1%	63.7%	62.2%
Your org	56.6%	59.4%	55.7%	57.1%	58.0%
Average	56.1%	55.6%	56.5%	56.3%	56.9%
Best	46.8%	47.7%	50.8%	48.4%	48.7%

Q5b
The support I get from my immediate manager



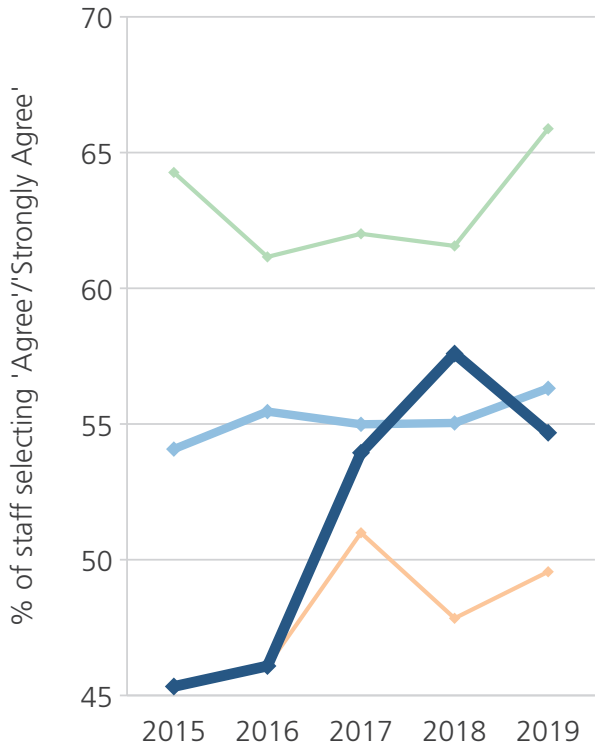
	2015	2016	2017	2018	2019
Best	75.8%	72.6%	75.3%	76.4%	77.7%
Your org	56.8%	58.5%	67.8%	72.8%	69.7%
Average	66.9%	67.7%	68.5%	70.1%	70.6%
Worst	56.8%	58.5%	62.1%	63.4%	65.0%

Q8c
My immediate manager gives me clear feedback on my work



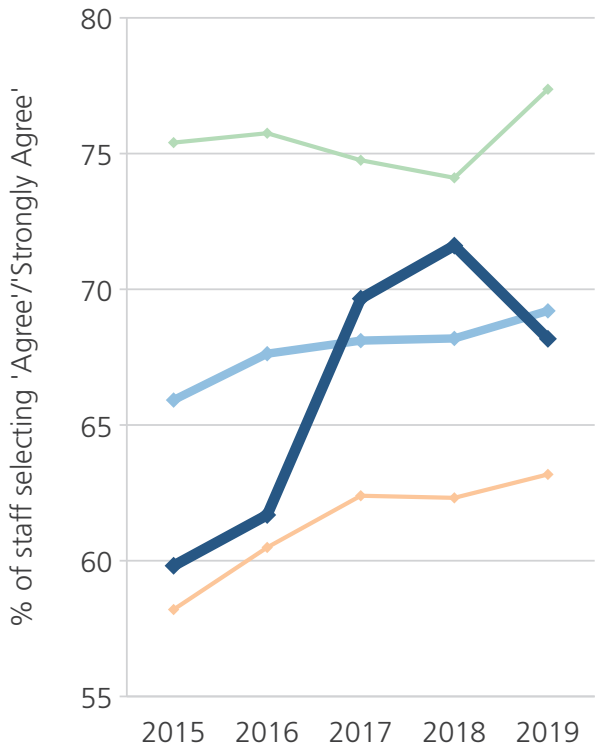
	2015	2016	2017	2018	2019
Best	70.7%	68.8%	67.0%	65.9%	71.6%
Your org	48.4%	50.9%	57.0%	61.2%	59.2%
Average	59.9%	61.5%	61.8%	61.2%	62.4%
Worst	48.4%	50.9%	56.7%	54.7%	56.7%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



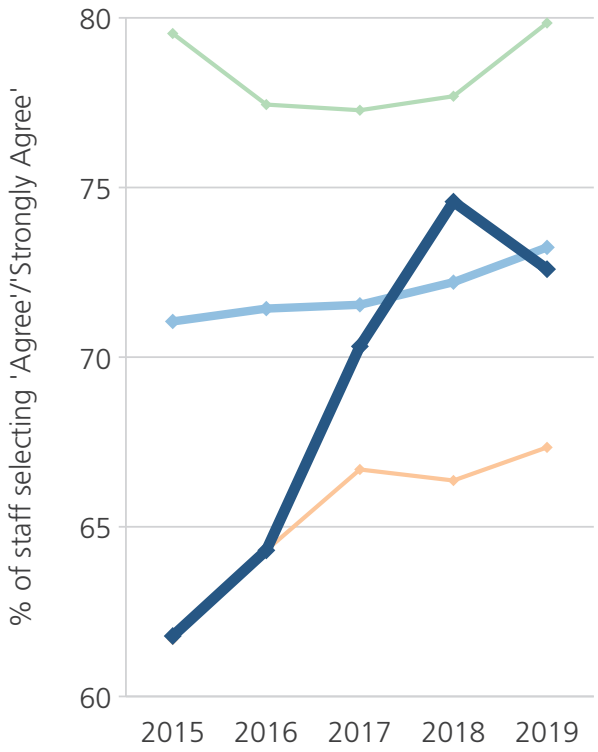
	2015	2016	2017	2018	2019
Best	64.3%	61.2%	62.0%	61.6%	65.9%
Your org	45.3%	46.1%	53.9%	57.6%	54.7%
Average	54.1%	55.5%	55.0%	55.0%	56.3%
Worst	45.3%	46.1%	51.0%	47.8%	49.6%

Q8f
My immediate manager takes a positive interest in my health and well-being



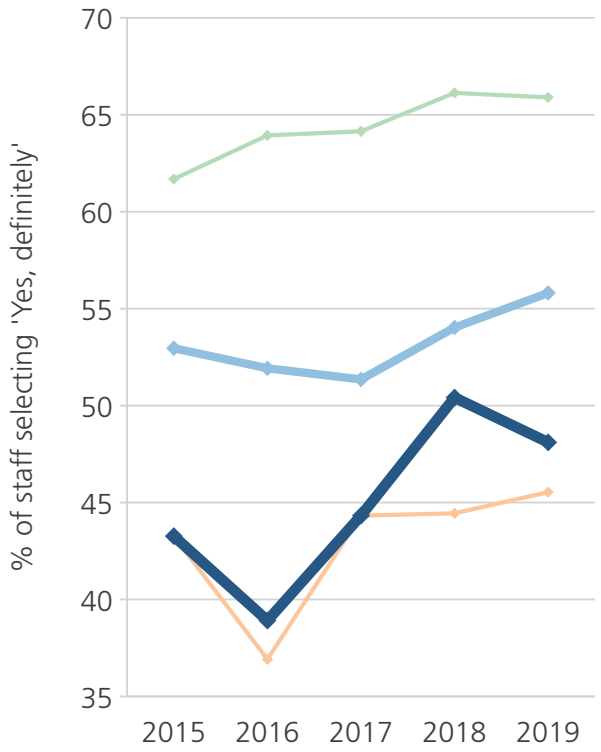
	2015	2016	2017	2018	2019
Best	75.4%	75.7%	74.8%	74.1%	77.4%
Your org	59.8%	61.7%	69.7%	71.6%	68.2%
Average	65.9%	67.6%	68.1%	68.2%	69.2%
Worst	58.2%	60.5%	62.4%	62.3%	63.2%

Q8g
My immediate manager values my work



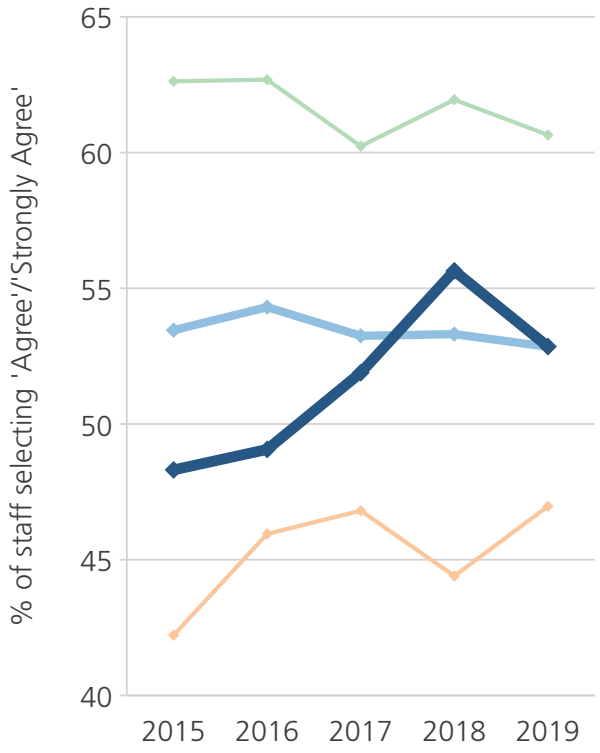
	2015	2016	2017	2018	2019
Best	79.5%	77.4%	77.3%	77.7%	79.8%
Your org	61.8%	64.3%	70.3%	74.6%	72.6%
Average	71.1%	71.4%	71.5%	72.2%	73.2%
Worst	61.7%	64.3%	66.7%	66.4%	67.3%

Q19g
My manager supported me to receive this training, learning or development



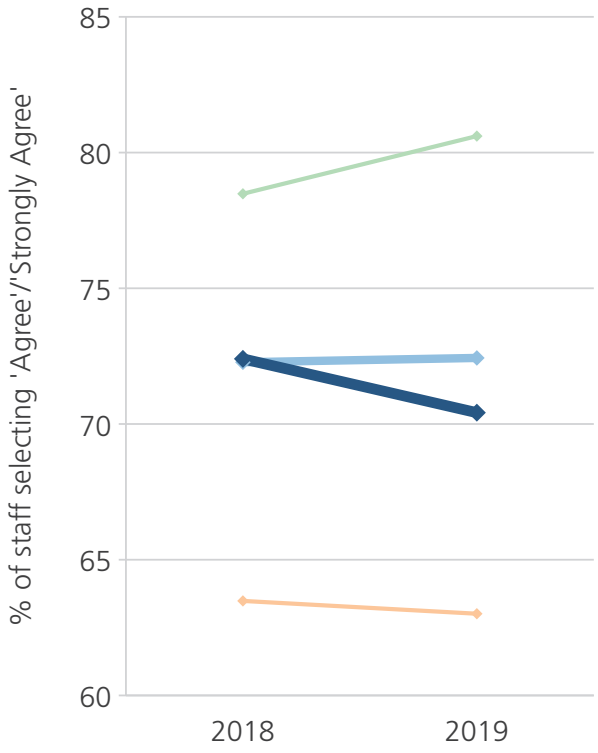
	2015	2016	2017	2018	2019
Best	61.7%	63.9%	64.1%	66.1%	65.9%
Your org	43.3%	38.9%	44.3%	50.4%	48.1%
Average	53.0%	51.9%	51.4%	54.0%	55.8%
Worst	43.3%	36.9%	44.3%	44.4%	45.5%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



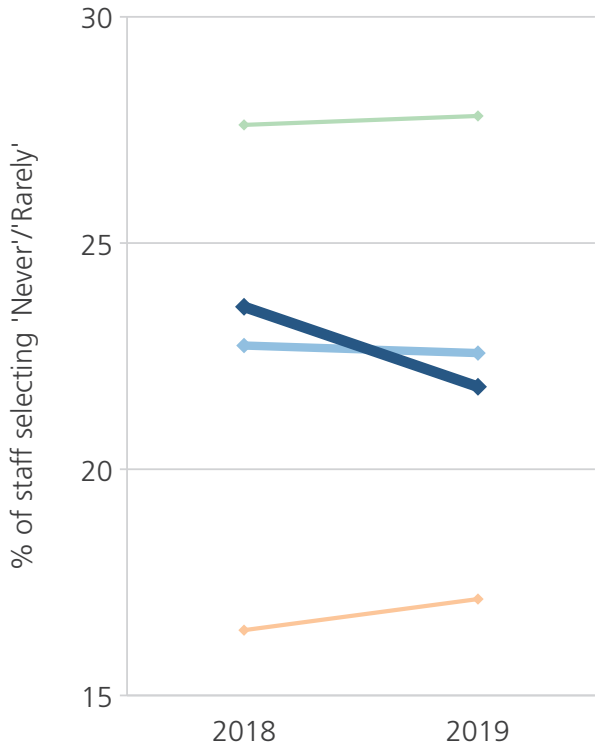
	2015	2016	2017	2018	2019
Best	62.6%	62.7%	60.2%	61.9%	60.6%
Your org	48.3%	49.1%	51.9%	55.6%	52.9%
Average	53.5%	54.3%	53.2%	53.3%	52.8%
Worst	42.2%	46.0%	46.8%	44.4%	47.0%

Q4j
I receive the respect I deserve from my colleagues at work



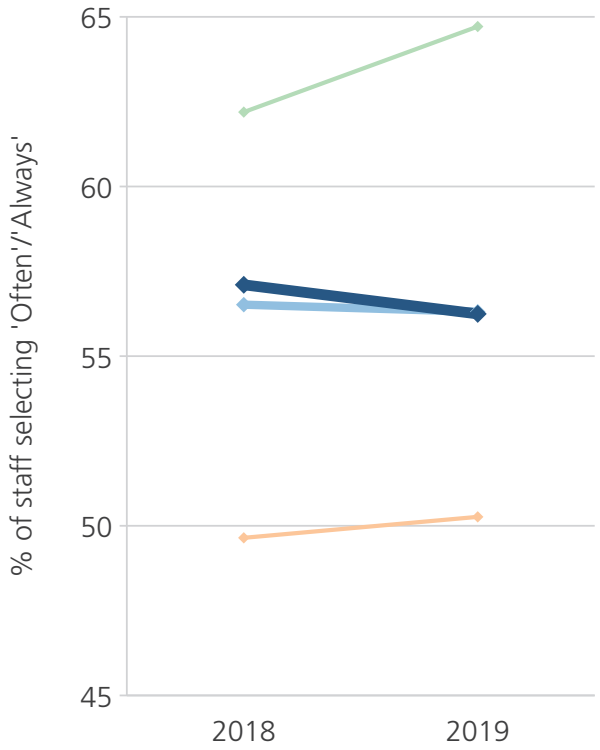
	2018	2019
Best	78.5%	80.6%
Your org	72.4%	70.4%
Average	72.3%	72.4%
Worst	63.5%	63.0%

Q6a
I have unrealistic time pressures



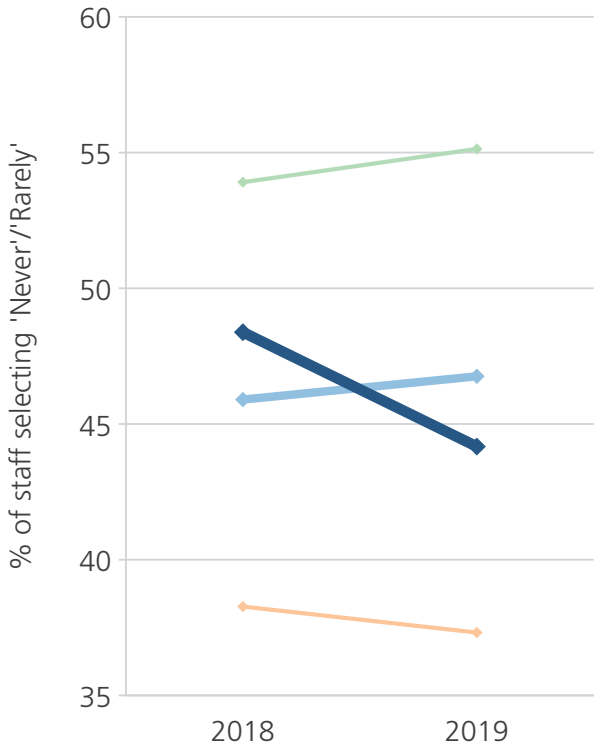
	2018	2019
Best	27.6%	27.8%
Your org	23.6%	21.8%
Average	22.7%	22.6%
Worst	16.4%	17.1%

Q6b
I have a choice in deciding how to do my work



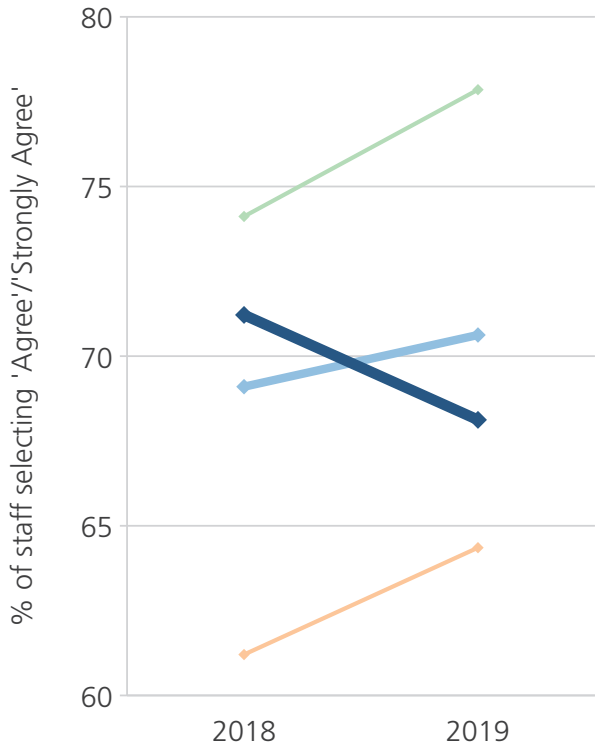
	2018	2019
Best	62.2%	64.7%
Your org	57.1%	56.2%
Average	56.5%	56.3%
Worst	49.6%	50.3%

Q6c
Relationships at work are strained



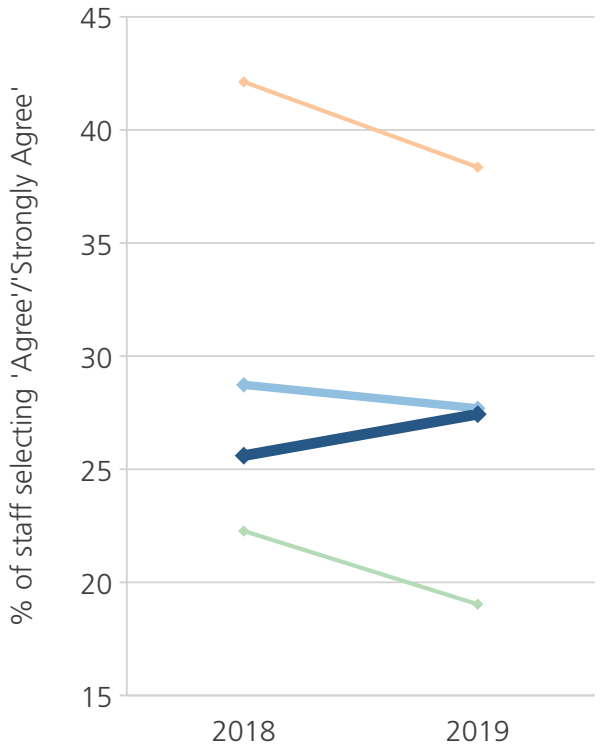
	2018	2019
Best	53.9%	55.1%
Your org	48.4%	44.2%
Average	45.9%	46.8%
Worst	38.3%	37.3%

Q8a
My immediate manager encourages me at work



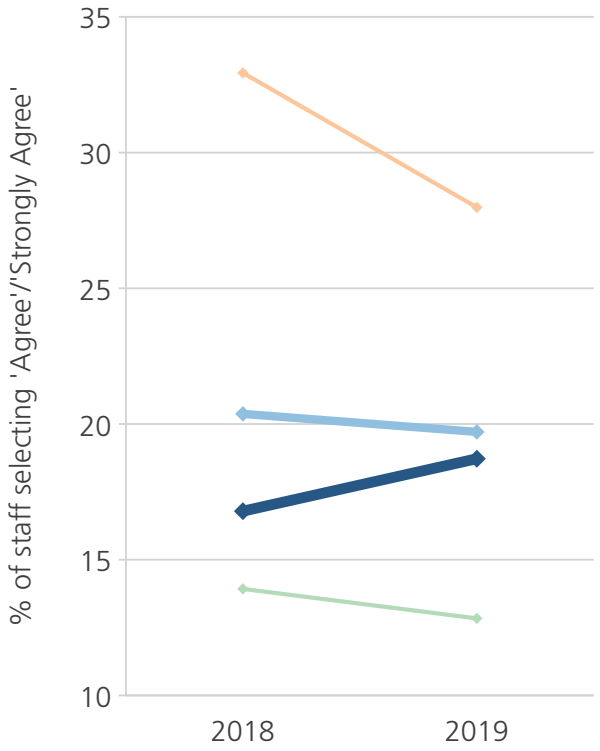
	2018	2019
Best	74.1%	77.9%
Your org	71.2%	68.1%
Average	69.1%	70.6%
Worst	61.2%	64.4%

Q23a
I often think about leaving this organisation



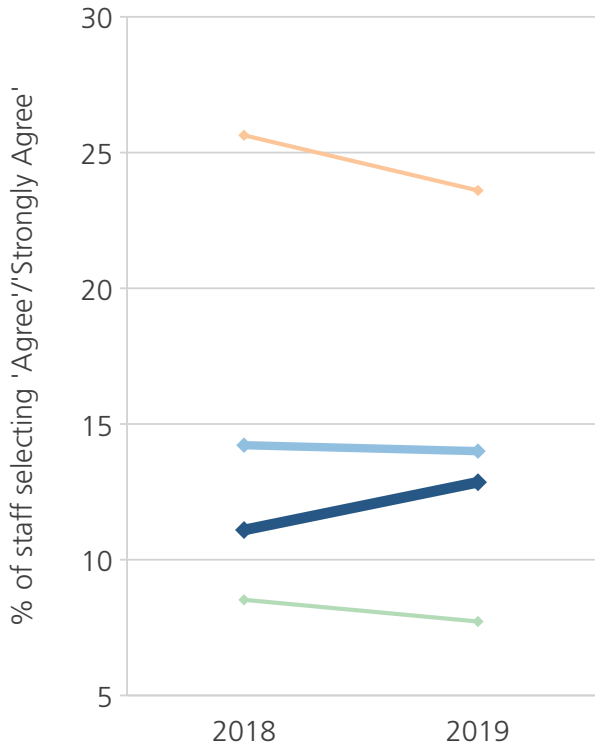
	2018	2019
Worst	42.1%	38.4%
Your org	25.6%	27.4%
Average	28.7%	27.7%
Best	22.3%	19.0%

Q23b
I will probably look for a job at a new organisation in the next 12 months



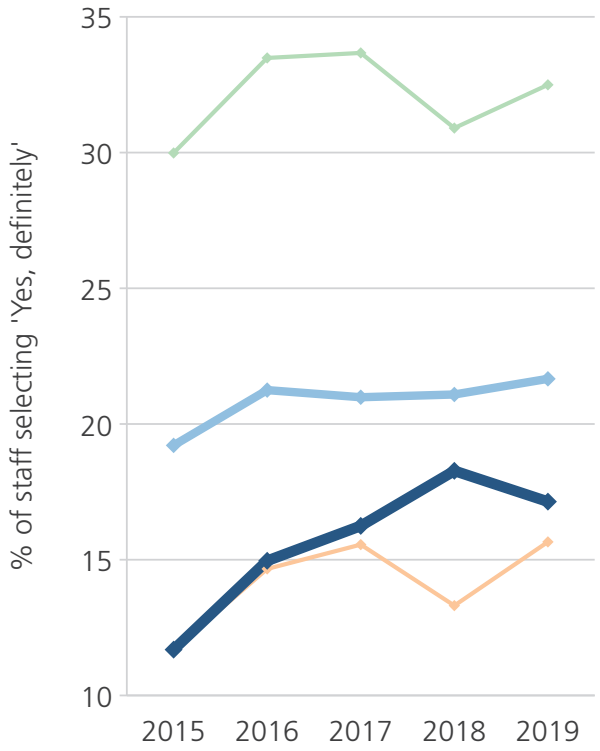
	2018	2019
Worst	32.9%	28.0%
Your org	16.8%	18.7%
Average	20.4%	19.7%
Best	13.9%	12.8%

Q23c
As soon as I can find another job, I will leave this organisation



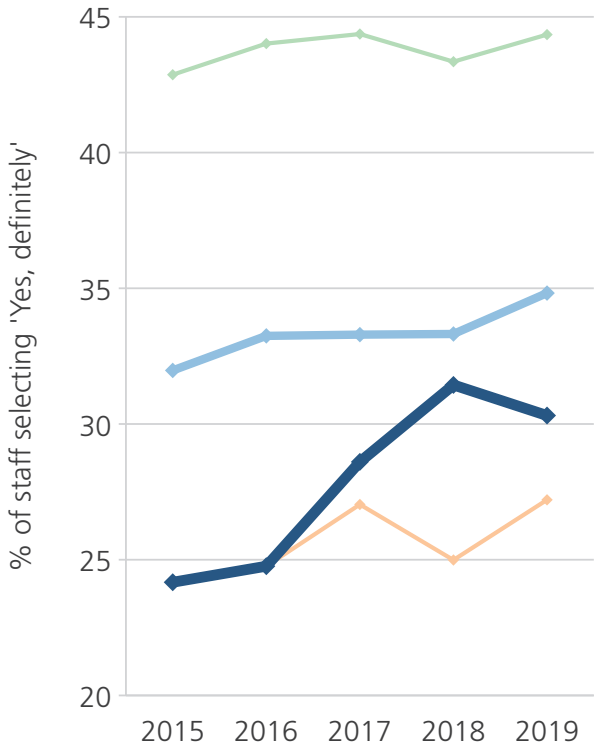
	2018	2019
Worst	25.6%	23.6%
Your org	11.1%	12.9%
Average	14.2%	14.0%
Best	8.5%	7.7%

Q19b
It helped me to improve how I do my job



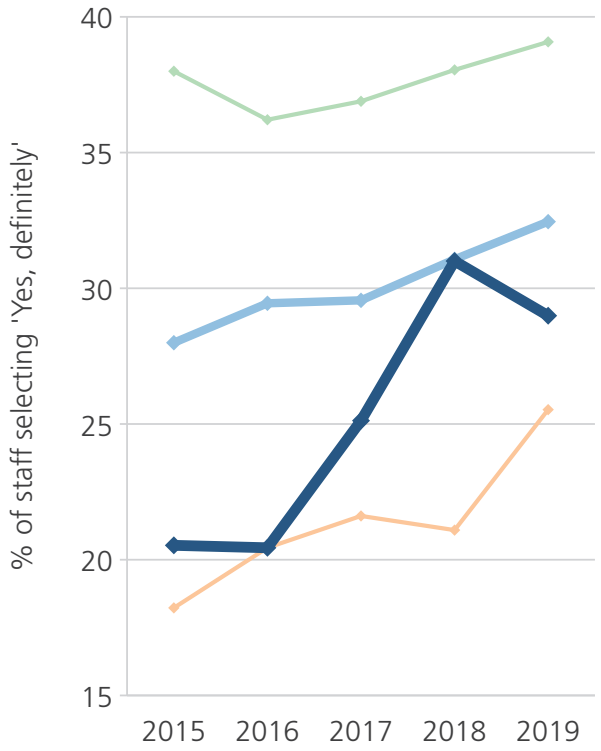
	2015	2016	2017	2018	2019
Best	30.0%	33.5%	33.7%	30.9%	32.5%
Your org	11.7%	15.0%	16.2%	18.3%	17.1%
Average	19.2%	21.2%	21.0%	21.1%	21.7%
Worst	11.7%	14.7%	15.6%	13.3%	15.7%

Q19c
It helped me agree clear objectives for my work



	2015	2016	2017	2018	2019
Best	42.9%	44.0%	44.4%	43.3%	44.3%
Your org	24.2%	24.8%	28.6%	31.4%	30.3%
Average	32.0%	33.2%	33.3%	33.3%	34.8%
Worst	24.2%	24.8%	27.0%	25.0%	27.2%

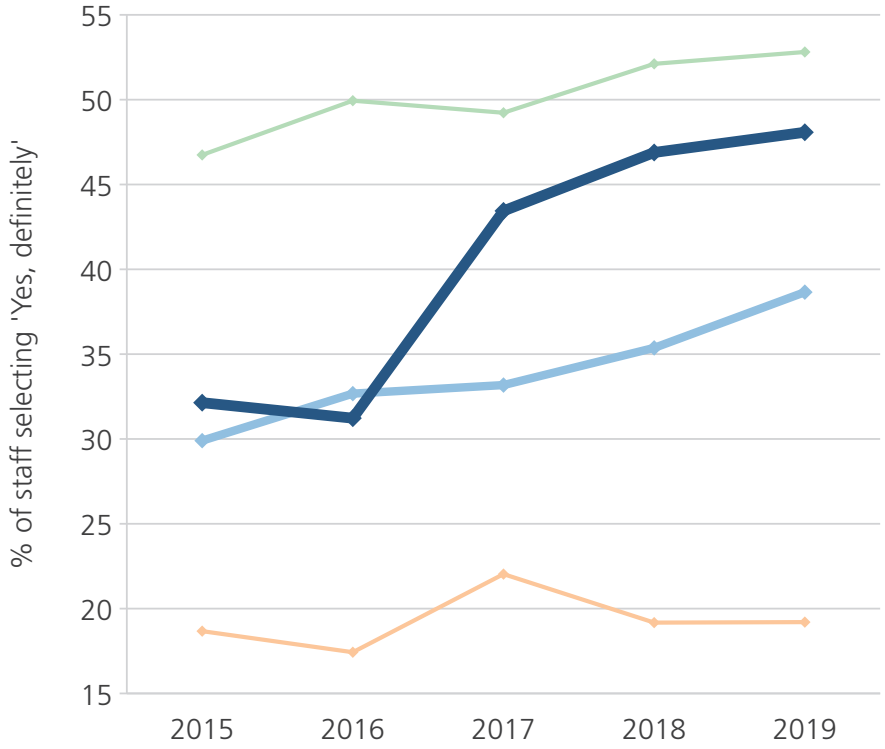
Q19d
It left me feeling that my work is valued by my organisation



	2015	2016	2017	2018	2019
Best	38.0%	36.2%	36.9%	38.0%	39.1%
Your org	20.5%	20.4%	25.1%	31.0%	29.0%
Average	28.0%	29.4%	29.6%	31.1%	32.5%
Worst	18.2%	20.4%	21.6%	21.1%	25.5%

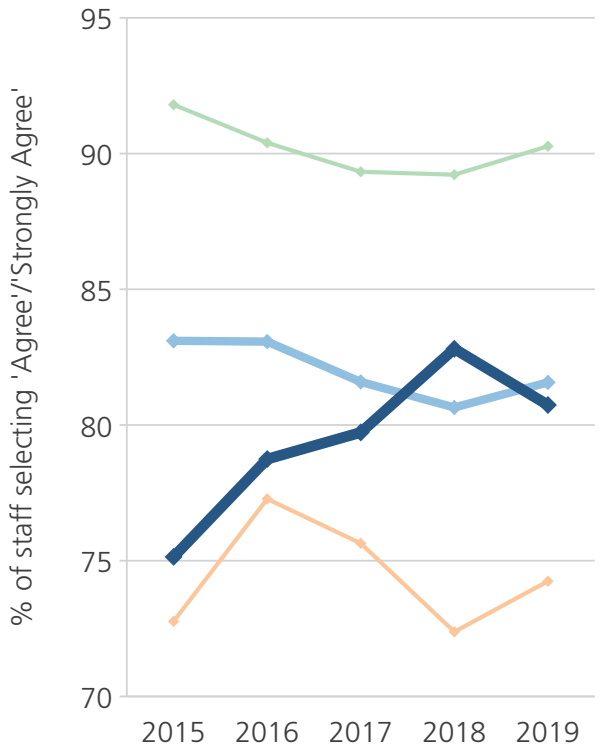
Q19e

The values of my organisation were discussed as part of the appraisal process



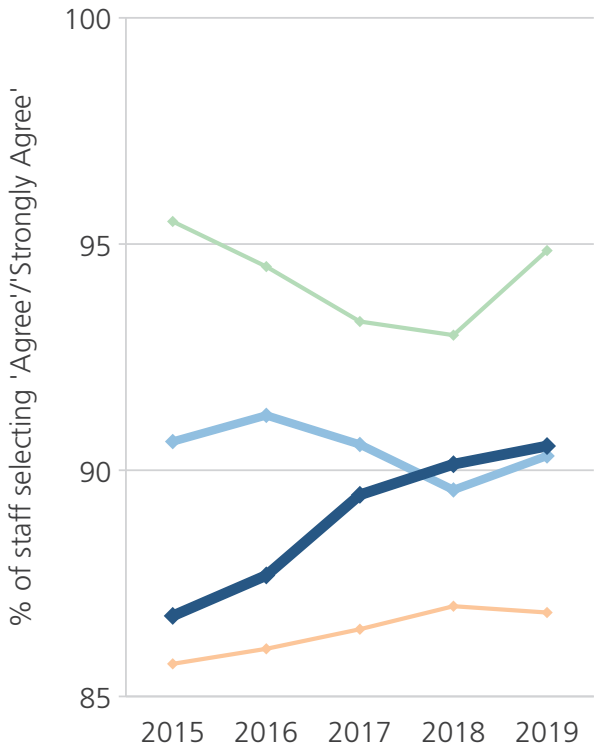
	2015	2016	2017	2018	2019
Best	46.7%	49.9%	49.2%	52.1%	52.8%
Your org	32.1%	31.2%	43.4%	46.9%	48.1%
Average	29.9%	32.7%	33.2%	35.4%	38.7%
Worst	18.7%	17.4%	22.0%	19.2%	19.2%

Q7a
I am satisfied with the quality of care I give to patients / service users



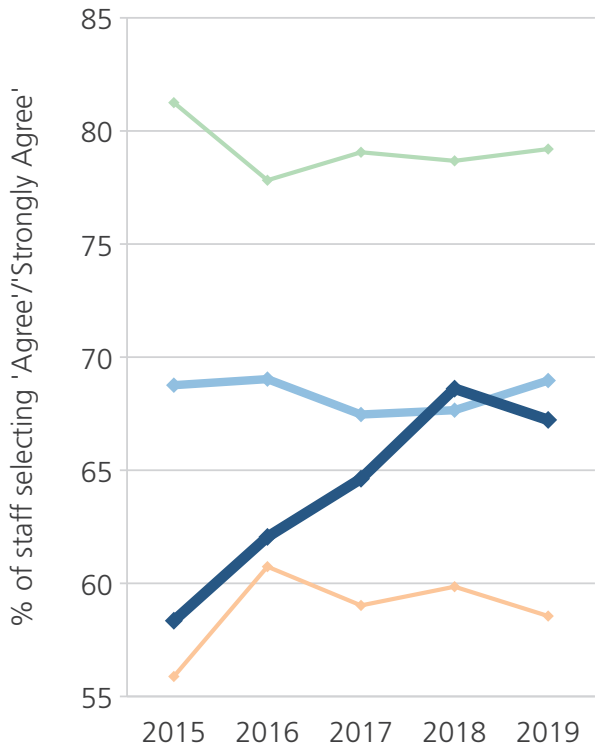
	2015	2016	2017	2018	2019
Best	91.8%	90.4%	89.3%	89.2%	90.3%
Your org	75.1%	78.7%	79.7%	82.8%	80.7%
Average	83.1%	83.1%	81.6%	80.6%	81.6%
Worst	72.8%	77.3%	75.6%	72.4%	74.2%

Q7b
I feel that my role makes a difference to patients / service users



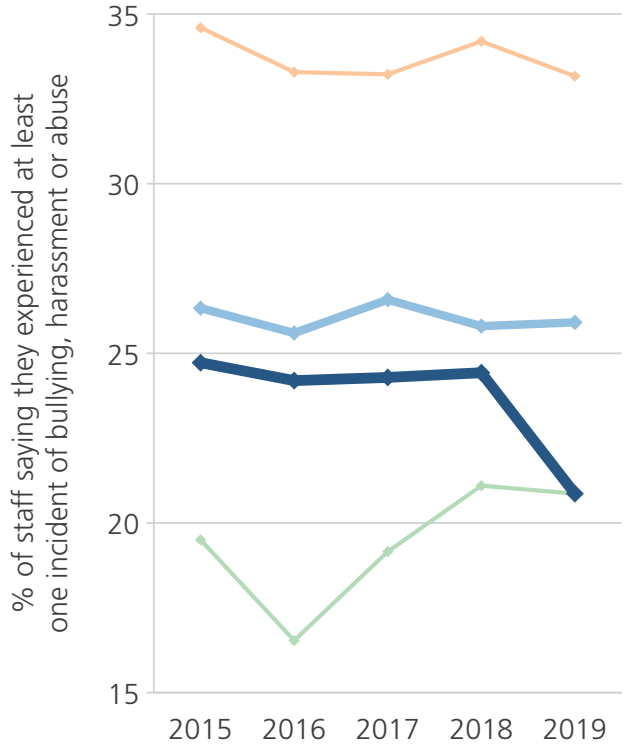
	2015	2016	2017	2018	2019
Best	95.5%	94.5%	93.3%	93.0%	94.9%
Your org	86.8%	87.7%	89.5%	90.1%	90.5%
Average	90.6%	91.2%	90.6%	89.6%	90.3%
Worst	85.7%	86.1%	86.5%	87.0%	86.9%

Q7c
I am able to deliver the care I aspire to



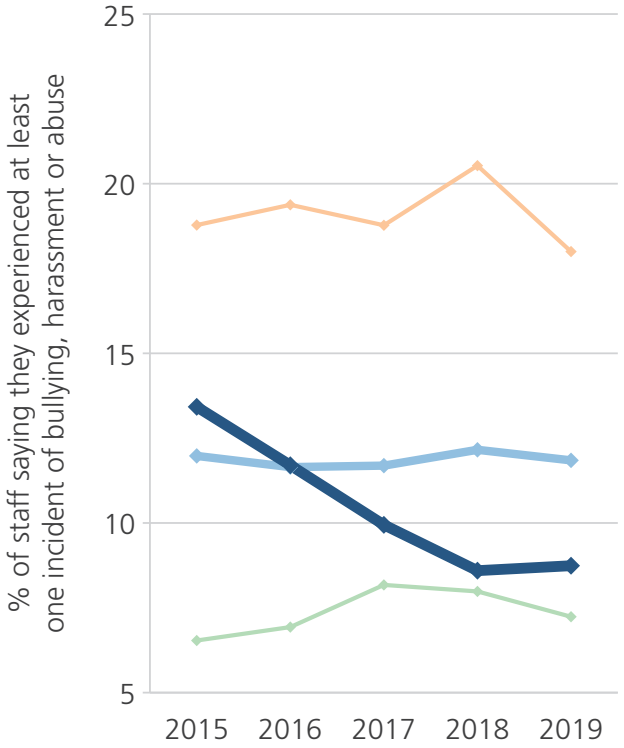
	2015	2016	2017	2018	2019
Best	81.3%	77.8%	79.1%	78.7%	79.2%
Your org	58.3%	62.1%	64.6%	68.6%	67.2%
Average	68.8%	69.0%	67.5%	67.7%	69.0%
Worst	55.9%	60.7%	59.0%	59.9%	58.6%

Q13a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



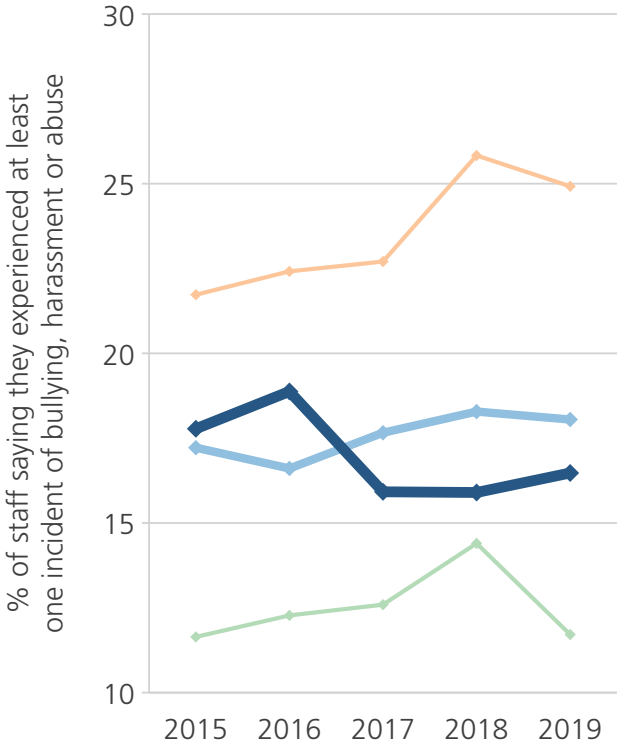
	2015	2016	2017	2018	2019
Worst	34.6%	33.3%	33.2%	34.2%	33.2%
Your org	24.7%	24.2%	24.3%	24.4%	20.9%
Average	26.3%	25.6%	26.6%	25.8%	25.9%
Best	19.5%	16.5%	19.2%	21.1%	20.9%

Q13b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



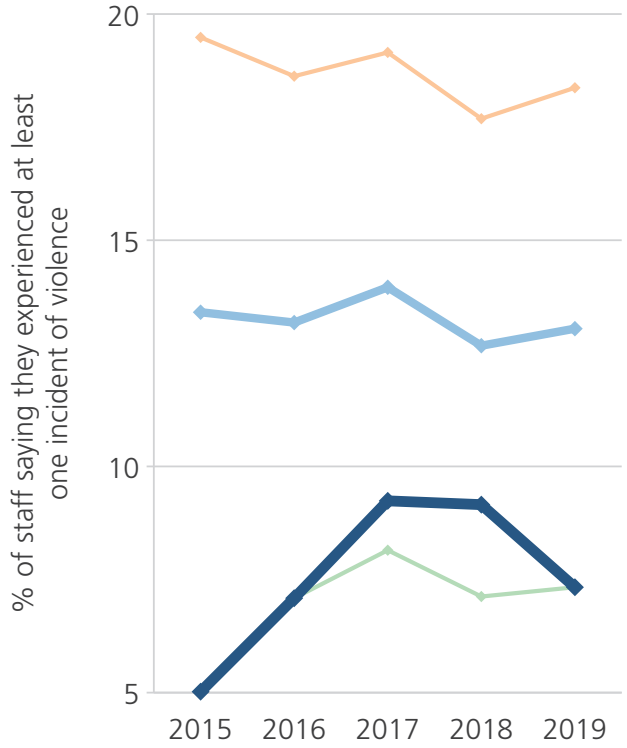
	2015	2016	2017	2018	2019
Worst	18.8%	19.4%	18.8%	20.5%	18.0%
Your org	13.4%	11.7%	9.9%	8.6%	8.7%
Average	12.0%	11.6%	11.7%	12.2%	11.8%
Best	6.5%	6.9%	8.2%	8.0%	7.2%

Q13c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



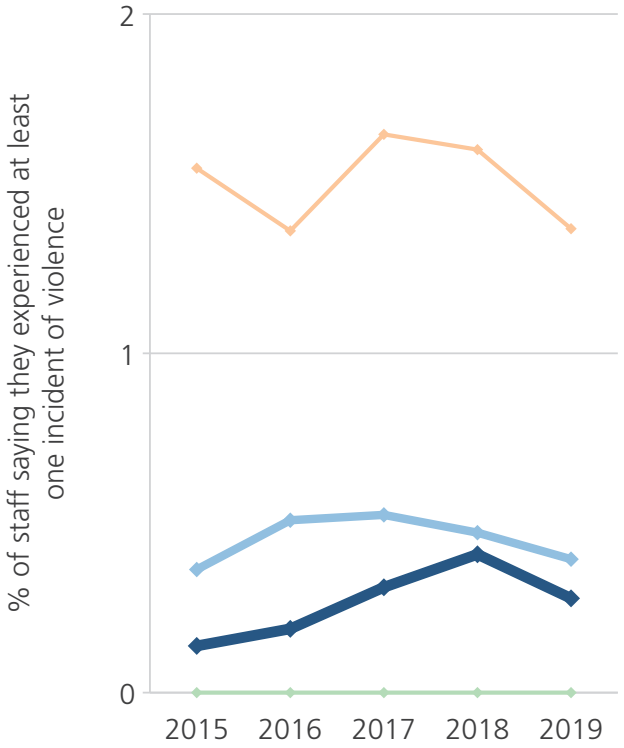
	2015	2016	2017	2018	2019
Worst	21.7%	22.4%	22.7%	25.8%	24.9%
Your org	17.8%	18.9%	15.9%	15.9%	16.5%
Average	17.2%	16.6%	17.7%	18.3%	18.0%
Best	11.6%	12.3%	12.6%	14.4%	11.7%

Q12a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



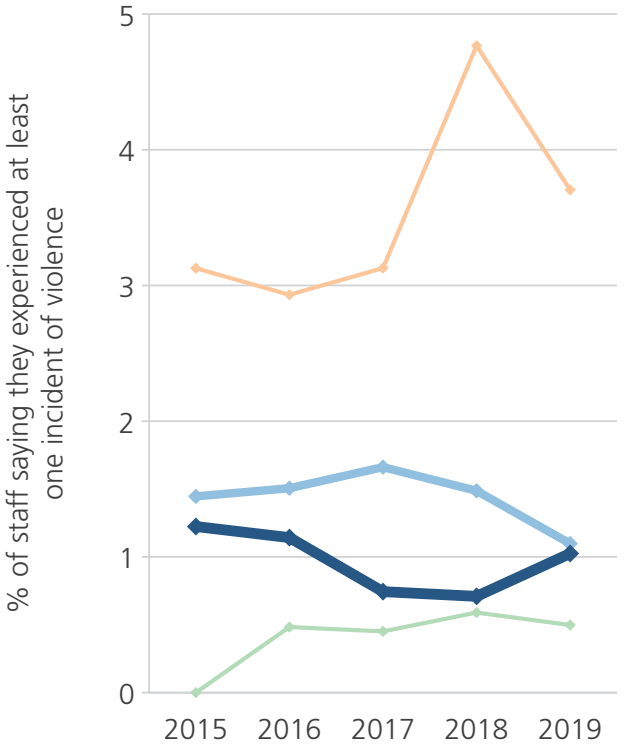
	2015	2016	2017	2018	2019
Worst	19.5%	18.6%	19.2%	17.7%	18.4%
Your org	5.0%	7.1%	9.2%	9.2%	7.3%
Average	13.4%	13.2%	14.0%	12.7%	13.0%
Best	5.0%	7.1%	8.1%	7.1%	7.3%

Q12b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



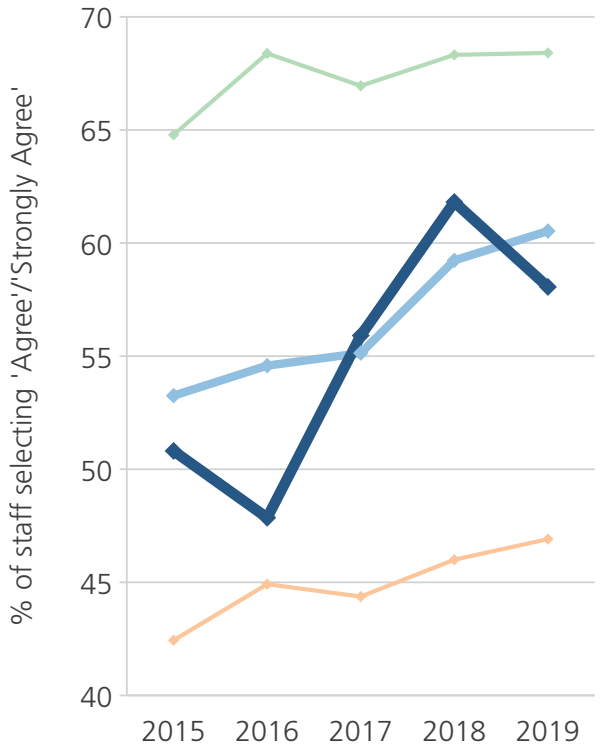
	2015	2016	2017	2018	2019
Worst	1.5%	1.4%	1.6%	1.6%	1.4%
Your org	0.1%	0.2%	0.3%	0.4%	0.3%
Average	0.4%	0.5%	0.5%	0.5%	0.4%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Q12c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



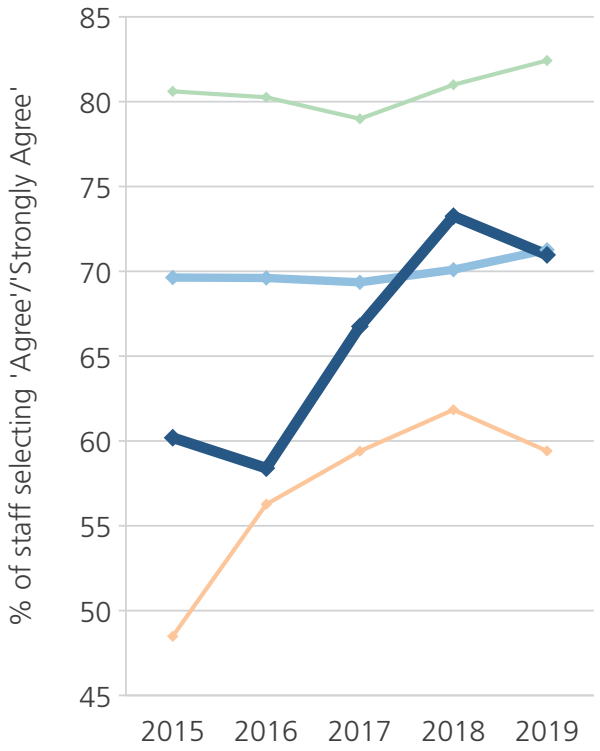
	2015	2016	2017	2018	2019
Worst	3.1%	2.9%	3.1%	4.8%	3.7%
Your org	1.2%	1.1%	0.7%	0.7%	1.0%
Average	1.4%	1.5%	1.7%	1.5%	1.1%
Best	0.0%	0.5%	0.5%	0.6%	0.5%

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



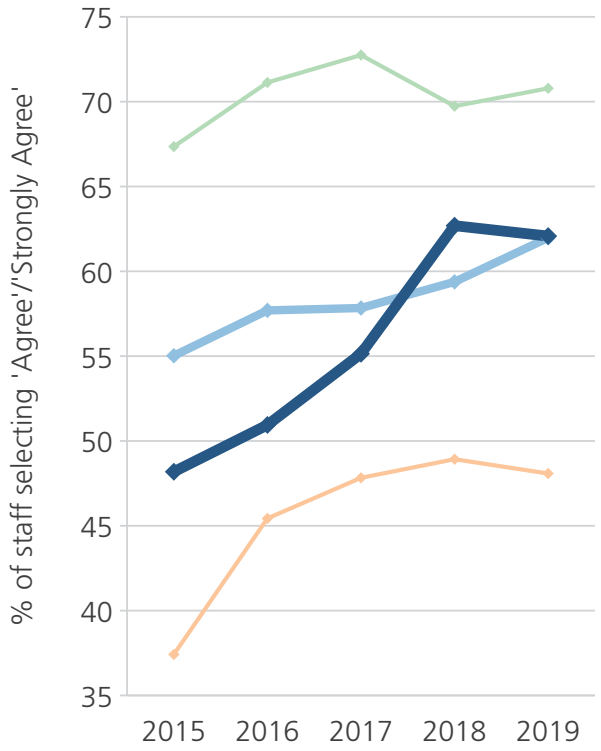
	2015	2016	2017	2018	2019
Best	64.8%	68.4%	67.0%	68.3%	68.4%
Your org	50.8%	47.9%	55.9%	61.8%	58.1%
Average	53.3%	54.6%	55.1%	59.2%	60.5%
Worst	42.4%	44.9%	44.4%	46.0%	46.9%

Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



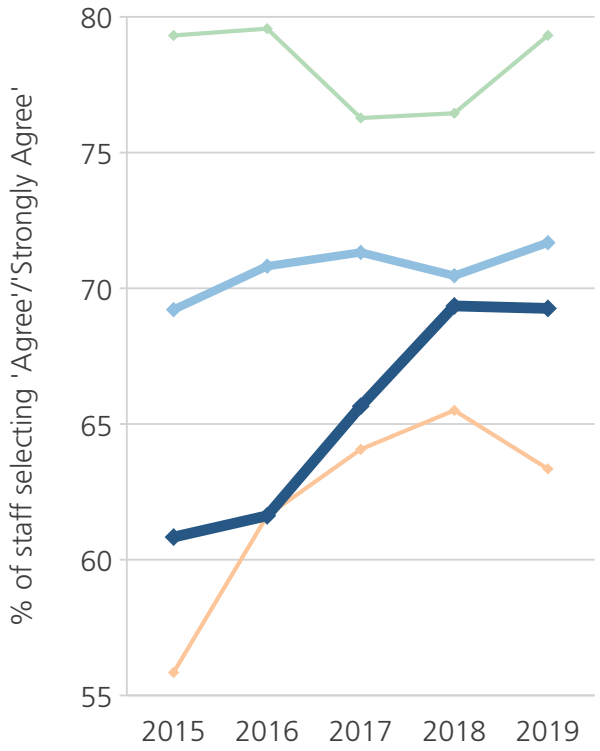
	2015	2016	2017	2018	2019
Best	80.6%	80.3%	79.0%	81.0%	82.4%
Your org	60.2%	58.4%	66.8%	73.2%	71.0%
Average	69.6%	69.6%	69.4%	70.1%	71.3%
Worst	48.5%	56.3%	59.4%	61.8%	59.4%

Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents



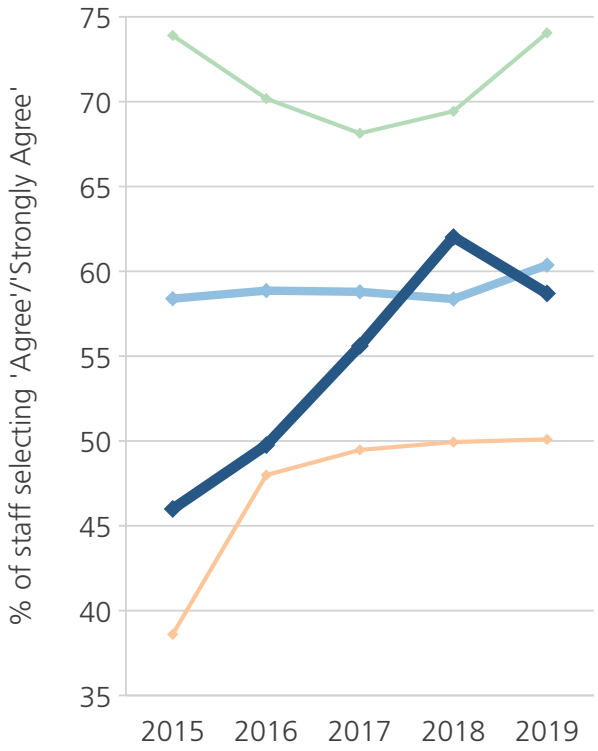
	2015	2016	2017	2018	2019
Best	67.4%	71.1%	72.7%	69.7%	70.8%
Your org	48.2%	50.9%	55.1%	62.7%	62.1%
Average	55.0%	57.7%	57.8%	59.4%	62.0%
Worst	37.4%	45.4%	47.8%	48.9%	48.1%

Q18b
I would feel secure raising concerns about unsafe clinical practice



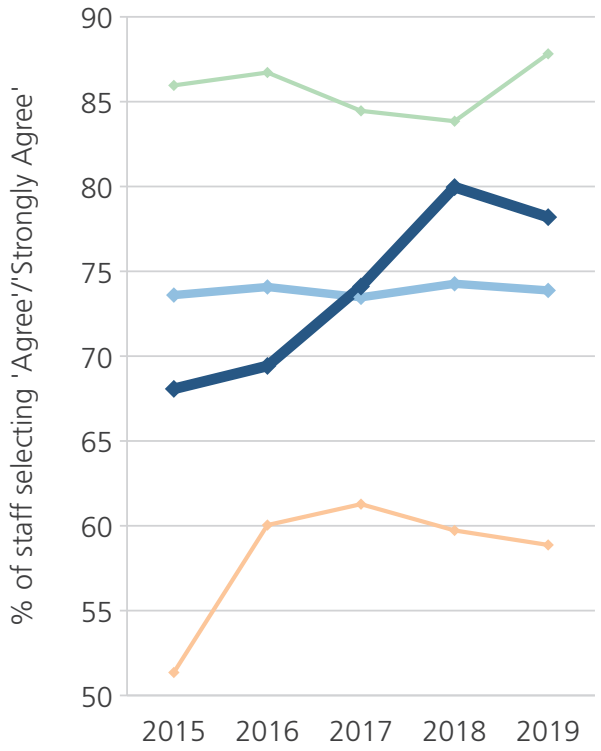
	2015	2016	2017	2018	2019
Best	79.3%	79.6%	76.3%	76.4%	79.3%
Your org	60.8%	61.6%	65.7%	69.3%	69.3%
Average	69.2%	70.8%	71.3%	70.5%	71.7%
Worst	55.8%	61.6%	64.1%	65.5%	63.3%

Q18c
I am confident that my organisation would address my concern



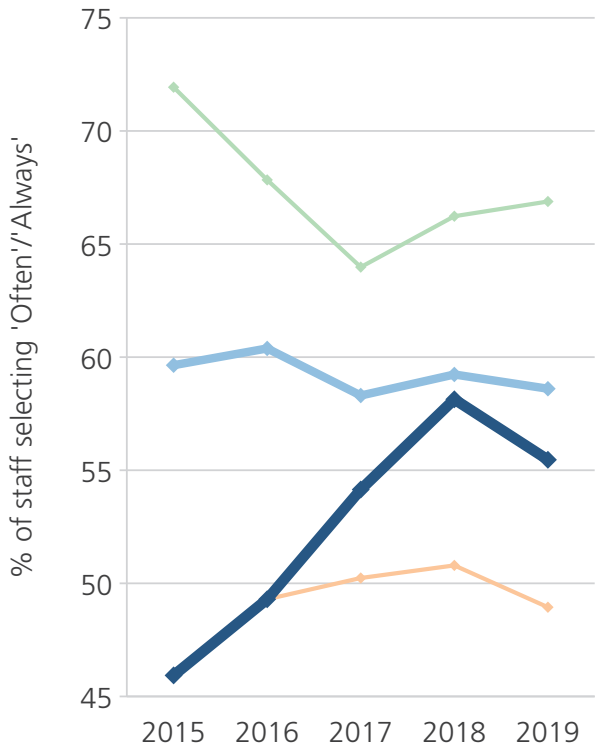
	2015	2016	2017	2018	2019
Best	73.9%	70.2%	68.1%	69.4%	74.1%
Your org	46.0%	49.8%	55.6%	62.0%	58.7%
Average	58.4%	58.9%	58.8%	58.4%	60.4%
Worst	38.6%	48.0%	49.5%	49.9%	50.1%

Q21b
My organisation acts on concerns raised by patients / service users



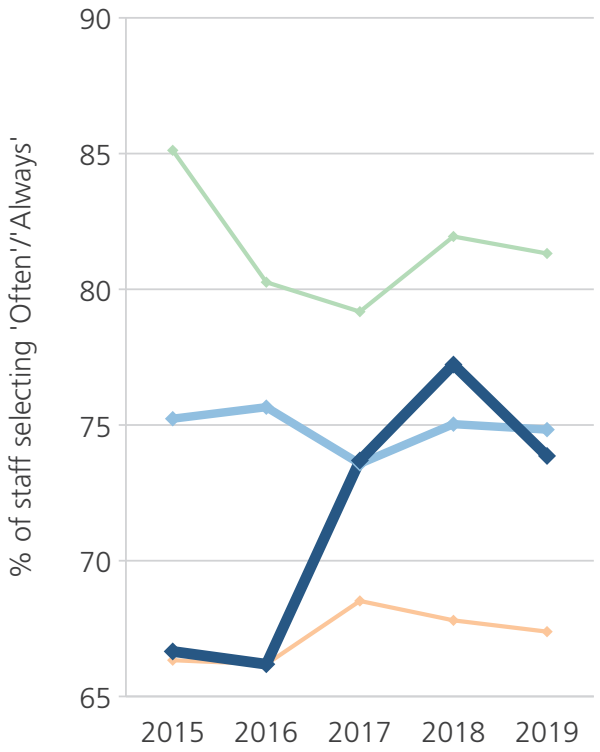
	2015	2016	2017	2018	2019
Best	86.0%	86.7%	84.5%	83.8%	87.8%
Your org	68.1%	69.4%	74.1%	80.0%	78.2%
Average	73.6%	74.1%	73.5%	74.3%	73.9%
Worst	51.4%	60.0%	61.3%	59.7%	58.9%

Q2a
I look forward to going to work



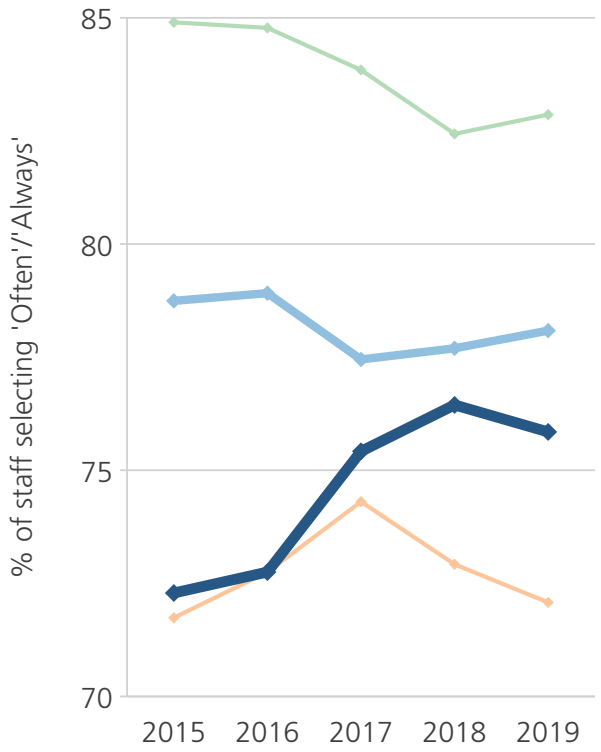
	2015	2016	2017	2018	2019
Best	71.9%	67.8%	64.0%	66.2%	66.9%
Your org	45.9%	49.3%	54.1%	58.1%	55.5%
Average	59.6%	60.4%	58.3%	59.2%	58.6%
Worst	45.9%	49.3%	50.2%	50.8%	48.9%

Q2b
I am enthusiastic about my job



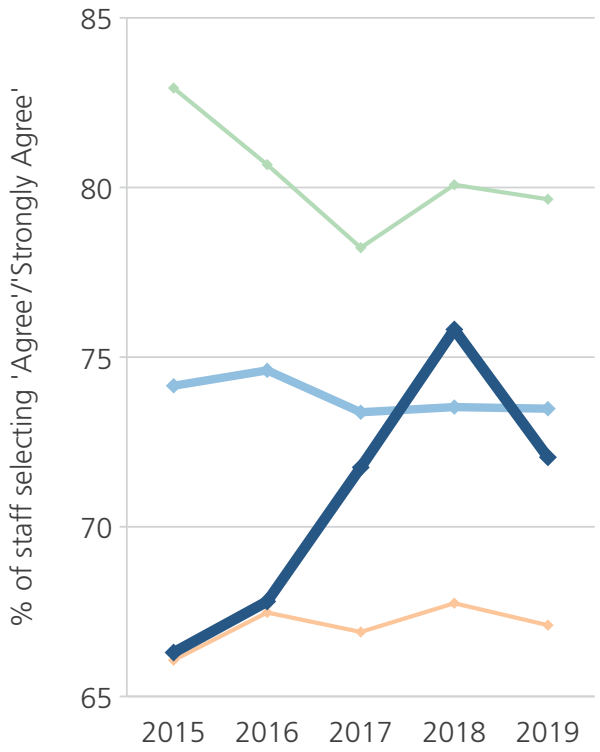
	2015	2016	2017	2018	2019
Best	85.1%	80.3%	79.2%	81.9%	81.3%
Your org	66.7%	66.2%	73.7%	77.2%	73.9%
Average	75.2%	75.7%	73.6%	75.0%	74.8%
Worst	66.3%	66.2%	68.5%	67.8%	67.4%

Q2c
Time passes quickly when I am working



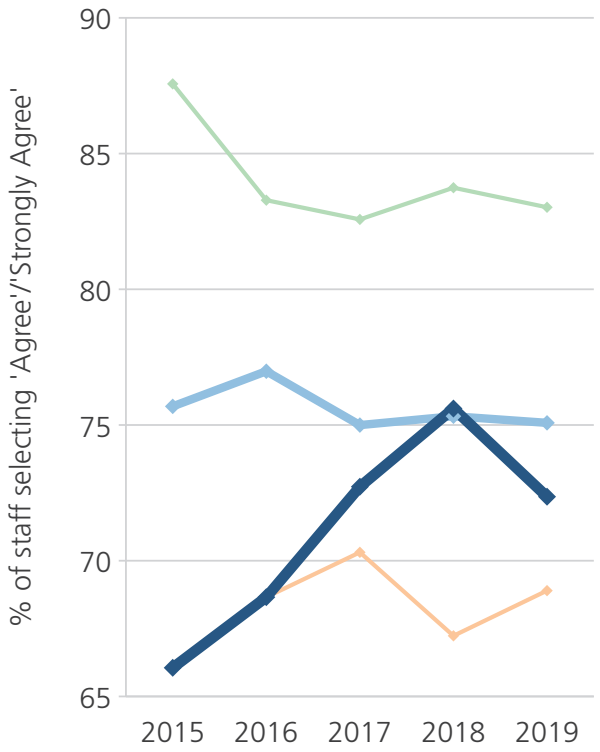
	2015	2016	2017	2018	2019
Best	84.9%	84.8%	83.8%	82.4%	82.9%
Your org	72.3%	72.7%	75.4%	76.4%	75.8%
Average	78.7%	78.9%	77.4%	77.7%	78.1%
Worst	71.7%	72.7%	74.3%	72.9%	72.1%

Q4a
There are frequent opportunities for me to show initiative in my role



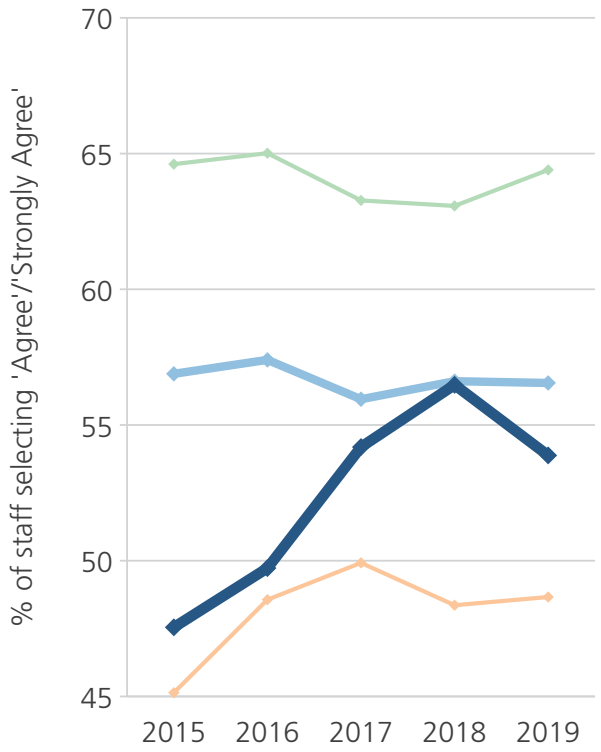
	2015	2016	2017	2018	2019
Best	82.9%	80.7%	78.2%	80.1%	79.7%
Your org	66.3%	67.8%	71.8%	75.8%	72.0%
Average	74.2%	74.6%	73.4%	73.5%	73.5%
Worst	66.1%	67.5%	66.9%	67.7%	67.1%

Q4b
I am able to make suggestions to improve the work of my team / department



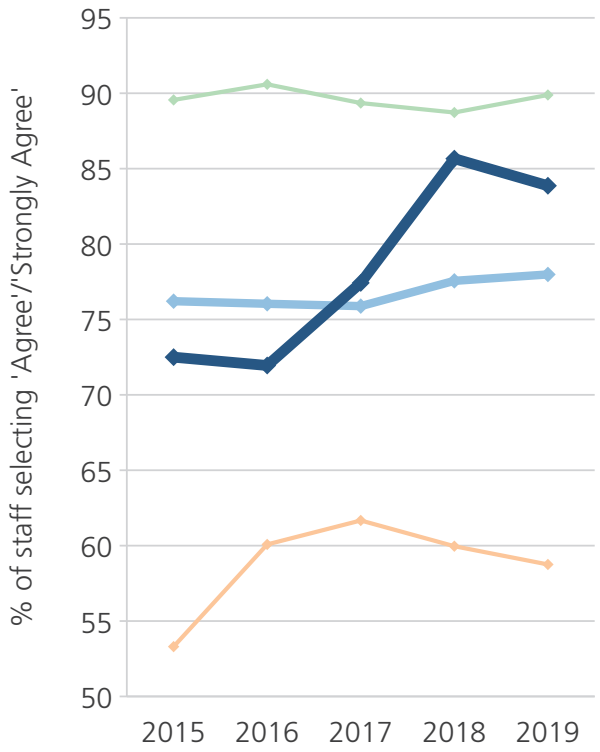
	2015	2016	2017	2018	2019
Best	87.6%	83.3%	82.6%	83.7%	83.0%
Your org	66.1%	68.7%	72.7%	75.6%	72.4%
Average	75.7%	77.0%	75.0%	75.3%	75.1%
Worst	66.1%	68.7%	70.3%	67.2%	68.9%

Q4d
I am able to make improvements happen in my area of work



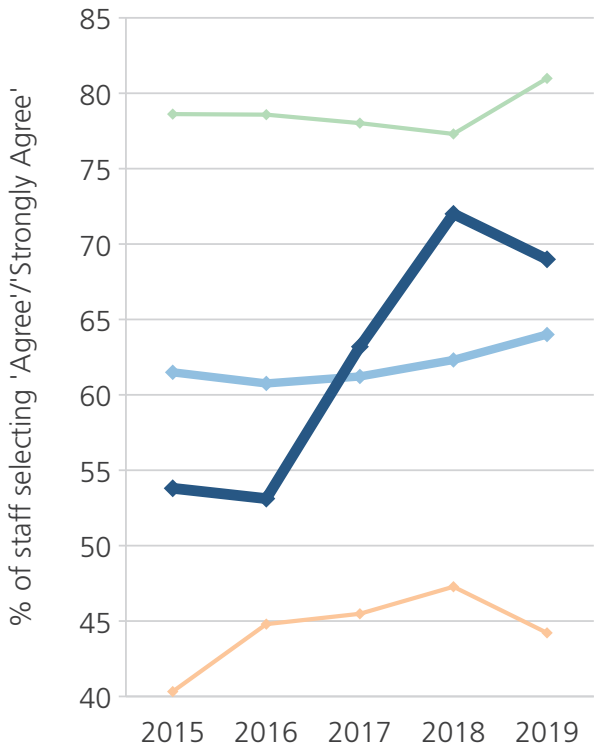
	2015	2016	2017	2018	2019
Best	64.6%	65.0%	63.3%	63.1%	64.4%
Your org	47.5%	49.7%	54.2%	56.5%	53.9%
Average	56.9%	57.4%	55.9%	56.6%	56.5%
Worst	45.1%	48.6%	49.9%	48.4%	48.7%

Q21a
Care of patients / service users is my organisation's top priority



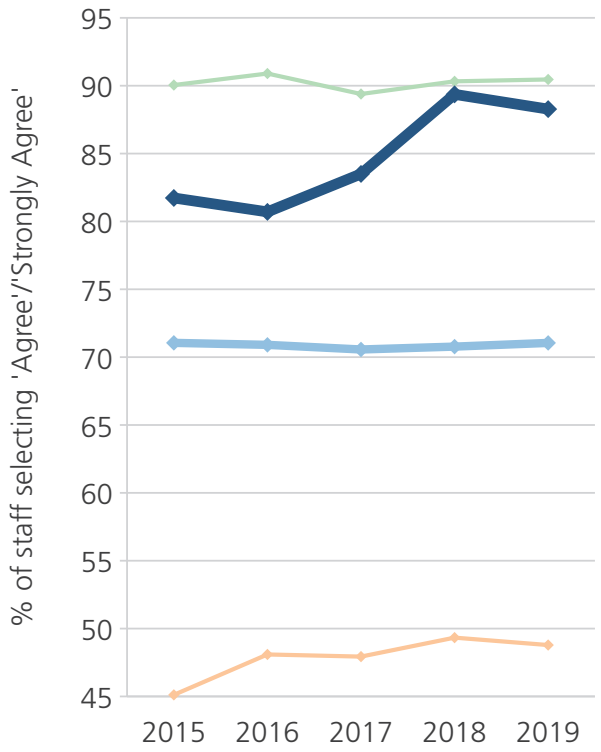
	2015	2016	2017	2018	2019
Best	89.6%	90.6%	89.3%	88.7%	89.9%
Your org	72.5%	71.9%	77.4%	85.7%	83.9%
Average	76.2%	76.0%	75.9%	77.6%	78.0%
Worst	53.3%	60.1%	61.7%	60.0%	58.8%

Q21c
I would recommend my organisation as a place to work



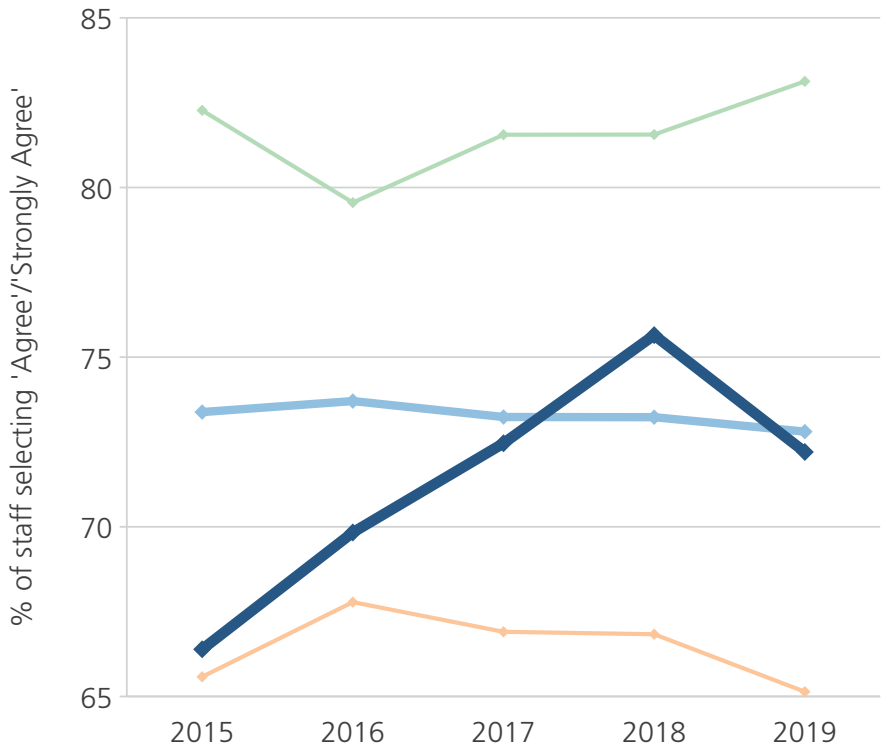
	2015	2016	2017	2018	2019
Best	78.6%	78.6%	78.0%	77.3%	81.0%
Your org	53.8%	53.1%	63.2%	72.0%	69.0%
Average	61.5%	60.8%	61.2%	62.3%	64.0%
Worst	40.3%	44.8%	45.5%	47.3%	44.2%

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



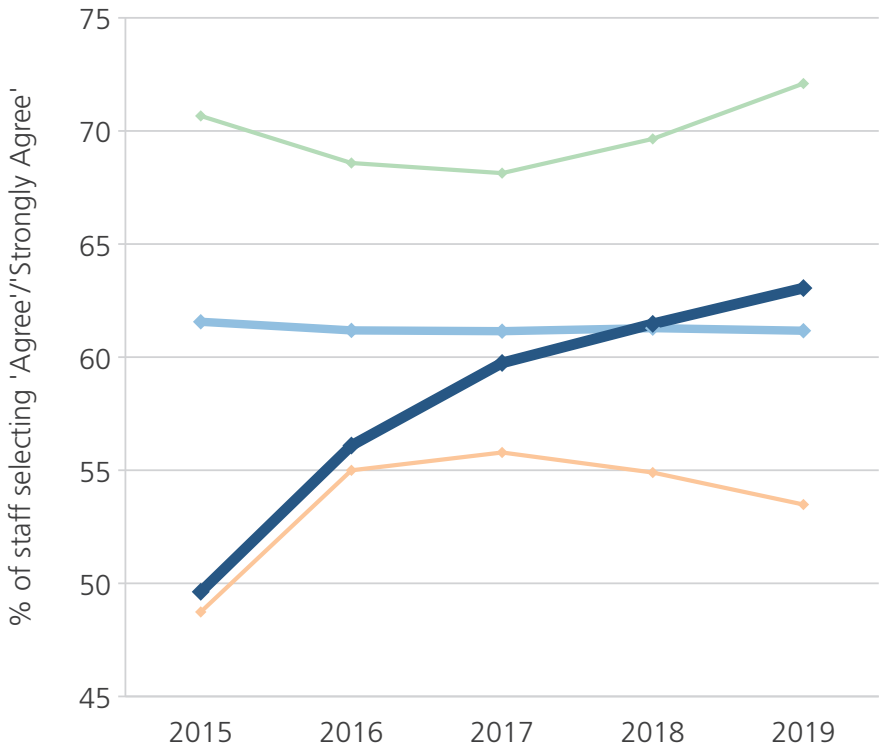
	2015	2016	2017	2018	2019
Best	90.0%	90.9%	89.4%	90.3%	90.5%
Your org	81.7%	80.7%	83.5%	89.4%	88.3%
Average	71.1%	70.9%	70.6%	70.8%	71.0%
Worst	45.1%	48.1%	47.9%	49.3%	48.8%

Q4h
The team I work in has a set of shared objectives



Best	82.3%	79.6%	81.6%	81.6%	83.1%
Your org	66.4%	69.8%	72.5%	75.6%	72.2%
Average	73.4%	73.7%	73.2%	73.2%	72.8%
Worst	65.6%	67.8%	66.9%	66.8%	65.1%

Q4i
The team I work in often meets to discuss the team's effectiveness



Best	70.7%	68.6%	68.1%	69.6%	72.1%
Your org	49.6%	56.1%	59.7%	61.5%	63.1%
Average	61.6%	61.2%	61.1%	61.3%	61.2%
Worst	48.7%	55.0%	55.8%	54.9%	53.5%

Survey Coordination Centre

NHS England

Question results

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

NHS England

Question results – Your job

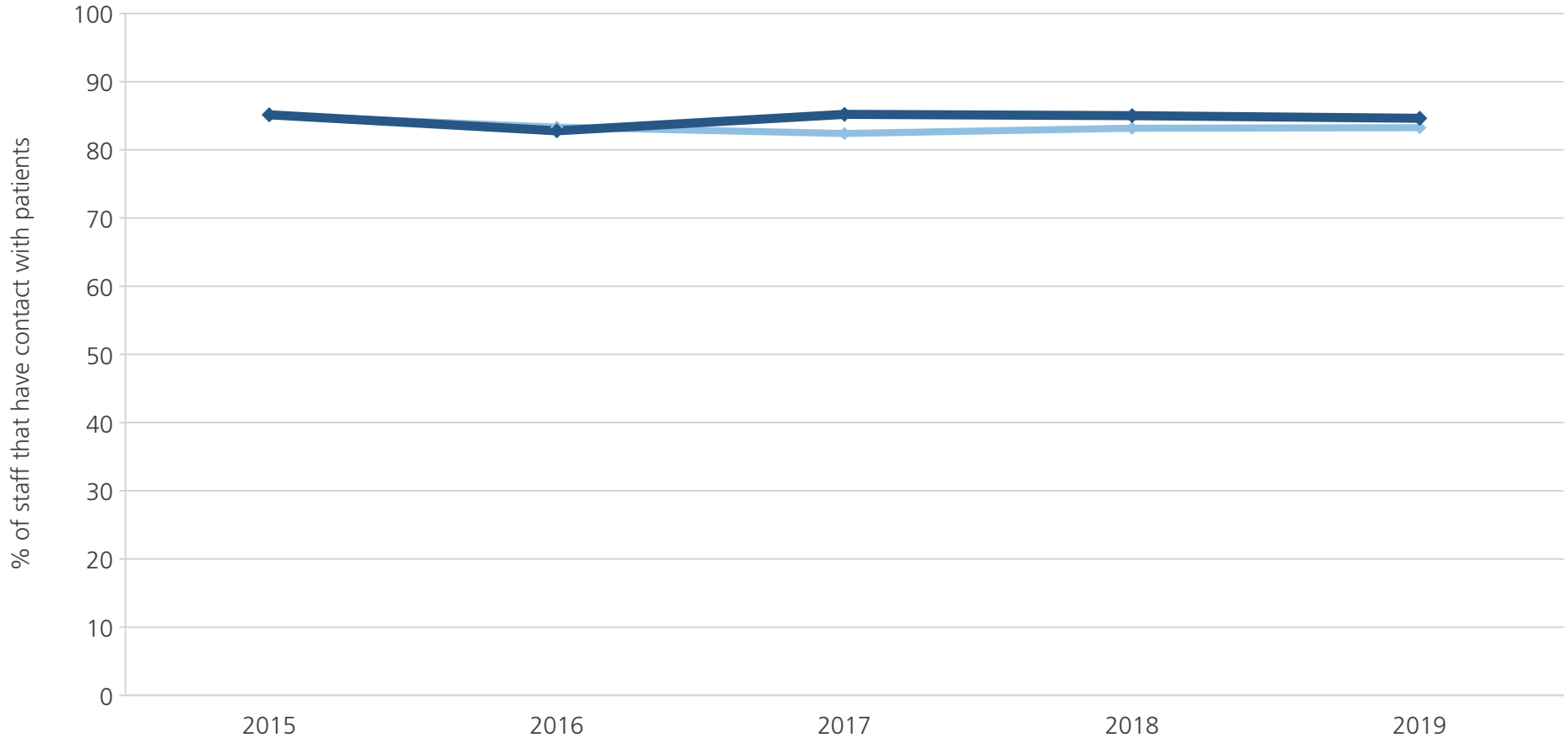
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

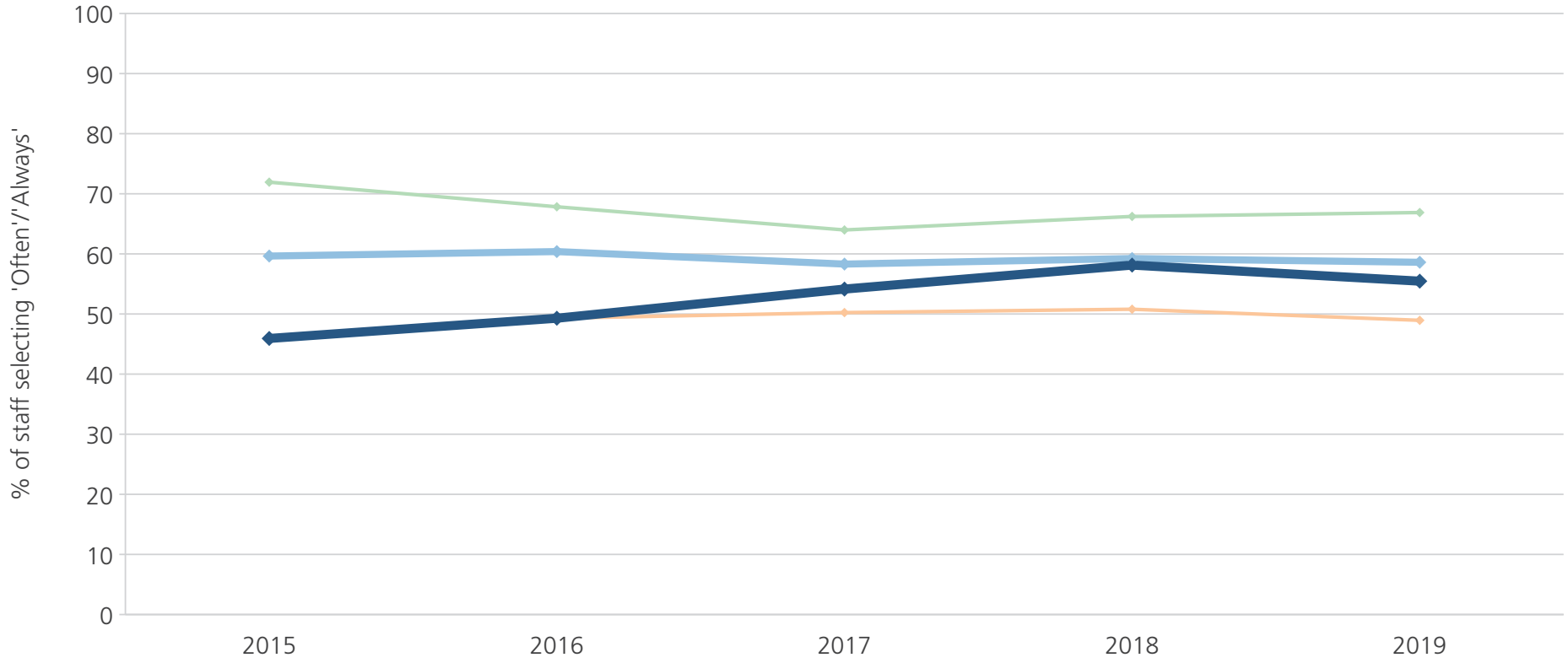
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q1 > Do you have face-to-face contact with patients / service users as part of your job?

NHS England



	2015	2016	2017	2018	2019
Your org	85.1%	82.8%	85.2%	85.0%	84.6%
Average	85.1%	83.3%	82.4%	83.2%	83.2%
Responses	922	1,127	1,730	1,975	2,101

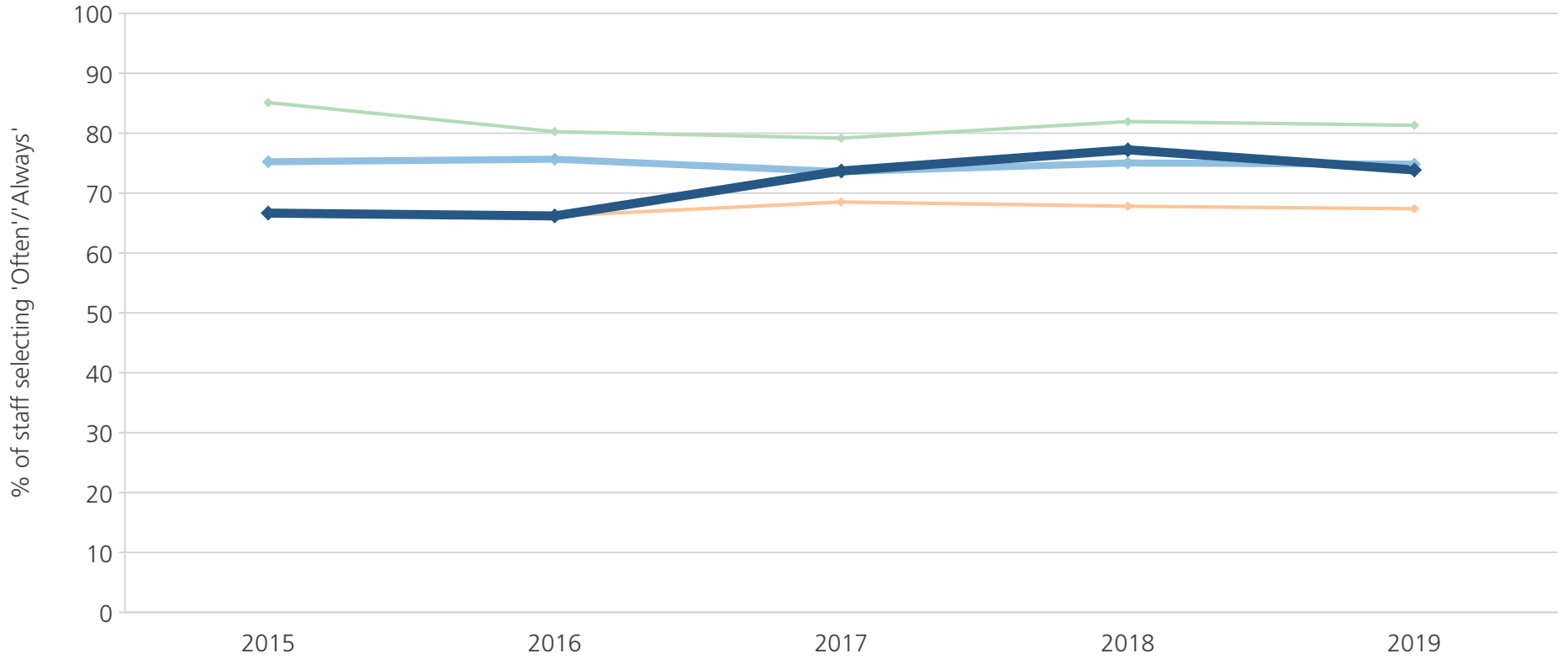


	2015	2016	2017	2018	2019
Best	71.9%	67.8%	64.0%	66.2%	66.9%
Your org	45.9%	49.3%	54.1%	58.1%	55.5%
Average	59.6%	60.4%	58.3%	59.2%	58.6%
Worst	45.9%	49.3%	50.2%	50.8%	48.9%
Responses	928	1,129	1,739	1,983	2,126

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q2b **>** I am enthusiastic about my job

NHS England

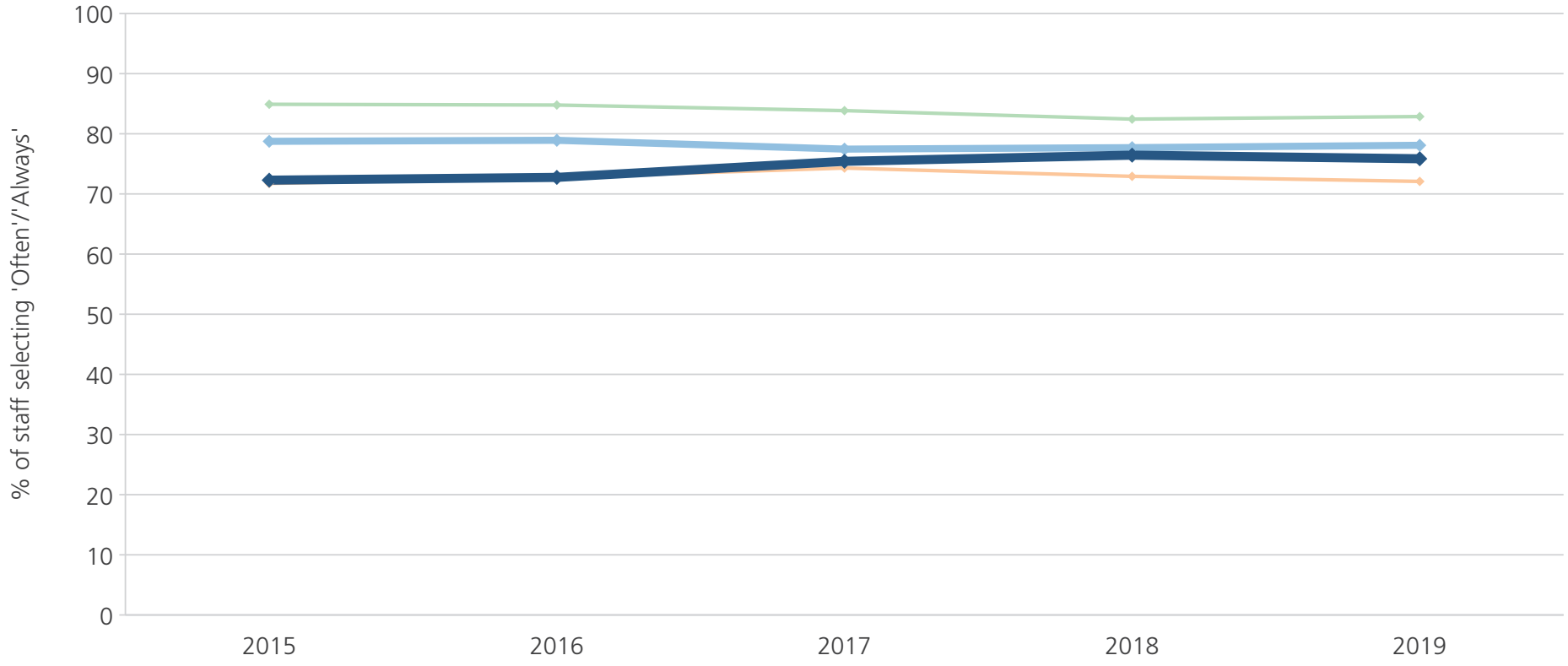


	2015	2016	2017	2018	2019
Best	85.1%	80.3%	79.2%	81.9%	81.3%
Your org	66.7%	66.2%	73.7%	77.2%	73.9%
Average	75.2%	75.7%	73.6%	75.0%	74.8%
Worst	66.3%	66.2%	68.5%	67.8%	67.4%
Responses	919	1,122	1,732	1,978	2,116

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q2c > Time passes quickly when I am working

NHS England

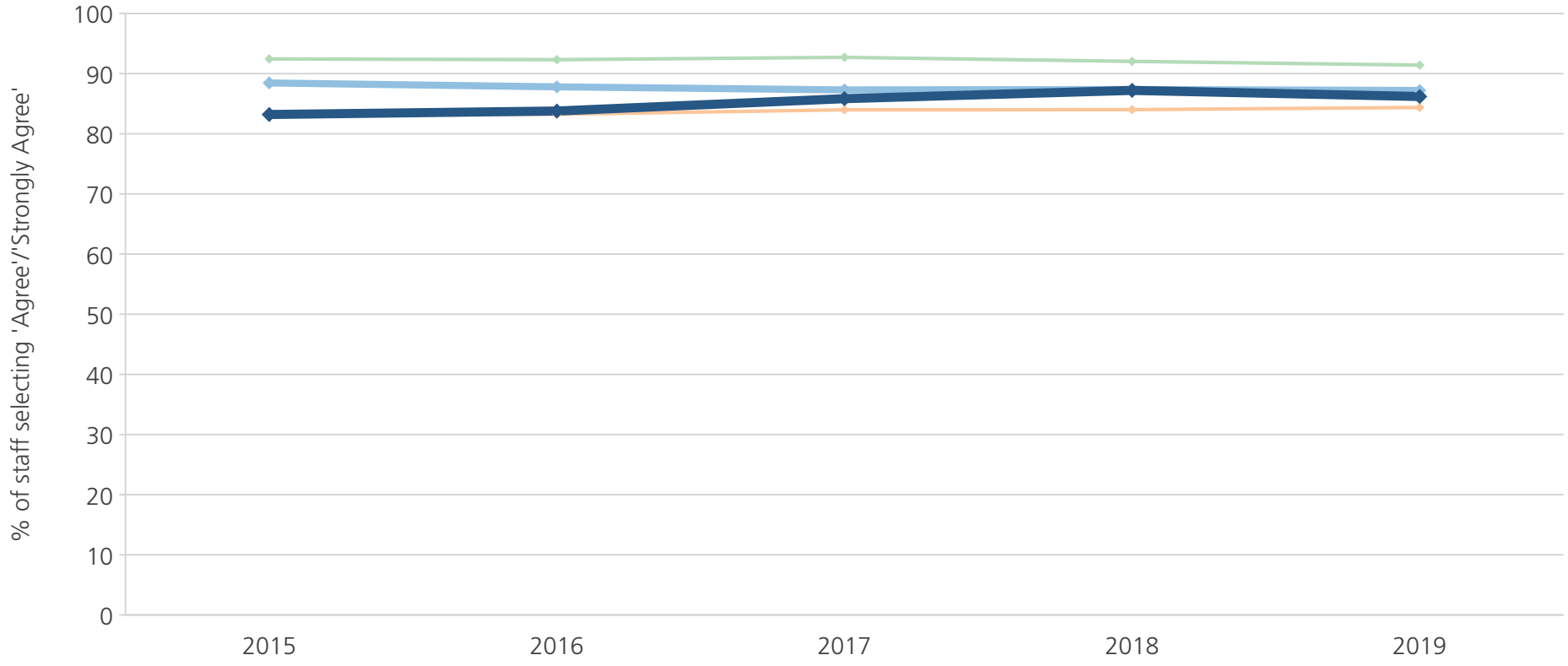


	2015	2016	2017	2018	2019
Best	84.9%	84.8%	83.8%	82.4%	82.9%
Your org	72.3%	72.7%	75.4%	76.4%	75.8%
Average	78.7%	78.9%	77.4%	77.7%	78.1%
Worst	71.7%	72.7%	74.3%	72.9%	72.1%
Responses	920	1,120	1,723	1,977	2,116

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q3a **>** I always know what my work responsibilities are

NHS England

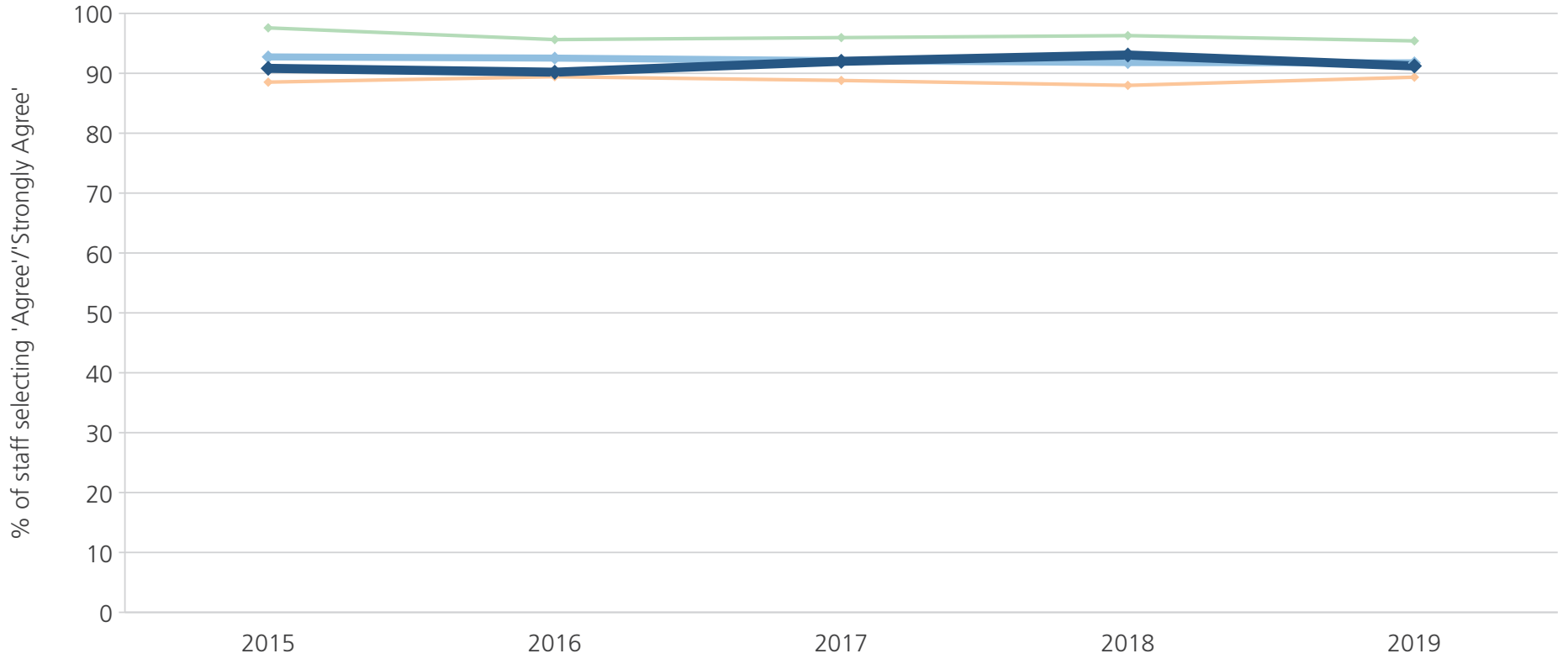


	2015	2016	2017	2018	2019
Best	92.4%	92.3%	92.7%	92.0%	91.4%
Your org	83.2%	83.8%	85.8%	87.2%	86.2%
Average	88.4%	87.8%	87.3%	87.4%	87.2%
Worst	83.2%	83.2%	84.0%	84.0%	84.4%
Responses	917	1,127	1,707	1,947	2,102

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q3b **>** I am trusted to do my job

NHS England

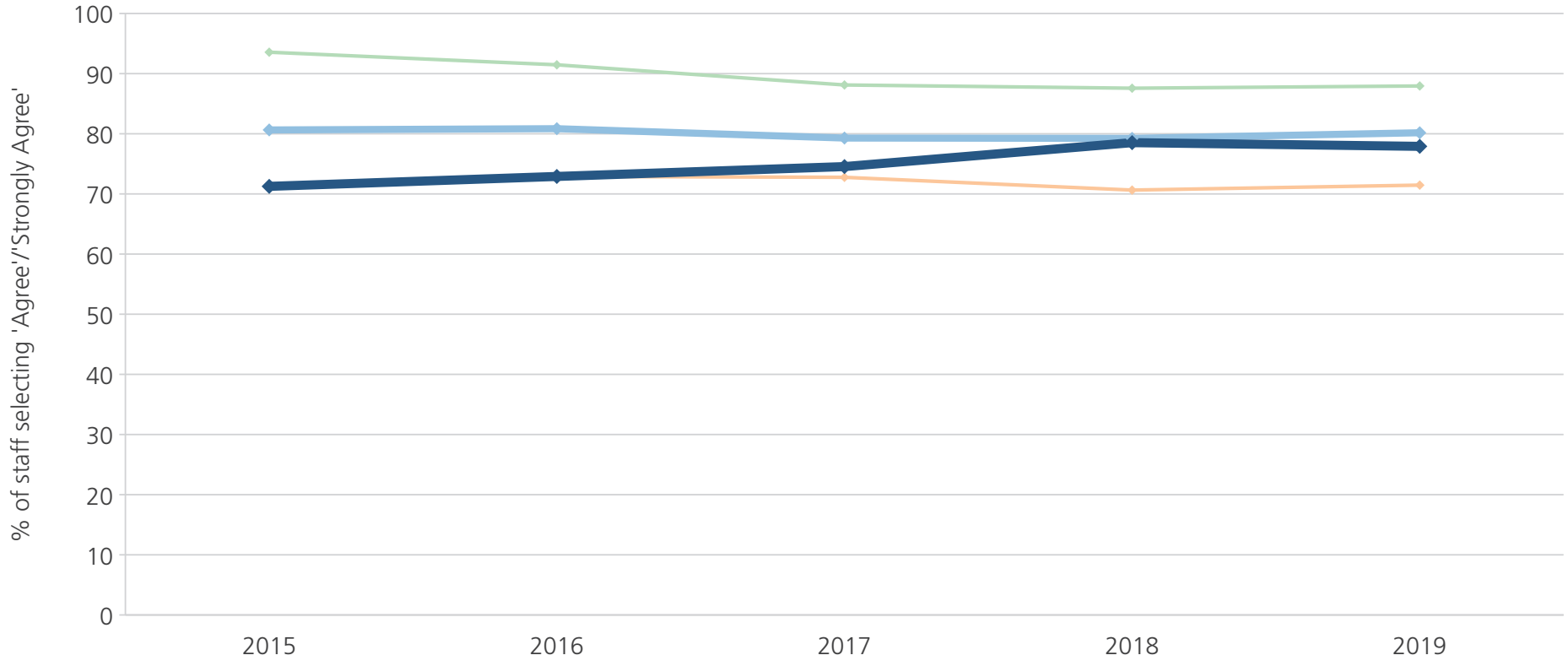


	2015	2016	2017	2018	2019
Best	97.6%	95.6%	96.0%	96.3%	95.4%
Your org	90.8%	90.2%	92.0%	93.1%	91.2%
Average	92.7%	92.5%	92.1%	91.8%	91.8%
Worst	88.5%	89.4%	88.8%	88.0%	89.4%
Responses	912	1,122	1,699	1,925	2,088

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job >
Q3c > I am able to do my job to a standard I am personally pleased with

NHS England

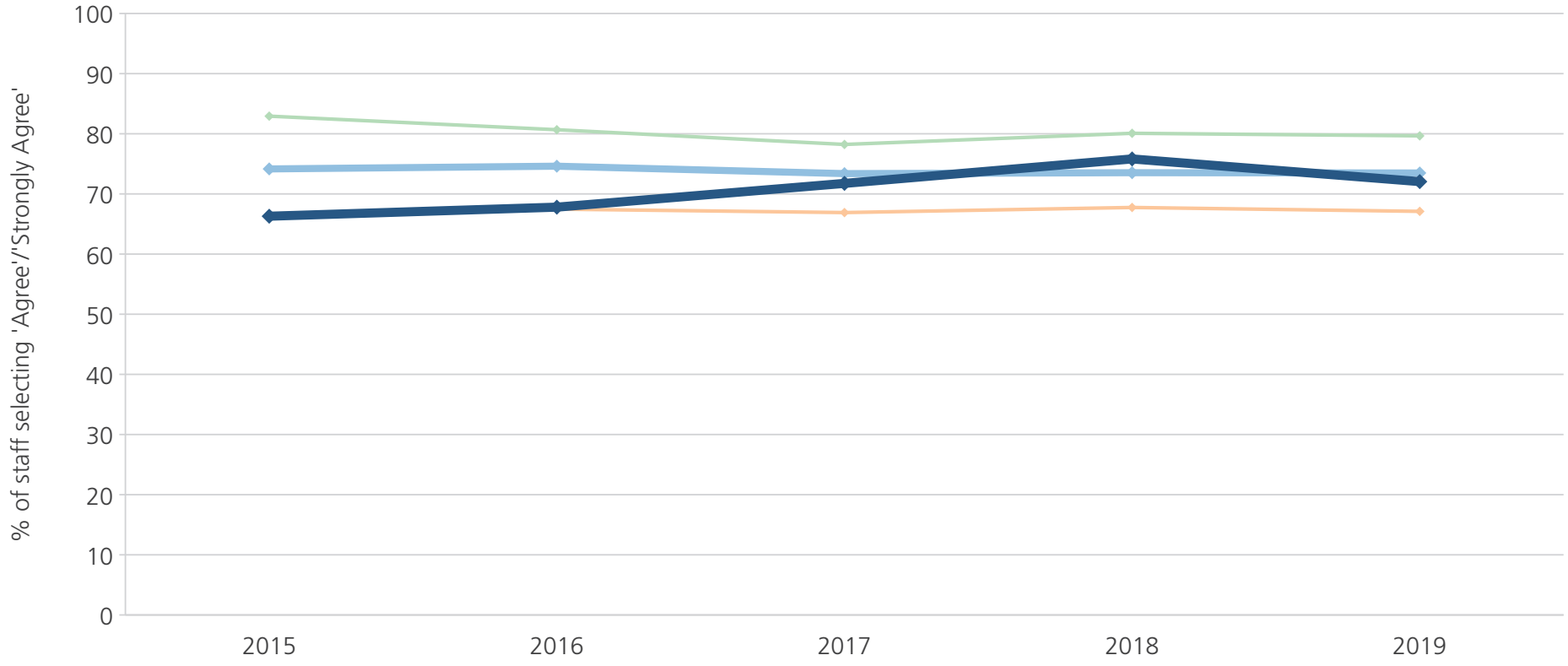


	2015	2016	2017	2018	2019
Best	93.6%	91.5%	88.1%	87.6%	87.9%
Your org	71.3%	72.9%	74.5%	78.5%	77.9%
Average	80.6%	80.8%	79.3%	79.2%	80.2%
Worst	71.3%	72.9%	72.8%	70.6%	71.5%
Responses	916	1,121	1,698	1,929	2,092

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4a
> There are frequent opportunities for me to show initiative in my role

NHS England

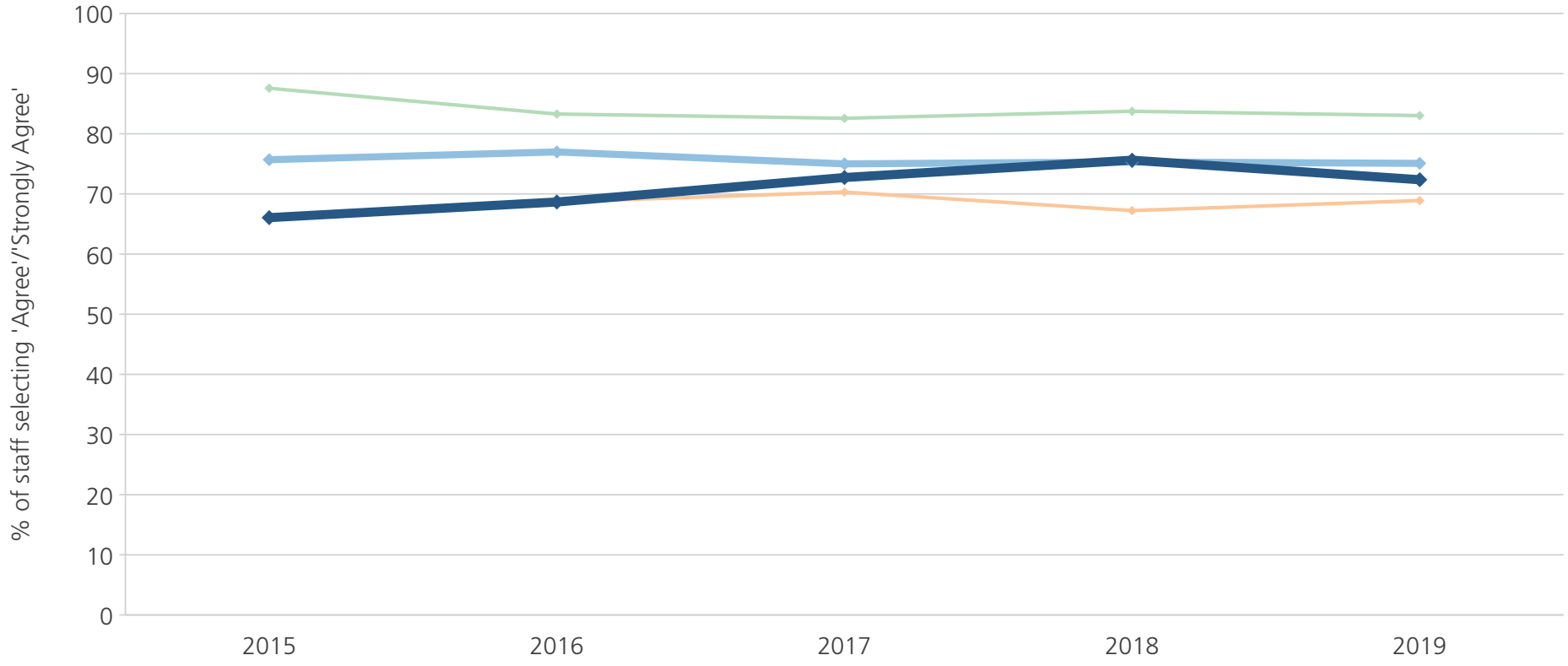


	2015	2016	2017	2018	2019
Best	82.9%	80.7%	78.2%	80.1%	79.7%
Your org	66.3%	67.8%	71.8%	75.8%	72.0%
Average	74.2%	74.6%	73.4%	73.5%	73.5%
Worst	66.1%	67.5%	66.9%	67.7%	67.1%
Responses	921	1,135	1,746	1,986	2,127

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4b **>** I am able to make suggestions to improve the work of my team / department

NHS England

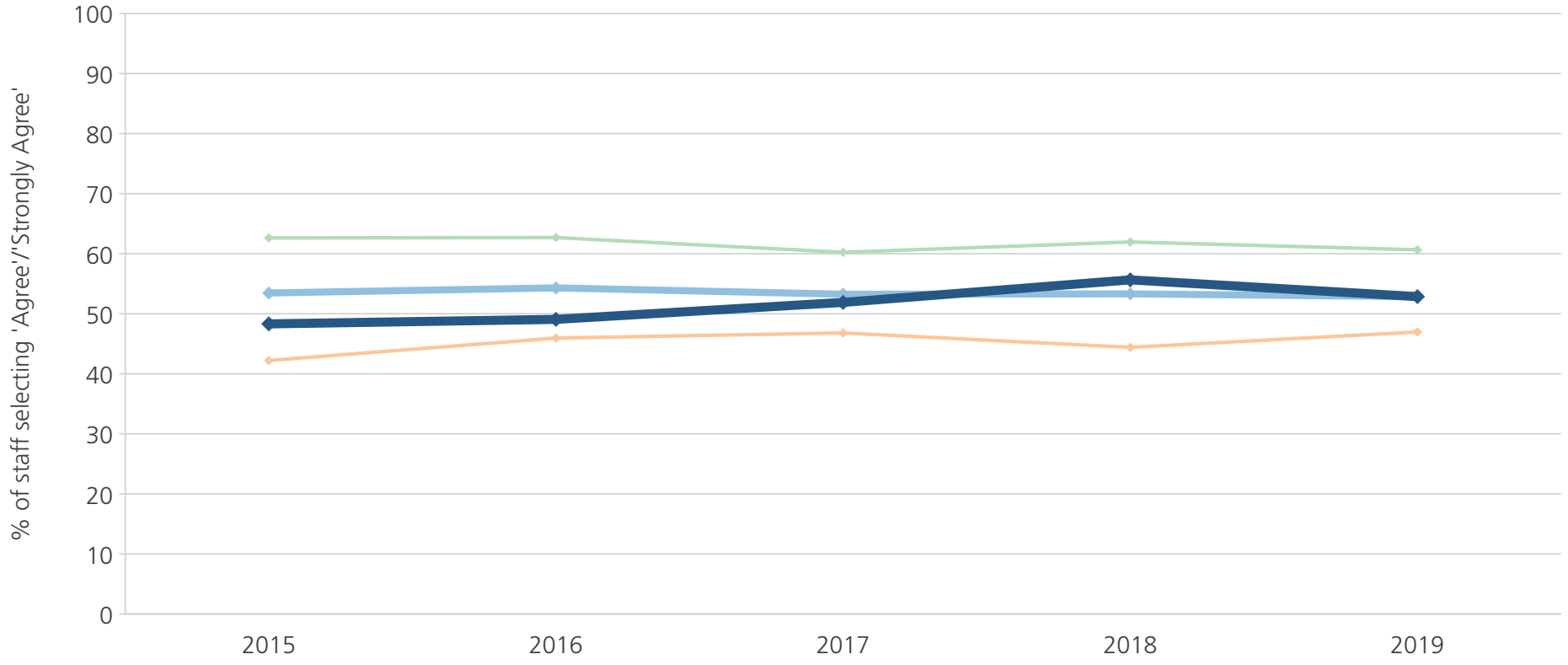


	2015	2016	2017	2018	2019
Best	87.6%	83.3%	82.6%	83.7%	83.0%
Your org	66.1%	68.7%	72.7%	75.6%	72.4%
Average	75.7%	77.0%	75.0%	75.3%	75.1%
Worst	66.1%	68.7%	70.3%	67.2%	68.9%
Responses	923	1,134	1,737	1,979	2,126

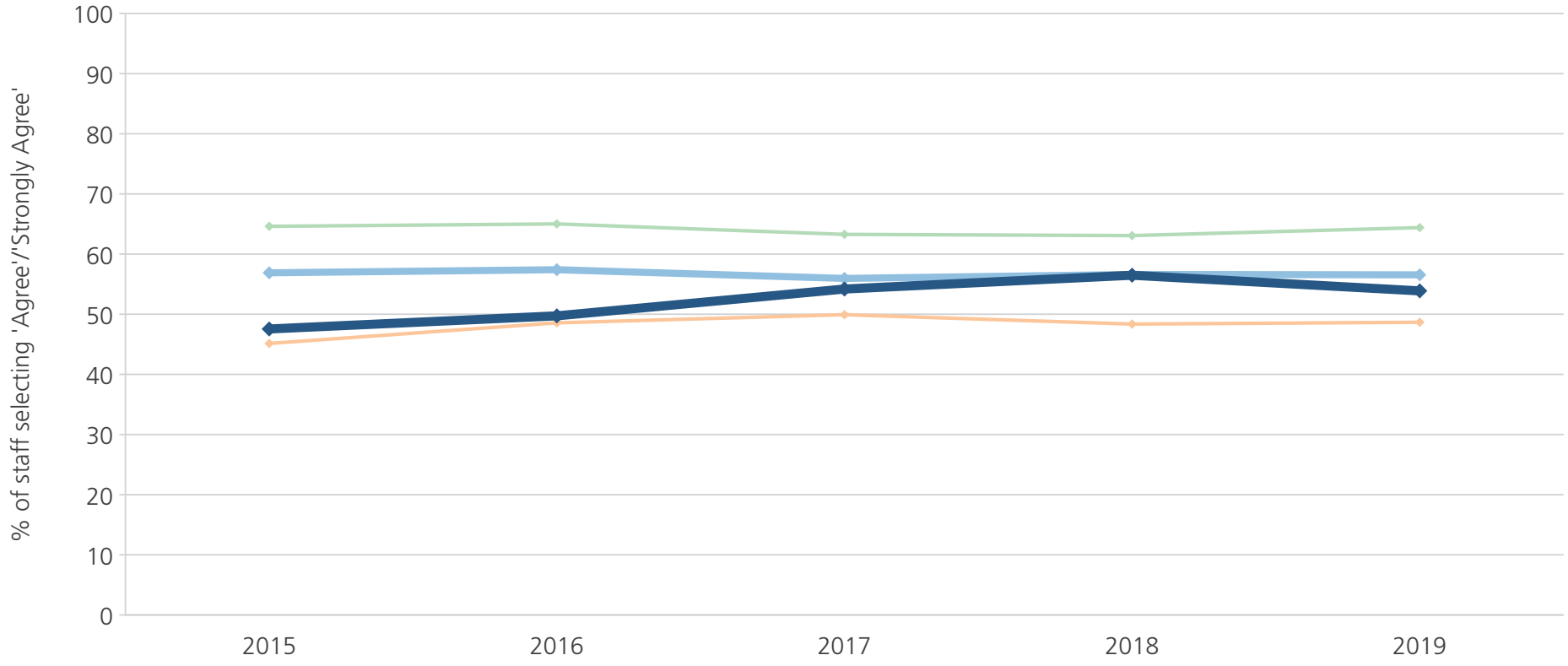
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4c **>** I am involved in deciding on changes introduced that affect my work area / team / department

NHS England



	2015	2016	2017	2018	2019
Best	62.6%	62.7%	60.2%	61.9%	60.6%
Your org	48.3%	49.1%	51.9%	55.6%	52.9%
Average	53.5%	54.3%	53.2%	53.3%	52.8%
Worst	42.2%	46.0%	46.8%	44.4%	47.0%
Responses	923	1,130	1,745	1,981	2,117

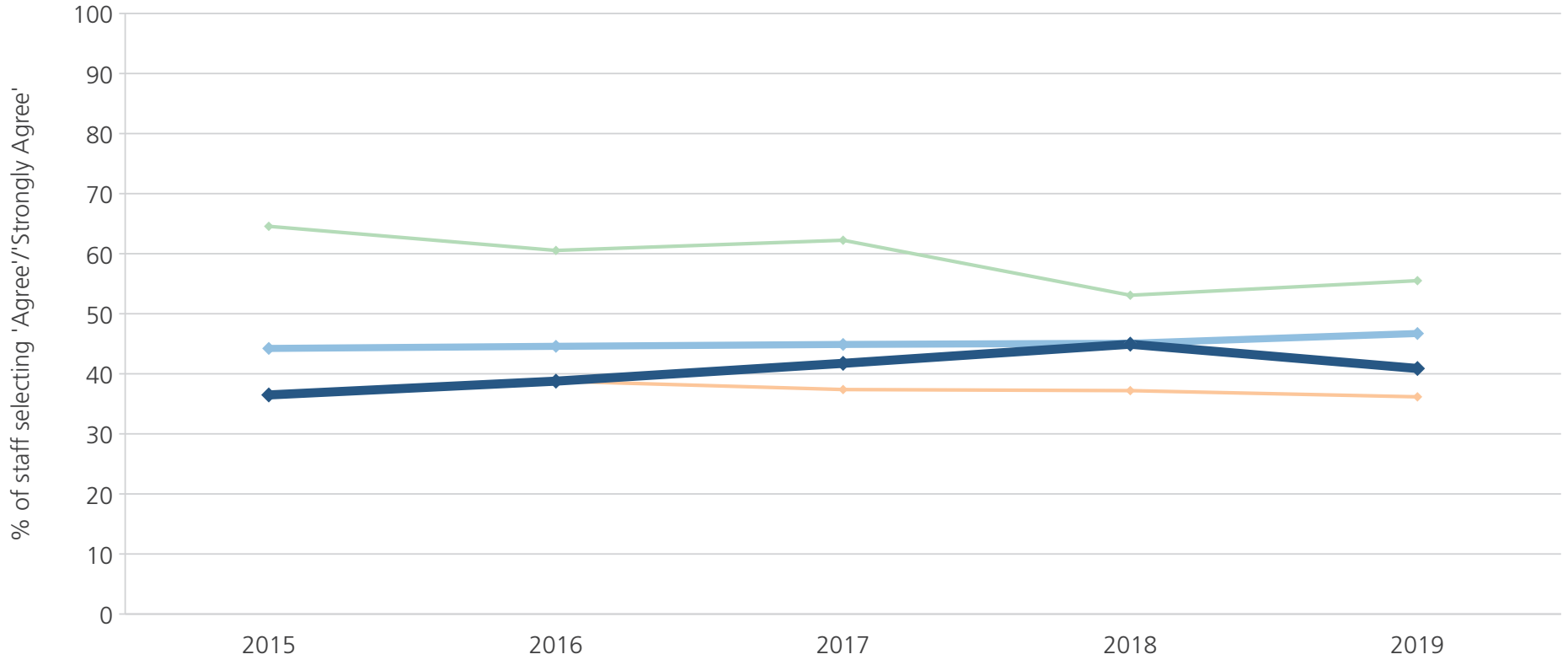


	2015	2016	2017	2018	2019
Best	64.6%	65.0%	63.3%	63.1%	64.4%
Your org	47.5%	49.7%	54.2%	56.5%	53.9%
Average	56.9%	57.4%	55.9%	56.6%	56.5%
Worst	45.1%	48.6%	49.9%	48.4%	48.7%
Responses	925	1,131	1,735	1,977	2,116

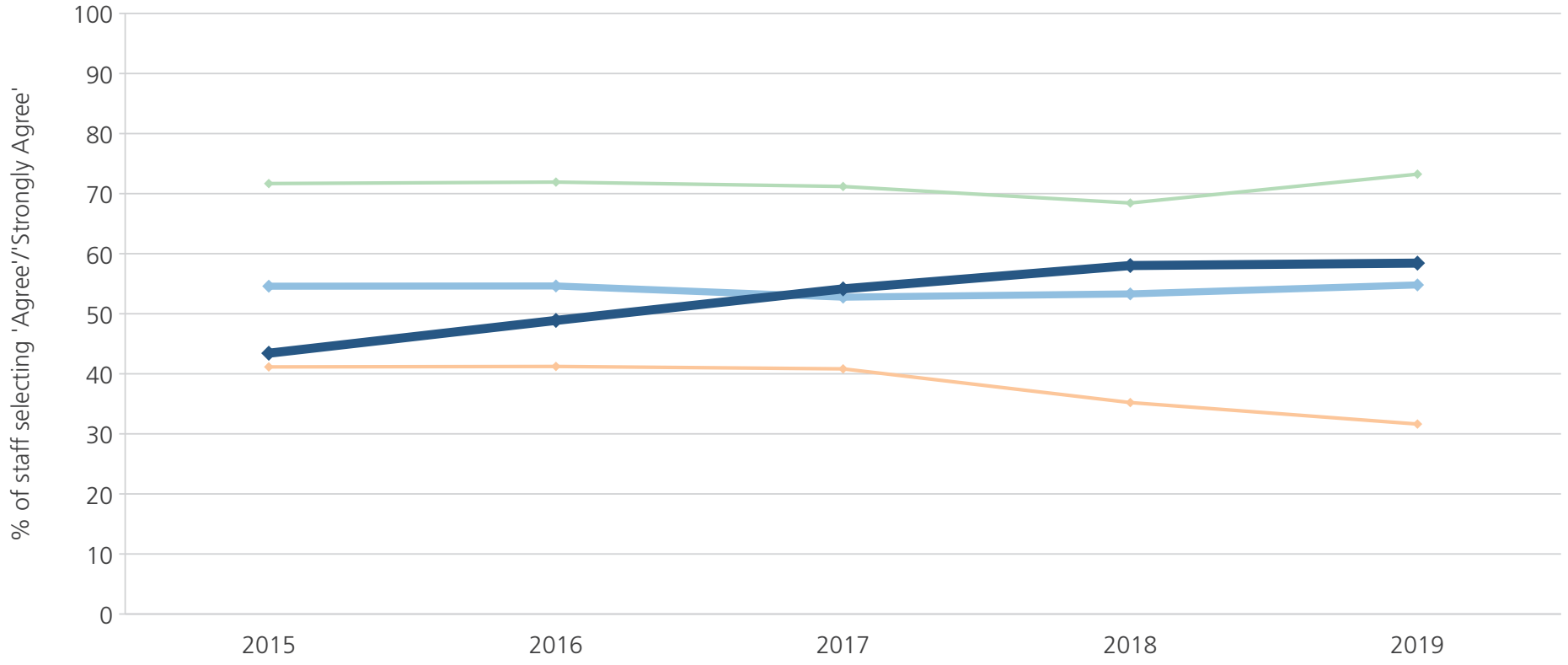
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job >
Q4e > I am able to meet all the conflicting demands on my time at work

NHS England



	2015	2016	2017	2018	2019
Best	64.6%	60.5%	62.2%	53.1%	55.5%
Your org	36.5%	38.8%	41.7%	44.9%	40.9%
Average	44.2%	44.6%	44.9%	45.1%	46.7%
Worst	36.2%	38.8%	37.4%	37.2%	36.2%
Responses	923	1,127	1,736	1,979	2,116

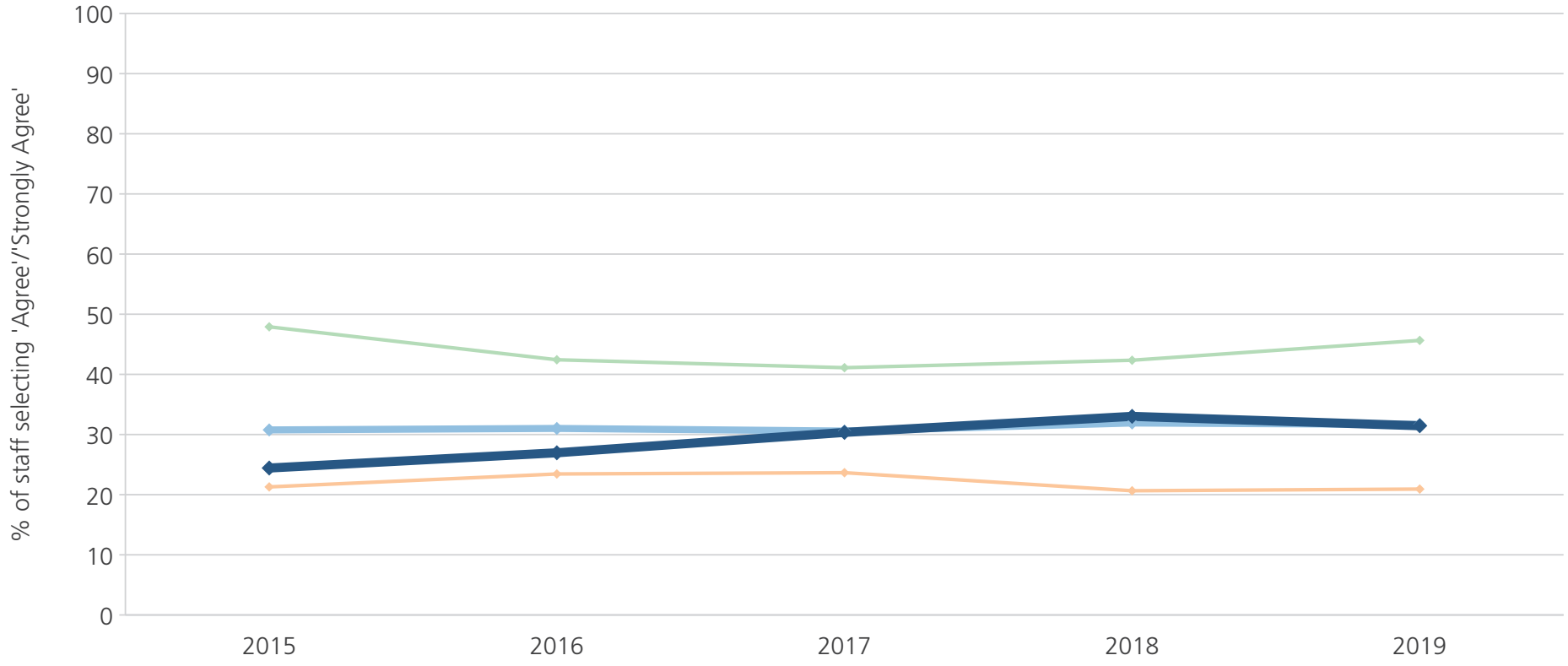


	2015	2016	2017	2018	2019
Best	71.7%	71.9%	71.2%	68.4%	73.2%
Your org	43.4%	48.9%	54.1%	58.0%	58.4%
Average	54.6%	54.6%	52.8%	53.3%	54.8%
Worst	41.1%	41.2%	40.8%	35.2%	31.6%
Responses	924	1,131	1,741	1,980	2,116

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4g
> There are enough staff at this organisation for me to do my job properly

NHS England

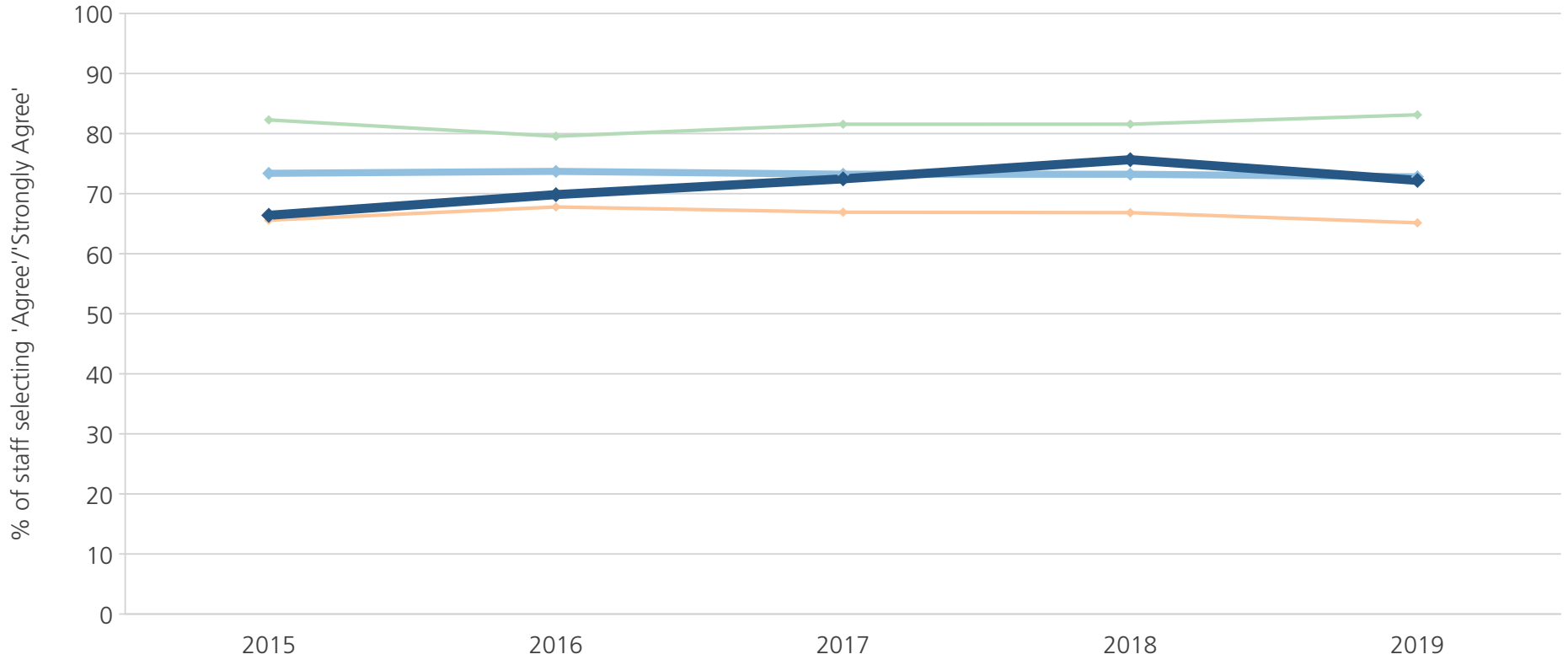


	2015	2016	2017	2018	2019
Best	47.9%	42.4%	41.1%	42.3%	45.6%
Your org	24.4%	27.0%	30.3%	33.0%	31.5%
Average	30.8%	31.0%	30.6%	31.9%	31.7%
Worst	21.3%	23.4%	23.7%	20.6%	20.9%
Responses	922	1,130	1,740	1,981	2,122

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4h **>** The team I work in has a set of shared objectives

NHS England

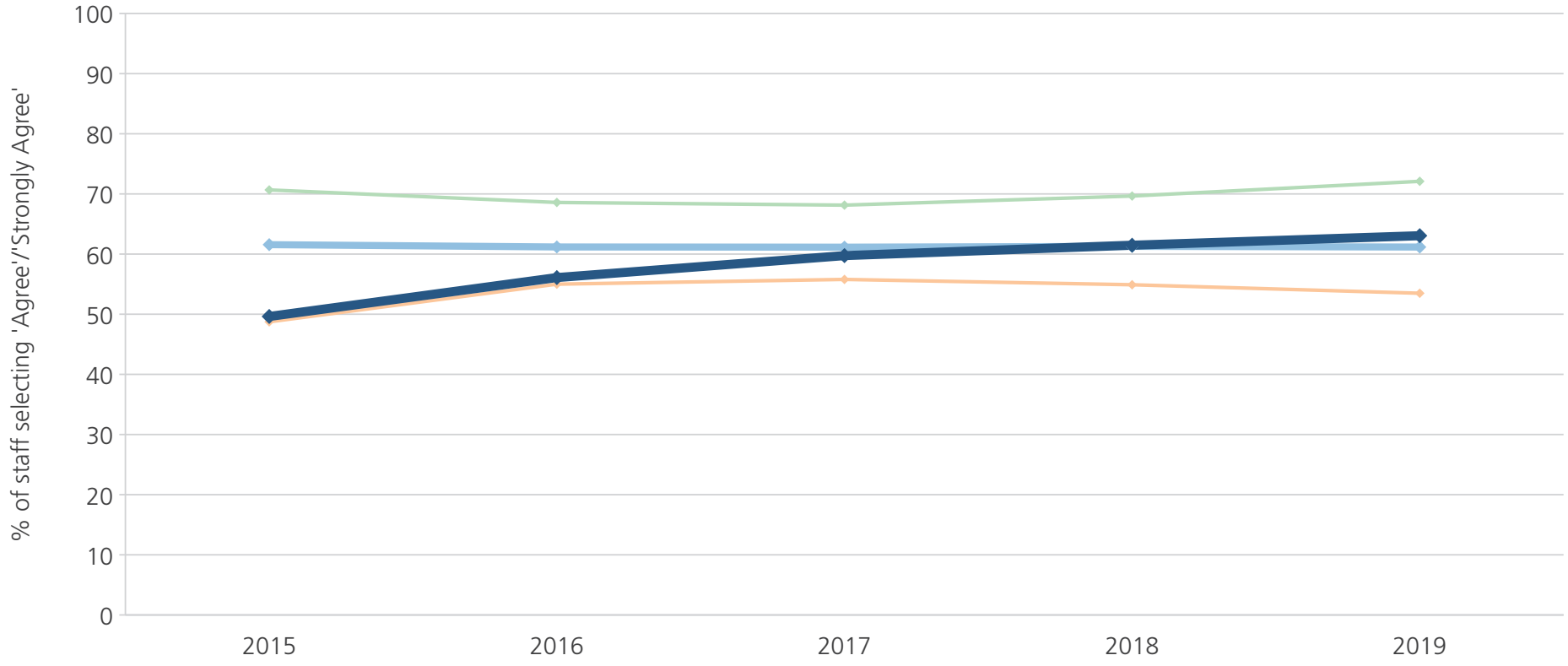


	2015	2016	2017	2018	2019
Best	82.3%	79.6%	81.6%	81.6%	83.1%
Your org	66.4%	69.8%	72.5%	75.6%	72.2%
Average	73.4%	73.7%	73.2%	73.2%	72.8%
Worst	65.6%	67.8%	66.9%	66.8%	65.1%
Responses	921	1,127	1,730	1,962	2,108

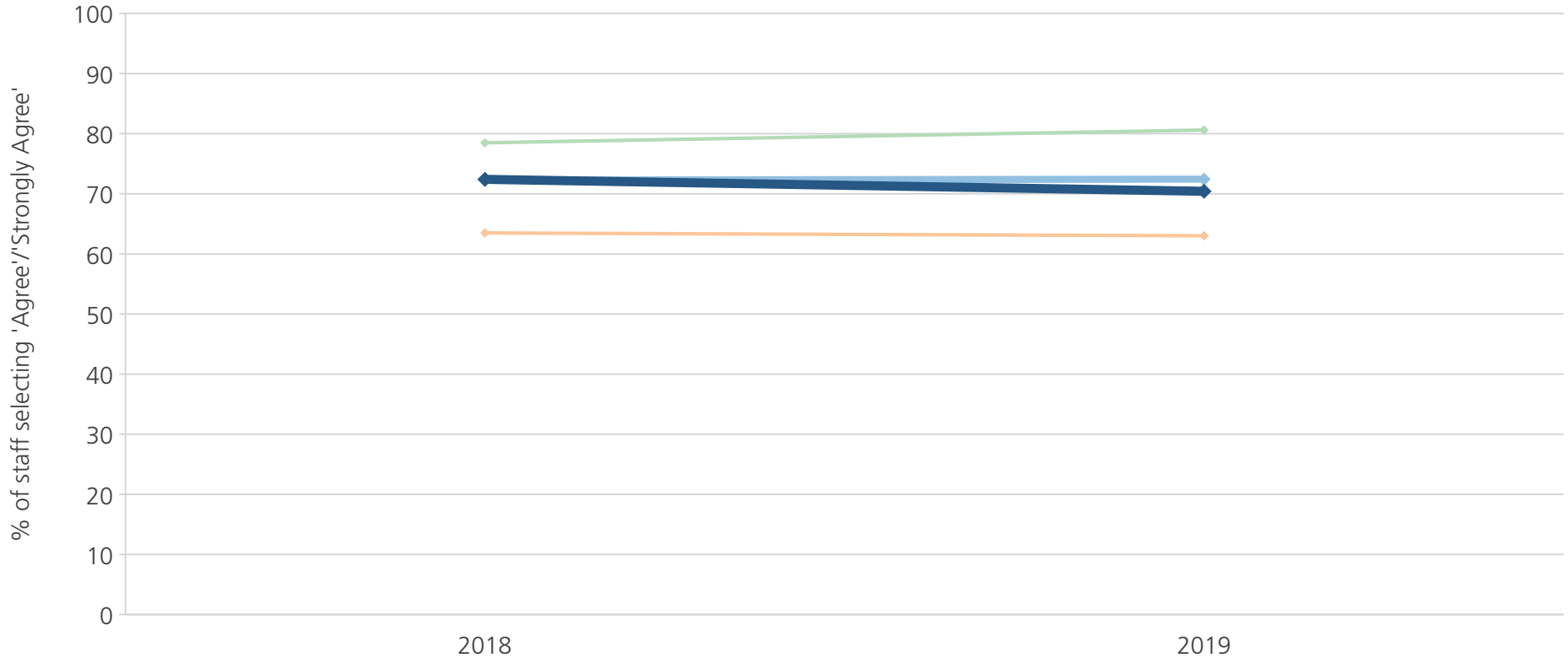
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q4i
> The team I work in often meets to discuss the team's effectiveness

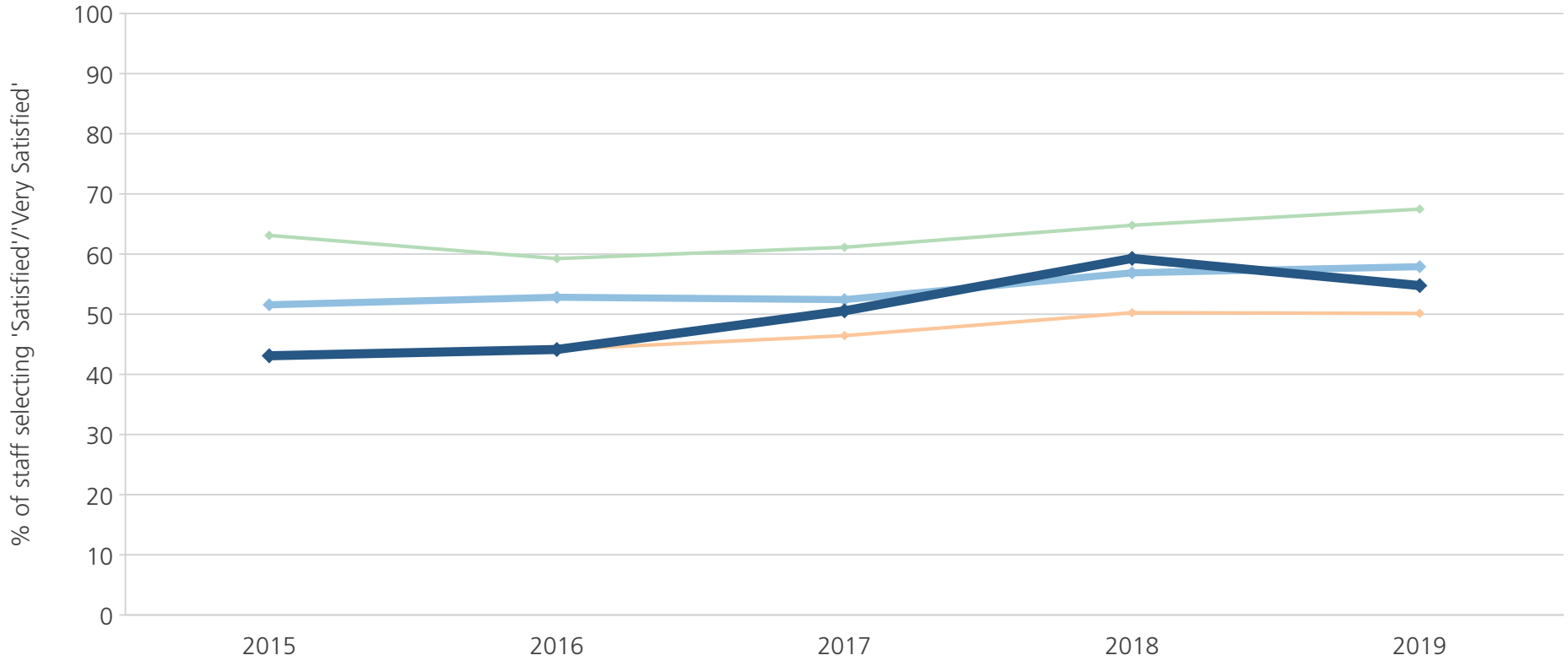
NHS England



	2015	2016	2017	2018	2019
Best	70.7%	68.6%	68.1%	69.6%	72.1%
Your org	49.6%	56.1%	59.7%	61.5%	63.1%
Average	61.6%	61.2%	61.1%	61.3%	61.2%
Worst	48.7%	55.0%	55.8%	54.9%	53.5%
Responses	920	1,133	1,738	1,976	2,105



	2018	2019
Best	78.5%	80.6%
Your org	72.4%	70.4%
Average	72.3%	72.4%
Worst	63.5%	63.0%
Responses	1,979	2,118

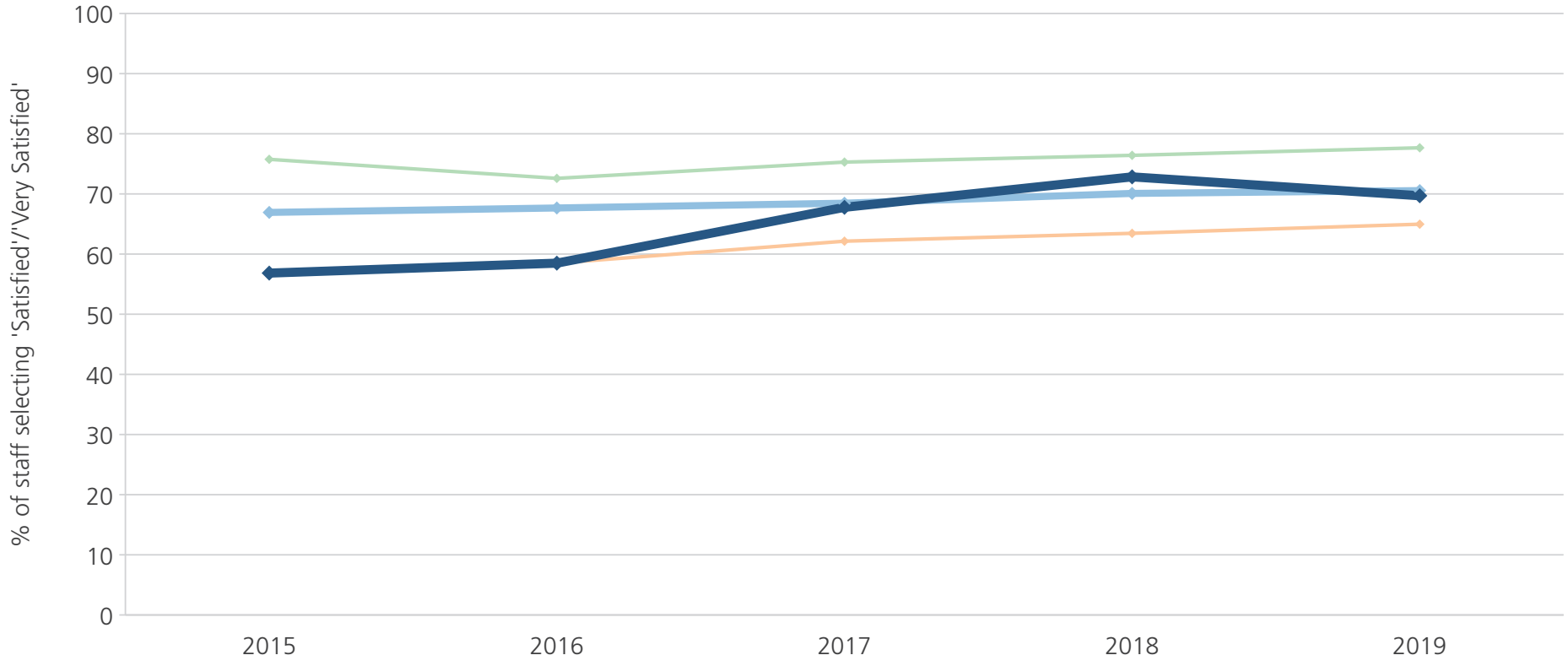


	2015	2016	2017	2018	2019
Best	63.1%	59.2%	61.1%	64.8%	67.5%
Your org	43.1%	44.1%	50.6%	59.3%	54.8%
Average	51.6%	52.8%	52.4%	56.9%	57.9%
Worst	42.7%	44.1%	46.4%	50.3%	50.1%
Responses	927	1,124	1,728	1,970	2,117

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q5b **>** The support I get from my immediate manager

NHS England

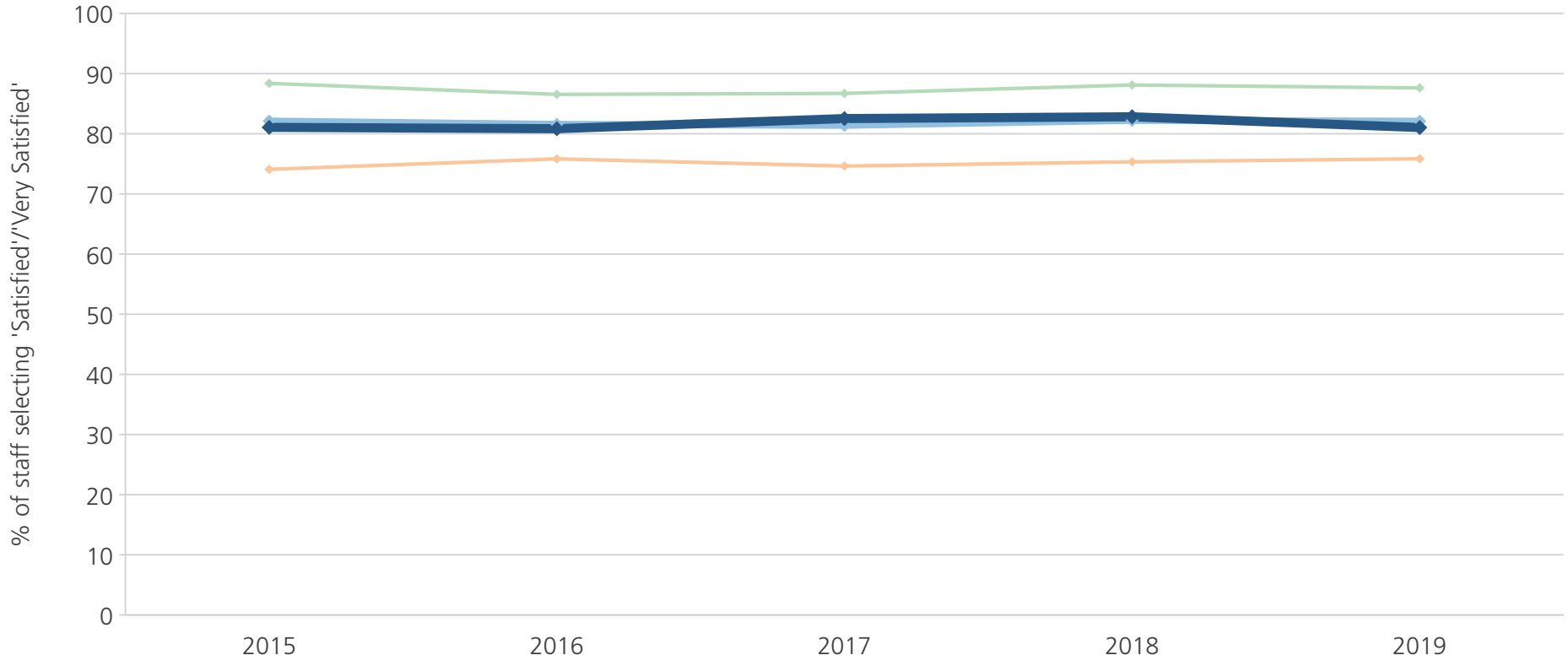


	2015	2016	2017	2018	2019
Best	75.8%	72.6%	75.3%	76.4%	77.7%
Your org	56.8%	58.5%	67.8%	72.8%	69.7%
Average	66.9%	67.7%	68.5%	70.1%	70.6%
Worst	56.8%	58.5%	62.1%	63.4%	65.0%
Responses	926	1,125	1,723	1,966	2,115

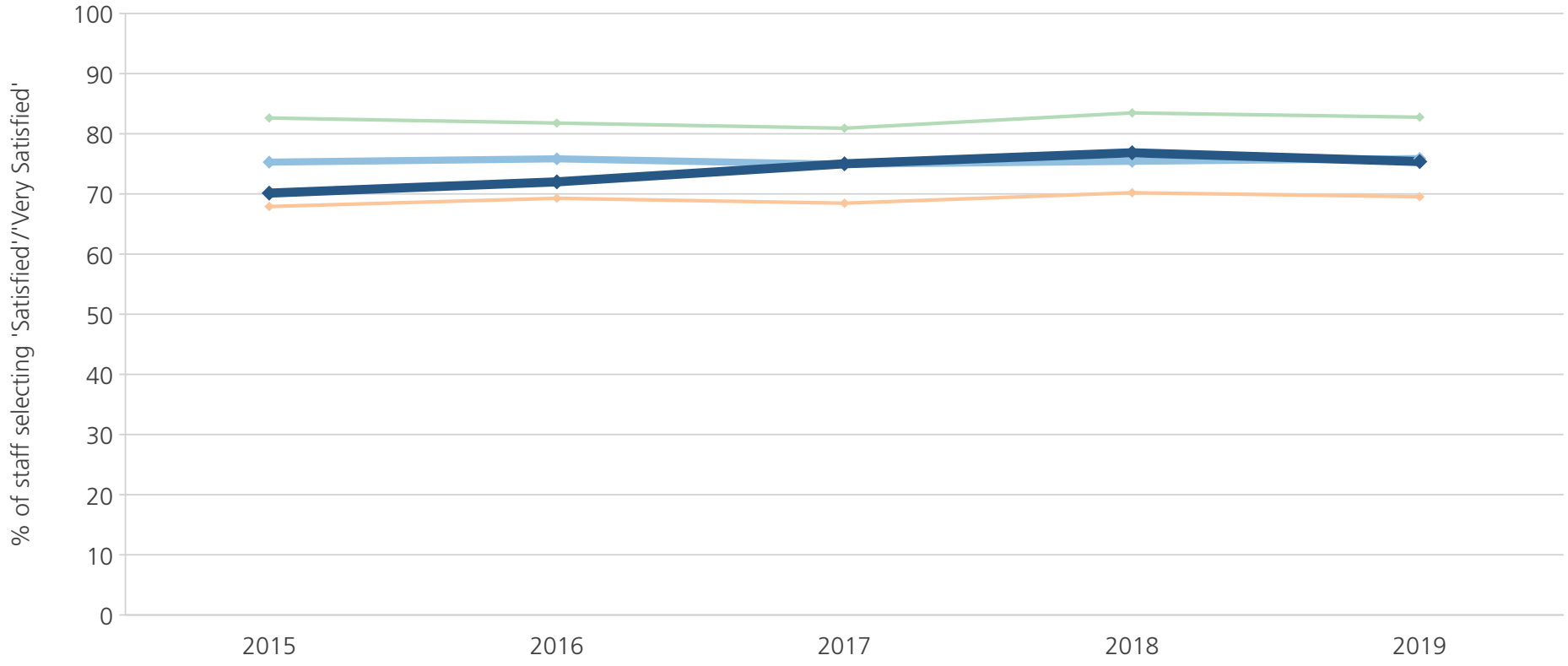
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q5c > The support I get from my work colleagues

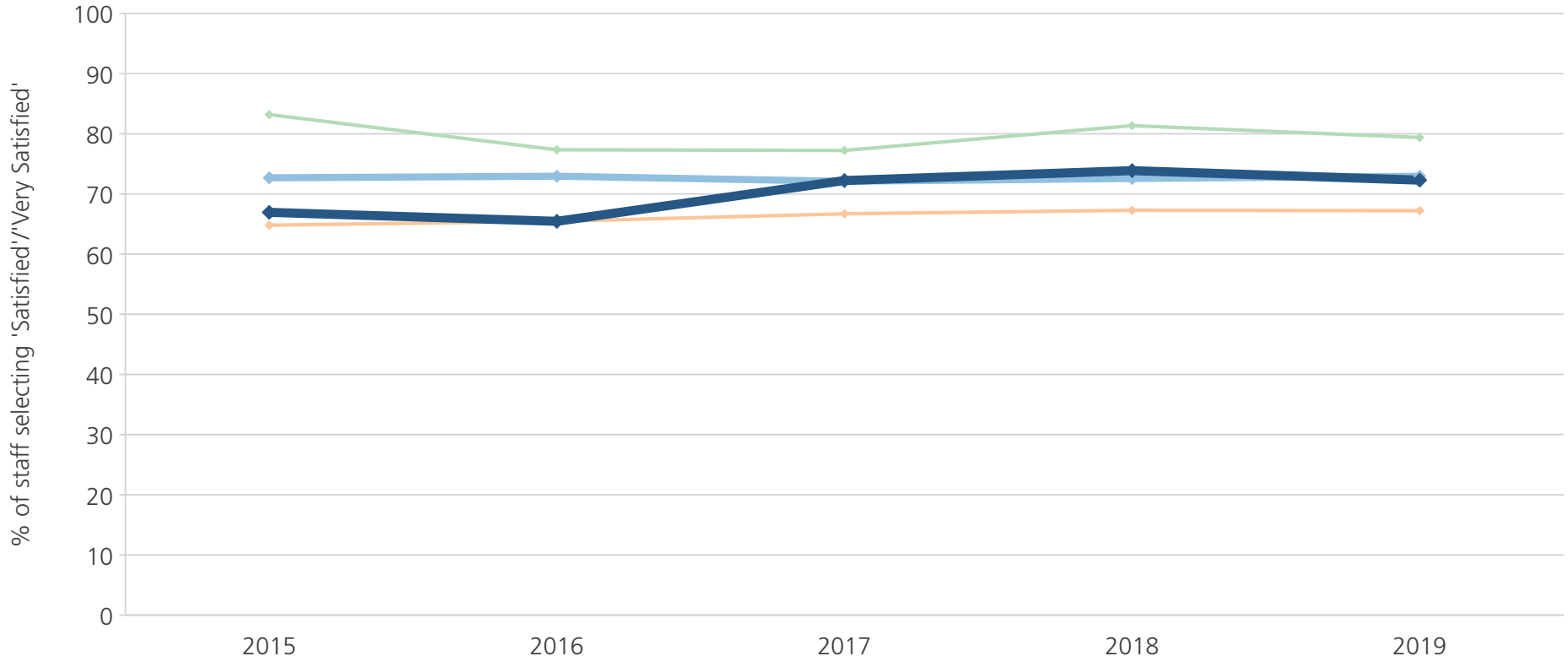
NHS England



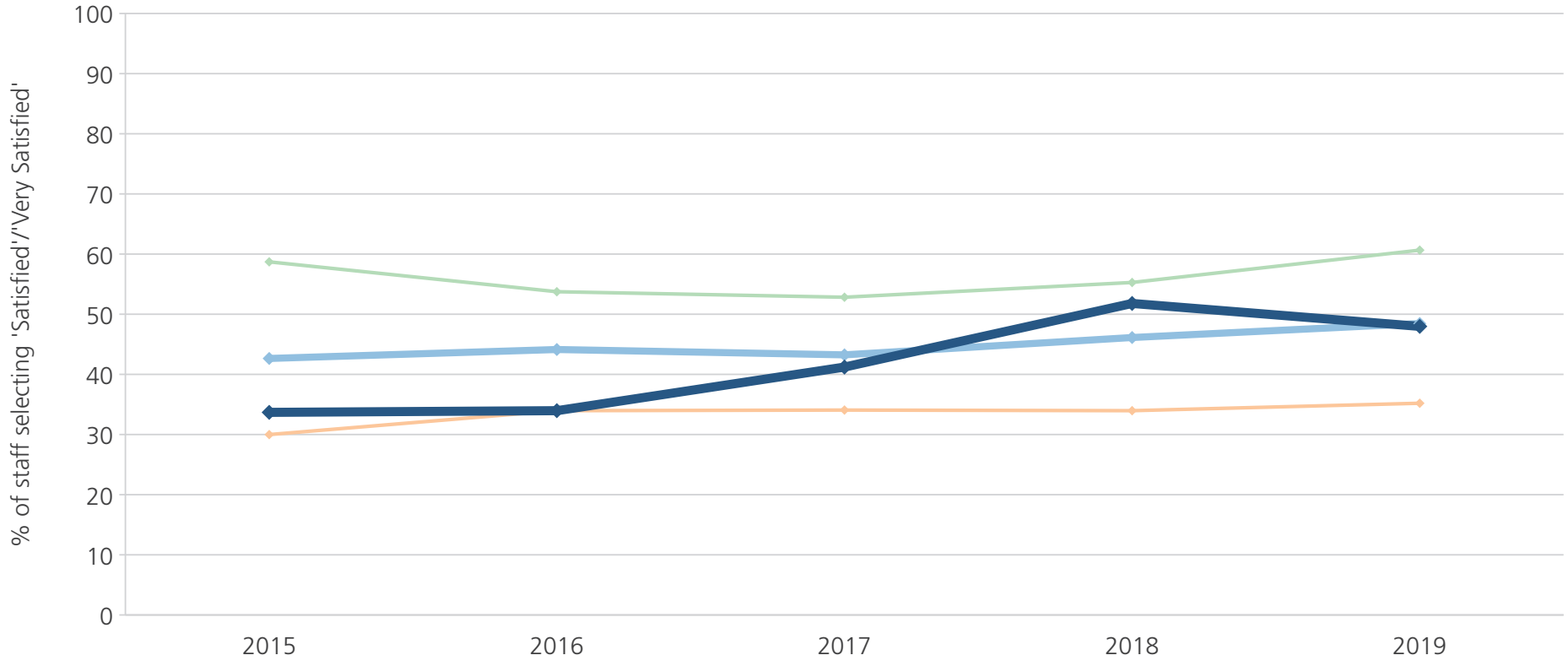
	2015	2016	2017	2018	2019
Best	88.4%	86.6%	86.7%	88.1%	87.6%
Your org	81.1%	80.8%	82.5%	82.8%	81.0%
Average	82.1%	81.6%	81.4%	82.2%	82.1%
Worst	74.1%	75.8%	74.6%	75.3%	75.8%
Responses	925	1,128	1,727	1,969	2,112



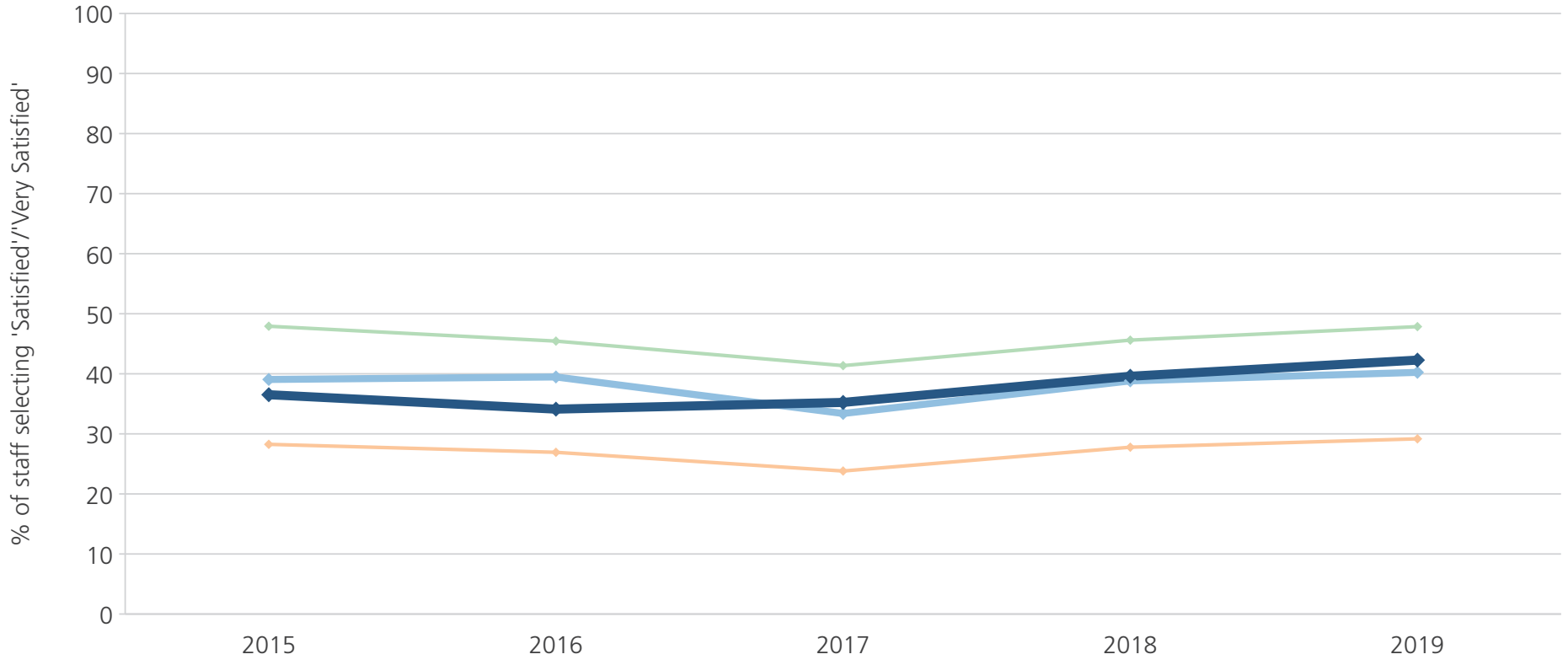
	2015	2016	2017	2018	2019
Best	82.6%	81.8%	80.9%	83.5%	82.8%
Your org	70.1%	72.0%	75.0%	76.8%	75.4%
Average	75.3%	75.8%	74.9%	75.4%	75.9%
Worst	67.9%	69.3%	68.5%	70.2%	69.5%
Responses	925	1,124	1,725	1,961	2,112



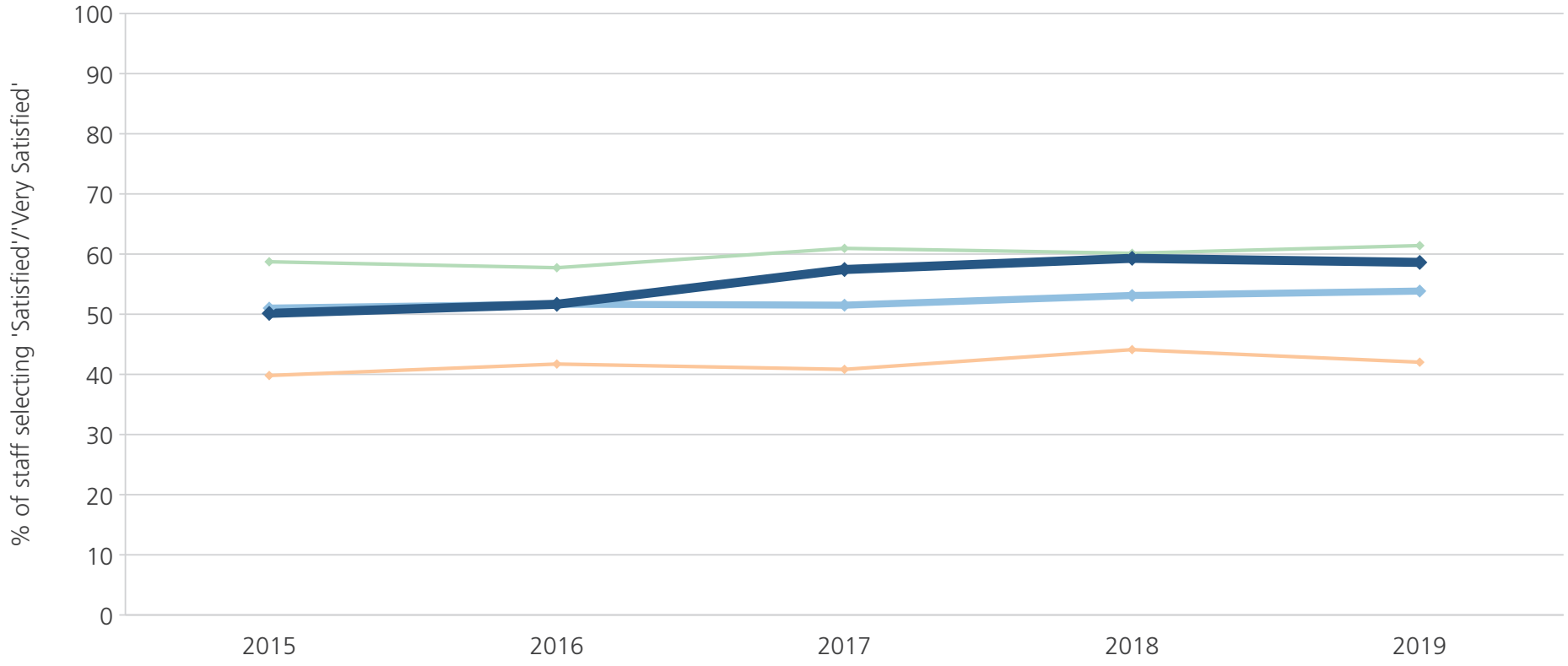
	2015	2016	2017	2018	2019
Best	83.2%	77.3%	77.2%	81.4%	79.4%
Your org	66.9%	65.5%	72.2%	73.9%	72.3%
Average	72.7%	73.0%	72.1%	72.6%	72.9%
Worst	64.8%	65.5%	66.7%	67.3%	67.2%
Responses	923	1,126	1,721	1,961	2,099



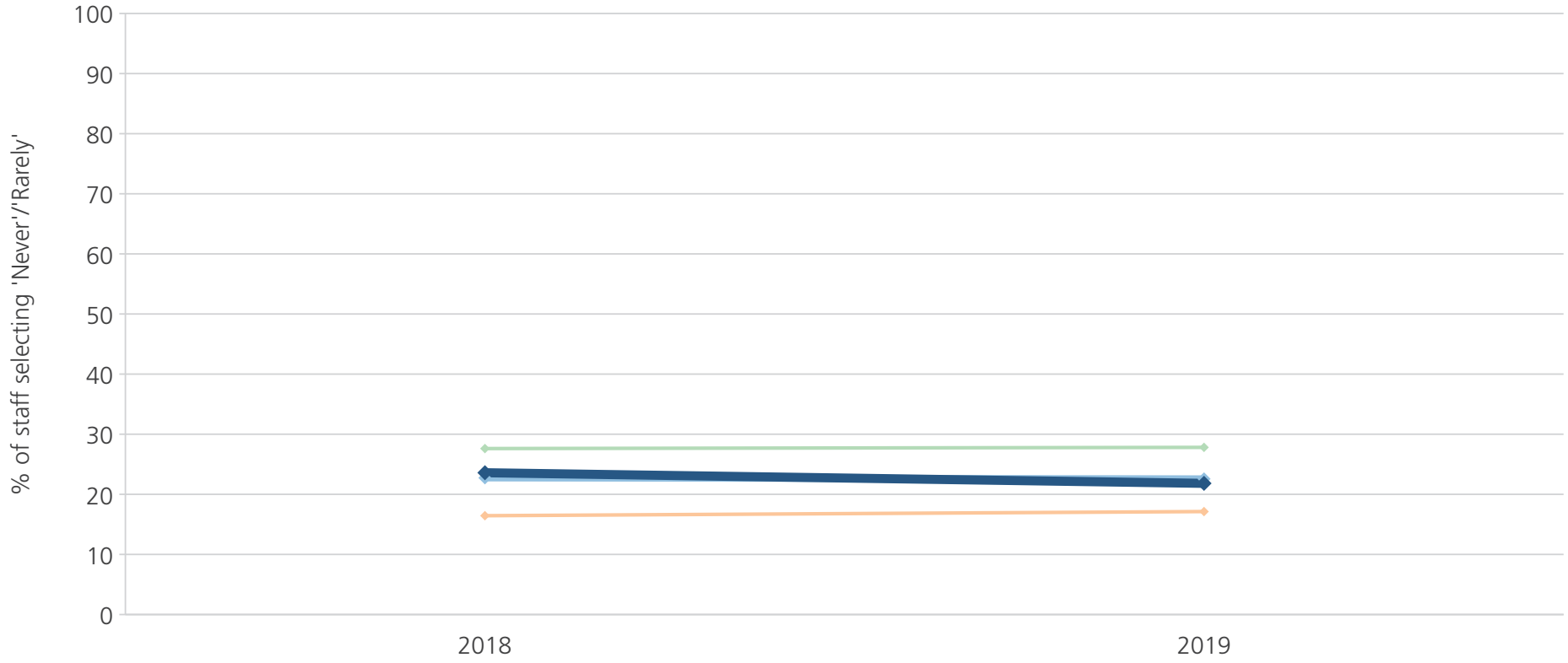
	2015	2016	2017	2018	2019
Best	58.7%	53.7%	52.8%	55.3%	60.7%
Your org	33.7%	34.0%	41.2%	51.8%	48.0%
Average	42.6%	44.1%	43.2%	46.1%	48.5%
Worst	30.0%	34.0%	34.1%	34.0%	35.2%
Responses	923	1,125	1,719	1,963	2,108



	2015	2016	2017	2018	2019
Best	47.9%	45.4%	41.4%	45.6%	47.9%
Your org	36.5%	34.1%	35.2%	39.6%	42.3%
Average	39.1%	39.5%	33.4%	38.8%	40.2%
Worst	28.3%	26.9%	23.8%	27.8%	29.2%
Responses	927	1,126	1,726	1,965	2,106



	2015	2016	2017	2018	2019
Best	58.7%	57.7%	60.9%	60.1%	61.4%
Your org	50.1%	51.7%	57.4%	59.3%	58.6%
Average	51.0%	51.7%	51.5%	53.1%	53.8%
Worst	39.8%	41.7%	40.8%	44.1%	42.0%
Responses	922	1,124	1,719	1,959	2,103

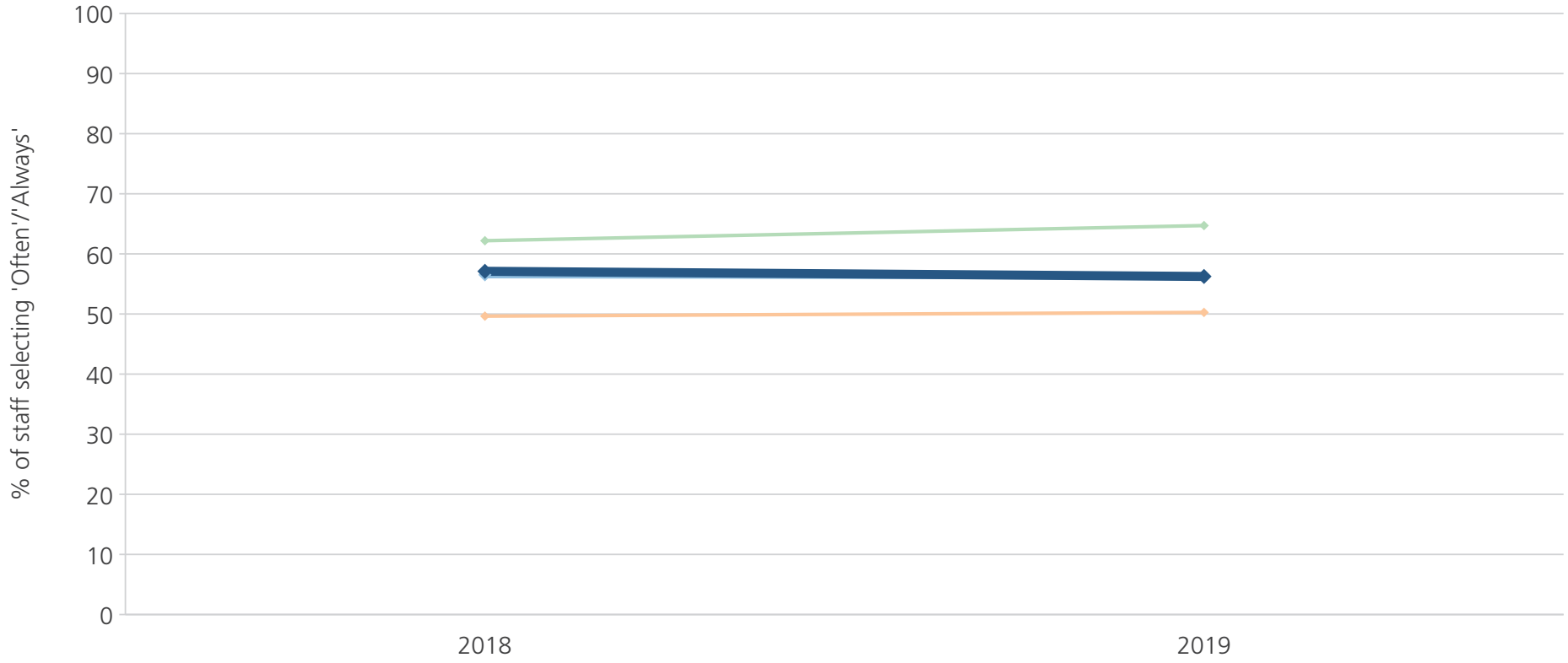


	2018	2019
Best	27.6%	27.8%
Your org	23.6%	21.8%
Average	22.7%	22.6%
Worst	16.4%	17.1%
Responses	1,924	2,091

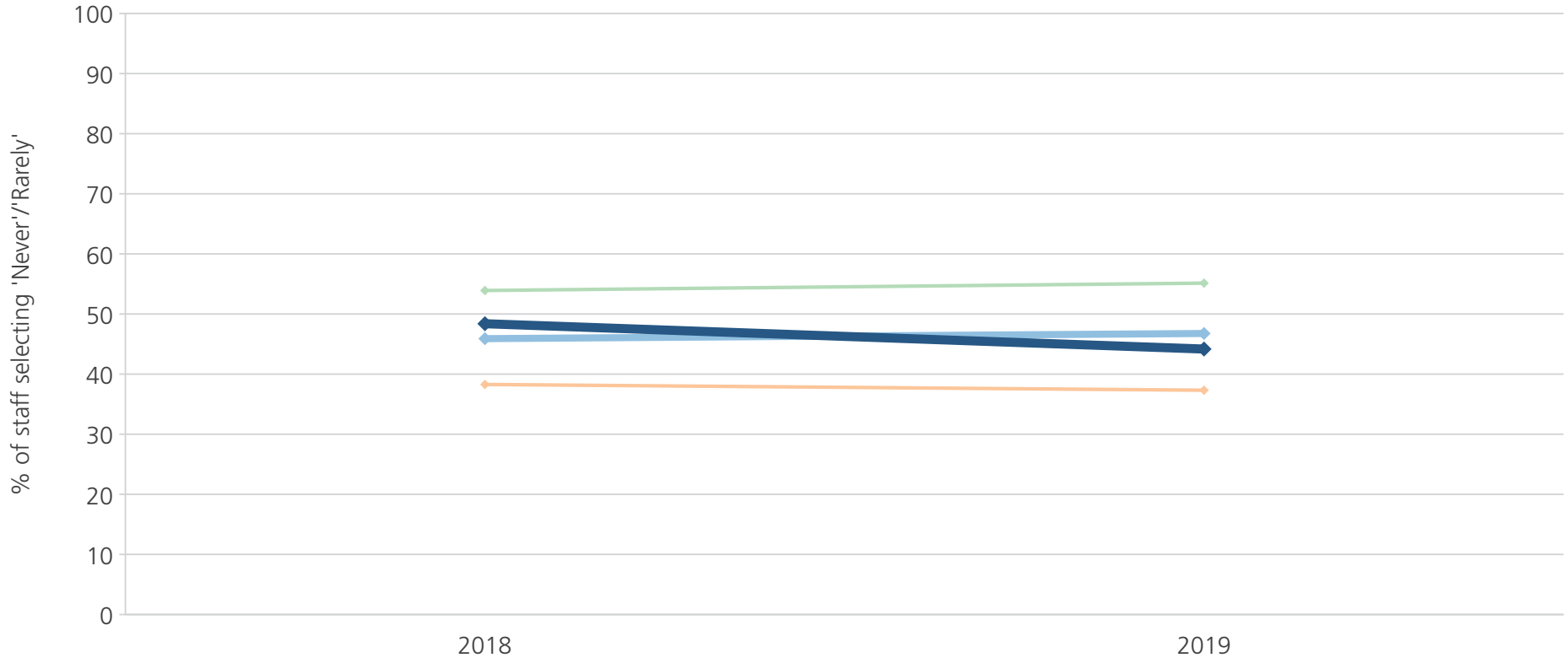
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q6b **>** I have a choice in deciding how to do my work

NHS England



	2018	2019
Best	62.2%	64.7%
Your org	57.1%	56.2%
Average	56.5%	56.3%
Worst	49.6%	50.3%
Responses	1,916	2,081

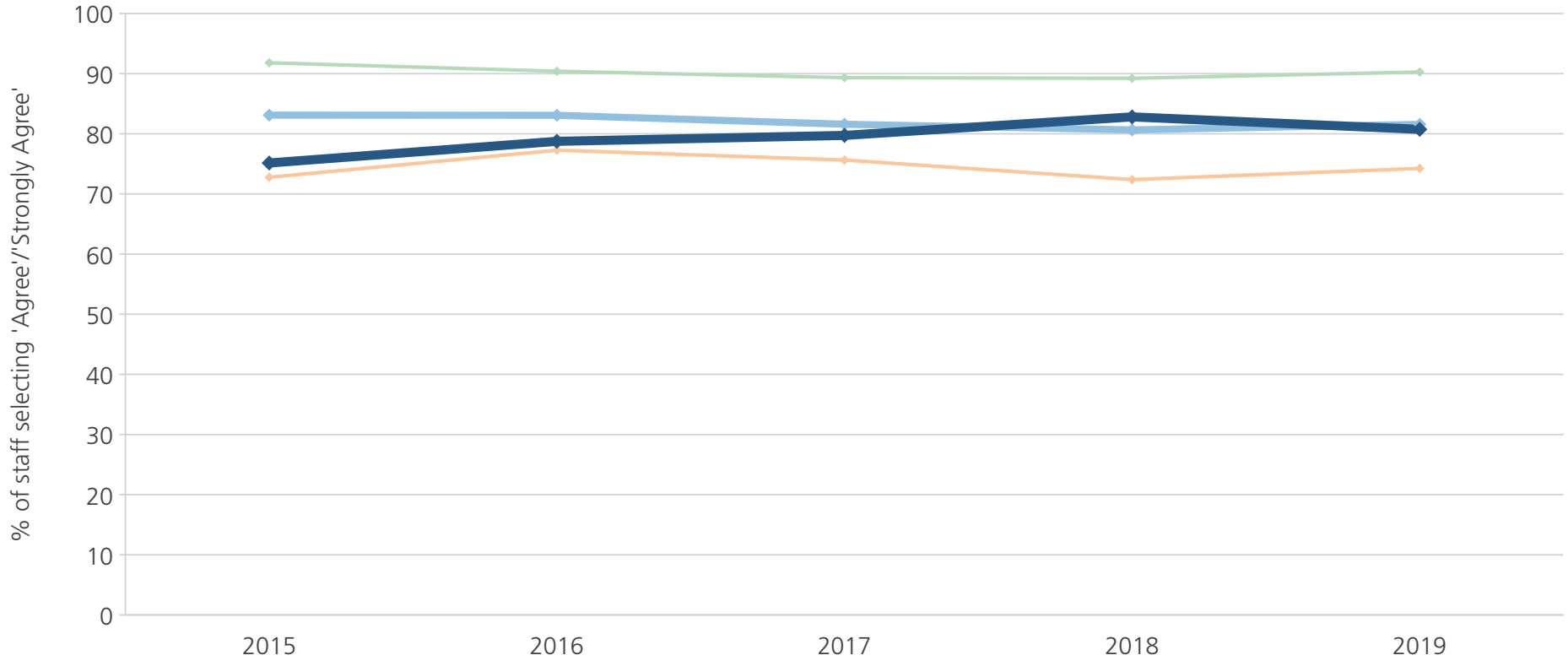


	2018	2019
Best	53.9%	55.1%
Your org	48.4%	44.2%
Average	45.9%	46.8%
Worst	38.3%	37.3%
Responses	1,920	2,086

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q7a
> I am satisfied with the quality of care I give to patients / service users

NHS England

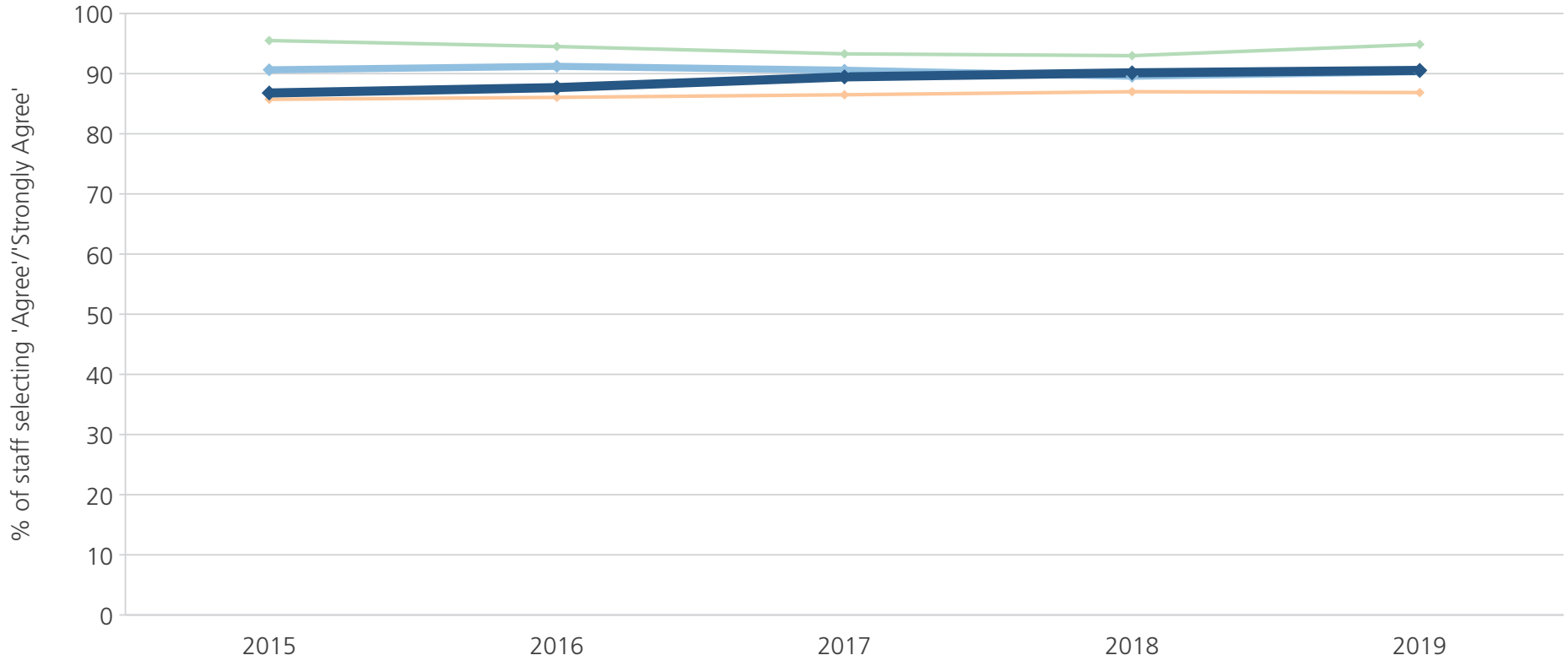


	2015	2016	2017	2018	2019
Best	91.8%	90.4%	89.3%	89.2%	90.3%
Your org	75.1%	78.7%	79.7%	82.8%	80.7%
Average	83.1%	83.1%	81.6%	80.6%	81.6%
Worst	72.8%	77.3%	75.6%	72.4%	74.2%
Responses	800	950	1,493	1,720	1,823

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job >
Q7b > I feel that my role makes a difference to patients / service users

NHS England

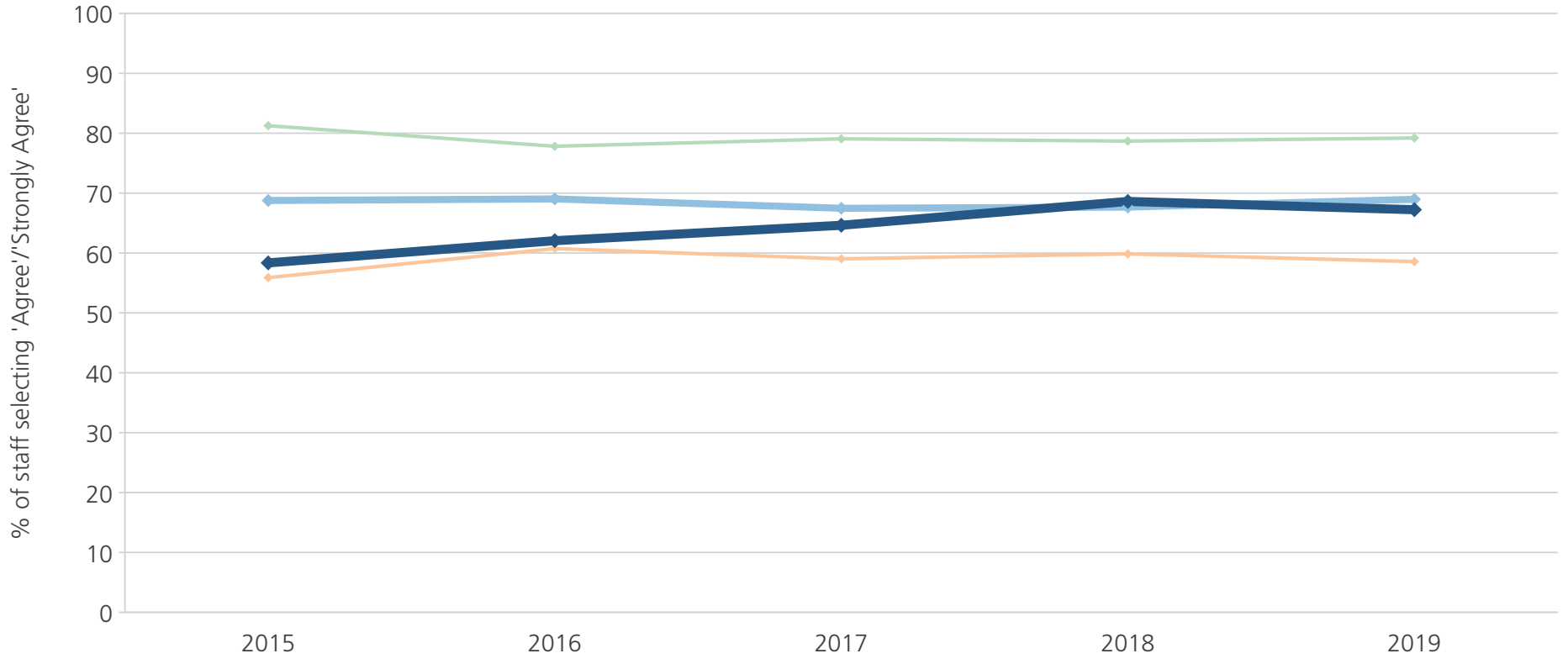


	2015	2016	2017	2018	2019
Best	95.5%	94.5%	93.3%	93.0%	94.9%
Your org	86.8%	87.7%	89.5%	90.1%	90.5%
Average	90.6%	91.2%	90.6%	89.6%	90.3%
Worst	85.7%	86.1%	86.5%	87.0%	86.9%
Responses	861	1,042	1,625	1,858	1,969

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your job > Q7c **>** I am able to deliver the care I aspire to

NHS England



	2015	2016	2017	2018	2019
Best	81.3%	77.8%	79.1%	78.7%	79.2%
Your org	58.3%	62.1%	64.6%	68.6%	67.2%
Average	68.8%	69.0%	67.5%	67.7%	69.0%
Worst	55.9%	60.7%	59.0%	59.9%	58.6%
Responses	777	945	1,498	1,705	1,821

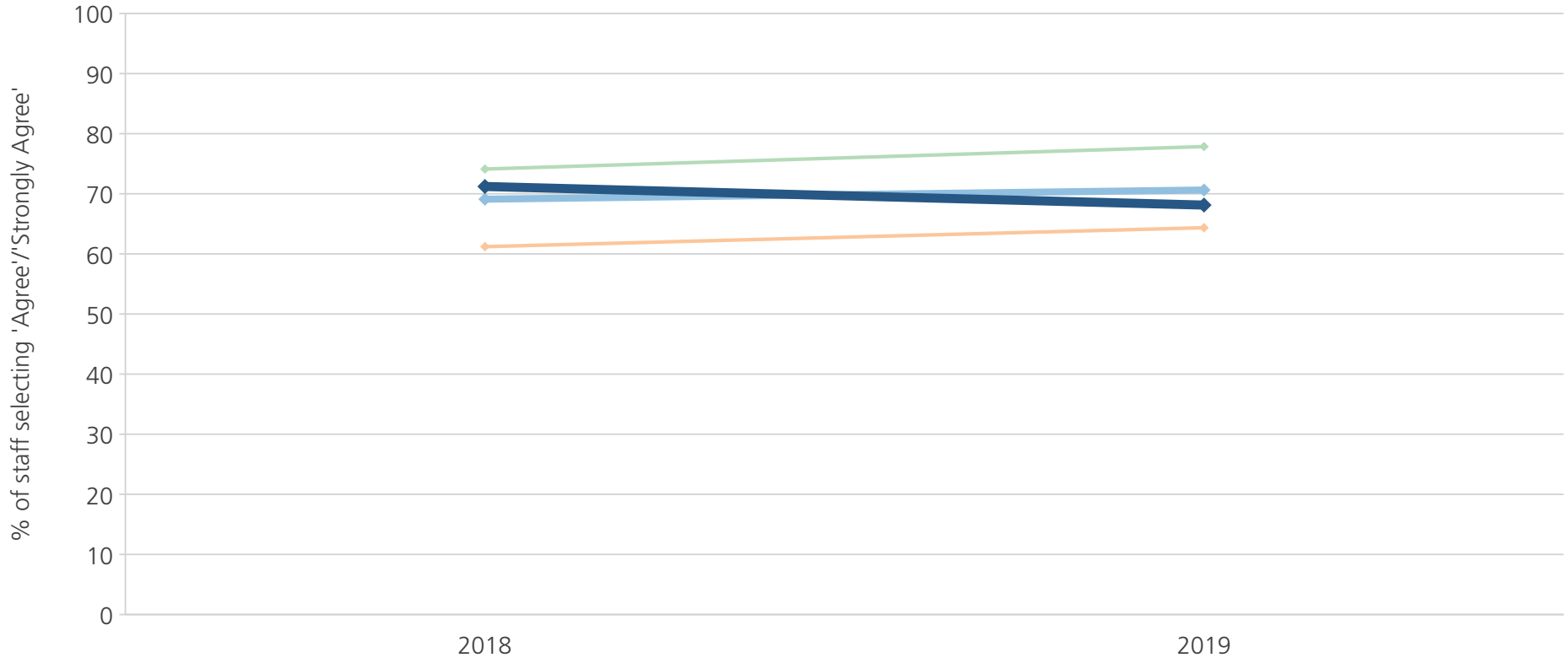
Survey Coordination Centre

NHS England

Question results – Your managers

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

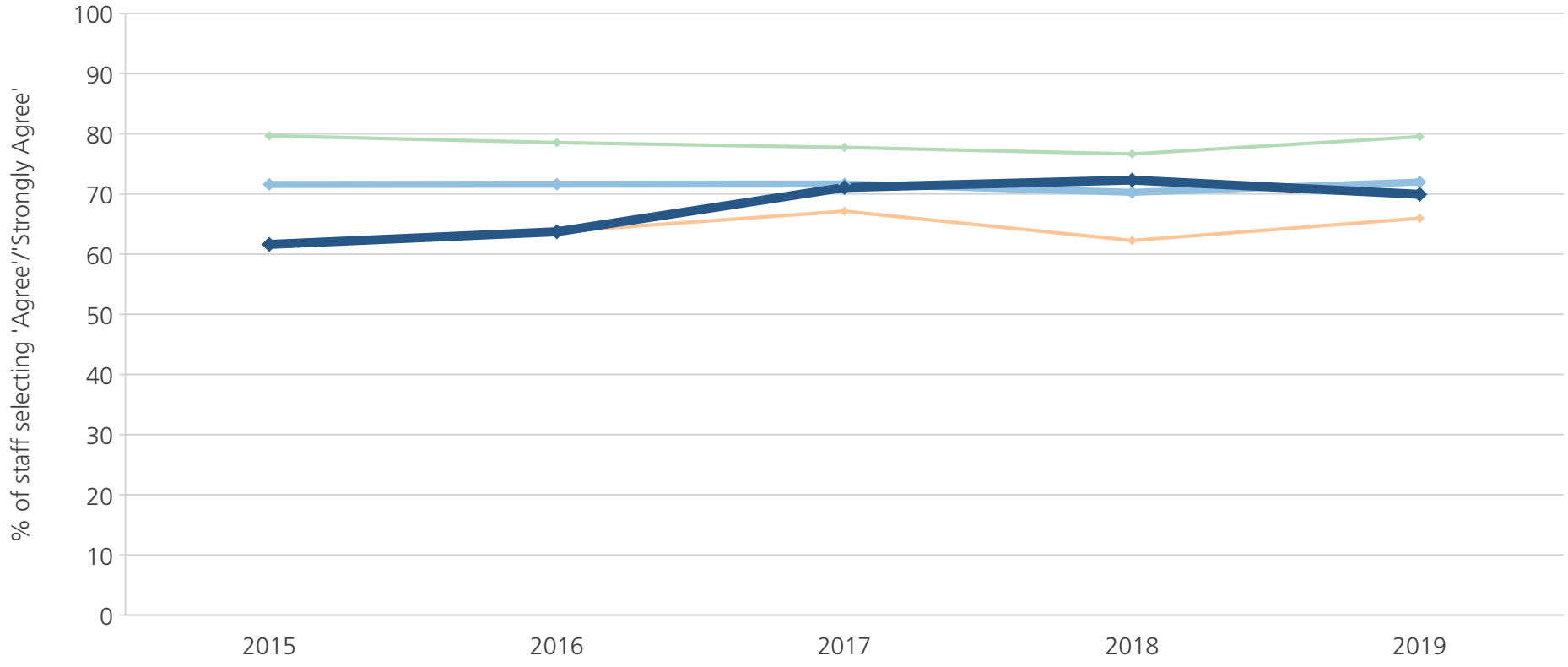


	2018	2019
Best	74.1%	77.9%
Your org	71.2%	68.1%
Average	69.1%	70.6%
Worst	61.2%	64.4%
Responses	1,985	2,120

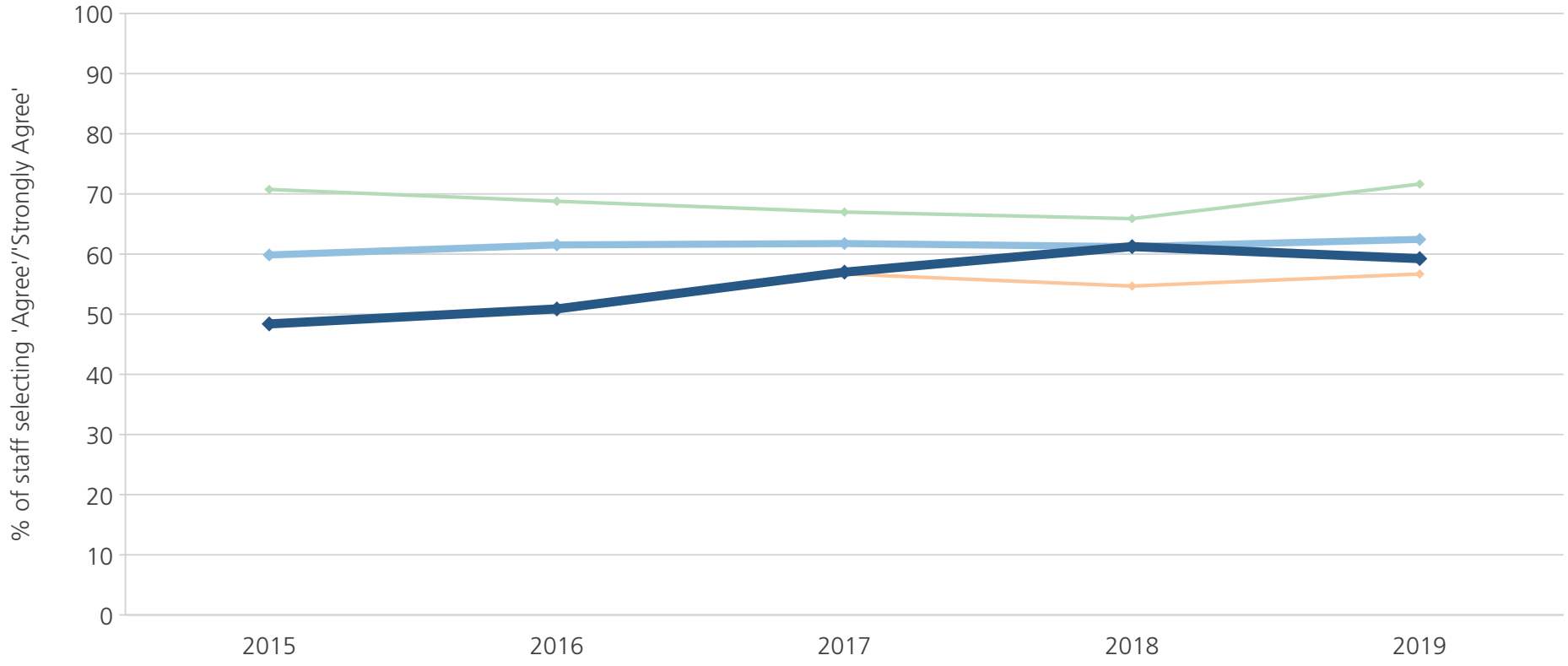
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers > Q8b >
My immediate manager can be counted on to help me with a difficult task at work

NHS England



	2015	2016	2017	2018	2019
Best	79.7%	78.5%	77.7%	76.6%	79.5%
Your org	61.6%	63.7%	71.1%	72.3%	69.9%
Average	71.6%	71.6%	71.7%	70.3%	72.0%
Worst	61.6%	63.7%	67.1%	62.3%	66.0%
Responses	926	1,130	1,736	1,978	2,111

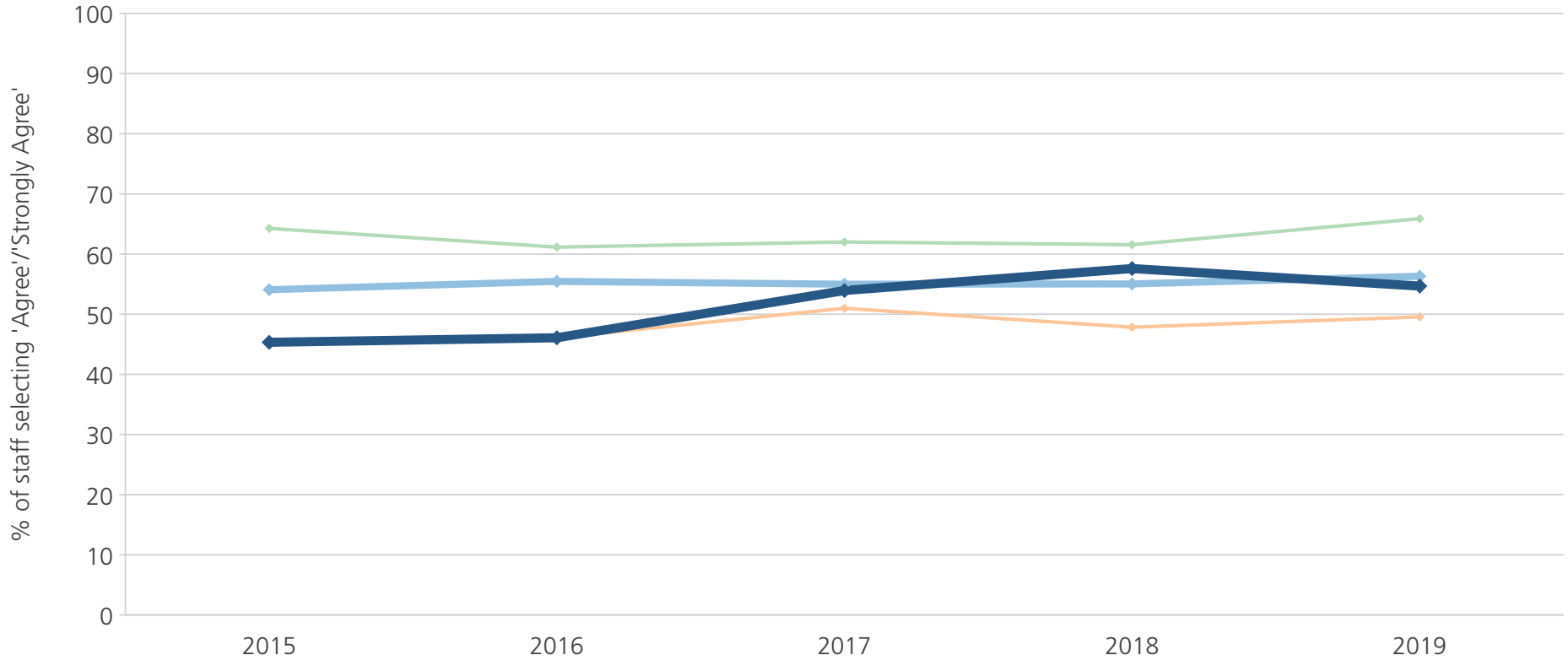


	2015	2016	2017	2018	2019
Best	70.7%	68.8%	67.0%	65.9%	71.6%
Your org	48.4%	50.9%	57.0%	61.2%	59.2%
Average	59.9%	61.5%	61.8%	61.2%	62.4%
Worst	48.4%	50.9%	56.7%	54.7%	56.7%
Responses	926	1,128	1,732	1,972	2,114

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers > Q8d **>** My immediate manager asks for my opinion before making decisions that affect my work

NHS England

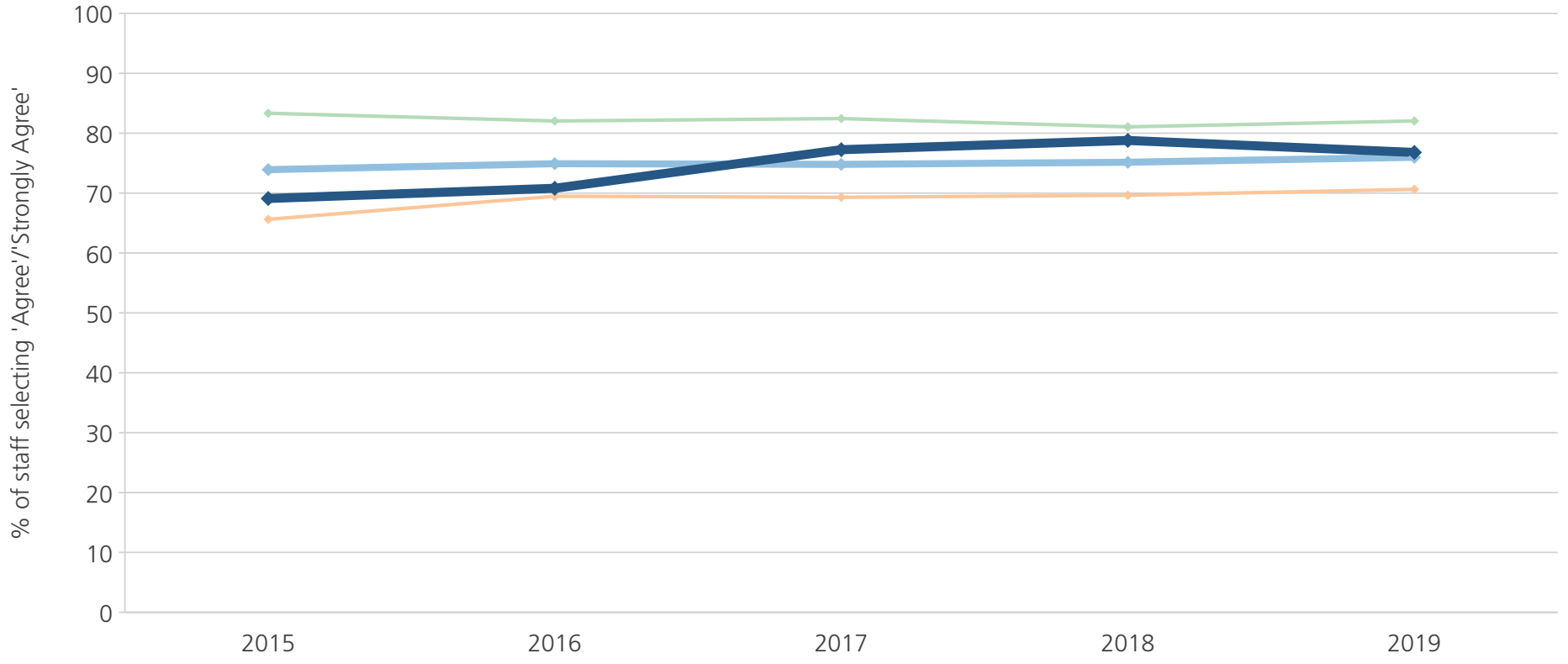


	2015	2016	2017	2018	2019
Best	64.3%	61.2%	62.0%	61.6%	65.9%
Your org	45.3%	46.1%	53.9%	57.6%	54.7%
Average	54.1%	55.5%	55.0%	55.0%	56.3%
Worst	45.3%	46.1%	51.0%	47.8%	49.6%
Responses	923	1,125	1,735	1,978	2,107

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers
> Q8e > My immediate manager is supportive in a personal crisis

NHS England

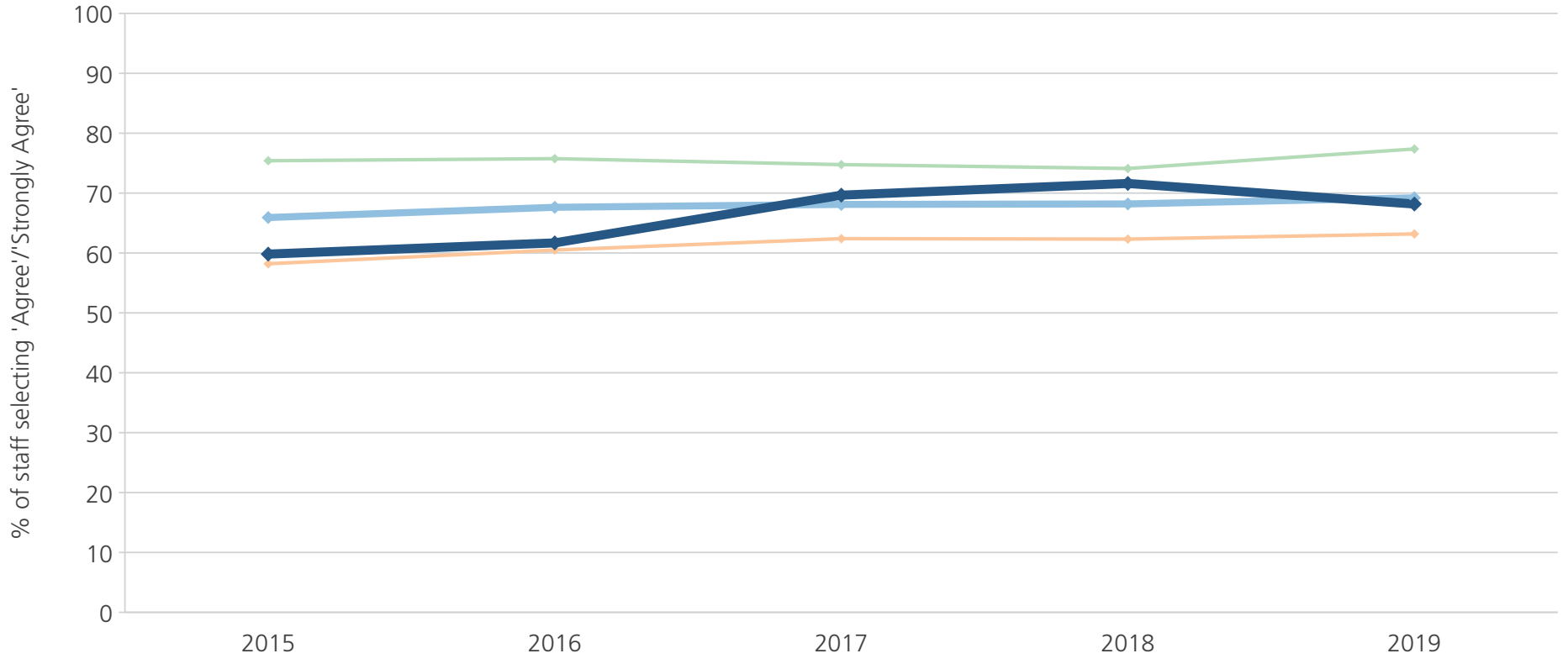


	2015	2016	2017	2018	2019
Best	83.3%	82.0%	82.4%	81.1%	82.0%
Your org	69.1%	70.8%	77.2%	78.8%	76.8%
Average	73.9%	74.9%	74.8%	75.2%	76.0%
Worst	65.6%	69.5%	69.3%	69.6%	70.6%
Responses	925	1,129	1,729	1,974	2,114

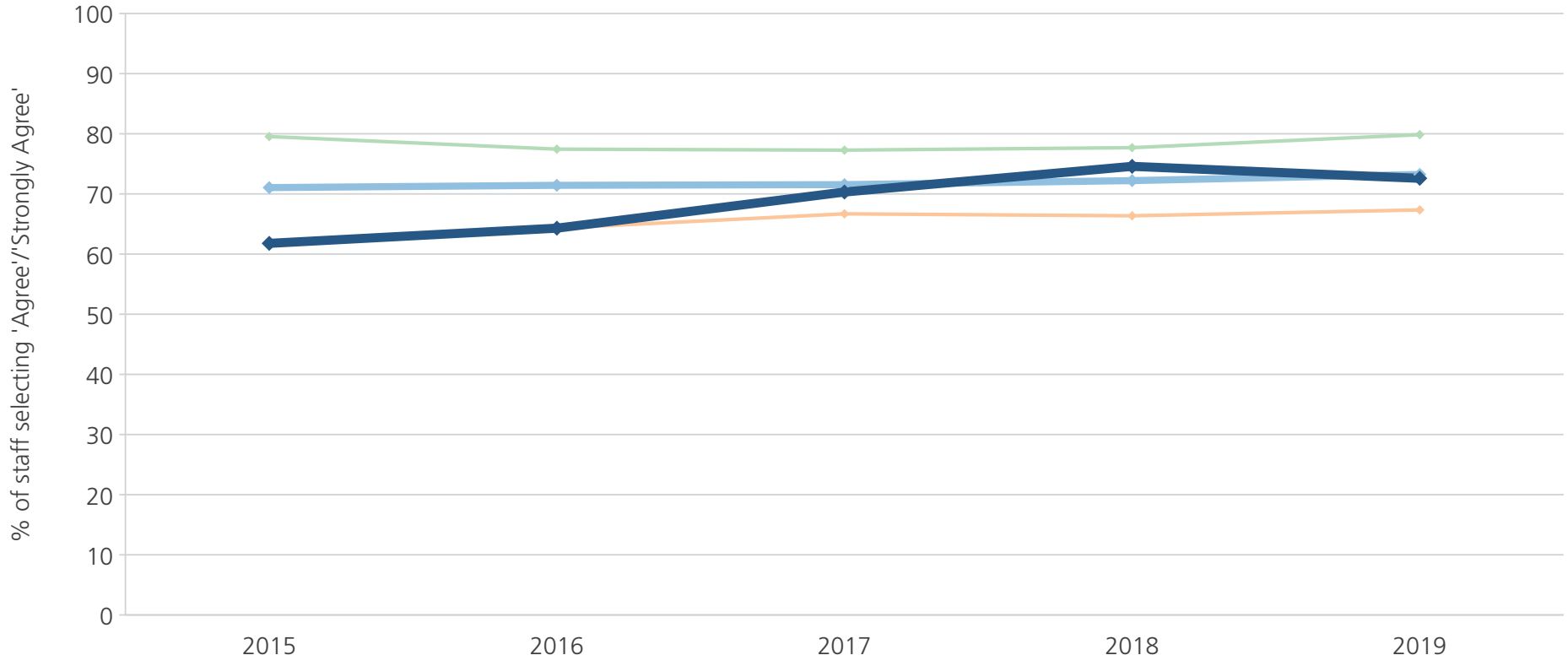
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers > Q8f
> My immediate manager takes a positive interest in my health and well-being

NHS England



	2015	2016	2017	2018	2019
Best	75.4%	75.7%	74.8%	74.1%	77.4%
Your org	59.8%	61.7%	69.7%	71.6%	68.2%
Average	65.9%	67.6%	68.1%	68.2%	69.2%
Worst	58.2%	60.5%	62.4%	62.3%	63.2%
Responses	925	1,128	1,730	1,974	2,115

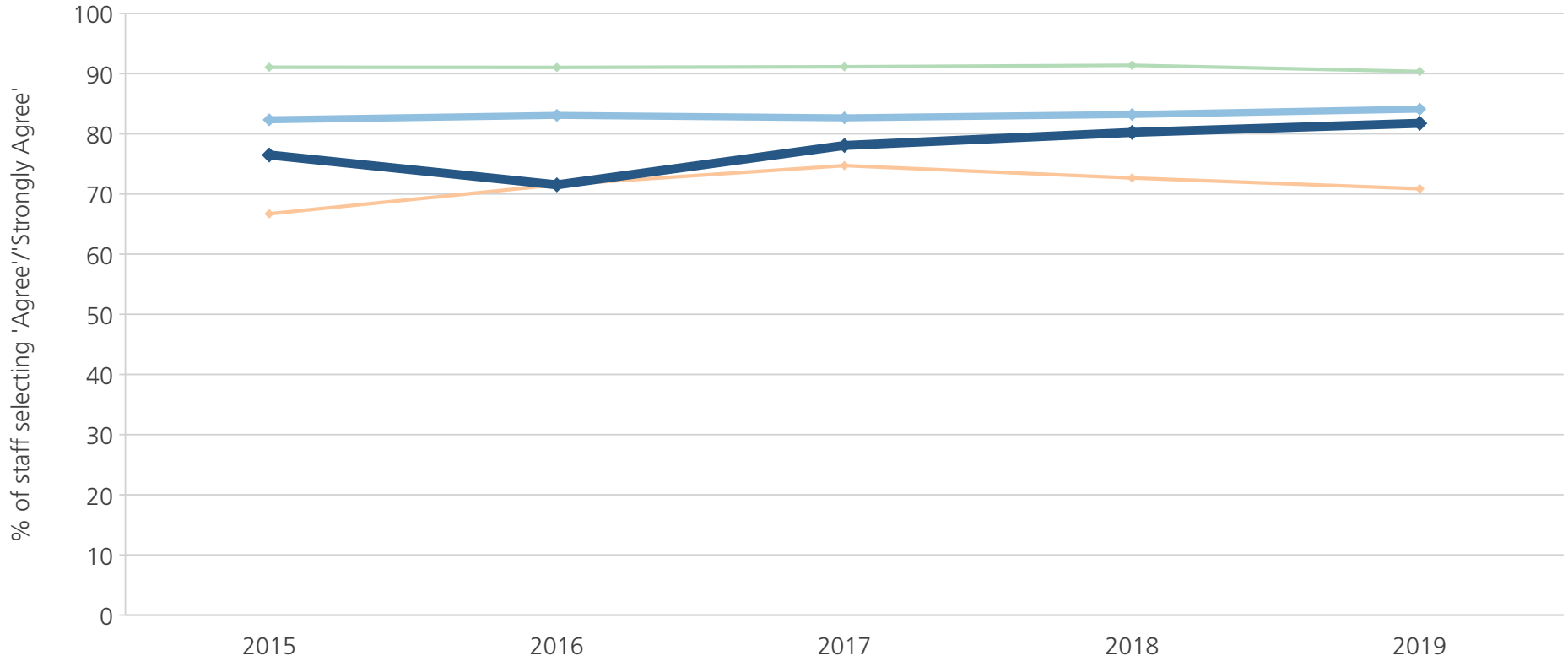


	2015	2016	2017	2018	2019
Best	79.5%	77.4%	77.3%	77.7%	79.8%
Your org	61.8%	64.3%	70.3%	74.6%	72.6%
Average	71.1%	71.4%	71.5%	72.2%	73.2%
Worst	61.7%	64.3%	66.7%	66.4%	67.3%
Responses	927	1,126	1,734	1,975	2,106

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers > Q9a **>** I know who the senior managers are here

NHS England

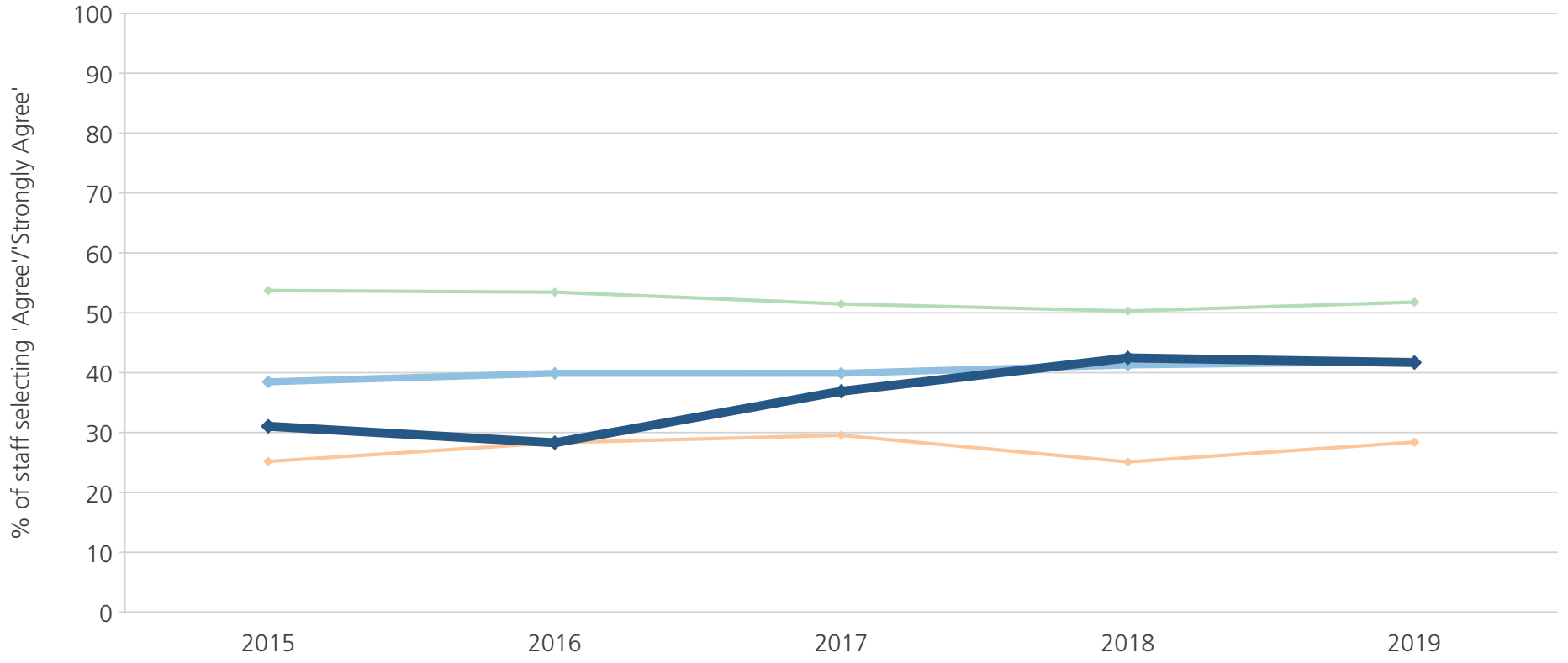


	2015	2016	2017	2018	2019
Best	91.1%	91.0%	91.1%	91.4%	90.4%
Your org	76.5%	71.5%	78.1%	80.2%	81.7%
Average	82.3%	83.1%	82.7%	83.2%	84.1%
Worst	66.7%	71.5%	74.7%	72.7%	70.9%
Responses	927	1,127	1,741	1,987	2,128

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers >
Q9b > Communication between senior management and staff is effective

NHS England

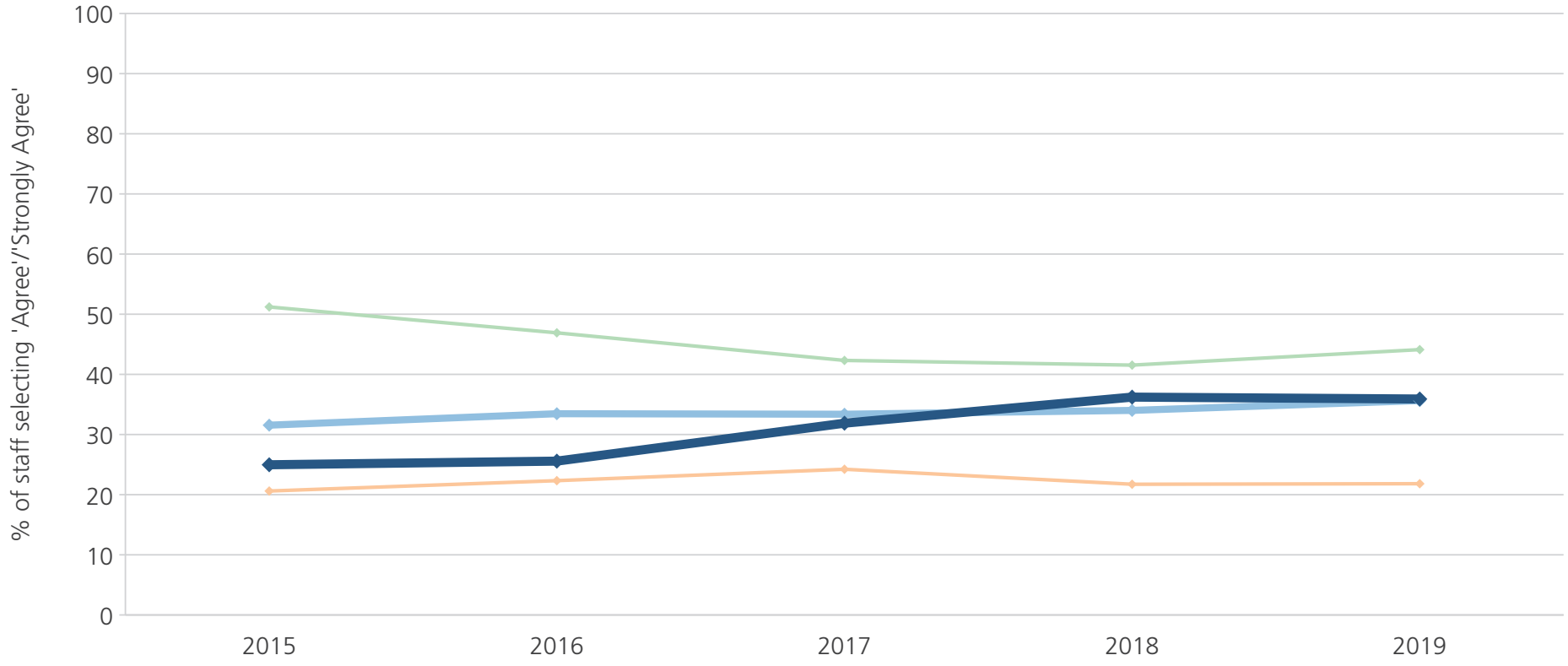


	2015	2016	2017	2018	2019
Best	53.7%	53.4%	51.5%	50.3%	51.8%
Your org	31.0%	28.3%	36.9%	42.5%	41.7%
Average	38.5%	39.9%	39.9%	41.3%	41.8%
Worst	25.2%	28.3%	29.6%	25.1%	28.4%
Responses	929	1,130	1,735	1,984	2,125

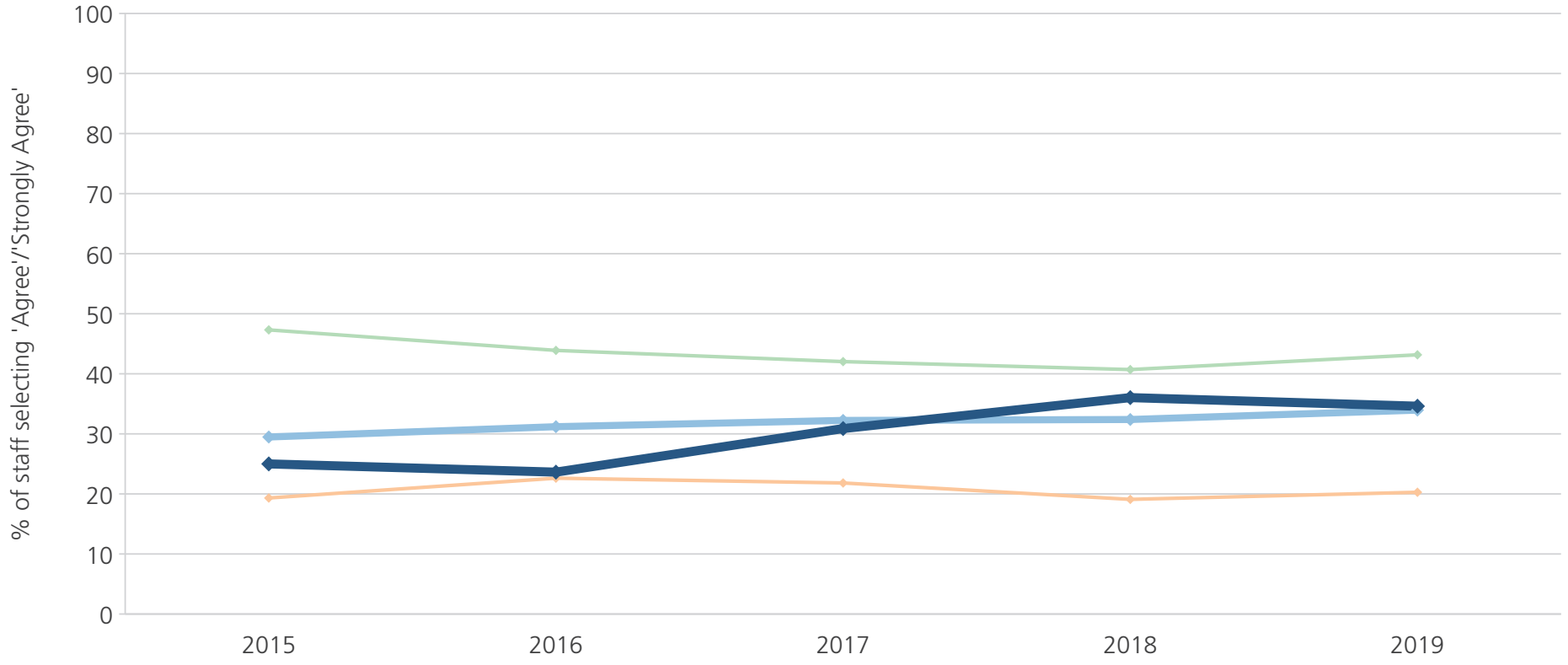
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your managers
> Q9c **>** Senior managers here try to involve staff in important decisions

NHS England



	2015	2016	2017	2018	2019
Best	51.2%	46.9%	42.3%	41.5%	44.1%
Your org	25.0%	25.6%	31.9%	36.2%	35.9%
Average	31.6%	33.5%	33.4%	34.0%	35.6%
Worst	20.6%	22.3%	24.2%	21.7%	21.8%
Responses	928	1,127	1,735	1,980	2,115



	2015	2016	2017	2018	2019
Best	47.3%	43.9%	42.0%	40.7%	43.2%
Your org	25.0%	23.6%	30.9%	36.0%	34.6%
Average	29.5%	31.2%	32.2%	32.4%	34.0%
Worst	19.3%	22.6%	21.8%	19.1%	20.3%
Responses	926	1,126	1,731	1,973	2,112

Survey Coordination Centre

NHS England

Question results – Your health, well-being and safety at work

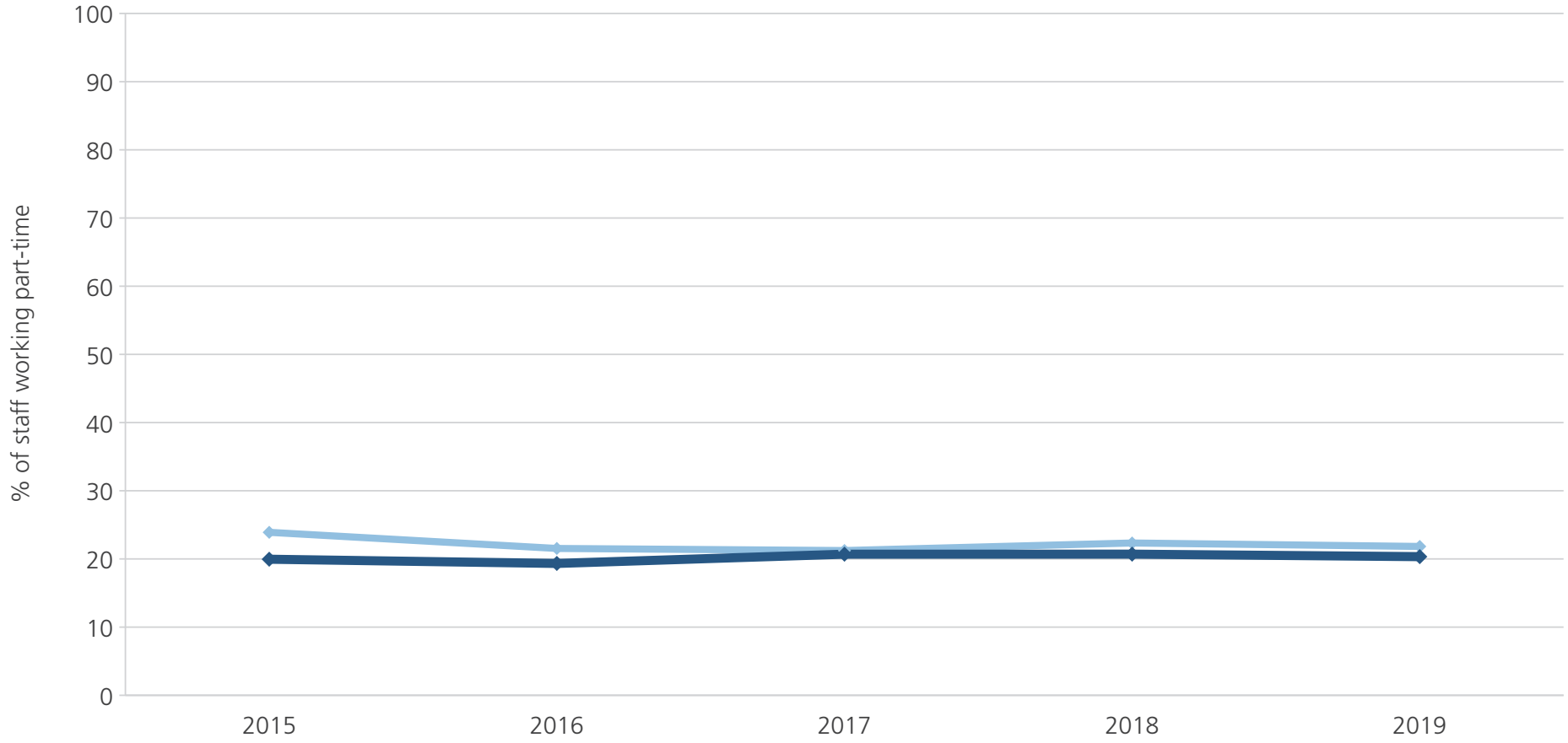
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q10a > How many hours a week are you contracted to work?

NHS England

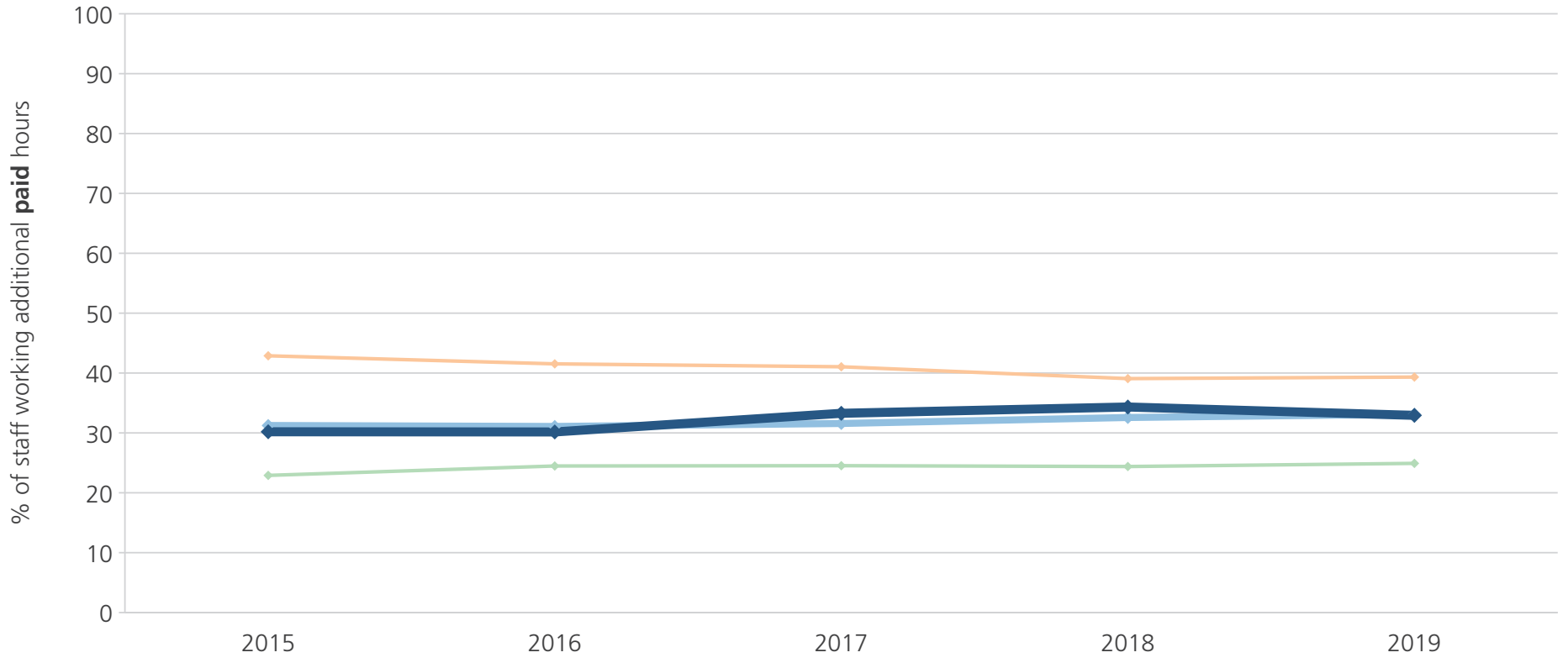


	2015	2016	2017	2018	2019
Your org	20.0%	19.3%	20.7%	20.7%	20.3%
Average	23.9%	21.5%	21.2%	22.3%	21.8%
Responses	927	1,117	1,701	1,855	1,977

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q10b **>** On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?

NHS England

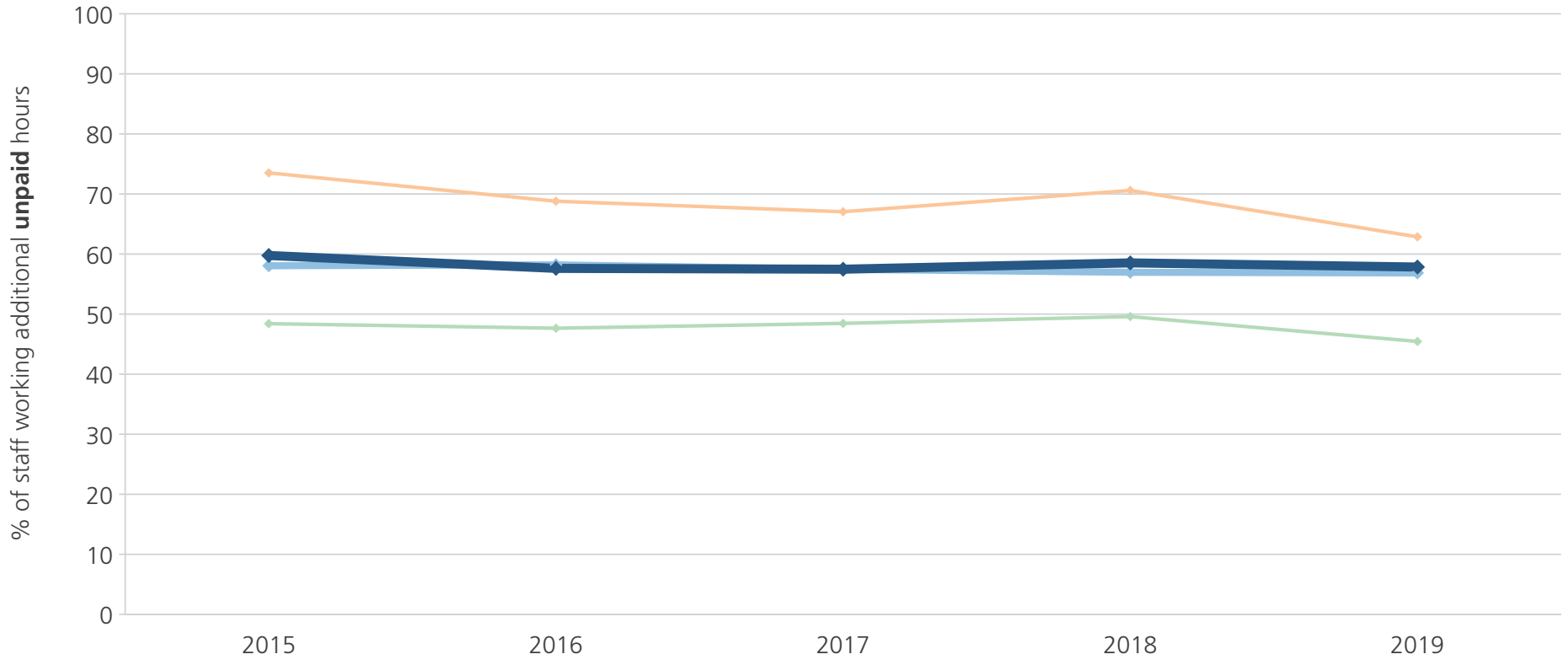


	2015	2016	2017	2018	2019
Worst	42.9%	41.5%	41.0%	39.1%	39.3%
Your org	30.2%	30.2%	33.3%	34.3%	32.9%
Average	31.2%	31.1%	31.6%	32.6%	33.1%
Best	22.9%	24.5%	24.5%	24.4%	24.9%
Responses	881	1,079	1,663	1,904	2,019

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q10c **>** On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

NHS England

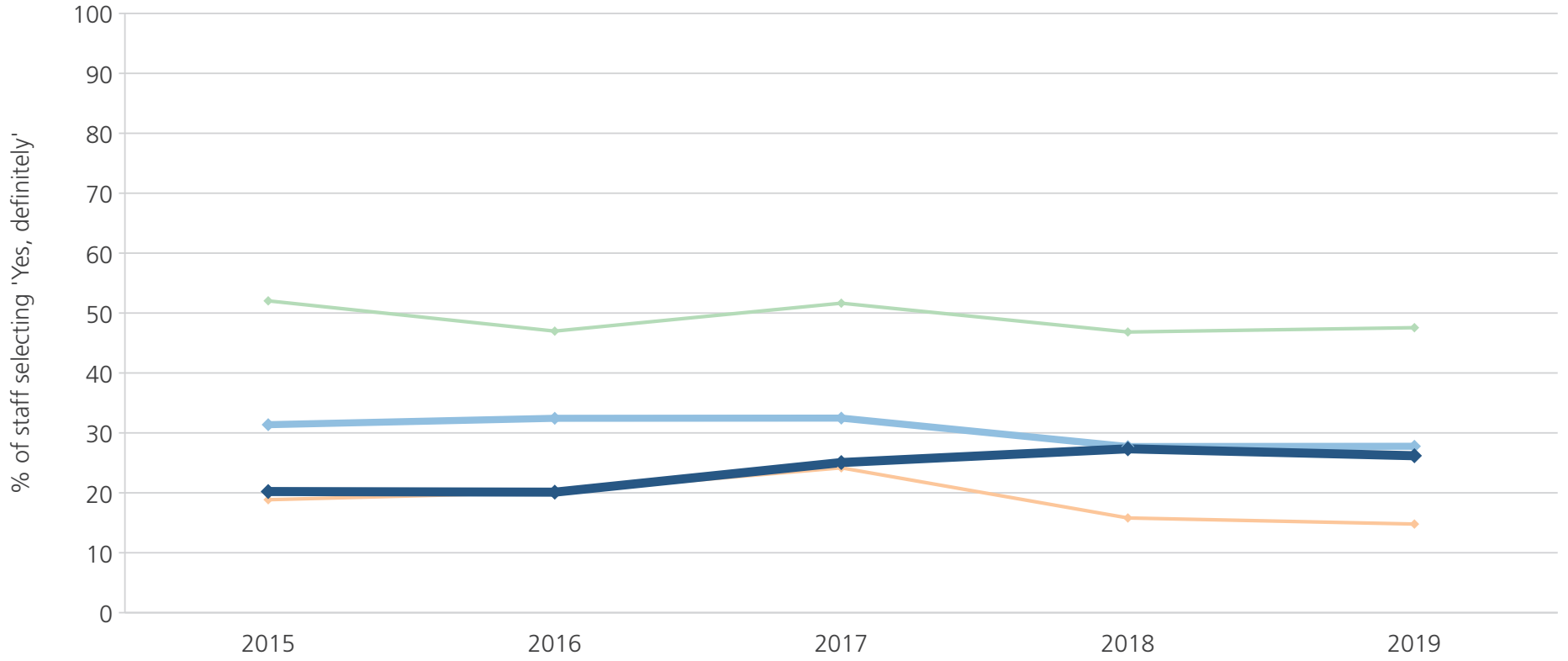


	2015	2016	2017	2018	2019
Worst	73.5%	68.8%	67.0%	70.6%	62.9%
Your org	59.8%	57.6%	57.5%	58.5%	57.8%
Average	58.1%	58.2%	57.5%	57.0%	56.9%
Best	48.4%	47.6%	48.5%	49.6%	45.4%
Responses	897	1,077	1,662	1,909	2,029

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11a **>** Does your organisation take positive action on health and well-being?

NHS England

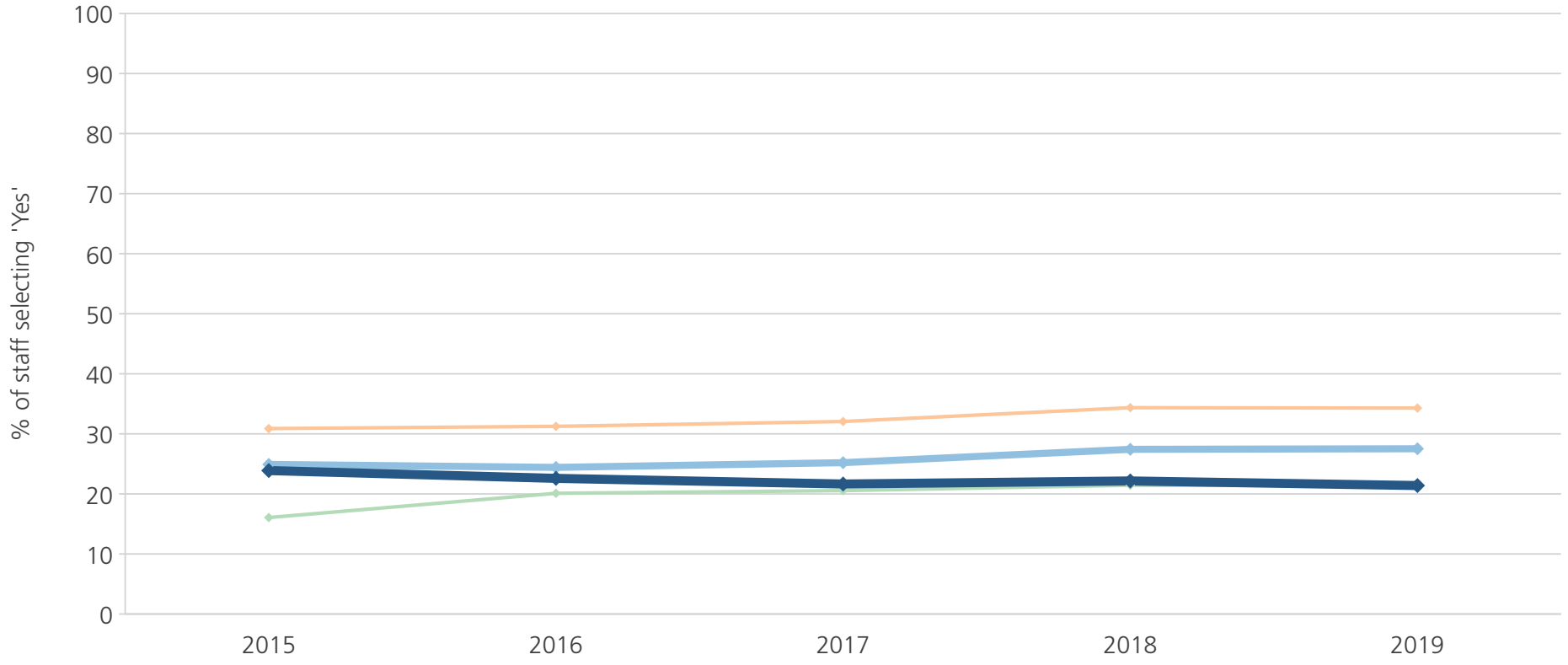


	2015	2016	2017	2018	2019
Best	52.0%	47.0%	51.6%	46.8%	47.6%
Your org	20.2%	20.1%	25.1%	27.3%	26.2%
Average	31.4%	32.4%	32.5%	27.7%	27.8%
Worst	18.8%	20.1%	24.2%	15.8%	14.8%
Responses	923	1,121	1,726	1,949	2,104

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11b
> In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

NHS England

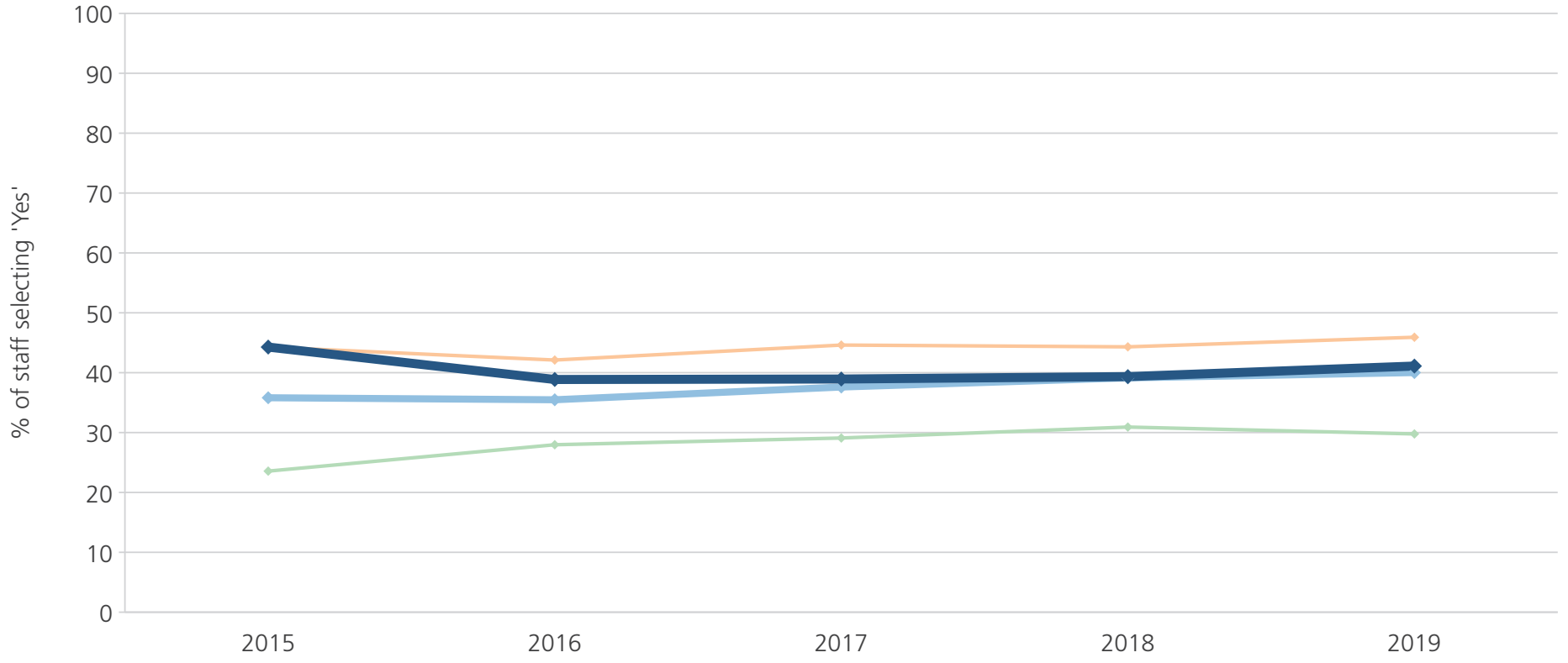


	2015	2016	2017	2018	2019
Worst	30.9%	31.2%	32.1%	34.4%	34.3%
Your org	23.9%	22.6%	21.6%	22.2%	21.4%
Average	24.9%	24.4%	25.2%	27.4%	27.5%
Best	16.1%	20.1%	20.6%	21.4%	21.4%
Responses	925	1,124	1,732	1,969	2,102

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11c **>** During the last 12 months have you felt unwell as a result of work related stress?

NHS England

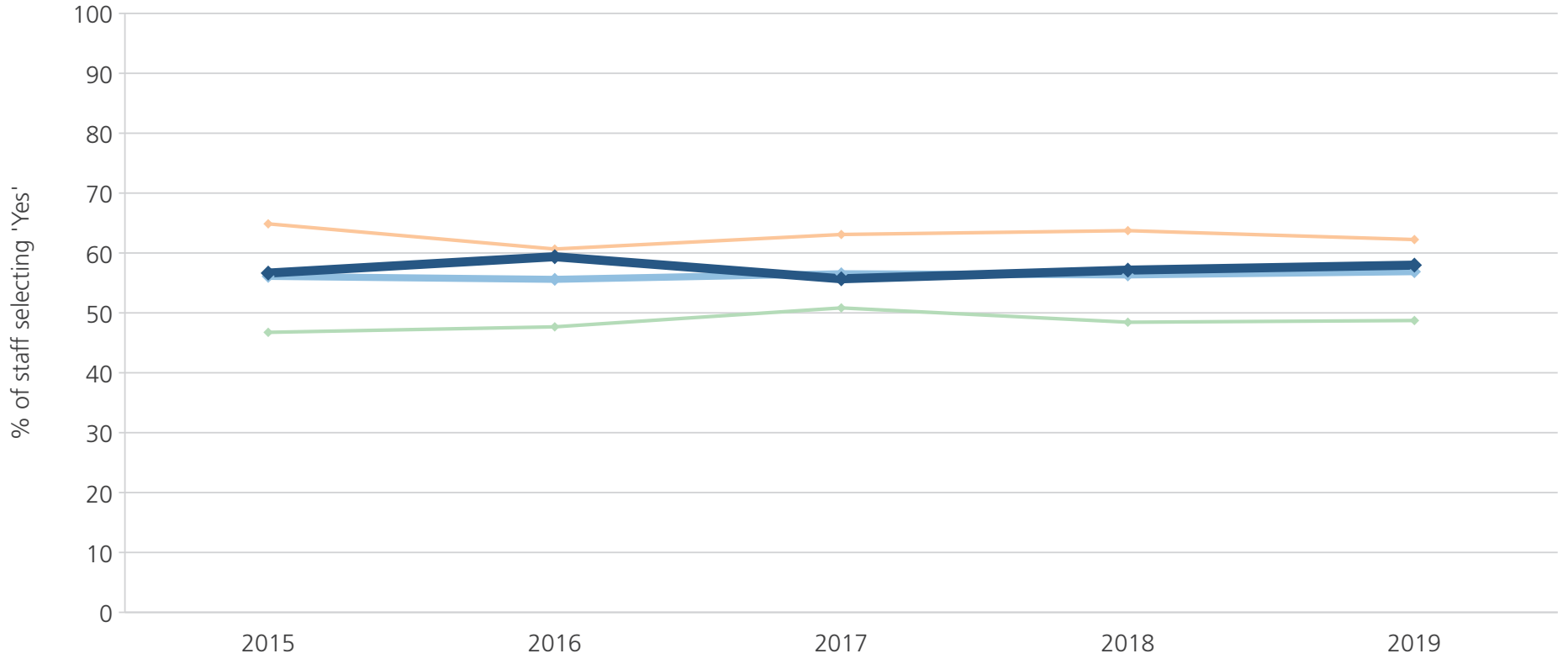


	2015	2016	2017	2018	2019
Worst	44.3%	42.1%	44.6%	44.3%	45.9%
Your org	44.3%	38.9%	38.9%	39.3%	41.1%
Average	35.8%	35.5%	37.6%	39.1%	40.0%
Best	23.6%	28.0%	29.1%	30.9%	29.8%
Responses	927	1,128	1,738	1,966	2,107

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11d
> In the last three months have you ever come to work despite not feeling well enough to perform your duties?

NHS England



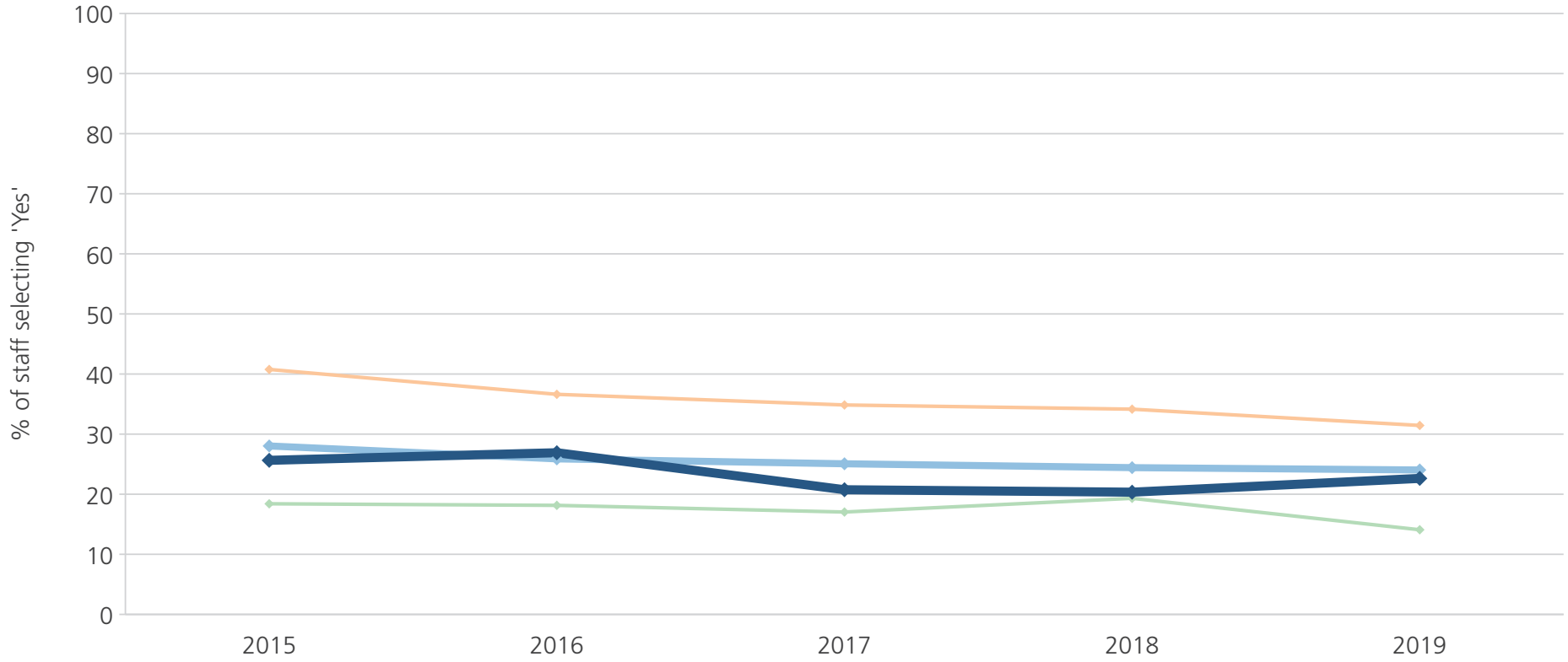
	2015	2016	2017	2018	2019
Worst	64.9%	60.7%	63.1%	63.7%	62.2%
Your org	56.6%	59.4%	55.7%	57.1%	58.0%
Average	56.1%	55.6%	56.5%	56.3%	56.9%
Best	46.8%	47.7%	50.8%	48.4%	48.7%
Responses	923	1,125	1,737	1,971	2,112

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11e **>** Have you felt pressure from your manager to come to work?

NHS England

This question was only answered by people who responded to Q11d.



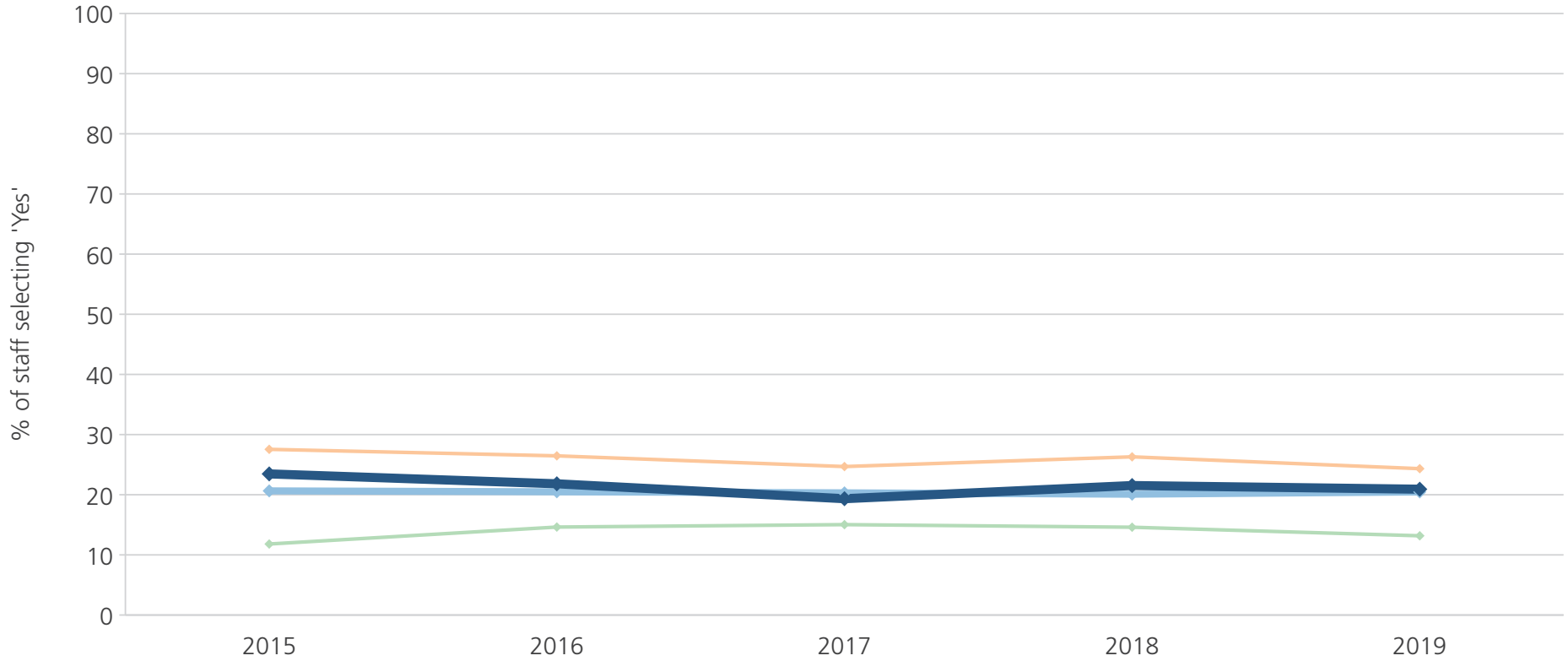
	2015	2016	2017	2018	2019
Worst	40.8%	36.6%	34.8%	34.2%	31.4%
Your org	25.6%	26.9%	20.7%	20.3%	22.6%
Average	28.0%	25.9%	25.1%	24.4%	24.0%
Best	18.4%	18.1%	17.0%	19.3%	14.1%
Responses	512	650	946	1,098	1,199

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11f > Have you felt pressure from colleagues to come to work?

NHS England

This question was only answered by people who responded to Q11d.



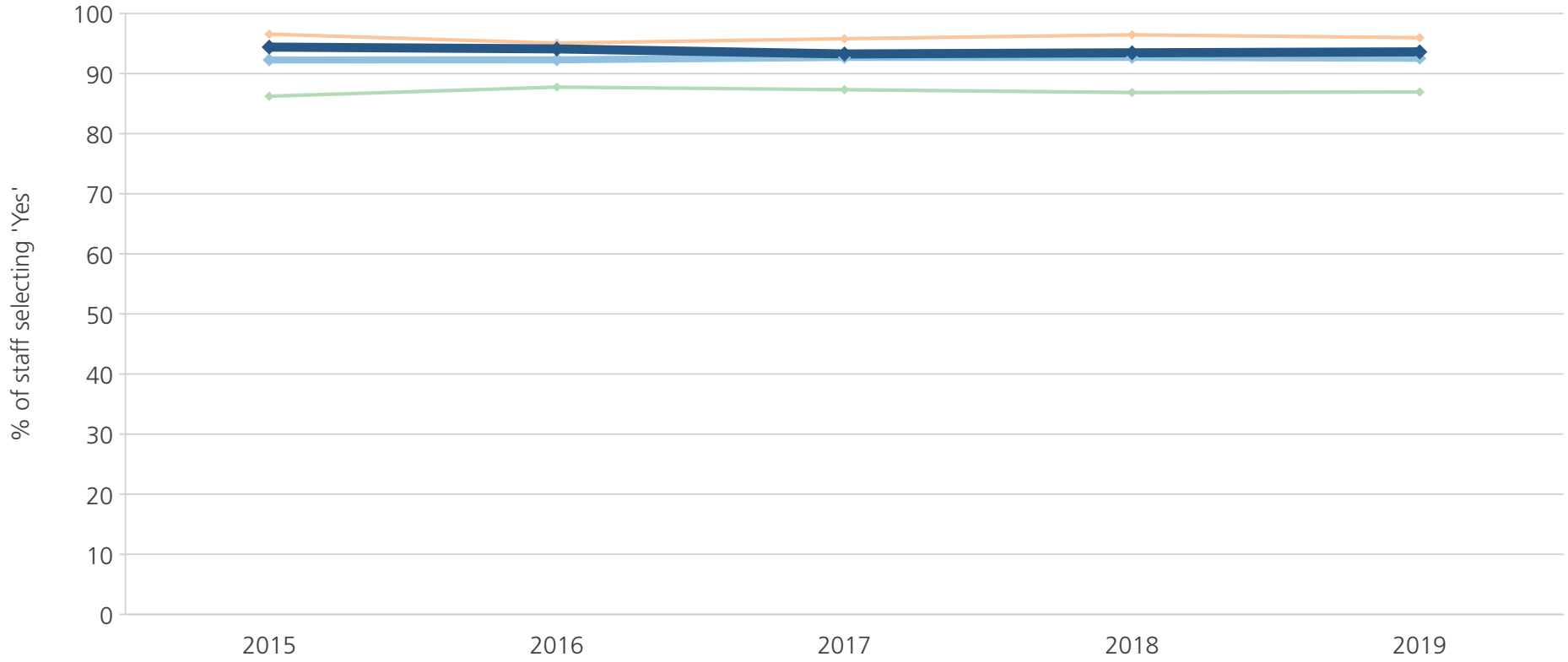
	2015	2016	2017	2018	2019
Worst	27.5%	26.5%	24.7%	26.3%	24.3%
Your org	23.5%	21.8%	19.3%	21.5%	20.9%
Average	20.6%	20.5%	20.3%	20.1%	20.5%
Best	11.8%	14.6%	15.0%	14.6%	13.2%
Responses	512	649	943	1,094	1,191

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q11g **>** Have you put yourself under pressure to come to work?

NHS England

This question was only answered by people who responded to Q11d.

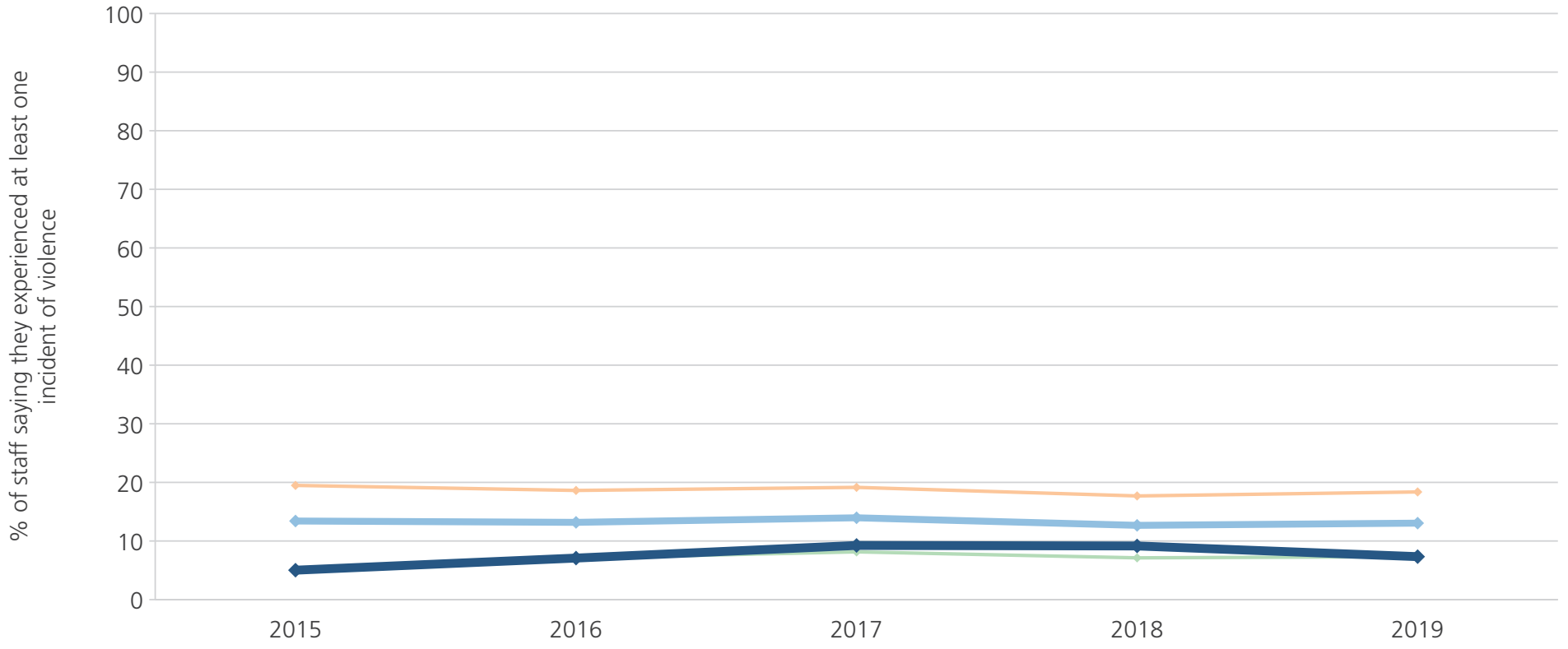


	2015	2016	2017	2018	2019
Worst	96.6%	95.1%	95.8%	96.4%	96.0%
Your org	94.4%	94.1%	93.3%	93.5%	93.6%
Average	92.3%	92.3%	92.7%	92.7%	92.5%
Best	86.2%	87.8%	87.3%	86.8%	86.9%
Responses	516	656	955	1,097	1,199

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q12a **>** In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

NHS England

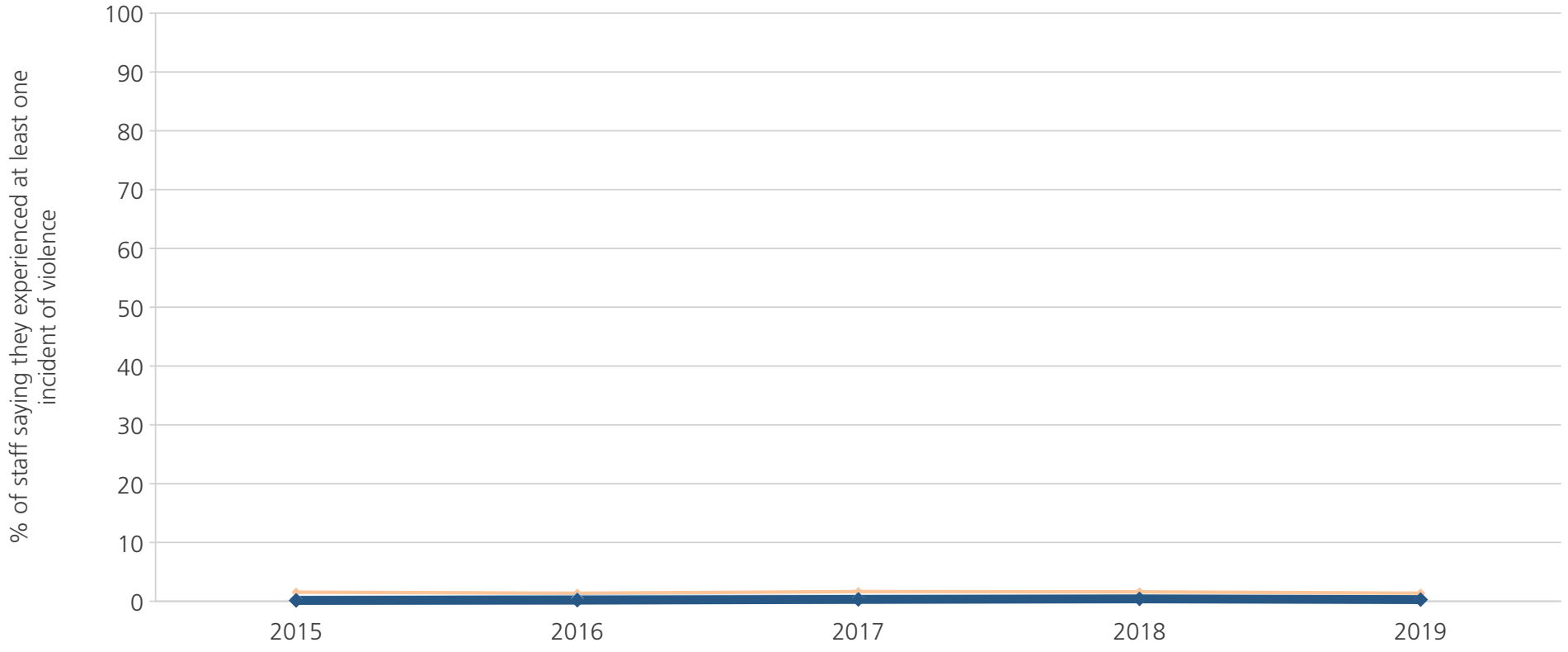


	2015	2016	2017	2018	2019
Worst	19.5%	18.6%	19.2%	17.7%	18.4%
Your org	5.0%	7.1%	9.2%	9.2%	7.3%
Average	13.4%	13.2%	14.0%	12.7%	13.0%
Best	5.0%	7.1%	8.1%	7.1%	7.3%
Responses	928	1,115	1,731	1,952	2,097

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q12b **>**
In the last 12 months how many times have you personally experienced physical violence at work from managers?

NHS England

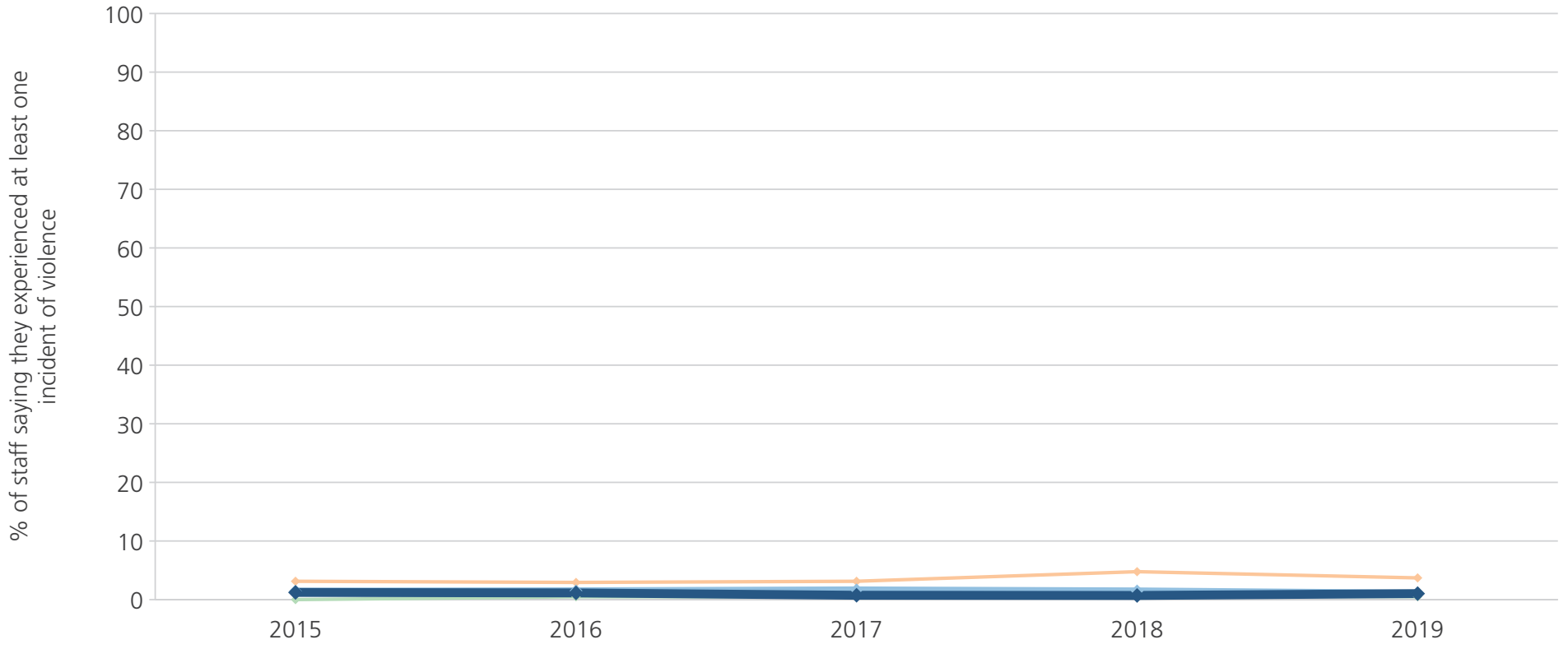


	2015	2016	2017	2018	2019
Worst	1.5%	1.4%	1.6%	1.6%	1.4%
Your org	0.1%	0.2%	0.3%	0.4%	0.3%
Average	0.4%	0.5%	0.5%	0.5%	0.4%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	923	1,106	1,723	1,937	2,077

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q12c **>** In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?

NHS England

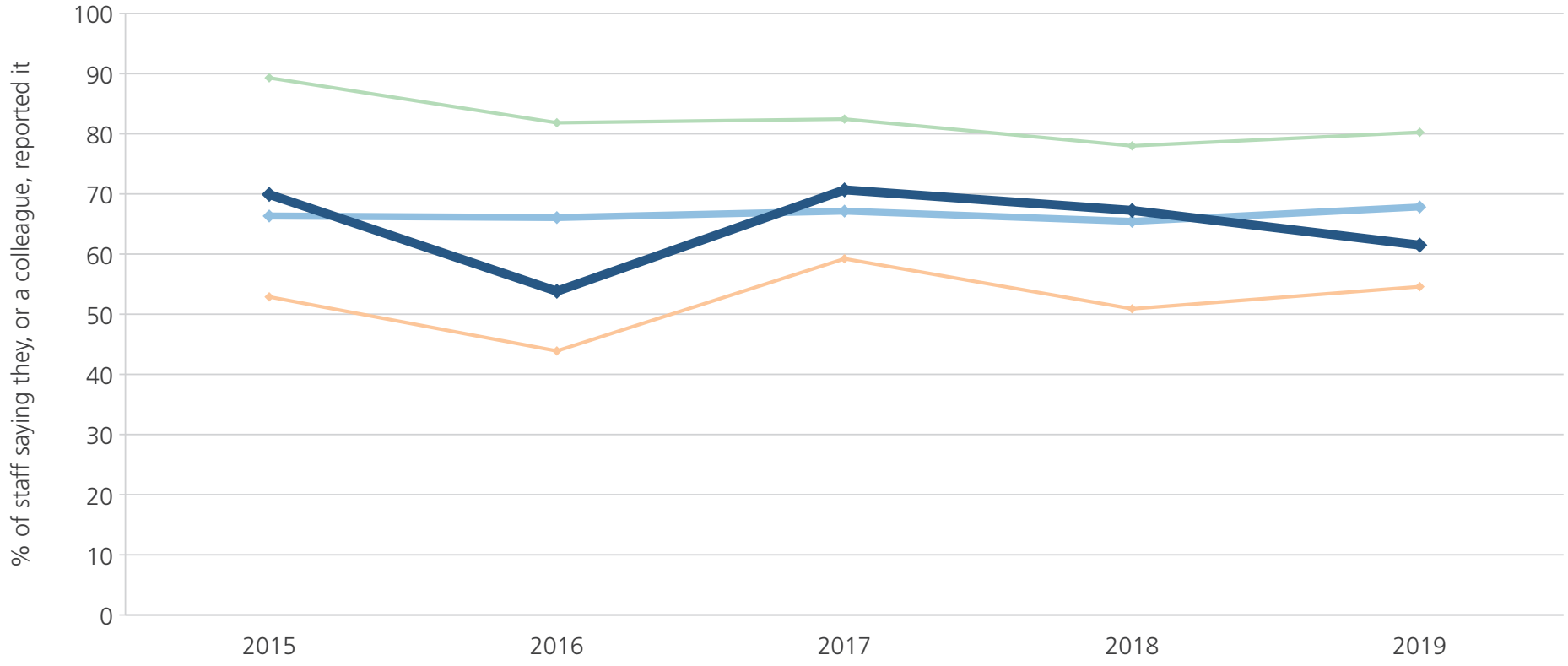


	2015	2016	2017	2018	2019
Worst	3.1%	2.9%	3.1%	4.8%	3.7%
Your org	1.2%	1.1%	0.7%	0.7%	1.0%
Average	1.4%	1.5%	1.7%	1.5%	1.1%
Best	0.0%	0.5%	0.5%	0.6%	0.5%
Responses	922	1,107	1,706	1,918	2,060

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work
> Q12d > The last time you experienced physical violence at work, did you or a colleague report it?

NHS England

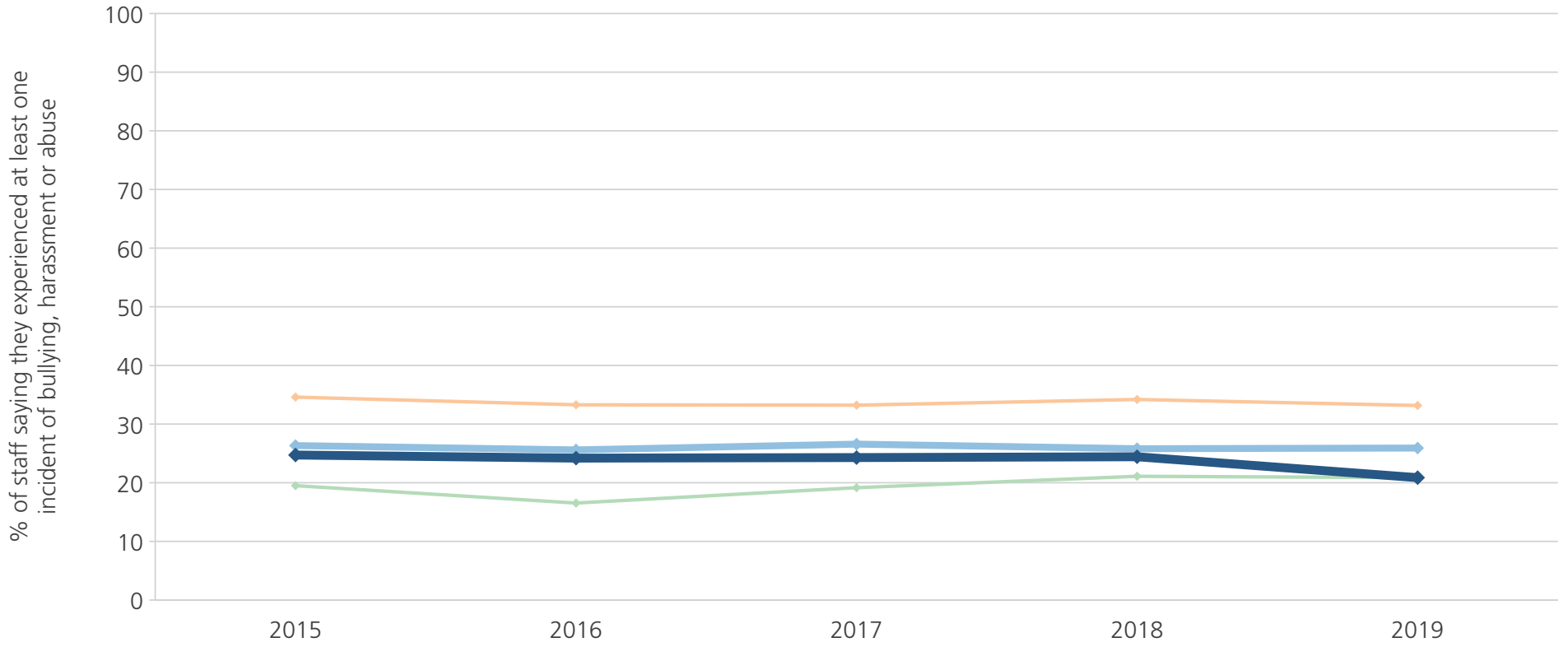


	2015	2016	2017	2018	2019
Best	89.3%	81.8%	82.4%	78.0%	80.2%
Your org	69.9%	53.8%	70.7%	67.3%	61.5%
Average	66.3%	66.1%	67.1%	65.4%	67.8%
Worst	52.9%	43.9%	59.2%	50.9%	54.6%
Responses	48	69	135	141	129

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q13a **>** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

NHS England

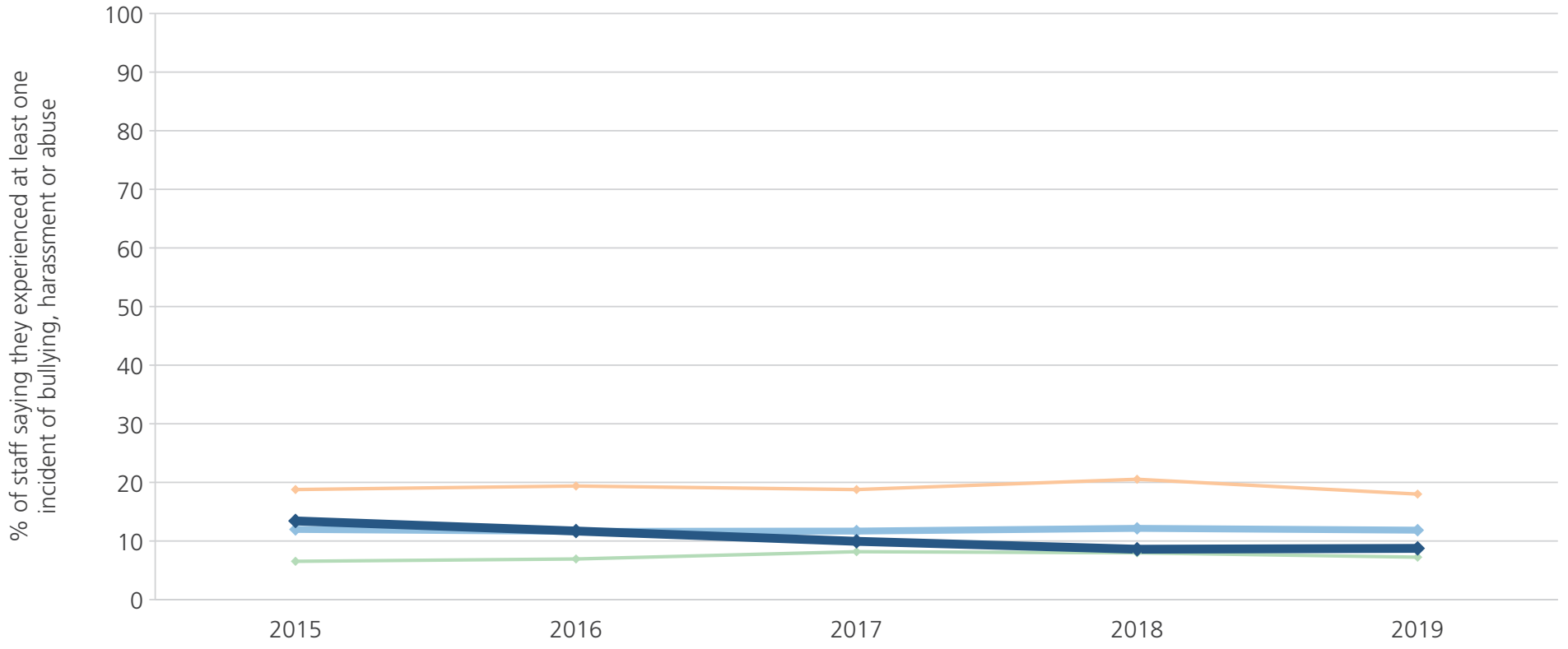


	2015	2016	2017	2018	2019
Worst	34.6%	33.3%	33.2%	34.2%	33.2%
Your org	24.7%	24.2%	24.3%	24.4%	20.9%
Average	26.3%	25.6%	26.6%	25.8%	25.9%
Best	19.5%	16.5%	19.2%	21.1%	20.9%
Responses	919	1,107	1,717	1,966	2,109

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q13b **>** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

NHS England

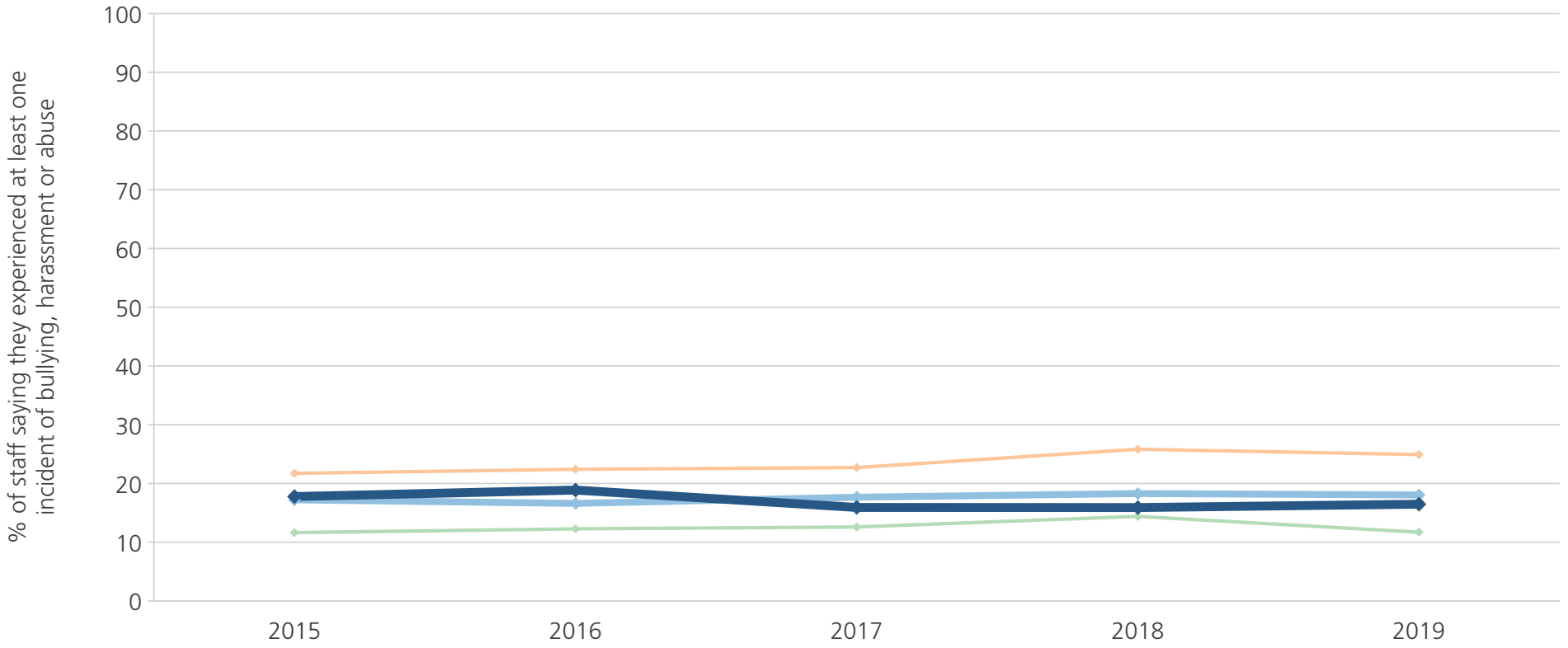


	2015	2016	2017	2018	2019
Worst	18.8%	19.4%	18.8%	20.5%	18.0%
Your org	13.4%	11.7%	9.9%	8.6%	8.7%
Average	12.0%	11.6%	11.7%	12.2%	11.8%
Best	6.5%	6.9%	8.2%	8.0%	7.2%
Responses	912	1,089	1,701	1,955	2,088

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q13c **>** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

NHS England

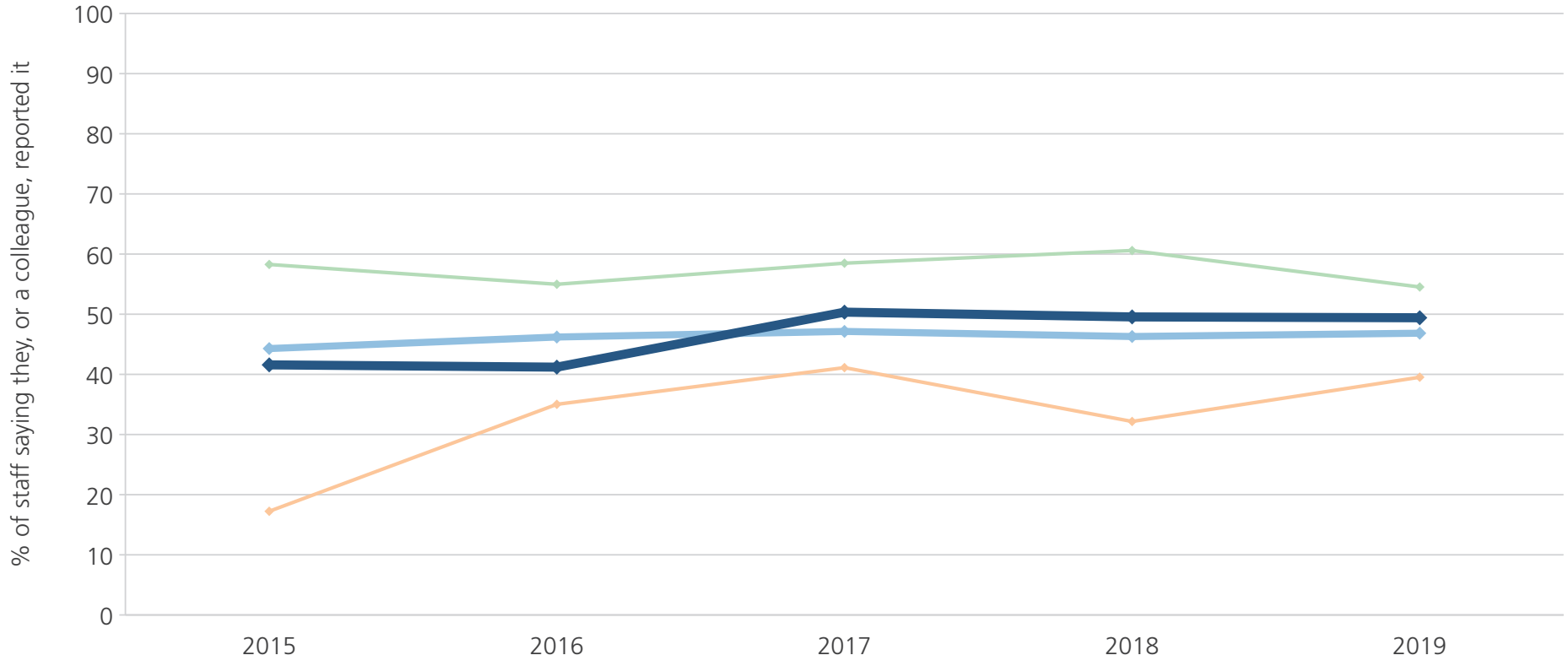


	2015	2016	2017	2018	2019
Worst	21.7%	22.4%	22.7%	25.8%	24.9%
Your org	17.8%	18.9%	15.9%	15.9%	16.5%
Average	17.2%	16.6%	17.7%	18.3%	18.0%
Best	11.6%	12.3%	12.6%	14.4%	11.7%
Responses	909	1,095	1,691	1,938	2,068

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work >
Q13d > The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

NHS England

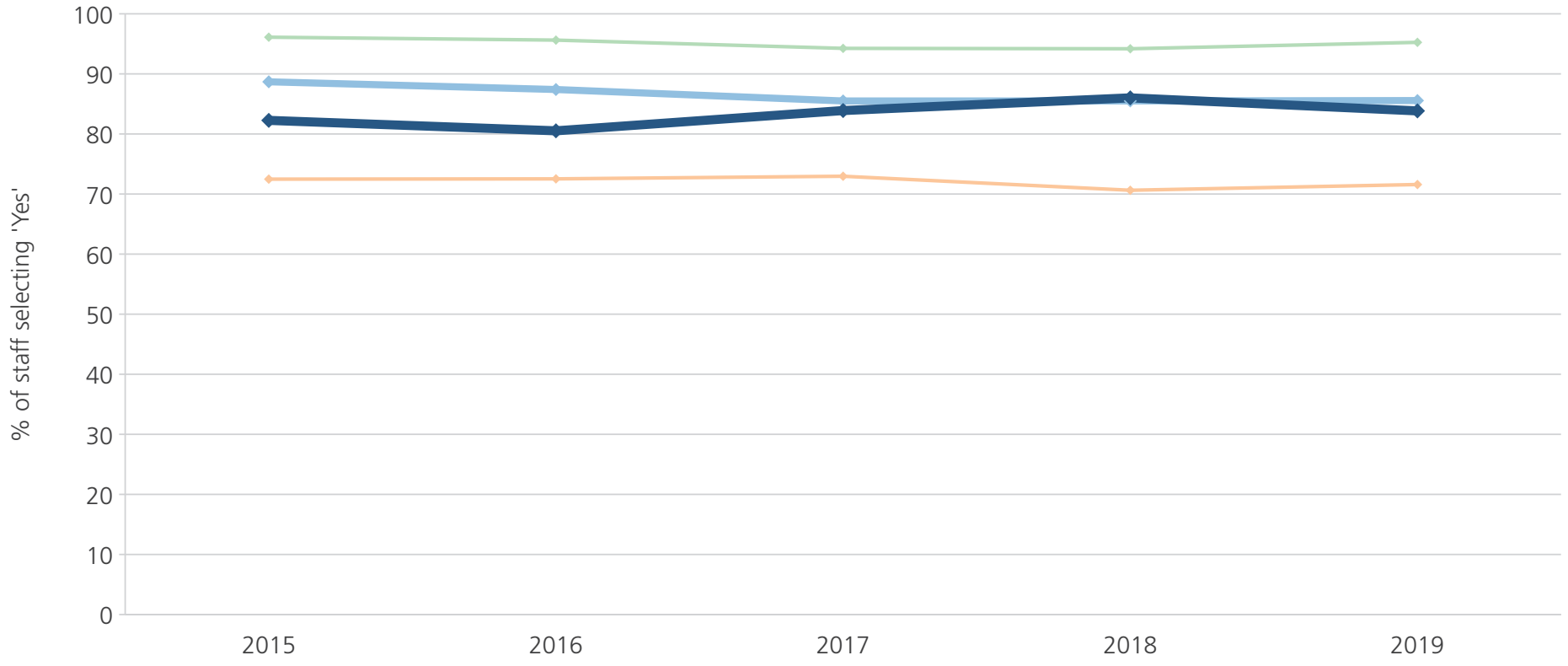


	2015	2016	2017	2018	2019
Best	58.3%	55.0%	58.5%	60.6%	54.5%
Your org	41.6%	41.2%	50.3%	49.6%	49.4%
Average	44.3%	46.2%	47.1%	46.3%	46.8%
Worst	17.2%	35.0%	41.1%	32.2%	39.5%
Responses	325	370	547	553	564

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q14 **>** Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

NHS England

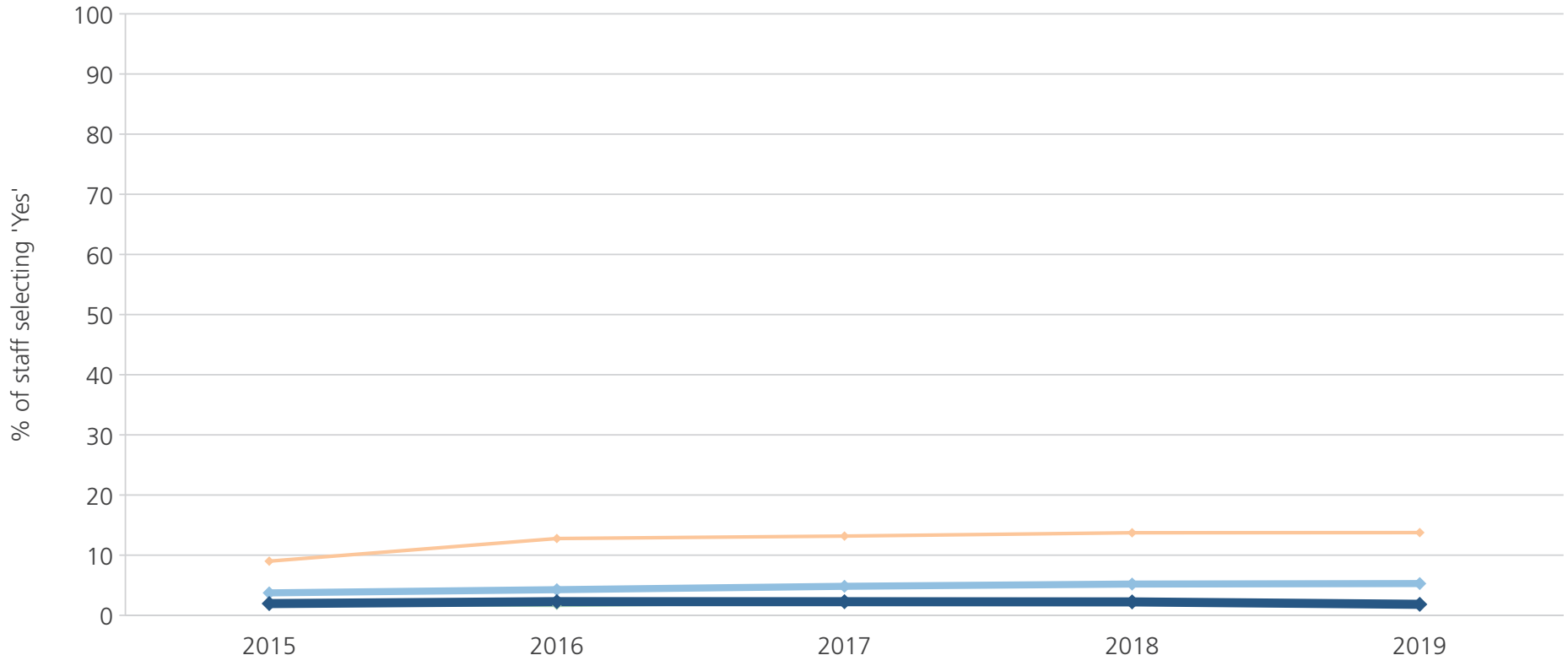


	2015	2016	2017	2018	2019
Best	96.1%	95.6%	94.2%	94.2%	95.3%
Your org	82.3%	80.5%	83.9%	86.0%	83.8%
Average	88.7%	87.4%	85.5%	85.5%	85.6%
Worst	72.5%	72.5%	73.0%	70.6%	71.6%
Responses	599	707	1,137	1,364	1,386

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q15a **>** In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

NHS England

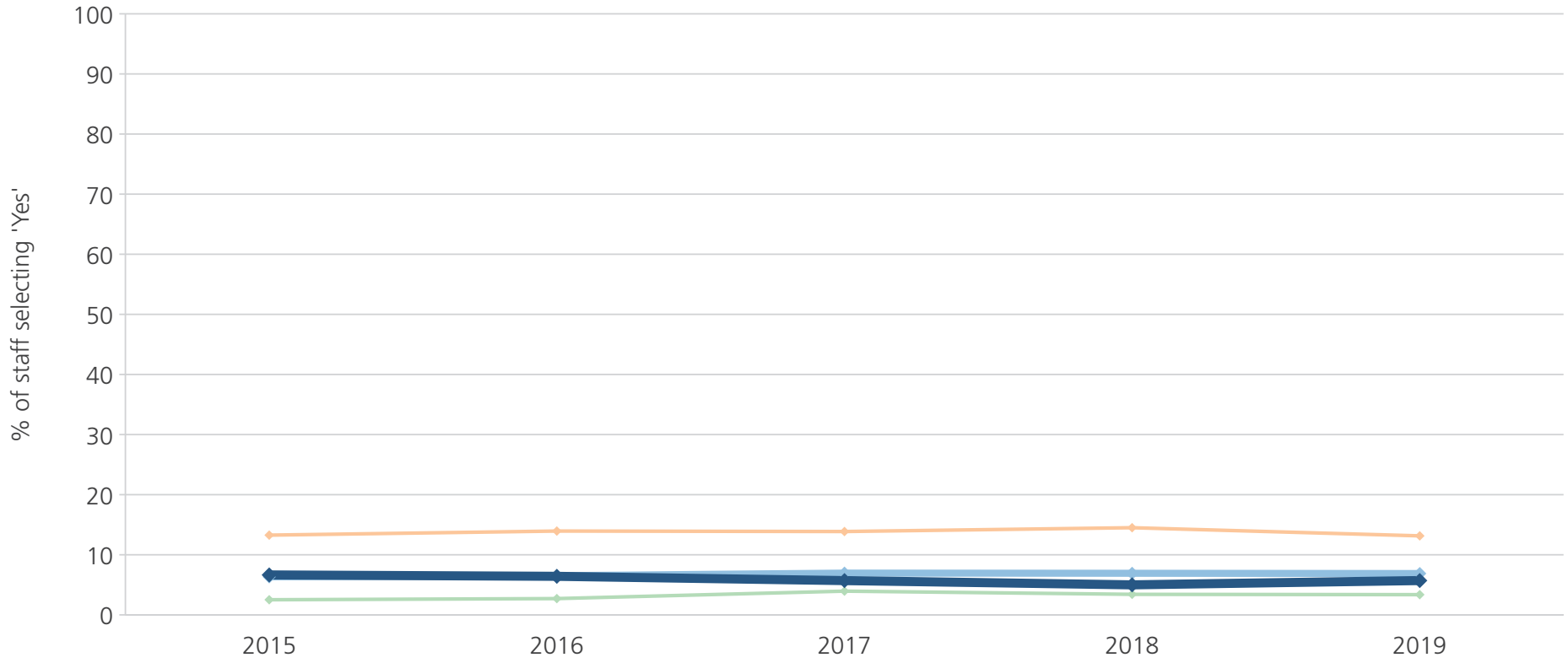


	2015	2016	2017	2018	2019
Worst	9.0%	12.8%	13.2%	13.7%	13.8%
Your org	2.0%	2.3%	2.3%	2.2%	1.8%
Average	3.7%	4.3%	4.8%	5.2%	5.3%
Best	2.0%	1.7%	2.1%	2.1%	1.8%
Responses	925	1,118	1,722	1,975	2,117

Survey Coordination Centre

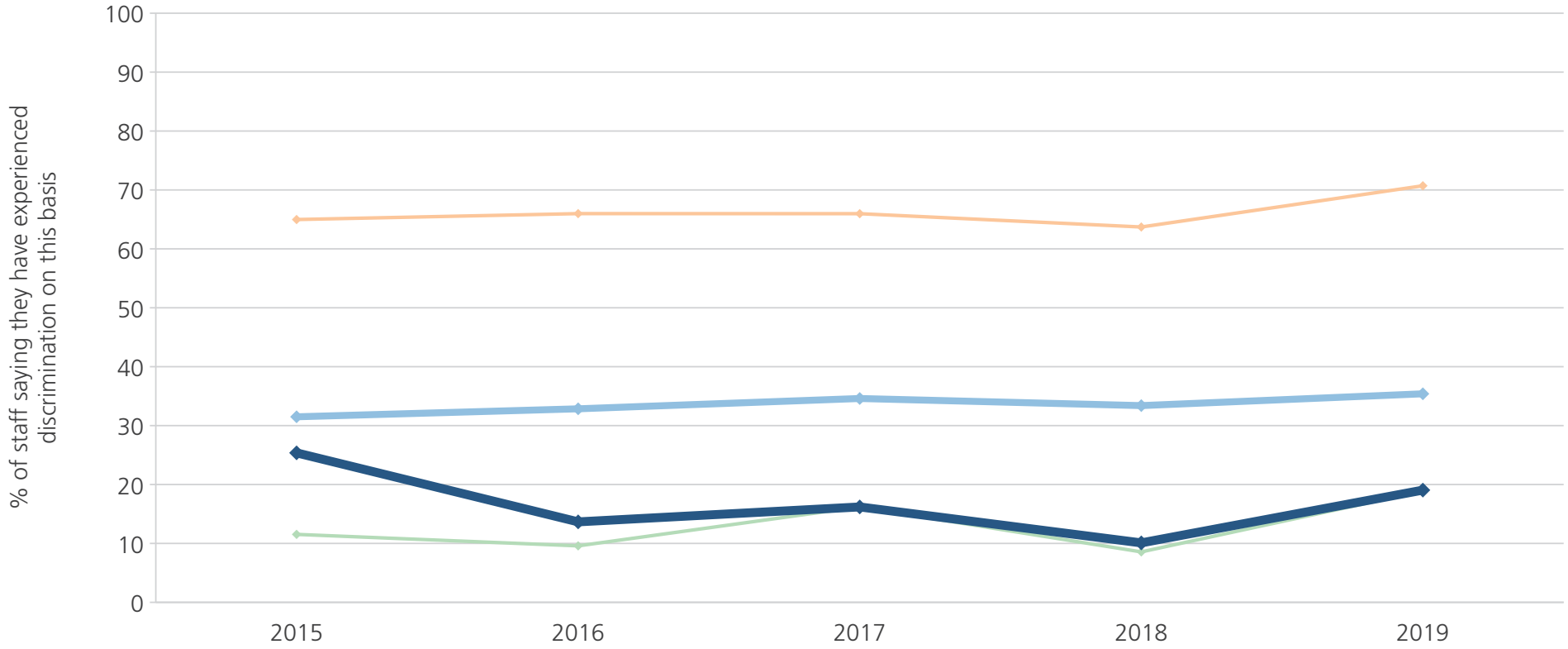
2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q15b **>** In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

NHS England



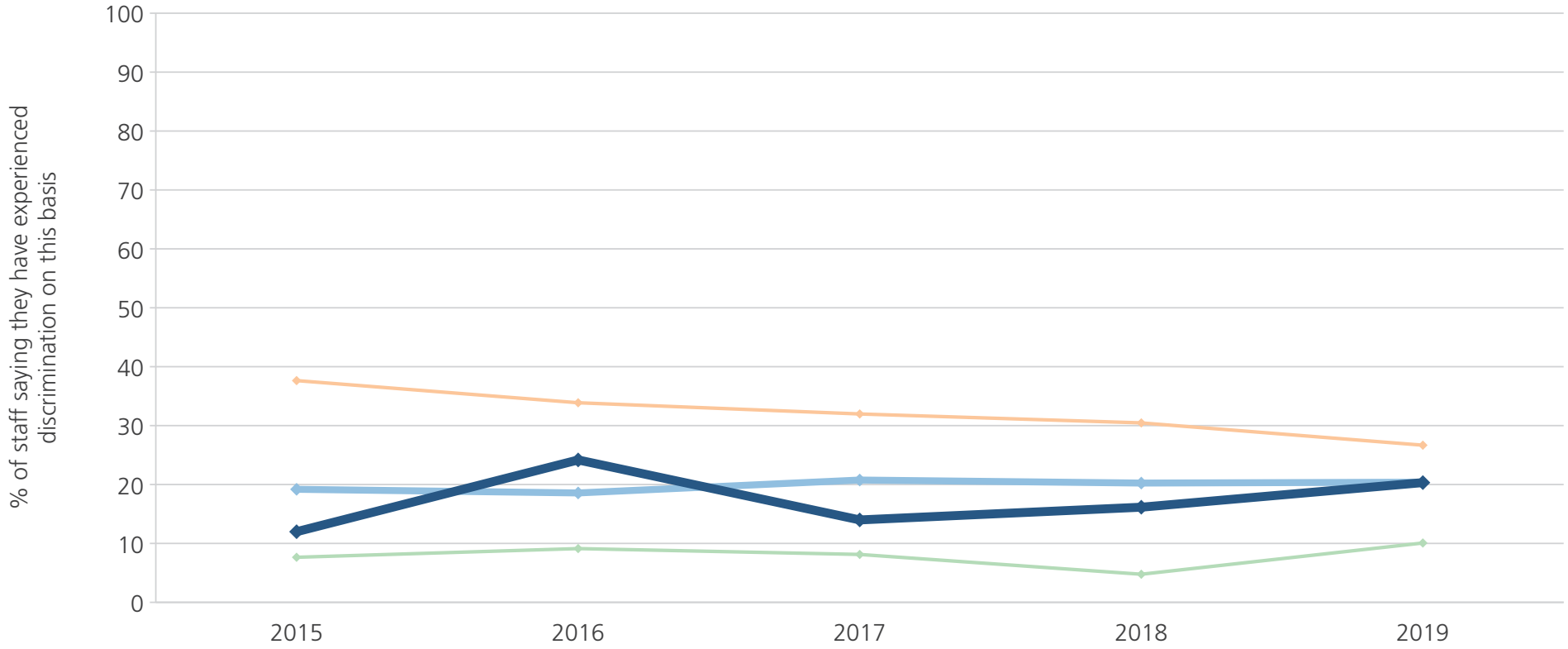
	2015	2016	2017	2018	2019
Worst	13.3%	13.9%	13.9%	14.5%	13.1%
Your org	6.6%	6.4%	5.7%	5.0%	5.7%
Average	6.3%	6.5%	7.0%	6.9%	6.9%
Best	2.5%	2.7%	4.0%	3.4%	3.4%
Responses	926	1,115	1,723	1,945	2,094

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2015	2016	2017	2018	2019
Worst	65.0%	66.0%	66.0%	63.7%	70.7%
Your org	25.4%	13.7%	16.2%	10.1%	19.0%
Average	31.5%	32.8%	34.6%	33.4%	35.4%
Best	11.5%	9.6%	16.2%	8.6%	18.9%
Responses	65	78	112	111	134

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



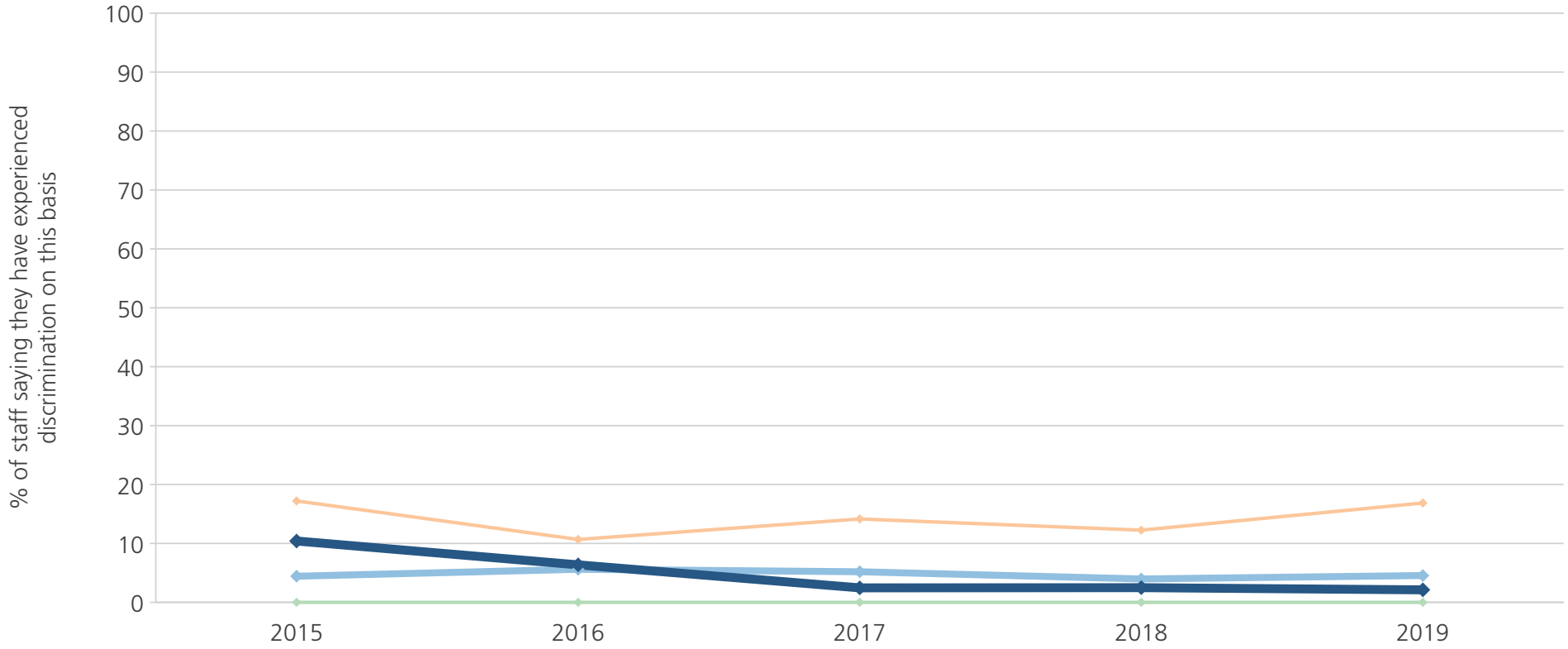
	2015	2016	2017	2018	2019
Worst	37.6%	33.9%	32.0%	30.5%	26.7%
Your org	12.0%	24.2%	14.0%	16.1%	20.3%
Average	19.2%	18.6%	20.8%	20.2%	20.4%
Best	7.6%	9.1%	8.1%	4.8%	10.1%
Responses	65	78	112	111	134

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q15c.3 > On what grounds have you experienced discrimination? - Religion

NHS England

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



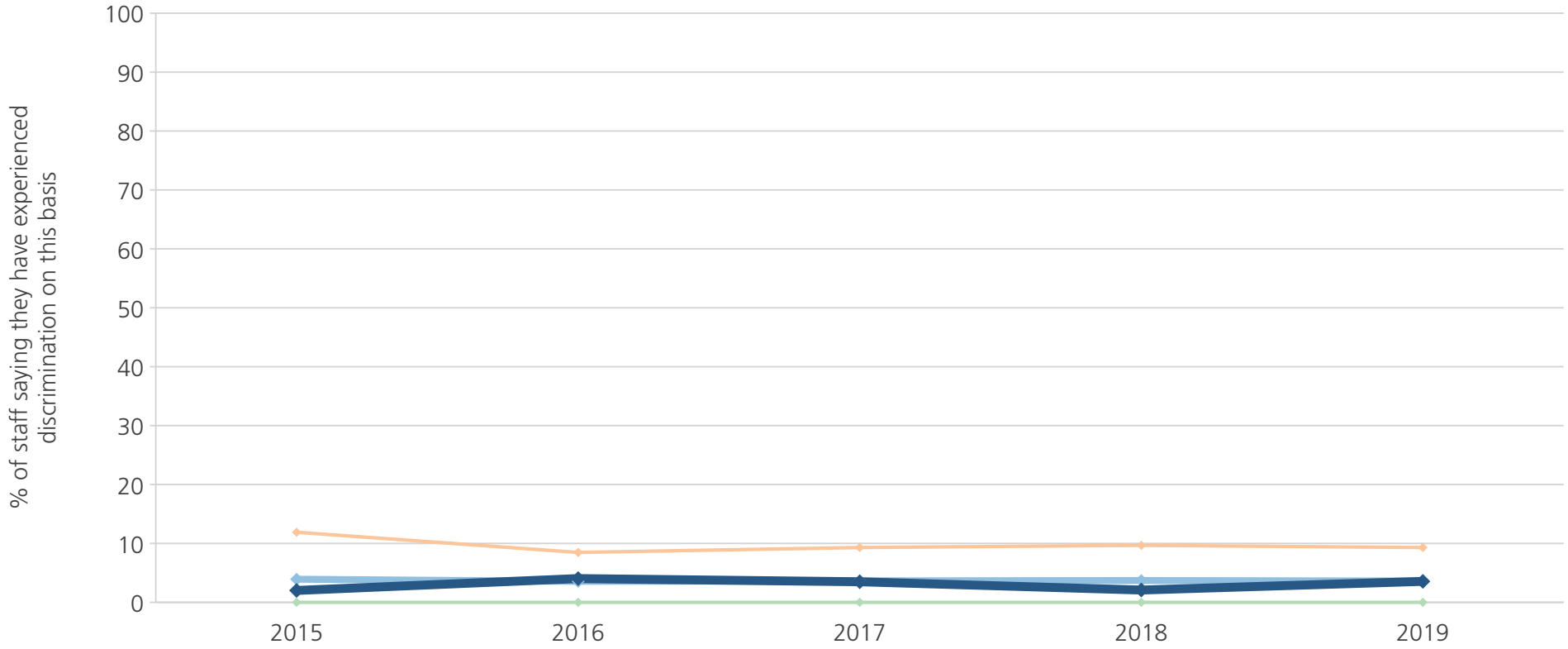
	2015	2016	2017	2018	2019
Worst	17.2%	10.7%	14.2%	12.3%	16.9%
Your org	10.4%	6.4%	2.5%	2.5%	2.1%
Average	4.4%	5.6%	5.2%	4.0%	4.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	65	78	112	111	134

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q15c.4 **>** On what grounds have you experienced discrimination? - Sexual orientation

NHS England

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2015	2016	2017	2018	2019
Worst	11.9%	8.5%	9.3%	9.7%	9.3%
Your org	2.0%	4.0%	3.5%	2.1%	3.6%
Average	3.9%	3.6%	3.6%	3.7%	3.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	65	78	112	111	134

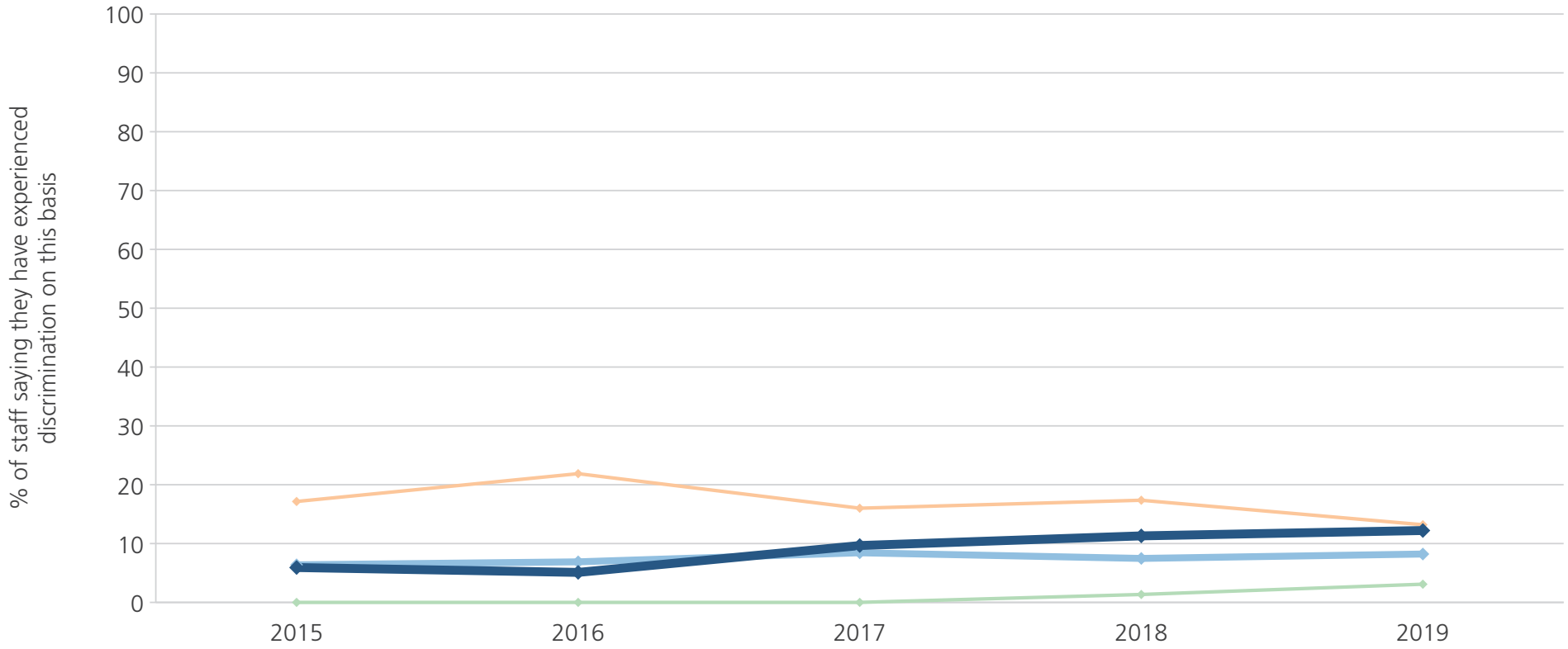
111

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q15c.5 **>** On what grounds have you experienced discrimination? - Disability

NHS England

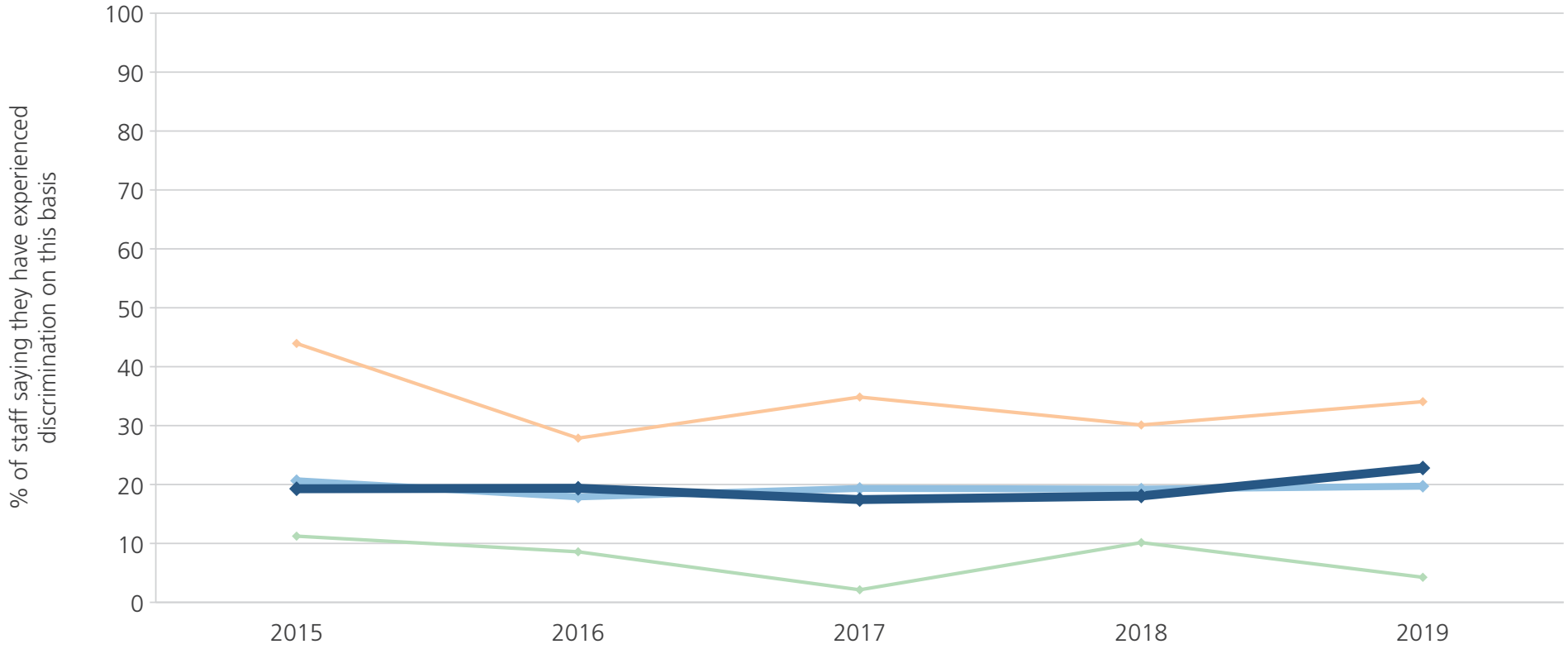
This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2015	2016	2017	2018	2019
Worst	17.1%	21.9%	16.0%	17.4%	13.2%
Your org	5.9%	5.1%	9.7%	11.3%	12.2%
Average	6.4%	6.9%	8.4%	7.5%	8.2%
Best	0.0%	0.0%	0.0%	1.3%	3.1%
Responses	65	78	112	111	134

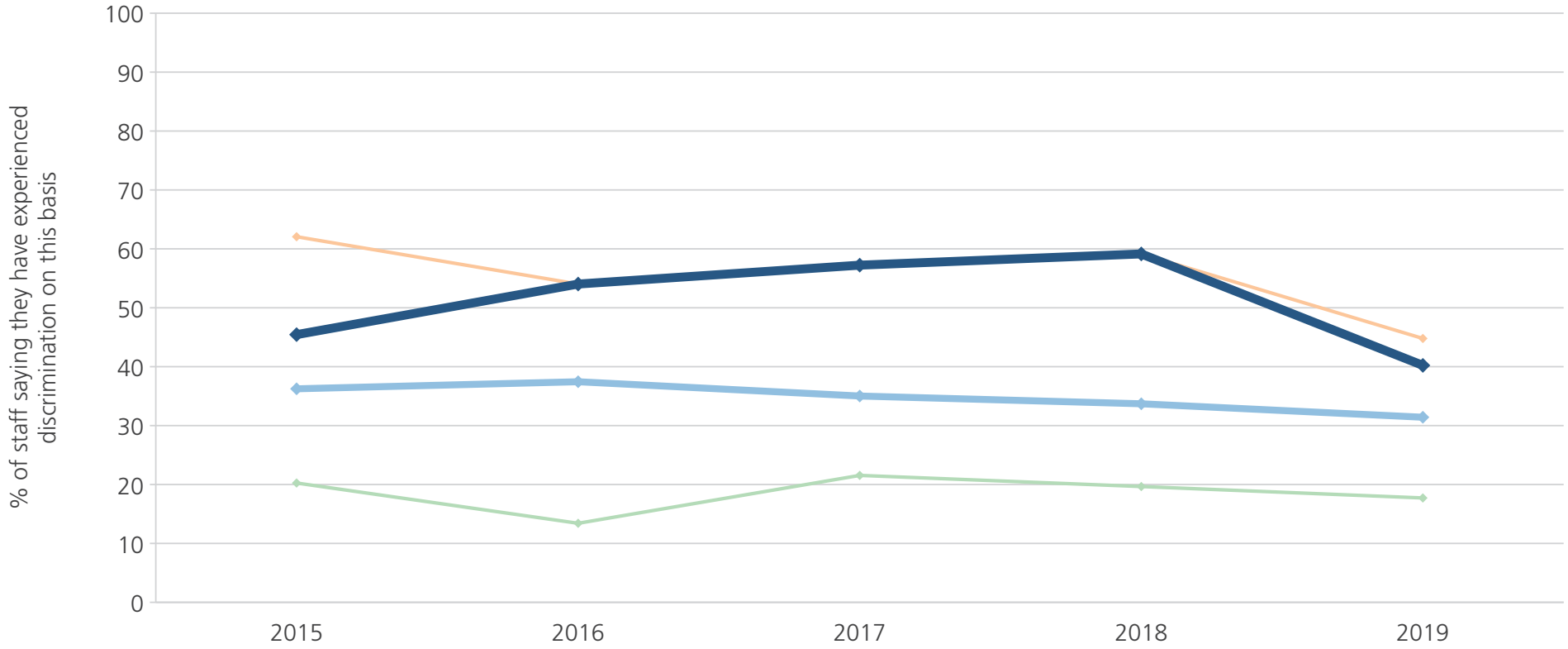
112

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2015	2016	2017	2018	2019
Worst	43.9%	27.9%	34.8%	30.1%	34.1%
Your org	19.3%	19.4%	17.4%	18.1%	22.8%
Average	20.6%	17.9%	19.3%	19.2%	19.7%
Best	11.2%	8.6%	2.1%	10.1%	4.3%
Responses	65	78	112	111	134

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.

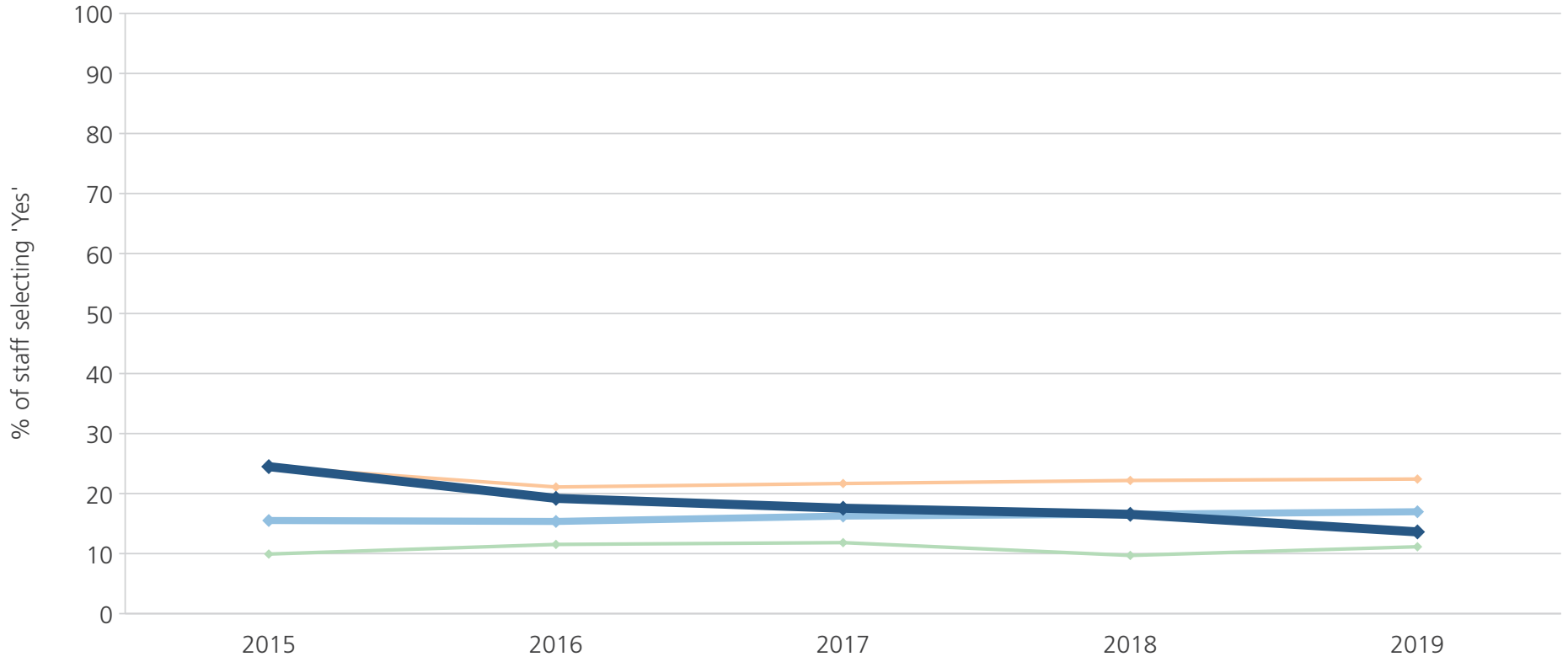


	2015	2016	2017	2018	2019
Worst	62.1%	54.0%	57.3%	59.1%	44.8%
Your org	45.4%	54.0%	57.2%	59.1%	40.2%
Average	36.2%	37.4%	35.0%	33.7%	31.4%
Best	20.3%	13.4%	21.5%	19.7%	17.7%
Responses	65	78	112	111	134

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work
> Q16a > In the last month have you seen any errors, near misses, or incidents that could have hurt staff?

NHS England

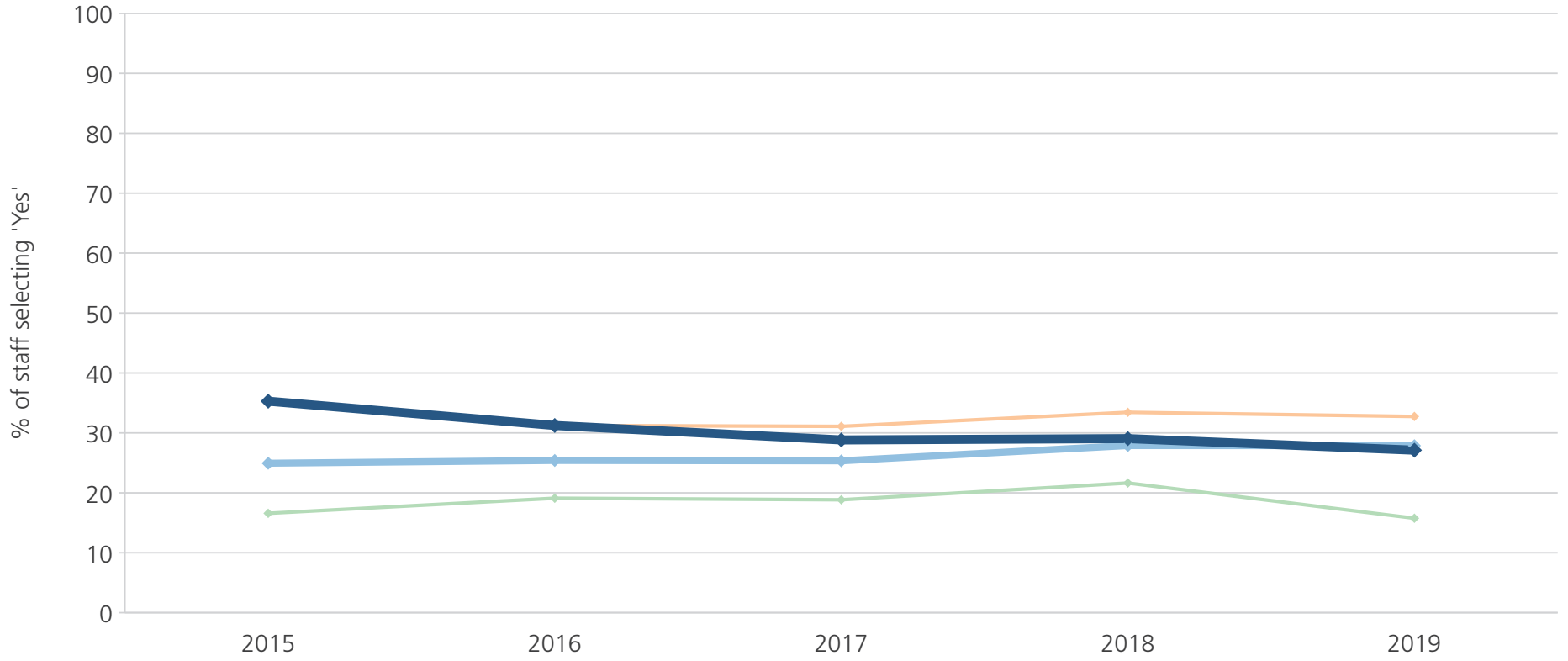


	2015	2016	2017	2018	2019
Worst	24.5%	21.1%	21.7%	22.2%	22.4%
Your org	24.5%	19.2%	17.6%	16.5%	13.6%
Average	15.5%	15.4%	16.3%	16.6%	17.0%
Best	9.9%	11.5%	11.8%	9.7%	11.1%
Responses	914	1,117	1,703	1,964	2,093

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q16b **>**
In the last month have you seen any errors, near misses, or incidents that could have hurt patients / service users?

NHS England



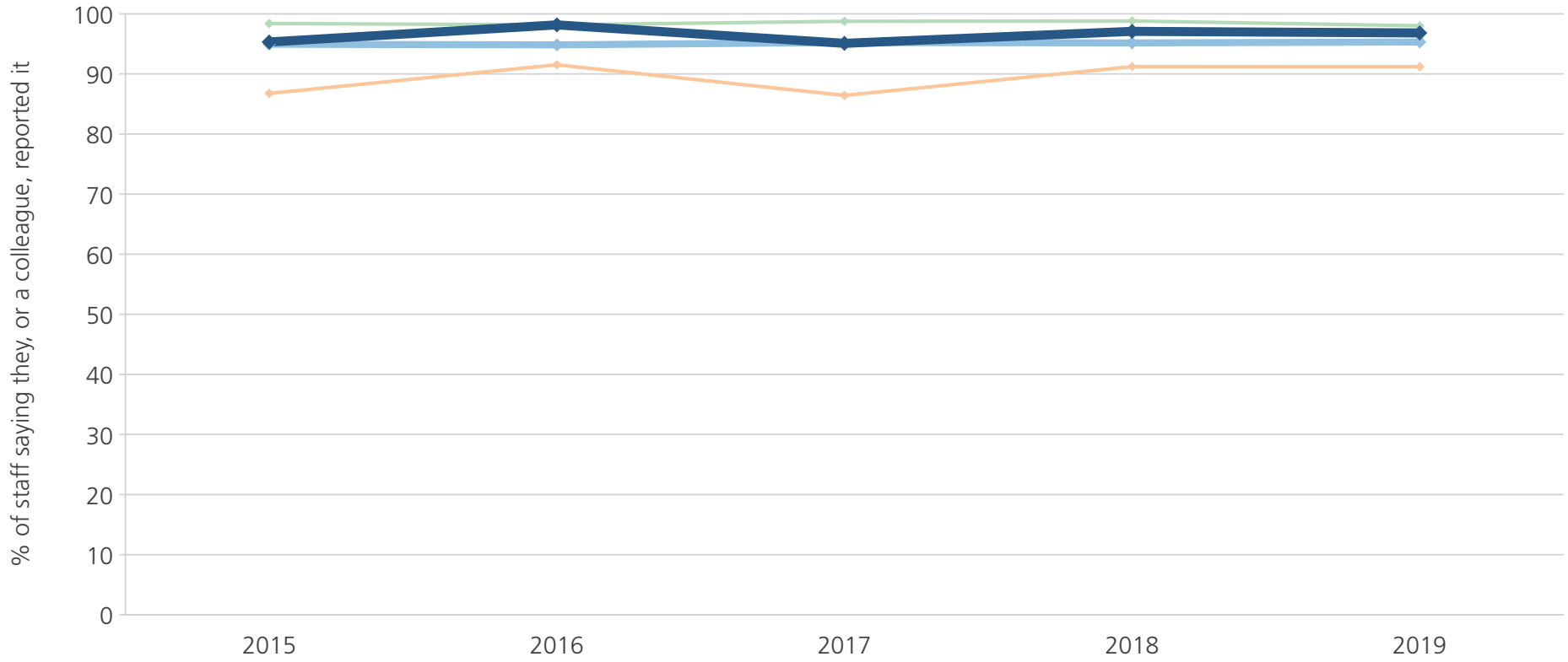
	2015	2016	2017	2018	2019
Worst	35.3%	31.2%	31.1%	33.4%	32.7%
Your org	35.3%	31.2%	28.8%	29.1%	27.1%
Average	24.9%	25.4%	25.3%	27.9%	27.9%
Best	16.6%	19.1%	18.8%	21.6%	15.8%
Responses	900	1,104	1,681	1,948	2,083

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q16c **>** The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?

NHS England

This question was only answered by staff who reported observing at least one error, near miss or incident in the last month.

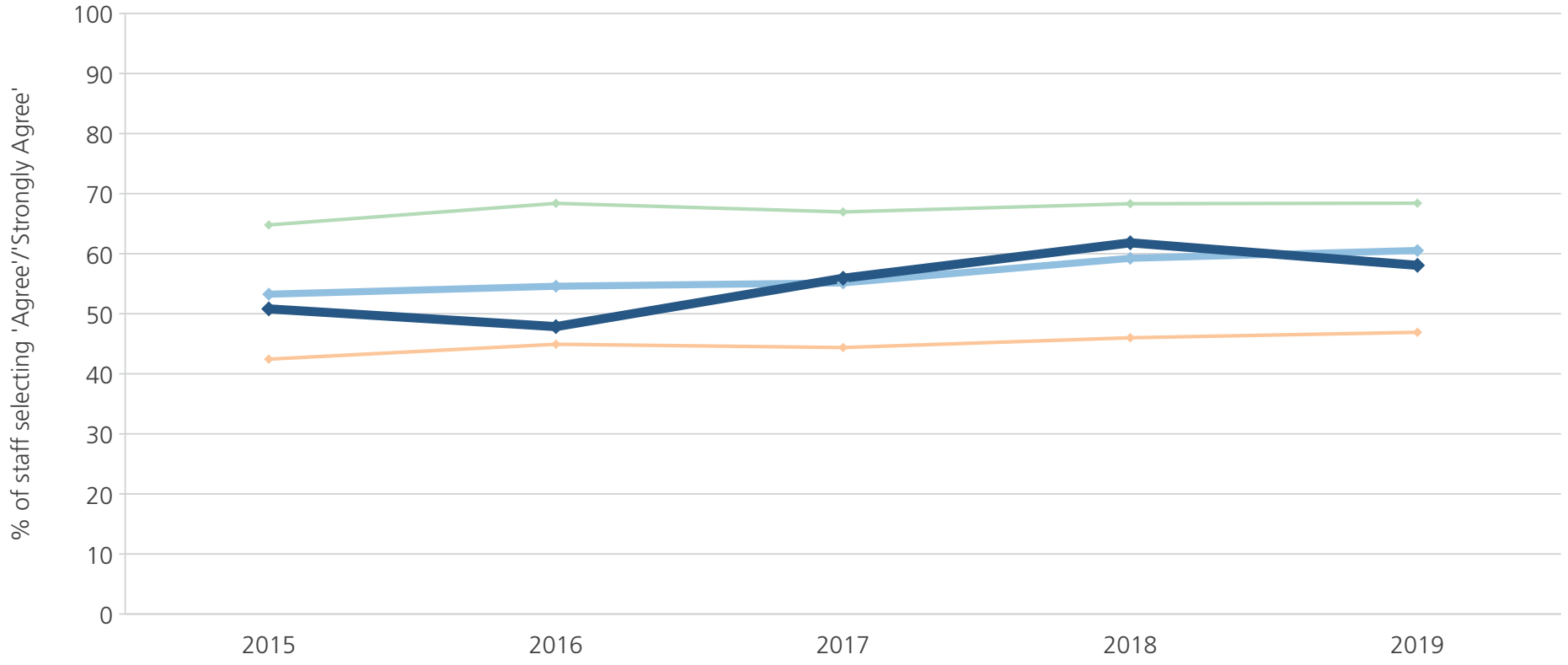


	2015	2016	2017	2018	2019
Best	98.4%	98.2%	98.8%	98.8%	98.0%
Your org	95.3%	98.2%	95.1%	97.1%	96.8%
Average	94.9%	94.8%	95.2%	95.2%	95.3%
Worst	86.8%	91.5%	86.4%	91.2%	91.2%
Responses	377	395	539	553	617

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q17a **>** My organisation treats staff who are involved in an error, near miss or incident fairly

NHS England

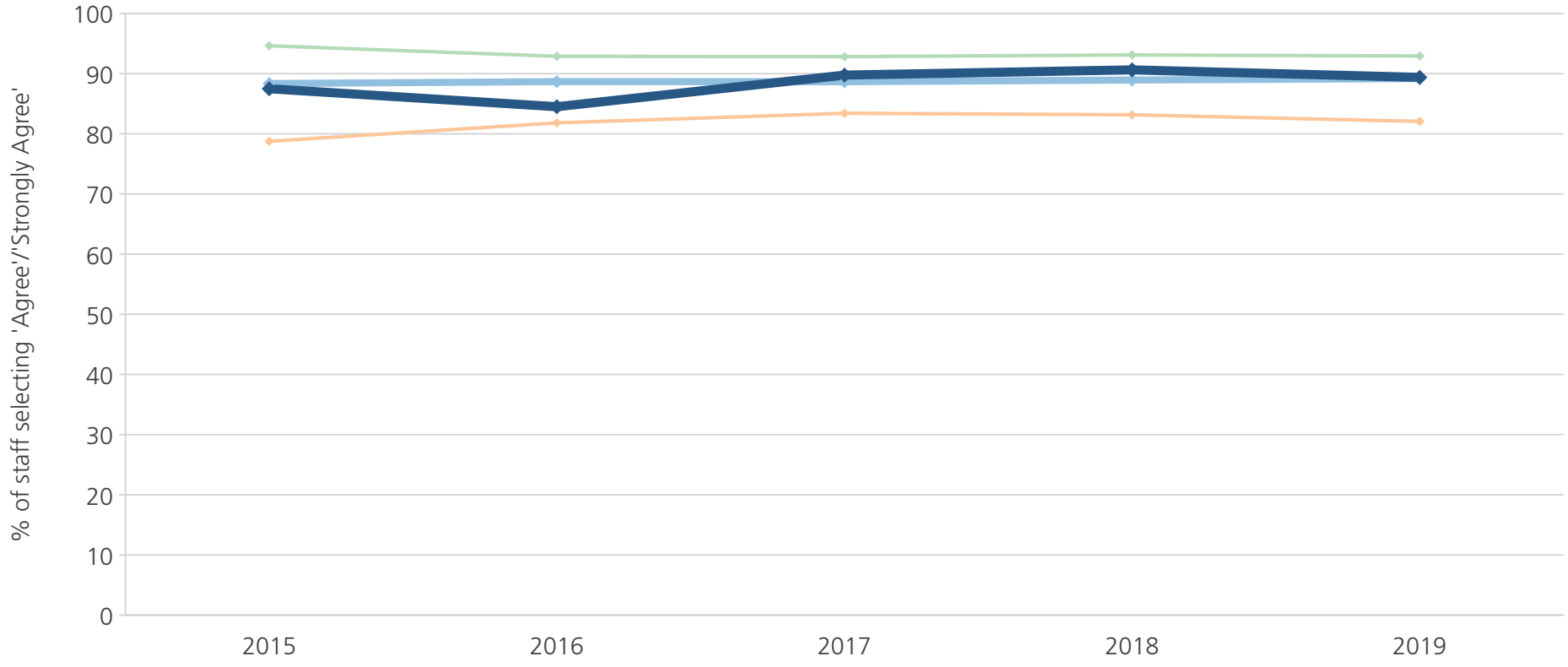


	2015	2016	2017	2018	2019
Best	64.8%	68.4%	67.0%	68.3%	68.4%
Your org	50.8%	47.9%	55.9%	61.8%	58.1%
Average	53.3%	54.6%	55.1%	59.2%	60.5%
Worst	42.4%	44.9%	44.4%	46.0%	46.9%
Responses	766	915	1,374	1,518	1,679

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q17b **>** My organisation encourages us to report errors, near misses or incidents

NHS England

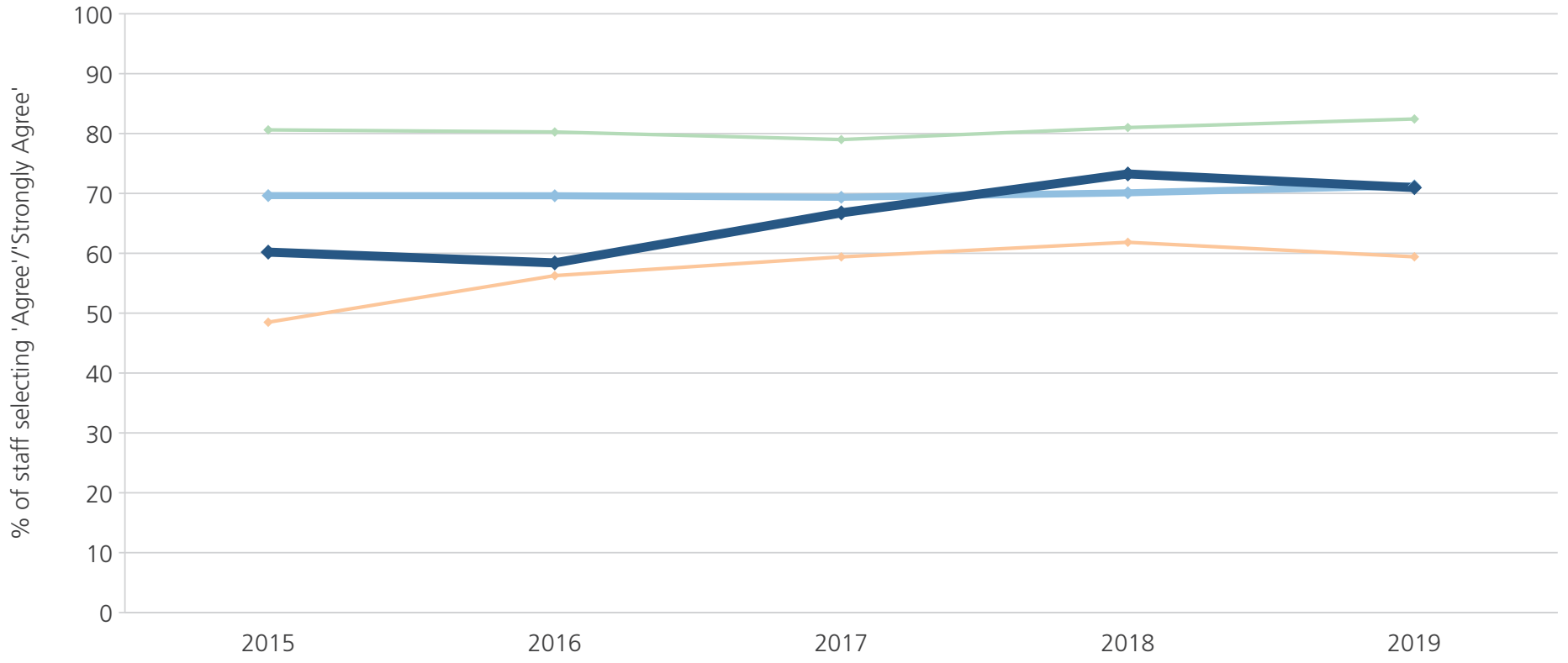


	2015	2016	2017	2018	2019
Best	94.6%	92.9%	92.8%	93.1%	92.9%
Your org	87.5%	84.5%	89.8%	90.6%	89.4%
Average	88.4%	88.7%	88.7%	88.9%	89.2%
Worst	78.8%	81.8%	83.4%	83.2%	82.1%
Responses	899	1,074	1,663	1,893	2,035

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q17c **>** When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

NHS England

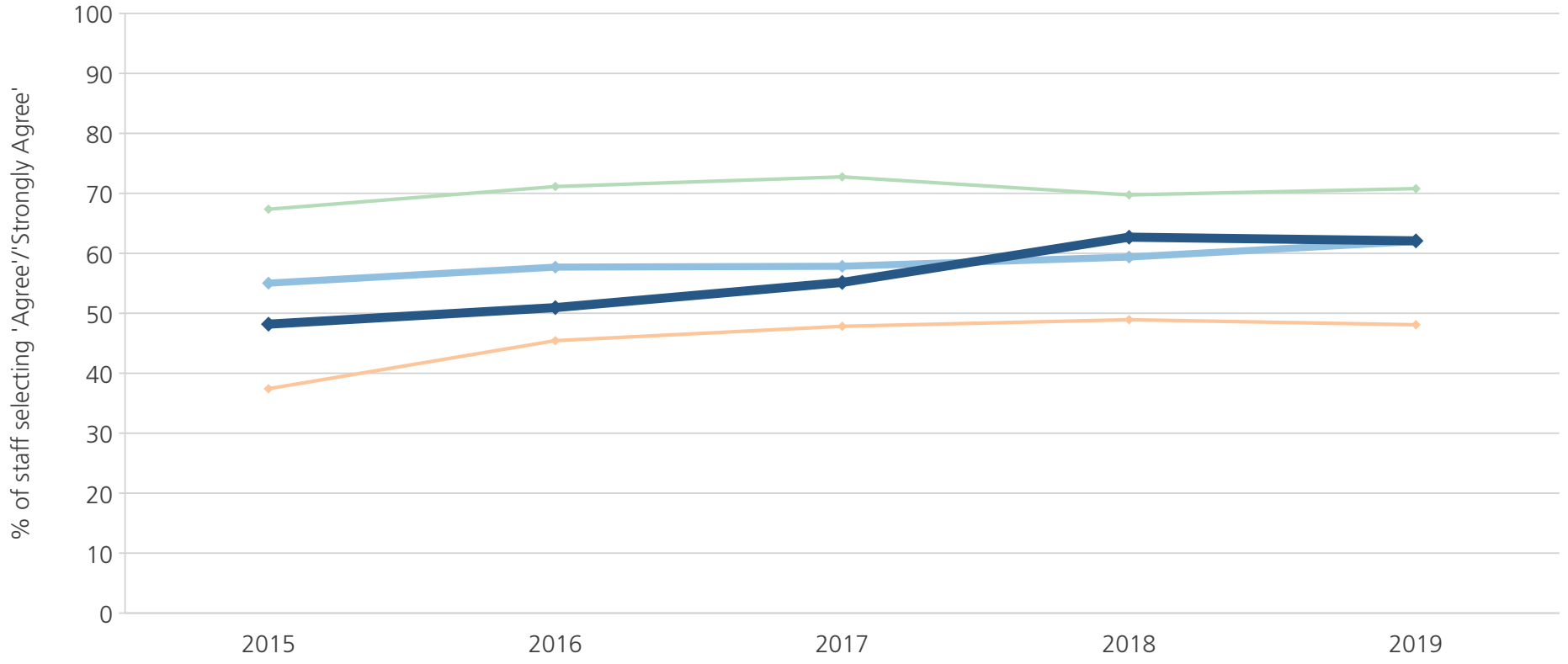


	2015	2016	2017	2018	2019
Best	80.6%	80.3%	79.0%	81.0%	82.4%
Your org	60.2%	58.4%	66.8%	73.2%	71.0%
Average	69.6%	69.6%	69.4%	70.1%	71.3%
Worst	48.5%	56.3%	59.4%	61.8%	59.4%
Responses	829	1,004	1,528	1,758	1,895

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work >
Q17d > We are given feedback about changes made in response to reported errors, near misses and incidents

NHS England

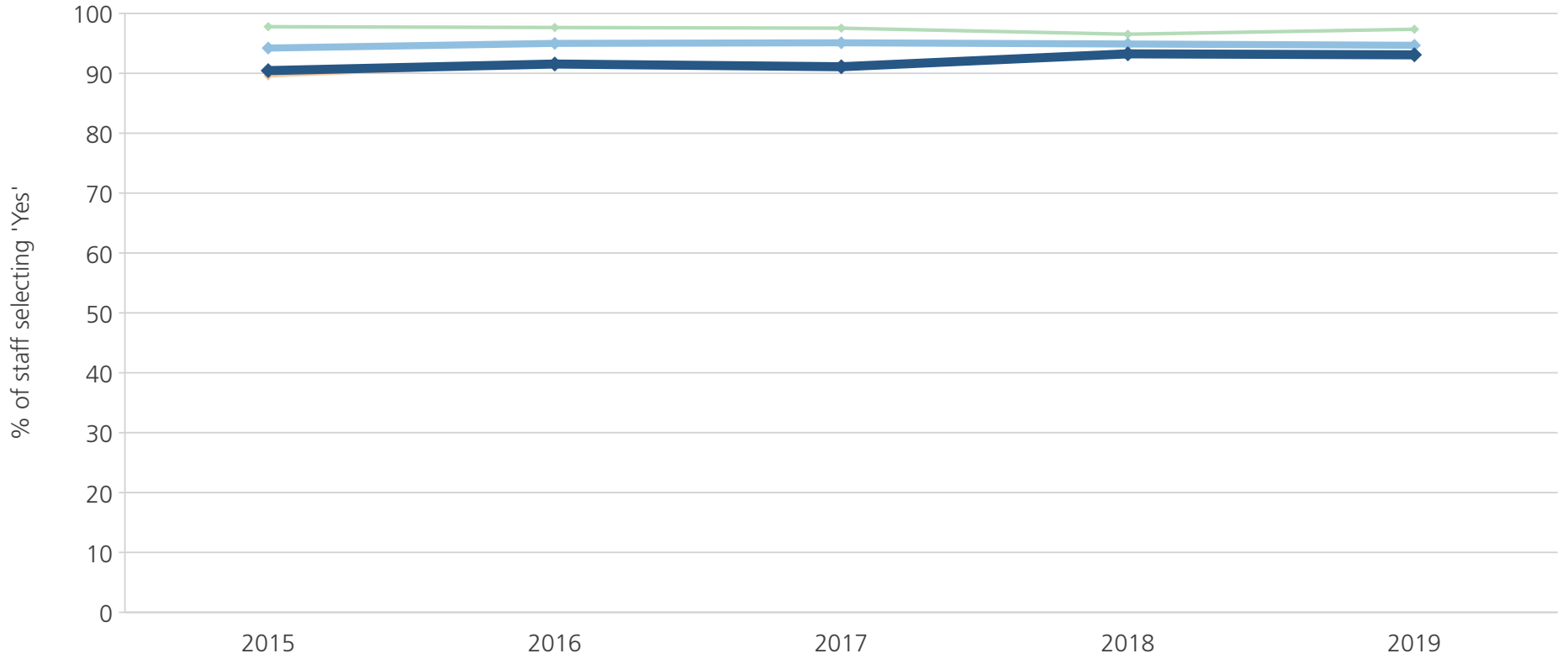


	2015	2016	2017	2018	2019
Best	67.4%	71.1%	72.7%	69.7%	70.8%
Your org	48.2%	50.9%	55.1%	62.7%	62.1%
Average	55.0%	57.7%	57.8%	59.4%	62.0%
Worst	37.4%	45.4%	47.8%	48.9%	48.1%
Responses	840	1,027	1,545	1,764	1,927

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work
> Q18a > If you were concerned about unsafe clinical practice, would you know how to report it?

NHS England

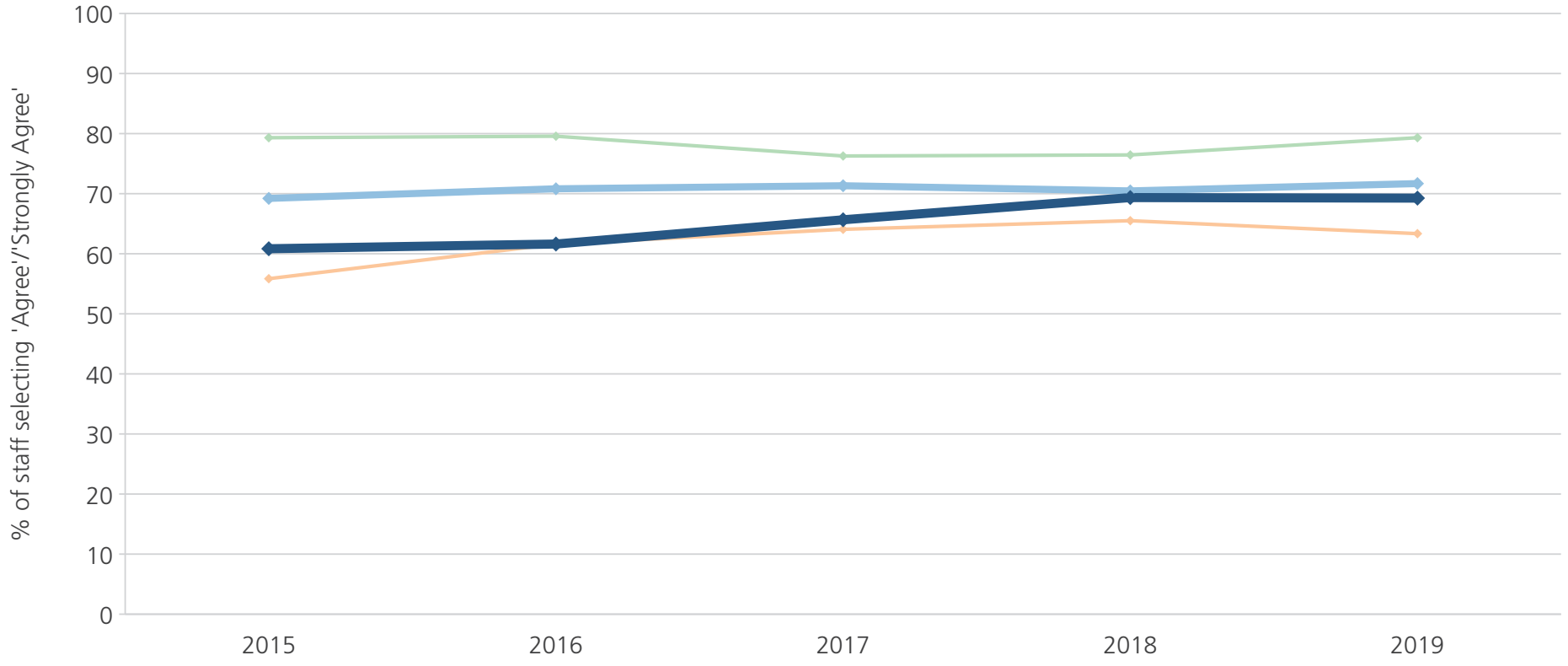


	2015	2016	2017	2018	2019
Best	97.8%	97.6%	97.5%	96.5%	97.4%
Your org	90.4%	91.6%	91.1%	93.2%	93.1%
Average	94.2%	95.0%	95.1%	94.9%	94.7%
Worst	89.6%	91.6%	91.1%	93.2%	92.7%
Responses	821	987	1,558	1,742	1,892

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q18b **>** I would feel secure raising concerns about unsafe clinical practice

NHS England

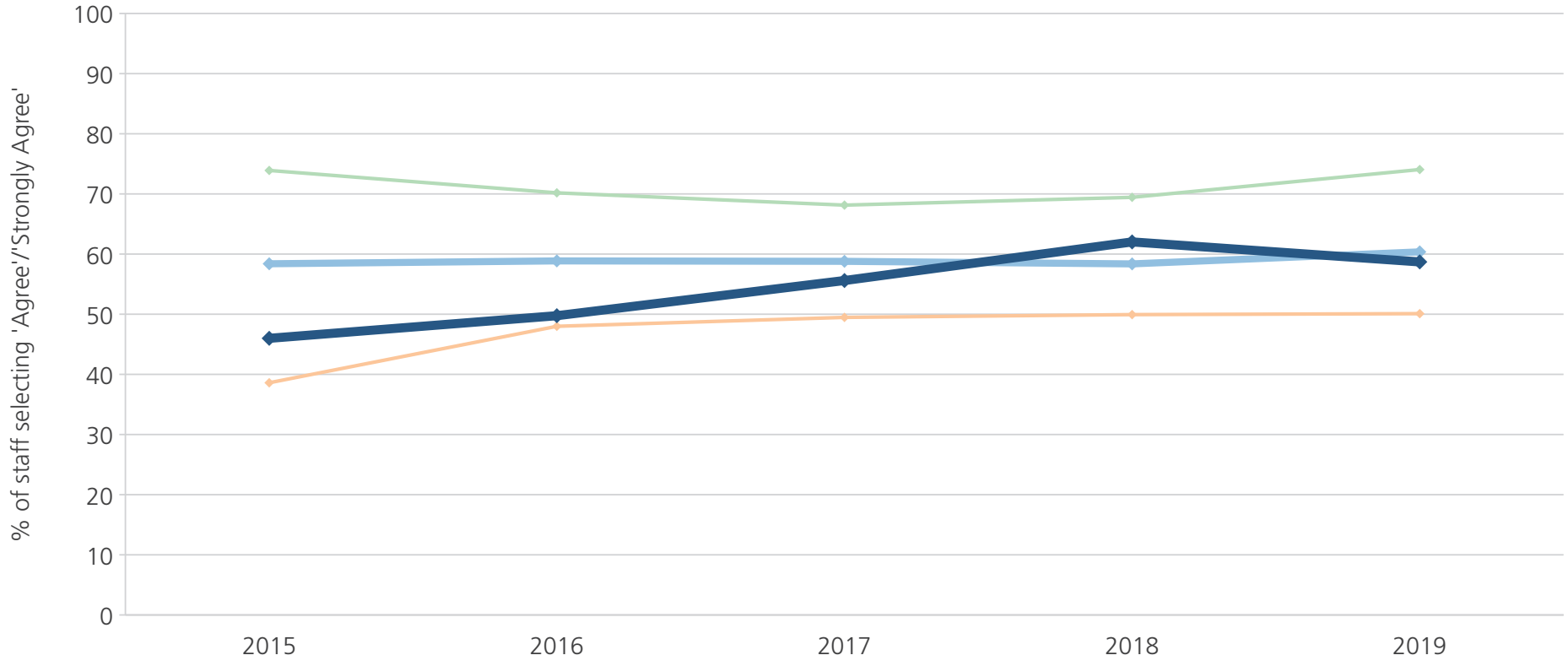


	2015	2016	2017	2018	2019
Best	79.3%	79.6%	76.3%	76.4%	79.3%
Your org	60.8%	61.6%	65.7%	69.3%	69.3%
Average	69.2%	70.8%	71.3%	70.5%	71.7%
Worst	55.8%	61.6%	64.1%	65.5%	63.3%
Responses	916	1,116	1,722	1,965	2,112

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q18c **>** I am confident that my organisation would address my concern

NHS England



	2015	2016	2017	2018	2019
Best	73.9%	70.2%	68.1%	69.4%	74.1%
Your org	46.0%	49.8%	55.6%	62.0%	58.7%
Average	58.4%	58.9%	58.8%	58.4%	60.4%
Worst	38.6%	48.0%	49.5%	49.9%	50.1%
Responses	914	1,115	1,721	1,955	2,106

Survey Coordination Centre

NHS England

Question results – Your personal development

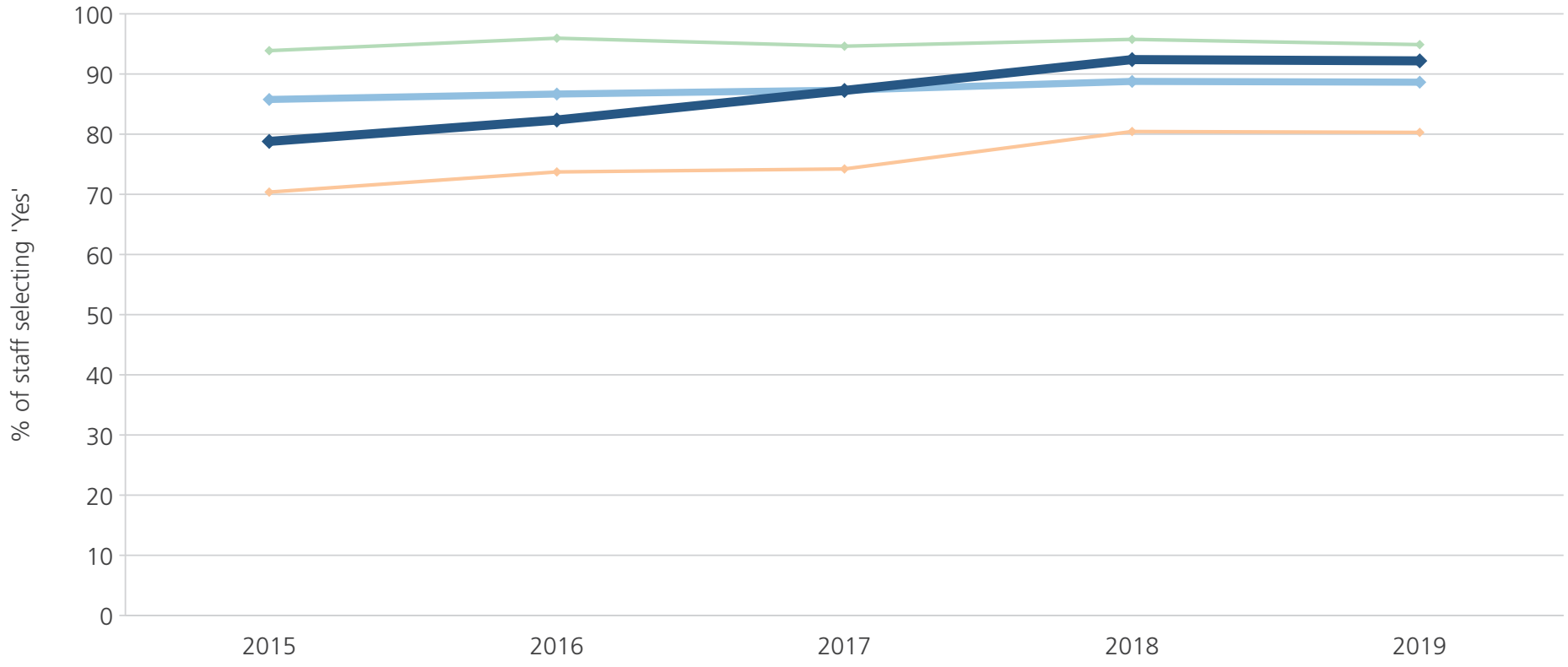
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development
> Q19a > In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

NHS England



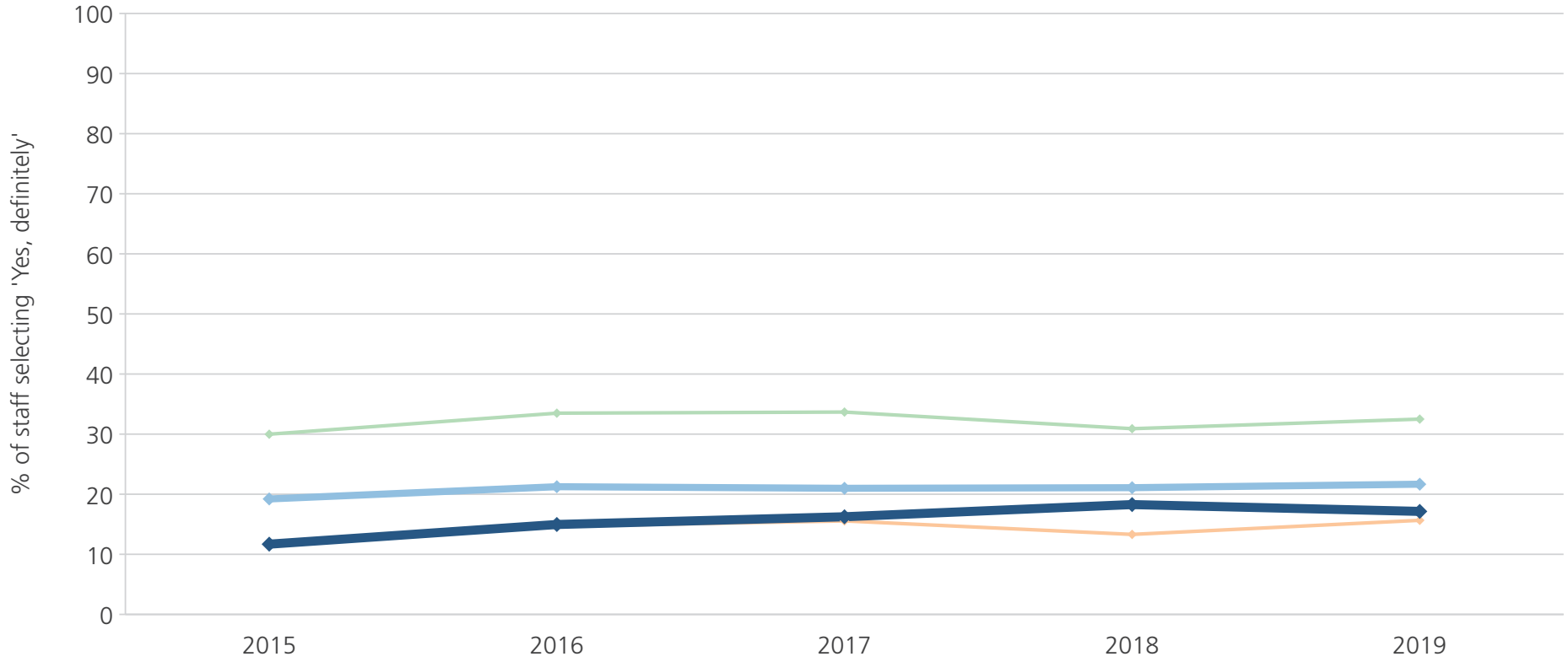
	2015	2016	2017	2018	2019
Best	93.9%	96.0%	94.6%	95.8%	94.9%
Your org	78.8%	82.4%	87.3%	92.4%	92.2%
Average	85.8%	86.7%	87.3%	88.8%	88.6%
Worst	70.4%	73.7%	74.2%	80.4%	80.3%
Responses	877	1,089	1,679	1,924	2,058

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development > Q19b **>** It helped me to improve how I do my job

NHS England

This question was only answered by staff who selected 'Yes' on q19a.



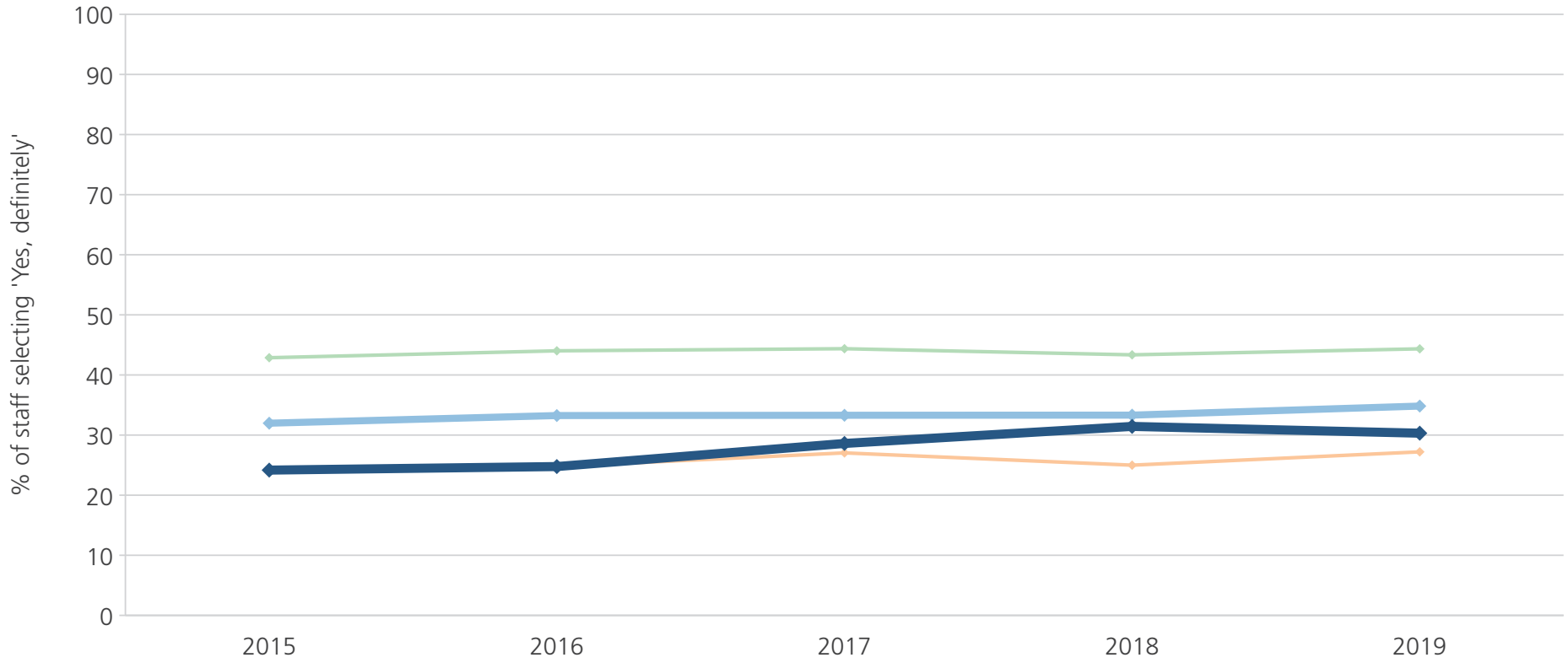
	2015	2016	2017	2018	2019
Best	30.0%	33.5%	33.7%	30.9%	32.5%
Your org	11.7%	15.0%	16.2%	18.3%	17.1%
Average	19.2%	21.2%	21.0%	21.1%	21.7%
Worst	11.7%	14.7%	15.6%	13.3%	15.7%
Responses	694	900	1,456	1,772	1,891

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development > Q19c **>** It helped me agree clear objectives for my work

NHS England

This question was only answered by staff who selected 'Yes' on q19a.



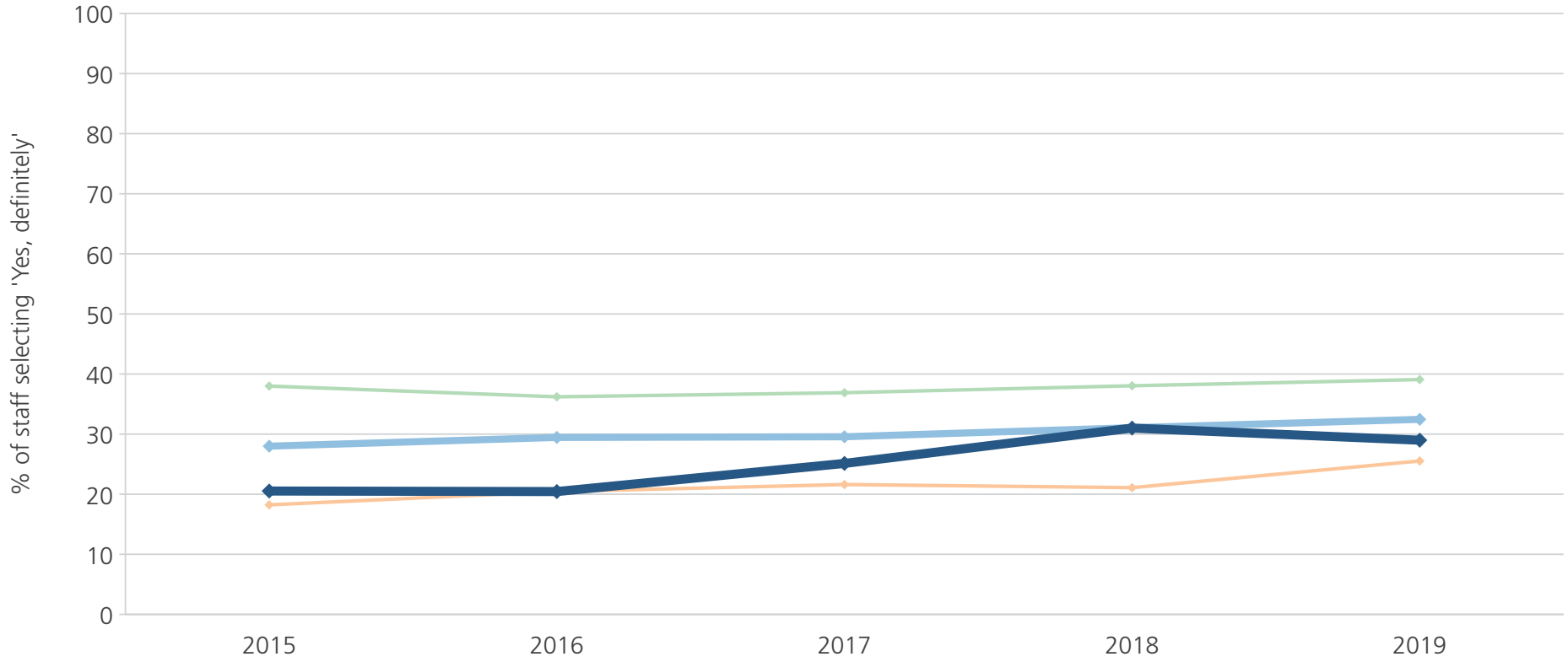
	2015	2016	2017	2018	2019
Best	42.9%	44.0%	44.4%	43.3%	44.3%
Your org	24.2%	24.8%	28.6%	31.4%	30.3%
Average	32.0%	33.2%	33.3%	33.3%	34.8%
Worst	24.2%	24.8%	27.0%	25.0%	27.2%
Responses	694	896	1,453	1,762	1,879

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development > Q19d **>** It left me feeling that my work is valued by my organisation

NHS England

This question was only answered by staff who selected 'Yes' on q19a.



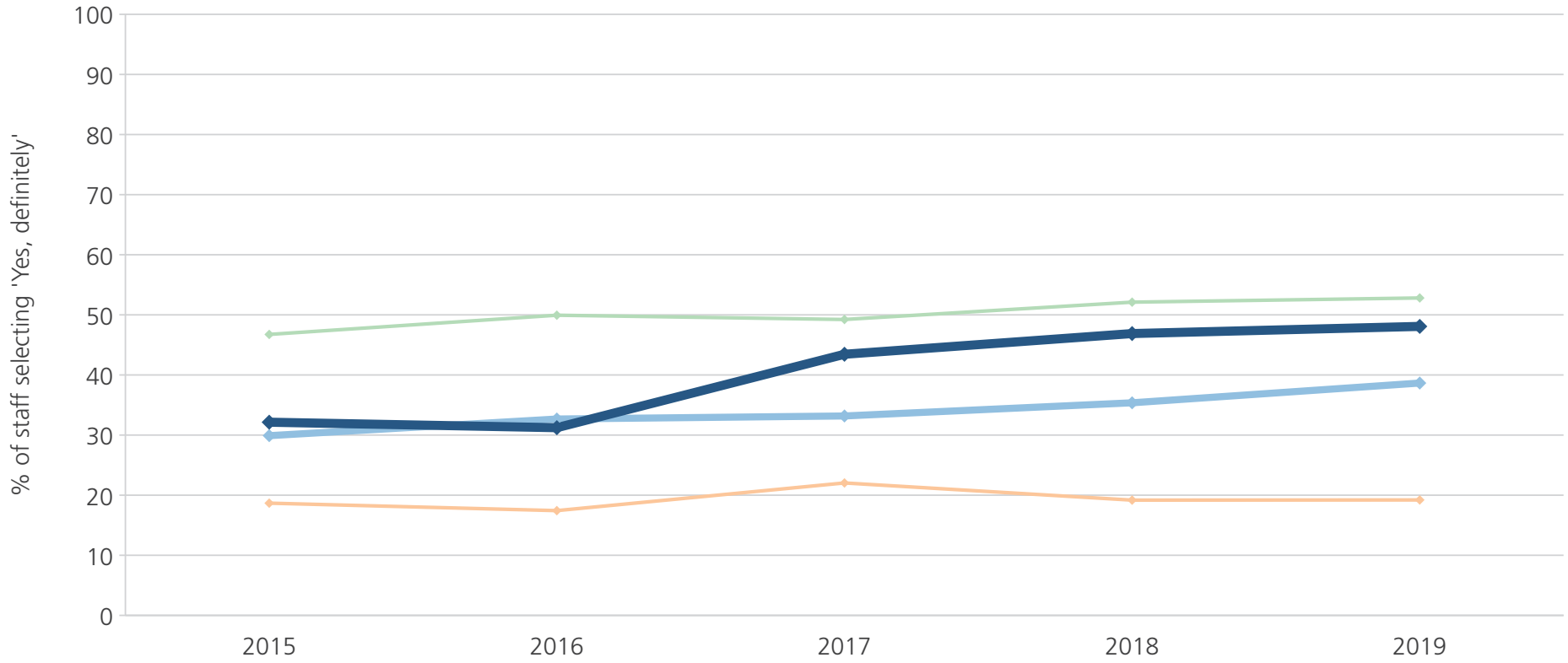
	2015	2016	2017	2018	2019
Best	38.0%	36.2%	36.9%	38.0%	39.1%
Your org	20.5%	20.4%	25.1%	31.0%	29.0%
Average	28.0%	29.4%	29.6%	31.1%	32.5%
Worst	18.2%	20.4%	21.6%	21.1%	25.5%
Responses	692	890	1,448	1,755	1,871

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development
> Q19e > The values of my organisation were discussed as part of the appraisal process

NHS England

This question was only answered by staff who selected 'Yes' on q19a.



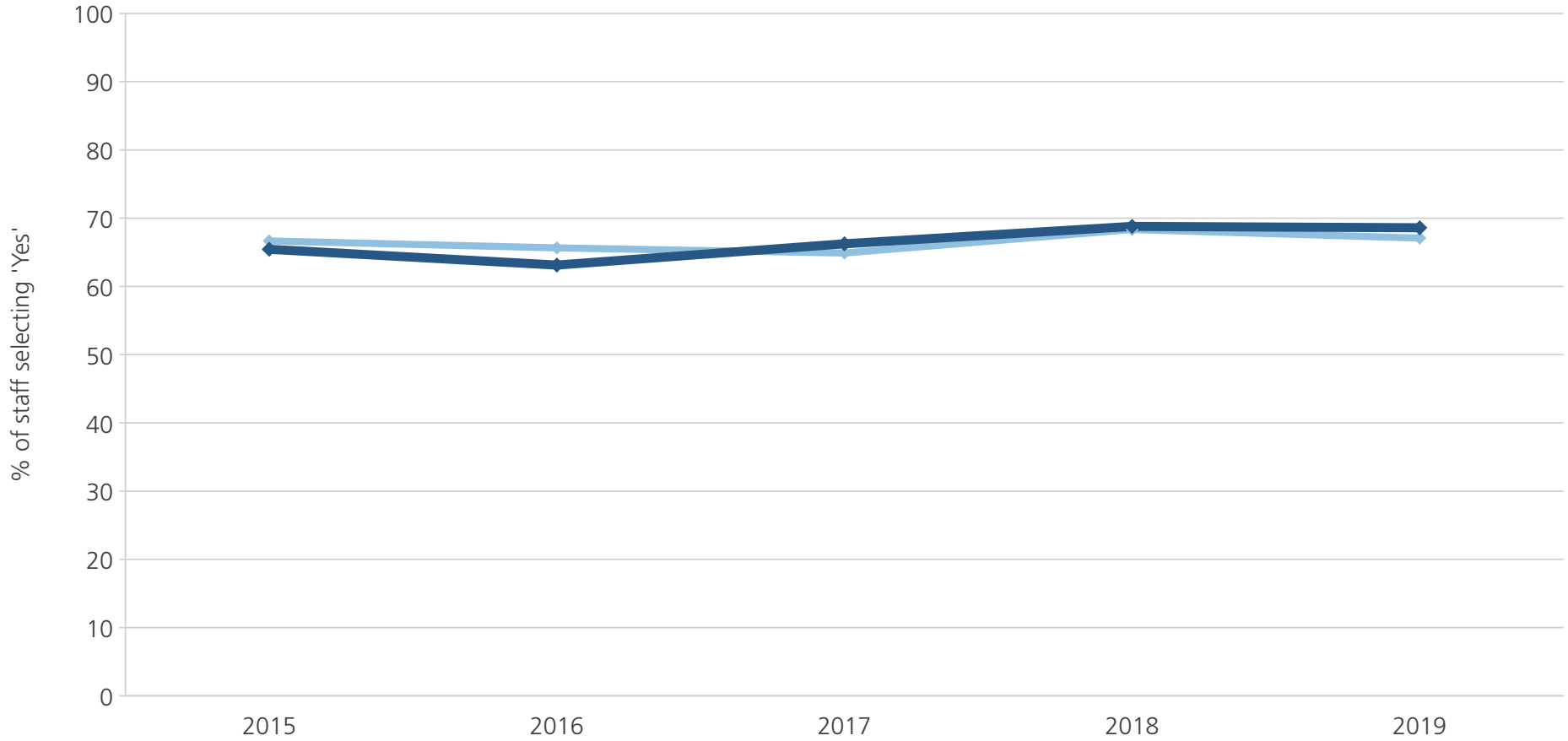
	2015	2016	2017	2018	2019
Best	46.7%	49.9%	49.2%	52.1%	52.8%
Your org	32.1%	31.2%	43.4%	46.9%	48.1%
Average	29.9%	32.7%	33.2%	35.4%	38.7%
Worst	18.7%	17.4%	22.0%	19.2%	19.2%
Responses	686	888	1,435	1,750	1,862

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development > Q19f **>** Were any training, learning or development needs identified?

NHS England

This question was only answered by staff who selected 'Yes' on q19a.



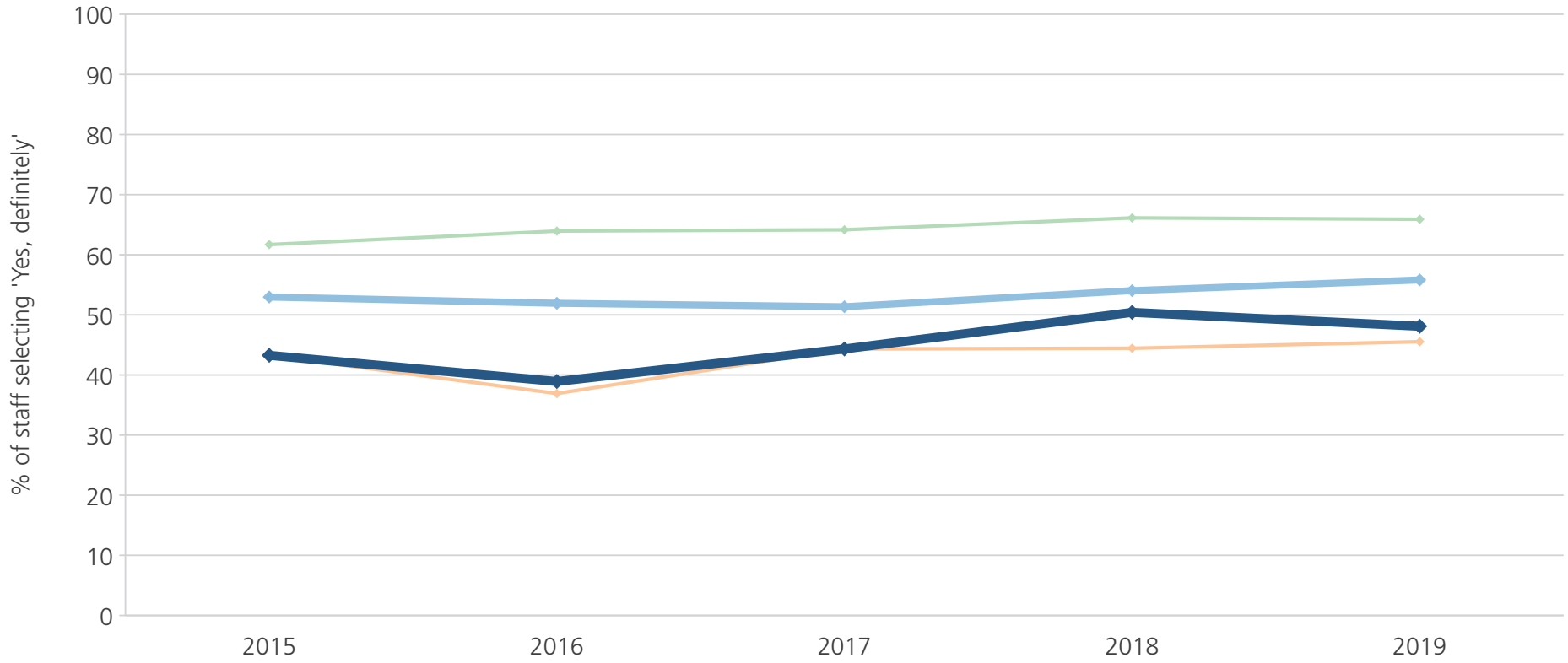
	2015	2016	2017	2018	2019
Your org	65.4%	63.1%	66.2%	68.8%	68.6%
Average	66.7%	65.6%	64.9%	68.3%	67.1%
Responses	680	876	1,425	1,753	1,866

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development
> Q19g > My manager supported me to receive this training, learning or development

NHS England

This question was only answered by staff who selected 'Yes' on q19f.

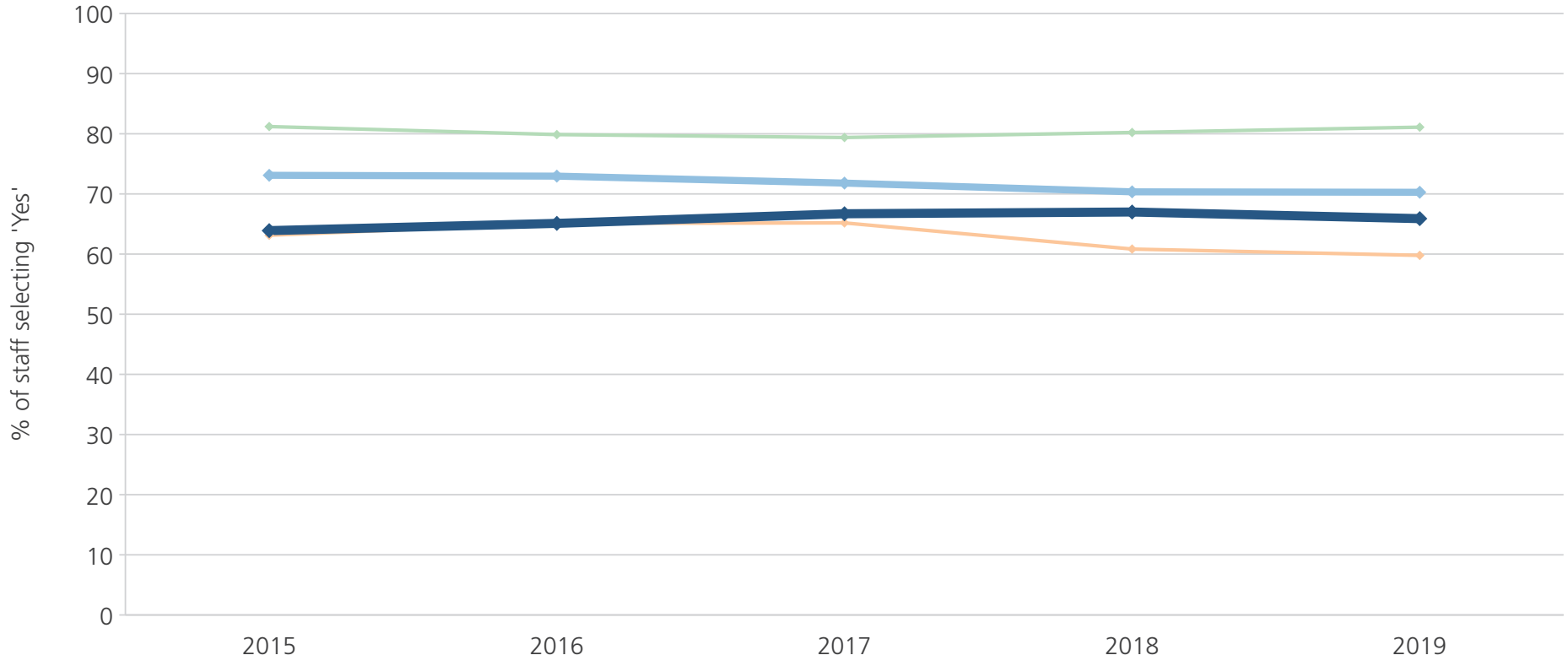


	2015	2016	2017	2018	2019
Best	61.7%	63.9%	64.1%	66.1%	65.9%
Your org	43.3%	38.9%	44.3%	50.4%	48.1%
Average	53.0%	51.9%	51.4%	54.0%	55.8%
Worst	43.3%	36.9%	44.3%	44.4%	45.5%
Responses	444	542	933	1,185	1,262

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your personal development > Q20
> Have you had any (non-mandatory) training, learning or development in the last 12 months?

NHS England



	2015	2016	2017	2018	2019
Best	81.2%	79.9%	79.4%	80.2%	81.1%
Your org	63.9%	65.1%	66.7%	67.0%	65.9%
Average	73.1%	73.0%	71.8%	70.3%	70.3%
Worst	63.1%	65.1%	65.2%	60.8%	59.8%
Responses	902	1,097	1,691	1,929	2,065

Survey Coordination Centre

NHS England

Question results – Your organisation

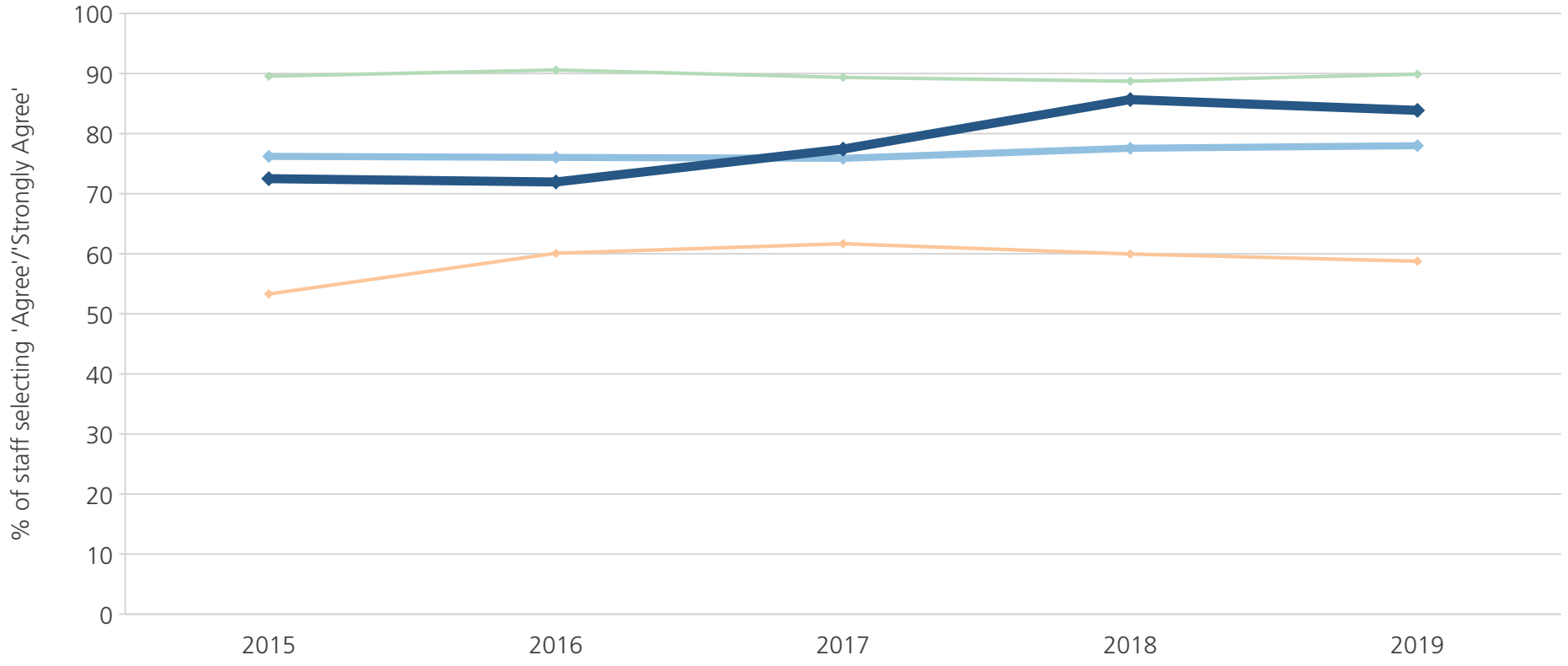
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation
> Q21a > Care of patients / service users is my organisation's top priority

NHS England

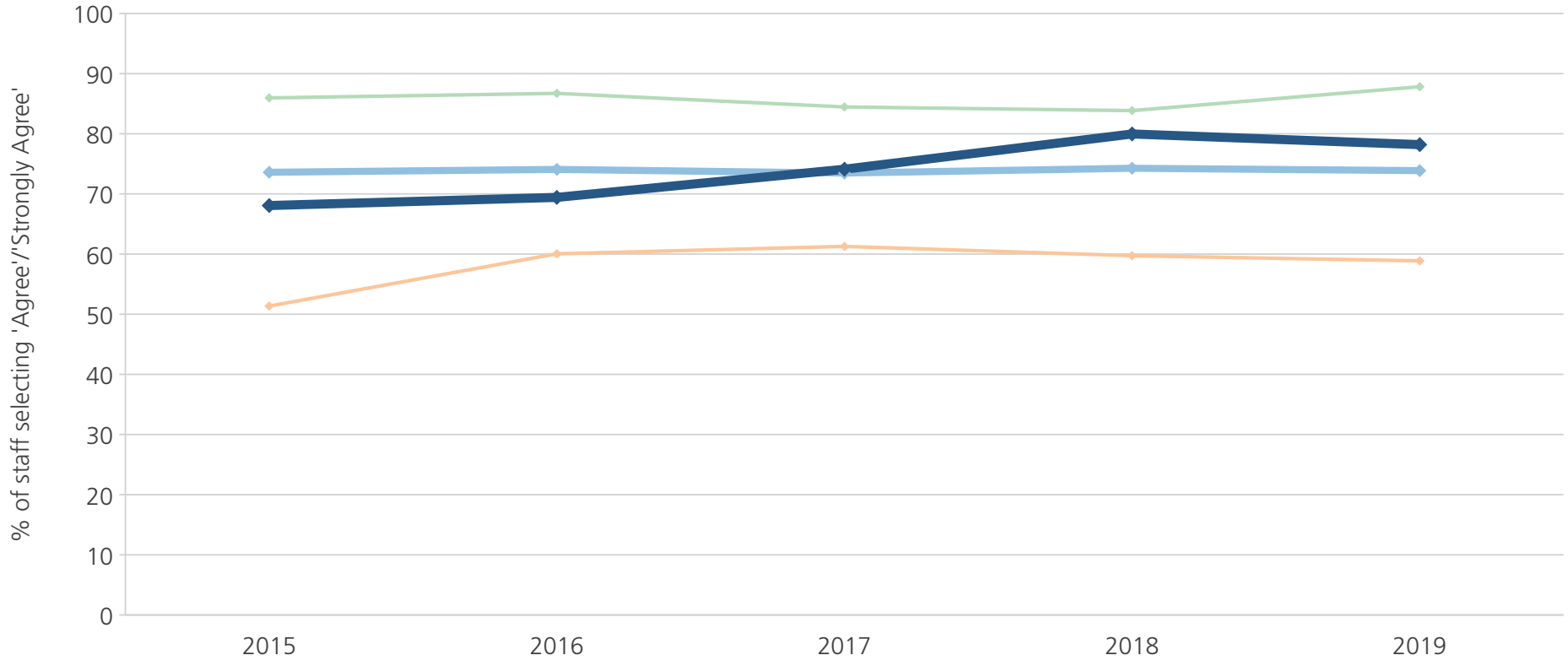


	2015	2016	2017	2018	2019
Best	89.6%	90.6%	89.3%	88.7%	89.9%
Your org	72.5%	71.9%	77.4%	85.7%	83.9%
Average	76.2%	76.0%	75.9%	77.6%	78.0%
Worst	53.3%	60.1%	61.7%	60.0%	58.8%
Responses	908	1,108	1,715	1,972	2,098

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation
> Q21b > My organisation acts on concerns raised by patients / service users

NHS England

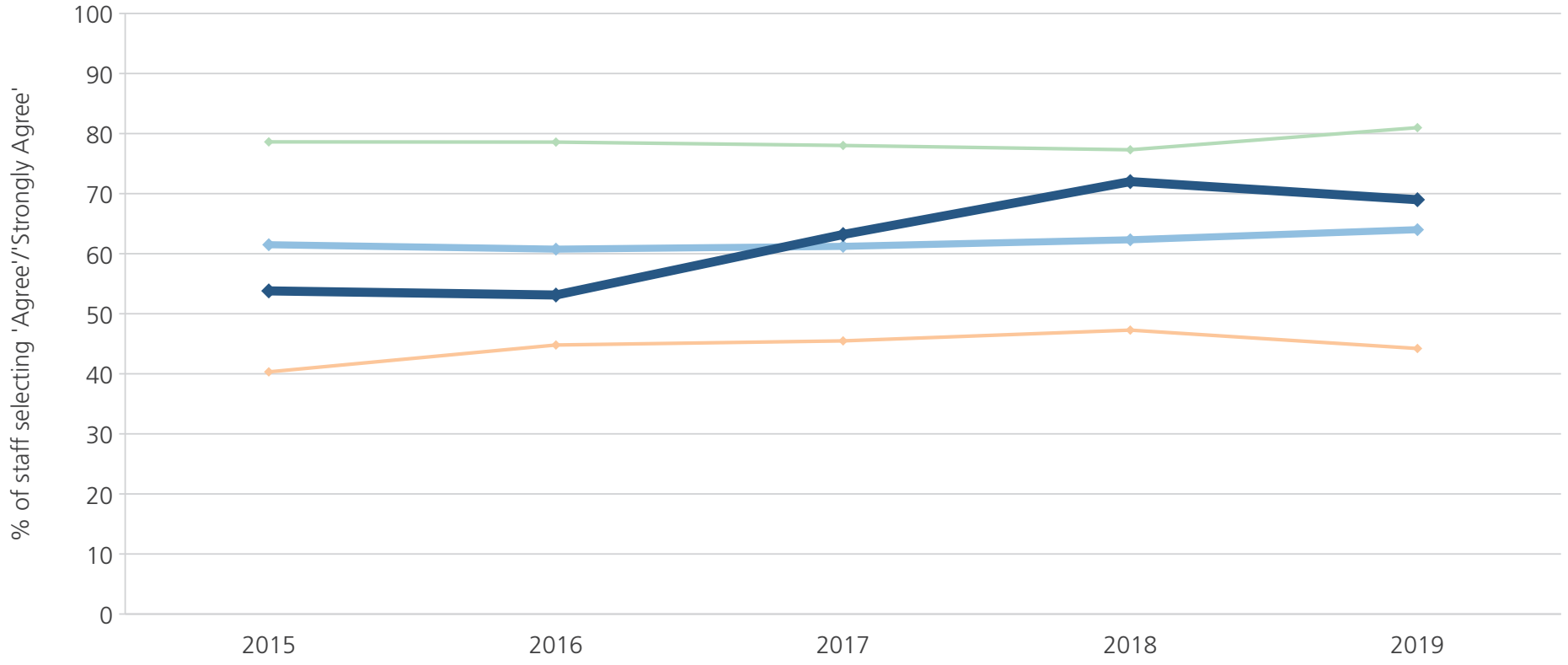


	2015	2016	2017	2018	2019
Best	86.0%	86.7%	84.5%	83.8%	87.8%
Your org	68.1%	69.4%	74.1%	80.0%	78.2%
Average	73.6%	74.1%	73.5%	74.3%	73.9%
Worst	51.4%	60.0%	61.3%	59.7%	58.9%
Responses	906	1,107	1,708	1,967	2,091

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation
> Q21c > I would recommend my organisation as a place to work

NHS England

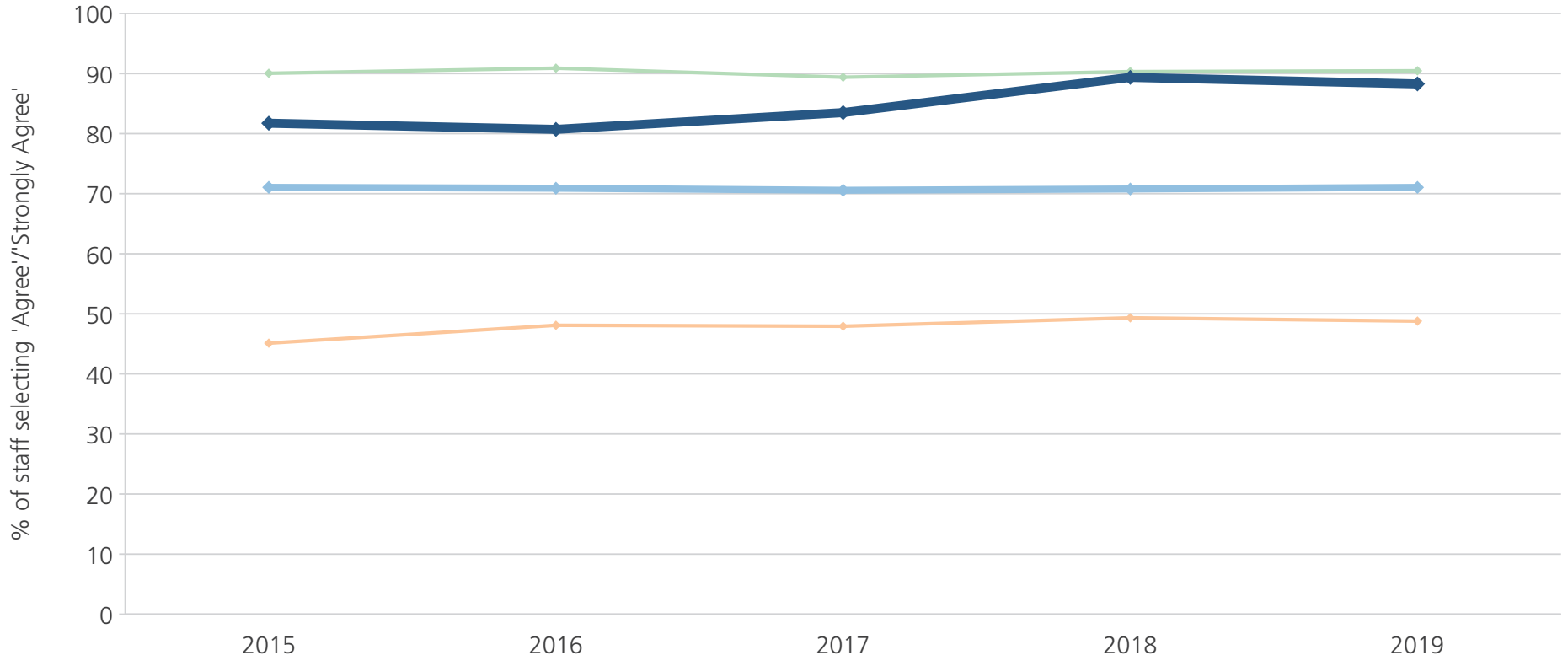


	2015	2016	2017	2018	2019
Best	78.6%	78.6%	78.0%	77.3%	81.0%
Your org	53.8%	53.1%	63.2%	72.0%	69.0%
Average	61.5%	60.8%	61.2%	62.3%	64.0%
Worst	40.3%	44.8%	45.5%	47.3%	44.2%
Responses	910	1,104	1,711	1,972	2,099

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation > Q21d **>** If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

NHS England

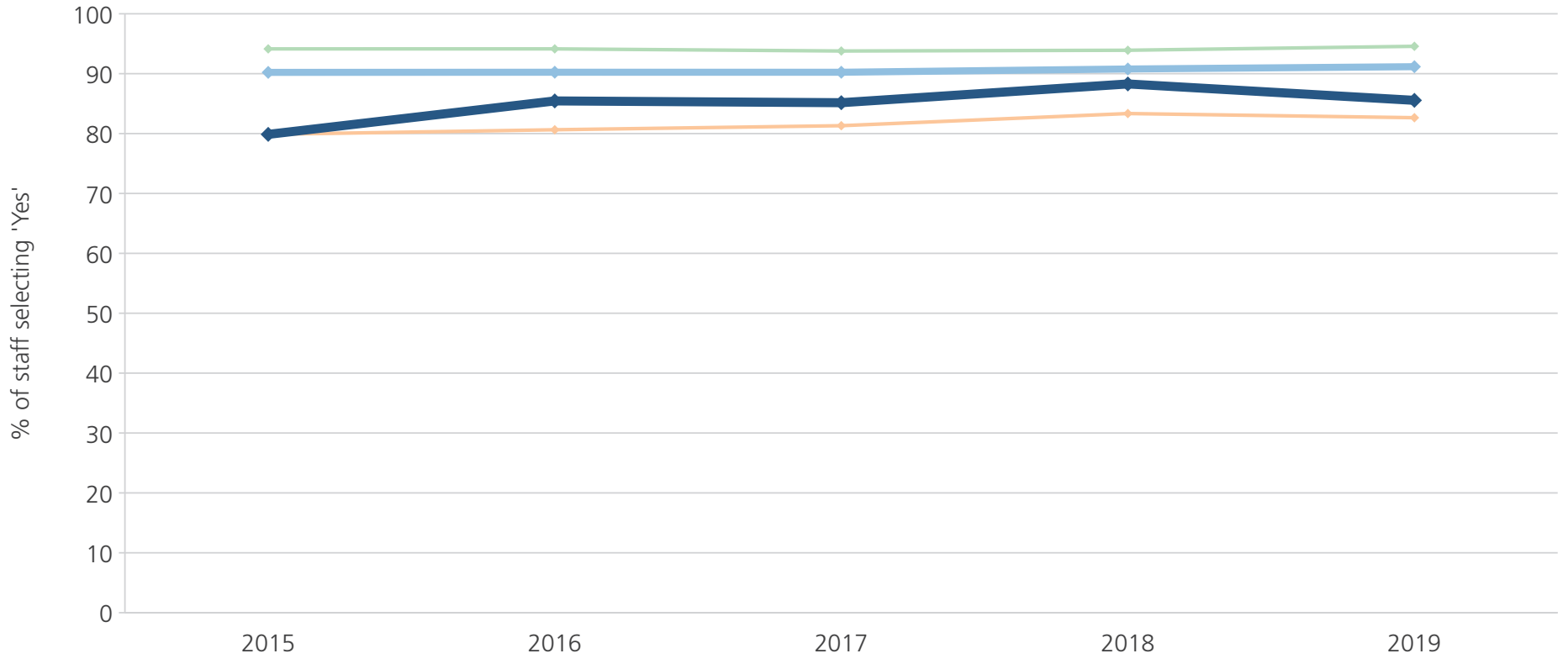


	2015	2016	2017	2018	2019
Best	90.0%	90.9%	89.4%	90.3%	90.5%
Your org	81.7%	80.7%	83.5%	89.4%	88.3%
Average	71.1%	70.9%	70.6%	70.8%	71.0%
Worst	45.1%	48.1%	47.9%	49.3%	48.8%
Responses	907	1,105	1,704	1,962	2,088

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation
> Q22a > Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.)

NHS England



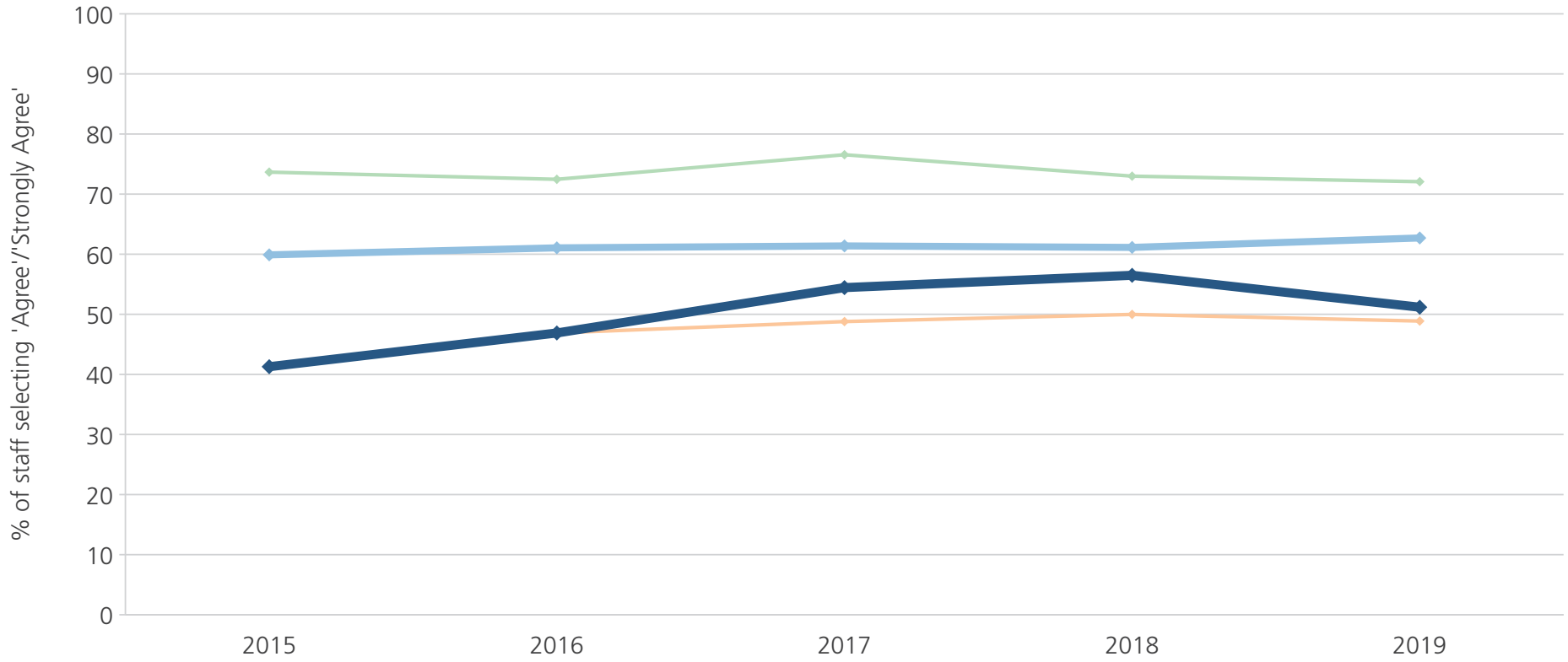
	2015	2016	2017	2018	2019
Best	94.1%	94.1%	93.8%	93.9%	94.6%
Your org	79.9%	85.4%	85.2%	88.3%	85.5%
Average	90.2%	90.2%	90.2%	90.8%	91.2%
Worst	79.9%	80.6%	81.3%	83.3%	82.6%
Responses	529	666	1,100	1,279	1,361

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation >
Q22b > I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams)

NHS England

This question was only answered by staff who selected 'Yes' on q22a.



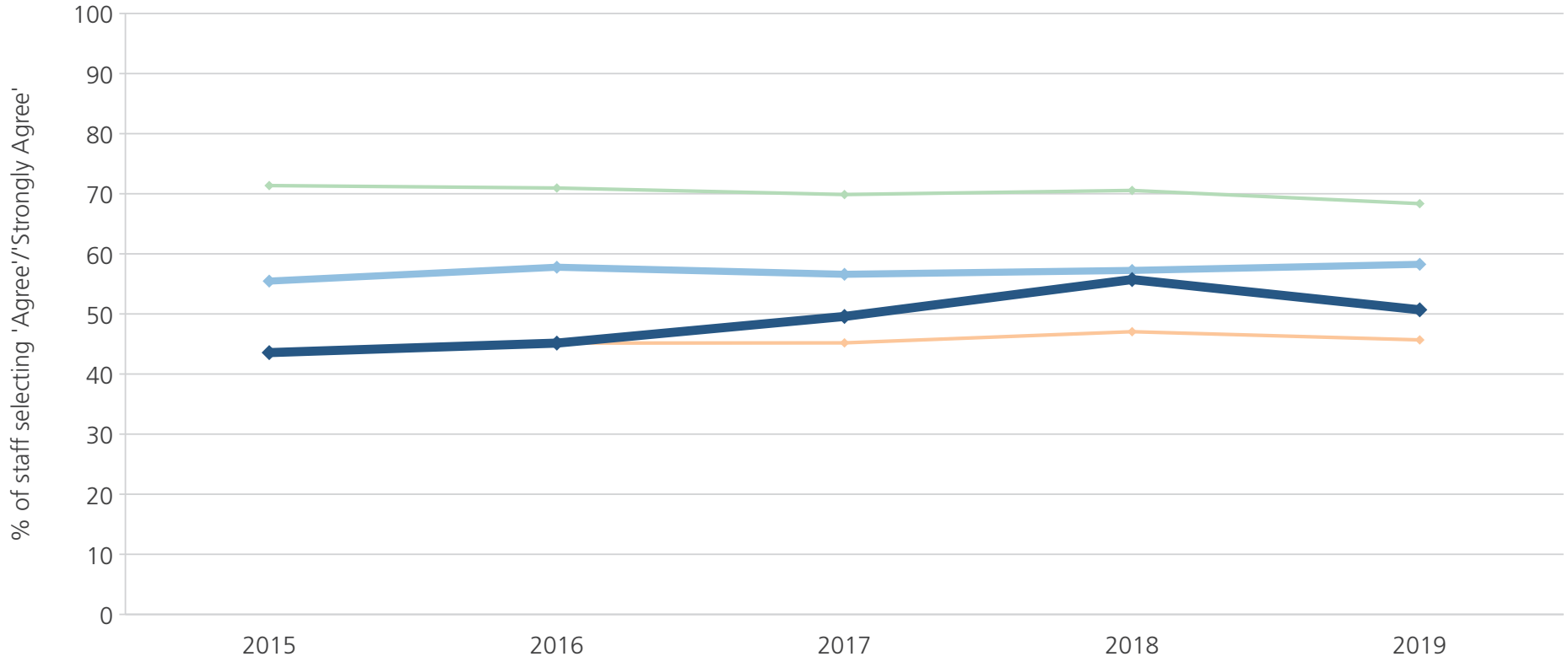
	2015	2016	2017	2018	2019
Best	73.7%	72.5%	76.6%	73.0%	72.1%
Your org	41.3%	46.9%	54.4%	56.5%	51.2%
Average	59.9%	61.1%	61.4%	61.1%	62.7%
Worst	41.3%	46.9%	48.8%	50.0%	48.9%
Responses	411	543	891	1,081	1,122

Survey Coordination Centre

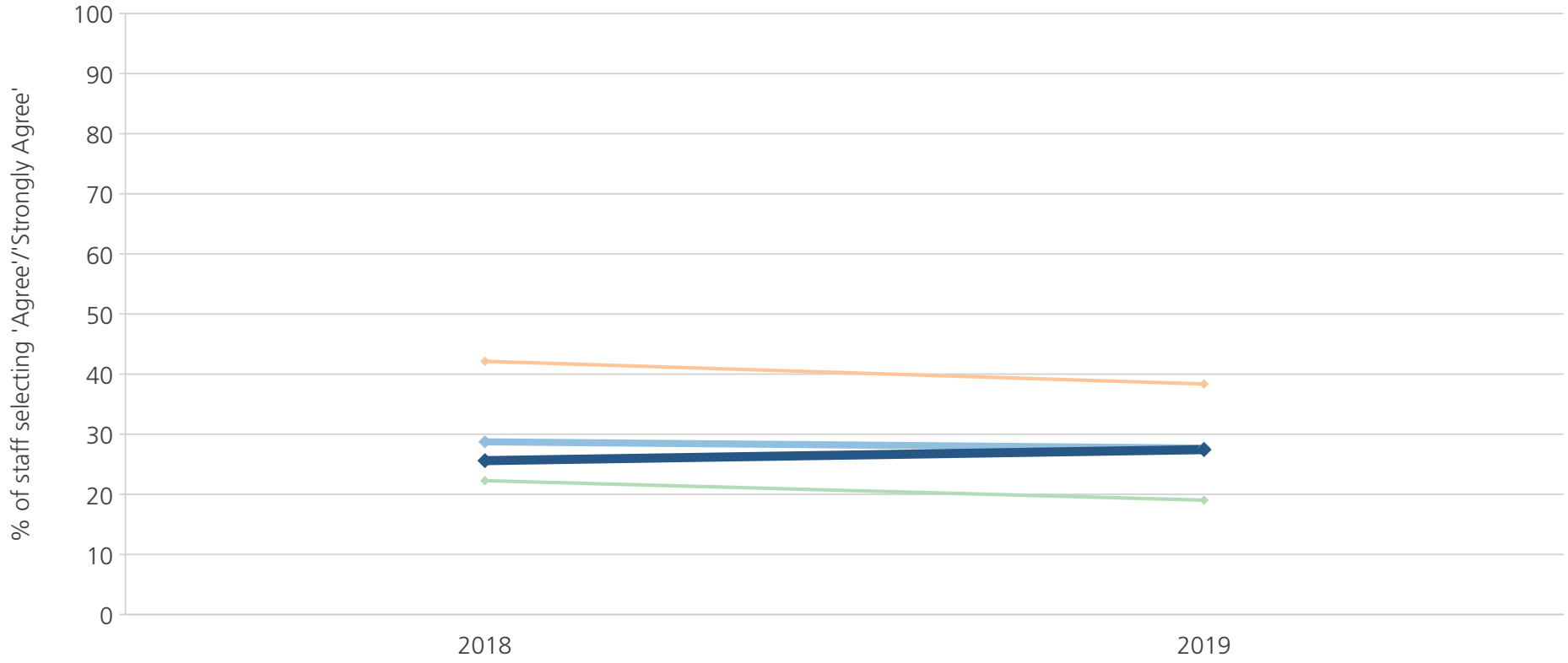
2019 NHS Staff Survey Results > Question results > Your organisation > Q22c **>** Feedback
from patients / service users is used to make informed decisions within my directorate / department

NHS England

This question was only answered by staff who selected 'Yes' on q22a.



	2015	2016	2017	2018	2019
Best	71.4%	71.0%	69.9%	70.6%	68.4%
Your org	43.6%	45.1%	49.6%	55.7%	50.7%
Average	55.5%	57.8%	56.6%	57.2%	58.3%
Worst	43.6%	45.1%	45.2%	47.0%	45.7%
Responses	393	503	837	983	1,029

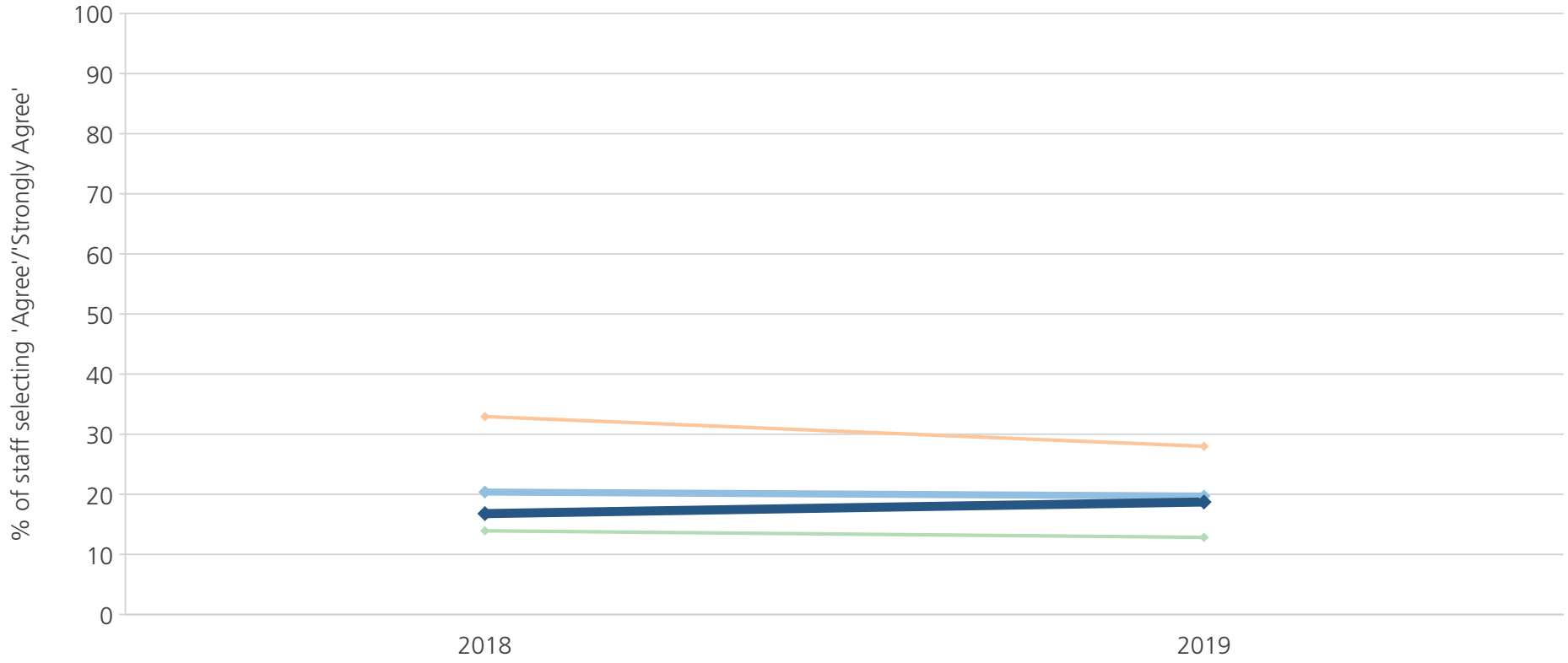


	2018	2019
Worst	42.1%	38.4%
Your org	25.6%	27.4%
Average	28.7%	27.7%
Best	22.3%	19.0%
Responses	1,975	2,109

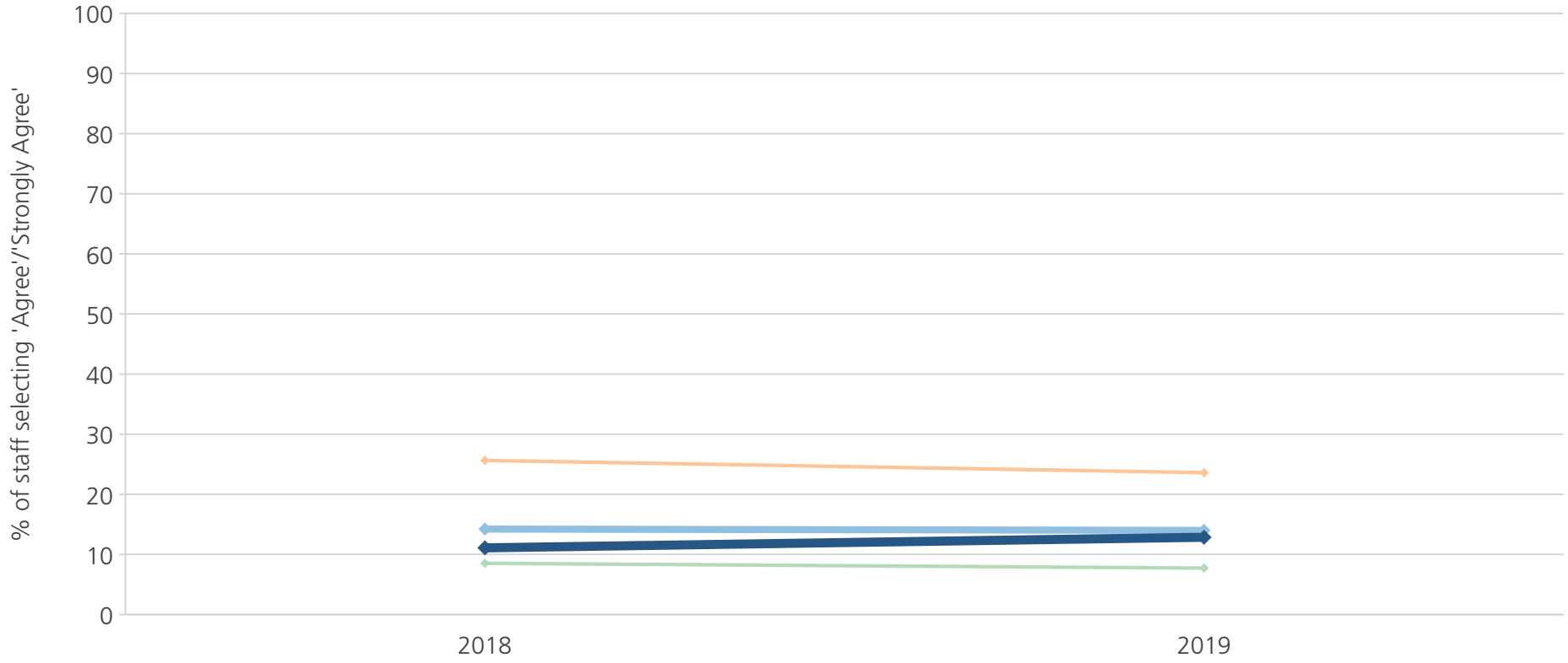
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation >
Q23b > I will probably look for a job at a new organisation in the next 12 months

NHS England



	2018	2019
Worst	32.9%	28.0%
Your org	16.8%	18.7%
Average	20.4%	19.7%
Best	13.9%	12.8%
Responses	1,969	2,098

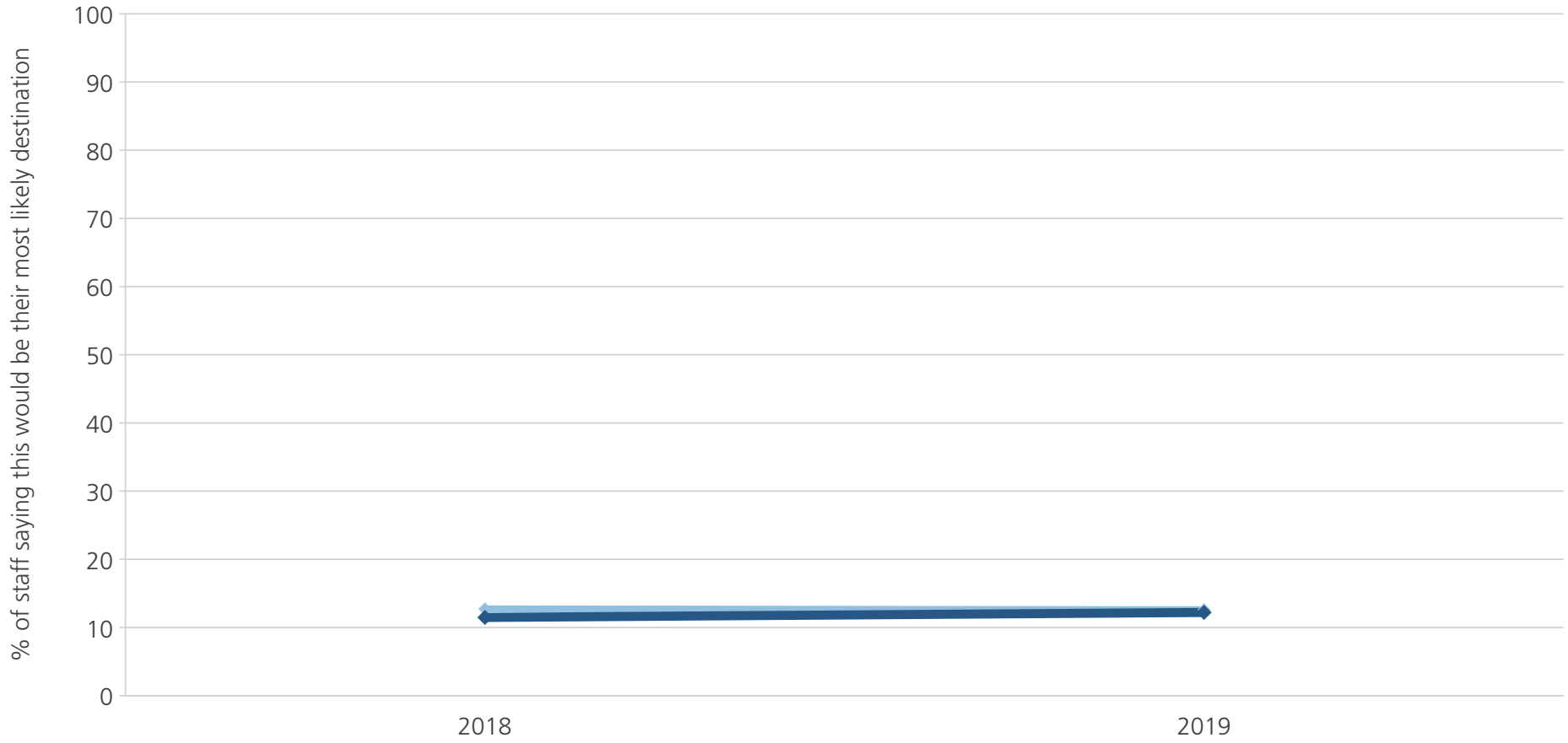


Worst	25.6%	23.6%
Your org	11.1%	12.9%
Average	14.2%	14.0%
Best	8.5%	7.7%
Responses	1,957	2,091

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation >
Q23d.1 > If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation

NHS England

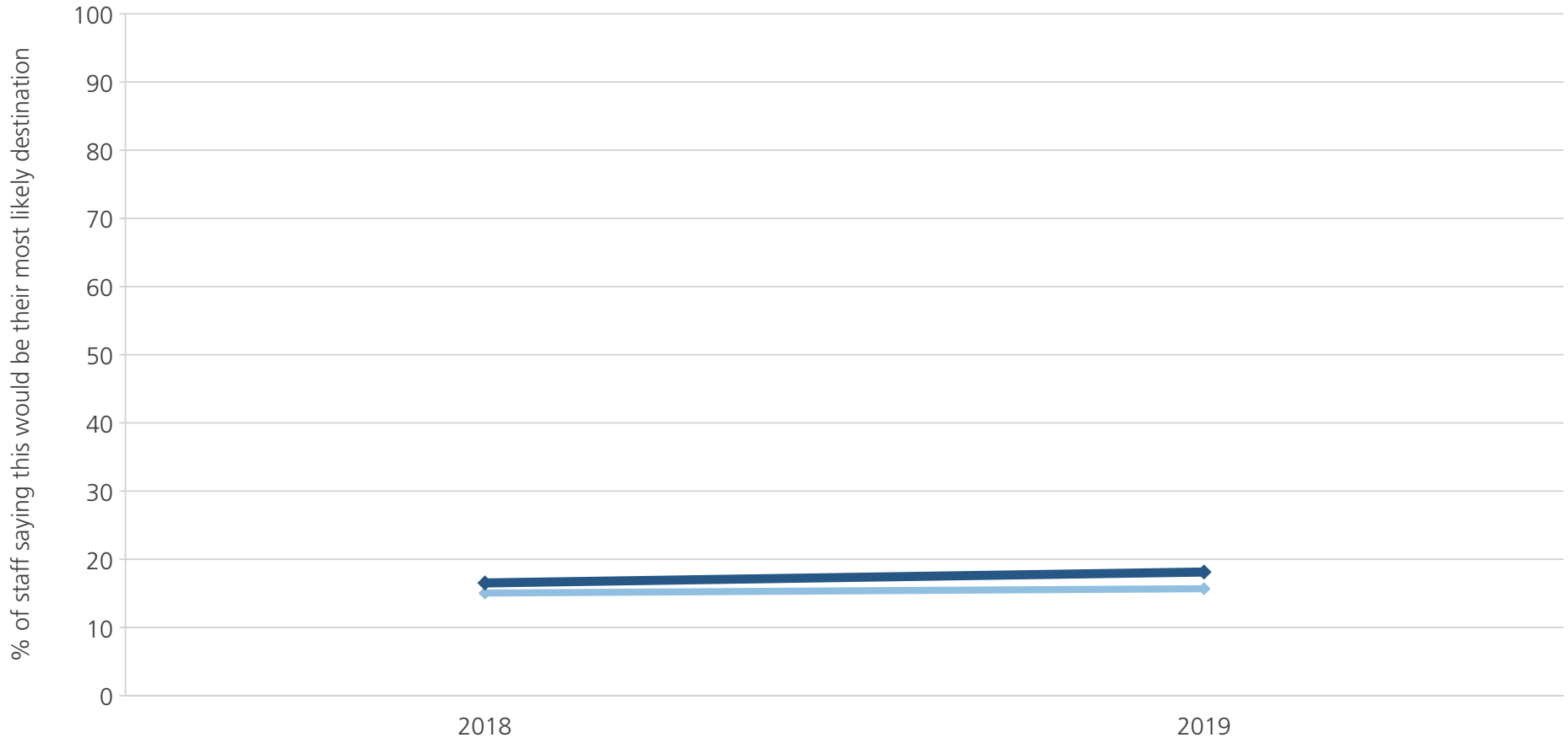


	2018	2019
Your org	11.5%	12.2%
Average	12.7%	12.6%
Responses	1,700	1,787

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation > Q23d.2 > If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in a different NHS trust/organisation

NHS England

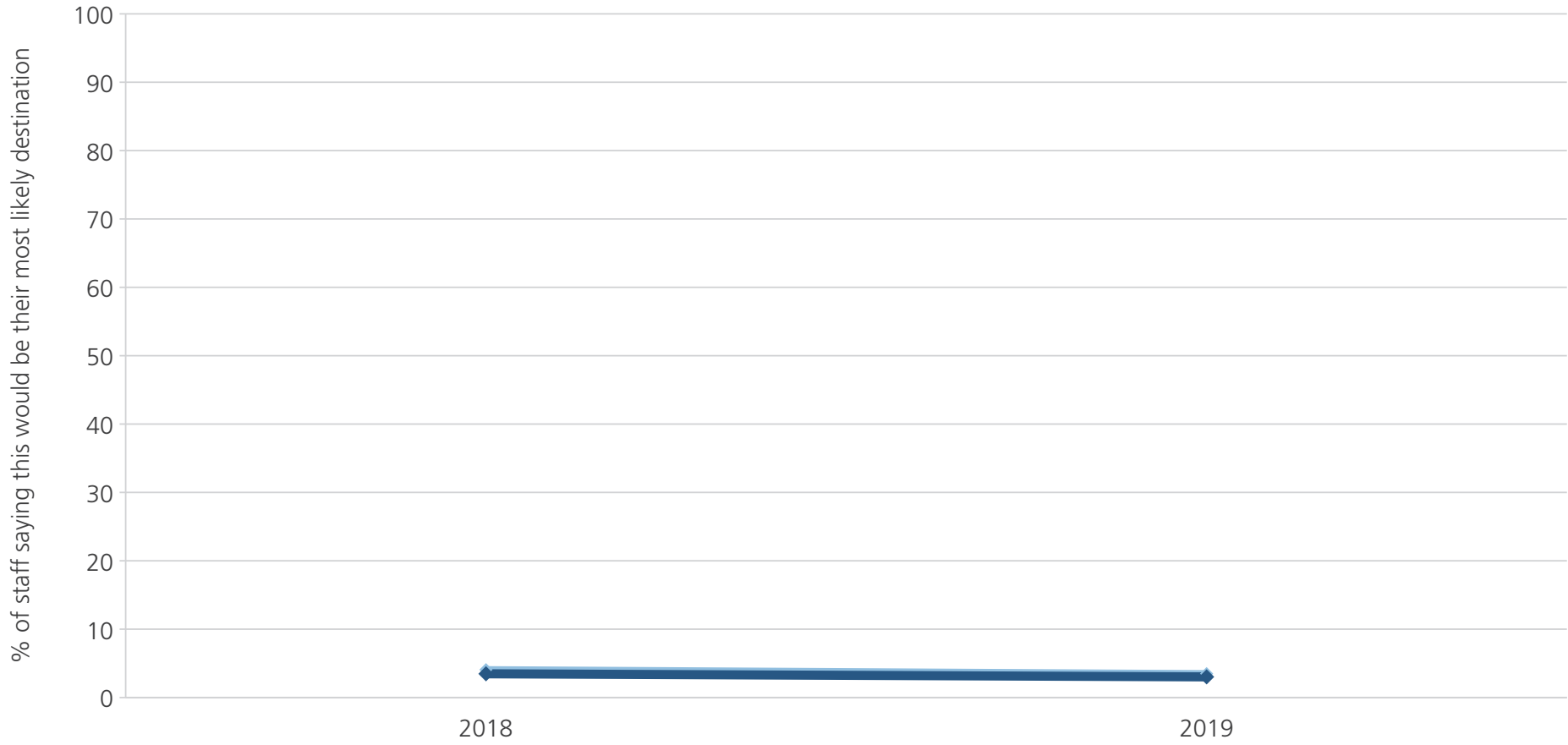


	2018	2019
Your org	16.5%	18.1%
Average	15.1%	15.7%
Responses	1,700	1,787

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation > Q23d.3 > If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS

NHS England

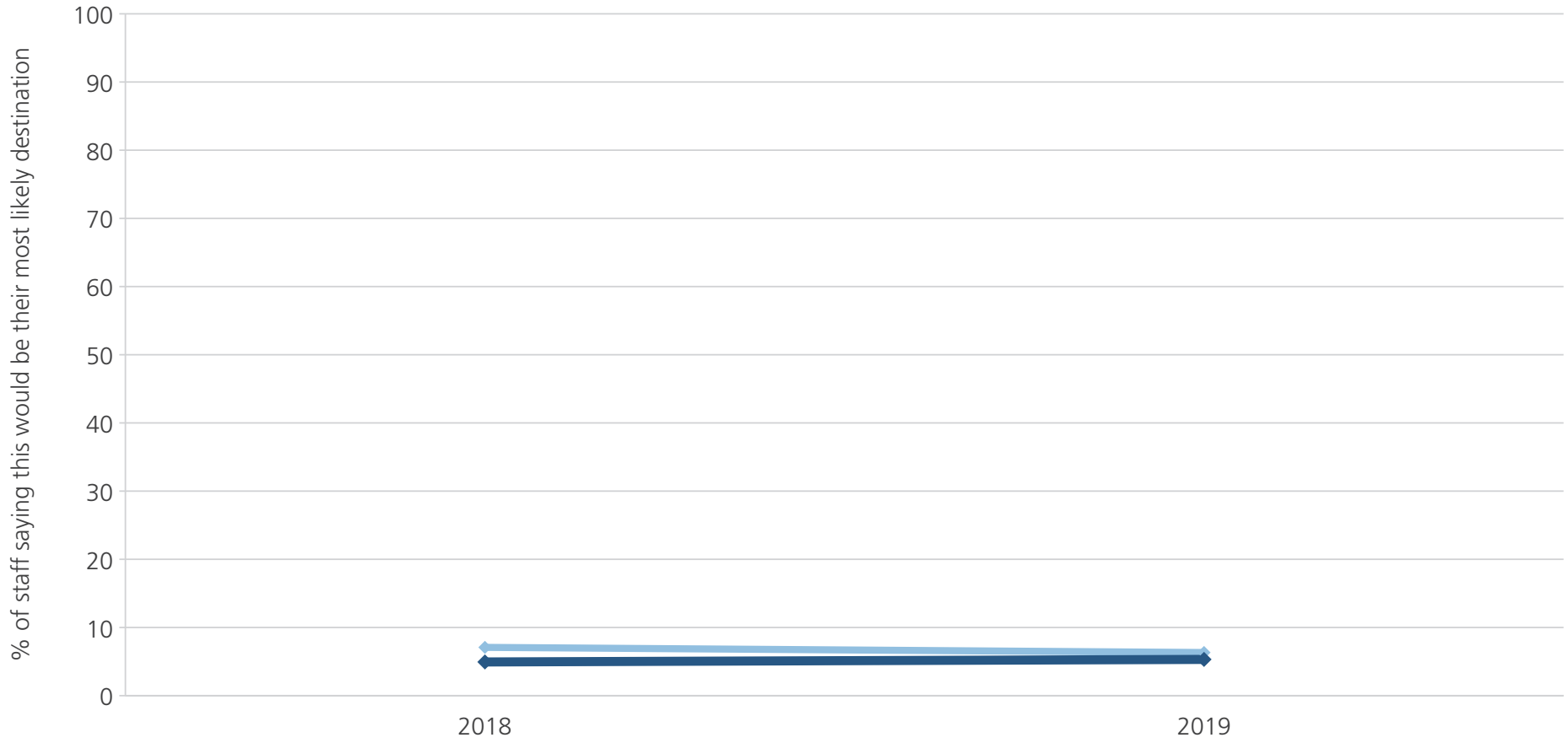


	2018	2019
Your org	3.5%	3.0%
Average	4.1%	3.5%
Responses	1,700	1,787

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation >
Q23d.4 > If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare

NHS England

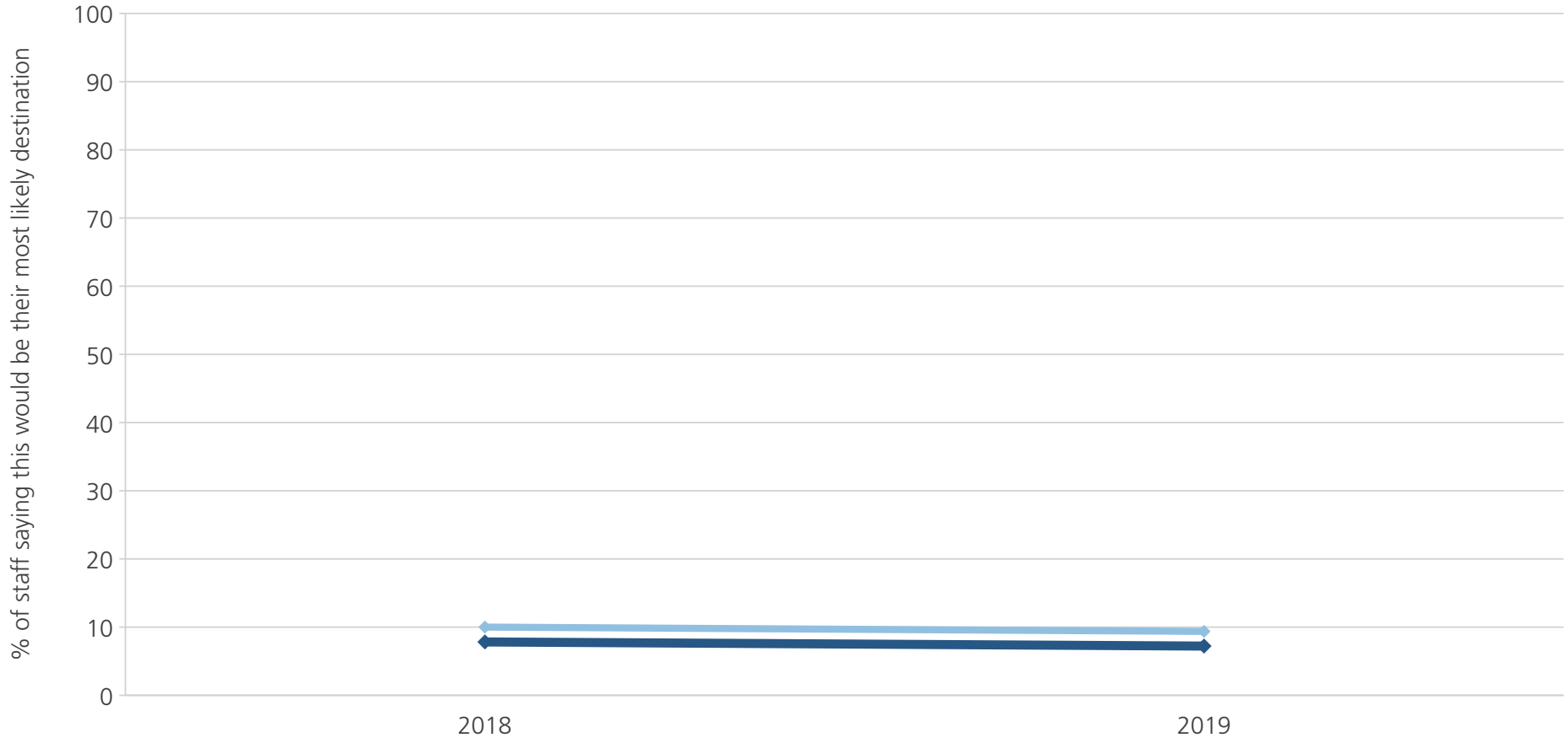


	2018	2019
Your org	4.9%	5.3%
Average	7.1%	6.3%
Responses	1,700	1,787

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation > Q23d.5 **>** If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break

NHS England

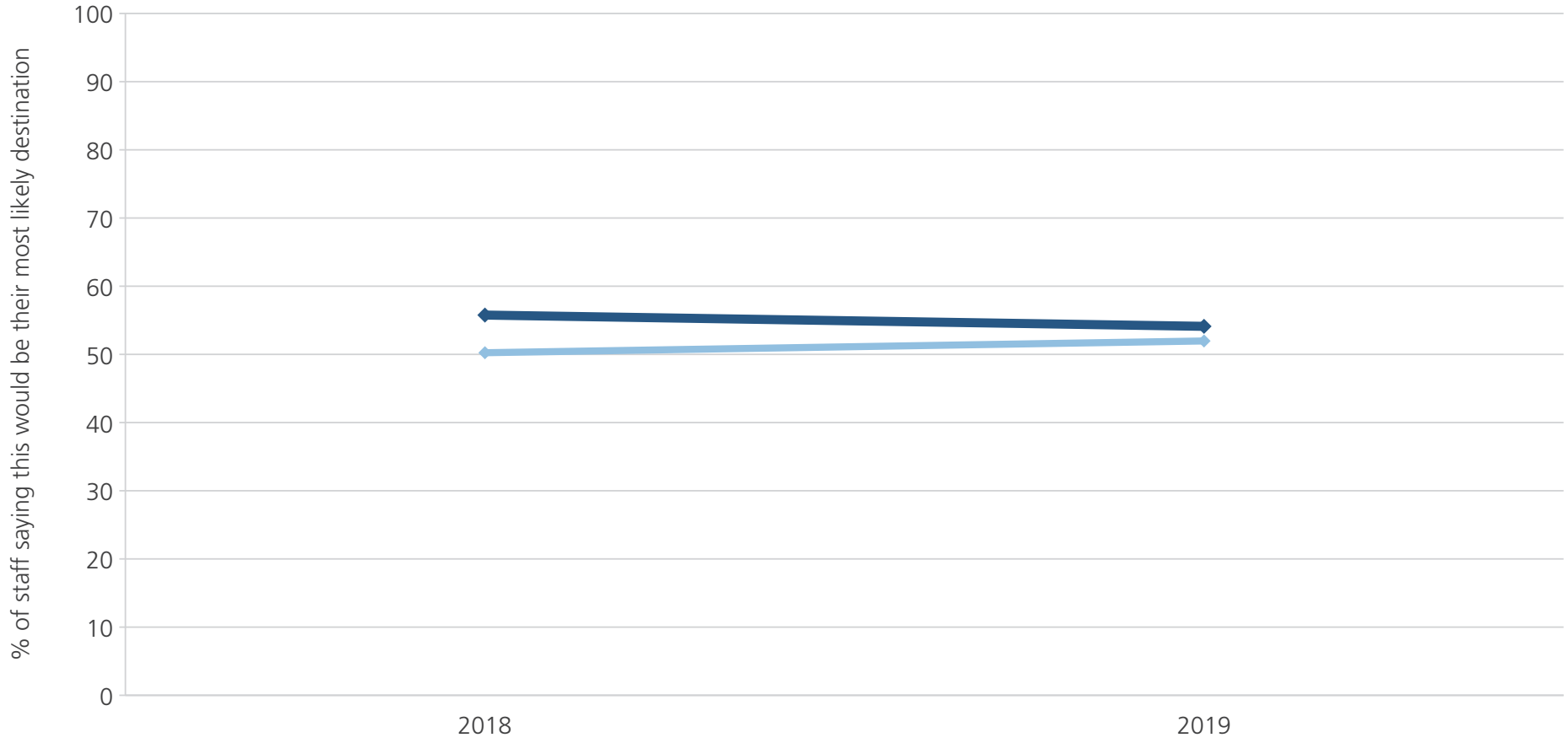


	2018	2019
Your org	7.8%	7.2%
Average	10.0%	9.4%
Responses	1,700	1,787

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Your organisation > Q23d.9 **>** If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job

NHS England



	2018	2019
Your org	55.8%	54.1%
Average	50.2%	52.0%
Responses	1,700	1,787

Survey Coordination Centre

NHS England

Question results – Background details

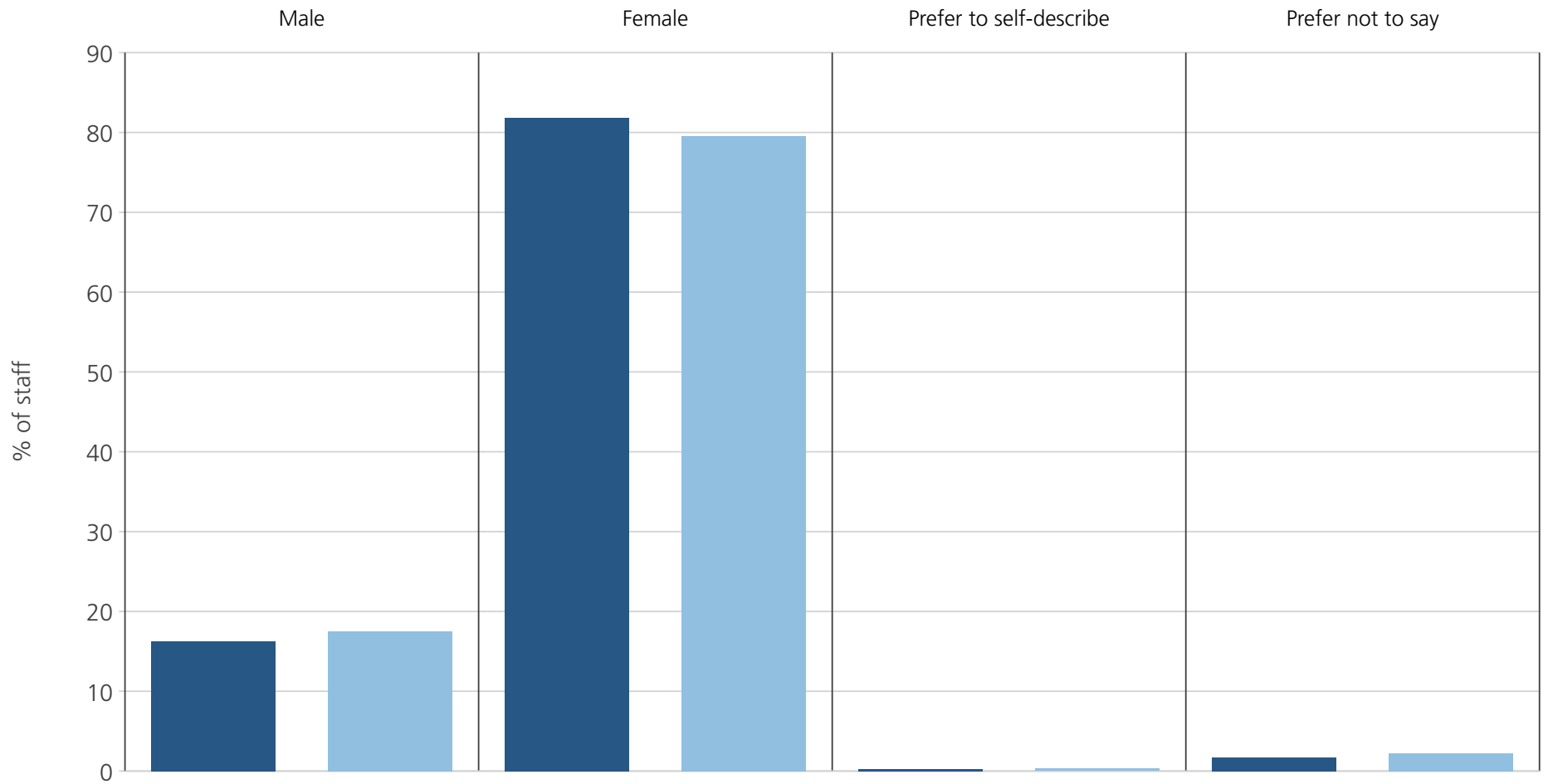
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Gender

NHS England

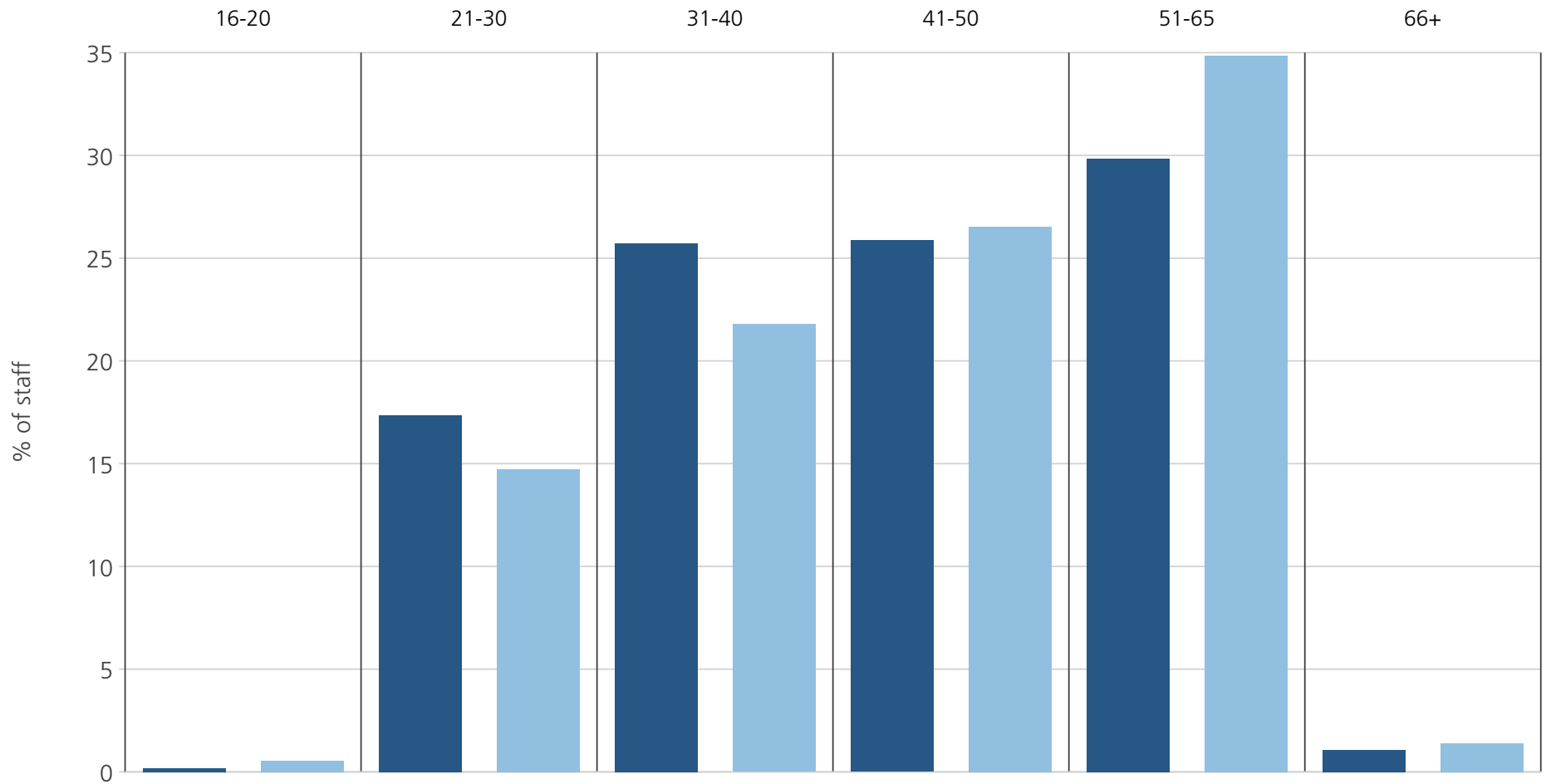


	Male	Female	Prefer to self-describe	Prefer not to say
Your org	16.3%	81.8%	0.2%	1.7%
Average	17.5%	79.5%	0.3%	2.2%
Responses	2,094	2,094	2,094	2,094

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Age

NHS England

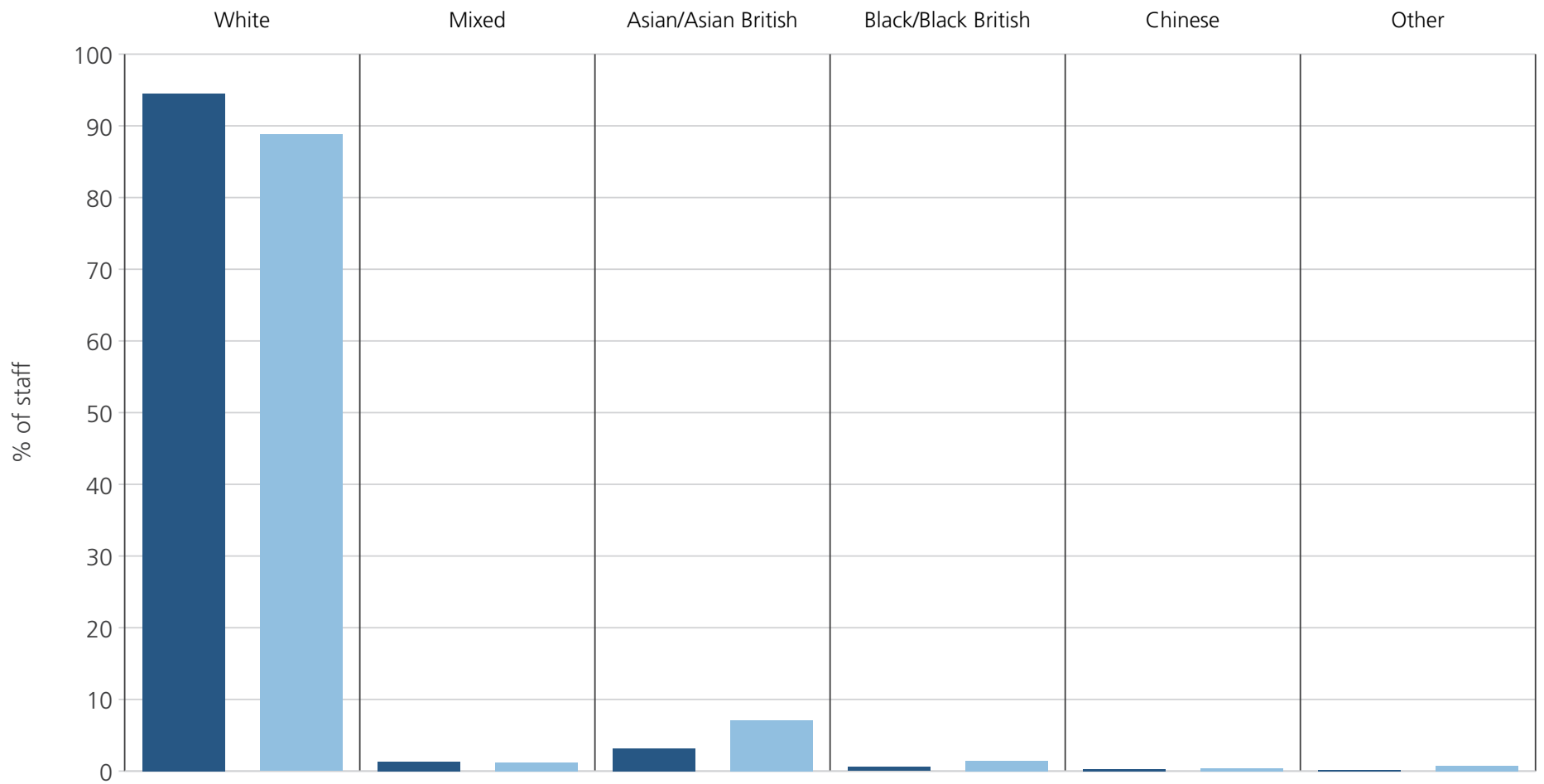


	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.2%	17.4%	25.7%	25.9%	29.8%	1.1%
Average	0.6%	14.7%	21.8%	26.5%	34.9%	1.4%
Responses	2,092	2,092	2,092	2,092	2,092	2,092

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Ethnicity

NHS England

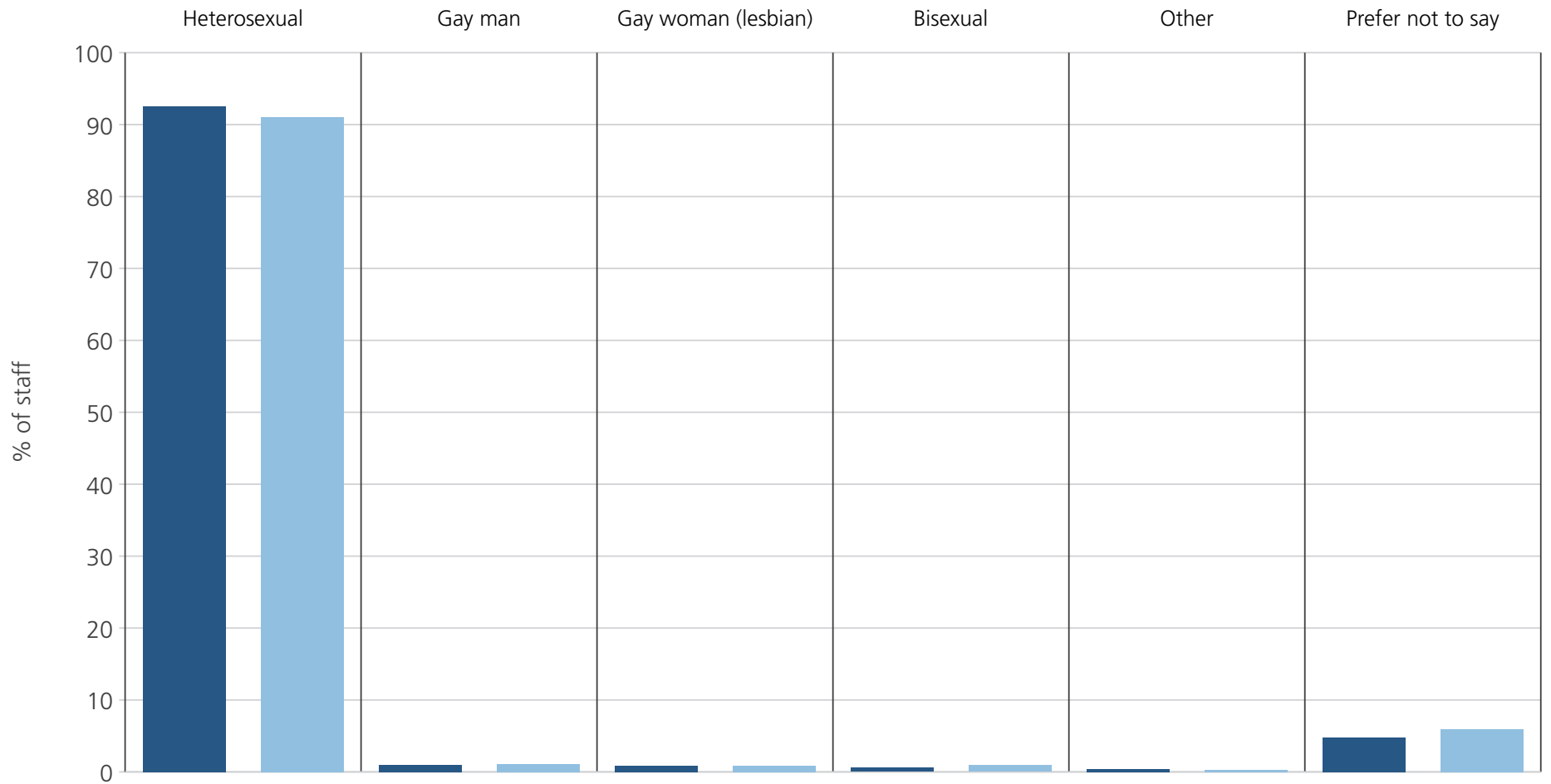


	White	Mixed	Asian/Asian British	Black/Black British	Chinese	Other
Your org	94.5%	1.3%	3.1%	0.6%	0.3%	0.2%
Average	88.8%	1.2%	7.1%	1.4%	0.4%	0.7%
Responses	2,100	2,100	2,100	2,100	2,100	2,100

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Sexuality

NHS England

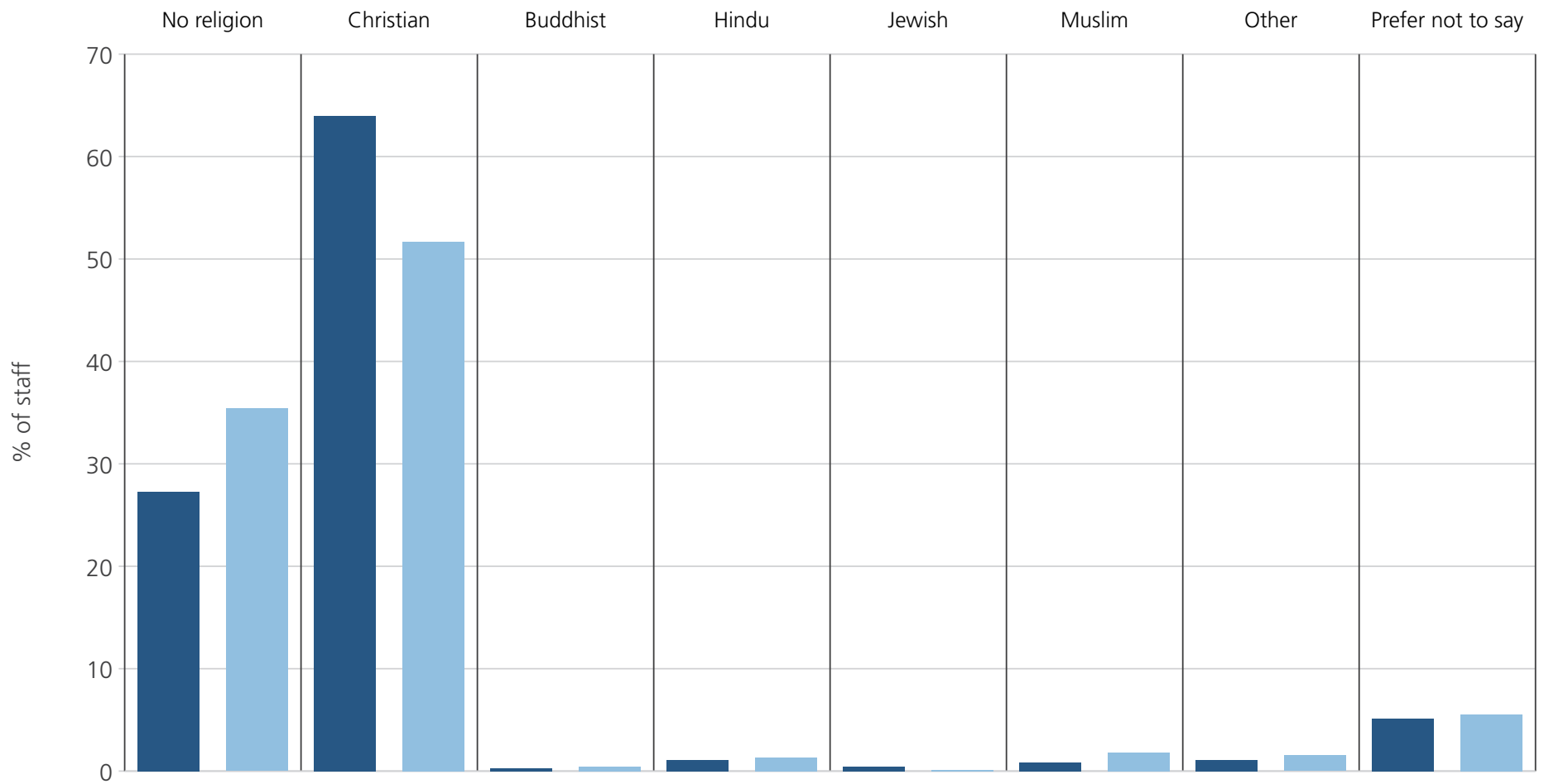


	Heterosexual	Gay man	Gay woman (lesbian)	Bisexual	Other	Prefer not to say
Your org	92.5%	1.0%	0.8%	0.6%	0.4%	4.8%
Average	91.0%	1.1%	0.8%	0.9%	0.3%	5.9%
Responses	2,094	2,094	2,094	2,094	2,094	2,094

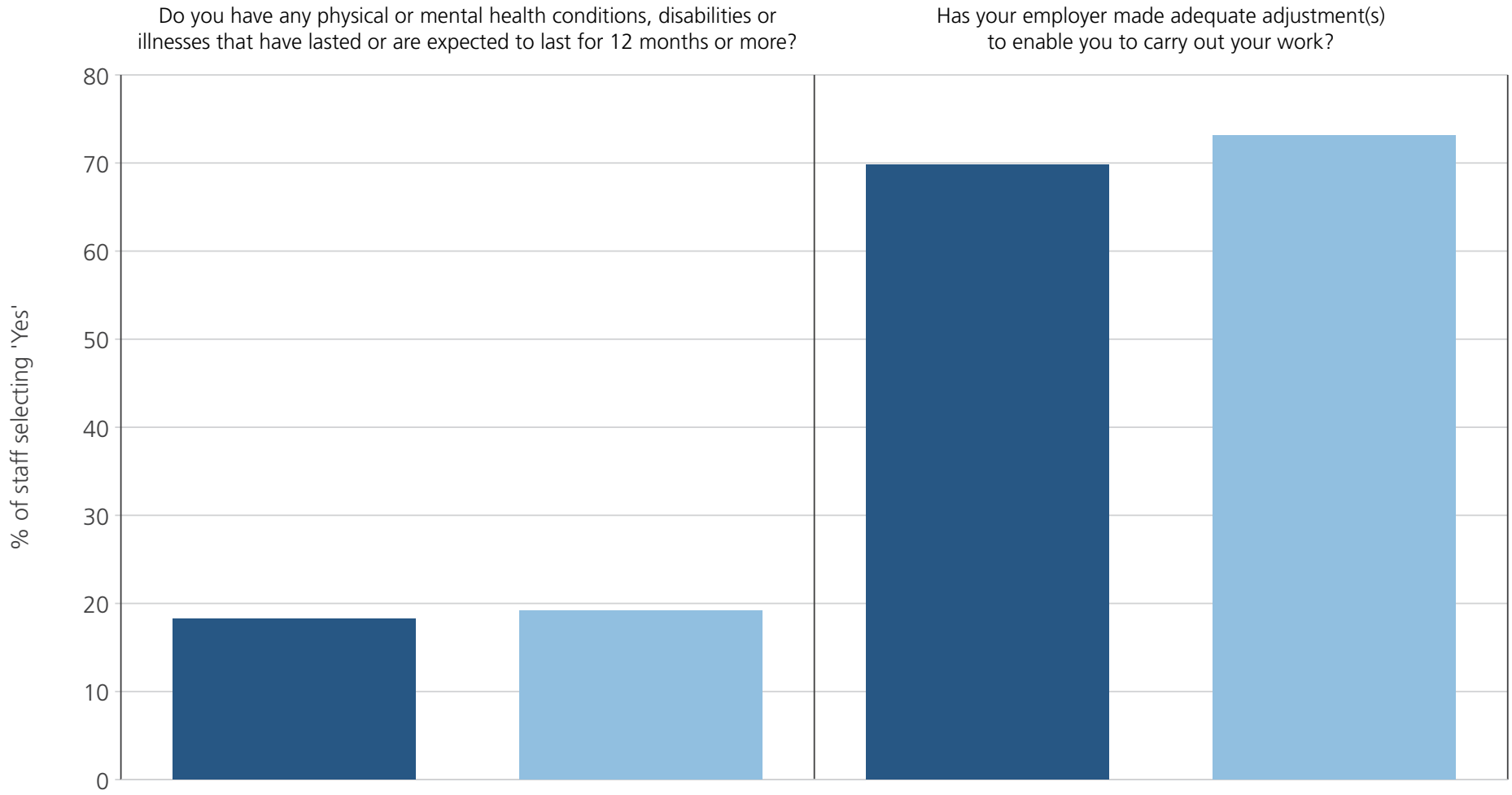
Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Religion

NHS England



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Other	Prefer not to say
Your org	27.3%	64.0%	0.3%	1.1%	0.4%	0.8%	1.1%	5.1%
Average	35.4%	51.7%	0.5%	1.3%	0.1%	1.8%	1.5%	5.6%
Responses	2,087	2,087	2,087	2,087	2,087	2,087	2,087	2,087

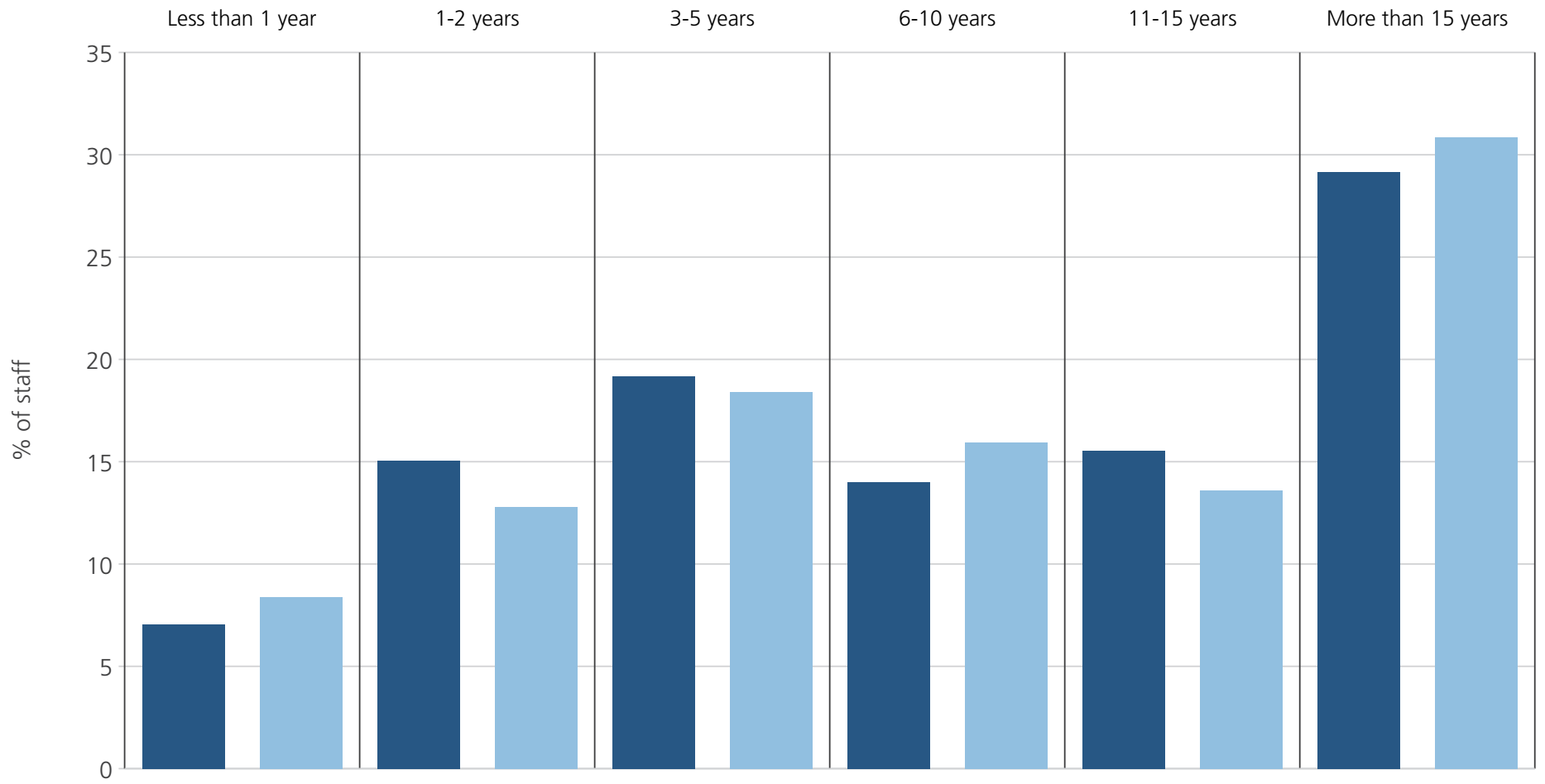


	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Your org	18.2%	69.8%
Average	19.2%	73.1%
Responses	2,101	233

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Length of service

NHS England

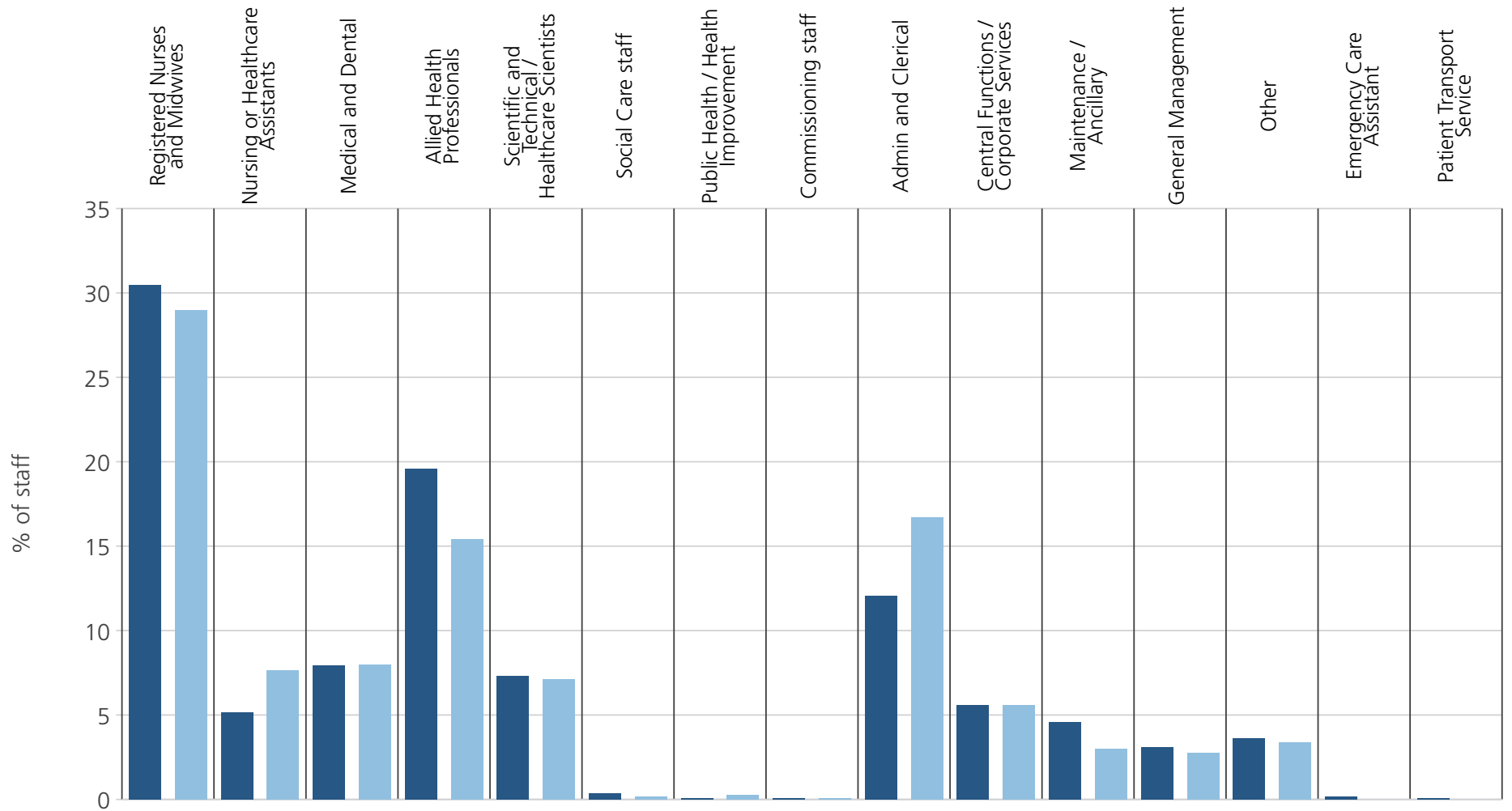


	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	7.1%	15.1%	19.2%	14.0%	15.5%	29.2%
Average	8.4%	12.8%	18.4%	15.9%	13.6%	30.9%
Responses	2,013	2,013	2,013	2,013	2,013	2,013

Survey Coordination Centre

2019 NHS Staff Survey Results > Question results > Background details > Occupational group

NHS England

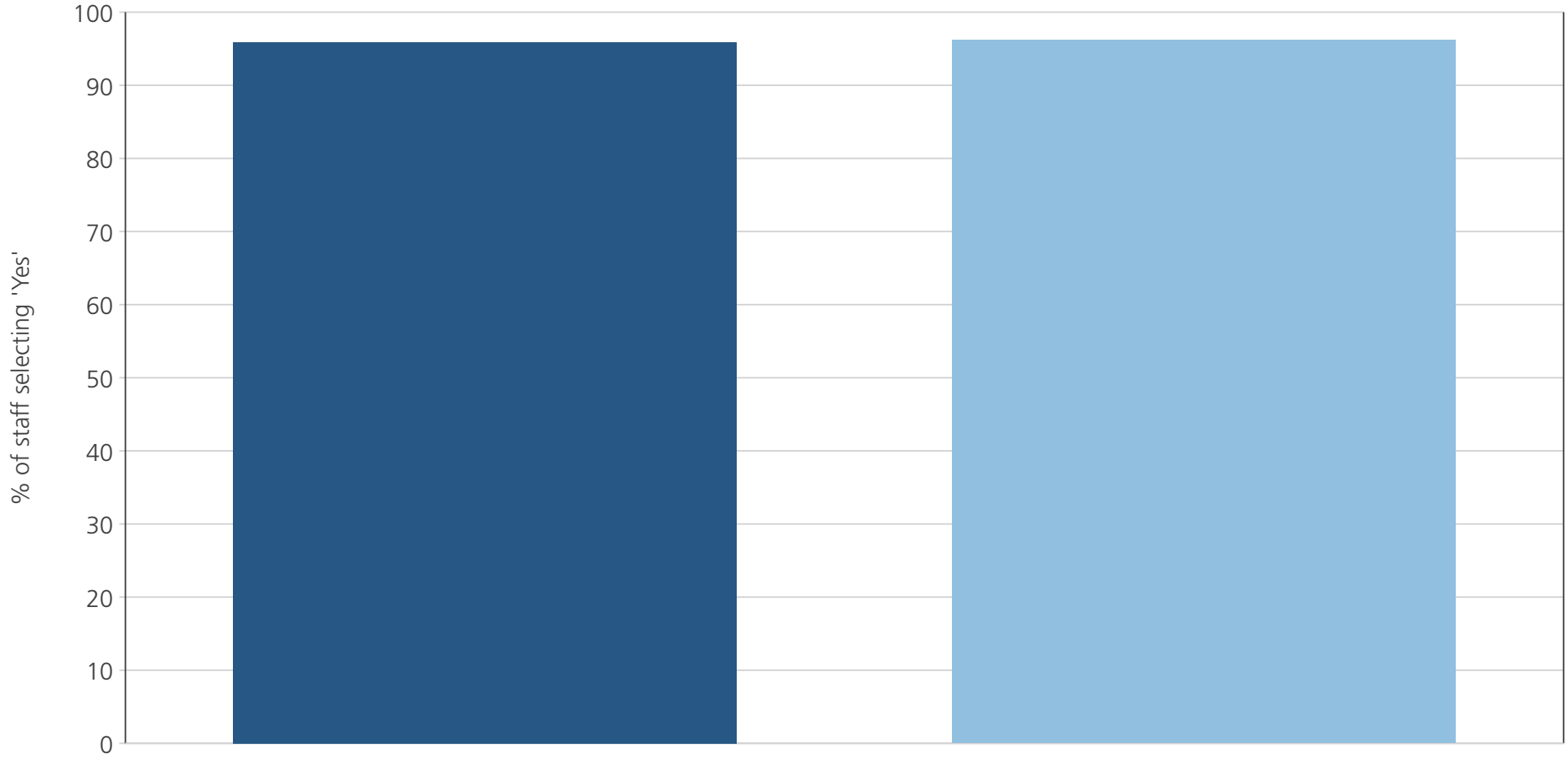


	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Social Care staff	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other	Emergency Care Assistant	Patient Transport Service
Your org	30.4%	5.2%	7.9%	19.6%	7.3%	0.3%	0.0%	0.0%	12.1%	5.6%	4.6%	3.1%	3.6%	0.1%	0.0%
Average	29.0%	7.6%	8.0%	15.4%	7.1%	0.2%	0.3%	0.1%	16.7%	5.6%	3.0%	2.8%	3.4%	0.0%	0.0%
Responses	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053	2,053

Survey Coordination Centre

NHS England

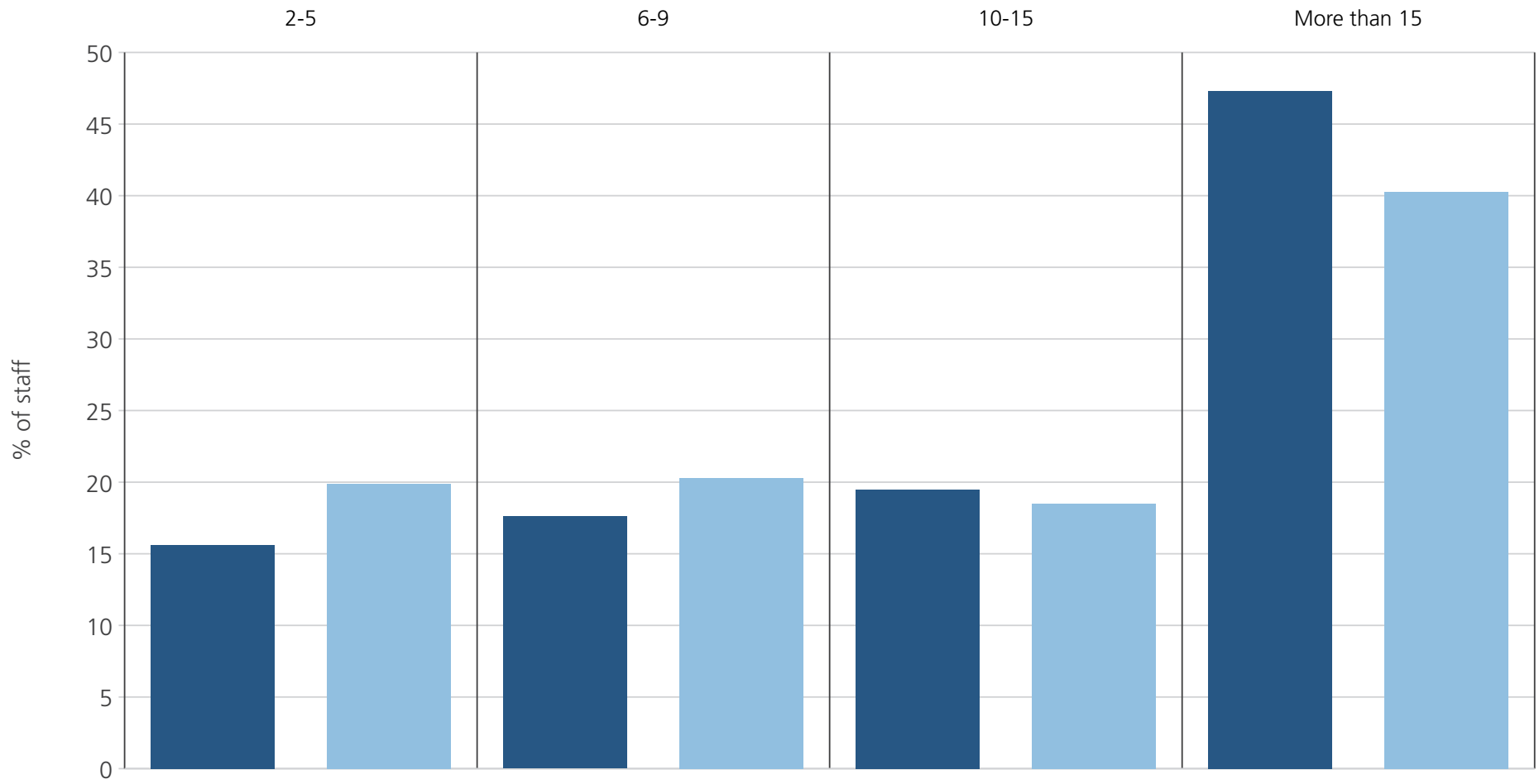
Do you work in a team?



Your org	95.9%
Average	96.2%
Responses	2,101

Survey Coordination Centre

NHS England



	2-5	6-9	10-15	More than 15
Your org	15.6%	17.6%	19.5%	47.3%
Average	19.9%	20.3%	18.5%	40.3%
Responses	1,999	1,999	1,999	1,999

Survey Coordination Centre

NHS England

Workforce Equality Standards

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

Workforce Equality Standards

NHS England

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13, and q14 split by disabled staff compared to non-disabled staff. It also shows results for q28b (for disabled staff only), and the staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Survey Coordination Centre

NHS England

Workforce Race Equality Standard (WRES)

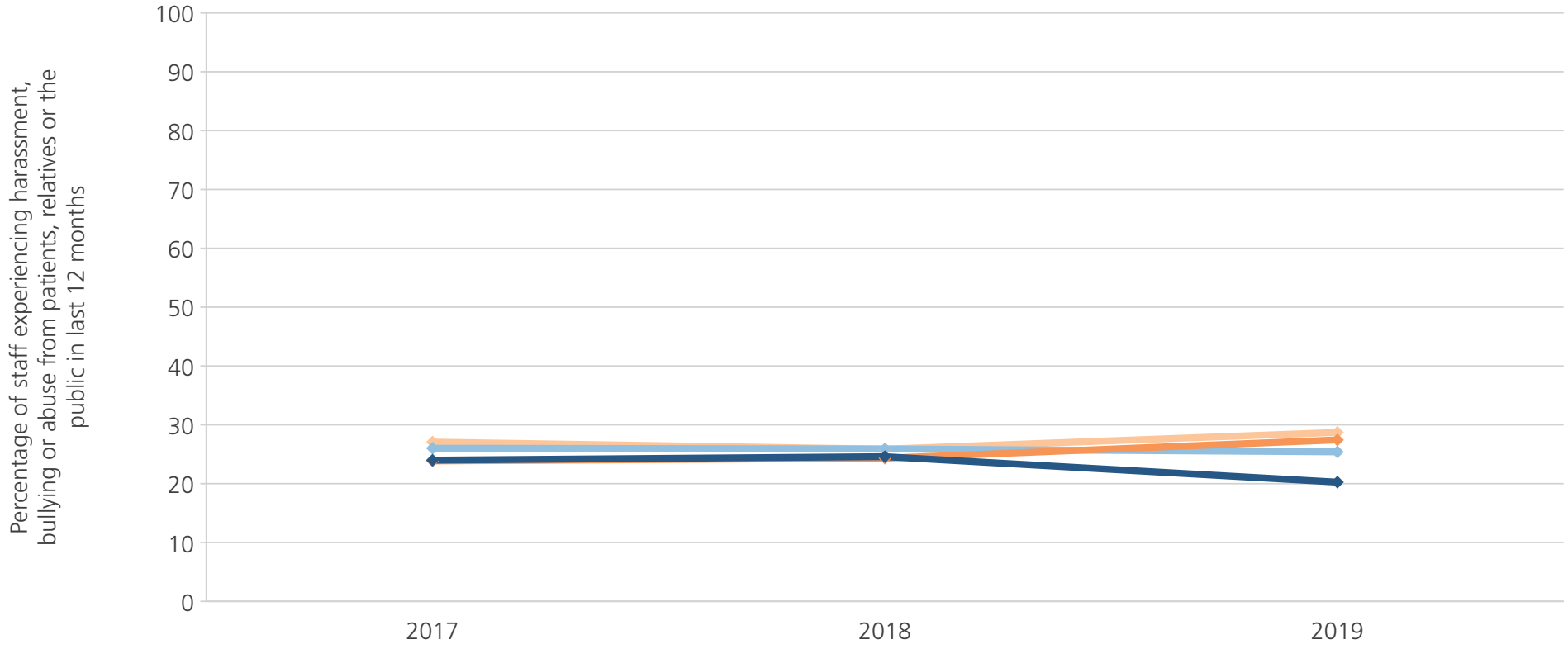
Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

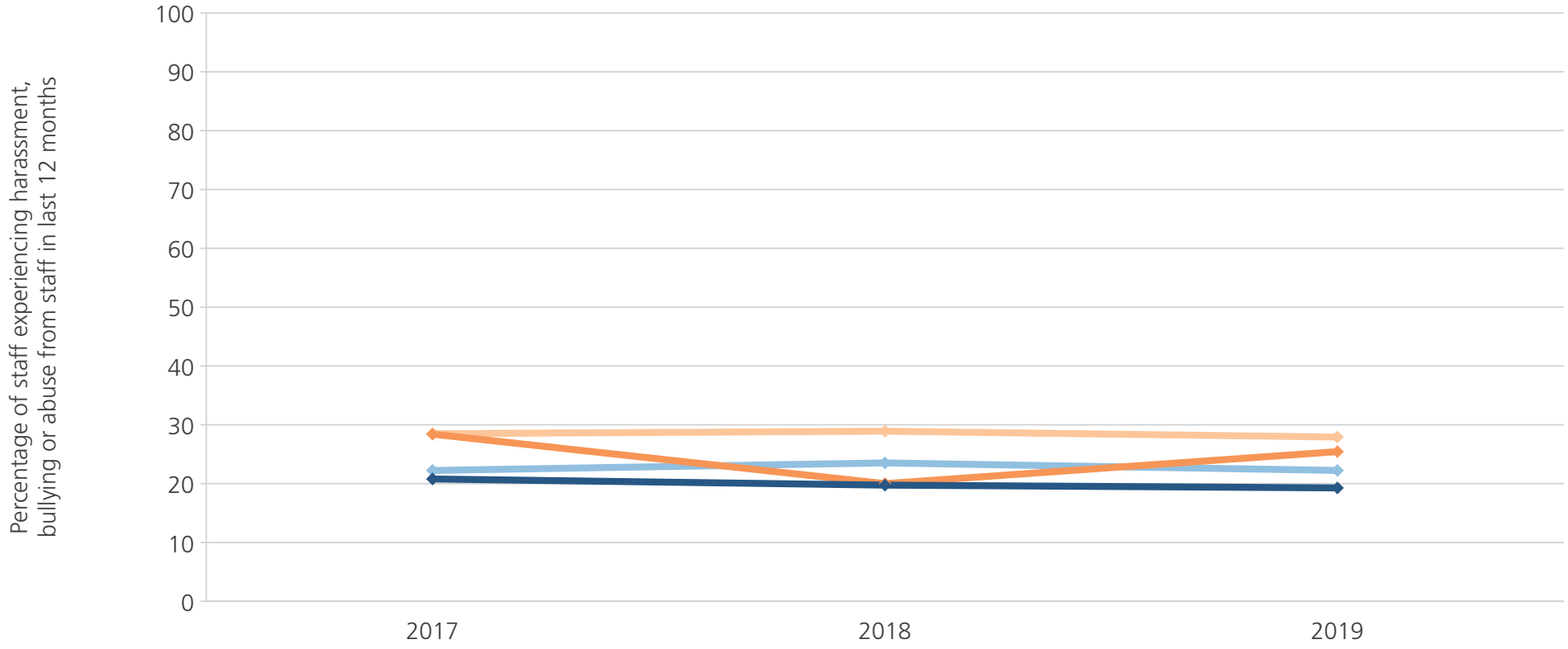
2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

NHS England



	2017	2018	2019
White: Your org	24.0%	24.6%	20.3%
BME: Your org	23.9%	24.3%	27.4%
White: Average	26.0%	25.9%	25.4%
BME: Average	27.1%	25.9%	28.7%
White: Responses	1,588	1,814	1,965
BME: Responses	88	111	113

Average calculated as the median for the benchmark group



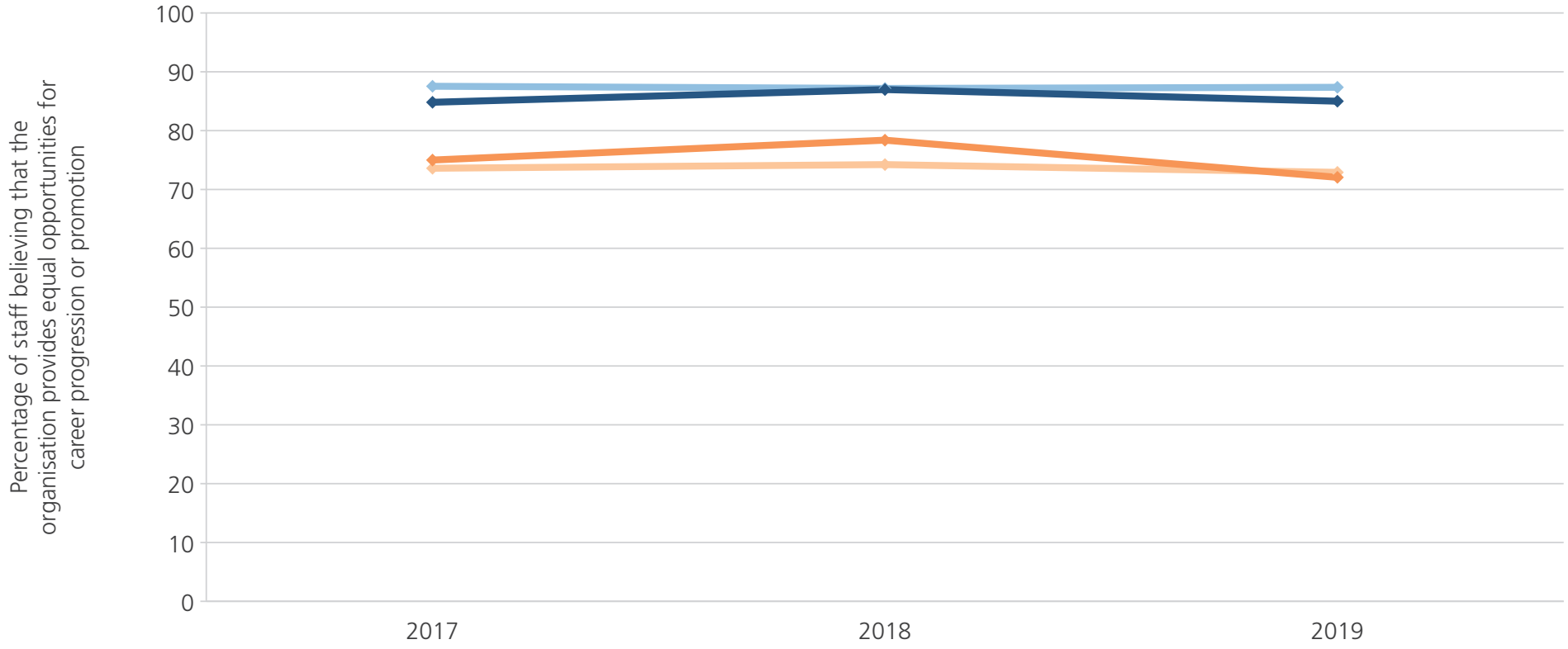
	2017	2018	2019
White: Your org	20.8%	19.7%	19.3%
BME: Your org	28.4%	20.0%	25.4%
White: Average	22.2%	23.5%	22.2%
BME: Average	28.5%	28.9%	27.9%
White: Responses	1,587	1,818	1,961
BME: Responses	88	110	114

Average calculated as the median for the benchmark group

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

NHS England



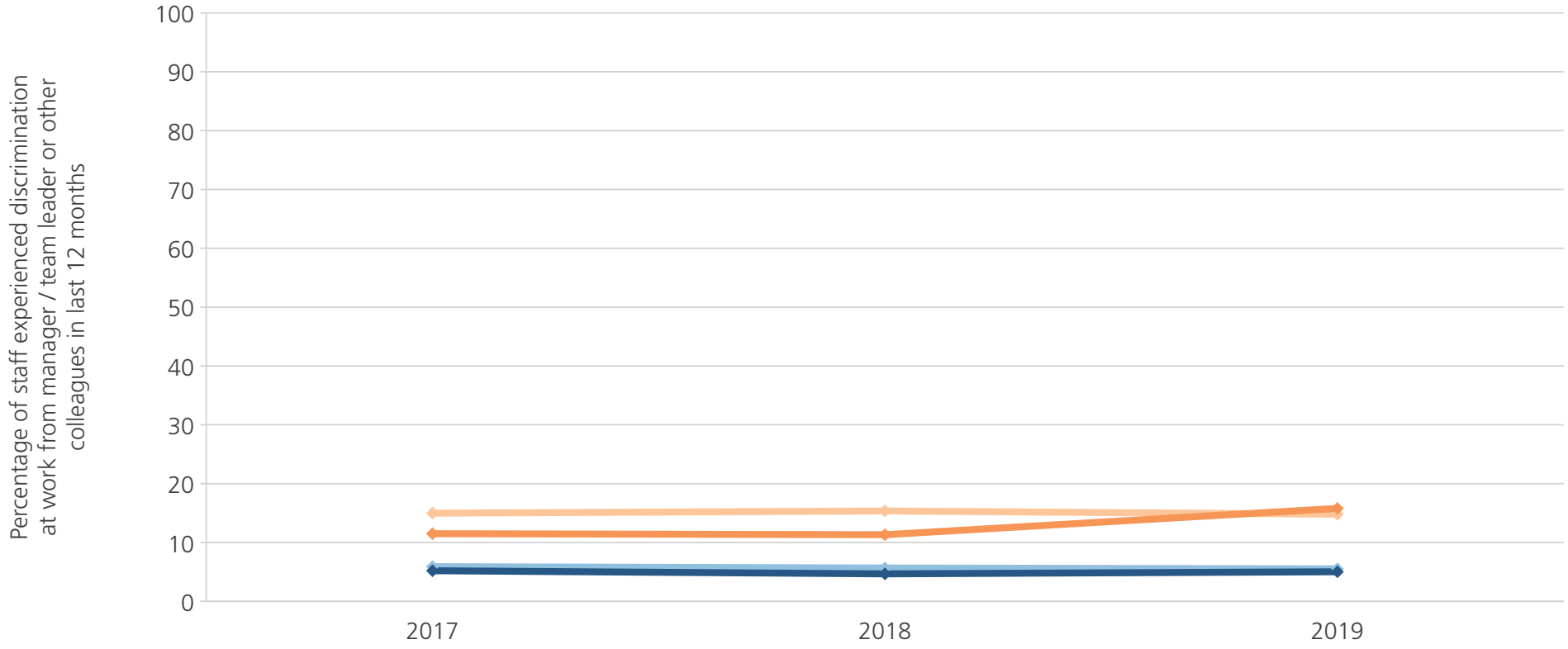
	2017	2018	2019
White: Your org	84.8%	87.0%	85.0%
BME: Your org	75.0%	78.4%	72.1%
White: Average	87.5%	87.2%	87.4%
BME: Average	73.6%	74.2%	72.9%
White: Responses	1,067	1,267	1,300
BME: Responses	52	74	68

Average calculated as the median for the benchmark group

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

NHS England



	2017	2018	2019
White: Your org	5.2%	4.7%	5.0%
BME: Your org	11.5%	11.3%	15.8%
White: Average	5.9%	5.7%	5.5%
BME: Average	15.0%	15.4%	14.8%
White: Responses	1,597	1,800	1,951
BME: Responses	87	106	114

Average calculated as the median for the benchmark group

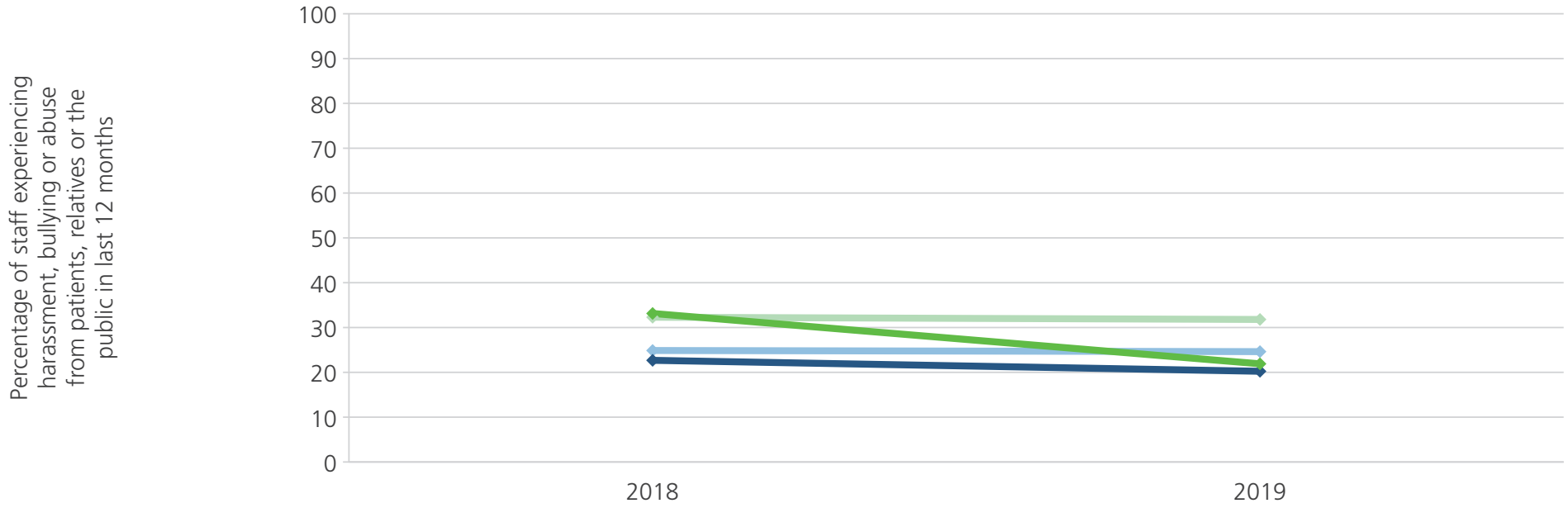
Survey Coordination Centre

NHS England

Workforce Disability Equality Standard (WDES)

Alder Hey Children's NHS Foundation Trust

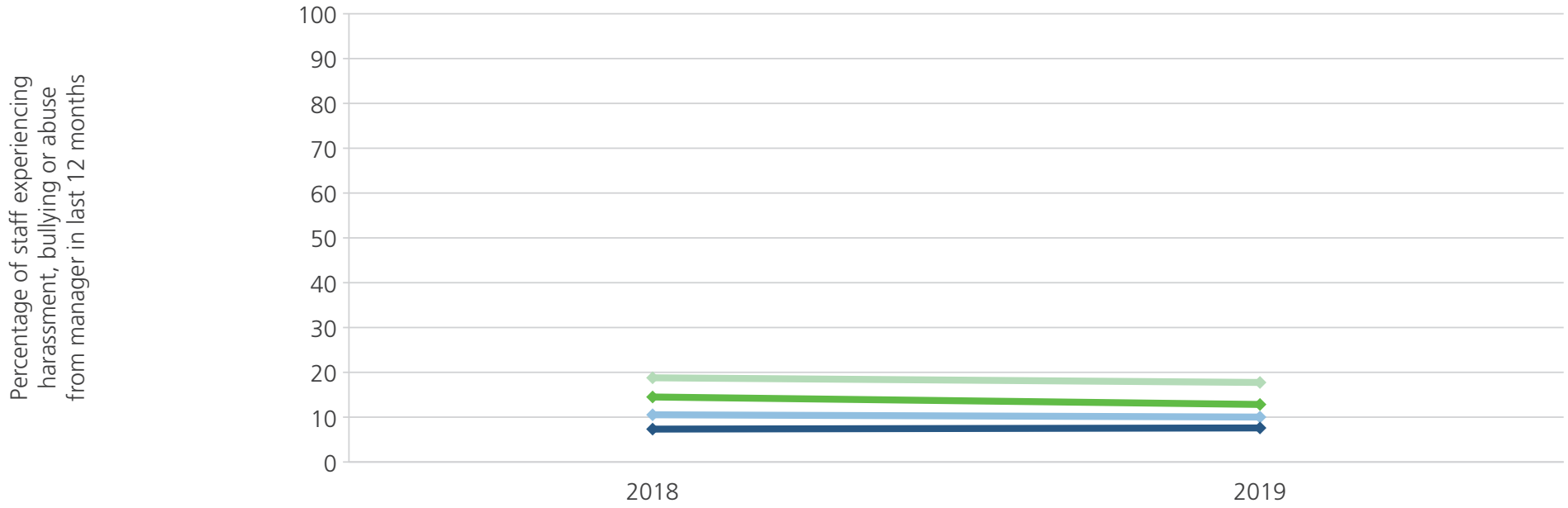
2019 NHS Staff Survey Results



Disabled staff: Your org	33.1%	21.9%
Non-disabled staff: Your org	22.7%	20.2%
Disabled staff: Average	32.3%	31.8%
Non-disabled staff: Average	24.9%	24.6%

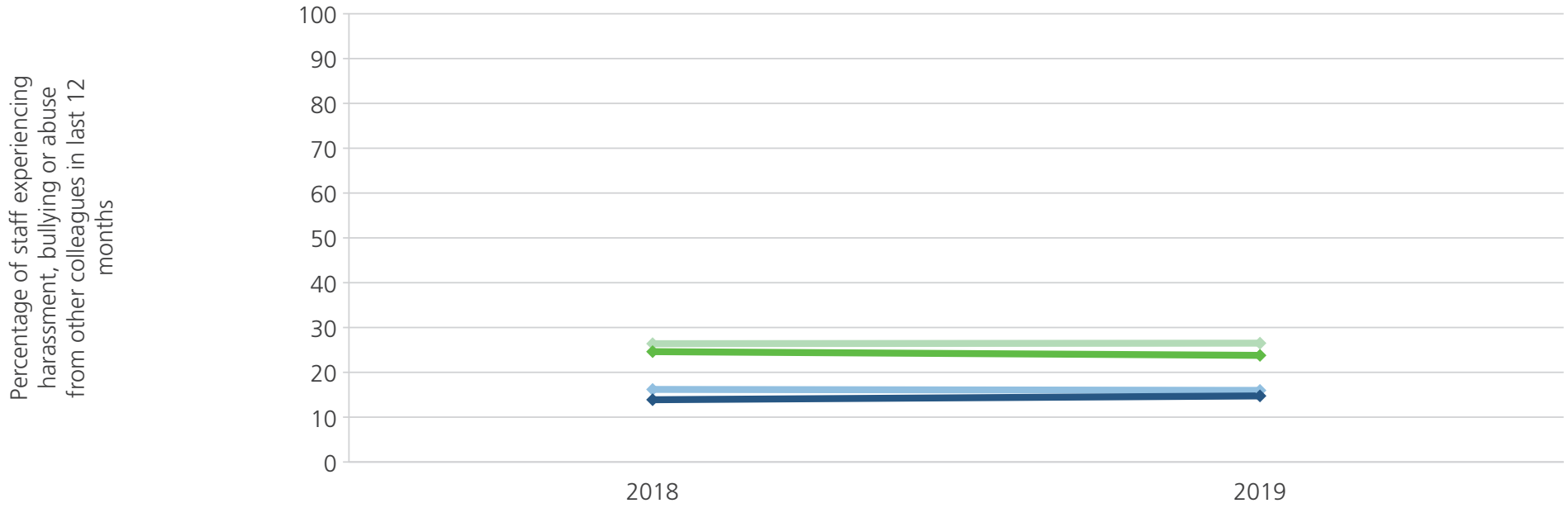
Disabled staff: Responses	332	379
Non-disabled staff: Responses	1,605	1,700

Average calculated as the median for the benchmark group



Disabled staff: Your org	14.5%	12.8%
Non-disabled staff: Your org	7.3%	7.6%
Disabled staff: Average	18.8%	17.7%
Non-disabled staff: Average	10.5%	10.0%
Disabled staff: Responses	331	374
Non-disabled staff: Responses	1,595	1,685

Average calculated as the median for the benchmark group



Disabled staff: Your org	24.6%	23.8%
Non-disabled staff: Your org	13.9%	14.7%
Disabled staff: Average	26.4%	26.5%
Non-disabled staff: Average	16.2%	16.0%
Disabled staff: Responses	325	370
Non-disabled staff: Responses	1,584	1,669

Average calculated as the median for the benchmark group

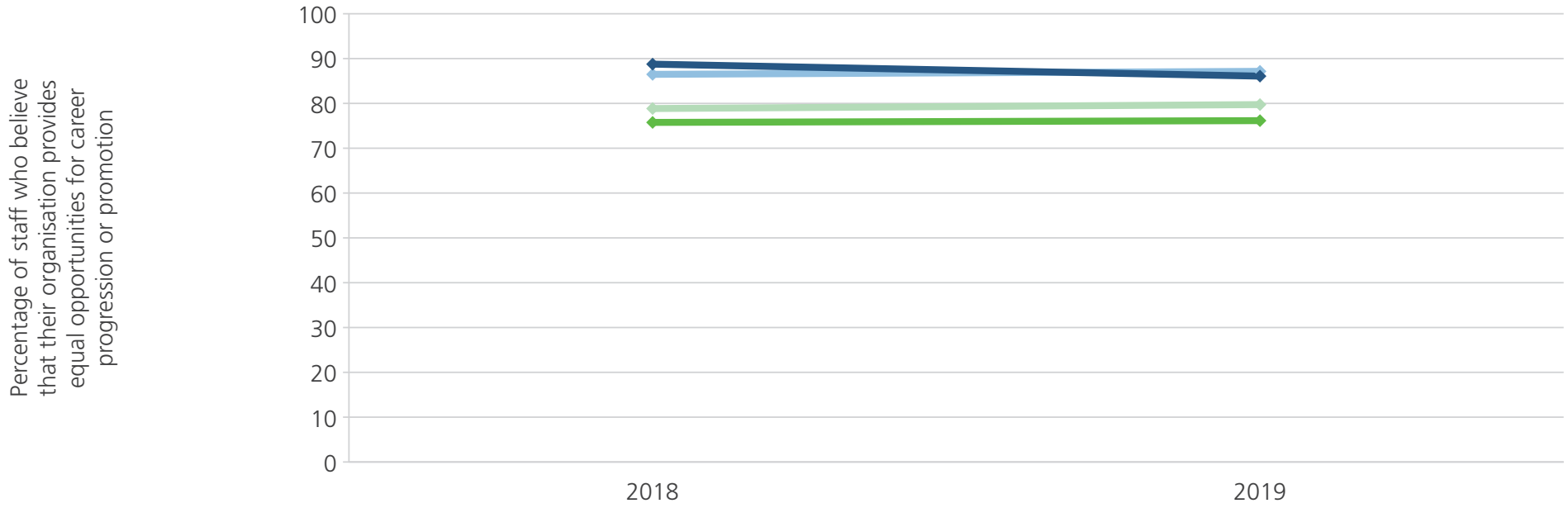
Survey Coordination Centre

2019 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

NHS England

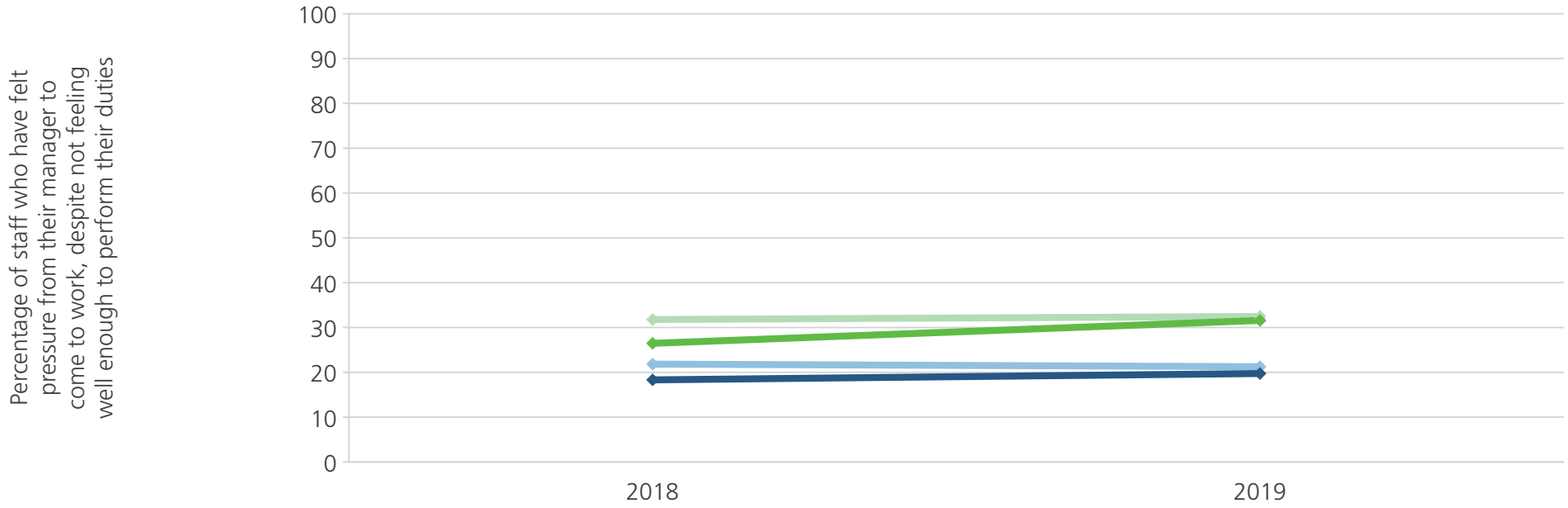
Disabled staff: Your org	47.1%	53.1%
Non-disabled staff: Your org	50.2%	47.8%
Disabled staff: Average	47.6%	48.5%
Non-disabled staff: Average	46.1%	46.7%
Disabled staff: Responses	136	130
Non-disabled staff: Responses	404	429

Average calculated as the median for the benchmark group



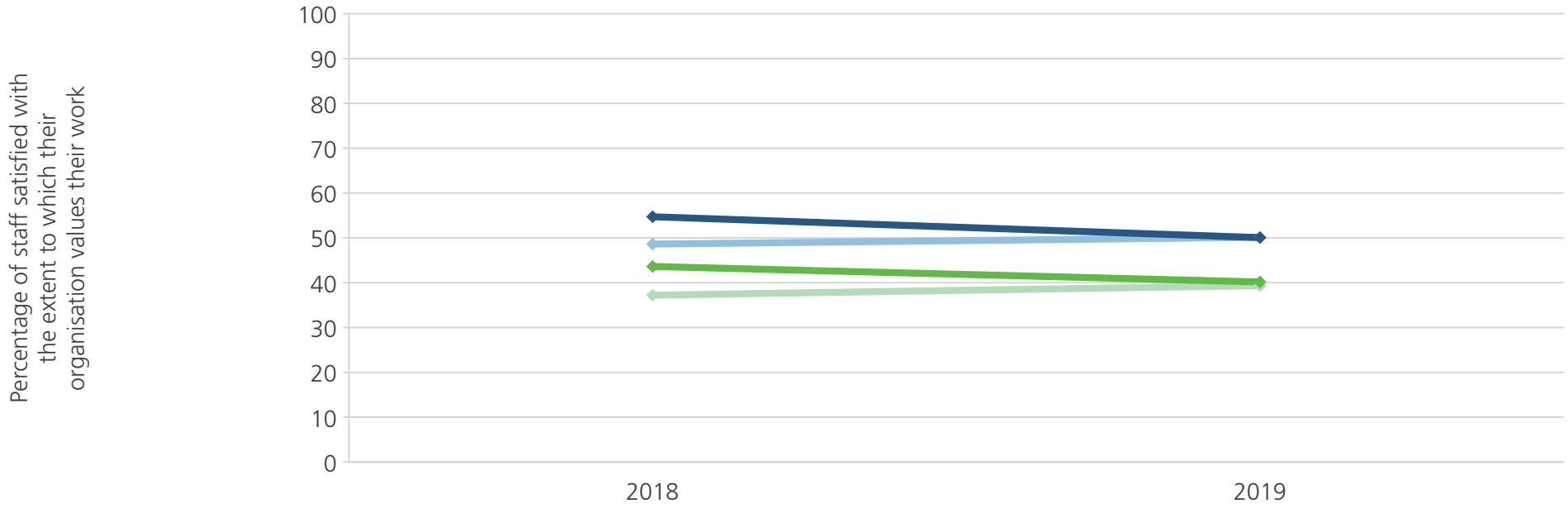
Disabled staff: Your org	75.8%	76.2%
Non-disabled staff: Your org	88.8%	86.1%
Disabled staff: Average	78.9%	79.7%
Non-disabled staff: Average	86.5%	87.1%
Disabled staff: Responses	231	239
Non-disabled staff: Responses	1,112	1,128

Average calculated as the median for the benchmark group



Disabled staff: Your org	26.5%	31.6%
Non-disabled staff: Your org	18.3%	19.7%
Disabled staff: Average	31.8%	32.5%
Non-disabled staff: Average	21.8%	21.3%
Disabled staff: Responses	238	266
Non-disabled staff: Responses	846	912

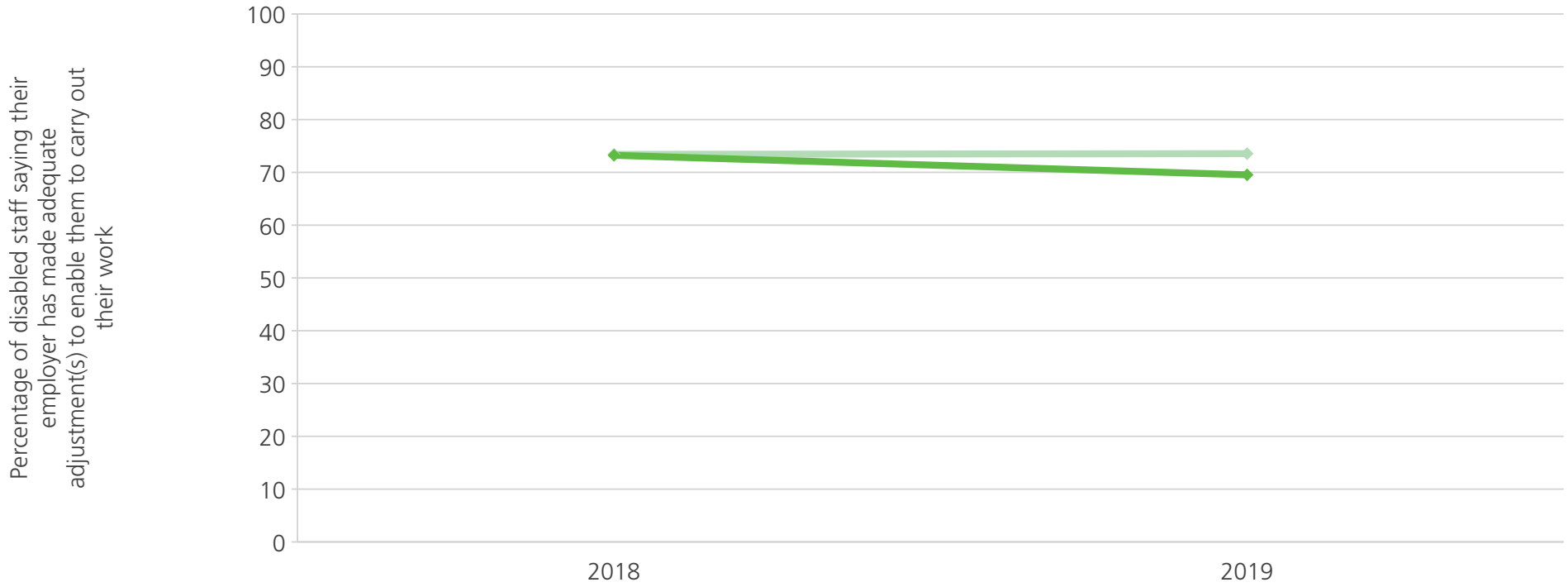
Average calculated as the median for the benchmark group



Disabled staff: Your org	43.6%	40.2%
Non-disabled staff: Your org	54.7%	50.1%
Disabled staff: Average	37.2%	39.3%
Non-disabled staff: Average	48.6%	50.1%

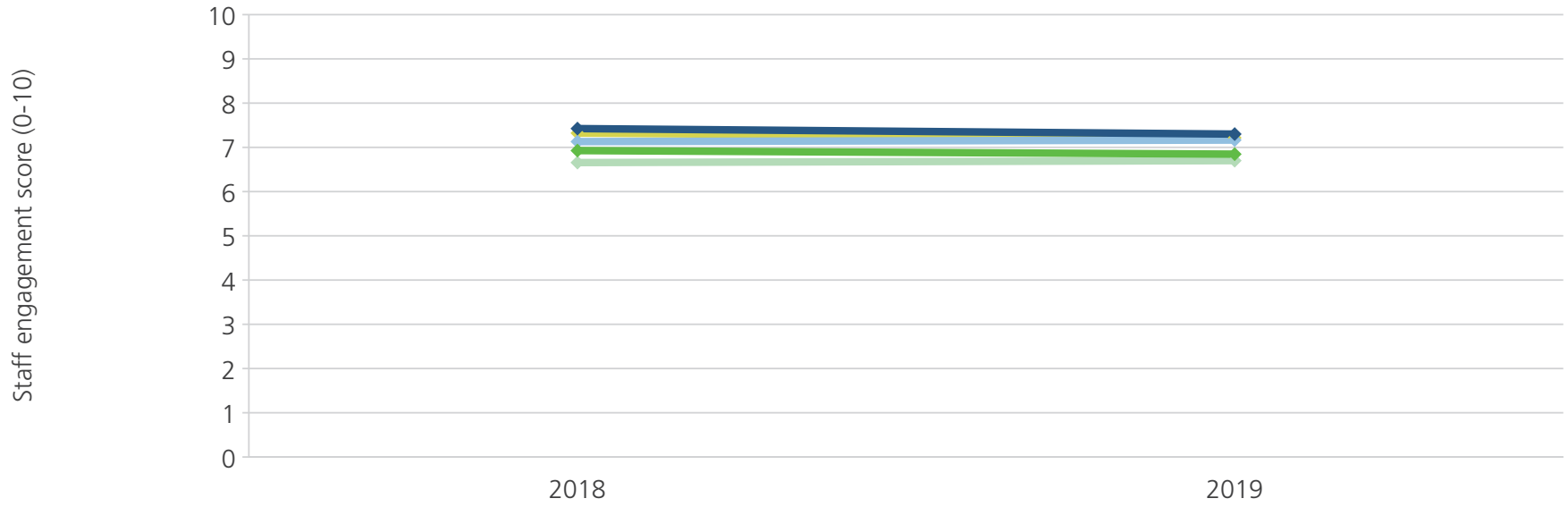
Disabled staff: Responses	337	376
Non-disabled staff: Responses	1,592	1,692

Average calculated as the median for the benchmark group



	2018	2019
Disabled staff: Your org	73.2%	69.5%
Disabled staff: Average	73.4%	73.5%
Disabled staff: Responses	198	233

Average calculated as the median for the benchmark group



	2018	2019
Organisation average	7.3	7.2
Disabled staff: Your org	6.9	6.8
Non-disabled staff: Your org	7.4	7.3
Disabled staff: Average	6.7	6.7
Non-disabled staff: Average	7.1	7.2

Organisation Responses	1,996	2,135
Disabled staff: Responses	340	382
Non-disabled staff: Responses	1,621	1,714

Average calculated as the median for the benchmark group

Survey Coordination Centre

NHS England

Appendices

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

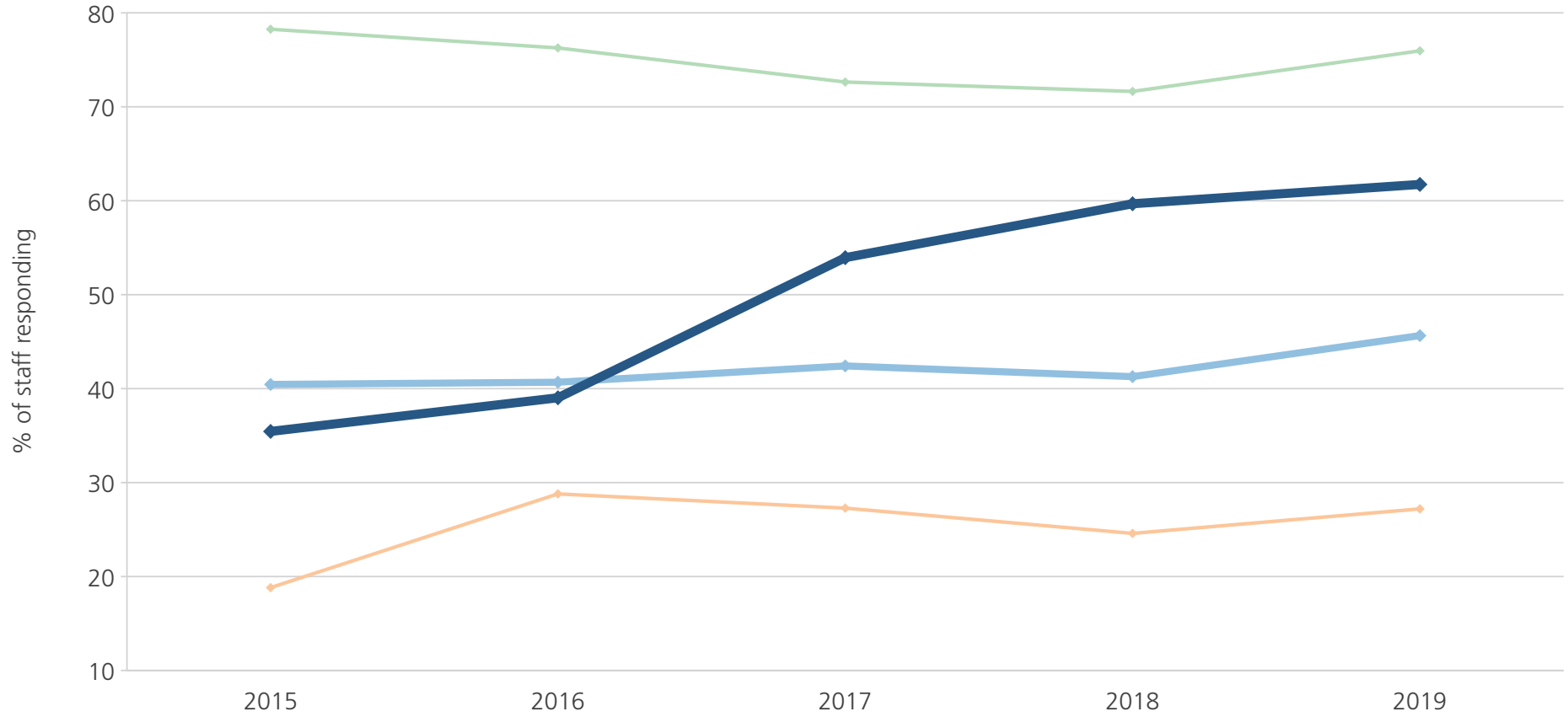
Survey Coordination Centre

NHS England

Appendix A: Response rate

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results



	2015	2016	2017	2018	2019
Best	78.3%	76.3%	72.6%	71.6%	76.0%
Your org	35.4%	39.0%	53.9%	59.7%	61.7%
Median	40.4%	40.7%	42.4%	41.3%	45.6%
Worst	18.8%	28.8%	27.3%	24.6%	27.2%

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NHS England

Appendix B: Significance testing - 2018 v 2019 theme results

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2019 score is significantly higher than last year's, whereas ↓ indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.4**	1971	**9.3**	2108	Not significant
Health & wellbeing	**6.1**	1979	**6.0**	2118	Not significant
Immediate managers	**7.0**	1985	**6.8**	2120	↓
Morale	**6.4**	1969	**6.3**	2102	↓
Quality of appraisals	**5.6**	1778	**5.5**	1891	Not significant
Quality of care	**7.5**	1745	**7.4**	1848	Not significant
Safe environment - Bullying & harassment	**8.4**	1966	**8.5**	2104	Not significant
Safe environment - Violence	**9.7**	1947	**9.7**	2092	Not significant
Safety culture	**6.8**	1971	**6.8**	2109	Not significant
Staff engagement	**7.3**	1996	**7.2**	2135	↓
Team working	**6.7**	1949	**6.7**	2086	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Survey Coordination Centre

NHS England

Appendix C: Tips on using your benchmark report

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

Survey Coordination Centre

Data in the benchmark reports

NHS England

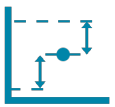
The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users transitioning from the previous version of the benchmark report and those who are new to the Staff Survey.

Key points to note

There are a number of differences in this benchmark report compared to the style of benchmark reports prior to the 2018 survey, which are worth noting

- Key Findings have been replaced by themes. The themes cover eleven areas of staff experience and present results in these areas in a clear and consistent way. All of the eleven themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

- A key feature of the reports is that they **provide organisations with up to 5 years of trend data** across theme **and** question results. Trend data provides a much **more reliable indication of whether the most recent results represent a change from the norm** for an organisation than comparing the most recent results to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons were drawn solely between the current and previous year.



- **Question results are benchmarked** so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

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1. Reviewing theme results

NHS England

When analysing theme results, it is easiest to start with the **theme overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

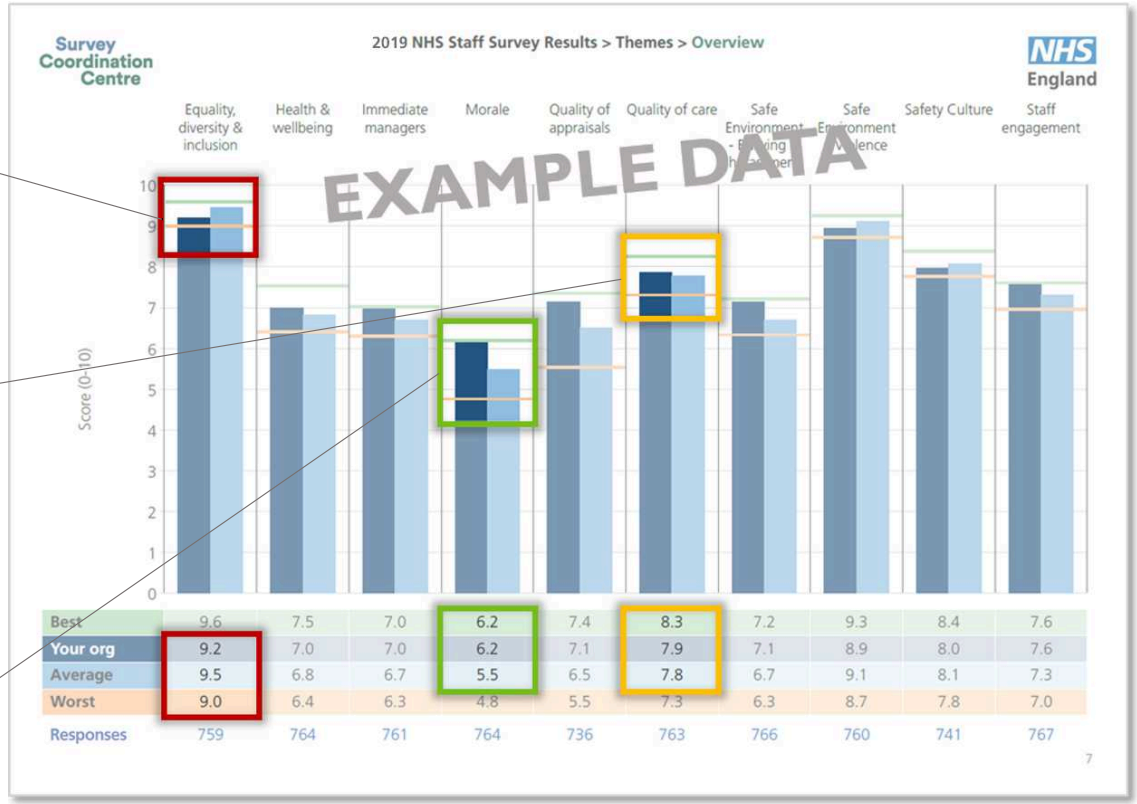
It is important to **consider each theme result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.



Only one example is highlighted for each point

- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

Survey Coordination Centre

2. Reviewing theme results in more detail

NHS England

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

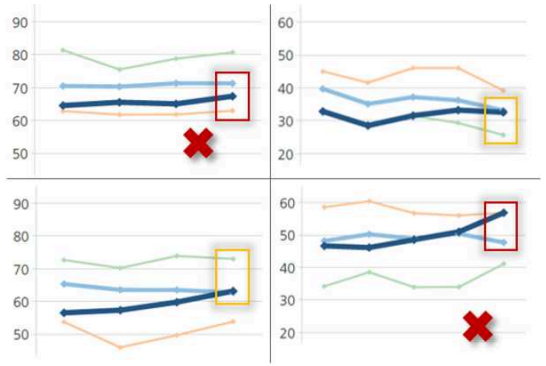
	2015	2016	2017	2018	2019
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
Responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review questions feeding into the themes

In order to understand exactly which factors are driving your organisation's theme score, you should review the questions feeding into the theme. The **'Detailed information'** section contains the questions contributing to each theme, grouped together, thus they can be reviewed easily without the need to search through the 'Question results' section. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's theme results can be identified**.

For themes where results need improvement, action plans can be formulated to **focus on the areas where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



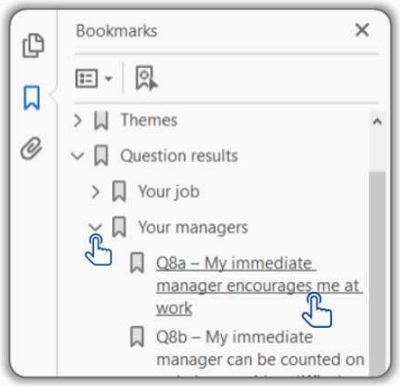
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 170 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data. It's also worth noting that new for 2019 is a PDF summary version of this benchmark report. This presents the same data as this main benchmark report, but does not include the detailed question level reporting.

Identifying questions of interest

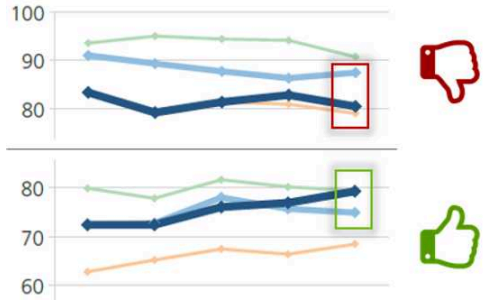
Use the bookmarks bar to navigate directly to questions of interest



- **Pre-defined questions of interest – key questions for your organisation**
  - Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can now be assessed on the backdrop of benchmark and historical trend data.
  - **Note:** The bookmarks bar allows for easy navigation through the report, allowing subsections of the report to be folded, for quick access to questions through hyperlinks.

- **Identifying questions of interest based on the results in this report**

  The methods recommended to review your theme results can also be applied to pick out question level results of interest. However, **unlike themes where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern**: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes**: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS England

Appendix D: Additional reporting outputs

Alder Hey Children's NHS Foundation Trust

2019 NHS Staff Survey Results

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Additional reporting outputs

NHS England

Below are links to other key reporting outputs which complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, theme, historical comparability of organisations and questions in the survey.

Other local results

Benchmark summary reports: A PDF summary version of this benchmark report, that produces the same data, but does not include the detailed question level reporting.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing theme results split by directorate (locality) for Alder Hey Children's NHS Foundation Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

Alder Hey Children's NHS
NHS Foundation Trust

Innovation Committee

Minutes of the meeting held on **Tuesday 10th December 2019,**
Meeting Room 6, Mezzanine

Present:	Mrs S Arora	Non-Executive Director (Chair)	(SA)
	Mr I Hennessey	Clinical Director of Innovation	(IH)
	Mrs C Liddy	Director of Operational Finance and Innovation	(CL)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs L Shepherd	Chief Executive	(LS)
	Prof. M Peak	Director of Research	(MP)
	Mrs K Warriner	Chief Information Officer	(KW)
In Attendance:	Mr M Flannagan	Director of Communications	(MF)
	Mrs E Hughes	Assoc. Chief Innovation Officer	(EH)
	Mrs R Lea	Assoc. Finance Director	(RL)
	Mrs J Tsao	Committee Administrator	(JT)
Apologies:	Dr F Marston	Non-Executive Director	(FM)
	Mr R Guerrero	Clinical Director of Innovation and Consultant Congenital Cardiac Surgeon	(RG)
	Ms E Saunders	Director of Corporate Affairs	(ES)

19/20/22 **Declarations of Interest**
There were none to declare.

19/20/23 **Minutes of the previous meeting held on 18th November 2019**
Resolved:
Subject to Meditech being changed to Medtech the Innovation Committee approved the minutes from the last meeting held on 18th November 2019.

19/20/24 **Matters Arising and Action log**
Liverpool Health Ventures
Claire Liddy went through the LHV Workshop held on 25th November 2019, all 9 NHS Hospitals were represented. One of the outcomes was consensus for a collaborative model for innovation across the Liverpool City Region which would have the benefits of potentially attracting investment and grants which would enable innovations to be taken forward.

A number of options were presented in relation to potential legal structures and commercial arrangements regarding equity and intellectual property which requires further due diligence. Discussions around this will continue in the new-year and would require Trust Board Approvals

Global Medtech Centre
CL discussed progress to date since the last meeting in relation to potential partners for the venture and the location of the build being built in Liverpool City Centre versus on the Alder Hey Campus.

Following discussions two actions were agreed:
- Invite Professor Iain Buchan, Liverpool University to attend future IC meetings.
- The draft paper on the vision for Global Innovation and Health Med-Tech Facility At Alder Hey Health Park Campus to be circulated to IC.
  Action: CL/JT

Innovation Ltd update
The committee discussed the ongoing work around the review of governance and company structuring of Innovation Limited. It was agreed that until the review of the pipeline was completed the needs from a company structure would not be clear. On this basis it was agreed to postpone any agreements around company structure.

The committee received a short verbal update regarding the Acorn partnership from RL. The actions are in progress but the Trust is awaiting a response from 'We Are Nova'. Further updates will be provided in due course.

The Chair asked going forward that an update is also included on the Acorn project.
Action: EH/JT

19/20/25 **Innovation Performance Report**
An update was received on the report and the exceptions reported as.

Projects and Pipelines
Project Move – next generation paediatric powered wheelchairs had further challenges than previously expected. In the workshop with UoL it became apparent the provision of a powered wheelchair is a complex project.A workshop is scheduled for 11/12/19 to understand the Product Design Specification. The lack of a formal collaboration agreement with UoL is adding to the complexity of discussions. It was agreed that a draft proposal would be taken to the next strategic Liaison Committee.
Action EH

Funding
IC noted the NHSx opportunity to digitalise the Children and Young People Mental Health pathway. A proposal has been submitted with confirmation of this being shortlisted. The NHS X may require funds to be allocated by March 2020.

The Chair requested an update in March of the projects that will be continuing in the new financial year.
Action: EH

An update on Global Meditech would be received in the New Year.

Engagement
Philips Strategic Partnership – the Screen2Screen pilot with Philips and in Neonatal Intensive Care Unit has been agreed. Legal documents are to follow.

Business Development - A meeting has been arranged for January 2020 with Vodafone to explore potential strategic partnerships including 5G connectivity across the Trust and City Region.

Resolved:
Innovation Committee noted progress against the performance report.

19/20/26 **Portfolio Review**
Claire Liddy provided an overview of the review outlining 6 aims. Emma Hughes noted the importance of cultural change in the embedding of innovation processes at Alder Hey. Emma Hughes agreed to circulate an article, she referred to.
An Innovation 101 slide was presented on explaining process: Innovation, Research, Funding/Model and Partners as well as the identity, triage, validation, active and deployed – commercial process. A further slide went through investment against outcome. A discussion was held on different options to prioritise in terms of managing projects that are commercial versus patient impact related. .

An overview of the 9 live projects was given. Claire Liddy highlighted the need to understand the porfolio in terms of commercial versus hospital benefit or both. After discussions it was agreed that a set of pitch packs would be presented at the next Innovation Committee in order to adequately brief the committee regarding the portfolio and agree funding priorities. .
Action: EH

Resolved:
Innovation Committee noted progress against Portfolio Review and progress to date.

19/20/27 **Innovation Advisory Board & Externals for Committee**
Resolved:
Slides were presented on the two proposed external advisors. Meetings are either in the diary or are to be arranged with them and the chair.

19/20/28 **Innovation Risks**
The two main risks for the committee out of the corporate risk register are:
- ERDF close down reporting and funding
- Hub working environment for employees H&S

A discussion was held around the risk in relation to Acorn and for the action plan to be presented at Innovation Committee.
Action: CL

19/20/29 **Any Other Business**
Workshop
Following discussions it was agreed the next Innovation Committee would include a Workshop that would cover further project/product details and would be held in the Innovation Hub.

Date and Time of next meeting: Tuesday 13th January 2020, at 14:30, Innovation Hub, Ground Floor. NB. It was agreed the next meeting would take place on Monday 17th February at the extended time of 2-5pm

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 3rd March 2020

Paper Title:	**Innovation Committee Assurance Report from the November meeting**
Date of meeting:	17th February 2020
Report of:	Shalni Arora, Non-Executive Director
Paper Prepared by:	Julie Tsao, Committee Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Innovation Committee meeting held on 9th October 2019.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	

1. **Introduction**
   The Innovation 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 innovation.

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

   Funding Strategy Update
   - LHV
   - Immersive City Building
   - Charity
   - Portfolio Review

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

   On Going issues related to the Acorn partnership requires a report to the next committee.

4. **Positive highlights of note**

   The Committee received 9 pitch decks from the innovation team that described each project in terms of rational, patient impact with high level sales and market assessment.

   3 sensor projects
   3 artificial intelligence projects
   Alder Play
   Apps pro-typing
   1 Medtech

   The Committee agreed a series of actions and next steps relating to the resourcing of the 9 portfolio.

5. **Issues for other committees**

   Digital projects that are moving to the operationalization phase need to be governed by the Digital Oversight Committee.

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

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 3 March 2020

Paper Title:	**Specialist Trusts' Collaboration**
Report of:	**Louise Shepherd, Chief Executive**
Paper Prepared by:	**Louise Shepherd, Chief Executive**
Purpose of Paper:	Decision √ Assurance Information Regulation
Background Papers and/or supporting information:	Report attached
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:	

Specialist Trusts' Collaboration

1. Introduction

This report is to inform the Board of the latest position regarding collaboration between the 4 Specialist Trusts in Liverpool and to seek approval to continue to explore further options for closer working together in order to drive our shared ambition to deliver world leading specialist services for the population of Cheshire and Merseyside and beyond.

2. Background

As the Board is aware, the 4 Specialist Trusts in Liverpool have been in dialogue about closer working together for some 18 months. This dialogue, led principally by our Chairs, CEOs, Directors of Finance and Strategy, has explored potential options and benefits of pooling our knowledge, expertise and resource in order to leverage better value and drive the delivery of truly world leading specialist services, research, education and innovation.

This work has benefitted from 2 workshop events, 21st November 2019 with Executives and 24th February 2020 with wider Board members from all Trusts, facilitated by Sir David Dalton, latterly CEO of the Northern Care Alliance. This last event summarised and shared the work done to-date by the Group and facilitated a wider discussion amongst all members present about the current NHS policy context which is strongly supporting wider and deeper collaborations between services and organisations in order to provide more integrated, higher quality services and research across the NHS.

3 Opportunities for Collaboration

It has become clear through our work together that the 4 Trusts share some vital common values and objectives:

- excellent standards/models of care, supported by digitally-enabled pathways, to reach the widest population possible across C&M and beyond;
- seamless, all-age specialist services for all our patients;
- a desire to attract and retain the best talent through our academies and centres of excellence;
- a desire to put Liverpool firmly on the map for health research, innovation and education by creating a centre of excellence with Liverpool Health Partners, industry, HEIs and the LEP to drive inward investment;
- explore national and international opportunities for growth;
- drive better value from procurement, digital, finance, HR and estates.

To that end we have identified a range of potential opportunities for closer collaboration and joint working which are summarised in the attached matrix. Each Trust has expertise and leadership to offer in different areas of work as

indicated. The colour coding represents areas where we are either already collaborating or believe we could make rapid progress over the next year.

This matrix was discussed at our Board to Board meeting on 24th February and there was wide support in the room for taking this work forward to the next stage. It was therefore agreed then that each Board consider progress to-date and formally endorse the Trusts establishing more formal joint programme arrangements in order to take them forward to the next level and/or explore further areas of opportunity for closer working to pursue the above objectives.

3. Recommendations

The Board is therefore requested to consider the attached matrix and endorse the proposal to pursue more formally collaborative working in the areas identified. It is requested that the CEOs be allowed to establish a joint programme board to pursue these opportunities. The Board will, of course, receive regular reports on progress and any proposed next steps and it is proposed that we schedule some time in the late Spring to have a wider strategic discussion about the shape of this collaboration and our wider strategy on partnerships and collaboration more generally in the context of the changing NHS policy agenda.

APPENDIX A

Liverpool Specialist Trusts – Collaboration Draft 6x5

Scale and Resilience	Joint model model for procurement S – Walton	Joint model for digital services S – Alder Hey	Joint model for Business Intelligence	Joint model for estates and sustainable estates S – CCC	Joint model for financial systems LTP
Research and Innovation	Further develop LHP	Maximize Inward investment	Education and accreditation	International Offer – joint commercials S – LHCH	Early adoption approaches
Standardisation	Clinical accreditation and influence LTP	Booking and Scheduling LTP	Talent and Leadership Management toolkit	Quality Improvement Approaches	Assurance System & Risk Management LTP
Workforce	Peer/Peer Support to avoid costs LTP	Develop next generation workforce, Staff wellbeing	Mayo model of employ and deploy S – ALL	Develop clinical networks. Setting standards S – ALL	Improving outcomes and sustaining services OG
Population Health	Prevention LTP	Maximize Joint Brand	Joint outreach and facilitation (health and care) S – ALL	Big Data for joint intelligence S – All via LHP	Environmental Controls / Green Agenda LTP
Other	Joint approach to appointments S – ALL	Common approach to mandatory training	Marketing and Branding	Out patient redesign LTP	Influence Commissioning OG

LTP – Long Term Plan
OG – Operational Guidance
G – Green / Advanced
G – Amber / Achievable
S – Strength

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
3rd March 2020

Report of	Director of Marketing and Communications
Paper prepared by	Associate Development Director (Lead for the Green Plan)
Subject/Title	**A Green Alder Hey** **A Plan for Sustainable Development**
Background papers	Nil
Purpose of Paper	The purpose of this Project Initiation Document is to define the delivery approach for the initial implementation of the project and to provide the basis for its management and the assessment of overall success. It will act as a base document against which the Steering Group/Project Board can review the project implementation, risks, benefits and change management etc.
Action/Decision required	The Board is asked to acknowledge the content of the report, the current status, risks and actions. Decision on a request to reset of the programme delivery timetable for the next 3 years.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ The NHS Standard Contract ➢ NHS Greener Plan
Resource Impact	Current financial layout c. £20K Additional resource will be required and a business plan will be required for future financial support.

Alder Hey Children's NHS
NHS Foundation Trust

PROJECT INITIATION DOCUMENT

A Green Alder Hey
A Plan for Sustainable Development

Title of the Project/Scheme:	Going Green, a Plan for Sustainable Development
Executive Sponsor:	Mark Flannagan
Corporate/Scheme Lead:	Sue Brown
Sustainability Lead:	Ian Stenton
Project Manager:	Clare Ryder
Finance Lead:	
Information Lead:	
CBU/Department:	Corporate - Development Team
This section to be completed by Finance Team	
Unique ID No:	
Theme Group:	

CONTENTS

VERSION HISTORY

Version	Date created	Brief Summary of Change	Author/ Updated by
1.	11/11/2019	Draft version	Sue Brown

APPENDICES

Appendix No	Appendix Title

1.0 INTRODUCTION

The purpose of this Project Initiation Document is to define the delivery approach for the initial implementation of the project and to provide the basis for its management and the assessment of overall success.

It will act as a base document against which the Steering Group/Project Board can review the project implementation, risks, benefits and change management etc.

2 .0 PROJECT DEFINITION

As a healthcare provider Alder Hey recognises how important it is for us to make sure we are committed to sustainability in everything we do. 'Going Green' is about embracing every opportunity to make a difference environmentally, socially and financially to create an organisation that is fit for the future and that support the well-being of our staff, our families and our wider community.

Climate change is described by the World Health Organisation (WHO) as "the biggest global threat to health facing the twenty first century". Defined as the change in climatic patterns largely attributed to the increased levels of atmospheric carbon emissions produced by the use of fossil fuels, it is predicted to increase the number of heat and cold related illness and deaths, increase the amount of food, water and vector-borne diseases (e.g. malaria), increase incidences of skin cancers and sun burn, increase the health impacts of respiratory disease from poor air quality and aero-allergens and likely bring about an increase in mental health issues as a result of local social impacts.

Between 2013 and 2018, NHS services across England used more than 600 million disposable cups and millions of other disposable cutlery pieces, as well as many other avoidable single-use clinical and non-clinical plastic items. While much NHS plastic waste is already recovered for recycling or energy from waste we are still a significant contributor to the 34 billion tonnes of plastic that will pollute our natural environment by 2050.

The Green Project outlines our current baseline, the progress we are making towards these goals and how we are embedding sustainable development in line with the national benchmarking tool.

Alder Hey consumes a significant quantity of natural resources on an annual basis, with energy costs for gas and electricity currently £2,890,165 year, with an additional £193,438 spent on water and £241,932 on waste. The Trust also uses substantial quantities of food, paper and numerous clinical products and pharmaceuticals; we also contribute to environmental pollution in volume of cars travelling to and from work. As a result, the Trust has a sizeable carbon footprint, contributing to the effects of climate change and its associated impacts, both locally and globally.

The Trust recognises this critical relationship between the natural environment, the impacts of climate change, the wider determinants of health and the resulting increased demand on our services. Sustainable healthcare in the NHS is being driven through national and international policy, legislative and mandated requirements and healthcare specific requirements from the Department of Health and NHS England.

To do this we know we need to reduce our impact on the environment recognising that climate change will affect all of us. We must also continue to improve our efficiency and reduce waste to ensure we are building a really sustainable organisation.

3.0 DRIVERS FOR CHANGE

Global Drivers

The Intergovernmental Panel on Climate Change (IPCC) and the World Health Organisation (WHO) have laid forth very clear guidelines to ensure sustainable development is adopted into law, policy and practice. These guidelines set out the need to mitigate and to adapt to the impacts of climate change in order to realise the wider co-benefits for health.

As climate and commercial threats intensify, the World Health Organisation and UNICEF-Lancet Commission has recently pressed for radical rethink on child health. Stating 'No single country is adequately protecting children's health, their environment and their futures.

Setting a manifesto for immediate action on Child and Adolescent Health to protect Children, the independent Commission has called for a new global movement driven by and for children, some of the specifications include:

- Stop CO2 emissions with the utmost urgency, to ensure children have a future on this planet;
- Place children and adolescents at the centre of our efforts to achieve sustainable development

National Drivers

UK Government and NHS

The UK government introduced the Climate Change Act back in 2008, this was to ensure that the UK cut its Carbon Emission by 80% by 2050. The key aims were to improve carbon management and transition towards a low carbon economy in the UK and to demonstrate strong UK leadership internationally, signaling that the English healthcare system is committed to taking its share of responsibility for reducing global emissions. More recently, the UK Government has acted to speed up the programme for reductions in carbon emissions. In contributing to this target NHS England and Public Health England have funded the Sustainable Development Unit.

The importance of sustainable development is reflected within national legislative drivers and mandated sustainability reporting within the public sector. This is the case for the NHS through the NHS Standard Contract and in line with the HM Treasury Sustainability Reporting Framework and the NHS Estates Return Information Collection.

Sustainable Development Unit (SDU) and the NHS Standard Contract.

Whilst some of the statements below were out for consultation until the end of January 2020, it is expected that they will be included in the standard contract for 2020/21.

The SDU state that in performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment.

The Provider must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance and must provide an annual summary of progress on delivery of that plan to the coordinating Commissioner.

Within its Green Plan, the provider must quantify its environmental impacts and publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved (utilise ERIC data).

As part of its Green Plan the Provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' with regard to NHS Long Term Plan.

Sustainable Development Assessment Tool

The Sustainable Development Assessment Tool (SDAT) has been developed by the Sustainable Development Unit to measure and benchmark environmental performance. Alder Hey have undertaken this detailed exercise and now published our results on the web based tool. Only 24 non CCG Trusts have published their score ranging from 24 - 85% with an average overall score of 46% similar to our own score of 44%, there are no other specialist Trusts who have published 2019 data.

This is made up of several areas which are set out below with our score, which sets our baseline for improvement;

- Corporate Approach 33.3%
- Asset Management & Utilities 67.7%
- Travel and Logistics 24.4%
- Adaptation 55.1%
- Capital Projects 79.3%
- Green Space & Biodiversity 73.3%
- Sustainable Care Models 32.0%
- Our People 40.8%
- Sustainable use of Resources 48.6%
- Carbon / GHGs 27.0%

Through measuring our current sustainability performance, we are able to set some objectives which can improve performance over the next 5 years. This will support the achievement of many health benefits for our patients and local population, save money through energy efficiency, waste reduction and careful use of resources. It will contribute to UK, NHS and local government climate change targets.

The Carter Report

The Carter Report (2016) reinforced the need for action, highlighting the inefficient use of energy and natural resources as a major concern which requires attention. These areas of work are identified within the NHS Sustainability Strategy (2014-2020) and laid out the requirements for all NHS trusts to have a Trust Board approved Sustainable Development Management Plan (now known as the Green Plan).

Local Drivers

Liverpool City Regions Mission statement made in 2019 in relation to;

"2019 will be a year of green action across Liverpool City Region where people from all backgrounds will have the opportunity to be involved in projects that improve the natural world. Our aim is to leave a better environment for the next generation to inherit and make our city one of the best places in the country to live, work and flourish."

"Cleaner, Greener, Well Together"

The key aims from Liverpool Region are:-

1. Help deliver the Greenest UK city region
2. Highlight the economic contribution the environment provides
3. Increase children and young people's connection to nature
4. Showcase outstanding blue green assets of the Liverpool City Region
5. Celebrate and promote the range of environmental organisations
6. Encourage a range of practical actions that inspire
7. Use 2019 as a catalyst for ongoing positive environmental behavior

Alder Hey

It imperative that we listen to our families and staff views on sustainable development and climate change. A number of listening events have been undertaken with involvement from staff and visitors/families as well as a survey monkey with an overwhelming positive response for the need to change what we currently do. A large emphasis on reducing plastic (especially within catering services) and waste, promoting recycling and utilising our green spaces more.

3.1 Objectives

This section sets out the strategic objectives and the proposed outcomes of the project, there will be many sub-categories to be achieved under the remit of attaining each objective:-

1. Develop and implement a Strategy which incorporates a 5 year Green Plan for the Trust by end of April 2020 with annual Trust Board approval and reporting.

2. Meet the requirements of NHS Standard Contract within the target timelines (March 2020-March 2021) on:
    - air quality via development of a sustainable green travel plan
    - develop a carbon management plan to ensure emissions reduction
    - reduce use of single use plastic (catering, consumables & procurement)

3. Conduct climate change adaptation review, incorporating solution strategies into current business continuity plans by March 2021 (extreme weather events).

4. Reduce levels of energy, waste and water usage through specific targeted campaigns and new ways of working commencing in 2020-2023.

5. Protect and maximise the use of green space through a variety of events which support health and well-being for our staff, children and families commencing in the summer of 2020.

6. Educate and inform staff, visitors and partners as to their role in protecting and improving the environment.

3.2 Approach

The Trust Vision recognises the great potential of our organisation by empowering our skilled and caring staff to deliver high-quality, sustainable services in state-of the-art facilities. The vision will be delivered through the launch of the Green plan for the Trust on the 30th March 2020. Through improving our scores within the SDAT and by developing a Trust Strategy for Sustainable Development cascaded and embedded at every level of the organization and throughout operational practices we will support delivery of a greener future for all.

The development of our Strategy will recognize the importance of the Green plan to ensure the efficient use and delivery of our services and the prevention of avoidable illness to achieve a healthy, resilient and sustainable healthcare service fit for the future. It will commit to a Green Plan and national benchmarking in promoting health and well-being through the delivery of social, economic and environmental sustainability. The strategy will provide a framework to set objectives and targets to enable the Trust to manage its impact on the environment and demonstrate continual social, economic and environmental improvement. Progress against these objectives and targets will be reported annually within the Trust's Green Plan updates to Board.

The Trust will develop an engagement plan which works with staff, families, the local community and volunteers to deliver sustainable objectives.

The Trust will commit to reducing the sustainability impacts from our operational assets, buildings, critical infrastructure and equipment essential for the smooth running of the Hospital.

3.3 Scope

The green plan will cover elements across several main areas on which we will report through the SDAT, corporate approach (governance and policy), asset management and utilities, travel and logistics, adaptation (business continuity and extreme weather), capital projects, biodiversity, sustainable care models, people and sustainable use of resources.

The scope of the project includes the following:-

- Carbon reduction
- Waste/recycling
- Sustainable travel and transport
- Sustainable use of resources
- Single use plastic reduction
- Green space/biodiversity
- Health and well-being
- Water consumption
- BREEAM standards/Healthy Building Standards
- Climate change adaptation
- Procurement/consumables
- Sustainable care models
- Reduction in food waste

3.4 Exclusions

No exclusions, all ideas that could promote the Green project/plan would be considered.

3.5 Dependencies

- Changing targets and government policy
- Resources - people/time
- Financial support
- Change management
- Board approval and support
- Project/programme lead group with support from specific working groups
- Engagement
- Activity levels
- Specialist advisors input to new developments
- Dedicated resource for the project

3.6 Benefits and Measures

This section details the anticipated benefits relating to the project, how they will be measured as applicable

Benefit	How Measured	Baseline	Proposed Improvement	Type of Benefit	Benefit Start Date
Reduction in waste (NHS Plastics Pledge)	Trust data Financial Cost	£241k (total waste cost)	No longer purchase single-use plastic straws, except where a person has a specific need, in line with the government consultation	Waste reduction	April 2020
Reduction in waste Financial saving long term. (NHS Plastics Pledge)			Eliminate single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics	Waste reduction Financial saving	April 2021
Reduction in waste Financial saving long term (NHS Plastics Pledge)			Reducing single-use plastic/polystyrene food containers and other plastic cups for beverages – including covers and lids by: 30% 2021 60% 2022 90% 2023	Waste reduction Financial saving	April 2023
Reduction in waste Smart action on sorting clinical/non clinical waste			Educate staff as to the correct use of Clinical and non-clinical waste. Consider the lifecycle and what could be achieved from sorting recyclables items. Run Campaign	Comply with Intended legislative compliance Waste Reduction Financial Saving	Dec 2020
Promote sustainable travel. (Standard NHS	Current car park passes in use (scheme)	2204	Reduce single occupancy car use by 10% as measured by staff travel survey	Reduce carbon emissions and improve air quality	2023

Contract)		297	Reduction in parking passes issued (Target TBC following Green travel plan conclusion)		
	Salary sacrifice/fleet solutions current staff no.	50	Review and change the policy so it reflects the scheme being used to purchase Ultra Low Emission Vehicles (ULEV)		April 2022
	Cycle scheme	post-survey TBC	Increase in the uptake of the cycle to work scheme by an additional 50 over two years	Improve the health and well-being of staff	Post Survey TBC
	Staff travel survey review		Increase the use of public transport for staff and visitors		
			Review of the travel expenses policy to promote the use of public transport and avoid internal UK flights.	Support improved air quality and reduction in carbon emissions	Dec 2020
			Implement staff loans for travel season tickets.	Affordability for staff, support use of public transport	Jan 2021
			Commissioning of a green travel plan		
Supporting carbon reduction	Trust Data (Pharmacy and Anesthetics)	Under exploration by Pharmacy dept.	Reduction in the prescribing and issuing of propellant inhalers	Reduction in general waste	TBC
			Reduction in environmentally-damaging anesthetics use	Reduce carbon emissions	
Supporting carbon reduction	ERIC Data	2018/19 data return	Reduction in energy usage 10% Reduction in waste by 10% Reduction water usage 10% (Measured by per cost m2/per patient) Extensive tree planting across our green spaces and the park.	Reduce carbon emissions Financial saving Carbon off set	April 2023 April 2023
Prepare estate and premises/service delivery for climate change (adaptation)	Current Business Continuity Plans content areas	Extreme weather plans	Departments and services have reviewed the impacts of climate change and have developed plans to minimise negative impacts	Reduced risk	March 2021

Engagement and understanding of the sustainable agenda	Number of sustainability champions Results of friends and family test 6 monthly report to the Trust Board Staff survey-add in questions	Nil	Approve a sustainable development strategy via the Trust Board Declare an Alder Hey Climate Emergency Sign the NHS plastic pledge Embedding all elements of a Green Travel plan over 3 years Include sustainability on the Corporate Induction (30 minute session) and include a paragraph on all Job descriptions	Raise awareness Inclusion of sustainability for procurement /approvals Increase Alder Hey profile nationally and increase Reputation Raise awareness and compliance of staff	May 2020 March 2020 March 2020 April 2023 April 2021
Embedding Sustainability throughout all of the Trusts departments including community services	SDAT Staff survey Compliance with legislation and best practice	Improved results and compliance against standards	Improve SDAT results overall by 10% year on year over the next 5 years. Implement a Sustainable Impact Assessment equivalent to an Equality and Quality Impact Assessment. All policies, procedures and plans to have gone through an approval process/check before submission	Raise awareness Increases SDAT score by 10% Supports best practice	April 2025 Dec 2020 Dec 2021
New Estate achieves a sustainability rating (BREAM) in line with low carbon emissions **Alder Centre Cluster Neonatal**	Number of projects awarded a 'good' level or above	2 main buildings Awarded excellent at construction stage	New development meets carbon requirements and supports climate change adaptation	Long term financial saving Supporting carbon targets	May 2020 Dec 2021 TBC 2022
Health and well-being of children and families	Number of children/family focused park event activities	TBC	Engagement for park development specifically captures engagement with children and families and provides opportunities for focused activities which increase exercise	Destination park. Increased park events and activities for families	April 2021
Life cycle/procurement	Number of suggestions made or implemented	Currently not clear within a policy	Develop and instigate a Sustainable Procurement Policy Identify opportunities for staff to suggest	Purchasing items that will not create waste/non-recyclable waste.	April 2025

			improvements to goods through procurement, use or disposal	Supporting reduced carbon emissions	

4.0 PROJECT STRUCTURE

This section should identify the Project Team and Steering Group/Project Board.

Name	Position within the Trust
Mark Flannagan	Marketing & Communications Director (Sponsor)
Sue Brown	Associate Development Director (Management Lead)
Ian Stenton	Sustainability Lead
Claire Rider	Project Manager (DMO)
John Foley	Environmental Manager
Paddy Green	ST4 in Pediatric Surgery Clinical Rep
Ian Sinha	Consultant in Respiratory Medicine
TBC	Finance Lead
TBC	Procurement

Meetings have been held fortnightly, this will continue for the next 6 months. Once work streams have been set up, meetings of the steering group will become monthly.

5.0 MILESTONES/DELIVERABLES

This section should define the high level milestones, linked to the critical path, so there is clarity for the Steering Group/ Project Board, Stakeholders and Project Team on what will be produced / provided by the project and when.

Key/High Level Project Milestones	Start	Finish
Staff engagement events x 5	9th December 2019	January 30th 2020
Climate Change Summit/Launch (internal)	March 2020	30th March 2020
Draft Strategy for Sustainable development	February 2020	30th March 2020
Final Strategy	April 2020	1st May 2020
Populate and complete a detailed milestone plan	April 2020	30th April 2020
Setting up of work streams	April 2020	Review April 2021
Qtr. updates to the executive team	May, Aug, Nov, Feb	Review Feb 2020
Climate Summit (external invitations)	October 2020	October 2020

A detailed Milestone plan will be populated and updated to SharePoint once this is set up and the project groups in place.

Milestone Plan.xls

6.0 SUPPORTING COSTS

Costs encountered to date or planned:-

Item/service	Cost
• Interim Sustainability Lead (8A) - 1 day per week for 6 months	£5k plus
Green Travel plan work - Mott MacDonald	£11.5K
Summit March	£3K
Engagement events	£100 to date
Summit October	£3K (Est)
Total	£22,6k

To date the costs have been taken from existing budgets within the remit of three executives DP, MF and AB.

The future project costs could partly be funded from any anticipated savings however this would be unreliable at this stage and will need to be work in progress with a case of need/business case made through the appropriate channels as the work plan develops and analyses the amount of the investment required.

Additional dedicated staff resource will be required if Alder Hey is to deliver this ambitious greener agenda, a business case for dedicated resource will be developed before the end of April 2020 and submitted to the Integrated Resource Group and Programme Board for funding and approval.

7.0 COMMUNICATION PLAN

Stakeholder Mapping

Stakeholders have been analyzed according to the extent to which the project will impact upon them and the amount of influence that they have over the project and then mapped to the level of engagement that is desired from them across the duration of the project.

A range of "levels" of engagement has been identified:-

Manage Closely	Key players from whom strong buy-in and active involvement is required.
Keep Satisfied	Need active engagement. Address concerns and keep informed.
Keep Informed	Need to maintain interest. Some active involvement required.
Monitor	Keep informed. Minimum effort required.

Staff Group	Level of Engagement
Commissioners	
Patients and families	
Staff	
Contributors/subgroups	
Communication Dept.	
Steering Group	
External stakeholders (e.g. LCC, NHS Sustainability Development Unit.)	
Champions	

Communication plan
The communication plan will evolve as the project progresses.

Format	Action	Whom by	Date for completion
Intranet	• Decide on image • Set up page/info section, content to reflect work streams	MF	**Complete**
Team Brief	• Inclusion to the Alder Hey team brief sessions on a Quarterly basis • Inclusion in the Alder Hey internal publications	MF	May 2020 onwards
Staff involvement and voice	• LiA participation in meetings	SB	May onwards
Dedicated In box for ideas and questions	• Dedicated inbox set up • Centrally collect any enquiries for response and feeding into work streams	MF	May 2020
Climate Summit	• Launch of the Greener Plan • Media call • Social Media activity	SB/IS RM	30th March 2020
Website	• Dedicated section on the Alder Hey Website	SB/RM	June 2020

8.0 RISKS

Risks as they are identified will be added to the Alder Hey Ulysses system, where this has now been set up as a project.

9.0 EQUALITY ANALYSIS AND QUALITY IMPACT ASSESSMENT

EA and QIA.docx

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 4th February 2020

Paper Title:	**Resource and Business Development Committee Assurance Report**
Date of meeting:	26 February 2020 – Summary 22 January 2020 – Approved Minutes
Report of:	Ian Quinlan, Committee Chair
Paper Prepared by:	Amanda Graham, RABD Committee Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent RABD Committee meeting 26 February 2020 along with the approved minutes from the 22 January 2020 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

1. Introduction

The Resources and Business Development 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 reviewing financial strategy, including workforce strategy, performance organisational and business dev elopement and strategic IM&T issues whilst focussing excellence in quality and patient centred care.

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

- Update on current Tariff situation
- Green / Sustainability Strategy
- Brexit update
- Neonatal Unit update
- Finance Report including updates on M9, Operational Plans & Budgets and Financial Recovery Plan
- Operational Plans, Budgets & CIP Update 20/21
- Top Risks / Key Priority Areas
- Programme Assurance
- Digital update
- Corporate Report

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

- Increases in NICU build cost against the original scheme. Business case to be resubmitted to March RABD and April Trust Board.
- Year end financial forecast shortfall coupled with impact on throughput during Q4.
- 20/21 Budgets:
    - Inability to sign up to FIT
    - Progress against CIP target
    - Increased strategic investment asks
- Continual concerns regarding pipe degradation & expediting of non-destructive testing
- Further benefits realisation from change programme.

4. Positive highlights of note

- Early performance of new IT Helpdesk
- Improved Outpatient scanning performance
- Early “go live” of COVID-19 Pod

5. Issues for other committees

- None

6. Recommendations

The Board is asked to note the committee’s regular report.

Resources and Business Development Committee
Draft Minutes of the meeting held on: Wednesday 22 January 2020 at 9:30am in Tony Bell Boardroom, Institute in the Park

Present	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Claire Dove	Non-Executive Director	(CD)
	Claire Liddy	Director of Operational Finance	(CL)
	Kate Warriner	Chief Digital & Information Officer	(KW)
In attendance	Amanda Graham	Committee Administrator (*minutes*)	(AG)
	Alison Chew	Associate Director of Finance	(AC)
	Rachel Lea	Associate Director of Finance	(SN)
	Sara Naylor	Associate Director of Finance	(RL)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Mark Flanagan	Director of Communications	(MF)
	Dani Jones	Director of Strategy	(DJ)
	David Powell	Development Director	(DP)
	Stuart Atkinson	Associate Director Estates	(SA)
	Sue Brown	Associate Development Director	(SB)
	Natalie Deakin		(ND)
	Steve Begley (part)		(SB)
	Graeme Dixon (part)		(GD)
	Becky Murphy (part)		(RM)
Apologies	Melissa Swindell	Director of HR & OD	(MS)
	Hilda Gwilliams	Chief Nurse	(HG)
	Adam Bateman	Chief Operating Officer	(AB)
	John Grinnell	Director of Finance	(JG)
	Nicki Murdock	Medical Director	(NM)

19/20/133 **Apologies**
The Chair noted the apologies received from Adam Bateman, John Grinnell, Hilda Gwilliams, Melissa Swindell & Nicki Murdock.

19/20/134 **Minutes from the meeting held on 27th November 2019**
Resolved:
The minutes from the meeting held on the 27th November were approved.

19/20/135 **Declarations of Interest**
.
There were no declarations of interest.

19/20/136 **Matters Arising and Action log**
There were no matters arising. The Action Log was updated.

19/20/137 **Update of Tariff**
CL gave an update on the Children's Tariff. A formal concern has been lodged with NHS E/I Director of Pricing regarding current Tariff rates, NHS now engaging with AH to complete complexity exercise, to happen this year. Currently discussing adjustments to real-term income and will discuss with senior NHS colleagues later in January. CL to update next month. CD asked whether this was just AH? CL noted discussions are ongoing for both AH and as Specialist Trust. MF noted that one of the BBC Hospital episodes may touch on Tariff via the cranio-facial cases.

ACTION: Update to be brought to next RABD following NHS meeting (JG)

19/20/138 Finance Report

CL gave an update on the M9 position. M9 position ahead of plan driven by over performance in non-elective, elective and excess bed days. Positive positions for Medicine and Surgery. Q3 control total achieved.

M9 forecast outturn is £1.9m behind plan. CL gave an update on the internal discussion at Execs on 16th January 2020 regarding the outturn position. Three options to achieve Year End control total was discussed 1. slow down activity, 2. to improve the position through run rate improvement – clinical and corporate 3. remain static and not achieve control. It was agreed by the Exec Team to pursue option 2 and deliver control total.

IQ asked for clarification on two points being cut back around non-essential travel & non-essential printing. CL noted that non-essential travel would have included exploratory & research-related travel for opportunities which is being cut down, while printing has been radically reducing. CD noted still no environmental policy for AH – MF replied to be taken to Execs late January and expected to go to Board in March.

CD wants to start sustainability journey by becoming first plastic-free hospital, first carbon-neutral. MF to have green on Feb agenda (near top). Not known what cost will be to become Green Trust. CL noted that the Trust has been awarded funding for GHP to be installed on retained estate site. Risk – Capital risk is bigger issue but reduction in risk for Neonatal as some funding has been approved to close funding gap. Currently going through pricing exercise with Galliford Try with aim to reduce costs pricing to ground-breaking in March. CD asked whether any European funding has been included through Combined Authority. CL noted that Combined Authority funding guidelines are potentially unaligned, to be reviewed. CD suggested LS speaks to Merseyside Metro Mayor (CL).

ACTION: CIP to be on February RABD agenda (CL)
ACTION: Green / Sustainability to be at top of February RABD agenda (MF)
ACTION: Discussion to be arranged with Mersey Metro Mayor re Combined Authority funding for new NICU (CL)

19/20/139 Top 5 Risks/Key Priority Areas for 2019/20

RABD received the latest updates on the areas below:

PFI
Fire damper survey ongoing, meeting with Project Co later in month to determine progress & actions. CL asked what future preventative actions are. GD noted that green roofs are to be renovated & renewed beginning in Spring. The ingress was a result of the works done last year which created disturbance in greater numbers, prompting natural reaction to move away from danger. A fortnightly spray regime will begin in March to control insects. Replanting to commence after substrate renewal. Ongoing lifecycle redecoration works have begun, with very positive results from wards – Project Co have been asked to keep this as an ongoing cycle of work rather than a 5-yearly programme as currently. (GD left)

CIP
SN presented CIP M9 position. Month to date behind plan, forecast outturn for the year over achievement of CIP due to corporate support put in place to support the recurrent CIP position of £6m.

KW asked what 'other' category of CIP represented. SN outlined this was corporate support to meet recurrent delivery of CIP.

CL asked for CIP proposals for 20/21 to be on Feb agenda ahead of budget-setting exercise at March Board.

ACTION: for next report ensure more detail on 'other'

IQ asked about £1.87m corporate support – CL noted this can be used to support programmes, monies are from savings on interest payments not made when Capital projects slip.

Capital
Neonates unit progressing, with discussions ongoing with potential partners. DJ noted that strategically it is very important to have co-located parenting as part of clinical plan and need to accommodate that and its spatial requirements. SA noted some concerns around mental health compliance of design of new CAMHS unit. CD asked whether due diligence was undertaken; MF asked what lessons were learned for future processes. CL noted now engaging healthcare architects to ensure design for specific projects rather than regular architect firms.

19/20/140 Policy Ratification
The following policies were brought to RABD for ratification:

19/20/141 Programme Assurance
A brief update on Programme Assurance was given. It was noted that Park documentation has slipped and needs to get back on track.

ACTION: Park documentation to be updated & submitted (SB)

Aseptics
Overview – when Aseptics unit moved, an opportunity arose to license the unit to enable selling into other Trusts. Currently having to use external manufacturers to prepare products due to concerns raised by external auditors. Improvement plan now developed which included staffing. Now increasing commercial studies with aim to be at 6 by July 2020; increasing research patient participation; reduction in errors; increasing outputs and currently ahead of plan. DJ asked about whether increase in activity can be demonstrated as a benefit for AH children – PS noted uncertain whether areas are busier & increase in demand is being met, to be clarified for next update. Currently issues with compounder use partly due to sterile products being unavailable until end of January and ongoing regulatory approvals for equipment. DJ aim going forward likely to be partnership model locally. CD asked whether investment is being requested. DJ noted business case has already been approved. (PS & ND left)

19/20/142 Marketing and Communications Activity Report
MF gave a brief update on the Marketing & Communications activity over the last month, noting that it had been a busy Christmas with the local football teams in to

visit. BBC Hospital now almost finished filming, transmission expected to start next month.

19/20/143 Digital Update

KW presented a digital update. AH are now entering the final phase of the GDE programme reporting that all funding has been received and AH have achieved what was set out. HIMSS level 6 accreditation has been achieved, now working on plans for HIMSS level 7. Meditech Expanse programme (now renamed Alder C@re) is picking up pace. Operationally, resilience actions all completed as expected, infrastructure now on site for restoration should it be needed, further work including partnership with CCC as per plans are ongoing. Significant piece of work with CYP Digital Front Door. IQ asked around HIMMS publicity; KW noted no publicity yet with press release ready to be released shortly. MF noted 4 out of 5 sponsors to date for staff awards are tech companies. CD asked that cyber security be included in future updates. IQ queried whether is it too late to note benefits from GDE. KW noted there will be a confirmation of those benefits against plan brought to future RABD.

ACTION: Cyber to be included in future updates to RABD (KW)
ACTION: GDE statement of planned benefits to be included at a future RABD (KW)

19/20/144 Medical Records Transformation Plan
Existing backlog of scanning needed decisive action & plan with first phase being leadership changes, currently working with managed service partner. Business case being developed to come to RABD for further changes to provide higher quality service.

ACTION: Business case for further improvements to come to future RABD (KW)

19/20/145 Board Assurance Framework (BAF)
Deferred due to ES being unavoidably delayed on legal call.

19/20/146 Corporate Report

Workforce - Similar picture as previously around sickness with massive spike on short-term, also increase in long-term sickness with new Wellbeing team being recruited at present to be in place from April with a specific piece of work to be done on stress management. Just shy of 80% staff have now had flu vaccination. Medical appraisal process undergoing changes due to GMC parameters on appraisal window from rolling 15 months to firm 12 months window which will show initially show as detrimental whilst all medical appraisals catch up. Mandatory training – good, still couple of hot spots being worked upon.

Finance covered previously

Operations – A&E performance been challenging through Nov & Dec, started to show some improvement but still not achieving target, root & branch work being done to determine why, clinician fatigue following long period of sustained activity (possible sickness trends) Still in moderate business continuity for ED with numbers going up again. Elective going up, length of stay & cancer targets all good.

19/20/147 **Procurement Monitoring**

Savings achieved following move to Supply Chain; (piece of work for next update on category towers & whether up & running and whether we are using them), some movement back to Centre from Collaboration at Scale piece. NEP progressing along using electronic process. "Model Hospital" programme - one of best in country with materials management hindering & cost of services within model hospital as result of theatres materials management sitting under procurement (looking for solution for this under Digital) KW noted that the more digital a Trust becomes, the worse performing on the Model Hospital; CL noted due to changes central stock room team are doing more & therefore costing more, planning to revert to clinical team stocking, and also look at an element of Expanse for future use; C&M Theatres Group, shared posts with Walton, construction framework with strengthened governance framework now business activity, need to be brought into RABD workplan. CL noted has also asked for Innovation framework to be set up & approved. CD again noted her concerns over framework process. Specialist Trust Collaboration to share procurement function – skills deficit so need to be more resilient & to share. Hoping to gain Procurement Skills Development level 2 by April; CL need to support our Procurement team around collaborative work, tried & tested piece of work.

ACTION: Specialist Trust Collaboration to be added to RABD workplan (AG)

19/20/148 **ERDF Project Update**

April – December 2019 update: April – August 2019 was final phase, supporting businesses to deliver outputs & collating records. ERDF stood down end August with some staff leaving & some working elsewhere within the Trust. General feeling with partners is that Brexit has delayed things. Output-wise (details within paper) delivered all things commissioned to do, short on job-creation, fell short on development of brand-new products that hit the criteria of success, but little concern from Liverpool CCG on this. CD asked what benefit was, noting that ERDF was notorious for cost rather than benefit. JT replied that benefit was reputational, developmental, benefit through Innovation team & joint IP, building intelligence for future partnerships. CL noted benefit of having eco-system within Innovation. CD asked now programme completed, would those partners all sign up & give money to support new programmes? JT noted not all work would be grant supported, need to test whether companies would come to AH in future.

19/20/149 **Any Other Business**

CD asked for assurance around Brexit, what plans are in place around drugs etc? DJ noted need update from LS / JG.
ACTION: Brexit update to be provided by JG at next RABD (JG)

19/20/150 **Board Assurance Review**

The Board Assurance Summary was discussed and completed for submission to the next Trust Board in February.

Date and Time of Next Meeting: Wednesday 26th February 2020, 09:30, Tony Bell Board Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS
2020/21 ANNUAL AGENDA TIMETABLE
Papers to be with Julie Tsao 7 working days prior to the meeting

Agenda Item	Apr	May	May	July	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Purpose
Strategy Sessions 10-11am		✓			✓			✓			✓	
PATIENT / STAFF STORY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
												
BOARD BUSINESS												
Minutes of the Previous Meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Decision**
Matters Arising and Action Log	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Key Issues/Reflections	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Noting / Info**
KEY STRATEGIC ISSUES												
Review of delivery of the Trust's Strategic Plan (Execs)											✓	**Reflection / Internal Challenge**
Board performance appraisal (BoD)								✓				**Reflection / Internal Challenge**
Integrated Business Plan & 2019/20 Budget (John Grinnell)	✓											**Decision**
NHSI Operational Plan	✓											**Approve**

Agenda Item	Apr	May	May	July	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Purpose
Strategy Sessions 10-11am		✓			✓			✓			✓	
PATIENT / STAFF STORY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
International Child Health (Barry Pizer)	✓											**Assurance**
Liverpool Integrated Partnership (Louise Shepherd)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Information**
Strategic Plan to 2024 (Dani Jones)	**As required**											**Assurance**
Research Strategy	**Q3**			**Q4**		**Q1**			**Q2**			**Assurance**
Inspiring Quality	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Operational Plan (update)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
DELIVERY OF OUTSTANDING CARE												
Quarterly Mortality Report (Julie Grice / Karl Edwardson)	**Q3**			**Q4**		**Q1**			**Q2**			**Assurance**
Safeguarding Annual Report (Julie Knowles)									✓			**Assurance**
Complaints (Anne Hyson)		✓			✓			✓			✓	**Regulation / Assurance**
Digital Futures (Kate Warriner)	✓			✓		✓			✓			**Assurance**
Winter Preparedeness (Adam Bateman)						✓						**Assurance**
Serious Incidents Report (Jo Gwilliams)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Alder Hey in the Park Site Development updates (David Powell)	**As required**											**Assurance**
Staff Influenza Vaccination Programme – Update	✓											**Assurance**
DIPC Report (Valya Weston)		**Q4**			**Q1**			**Q2**			**Q3**	**Regulation / Assurance**

Agenda Item	Apr	May	May	July	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Purpose
Strategy Sessions 10-11am		✓			✓			✓			✓	
PATIENT / STAFF STORY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nurse Staffing Report 2019/20 (Hilda Gwilliams / Pauline Brown)			✓									**Regulation / Assurance**
Quality Account (Tony Rigby)			✓									**Regulation / Assurance**
Mental Health Act Report (Lisa Cooper)												
Organ Donation Annual Report (Nicki Murdock/Naga Kishore Puppla)									✓			**Assurance**
SUSTAINABILITY THROUGH EXTERNAL PARTNERSHIPS												
Joint Neonatal Partnership – AH & LWH (Adam Bateman)	✓		✓		✓		✓		✓		✓	**Assurance**
STRONG FOUNDATIONS												
Annual Report & Accounts 2019/20 (Erica Saunders)			✓									**Regulatory/ Decision**
Recognition of the Trust as a Going Concern	✓											**Regulatory/ Decision**
Board Self–Certification of Compliance with the Provider License (Erica Saunders / Jill Preece)		✓										**Regulatory/ Decision**
Alder Hey Ventures (David Powell)	✓											
Programme Assurance update: - Deliver Outstanding Care. - Growing External Partnerships. - Solid Foundations. - Park Community Estates and Facilities.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Register of Shareholder Interests (John Grinnell)		✓		✓		✓		✓		✓		**Regulatory**

Agenda Item	Apr	May	May	July	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Purpose
Strategy Sessions 10-11am		✓			✓			✓			✓	
PATIENT / STAFF STORY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Corporate Report (Karl Edwardson)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Register of Interests (Erica Saunders)		✓										**Regulatory**
Tariff and Contract Risks (John Grinnell)												**Assurance**
Board Assurance Framework (Jill Preece)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
Corporate Risk Register (Cathy Umbers / Jill Preece)					✓						✓	**Assurance**
Election results (Jill Preece/Erica Saunders)					✓							**Information**
Annual Communications Calendar							✓					**Assurance**
GAME CHANGING RESEARCH AND INNOVATION												
Research Delivery Plan	✓					✓						**Assurance**
THE BEST PEOPLE DOING THEIR BEST WORK												
People Strategy (Melissa Swindell)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	**Assurance**
NHSI Chair Letter and Self-Assessment	✓			✓						✓		**Assurance**
Freedom to Speak Up (Kerry Turner)	✓				✓				✓			**Regulatory**
Staff Survey (Melissa Swindell)	✓											**Regulatory**
Equality Act (Melissa Swindell)	✓											**Regulatory**
Medical Revalidation Update (Nicki Murdock)				✓								**Assurance**

Agenda Item	Apr	May	May	July	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Purpose
Strategy Sessions 10-11am		✓			✓			✓			✓	
PATIENT / STAFF STORY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
COMMITTEE ASSURANCES (key risks/mitigations, issues for other committees, issues for escalation, key decisions)												
Clinical Quality Assurance (Julie Creevy)	March	April	May	-	June/ July/	Sept	Oct	Nov	Dec	Jan	Feb	**Assurance**
Resources & Business Development (Amanda Graham)	March	April	May	-	June/ July/ Aug	Sept	Oct	Nov	Dec	Jan	Feb	**Assurance**
Audit (Julie Tsao)	Jan				April	May			Nov			**Assurance**
Workforce, Organisational Development (Jackie Friday)		Feb			April	June	Sept		Oct		Dec	**Assurance**
Integrated Governance Committee (Lesley Calder)	Jan				March	July		Sept		Nov		**Assurance**
Innovation Board				-								**Assurance**
Committee Annual Reports		✓										**Assurance**

Alder Hey Children's NHS
NHS Foundation Trust

Corporate Meetings 2020/21

Day	TUE	WED	WED	WED	THUR	THUR	Please see below	TUE/WED	TUE/WED	THUR
Meeting	**Trust Board**	**Clinical Quality Assurance Committee**	**Integrated Governance Committee**	**Resource & Business Development Committee**	**Innovation Committee**	**Audit**	**Council of Governors**	**Workforce Organisational Development Committee**	**Strategic JCNC**	**Executive Team**
Room	**Institute in the Park Tony Bell Board Room**	**Institute in the Park Tony Bell Board Room**	**Institute in the Park Tony Bell Board Room**	**Institute in the Park Tony Bell Board Room**	**Please Contact PA**	**Institute in the Park Tony Bell Board Room**	**Institute in the Park Tony Bell Board Room**	**Institute in the Park Tony Bell Board Room**		**Room 8 Mezz**
PA Support	**Julie Tsao, Committee Admin**	**Julie Creevy , PA to Medical Director & Chief Nurse**	**Lesley Calder, PA Governance and Quality Assurance**	**Amanda Graham, PA to Director of Finance**	**Julie Tsao, Committee Admin**	**Julie Tsao, Committee Admin**	**Julie Tsao, Committee Admin**	**Jackie Friday PA to Director of HR**	**Jackie Friday PA to Director of HR**	**Karen Critchley PA Chief Executive**
Time	**10:00-16:00**	**10:00-12:30**	**10:00-12:30**	**09:30-13:00**	**13:00-16:00**	**14:00-16:00**	**17:00-19:00**	**14:00-16.00**	**See below:**	**9:30-13:00**
April	6th	15th		29th		23rd		29h		2,9,16,23
May	5th & **26th	20th	27th **10:00-12:30**	27th **1.30-4pm**	11th	21st			21st 14.00-15.00 Room 12	7,14,21
June	2nd	17th		24th			Wednesday 17th	24th		4,11,18
July	7th	15th	22nd **10:00-12:30**	29th	6th					2,9.16,23
August	--	19th		26th				26st	24th 14.00-15.00 Room 11	6,13,20
September	8th	16th	23rd **10:00-12:30**	30th	14th	17th	Tuesday 22nd			3,10,17
October	6th	21st		28th				28rd		1,8,15,22
November	3rd	18th	25th **10:00-12:30**	25th **1.30-4pm**	16th	19th			24th 14.00-15.00 Room 12	5,12,19,
December	1st	16th		16th **1.30-4pm**			Tuesday 8th	15th 10am-12noon Room 7, Mezzanine		3,10,17,24
January	12th	20th	20th **10:00-12:30**	27th	18th	28th				7,14,21
February	2nd	17th		24th				24th		4,11,18
March	2nd	17th	24th **10:00-12:30**	24th **1.30-4pm**	15th		Wednesday 10th			4,11,18

*CEO to attend (AGS) **Trust Board to approve the Annual Accounts **If needed for Board/Governor Strategy day **Contact PA for room booking

Thursday, March 12, 2020