BOARD OF DIRECTORS MEETING
Tuesday 3rd May 2016 commencing at 1000

Venue: Institute in the Park Large Meeting Room, Alder Hey Children's Foundation Trust

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000		**PATIENT STORY**		
Board Business						
1.	16/17/18	1010	**Apologies**	D Henshaw		--
2.	16/17/19	1011	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	16/17/20	1012	**Minutes of the Previous Meeting**	D Henshaw	To consider the minutes of the previous meeting held on **5 April 2016** and check for amendments and approve	Read Minutes
4.	16/17/21	1014	**Matters Arising and Board Action List**	D Henshaw	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Verbal
5.	16/17/22	1015	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Excellence in Quality						
6.	16/17/23	1020	**Question and Answer session with Robin Harrison, Industrial Relations Officer, BMA**	R Turnock	To discuss the Junior Doctors Industrial strikes	Verbal
7.	16/17/24	1035	**Proposed Quality Summit process**	H Gwilliams	To receive and approve a proposal to introduce an internal Quality Summit process as part of the Trust's Quality Improvement Culture	Read Report
8.	16/17/25	1050	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
9.	16/17/26	1100	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive the minutes from the meeting held on; 16th March 2016	Read minutes

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			Great Talented Teams			
10.	16/17/27	1105	People Strategy Update	M Swindell	To provide an update on the strategy	Read report
			Patient Centred Services			
11.	16/17/28	1115	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plan for mitigation .	Presentation
			Financial Growth and Safeguarding Core Business			
12.	16/17/29	1125	**Corporate Report**	J Stephens/ M Barnaby/ H Gwilliams/ M Swindell/ E Saunders/	To note delivery against financial , operational, HR metrics and mandatory targets within the Corporate Report for the month of March 2016	Read report
13.	16/17/30	1140	**Programme Assurance update** • **Workforce Organisational Development** • **Clinical Quality Assurance Committee** • **Resource Assurance and Business Development**	J Gibson	To receive an update on programme assurance.	Read report
14.	16/17/31	1150	**Integrated Assurance Report**	E Saunders	To discuss and agree the principal strategic risks for the next 12 months	Read report
15.	16/1732	1200	**Resources & Business Development Committee: Chair's Update**	I Quinlan	To receive the minutes from the meeting held on 30th March 2016	Read minutes

1200 Date and Time of Next Meeting: Monday 23 May 2016 at 10:00am, Institute in the Park Boardroom

FOR INFORMATION ONLY – SEE SHARED DOCUMENTS ON VIRTUAL BOARD ROOM

Monitor Quarter 4 Submission and Quarter 3 Feedback Letter

REGISTER OF TRUST SEAL

The Trust Seal was used during the month of **April 2016** for;

- Interim estate refurbishment contract for works
- Lease for Ronald McDonald House substation

BOARD OF DIRECTORS

Minutes of the last meeting held at 10.00 am on Tuesday 5th April 2016
Institute in the Park, Alder Hey

Present:

Sir David Henshaw (Chair)	Trust Chair	DH
Louise Shepherd	Chief Executive	LS
Jonathan Stephens	Director of Finance & Business Development	JB
Ian Quinlan	Non-Executive Director	IQ
Clare Dove	Non-Executive Director	CD
Anita Marsland	Non-Executive Director	AM
Margaret Barnaby	Interim Chief Operating Officer	MB
Gill Core	Chief Nurse	GC
Jeannie France-Hayhurst	Non-Executive Director	JFH
Rick Turnock	Medical Director	RT
Melissa Swindell	Interim Director of HR & OD	MS

In Attendance:

Erica Saunders	Director of Corporate Affairs	ES
Hilda Gwilliams	Director of Nursing	HG
David Powell	Development Director	DP
Joe Gibson	External Assurance	JG
Michael Beresford	Associate Director	MB
Therese Patten	Director of Strategy & Partnerships	TP
Louise Dunn	Director of Communications and Marketing	LD
Karen Critchley	Executive Assistant (Minutes)	KC
Tony Rigby	Head of Risk Management (item 16/17/06)	TR
Mary Ryan	Clinical Director (item 16/17/06)	MR
Richard Cooke	Director of Infection Control (item 16/17/12)	RC

Apologies:

Steve Igoe	Non-Executive Director	

Prior to opening the meeting, the Chair welcomed and introduced Mags Barnaby, Interim Chief Operating Officer.

As it was Gill Core's last Board meeting before her retirement, the Chair paid tribute to her achievements since joining Alder Hey and wished her well for the future.

The Chair congratulated Hilda Gwilliams on her appointment as Chief Nurse, effective from 1st June 2016.

Patient Story
The Board welcomed Chris Brown, an ex-patient of Alder Hey and now a Trust volunteer, to the meeting.

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Chris spoke about his experience at Alder Hey over many years both as a patient and currently as a volunteer. He spoke positively about the new hospital and the benefits and opportunities that the new environment had brought. He suggested that improvements could be made around wheelchair access in relation to controlled doors. DH commented that this feedback was very helpful and that these issues would be addressed; he thanked Chris for his contribution.

Resolved: That the Board would host a reception for volunteers to thank them for the sterling work they do each and every day.

16/17/01 Declarations of Interest
None Declared.

16/17/02 Minutes of the previous meeting held on 1 March 2016
The Board reviewed the minutes of the last meeting held on 1 March 2016

Resolved: The Board approved the minutes of the previous meeting.

16/17/03 Matters Arising and Action list

15/16/202 It was noted that the competition for children to name the "Bat Cave" was now underway.

All other issues for discussion were listed on the agenda.

16/17/04 Key Issues/Reflections

Junior Doctors' Dispute – RT confirmed that there would be two full days of industrial action on 26th and 27th April. Planning was underway to minimise disruption to patient services. DH reiterated that the Board was keen to have discussions with the junior doctors and to provide appropriate support.

Resolved: That Junior Doctors' representatives for the Trust would be invited to a future Board meeting.

Building/Contractual Issues – DP briefed the Board on issues that had resulted in official correspondence being entered into with Project Co. Options to resolve matters were being explored.

Park Development – DP reported that an OJEU advert had now been placed and interested parties would be given the opportunity to come forward over the next four weeks. A Park Shadow Board meeting was scheduled for May. DH emphasised the need to have appropriate governance arrangements in place reporting to the Research, Education and Innovation Committee.

Strategic Transformation Plan – It was noted that LS had agreed to lead this for Cheshire and Merseyside.

Paediatric Vanguard – LS was disappointed to report that the bid had not been successful. However, other ways for collaborative working to improve services for women and children were being pursued.

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Monitor Plan 2016/17 – LS said it was now evident that it would not be possible to deliver the agreed objectives within the level of resources available. This was as a result of a number of issues, including technical changes to financial accounting, revaluation of the hospital and increased capital charges Therefore, following discussions between DH, IQ, JS and LS an approach had been made to Monitor for £8m interim cash support for next year. A decision from Monitor was awaited. Whilst additional support was required for next year, JS was confident that by 2018 the Trust would be back in balance. Assurance was given that the Operational Delivery Board was focused on improving and sustaining activity levels.

Strategic Planning

16/17/05 Refresh of Trust Strategy 2016-2020

LS shared the strategic direction for the Trust for the next five years. She reflected on the journey so far and said that the existing purpose and vision remained relevant. The many achievements of the past five years against each of the strategic pillars were highlighted. These included investment in 50 additional nurses and 32 additional consultants, the CQC rating the Trust 'Good' overall with 'Outstanding' for caring and the move to the new hospital. She said that going forward attention would be paid to improving models of care. Staff engagement would be key to this and support would be provided for emerging clinical leaders.

LS set out the Trust's ambitions to be achieved by 2020:
- To be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities;
- To have a fully engaged workforce that is actively driving quality improvement;
- To be a world class, child-focused centre of research, innovation and education expertise to improve the health and wellbeing of children and young people;
- To have secured sustainable long term financial and service growth supported by a strong international business.

LS set out the programme of change required to achieve the above and how that would be delivered, with children at the centre of everything and involving staff. Revised governance arrangements that underpin effective assurance mechanisms would be put in place from April. The Board Committees and NEDs would have an important role in providing assurance to the Board around delivery.

LS went on to describe how the Listening into Action methodology would be followed to engage clinical leaders and staff in conversations about the Trust's strategy. She set out emerging plans to move to three Clinical Business Units – Medicine, Surgery and Community – each supported by a clinical lead and management team. DH reminded the Board of the success of the approach/support to Theatres and said that this methodology would be applied to other areas of the organisation.

Resolved: The Board **APPROVED** the Trust Strategy to 2020.

16/17/06 Quality Strategy

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GC and MR presented the Quality Strategy 2016-21. They described the Trust wide approach to improving quality over the next five years and beyond. This had been developed with input from children, young people, carers and staff through wide consultation and engagement. It includes a continued focus on delivering and monitoring improvements in patient safety, patient experience and clinical effectiveness, with staff health and wellbeing also being recognised as a critical and integral part of the strategy

After the first 12 months of implementation there would be a fully functioning Clinical Cabinet providing strong leadership and oversight to all matters of quality. This would be supported by a system of devolved quality and governance, with local ownership and accountability for risk management systems and processes. The 5-year strategy would deliver a culture change through wide engagement of the workforce. There will be strong links with developments in innovation, research and education. The Quality Aims previously agreed remain relevant to the Quality Strategy and these are supported by a number of Developmental Aims that have been refreshed.

In order to monitor the success of the Quality Strategy, the leading metrics would continue to be reported and monitored via the Corporate Report and the agreed Top 10 Quality Indicators will be reported through CQAC.

Quality Improvement Teams will be established within CBUs. A communication plan will be developed that will ensure all staff understand the Quality Strategy and have the opportunity and the skills to make it better. This will be driven by Listening into Action.

CD made a plea that children without a voice, eg. children with Autism, and their parents be included. MR gave an assurance that this group would be involved.

Resolved: The Board **APPROVED** the Quality Strategy

16/17/07 Research, Education and Innovation Strategy

MB and DP presented the Research, Education and Innovation Strategy. Significant progress had been made in some areas over recent years, particularly in innovation and education. There was now recognition that there are many commonalities between research, education and innovation that comprise the Trust's ambition in this area. In developing the vision, consideration had been given to pulling together the three elements into the fabric of the organisation and to be outward facing, taking up opportunities presented. In order to do that in a safe and secure way, a Board Committee had been established, chaired by DH. The elements being pursued and potential partnerships were set out. Focus would also be given to Phase II of the Institute in the Park and the development of a partnership model that would enable joint working between Alder Hey, HEIs Blue Chip and other organisations on a range of ideas/initiatives. It was a proposed that an outward facing MD be appointed who could pull all elements together. This post would be supported by the Development Director and other commercial machinery with direct links to the IM&T Directorate. The time line for development and implementation of the strategy was set out for 2016-18.

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Resolved: The Board **APPROVED** the strategy and recommendations to build capacity to drive the strategy forward.

16/17/08 Financial Strategy (incorporating Final Monitor Operational Plan 2016/17 including Board Declarations)

JS updated the Board on the financial strategy 2016/17. This had been revised since the submission of the draft Operational Plan to Monitor on 8th February, following further discussions and risks identified. As referred to earlier in the meeting, temporary cash support of £8m had been sought from Monitor. Therefore, the high level revised plan included a predicted deficit of £5.9m reflecting:

- The STF control will be rejected on the basis that a £3.5m surplus is deemed not achievable due to £ risks faced. To do so would mean £12m 5.5% CIP. This results in a loss of the £3.7m STF Fund.
- £8.5m of interim cash support required a result of the deficit;
- Internal CIP forecast delivery is £5.2m (£2.4%) in year;
- Capital Plan is £10.2m
- Year-end cash is £1.5m (assuming interim cash support received at £8m).

JS said that it would be imperative to focus on a plan to get performance back on track and stringent controls would be essential. The Board noted the current CIP gap of £2.96m against a target of £7.2m. JS set out the identified risks and said that these must be addressed in Quarter 1. It was noted that the 2016/17 contracts had not yet been signed with commissioners and the budget included items requiring CCG investment.

JS went on to set out the approach to the high level 5-year financial projections, ie role forward 2016/17 plan surplus/(deficit) and closing cash balance and adjustment for anticipated incremental changes. Whilst challenging, this would enable the Trust to get back on track to break-even in 2018/19.

Resolved: The Board approved the final Operational Plan 2016/17 and supporting declaration for submission to Monitor on 11th April.

16/17/09 Engaging Staff in the Strategy – Listening into Action

MS briefed the Board on the *Listening into Action* methodology referred to earlier in the meeting. She said that this would be used to engage and empower staff for better patient outcomes. Ten teams would be put in place to be pioneers from whom other staff could learn.

Regular updates would be given at Board meetings.

Resolved: The Board supported the approach to staff engagement and agreed that 3-4 teams would be invited to present their experience at the Board meeting in July.

Excellence in Quality

16/17/10 Serious Incidents Report

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HG gave details of three new serious incidents and two safeguarding cases in the reporting period (February).

SUI – Another never event had occurred in Theatres and as this was the third such event this year, an internal Clinical Quality Summit had been arranged to be chaired by AM. A grade 4 pressure sore had occurred in a child with a fracture who had used an instrument to scratch below the plaster; another grade 4 pressure sore had been incurred by a child on ECMO where the balance of risk in turning the child with the potential of destabilisation had been assessed.

Resolved: The Board **NOTED** the report

16/17/11 Mortality Report

RT presented the mortality report. He said he was concerned that the percentage of in hospital deaths reviewed by the HMRG had dropped. He agreed to seek a formal report on this from the Chair of the HMRG. RT assured the Board that there were no other current indications of patterns of concern.

Resolved: The Board **NOTED** the Mortality Report.

16/17/12 DIPC Report

RC attended for this item and presented the Quarter 3 DIPC report. He set out the steps taken and other action required to ensure that no child would acquire a preventable infection due to care delivered at Alder Hey.

Resolved: The Board **NOTED** the report

16/17/13 Clinical Quality Assurance Committee: Chair's Update

The Board received and **NOTED** the notes of the CQAC walk round to AED on 17 February.

Great Talented Teams

16/17/14 CAMHS Review

GC presented her report to the Board; she reminded colleagues of the challenges within the team of psychiatrists specifically. In December 2015 the CQC had identified the community service as 'Requires Improvement' (the in-patient services were rated as 'Good') and in July 2015 the Royal College of Psychiatrists had been invited to review the service by the Medical Director in response to internal concerns. Additionally Fiona Reed Associates had been commissioned to undertake diagnostic work with the CAMHS service. In February 2016 workshops had been held with a wide variety of CAMHS staff to share learning from the work undertaken by Fiona Reed Associates, to understand service achievements along with service challenges, to engage front line staff in identifying what support was required to achieve change. GC summarised the reports and work undertaken, describing the challenges facing the service. She made recommendations for a programme of supported development and wider organisational response.

DH said that it was clear that strong leadership would be required to move this service forward against a backcloth of intractable problems.

Resolved: The Board agreed:

- an interim leader would be appointed in a change agent capacity:
- a Board Sub-Committee be established, chaired by DH and involving TP, JF-H MS and HG;
- RT to respond to the letter from the Psychiatrists setting out this agreement.

6/17/15 People Strategy Update

MS presented a progress update. The HR Team had been working with CBUs and Finance on the approach to the CIP around workforce. Plans had been presented to the Operational Delivery Board and were now being taken forward.

MS said that whilst the Trust was not yet fully compliant with Monitor's cap on agency spend, it was anticipated that this would be achieved by then end of Quarter 1.

The Trust was working with Blackburne House to commence a pilot apprenticeship scheme in April 2016.

The Board was informed that notice had been given to close the gym as it was located on the retained estate and was no longer viable. Work was being undertaken with Team Prevent and gym members on a range of alternatives to support physical activity for staff. CD said this needed to be undertaken in the wider context of staff wellbeing. LD said that a Staff Wellbeing Group was being established and staff were being encouraged to join.

The Board wished to congratulate Liz Grady on winning the Flu Fighter of the Year Award from NHS Employers.

Resolved - The Board **NOTED** the update.

Patient Centred Services

16/17/16 Alder Hey in the Park Update

DP updated the Board on plans for the development of the residual site. He said that this included facilities for related healthcare, residential accommodation, commercial and retail facilities and a park. Temporary moves of staff were in progress from the buildings to be demolished which would enable the development to begin. He described the approach to involving the local community in the development and the joint working with the City Council. A Shadow Board for a Community Enterprise Company had been established.

The indicative programme for the key stages of the development to February 2017 was set out. However, there had been a delay with the corporate office block and Research and Education building Phase II.

Resolved: The Board **NOTED** the update on delivery of Children's Health Park and Campus Development.

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Financial Growth and Safeguarding Core Business

16/17/17 Corporate Report

The Board noted the revised financial position of a reduced planned deficit. It was disappointing that performance in month was worse than planned.

A specific paper on the planned A&E trajectory was considered. Demand within A&E had not abated and performance against the 4 hour target for February was worse than January, despite an assurance to Monitor that it would be back on track by the start of Quarter 2. The CCG lead had agreed to spend some time in A&E to understand the issues being faced and to see what assistance could be provided. MB agreed to contact the GP Federation regarding potential support.

Resolved: The Board **NOTED** the Corporate Report and recovery plan for A&E.

16/17/18 Monitor Provider Licence Annual Self-Assessment

ES presented the updated position with regard to compliance assurance in relation to the conditions set out in the Trust's Provider Licence. She said that whilst minor gaps had been identified, actions were in place to address the requirements and the Trust could declare full compliance.

Resolved: The Board **NOTED** the position and Board Declaration.

16/17/19 Integrated Assurance Report and Year end risk analysis

The Board received a summary of the key points of assurance that were discussed at the IGC meeting on 22nd March, together with a summary of the corporate risk register and a separate year-end BAF review. ES said a summary of the strategic risks for 2016/17 would be presented to the next meeting of the Trust Board for discussion and agreement.

The Board received MIAA 2016/17 Insight report which gave an assurance that Alder Hey Assurance Framework was broadly in line with those of other trusts.

Resolved: The Board **NOTED** the reports.

16/17/20 Resources and Business Development Committee: Chair's Update

The Minutes of the RABD Committee meeting held on 23 February were received and **NOTED.**

Date and Time of next meeting: -
The next meeting will be held on Tuesday 3rd May 2016 at 10.00 am in the Institute in the Park.

There was no other business and the meeting closed at 2.30 pm

BOARD OF DIRECTORS
Tuesday 3rd May 2016

Quality Summit Process.

Triggers: Two or more; never events, SIRI's or near miss serious incidents, or any combination that have common elements or demonstrate repeated failure to learn, implement improvement.

Link to RM2 policy below:-
http://intranet/DocumentsPolicies/Documents/Management%20of%20Incidents%20Incorporating%20Serious%20Incidents%20Requiring%20Investigation%20-%20RM2.pdf

Structure: The Chief Nurse or Medical Director will call together a review panel consisting of a number of clinical leaders, not involved in the service under review, at least one further executive director and at least one non-executive director.

Where possible the review panel should also include an independent person not employed by the Trust, preferably having prior or current experience in the review of serious incidents.

The review panel will meet with relevant personnel from the service or services in which the incidents have occurred. This should include the relevant clinical director (s), general manager, SGL's, lead nurses, department heads and risk/quality leads.

Process: The review panel will review individual incident RCA reports and identify any themes, duplications and failure to learn lessons.

The responding service panel;

- Will identify whether actions previously recommended have been implemented and to timescale.
- Will identify whether implementation has been full and consistent and identify reasons for delay or partial implementation.
- Where implementation required a culture change, clinical leaders will identify what they have done to implement the culture change, what measures they have agreed to identify the success of culture change and any evaluation of impact.
- The group will provide evidence of audit of actions implemented and further actions agreed as a subsequence.

Following discussion the review panel will identify and agree with the service group actions that should be implemented*, audit measures and timescale and agree a date for further meeting to assure that change has been implemented and prevention of further recurrence is in place.

*The incident decision tree should be utilised in agreeing actions and identifying system or individual failure.

Conclusion: The service Clinical Director will report the outcome of the Quality Summit and agreed action plan to the next CQAC committee and will provide assurance evidence as required until the committee agree that risk has been minimise

H Gwilliams

BOARD OF DIRECTORS

Tuesday 3ʳᵈ May 2016

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

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1. Background:

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

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

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

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

2. SIRI performance data:

SIRI (General)														
2014/15						2015/16								
Month	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
New	1	4	1	0	5	0	3	2	2	2	1	1	3	1
Open	3	2	5	6	5	7	5	2	3	3	3	5	6	7
Closed	1	2	1	0	1	3	2	4	1	0	2	1	0	2
Safeguarding														
Month	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
New	0	1	2	0	0	0	1	0	0	0	0	1	2	0
Open	0	0	1	3	0	0	0	0	0	0	0	0	0	0
Closed	2	0	0	0	3	0	0	0	0	0	0	0	0	0
Total closed	5	3	0	0	0	3	0	0	0	0	0	0	0	0

3. Recommendations:

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

25. S.I.R.

New SIRI Incidents reported between the period 01/03/2016 to 31/03/2016:

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Duty of Candour/ Being Open policy implemented
RCA 180 2015/16 StEIS 2016/8081	21/03/2016	NMSS	Delay in referral to Paediatric Ophthalmic Unit. Patient underwent cataract surgery, attended Accident & Emergency Department 6 weeks later with red eye, subsequent clinic appointment 5 days later revealed retinal detachment, surgical repair not possible due to delay from onset of symptoms, resulting in permanent loss of vision.	Brigid Doyle, Lead Nurse	Initial fact finding completed, panel meeting scheduled for 4th May 2016.	Yes	Yes

New Safeguarding investigations reported 01/03/2016 to 31/03/2016:

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Being Open policy implemented
			Nil				

On-going SIRI incident investigations (including those above)

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance (or within agreed extension)	Duty of Candour/ Being Open policy implemented
RCA 178 2015/16 StEIS 2016/6230	25/02/2016 04/03/2016 (confirmed Grade 3)	SCACC	Grade 3 pressure sore to patient's sacrum. Patient on ECMO, too clinically unstable to turn, query unavoidable.	Ellen Buckley, Tissue Viability Nurse Specialist	Initial fact finding underway, panel meeting to be arranged.	Yes	Awaiting clarification of the patient's clinical status
RCA 173 2015/16 StEIS 2016/4710	15/02/2016	NMSS	Grade 4 pressure sore to patient's heel from plaster cast, identified at OPD.	Keith Rafferty, Quality and Safety Improvement Lead.	RCA panel meeting held 25/04/2016, RCA report in the process of being written.	Yes	Yes
RCA 172 2015/16 StEIS 2016/3088	01/02/2016	SCACC	Never Event. Wrong site surgery. Patient listed and marked for umbilical hernia repair. Surgical incision made at site of marking and not below the umbilicus as planned. Incision closed and new incision made approximately 1 inch lower.	Harriet Corbett, Consultant Surgeon and Maureen Arrowsmith, Ward Manager.	RCA panel meeting held 31/03/2016. RCA report in the process of being written.	Yes	Yes
RCA 162 2015/16 StEIS 2016/1409	14/01/2016	SCACC	Never Event. Wrong site anaesthetic block to patient. During anaesthesia for a right femoral fixation, left side block performed.	Kerry Turner, Theatre Risk and Governance Lead.	RCA panel meeting scheduled for 26/04/2016.	Yes	Yes
RCA 158 L2 2015/16 StEIS 2015/38524	09/11/2015	ICS	Grade 4 extravasation injury to patient.	Cheryl Brindley, Homecare/ CCNT Manager	Further questions asked during the quality check stages which are to be addressed prior to sending the final report	Yes	Yes

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Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Progress	60 working day compliance	Being Open policy implemented
					to the CCG and family.		
RCA 155 L2 2015/16 Internal	26/11/2015	MS	Patient suffered 10x medication (teicoplanin) error repeated on 3 occasions.	Dave Walker, Medication Safety Officer	RCA report in the process of being written.	No	Yes
RCA 136 L2 2015/16 StEIS 2015/29703	11/09/2015	CS	Delay in diagnosis of CF in patient.	Paul Newland, Clinical Director	Multi Agency RCA (May 2016 completion date). Alder Hey report completed. Letter sent to parents detailing update on progress, further meetings to be held between Alder Hey, NHS England and external agencies to finalise the report (awaiting completion from external agencies).	Yes	Yes

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

SIRI incidents closed since last report

Reference Number	Date investigation started	CBU	Incident Description	RCA Lead Investigator	Outcome	Duty of Candour/Being open policy Implemented
RCA 145 L2 2015/16 **Internal**	29/10/2015	SCACC	Patient suffered burn injury as a result of chlorhexidine swab making contact with the surface of the skin.	Paul Dunn, Senior Operating Department Practitioner	RCA report completed March 2016.	Yes
RCA 159 L2 2015/16 StEIS 2015/38632	12/12/2015	SCACC	Neonatal death. Gram negative sepsis (klebsiella): query line origin.	Jo Minford, Consultant Surgeon	RCA report completed April 2016.	Yes

Safeguarding investigations closed since last report

Nil

Alder Hey Children's
NHS Foundation Trust

CLINICAL QUALITY ASSURANCE COMMITTEE
Minutes from the Meeting held on 16 March 2016

Present:

Mrs A Marsland	Non-Executive Director (Chair)	(AM)
Mrs J Adams	Chief Operating Officer	(JA)
Mrs H Gwilliams	Chief Nurse	(HG)
Mr P Huggin	Non Executive Director	(PG)
Mr S Igoe	Non-Executive Director	(SI)
Ms E Saunders	Director of Corporate Affairs	(ES)
Mrs L Shepherd	Chief Executive	(LS)
Mr J Stephens	Director of Finance	(JS)

In Attendance:

Mrs H Ainsworth	Equality and Diversity Manager	(HA)
Mr A Bateman	General Manager Surgery	(AB)
Mrs S Brown	Strategic Project Manager	(SB)
Mrs J Benbow	Clinical Claims Manager	(JB)
Mr C Duncan	Clinical Director for NMSS	(CD)
Mr D Grimes	General Manager, Medical Spec	(DC)
Mrs J Flynn	General Manager Integrated	(JF)
Mr J Gibson	External Programme	(JG)
Mrs R Greer	General Manager NMSS	(RG)
Mrs G Hewitt	Deputy Director of Quality	(GH)
Mr S Kenny	Clinical Director Surgery, Cardiac,	(SK)
Mrs J Minford	Anaesthesia and Critical Care	(JM)
Mr P Newland	Clinical Director Paediatric Surgeon	(PJ)
	Clinical Director (CSS)	
Professor M Peak	Director of Research	(MPR)
Dr Ramasubramanian	Consultant Psychiatrist	(JR)
Mrs J Richardson	Programme Manager	(LD)
Mr T Rigby	General Manager Clinical Research	(TR)
Dr M Ryan	Clinical Director (ICS)	(MR)
Mr L Stark	Head of Planning and Performance	(LS)
Ms S Stephenson	Clinical Audit Manager	(SS)
Mrs J Tsao	Corporate Administrator	(JT)

Agenda item:

Mr Jim Chapman	Architect to Trust	(JC) (84)
Mr D Houghton	Project Manager CHP	(DH) (84)

Apologies:

Mrs P Brown	Acting Deputy Director of Nursing	(PB)
Mr M Caswell	Consultant Paediatric	(MC)

Item No	Item	Key Discussion Points	Action	Lead	Time Scale
15/16/83	**Minutes of the Last Meeting**	The Committee approved the minutes of the last meeting of the Clinical Quality Assurance Committee held on 17th February 2016.			
15/16/84	**Matters Arising and Action List**	**Cold Water Temperature** Jude Adams noted the concerns on the cold water temperature had been implemented in to the Integrated Governance action plan and would be discussed at the meeting next week. Richard Cooke currently chairs both the Water Safety Group and the Infection Control Committee. Dan Grimes had agreed to chair the Water Safety group going forward. **Hand Hygiene** In response to the concerns raised regarding the similar hand gels the company had agreed to provide new clearly labelled holders. **Stalls - Atrium** Due to some agreed arrangements with the stall holders a number of stalls had still been in the Atrium. It had been agreed for no further stall bookings after today. **A&E** Following the last meeting when the A&E walk-around had been cancelled due to little or no progress being made, Mary Ryan and Jackie Flynn provided an update of continued areas of concern;			

2

3

- Patients unable to hear the call to be seen. A review of Triage is taking place next week.

Jim Chapman and David Houghton provided a progress update of plans in place;

Reception – three working spaces had been approved yesterday and would take 2 days to install. It had been agreed for this work to take place in April. Whilst this work was taking place the Triage desk would be used as the reception.

Triage desk had been installed in the incorrect place and was to be moved in April.

There were issues with access to 11 Doors in A&E. The Manufactures were due to start work on Monday and had given a timescale of 3 weeks to be completed.

Waiting area – Atrium seating had been approved 6 weeks ago. An installation date was due to be confirmed today.

3 TV Screens had been scheduled for installation last week. It was unclear why the installation had not gone ahead. Jim Chapman agreed to look into this and advise.

Going forward Interserve would resolve any issues raised.

Clinical Quality Key Issues report

Meeting held on 19th January 2016

Following the identification of 3,000 letters needing a review or action a data quality review had commenced and was due to be completed within 3 months.

As the Dewi Jones Unit was off site concerns had been raised regarding two patients requiring a lot of support to eat. Sessions to help staff with this had been arranged.

Meeting held on 9th February 2016

The Trust is awaiting a Medicine and Healthcare products Regulatory Agency Inspection to provide blood transfusion training data, to prevent a possible stop practice notice. Access to Blood Transfusion training data continues to be a problem and has been raised at the Integrated Governance Committee. Acting Director of HR and OD is addressing the issue.

		The IPC Team is holding a 'Management of patients with a respiratory virus', Learning Event in spring 2016.
15/16/85	**CQC Action Plan**	Erica Saunders presented the CQC action plan for quarter 4 noting the importance for clear, detailed evidence to be provided on progress against the actions. A discussion was held on inviting Radiology to provide an update against the actions. **Action?** A CQC engagement meeting was due to be held in April with members of the CAHMS team to discuss progress on issues. Mary Ryan discussed this being a part of the new Quality Strategy forum. **Resolved:** The Committee received the CQC Action plan and agreed for further development to be progressed on evidence being provided against CQC actions.
15/16/86	**Quality Strategy Development**	Mary Ryan and Tony Rigby gave a presentation on the revised Quality Strategy to improve quality over the next 5 years and beyond. The revised Quality Strategy adopts a completely novel approach to embedding a culture of quality improvement in securing strong clinical leadership combined with greater use of technology such as hyperlinks to video blogs, graphics and other reference material, including engagement with the Children's Forum to deliver strong quality improvement messages, so that the strategy becomes highly engaging and interactive. Mary Ryan went through the 8 principles and values; • Strong Clinical Leadership • Clinical Cabinet • Quality aims remain • Enabling, not controlling • Valuing staff – listening and responding • Everyone's business

4

		• Patient focus • Eliminate cost of poor quality After the first 12 months of implementation there will be a fully functioning clinical cabinet providing strong leadership and oversight to all matters of quality improvement, ensuring effort and resources are appropriately placed to deliver services that are organised around our children. A discussion was held on a What's app message group that would be set up to support the clinical cabinet. Melissa Swindell reported on the listening into action framework that had already been used in 65 Trust to improve patient care. The Committee agreed on the importance of engaging with staff to deliver and improve on quality. The vision for the 5 year plan was to embed a cultural change of quality improvement. Strong links are continued to be developed in Innovation, Research and Education. The Quality Strategy would be presented at the next Board meeting in April. Anita Marsland noted the excellent work that had been developed on the quality strategy and thanked all those involved on behalf of the committee.
15/16/87	**Change Programme Review**	The last Change Programme's meeting would be held in March. Starting in April CQAC would receive the programme assurance on patients at the centre. **Resolved:** From April 2016 the CQAC Committee would receive programme assurance on patients at the centre.
15/16/88	**Learning Disability update**	Lakshmi Ramasubramanian had presented the proposals for a Learning and Disability project in November 2015 and provided CQAC with progress to date. This included training of 18 Champions and implementing Health passports. Key challenges going forward included; Resources for a Learning Disability Liaison Nurse New Meditech categories to be added to enable data collection as requested from commissioners. The Liverpool Clinical Commissioning Group (CCG) had asked the Trust to lead on Learning and Disability and to provide support to Hospitals in Liverpool. (CCG) had said there would be funding to support the Trust with this although no funding had as of yet

		been agreed. Hilda Gwilliams agreed to take this forward with Lakshmi outside of the meeting. **Resolved:** a) CQAC received an update on the Learning and Development project. b) Hilda Gwilliams and Lakshmi would meeting to discuss proposals from Liverpool CCG.

15/16/89	**Project Initiation Document (PID) – Healthcare for all projects HFA**	The project aims to improve the pathway of care for all children and young people including those with learning disability/autism and additional needs taking a coordinated approach to making reasonable adjustments from point of care to discharge.
		
		The improving healthcare for all 'HFA' project includes recording patient information to enable reasonable adjustments to be made particularly as a result of:
		
		1. Implementation of the accessible information standard to record individual communication and information support needs
		   This was to be done by translating leaflets into languages that are used most at the Trust.
		
		2. Recording individual equality demographic/protected characteristic information
		   A separate project reviewing this information was reporting into the Workforce Organisational Committee
		
		Resolved:
		a) CQAC received an update for the Heathcare for all HFA projects
		b) Going forward the project will feed into the Equality and Development Committee.

15/16/90	**External Visits/Accreditation Policy**	The Management of External Agency Visits, Inspections and Accreditations policy was to be relaunched and was being presented to CQAC for approval. One of the NHS Negligence claims requirements was for external agency visits, inspections and accreditations to be reported on. Page 2 of the policy included a flow chart on the process to inform Erica Saunders Director of Corporate Affairs of the visits and when actions from inspections were closed. **Resolved:** CQAC approved the External Visits/Accreditation policy;

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		a) Agreed for this item to be included on future CBU Board agendas. b) For CQAC to receive quarterly External Visits/Accreditation reports.
15/16/91	Quality Accounts	Gail Hewitt provided an update on the Quality Accounts and agreed to bring the document to the next CQAC meeting on 20th April 2016.
15/16/92	Future Walk arounds	CQAC Committee discussed future walk around plans and agreed on a more focused approach to include; out of hours, weekends and following pathways. **Resolved:** A proposal on future walk arounds was to be presented to the CQAC Committee at the next meeting on 20th April 2016.
15/16/93	Corporate Report	CQAC Committee went through the quality metrics from the Corporate report end 31st January 2016. Following a clinical never event within theatres the Standard Operating Procedure had been amended with a briefing to Theatre staff. Anita Marsland and Hilda Gwilliams were reviewing the reporting for the corporate report and how the information is presented. Nationally the Trust is in the top 20% for incident reporting. A Learning from mistakes league table had been published on Monitors website. The information had been collated from three questions within the staff survey and the Trust had been place towards the bottom of the league table. As this didn't coincide with national data this was being investigated. Once the findings had been published it was agreed this would be reported to CQAC. **Resolved:** CQAC received and noted the content of Corporate report and agreed for an update on the reviewed reporting to be given at the next meeting.
15/16/94	Any Other Business	Jude Adams, Chief Operating Officer would be leaving the Trust on Thursday 24th March 2016. The Chair formally thanked Jude Adams on behalf of CQAC for all her support and contribution.

		Philip Huggin, Non-Executive Director end of office had been completed. The Chair formally thanked Philip Huggin on behalf of CQAC for all his support and contribution.
Date and Time of Next Meeting		The next meeting of the Clinical Quality Assurance Committee will be held on **Wednesday 20th April 2016 at 10am – Level 1 Room 5 Alder Hey in the Park**

CQAC Action List 2014-16

Min Ref:	Meeting Date	Action	Lead	Time Scale	Status
14/45	July 2014	CESG Annual report to come to September Meeting	PB	~~Sept 2014~~ Jan 2015	Escalated to RT: Report not being submitted. Report back in Jan 15. ~~20/4 – Agreed AD be approached to provide an update to the Committee.~~ 22/7 – CQAC have requested that the CESG Annual Report be submitted to the September meeting.
15/27	May 2015	Improving Medication Safety Update: Quarterly Reports to be submitted to CQAC Committee.	HG	~~Sept 2015~~ Dec 2015 Mar 2016 June 2016	
15/16 *I77*	Jan 16	To present the committee project check list at the next meeting.	HG	Feb 16	
15/16 *I77*	Jan 16	Each work stream lead was asked to provide a short cover sheet on the aim of each work stream.	Work strea m leads	Feb 16	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
5th April 2016

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Interim Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Progress Update February 016
Background Papers:	Employee Temperature Check for March
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	The Committee is asked to note the contents of the report.
Link to: **Trust's Strategic Direction Strategic Objectives**	Great Talented Teams
Resource Impact:	None

Section 1 - Engagement

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

People Support and Engagement

The project to Improve Communications and Engagement has been superceded by the *Listening into Action* project rollout over the next 12 months, which aims to support a new way of working and embed new ways to engage staff in make improvements in patient care. Feedback will be received from the first ten LiA teams over the next three months (until July 2016).

To supplement this engagement work, the HR/OD team will continue to issue the Temperature Check, the results of which will supplement understanding with LiA processes and it will also serve as an indicator of our progress with our developing Leadership and Management Strategy.

Development of Leaders

The Leadership and Management development strategy was ratified in early April 2016. Detailed plans are incorporated in with the project documentation to support immediate interventions where required and offerings around skills development; this will be reflected in our intranet pages shortly.

Coaching support continues for senior leaders via Fiona Reed Associates.

Improving communication and hearing the employee voice

In the March Temperature Check the Staff Friends and Family scores for place to work and place for treatment were 44% and 89% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. These scores are an improvement on the previous month; they are also being examined in light of our staff survey results from 2015.

Following a presentation at the Operational Board by our staff survey administrators, Quality Health, a discussion highlighted some key themes for our focus over the next year; these can also be supported by our approach to improving engagement and communications (both of which are key to raising staff satisfaction and improving performance). These themes are:
- Effective communication of and action on patient feedback
- Improved support for manager's development
- Focus and promotion of staff well being

Listening into Action will also support these efforts.

Section 2 - Availability of key skills

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

Effective workforce planning

The workforce planning process will be led by service managers with support from the HR and Finance teams, and integrated into the 2016/17 business planning process. Key meetings took place week commencing 7th March 2015 with senior CBU and Department Managers together with Human Resources and Finance colleagues to discuss workforce issues together with the provision of Workforce and Finance Information packs to review options available to meet the required CIP. Information from these meetings have been jointly collated for further review and potential implementation.

The workforce CIP project continues to focus on reducing the variable pay costs arising from control of agency, bank, overtime, sickness and vacancies. Close engagement with NHSP colleagues is ongoing, who are in the process of increasing both internal and external banks across staff groups in the Trust (excluding medics) and seeking alternative agency routes where there are barriers to meeting Monitor Agency cap requirements. Weekly Monitor submissions are being completed in line with reporting requirements to detail totals of weekly agency shifts undertaken in various staff groups. Meetings are also taking place to review ongoing use of medical locums and to consider alternative use of staff-flow to reduce cost of VAT and to enable a more streamlined approach to recruitment of medical locums within Monitor requirements.

The HR team in support of the Trust's CIP challenge for 2016/17, continue to focus on high variable costs (inc ongoing agency usage) within CBUs/Depts and discussions are ongoing with managers to review existing structures and support and to consider options such as transferring agency staff to either bank positions via NHSP or to recruit to Alder Hey staffing, eg, fixed term contracts, to minimise excess cost. Communications have been sent to CBU management over the last few weeks related to appointment of temporary staffing both in medical and AFC grades and of the routes for such appointments to take particularly if a requirement to use Agency, ie NHSP for non-medical staff and STAFFflow for Medical staff (locums) with a view to reducing associated costings and to provide full reporting to Monitor of any framework/cap breaches which is submitted on a weekly basis. Any requests for non-compliant (cap or Framework) appointment must be submitted via a Breakglass Form for review to a senior HR/Finance panel.

Hotel Services – Following the conclusion of the consultation process in relation to staffing structures and working practises/ patterns in the CHP, only one appeal remains outstanding. The appeal hearing chaired by a General Manager is to take place during May 2016, the scheduled date during April 2016 having been postponed.

Theatres – The consultation process concluded end of March regarding the Outside Theatre Care Assistant team's changes to management structures, shift patterns, roles and responsibilities. Some suggestions from staff have been included in the proposals. Two appeals were lodged in relation to individual roles and responsibilities, which have been resolved informally. Implementation is due to commence 9th May 2016.

A&E reception – An organisational change document is being finalised to commence consultation on adjustments to shift patterns. It is expected that consultation will commence before end of May 2016.

Ophthalmology - The consultation process regarding the review of leadership structures commenced on 4th February with one-to-one meetings planned throughout February/March. One member of staff is affected by the proposal and discussions are currently in place to scope potential options to support mainlining skills and experience within the dept. It is expected that implementation will commence in May 2016.

Staff Gym – The staff gym/fitness centre facility will close at the end of April, and the staff member affected is highly likely to be redeployed, avoiding a potential redundancy situation.

Learning and Development

A total of 26 expressions of interest were received in February for the pilot of our non-clinical apprenticeships. The Trust is now working with our provider Blackburne House and their apprenticeship manager to commence this programme in April 2016.

The PDR window for 2016/17 will re-open again in April 2016. There is renewed emphasis on supporting new managers with review skills, recording, as well as mandatory training and nurse revalidation.

The L&D team are supporting the outcomes from the workforce CIP discussions held between HR & CBUs, by clarifying opportunities available through utilising learning and development funding options, and examining all options in support of role review/development.

Improved recruitment strategy and planning

A full operational delivery plan is currently being devised to ensure full implementation and achievement of the Trust's recruitment strategy.

Section 3 - Structure & Systems

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

Employee Self Service (ESS)

ESS will provide staff with the access to view and update their personal information, such as emergency contacts and bank details. They can also view payslips, pension information, request annual leave, browse learning opportunities and request enrolment on courses. The HR team will commence a pilot of this project it, was hoped that this would be piloted in March but it is likely to be piloted May/June 2016 with a view to full roll-out by the summer 2016. This will enable improved monitoring information (including equality data required for WRES and EDS2), reduce queries to HR and payroll, more accurate recording of information, and eventually enable the Trust to stop generating paper payslips, thus reducing cost.

Digitisation of Central HR records

To enhance processes and systems within HR, the digitisation of all staff personnel files is required. The HR team have been working to ensure all files are audited, stored appropriately and ready for digitisation. This large project has required the sortation of thousands of staff files, both current and archived files. The HR Business Partner has had several meetings with procurement and the company identified to potentially undertake the digitisation of all HR records. If contracts are agreed the company has confirmed that the digitisation will be completed prior to HR's the move to the interim estate now scheduled for May.

Improving recruitment processes

The recruitment and Employment Services team have now successfully transferred back in-house, the TUPE transfer of these staff was concluded with effect from 1st April 2016.

The recruitment and Employment Services are working with all recruiting managers to enhance the standard of service across the Trust and this will be evaluated and published 6 months post transfer (October 2016).

It is a key priority to take positive action within our recruitment practises to ensure that the Trust has a diverse workforce, representative of the local population. The Recruitment and Employment Services Manager and HR Business Partner, will be active members of a tasks and finish group, set up by the Trust Equality and Diversity Lead to ensure best practise recruitment process are followed to ensure that the Trust has a highly skilled diverse workforce.

Effective Policies

The Employment Policy Review Group (PRG) continues to meet monthly to update actions contained in the policy tracker/action plan. Concerns continue regarding the lack of staff side involvement in the review of policies and attending PRG. The various sub groups continue their review, final approval for the revised Absence and Attendance Policy and Management of Stress at Work Policy took place at PRG in March and both policies were ratified at April's WOD committee.

The next phase is to roll out the implementation plan for the new policies across the Trust. The plan will consist of monthly CBU led focused training sessions; a transition plan for those mid-stages; a detailed Q and A session for managers and intranet FAQ's. This will also be in conjunction with a drop in session / surgery for all staff to attend.

Employee Relations Activity

There are currently 12 formal cases ongoing with 3 staff suspended. The cases comprise of disciplinary investigations, grievances, bullying and harassment complaints and Trust Board Appeals. Ongoing work is taking place in relation to ensuring that there is a robust process in place to progress cases in a timely manner.

In relation to bullying and harassment, the HR team provides support and guidance to managers in taking a proactive approach to managing workplace issues. This helps managers to encourage their staff to seek informal resolutions at an early stage, thus reducing the need for a formal process. The team are also working in partnership with Staff-side and are in discussion around forming a Working Group to look specifically at this issue.

Corporate Report

The February Corporate Report shows four HR areas under target, two of which are 'red', corporate induction and sickness absence, both of which remain a key area of focus for the HR Team, and form elements of the priority projects plans going forward for Workforce Capability and Leadership & Management Development.

Section 4 - Health & Wellbeing

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

Creating a healthy workforce
The Trust will be working with Team Prevent going forward to provide Health and Wellbeing initiatives tailored to our needs and to help address factors contributing towards our high sickness absence rate.

Promoting positive attendance
The Trust's absence rate is 5.4% for end of February 2016, which is a slight increase from last month.

We continue to focus on highlighting the importance of effectively managing sickness in line with the existing policy and putting in place a framework of additional management information and improving the current policy with updated training.

The HR Manager, Employee Relations, is currently reviewing long-term sickness information and will be developing a robust action plan to support managers in managing difficult cases and in supporting staff back into work. This will be done in conjunction with our Occupational Health Provider, Team Prevent. Greater focus by HR is being placed on initial reporting of sickness management to ensure that early intervention by occupational health colleagues is requested in relevant circumstances.

The HR team continue to meet weekly and monthly with General Managers, operational service leads and CBU management teams to review absence statistics/trends/hotspots and trigger information; to review and report on outstanding actions to support improved absence rates, to deliver focussed masterclass absence training and to provide one-to-one coaching in difficult and complex absence case work.

Health & Safety

The focus of the Health and Safety Team remains the H&S risk assessment of the new hospital, R&E building and the retained estate and work progresses to mitigate and manage all risks.

Leading in Equality & Diversity

The HR lead and Equality & Diversity lead have commenced a review of progress to date to monitor and ensure E&D is mainstreamed into HR policies and practices, and to oversee the implementation of any workforce related actions and workforce planning.

Future goals, actions and outcomes of the EDS2 have been assessed and are to be detailed in a revised summary action plan. Activities include how the Trust needs to improve the profile of data held within its HR system (ESR), and how we address under-representation of

BME groups across the Trust and interventions to decrease discrimination. Some of this work relies upon the implementation of Employee Self Service; the roll-out plan involves a pilot area commencing in March with full implementation due by the summer 2016. The summary action plan for 2016/17 is in draft and will be presented at the next Workforce and Organisational Development Committee.

Summary of monthly Employee Temperature Check for: March

The percentage of staff who were in Overall agreement with the 12 questions for **March** was **60%**.

The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work.** This question recorded an overall Disagreement score of **47%**.

Rating Scale for 12 questions

Question	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
In the last seven days, I have received recognition or praise for doing good work	17%	30%	17%	28%	8%
In the last six months, someone at work has talked to me about my progress	16%	29%	11%	34%	11%
This last year, I have had opportunities at work to learn and grow	15%	17%	18%	39%	11%
There is someone at work who encourages my development	12%	19%	20%	37%	13%
The mission or purpose of my organisation makes me feel my job is important	10%	16%	21%	40%	13%
I have the materials and equipment I need to do my work right	8%	33%	4%	47%	9%
My supervisor, or someone at work, seems to care about me as a person	8%	12%	19%	46%	15%
At work, my opinions seem to count	8%	22%	14%	42%	14%
At work, I have the opportunity to do what I do best every day	4%	36%	8%	45%	8%
I know what is expected of me at work	1%	5%		59%	36%
My associates or fellow employees are committed to doing quality work		2%	9%	58%	31%
I would consider some of my work colleagues to be good friends		7%	16%	43%	33%

Legend: ■ Strongly Disagree ■ Disagree ■ No Opinion ■ Agree ■ Strongly Agree

Overall Engagement for 12 questions

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
7%	17%	12%	38%	15%

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How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Legend:
- Extremely Likely
- Likely
- Neither likely nor Unlikely
- Unlikely
- Extremely Unlikely
- Don't Know
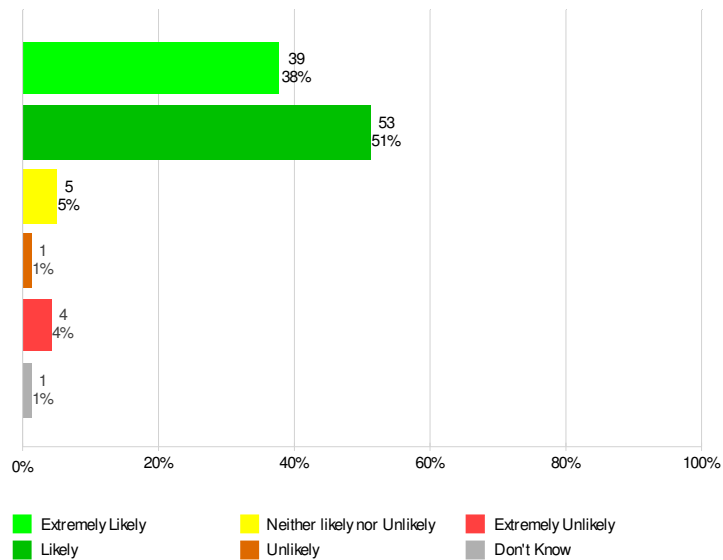
What is the main reason for the answers you have chosen?

The main staff focus is the patient care and evryone strives to give good quality care
I believe that the majority of staff in the orgnaisation place the patient at the centre of care and I believe I would have an opportunity to influence the care provided!
Expertise in some clinical areas
care is no longer specialised
I believe my colleagues are committed to providing quality care despite the challenges that they face
the new systems implemented by the trust in the new hospital are not efficient at all both for staff and for the patients.
good standards of care throughout the hospital
If you are an inpatient you could not be treated better. Since the move outpatients are treated like second class citizens and they were not considered in all the planning
though staff moral is low I consider we still provide and excellent service due to staff commitment and good will
Expert teams
because it would be inappropraite place to nurse my family or friends due to the typre of work that we do
Expert medical and nursing staff. Excellent up to date facilities.
the staff always provide a good quality of care for patients often missing breaks and staying late to do so

What is the main reason for the answers you have chosen?

The nursing and medical staff are dedicated and I believe that patients are given the best treatment and care

I think Alderhey does a great job in caring for the children and families

children and families receive satisfactory care and in some aspects excellent care, but this is due to the fact we go above and beyond

WE HAVE VERY GOOD DOCTORS AND STAFF

we are the best in the local area

It is a centre of excellence and the staff do do their utmost to provide the best care to patients.

Our hospital is an amazing resource to use as a patient. we are lucky to have such a centre of excellence in our local area.

I have no experience of the care given here so I cannot comment.

I know that despite the staffing restrictions we give excellent care and I am very proud to work here

Staff do try and deliver good quality of care but staffing levels and the pressures on ED make this impossible

Excellent hospital,amazing doctors and would have no hesitation in recommending hospital.

Nowhere else for them to go really

Despite the huge challenges staff have faced during the period leading up to and after the move - many of which were based around what appeared to be a total lack of planning around having functioning telephone and communications systems and also the non- functionality and slowness of Meditech- they always strive to give the very best clinical care possible for the children at Alder Hey.

as I know the high standard of care the staff give despite the pressures

Committed, passionate staff

Clinicians at Alder Hey are committed to providing the best possible care for their patients.

Although the hospital is good i think it needs to imporve staffing levels on wards and the environment although new looks dirty at times.

Overall excellent service the hospital provides.

ALL THE STAFF ARE DEDICATED ANS HIGHLY SKILLED BUT THIS SEEMS TO BE DESPITE THE TRUST RATHER THAN BECAUSE OF IT

excellent world class care

HIGH LEVEL OF CARE GIVEN

provide good quality care

Dedicated hardworking staff

I trust the people that I work with

The patients are 100% cared for no matter how badly the staff are treated.

I think that there is a business attribute to CAMH and caring for staff has gone.

I know that the staff here do their best for all their patients and families

the trust is caring and I have seen upfront how doctors and nurses work to go the extra mile for the patients.

27. People Strategy update

What is the main reason for the answers you have chosen?

staff are doing there best in a very understaffed environment

staff try very hard to give patients and families the very best quality care. due to staffing issues this can, quite a lot of the time be very difficult.

COMMITMENT OF STAFF TO CARING FOR THE PATIENTS.

The specialist teams afford the children the best medical treatment

Staff with commitment and expertise

I THINK ALDER HEY GIVES COULD CARE DESPITE THE STRESS AND CONSTRAINTS STAFF ARE UNDER - THIS HIGHLIGHTS THE DEDICATION AND WORK ETHIC OF CLINICAL AND SUPPORT STAFF ACCROSS THE TRUST

Specialist centre that delivers quality care to the patients and their families.

a very good hospital

How likely are you to recommend this organisation to friends and family as a place to work?

Legend	
■ Extremely Likely	■ Neither likely nor Unlikely	■ Extremely Unlikely
■ Likely	■ Unlikely	■ Don't Know
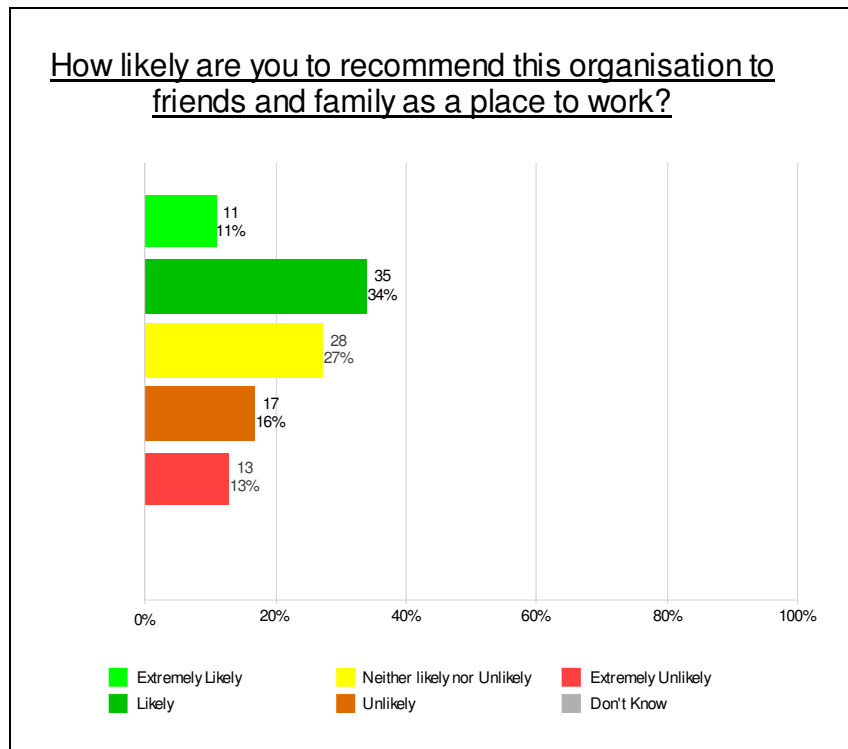
What is the main reason for the answers you have chosen?

lack of staff on the ground leads to stress and frustration at not being able to do the job as well as we know it can be done . The staff throughout the Trust are committed to their patients and want to do the very best for them

With the new build there has been changes to the way we work and we are still overcoming some difficulties

The NHS is a challanging environment to work in at the moment ; unfortunately the financial constraints are likley to diminish job satisfaction across the whole of the NHS not juts this organisation.

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Alder Hey Children's **NHS**
NHS Foundation Trust

What is the main reason for the answers you have chosen?

I love working at Alder Hey and have done for many many years. The staff are amazing, they care, are supportive to their colleagues , even during difficult times. Staff are friendly and always willing to help each other.

low morale

I believe my colleagues are committed to providing quality care despite the challenges they face

rewarding job but the strain on staff due to poor staffing and the lack of career progression would put me off recommending it.

i dont think the managment really listens to the staff. the accomodation provided in the new built is not sufficient at all. Staff have not been allocated enough desks to do their paper work. testing rooms are short which causes a lot of anxiety amongst staff. it just not a pleasnt place to work anymore.

Becuase I love AH, I feel the vast majority of the people who work here feel the same and want us to give the best possoible care they can. My service Mgr is very supportive, approachable and always helpful.

depending on the job role.

No staff progress. If you see an internal job you have to go through NHS jobs. Why not be considered without all the complications

As staff moral is so low I am aware teamwork and supporting colleagues is not a high priority to some employees due to stress levels and staff feeling they cannot organise their own workload let alone support someone in a new role

salaries no with no pay increase for many years, progression very limited, morale of staff very low

I think the efficiency is less now making longer working hours otherwise it would be extremely likely

I think it would depend on the role and the person

we as a hospital gve excellent care and have a wonderful knowledge base, however as a place to work, the new hospital seems to make working here quite hard. however it is still a good place to work.

There are different areas within the hospital and each is different

I enjoy working at Alderhey

nursing and medical staff both over worked

VERY GOOD ORGANISATION TO WORK FOR BUT WOULD BE NICE TO BE RECOGNISED FOR OUR HARD WORK

the trust does not inavate in my department we had the chance to start a fresh an i do not think we hit the mark on this

I feel that staff have been of secondary importance, your opinions are neither sought or requested and issues that are raised are not acted upon and no feed back given.

I am proud to work at Alder Hey but i wouldnt enthusiastically recommend Alder Hey as an employer, staff not valued enough. The hospital was designed with the patients in mind but sadly it seems not much thought went in to actually how it works as a hospital and for staff working in a hospital. We have had so many problems with the new build which have not been addressed. They are on a " list" which no one is actually dealing with.

Page:5

What is the main reason for the answers you have chosen?

It is an extremely stressful environment, statutory breaks are not guaranteed (it is not unusual to work a 12-hour shift without a rest break) and we end up staying late most days to complete the high volume of work. I would not want to subject my friends and family to these sort of working conditions.

see above

nobody seems to be happy , everybody is ill after the move and very snappy

Unsure at present,due to unpredictable workload since moving to new build.

Some people in the trust seem to think that money is the be all and end all of working for the trust. I understand our managers are under pressure from their bosses etc, but that does not give them the right to be so blatantly disrespectful to their staff. The same staff that work their fingers to the bone and get NO recognition at all.

Stress levels and lack of resources

Always a pleasure to come to work

A brand new environment although some changes still to be made. Overall and compared to other NHS organisations, I believe this is a good place to work.

Room for imporvment in staff facilities but not a bad employer

Overall excellent service the hospital provides.

The staff are caring. Management do not value their staff

STAFF ESPECIALLY CLINICAL SEEM TO HAVE DRAWN THE SHORT STRAW IN THE NEW BUILD THE WIATING AREAS ARE TOO SMALL AND ALL THE BUSIEST CLINICS HAVE BEEN JAMMED TOGETHER IN A TINY AREA PERSONALLY I LOVE WORKING IN THE NEW BUILD BUT THE TRUST IS DEPENDING ON GOOD WILL RATHER THAN REWARD TO GET THE JOB DONE AND QUITE FRANKLY GOOD WILL IS IN SHORT SUPPLY AT THE MOMENT DUE TO LACK OF RECOGNITION BY THE TRUST AND THE DEMONISATION OF NHS STAFF NATIONALLY COMBINED WITH UNREALISTIC EXPECTATIONS

good organisation but concerns at the minute in relation to the security of posts as the Trust appears to be in financial difficulty and worry its only a matter of time before posts are lost due to this

COMPETENT SAFE FRIENDLY PLACE OF WORK

can be stressful place to work

Good career development and opportunities

no one cares and no one listens hard work and loyalty count for nothing

I enjoy working here

The building was built for the kids and not the staff. Nobody cares how much effect you put into your job as you are not rewarded or treated with respect and dignity.

as above

the NHS is not somewhere I would recommend as a whole, never mind this Trust. Unfortunately I'm not in a position to move on.

I would not recommend anyone to work for the NHS at present as it is so depressing being lambasted every other day in the press and constantly having to face cutbacks and creeping privatisation.

What is the main reason for the answers you have chosen?

I work in a very caring environment. I have been supported by senior management in branching out to areas which I would like to develop.I love coming to work every morning and I feel its a very nice place to work.

short staffing is chronic at present and makes for an unsafe over stretched working environment, also the new meditech system takes too long and is doing the opposite of what it should have done which is free time up to care for patients.

its a friendly place to work.

NOT GIVEN BANK STAFF WHEN SHORT STAFFED. OTHER WARDS HAVE BEDS CLOSED WHEN SHORT STAFFED, WE NEVER ARE. GIVEN LOTS OF PRESSURE TO GETS BEDS EMPTY WHEN PATIENTS NOT READY TO GO

There are lots of positive benefits ie. working with specialists, some teams work very well together but not all. There are negatives like staff expected to do things which feel like simply box ticking exercises for the managers and meditech has impacted hugely on time management.

If you want to work with children, Alder Hey is the only NHS organisation locally where childrens services are a priority.

AS ABOVE

Effective teamwork. Each day is varied which keeps the job interesting. Continous learning and development opportunities.

Corporate Report

Mar 2016

Table of Contents

Is there a Governance Issue?

Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
N	N	N	N	N	N	N	N	N	N	N	N

Highlights

RTT access standards have been achieved. ED performance at 82.5% remains Well below the 95% threshold. A recovery trajectory for ED has been agreed with our CCG for Quarter 1. This aims to bring ED performance above 95% by June 2016. Clinic utilisation has seen a small improvement in March, as a result of renewed focus on outpatient booking. Cancelled Operations saw a marked increase. A number of improvement plans to address the key causes of cancelled operations are underway.

Challenges

Looking forward we will focus on consistent and more resilient delivery of national standards and performance thresholds.

Patient Centred Services

Sustained higher numbers of patients attending ED later in the day continue to pressurise the flow Diagnostic, cancer and Incomplete pathway standards have been achieved. Cancelled operations have increased. CBU performance metrics and actions to improve these to meet standards will be a priority in Quarter 1.

Excellence in Quality

The annual targets for Never Events and pressure ulcers have not been achieved, with 3 Never Events and the same number of pressure ulcers as 2014/15. Medication errors that result in harm, readmissions to PICU within 48 hrs and clinical incidents resulting in all levels of harm have achieved the annual improvement targets. Notably clinical incident reporting has increased by 56% since 2013/14, whilst incidents of harm have reduced from 23% to 13% and medication incident reporting has increased by 119% since 2013/14, whilst medication incidents of harm have reduced from 20% to 8%.

Financial, Growth & Mandatory Framework

"At the end of 2015/16 the Trust is reporting a deficit position of £4.4m which is £1.7m behind plan.
Income is behind plan by £1.5 largely relating to elective activity which is behind plan by 5% and outpatient activity which is behind by 10%.
Pay budgets are £4m overspent relating to use of agency staffing. The Trust is £4m behind the CIP target.
Cash in the Bank is £10.5m. Monitor risk rating of 2 for the year."

Great Talented Teams

After a six month period of increasing rates, sickness absence shows a reduction of 0.4% from last month although it is still in excess of target. There has been a further drop in mandatory training compliance to 82.3% (down 0.4% on last month) although Corporate Induction attendance has increased to 87% (up almost 15% on last month). Medical appraisal compliance is at 92% and work continues on improving all KPIs.

Patient Centered Services

Metric Name	Goal	Feb 2016	Mar 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	82.5 %	82.5 %		
RTT: 90% Admitted within 18 weeks		84.7 %	88.3 %		
RTT: 95% Non-Admitted within 18 weeks		84.9 %	85.6 %		
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.3 %	92.1 %		
Diagnostics: Numbers waiting over 6 weeks		0	1		
Average LoS - Elective (Days)		2.8	3.0		
Average LoS - Non-Elective (Days)		2.4	2.6		
Daycase Rate	0.0 %	74.6 %	75.0 %		
Theatre Utilisation - % of Session Utilised	85.0 %	75.9 %	77.1 %		
28 Day Breaches	0.0	5	7		
Clinic Session Utilisation	90.0 %	80.9 %	79.6 %		
DNA Rate	12.0 %	10.6 %	11.5 %		
Cancelled Operations - Non Clinical - On Same Day		27	47		

Excellence in Quality

Metric Name	Goal	Feb 2016	Mar 2016	Trend	Last 12 Months
Never Events	0.0	1	1		
IP Survey: % Received information enabling choices about their care	90.0 %	96.1 %	93.7 %		
IP Survey: % Treated with respect	90.0 %	98.0 %	98.4 %		
IP Survey: % Know their planned date of discharge	65.0 %	35.3 %	44.2 %		
IP Survey: % Know who is in charge of their care	95.0 %	90.2 %	84.9 %		
IP Survey: % Patients involved in play and learning	70.0 %	73.5 %	52.4 %		
Pressure Ulcers (Grade 2 and above)	21.0	22	24		
Total Infections (YTD)	141.0	111	119		
Medication errors resulting in harm (YTD)	121.0	76	85		
Clinical Incidents resulting in harm (YTD)	758.0	607	670		

Great and Talented Teams

Metric Name	Goal	Feb 2016	Mar 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	72.2 %	87.1 %		
PDR	90.0 %	90.1 %	90.1 %		
Medical Appraisal	100.0 %	83.0 %	83.0 %		
Sickness	4.5 %	5.9 %	5.4 %		
Mandatory Training	90.0 %	82.7 %	82.3 %		
Staff Survey (Recommend Place to Work)		46.9 %	44.2 %		
Actual vs Planned Establishment (%)		93.1 %	90.6 %		
Temporary Spend ('000s)		859	1210		

Financial, Growth and Mandatory Framework

Metric Name	Feb 2016	Mar 2016	Trend	Last 12 Months
CIP In Month Variance ('000s)	-585	-368		
Monitor Risk Ratings (YTD)	2	2		
Normalised I & E surplus/(deficit) In Month ('000s)	-276	687		
Capital Expenditure YTD % Variance	-8.5 %	2.8 %		
Cash in Bank ('000s)	18	11		

Exceptions
Mar 2016

Positive (Top 5 based on % change)

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	90.3%	90.1%	90.1%	90.7%	90.0%	90.1%	87.8%	87.3%	100.0%	85.5%	85.2%	84.7%	88.3%	
Daycase Rate	77.3%	76.1%	75.1%	76.2%	76.6%	73.1%	76.8%	75.1%	74.4%	75.4%	74.1%	74.6%	75.0%	
Theatre Utilisation - % of Session Utilised	83.4%	83.0%	82.5%	83.9%				68.8%	73.9%	69.3%	72.8%	75.9%	77.1%	
Total Infections (YTD)	147	11	18	31	37	45	56	65	73	89	103	111	119	
Normalised I & E surplus/(deficit) In Month ('000s)	1,208	-262	-392	505	160	-1,276	-101	-1,570	-907	-439	-608	-276	687	

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

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	95.3%	95.3%	95.1%	95.2%	95.1%	93.0%	92.8%	91.0%	87.9%	86.1%	86.6%	84.9%	85.6%	
DNA Rate	11.2%	11.7%	12.1%	14.1%	15.5%	14.6%	13.4%	13.4%	11.8%	12.9%	10.7%	10.6%	11.5%	
IP Survey: % Received information enabling choices about their care	94.1%	95.8%	94.3%	95.7%	95.1%	94.9%	96.7%	95.6%	97.3%	90.7%	96.0%	96.1%	93.7%	
IP Survey: % Treated with respect	99.5%	98.7%	98.6%	99.1%	98.2%	99.0%	100.0%	98.5%	95.2%	95.3%	99.0%	98.0%	98.4%	
Mandatory Training		64.9%	62.0%	71.7%	72.0%	76.4%	78.9%	77.2%	84.0%	83.7%	83.4%	82.7%	82.3%	

Challenge (Top 5 based on % change)

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
28 Day Breaches	6	5	2	1	12	5	4	2	3	10	4	5	7	
Clinic Session Utilisation	83.3%	83.8%	90.3%	70.2%	78.3%	79.2%	80.0%	75.2%	81.5%	79.8%	83.0%	80.9%	79.6%	
Medical Appraisal		97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	83.0%	83.0%	
IP Survey: % Know who is in charge of their care	82.3%	82.5%	82.7%	84.2%	79.0%	79.7%	88.4%	75.6%	85.7%	76.7%	85.0%	90.2%	84.9%	
IP Survey: % Patients involved in play and learning	60.5%	58.5%	64.0%	69.4%	64.6%	66.5%	56.9%	54.1%	63.1%	56.5%	59.0%	73.5%	52.4%	

Summary

The annual targets for Never Events and pressure ulcers have not been achieved, with 3 Never Events and the same number of pressure ulcers resulting in harm, readmissions to PICU within 48 hrs and clinical incidents resulting in all levels of harm have achieved the annual improvement targets. Notably clinical incident reporting has increased by 56% since 2013/14, whilst incidents of harm have reduced from 23% to 13% and medication incident reporting has increased by 119% since 2013/14, whilst medication incidents of harm have reduced from 20% to 8%.

— 15/16 — 14/15 — Threshold

Medication Errors

Medication errors resulting in harm (YTD)

85 ◄
(goal: 121.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	8	20	29	33	41	53	59	65	67	71	76	85
14/15	7	18	34	42	46	62	82	94	103	115	121	129

Never Events

Never Events

1 —
(goal: 0.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	0	0	1	1	1	1	1	1	1	1	2	3
14/15	0	1									1	2

Pressure Ulcers

Pressure Ulcers (Grade 2 and above)

24 ▼
(goal: 21.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	2	3	5	7	8	8	11	13	13	15	22	24
14/15	3	9	9	11	11	13	13	14	16	18	19	24
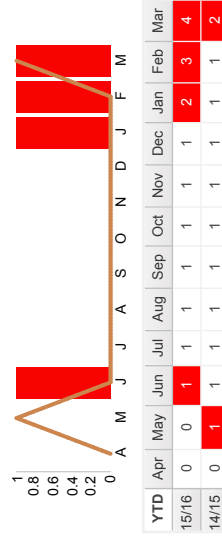
Incidents

Clinical Incidents resulting in harm (YTD)

670 ◄
(goal: 758.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	70	130	212	268	319	372	418	473	507	563	607	670
14/15	56	132	204	278	314	373	455	529	609	682	749	836

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total)

2 —

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	1	1	5	5	6	8	9	9	11	12	14	16
14/15	1	1	1	2	2	2	3	3	5	5	5	6

Readmissions to PICU within 48 hrs

Readmissions to PICU within 48 hrs (YTD)

13 ▼
(goal: 18.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	1	2	3	4	5	6	7	8	11	13	13	13
14/15	0	1	2	4	6	10	11	13	14	15	16	18

Clinical Incidents resulting in moderate, severe harm or death (YTD)

26 ▼
(goal: 68.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	4	5	10	12	13	14	15	16	16	19	23	26
14/15	7	13	16	21	21	22	26	29	36	42	46	55

Patient Experience
Mar 2016

Summary

Steady increase in the number of formal complaints received past 3 months. Unclear what has caused this but data indicates that it is not attributed to 1 or more themes or an event at this time.
Patient and carer feedback via the Fabio regarding planned date of discharge and availability of play resources continue to show low satisfaction scores. It requires more detailed analysis to be presented at CQSG May 2016.
Friends/Family Test responses have increased. Need to increase feedback in the Community/CAMHS setting and this will be discussed with ICS management team.

Inpatient Survey

Metric Name	Goal	Feb 2016	Mar 2016	Trend	Last 12 Months
% Know who is in charge of their care	95.0 %	90.2 %	84.9 %	►	
% Patients involved in play and learning	70.0 %	73.5 %	52.4 %	►	
% Know their planned date of discharge	65.0 %	35.3 %	44.2 %	◄	
% Received information enabling choices about their care	90.0 %	96.1 %	93.7 %	►	
% Treated with respect	90.0 %	98.0 %	98.4 %	◄	

Friends and Family

Metric Name	Number of Responses	Feb 2016	Mar 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	202	87.5 %	86.6 %	►	
Community - % Recommend the Trust	0	100.0 %	TBC		
Inpatients - % Recommend the Trust	83	88.9 %	94.0 %	◄	
Mental Health - % Recommend the Trust	10	TBC	90.0 %	►	
Outpatients - % Recommend the Trust	76	89.6 %	77.6 %	►	

Complaints

Complaints 114 ◄

— 15/16 — 14/15

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	16	23	37	47	54	61	71	84	88	91	100	114
14/15	15	55	71	89	95	105	121	133	147	153	165	186

PALS

PALS 1333 ►

— 15/16 — 14/15

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	107	203	332	457	517	599	718	833	911	1,034	1,199	1,333
14/15	96	182	262	375	437	521	645	744	843	944	1,051	1,139

Clinical Effectiveness
Mar 2016
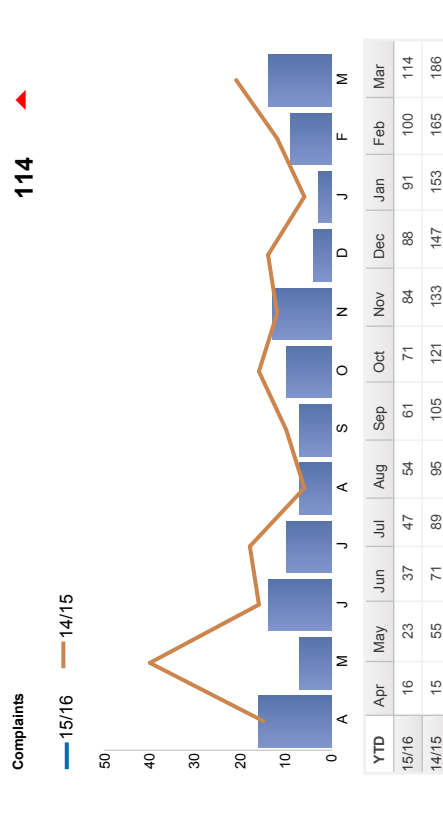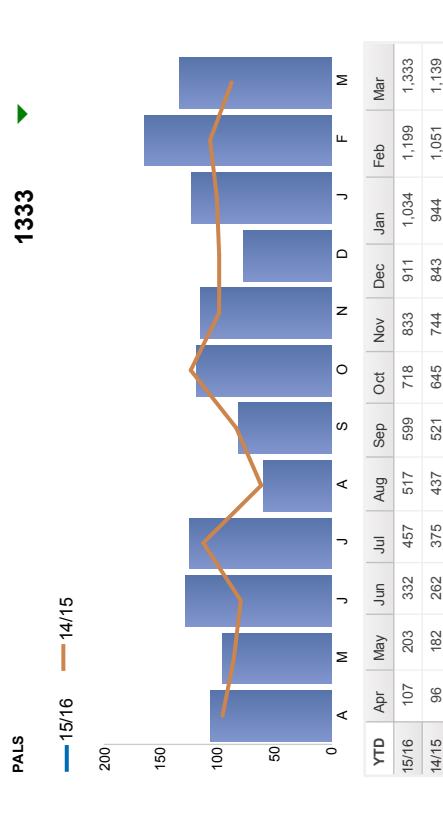
Summary

The end of year data shows that since 2013/14 clinical incident reporting has increased by 119%, medication incidents of harm have reduced from 23% to 13%, incidents of harm have reduced by 56%, medication incident reporting has increased from 20% to 8% and alert organism hospital acquired infections have reduced by 38%. Never Event, pressure ulcers, MRSA bacteraemia, C.difficile infections, patients with specific long term conditions with a readmission within 28 days of discharge and surgical patients with an estimated discharge date later than planned targets have not been achieved.

Infections

Total Infections (YTD)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	11	18	31	37	45	56	65	73	89	103	111	119
14/15	7	23	33	44	64	73	82	95	118	131	137	147

Total Infections (YTD)
119
(goal: 141.0)

Outbreak Infections (YTD)
0

Hospital Acquired Organisms - MRSA (BSI) (YTD)
3
(goal: 0.0)

Cluster Infections (YTD)
0

Hospital Acquired Organisms - C.difficile (YTD)
2
(goal: 0.0)

Legend
— 15/16
— 14/15
— Threshold

Hospital Acquired Organisms - MRSA (BSI)

0
(goal: 0.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	1	2	2	2	3	3	3	3	3	3	3	3
14/15	1	1	1	1	1	1	1	1	1	1	1	1

Hospital Acquired Organisms - C.difficile

0
(goal: 0.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	0	0	0	0	2	2	2	2	2	2	2	2
14/15	0	0	0	0	0	0	0	0	0	0	0	0

Acute readmissions of patients with long term conditions within 28 days

65
(goal: 61.0)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	3	6	9	11	15	20	26	37	42	50	56	65
14/15	1	5	8	16	23	32	37	45	49	56	59	61
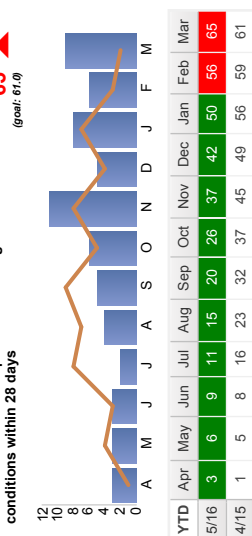
Admissions & Discharges

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

1000
(goal: 321.0)

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

6.3 %

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	47	88	113	246	369	503	595	679	748	839	918	1,000
14/15	20	56	89	107	128	160	193	224	238	261	291	321

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	3.4%	3.3%	2.8%	4.5%	5.4%	6.1%	6.5%	6.4%	6.4%	6.4%	6.4%	6.3%
14/15	1.6%	2.1%	2.2%	1.9%	1.9%	1.9%	2.0%	2.0%	1.9%	1.9%	1.9%	1.9%

Access
Mar 2016
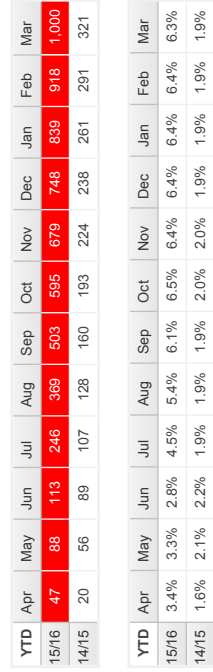
Summary

Incomplete pathway standard achieved; admitted and non admitted standards failed in line with planning assumptions and monitored through the weeekly waiting times group. Cancer and diagnostic standards achieved despite strike affecting available capacity. Referrals received continues to increase resulting in Choose & Book challenges and curently being reviewed to ensure demand and capacity are matched.

18 Weeks

RTT: 90% Admitted within 18 weeks 88.3 %

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
90.2%	90.3%	89.3%	91.5%	86.0%

RTT: 95% Non-Admitted within 18 weeks 85.6 %

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
95.4%	95.2%	93.7%	88.3%	85.7%

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
92.7%	92.1%	92.1%	92.1%	92.1%

Open Pathways Weekly Profile   Mar 2016

No. of Weeks

0-18 Wks	19-36 Wks	36-51 Wks	52+ Wks
1,967	682	118	1

Cancer

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	100.0%

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	92.9%

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

Diagnostics: % Completed Within 6 Weeks 99.8 %
(goal: 99.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
93.0%	98.6%	100.0%	99.7%	99.9%

Waiting Times Failed 1

Waiting Times Passed 5

Number of Diagnostics
496

Provider

Convenience and Choice: Slot Availability 92.3 %
(goal: 96.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
96.6%	99.9%		99.6%	93.7%

Referrals Received (GP)

3,000
2,500
2,000
1,500
1,000
500
0

M A M J J A S O N D J F M

Bed Occupancy

Bed Occupancy (Funded Beds) 83.6 %

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
			79.0%	79.6%

Admissions and Discharges

Metric Name
■ IP: Admissions (Spells) ■ IP: Discharges (Spells)
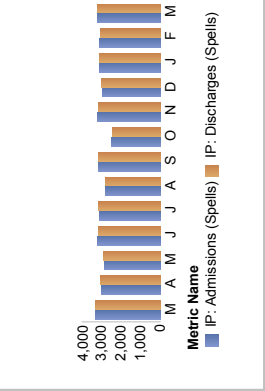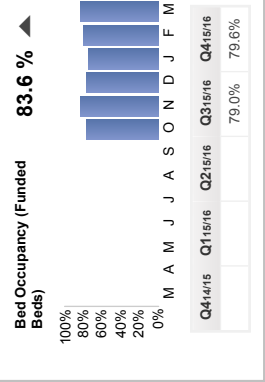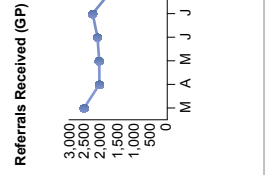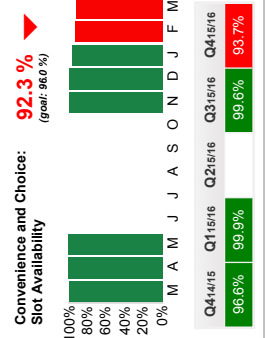
Summary

The average daily attendance in March was approximate 190 patients with over 50% being green triaged (minor illness or injury and GP). To support this flow; work is underway to divert appropriate patients back to primary care. This piece of work is being support by Liverpool CCG.

To support the management of patients who have been triaged to the UC24, with effect from the 1st April, patients will be allocated a slot, this should improve, utilisation and patient experience. These patients will then be removed from the tracker.

ED

ED: 95% Treated within 4 Hours

82.5 % ▼
(goal: 95.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
97.0%	96.0%	95.3%	83.1%	84.5%

ED: Total Time in ED (95th Percentile)

364.0 mins ▲
(goal: 240.0 mins)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
683.0	730.0	736.0	1,101.4	1,046.0

ED: Longest Wait Time (Hrs)

12.7 ▲
(goal: 0.0)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
47.3	31.4	28.5	44.6	35.7

ED: Number Treated Over 4 Hours

1053

ED to Inpatient Conversion Rate

16.2 %
Mar 2016

ED

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

0 —

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
0.0	0.0	0.0	0.0	0.0

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

103.0 mins ▲
(goal: 60.0 mins)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
228.0	231.0	205.0	273.0	270.0

ED: Percentage Left without being seen

6.3 % ▲

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
2.8%	3.6%	3.0%	6.5%	5.8%

ED: Number of Attendances

6009 Mar 2016

Ambulance Services

Ambulance: Acute Compliance

86.6 % ▼
(goal: 85.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
78.2%	75.9%	81.9%	82.8%	85.9%

Ambulance: Average Notification to Handover Time (mins)

4.0 mins ▼
(goal: 15.0 mins)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16

Ambulance: Patients Waiting between 30 and 45 minutes

11 ◄

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
10.0	16.0	10.0	7.0	16.0

Ambulance: Patients Waiting between 45 and 60 minutes

0 —

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
0.0	3.0	3.6	0.0	0.0

Productivity & Efficiency

Mar 2016

Summary

Increasing day case activity and planned changes to theatre start times have resulted in a continued improvement with rates and utilisation. OP utilisation has reduced but is now subject to intense weekly review and intervention however community data has negatively skewed performance . Significant flow pressures continue due to NEL & EL demand have resulted in increased cancellations and 28 day breaches. Critical Care capacity remains under pressure due to staffing and affecting cancellations on the day. Flow is now being reviewed to bring forward discharges to facilitate admissions.

Length of Stay

Average LoS - Elective (Days) — **3.0** ▲

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	2.8	2.7	2.8	3.0	2.9

Average LoS - Non-Elective (Days) — **2.6** ▲

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	2.9	2.7	2.6	2.5	2.4

Day Case Rate

Daycases (K1/SDCPREOP) — **618** ▲

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	2,152	1,856	1,894	1,300	1,737

Daycase Rate — **75.0 %** ▲ *(goal: 0.0 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	77.9%	75.8%	75.6%	74.9%	74.6%

Bed Refusals

Bed Refusals — **0** *(goal: 0.0)* —

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	2	0	0	1	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * — **77.1 %** ◀ *(goal: 85.0 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	82.3%	83.1%	79.2%	71.0%	75.3%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) — **1.2 %** ▲ *(goal: 0.8 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	0.9%	0.9%	1.0%	1.3%	1.5%

Cancelled Operations - Non Clinical - On Same Day — **47** ▲

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	62	60	64	70	95

28 Day Breaches — **7** ◀ *(goal: 0.0)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	9	8	21	15	16

Outpatients

Clinic Session Utilisation * — **79.6 %** ▶ *(goal: 90.0 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	83.6%	81.6%	79.2%	79.2%	81.2%

OP Appointments Cancelled by Hospital % — **15.1 %** ◀ *(goal: 5.0 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	16.0%	16.4%	14.2%	15.7%	14.9%

DNA Rate — **11.5 %** ◀ *(goal: 12.0 %)*

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	11.5%	12.6%	14.5%	12.6%	10.9%

OP: New/Follow Up — **2.3** ▶

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	2.3	2.3	2.3	2.3	2.3

Facilities
Mar 2016

Summary

Audit Compliance (85%) for March 2016 75/79 94.9%

VHR Critical Care (98%) - 97.17% - Lower than national standard but improved
High Risk General Wards (95%) - 95.5% 0.5% above national standard
Significant Risk - Clinics (85%) -93.5% Higher than National Standard
Low- Non Clinical Areas - non scheduled

Of 75 audits undertaken 7 areas reached nursing scores of 100% - Overall much improved

Patient Food Wastage - Ward 0% due to making meals on request.

Facilities

Cleanliness Performance VH

97.2 % ▲
(goal: 98.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
93.8%	94.5%	97.0%	96.3%	96.5%

Cleanliness Performance H

95.5 % ▲
(goal: 95.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
93.1%	94.0%	95.0%	97.0%	94.8%

Cleanliness Performance S

93.5 % ▼
(goal: 85.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
90.8%	86.4%	93.4%	95.0%	94.6%

Cleanliness Performance L

0.0 % —
(goal: 75.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
91.8%	70.0%	82.0%	96.0%	0.0%

Facilities

Patient Food Wastage

0.0 % —

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	0.0%		0.0%	0.0%

Audit Compliance

94.9 % ▼
(goal: 85.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
99.2%	100.0%	85.1%	98.8%	98.4%

Facilities - Other

Routine Maintenance Resolution

88.3 % ▼
(goal: 85.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
96.1%	96.8%	97.7%	95.6%	67.3%

PPM%

96.2 % ◀
(goal: 85.0 %)

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
94.8%	95.5%	96.3%	30.8%	92.6%

Alder Hey Children's **NHS**
NHS Foundation Trust

Summary

On-going weekly monitoring and review of CAMHS waiting times. Working with commissioners to address DNA rates for 1st appointments.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) **7.4**

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	0.0	0.0	0.0	14.2	18.8
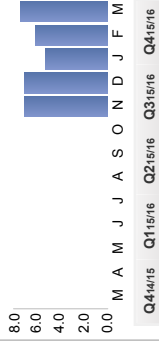
CAMHS: Avg Wait to Partnership Appt (Weeks) **8.9**

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	0.0	0.0	0.0	17.4	26.9
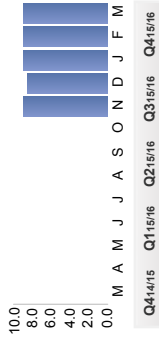
DNA Rates

CAMHS: DNA Rate - New **15.8 %**
(goal: 10.0 %)

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	15.2%	19.3%	23.0%	18.6%	17.7%
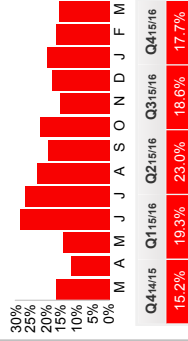
CAMHS: DNA Rate - Follow Up **14.6 %**
(goal: 14.0 %)

	Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
	11.0%	16.9%	17.0%	15.2%	12.8%
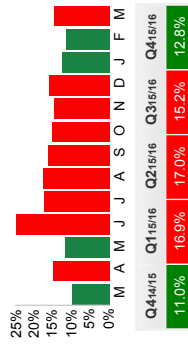
Tier 4 Admissions

CAMHS: Total Admissions to DJU **0**

CAMHS: Referrals Received

External Regulation

Mar 2016
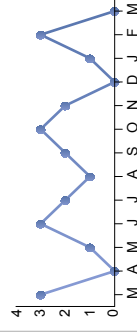
Summary

Monitor: The Trust continues to be fully compliant with its Provider Licence. CQC: The Trust was awarded an overall rating of 'Good' following the inspection in June 2015. It remains registered without conditions.

Monitor - Governance Concern

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
N	N	N	N	N	N	N	N	N	N	N	N

Monitor   Mar 2016

Metric Name	Goal	Feb 16	Mar 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	82.5 %	82.5 %	▶
RTT: 90% Admitted within 18 weeks		84.7 %	88.3 %	◀
RTT: 95% Non-Admitted within 18 weeks		84.9 %	85.6 %	◀
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.3 %	92.1 %	▶
Monitor Risk Ratings (YTD)	3.0	2	2	—
Cancer: 2 week wait from referral to date 1st seen – all urgent referrals	100.0 %	100.0 %	TBC	
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	TBC	
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	TBC	
Hospital Acquired Organisms - C.difficile	0.0	0	0	—

Monitor - Risk Rating

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
4	3	4	4	2	2	2	2	2	2	2	2

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
90.2%	90.3%	89.3%	91.5%	86.0%

RTT: 95% Non-Admitted within 18 weeks

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
95.4%	95.2%	93.7%	88.3%	85.7%

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
92.7%	92.1%	92.1%	92.1%	92.1%

Monitor - All Cancers

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

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	92.9%

All Cancers: 31 day wait until subsequent treatments

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
97.0%	96.0%	95.3%	83.1%	84.5%

Monitor - C difficile

Q414/15	Q115/16	Q215/16	Q315/16	Q415/16
0	0	2	0	0

Monitor - Data Completeness

No Data Available

Workforce
Mar 2016

Alder Hey Children's NHS Foundation Trust

Summary

After a six month period of increasing rates, sickness absence shows a reduction of 0.4% from last month although it is still in excess of target. There has been a further drop in mandatory training compliance to 82.3% (down 0.4% on last month) although Corporate Induction attendance has increased to 87% (up almost 15% on last month). Medical appraisal compliance is at 92% and work continues on improving all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Last 12 Months
Add Prof Scientific and Technic	3.0%	3.6%	4.0%	3.2%	1.3%	2.7%	2.8%	4.3%	4.1%	4.5%	4.2%	2.0%	
Additional Clinical Services	8.9%	7.0%	5.3%	5.7%	6.5%	7.0%	7.5%	8.6%	7.6%	6.8%	6.9%	7.9%	
Administrative and Clerical	3.8%	4.0%	3.6%	3.3%	3.2%	3.3%	3.8%	4.6%	4.7%	4.0%	4.5%	3.9%	
Allied Health Professionals	1.8%	2.4%	1.6%	1.4%	1.4%	1.4%	1.4%	2.3%	2.4%	3.6%	2.1%	1.9%	
Estates and Ancillary	5.5%	6.5%	6.8%	5.7%	4.8%	5.6%	5.4%	7.6%	9.8%	9.2%	9.6%	8.0%	
Healthcare Scientists	5.0%	5.5%	4.4%	2.8%	1.0%	0.9%	1.5%	1.3%	2.0%	2.2%	2.2%	1.6%	
Medical and Dental	2.4%	2.2%	2.5%	2.1%	1.2%	1.3%	0.8%	1.7%	1.7%	2.2%	2.6%	2.8%	
Nursing and Midwifery Registered	5.0%	4.8%	5.5%	5.8%	5.2%	6.1%	5.8%	6.8%	6.5%	7.3%	7.6%	7.0%	
Trust	4.8%	4.6%	4.6%	4.4%	3.9%	4.5%	4.6%	5.8%	5.5%	5.7%	5.9%	5.4%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Last 12 Months
Add Prof Scientific and Technic	185	186	187	184	187	193	171	174	174	177	179	181	
Additional Clinical Services	360	353	354	352	351	359	352	346	348	359	359	361	
Administrative and Clerical	528	530	533	542	538	534	532	534	531	529	532	525	
Allied Health Professionals	120	121	124	126	125	126	126	127	127	126	126	127	
Estates and Ancillary	145	147	148	148	147	153	169	172	173	172	173	172	
Healthcare Scientists	99	100	98	100	102	102	102	102	100	100	99	100	
Medical and Dental	232	228	228	229	229	229	229	231	235	237	230	234	
Nursing and Midwifery Registered	900	907	907	903	898	915	949	947	945	948	952	947	

Staff in Post Headcount (rolling 12 Months)

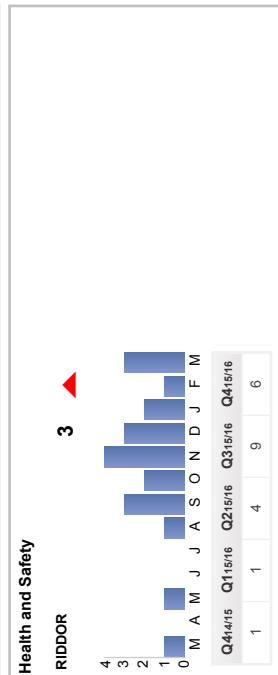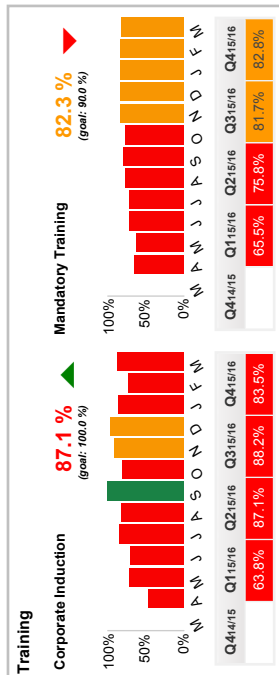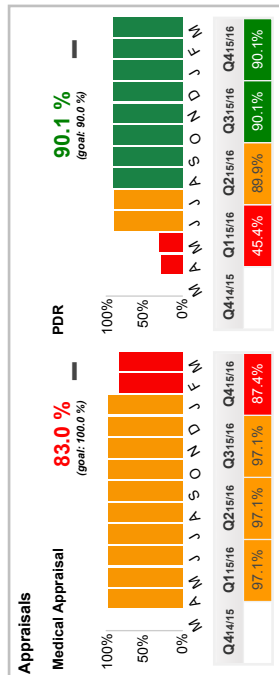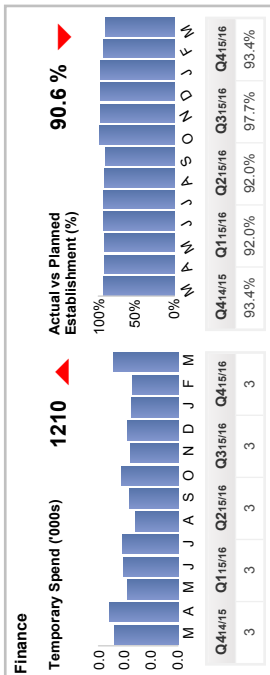| Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Last 12 Months
Add Prof Scientific and Technic	209	211	212	207	210	218	192	195	196	197	198	200	
Additional Clinical Services	416	411	414	411	411	420	414	410	411	422	423	425	
Administrative and Clerical	616	618	621	633	630	624	622	624	621	618	622	613	
Allied Health Professionals	148	148	153	155	153	154	155	156	156	155	155	156	
Estates and Ancillary	185	190	192	194	193	198	212	214	213	211	211	210	
Healthcare Scientists	109	110	108	110	113	113	113	113	111	111	110	111	
Medical and Dental	270	267	265	268	268	267	266	268	271	274	269	273	
Nursing and Midwifery Registered	1,024	1,032	1,032	1,025	1,020	1,039	1,076	1,073	1,070	1,073	1,077	1,071	

Finance

Temporary Spend ('000s) 1210

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
3	3	3	3	3

Actual vs Planned Establishment (%) 90.6 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.4%	92.0%	92.0%	97.7%	93.4%

Appraisals

Medical Appraisal 83.0 % (goal: 100.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.1%	97.1%	97.1%	97.1%	87.4%

PDR 90.1 % (goal: 90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.4%	45.4%	89.9%	90.1%	90.1%

Training

Corporate Induction 87.1 % (goal: 100.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
63.8%	87.1%	87.1%	88.2%	83.5%

Mandatory Training 82.3 % (goal: 90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
65.5%	65.5%	75.8%	81.7%	82.8%

Health and Safety

RIDDOR 3

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
1	1	4	9	6

Performance by CBU

Mar 2016

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	55.8%	82.9%	86.1%	81.4%
Convenience and Choice: Slot Availability	87.2%	86.2%	98.5%	88.8%
DNA Rate (Followup Appts)	14.1%	9.7%	10.6%	11.6%
DNA Rate (New Appts)	15.9%	11.3%	10.2%	12.5%
Normalised I & E surplus/(deficit) In Month ('000s)	401	1,157	1,474	1,351
Referrals Received (GP)	632	392	859	323
Temporary Spend ('000s)	297	55	224	319
Theatre Utilisation - % of Session Utilised		69.7%	79.2%	78.2%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	1.0	3.5	2.7	3.2
Average LoS - Non-Elective (Days)	1.9	4.0	2.9	3.4
Cancelled Operations - Non Clinical - On Same Day	0	3	10	10
Daycases (K1/SDCPREOP)	1	70	360	175
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	0	6	24	1
OP Appointments Cancelled by Hospital %	12.8%	12.9%	18.4%	13.4%
RTT: 90% Admitted within 18 weeks		100.0%	86.4%	89.2%
RTT: 92% Waiting within 18 weeks (open Pathways)	92.4%	97.7%	89.6%	95.5%
RTT: 95% Non-Admitted within 18 weeks	84.6%	86.2%	84.2%	90.6%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	95.0%	98.0%	95.0%	97.0%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	34	27	30	40

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	50.0%	100.0%	100.0%	100.0%
Mandatory Training	75.0%	84.8%	84.3%	87.1%
PDR	92.2%	92.2%	80.7%	91.2%
Sickness	5.6%	6.4%	6.2%	6.6%

CBU Performance - Clinical Support

Mar 2016

Key Issues
- Theatre utilisation - working with information to begin to review this on a weekly basis to ensure maximum throughput.
- Imaging turnaround times - subject to review in department to refresh KPIs aligned to capacity and demand review.
- Pathology turnaround time - increase in Meditech speed should start to see some positive impact on turnaround times

Support Required
The CBU is undertaking a review of KPIs across all areas with a view to embedding local performance management metrics and introduction of departmental balanced scorecards. Currently metrics are not felt to adequately reflect the work being undertaken by diagnostic and therapeutic teams or the value that they add to clinical teams and patients.
This work is being managed within the CBU with an expected implementation of local balanced scorecards by end Q1 2016/7.

Operational

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	82.4%	79.5%	88.8%	85.1%				53.2%	59.1%	59.1%	43.2%	53.1%	60.2%	
Temporary Spend ('000s)	20	131	66	64	80	-5	66	67	63	48	64	58	52	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,482	-1,337	-1,134	-1,228	-1,176	-1,262	-1,333	-1,068	-1,179	-1,155	-1,253	-1,346	-1,300	
Expenditure vs Budget ('000s)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	96.0%	95.0%	92.0%	95.0%	96.0%	97.0%	86.0%	93.0%	96.0%	97.9%	91.6%	98.0%	95.0%	
Imaging - % Reporting Turnaround Times - ED	77.0%	67.0%	80.0%	60.0%	78.0%	70.0%	76.0%	76.0%	72.0%	100.0%	91.0%	92.0%	91.0%	
Imaging - % Reporting Turnaround Times - Inpatients	83.0%	75.0%	86.0%	79.0%	90.0%	79.0%	86.0%	93.0%	81.0%	83.0%	93.0%	89.0%	83.0%	
Imaging - % Reporting Turnaround Times - Outpatients	100.0%	98.0%	97.0%	96.0%	97.0%	97.0%	96.0%	96.0%	97.0%	98.0%	98.0%	96.0%	97.0%	
Imaging - Waiting Times - MRI % under 6 weeks	81.7%	95.0%	99.0%	96.6%	97.7%	92.5%	100.0%	100.0%	95.0%	96.0%	85.0%	91.0%	90.0%	
Imaging - Waiting Times - CT % under 1 week	83.1%	90.0%	86.6%	85.0%	89.9%	85.6%	87.9%	87.9%	88.0%	96.0%	88.0%	88.0%	86.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	94.4%	90.0%	94.2%	95.0%	91.7%	91.8%	95.4%	96.1%	95.0%	94.0%	95.0%	95.0%	95.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	97.4%	90.0%	98.8%	97.8%	99.2%	99.0%	99.6%	99.6%	92.0%	85.0%	85.0%	85.0%	91.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	81.8%	94.7%	100.0%	100.0%	88.9%	81.2%	100.0%	100.0%	88.0%	91.0%	86.0%	95.0%	76.0%	
BME - High Risk Equipment PPM Compliance	89.0%	89.0%	89.0%	89.5%	88.0%	90.5%	88.0%	87.0%	89.0%	87.0%	89.0%	90.0%	88.0%	
BME - Low Risk Equipment PPM Compliance	75.0%	75.0%	75.0%	76.0%	74.0%	79.0%	87.0%	75.0%	76.0%	78.0%	78.0%	78.0%	78.0%	
BME - Equipment Pool - Equipment Availability	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%	
Pharmacy - Dispensing for Out Patients - Routine	62.0%	61.0%	55.0%	49.0%	34.0%	50.0%	57.0%	63.0%	59.0%	87.0%	84.0%	85.0%	76.0%	
Pharmacy - Dispensing for Out Patients - Complex	55.0%	67.0%	79.0%	73.0%	67.0%	57.0%	65.0%		100.0%	100.0%	100.0%	100.0%	97.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Medication Errors (Incidents)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pathology - % Turnaround times for urgent requests < 1 hr	85.5%	87.6%	88.9%	82.3%	76.4%	82.0%	78.2%	71.9%	75.1%	79.6%	79.2%	82.9%	87.0%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.5%	95.1%	98.0%	99.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	100.0%	100.0%	98.8%	73.0%	92.9%	98.6%	98.7%	90.9%	100.0%	81.0%	68.8%	81.0%	88.9%	

Workforce

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Corporate Induction		71.4%	90.0%	75.0%	100.0%	40.0%	100.0%	77.8%	100.0%	87.5%	71.4%	0.0%	75.0%	
PDR		43.4%	44.9%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	
Sickness		3.9%	4.1%	3.3%	2.0%	2.0%	2.2%	3.3%	3.3%	3.9%	4.7%	4.8%	4.2%	
Mandatory Training		69.4%	66.1%	77.4%	79.1%	80.5%	84.2%	80.3%	87.2%	87.2%	86.8%	86.2%	86.5%	

Key Issues

Clinic utilisation for Community doesn't represent a true picture, due to community turnaround times. This is being investigation.

The Gen Paeds team are working to address the DNA rate, and time to be seen for first appointment. A consultant led action group has been set up to manage the issues and seek an early resolution.

Support Required

n/a at this time.

Operational

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	75.8%	75.0%	75.9%	72.7%	78.8%	74.3%	73.3%	70.8%	75.4%	73.6%	75.4%	69.4%	55.8%	
DNA Rate (New Appts)	13.9%	13.4%	17.7%	24.2%	21.3%	20.4%	17.5%	19.5%	14.8%	17.5%	15.1%	16.1%	15.9%	
DNA Rate (Followup Appts)	11.3%	13.0%	14.3%	19.7%	16.7%	14.6%	14.9%	14.2%	13.2%	14.9%	11.7%	11.7%	14.1%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%						100.0%	100.0%	100.0%	98.8%	87.2%	
Referrals Received (GP)	735	568	621	717	639	469	649	650	655	556	614	660	632	
Temporary Spend ('000s)	322	211	197	269	186	178	203	260	232	247	204	272	297	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,191	569	608	686	334	454	534	530	692	446	651	728	401	

Patient

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
RTT: 90% Admitted within 18 weeks												100.0%		
RTT: 95% Non-Admitted within 18 weeks	90.2%	88.6%	90.4%	95.4%	97.2%	98.5%	90.6%	92.3%	87.8%	86.7%	84.4%	86.3%	84.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	93.0%	91.2%	90.9%	92.0%	92.2%	94.0%	93.3%	93.8%	91.1%	92.3%	91.8%	91.4%	92.4%	
Average LoS - Elective (Days)	3.50	2.50	2.40	3.00	4.00	3.75	3.50	8.00	2.25	4.50	6.00	1.00	1.00	
Average LoS - Non-Elective (Days)	2.35	2.39	2.26	2.20	2.25	1.89	1.94	1.87	2.05	2.22	1.92	1.78	1.87	
Hospital Initiated Clinic Cancellations < 6 weeks notice	8	2	5	12	4	2	18	46	33	1	3	0	0	
Daycases (K1/SDCPREOP)	0	0	0	0	0	0	1	0	0	0	0	0	1	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	13.5%	12.4%	11.0%	18.0%	13.9%	13.5%	11.4%	14.6%	13.7%	14.8%	11.9%	12.1%	12.8%	
Diagnostics: % Completed Within 6 Weeks				100.0%							100.0%	100.0%	100.0%	

Quality

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Medication Errors (Incidents)	24	2	4	5	5	8	12	15	23	25	26	30	34	
Cleanliness Scores	96.5%	94.7%		97.3%		98.5%			99.0%	99.0%	95.0%	98.0%	95.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Corporate Induction		80.0%	85.7%	100.0%	66.7%	100.0%	100.0%	81.8%	100.0%	100.0%	93.8%	75.0%	50.0%	
PDR		14.2%	19.8%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness		4.2%	3.8%	3.7%	3.9%	3.2%	4.7%	5.1%	5.8%	4.3%	4.2%	5.4%	5.6%	
Mandatory Training		65.4%	62.9%	71.9%	59.4%	74.4%	75.8%	76.2%	79.1%	76.6%	77.3%	76.8%	75.0%	

CBU Performance - Medical Specialties

Mar 2016

Alder Hey Children's **NHS** — NHS Foundation Trust

Key Issues

- Theatre Utilisation - Plan to review weekly endoscopy session utilisation against contract plan.
- OP Utilisation - All elective templates are now fully booked to 100%. Lower utilisation rates due to 'hot' clinics in Oncology and Nephrology and high DNA rates. DNA rates are being addressed at speciality level to identify trends and improvement opportunities.
- Medication errors - recently agreed a specific CBU Medication Safety Group which will report to local R&G Board.
- Sickness - mostly long term sickness being managed at departmental level - any trends identified at CBU level.

Support Required

The CBU is undertaking a review of KPIs across all areas with a view to embedding local performance management metrics and introduction of departmental balanced scorecards. This work is being managed within the CBU with an expected implementation of local balanced scorecards by end Q1 2016/7.

Operational

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised	82.3%	78.3%	83.9%	82.0%				58.0%	72.4%	70.3%	68.4%	74.1%	69.7%	
Clinic Session Utilisation	79.7%	79.9%	90.9%	67.0%	73.5%	76.0%	78.5%	76.9%	79.9%	77.1%	81.1%	79.9%	82.9%	
DNA Rate (New Appts)	13.9%	10.5%	11.7%	13.5%	15.7%	16.0%	12.3%	11.5%	13.2%	13.0%	11.5%	11.6%	11.3%	
DNA Rate (Followup Appts)	9.9%	9.7%	10.8%	10.8%	17.1%	16.3%	14.3%	16.6%	12.9%	15.5%	10.2%	9.4%	9.7%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%						100.0%	100.0%	93.7%	89.2%	86.2%	
Referrals Received (GP)	425	400	358	366	398	261	348	330	321	308	352	398	392	
Temporary Spend ('000s)	124	107	86	66	77	66	100	74	82	63	58	60	55	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,663	1,097	716	894	1,237	915	572	722	1,180	1,117	1,080	982	1,157	

Patient

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	
RTT: 95% Non-Admitted within 18 weeks	97.5%	97.8%	96.8%	94.3%	92.3%	88.6%	93.6%	90.5%	90.1%	83.9%	85.0%	89.2%	86.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	94.5%	95.0%	94.2%	94.9%	97.0%	95.5%	95.7%	93.9%	95.8%	95.8%	96.4%	96.9%	97.7%	
Average LoS - Elective (Days)	3.92	2.85	2.41	3.70	3.89	3.46	3.00	3.20	3.93	3.53	4.78	2.95	3.54	
Average LoS - Non-Elective (Days)	2.96	2.57	3.74	3.00	3.96	2.89	2.58	3.46	2.07	2.69	2.19	2.28	3.96	
Hospital Initiated Clinic Cancellations < 6 weeks notice	5	8	2	2	13	13	16	22	8	3	0	3	6	
Daycases (K1/SDCPREOP)	72	75	69	78	60	54	74	31	71	73	74	76	70	
Cancelled Operations - Non Clinical - On Same Day	0	3	1	0	0	0	1	2	2	1	2	2	3	
OP Appointments Cancelled by Hospital %	13.2%	16.2%	13.7%	18.1%	13.0%	12.3%	12.3%	16.1%	12.0%	12.7%	10.6%	12.7%	12.9%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
Medication Errors (Incidents)	30	3	4	7	8	9	11	13	17	20	22	25	27	
Cleanliness Scores	95.0%	91.2%	94.8%	93.2%	96.4%	96.0%	97.0%		95.5%	96.5%	94.5%	98.0%	98.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	1	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Last 12 Months
Corporate Induction		0.0%	100.0%	0.0%		50.0%		100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	
PDR		64.0%	62.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness		4.3%	4.6%	5.5%	6.6%	5.9%	5.7%	3.6%	5.3%	5.3%	7.2%	7.2%	6.4%	
Mandatory Training		73.5%	66.0%	76.2%	81.1%	80.4%	85.8%	81.3%	86.9%	87.2%	87.3%	85.5%	84.8%	

Alder Hey Medical Specialties — 20 Apr 2016

29. Corporate report March 2016

Key Issues

2015/16 has been a challenging year for operational performance for NMSS CBU. The impact Meditech 6 and the move into CHP has had a dramatic effect on the delivery of activity.
Improved utilisation of both theatres and clinics is critical to success and both have improved over the last quarter of the year. At the end of March theatre utilisation had improved to 80% and clinic utilisation was up to 85%. Regular monitoring of both takes place weekly.
Referrals continue to increase which is putting pressure on average waiting times.
Increasing medication errors are being reviewed.

Support Required

In order to manage performance effectively, the CBU is reliant on good quality information. The development of performance dashboards for theatres and OP is supporting this effort.

Operational

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	85.7%	85.4%	83.4%	86.3%				72.6%	75.0%	68.7%	73.6%	77.3%	79.2%	
Clinic Session Utilisation	84.6%	85.0%	89.7%	68.3%	80.6%	80.5%	82.6%	74.6%	82.7%	81.4%	86.4%	83.7%	86.1%	
DNA Rate (New Appts)	11.6%	12.1%	11.1%	12.6%	15.6%	14.9%	12.3%	10.7%	12.5%	12.5%	11.3%	10.0%	10.2%	
DNA Rate (Followup Appts)	10.8%	11.1%	10.4%	11.2%	13.2%	12.9%	12.4%	10.4%	9.4%	10.4%	9.2%	9.6%	10.6%	
Convenience and Choice: Slot Availability	98.8%	99.6%	100.0%					99.3%	99.6%	96.1%	97.5%	98.5%		
Referrals Received (GP)	992	800	815	766	872	708	796	823	816	651	737	836	859	
Temporary Spend ('000s)	148	208	114	200	187	154	147	134	121	132	123	134	224	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,343	1,417	1,777	1,496	1,779	1,295	1,736	1,498	1,283	1,330	1,803	1,646	1,474	

Patient

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	87.1%	86.9%	88.4%	87.9%	87.0%	86.0%	81.5%	83.0%	100.0%	80.4%	79.7%	75.9%	86.4%	
RTT: 95% Non-Admitted within 18 weeks	95.4%	96.7%	95.9%	94.9%	95.5%	94.3%	92.6%	92.8%	84.7%	86.0%	87.3%	80.2%	84.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	90.5%	90.4%	90.3%	89.8%	90.0%	89.7%	89.6%	89.8%	90.0%	89.8%	89.6%	90.2%	89.6%	
Average LoS - Elective (Days)	2.07	2.12	1.71	2.33	2.25	1.71	2.55	2.09	2.20	2.56	2.00	2.38	2.69	
Average LoS - Non-Elective (Days)	1.61	1.78	2.51	1.93	2.10	2.14	1.73	1.89	2.46	2.67	1.76	2.12	2.88	
Hospital Initiated Clinic Cancellations < 6 weeks notice	22	29	20	36	19	3	51	9	49	39	39	64	24	
Daycases (K1/SDCPREOP)	461	410	358	372	351	381	416	234	317	284	356	371	360	
Cancelled Operations - Non Clinical - On Same Day	13	4	17	13	22	8	11	7	29	3	11	9	10	
OP Appointments Cancelled by Hospital %	17.6%	15.2%	13.7%	21.1%	16.4%	14.7%	14.6%	18.8%	14.8%	18.2%	19.4%	18.3%	18.4%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Medication Errors (Incidents)	12	1	6	6	6	9	11		14	15	19	22	30	
Cleanliness Scores	93.3%	92.0%	98.0%	94.2%	94.0%	94.5%	98.3%		98.7%	98.0%	96.3%	91.0%	95.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Corporate Induction		33.3%	77.8%	0.0%	0.0%	75.0%		88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
PDR		44.3%	49.3%	79.7%	79.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	
Sickness		4.1%	4.1%	5.6%	5.4%	4.3%	4.0%	4.6%	5.7%	6.7%	6.1%	4.5%	6.2%	
Mandatory Training		70.8%	68.4%	76.1%	78.4%	80.7%	82.2%	79.7%	86.8%	86.9%	87.8%	84.1%	84.3%	

Key Issues

Theatre session utilisation: trending upwards for four consecutive months, but below 90% standard. Review of data quality to be completed by 30 April. Prototype theatre performance dashboard completed. Full roll out in May. Two lists with lowest theatre utilisation have now had sessions withdrawn.
Clinic session utilisation: weekly activity tracking meeting driving performance to 100% booking of slots. Currently 96%. Local survey of patients who DNAd to be competed by 22 April to identity further improvements.
Sickness: Hot spots 3A and crit care. Rigorous case management undertaken.

Support Required

Clinic session utilisation: A significantly higher percentage of patients to receive their clinic appointment date with more than four weeks notice. Resolve issues with Trust franking machine that has broken down frequently and delays correspondence to patients.
Sickness: specialist occupational health service support for pregnant women and for line managers of staff who are pregnant. New sickness absence policy required that is more robust and less protracted.

Operational

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	80.6%	80.8%	79.4%	80.1%				68.9%	76.1%	70.7%	74.5%	76.5%	78.2%	
Clinic Session Utilisation	92.8%	98.1%	111.4%	81.0%	79.3%	84.5%	81.5%	81.9%	86.1%	85.5%	85.0%	87.2%	81.4%	
DNA Rate (New Appts)	10.0%	13.2%	12.9%	12.1%	12.6%	9.6%	10.3%	13.9%	9.7%	10.3%	9.7%	10.4%	12.5%	
DNA Rate (Followup Appts)	11.1%	12.3%	12.5%	12.5%	12.3%	12.4%	11.9%	11.6%	9.6%	7.2%	9.7%	9.8%	11.6%	
Convenience and Choice: Slot Availability	99.2%	100.0%	100.0%					100.0%	97.9%	98.4%	84.8%	88.8%		
Referrals Received (GP)	386	302	282	280	368	251	292	351	338	262	299	340	323	
Temporary Spend ('000s)	446	465	361	322	345	227	250	268	218	222	237	221	319	
Normalised I & E surplus/(deficit) In Month ('000s)	-4,374	1	-70	-211	-133	-449	457	-267	-119	253	-179	-156	1,351	

Patient

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	97.4%	97.8%	94.1%	96.4%	94.8%	91.6%	95.9%	91.5%	100.0%	86.1%	94.5%	96.6%	89.2%	
RTT: 95% Non-Admitted within 18 weeks	99.4%	97.0%	97.2%	97.0%	95.1%	87.7%	95.5%	83.8%	94.7%	88.4%	90.1%	92.2%	90.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.9%	97.1%	98.0%	97.2%	96.0%	96.0%	96.5%	97.1%	97.2%	96.5%	95.8%	95.9%	95.5%	
Average LoS - Elective (Days)	3.16	3.29	4.43	2.93	3.45	2.62	4.30	3.38	3.22	2.94	3.38	3.20	3.23	
Average LoS - Non-Elective (Days)	3.79	4.59	4.01	3.80	3.85	4.05	4.56	2.97	3.70	3.44	3.18	4.90	3.40	
Hospital Initiated Clinic Cancellations < 6 weeks notice	0	0	0	3	0	5	4	1	3	1	0	1	1	
Daycases (K1/SDCPREOP)	223	135	110	169	190	105	183	56	118	104	118	112	175	
Cancelled Operations - Non Clinical - On Same Day	8	4	7	10	4	13	4	9	9	7	8	15	10	
OP Appointments Cancelled by Hospital %	14.1%	17.8%	19.3%	25.5%	15.6%	17.6%	15.8%	22.2%	16.8%	19.1%	15.0%	12.5%	13.4%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Medication Errors (Incidents)	20	0	1	6	7	9	13	17	20	24	27	34	40	
Cleanliness Scores	92.6%	92.9%	93.5%	96.0%	95.2%	95.9%	96.5%		97.4%	92.2%	95.0%	94.6%	97.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	1	0	1	0	1	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	1	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Last 12 Months
Corporate Induction		37.5%	44.4%	70.0%	80.0%	100.0%	100.0%	88.9%	75.0%	100.0%	92.3%	25.0%	100.0%	
PDR		14.8%	17.6%	89.1%	89.1%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	
Sickness		7.0%	6.4%	6.2%	6.3%	5.5%	6.7%	6.4%	7.7%	7.0%	6.9%	7.1%	6.6%	
Mandatory Training		64.6%	61.9%	73.6%	77.3%	83.1%	85.2%	81.3%	89.1%	88.3%	85.8%	87.5%	87.1%	

Activity against Plan, by Specialty
2015/16 - Month 12

Medical Specialties CBU		Plan (spells/ attendances)	Actual (spells/ attendances)	Variance (spells/ attendances)	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Endocrinology	Elective	1,191	1,040	-151	-13%	£1,270	£1,067	-£203	-16%
Endocrinology	Non Elective	29	20	-9	-31%	£114	£137	£23	20%
Endocrinology	Outpatient - New	783	712	-71	-9%	£304	£276	-£27	-9%
Endocrinology	Outpatient - Follow Up	5,463	4,730	-733	-13%	£1,002	£878	-£124	-12%
Endocrinology	**Total**	**7,466**	**6,502**	**-964**	**-13%**	**£2,689**	**£2,358**	**-£331**	**-12%**
Haematology	Elective	319	295	-24	-8%	£587	£410	-£176	-30%
Haematology	Non Elective	203	99	-104	-51%	£640	£229	-£411	-64%
Haematology	Outpatient - New	262	240	-22	-8%	£114	£104	-£10	-9%
Haematology	Outpatient - Follow Up	1,920	1,963	43	2%	£409	£419	£10	2%
Haematology	**Total**	**2,704**	**2,597**	**-107**	**-4%**	**£1,749**	**£1,162**	**-£587**	**-34%**
Gastroenterology	Elective	1,867	1,752	-115	-6%	£2,359	£2,396	£38	2%
Gastroenterology	Non Elective	130	107	-23	-18%	£1,059	£684	-£375	-35%
Gastroenterology	Outpatient - New	1,174	1,027	-147	-13%	£263	£260	-£3	-1%
Gastroenterology	Outpatient - Follow Up	5,557	5,179	-378	-7%	£839	£835	-£4	0%
Gastroenterology	**Total**	**8,728**	**8,065**	**-663**	**-8%**	**£4,519**	**£4,175**	**-£344**	**-8%**
Metabolic	Elective	0		0	0%			£0	0%
Metabolic	Non Elective	0		0	0%			£0	0%
Metabolic	Outpatient - New	60	63	3	5%	£23	£22	-£1	-5%
Metabolic	Outpatient - Follow Up	360	394	34	9%	£139	£152	£13	9%
Metabolic	**Total**	**420**	**457**	**37**	**9%**	**£162**	**£174**	**£12**	**7%**
Dermatology	Elective	22	29	7	32%	£19	£25	£6	34%
Dermatology	Non Elective	0		0	0%			£0	0%
Dermatology	Outpatient - New	2,089	1,590	-499	-24%	£278	£220	-£58	-21%
Dermatology	Outpatient - Follow Up	8,071	7,393	-678	-8%	£756	£704	-£52	-7%
Dermatology	**Total**	**10,182**	**9,012**	**-1,170**	**-11%**	**£1,053**	**£949**	**-£104**	**-10%**
Nephrology	Elective	1,508	727	-781	-52%	£1,532	£835	-£697	-46%
Nephrology	Non Elective	48	47	-1	-2%	£202	£124	-£78	-39%
Nephrology	Outpatient - New	187	252	65	35%	£22	£30	£8	36%
Nephrology	Outpatient - Follow Up	3,148	3,522	374	12%	£374	£418	£44	12%
Nephrology	**Total**	**4,891**	**4,548**	**-343**	**-7%**	**£2,129**	**£1,406**	**-£723**	**-34%**
Oncology	Elective	4,577	6,035	1,458	32%	£3,270	£4,791	£1,522	47%
Oncology	Non Elective	471	883	412	87%	£1,258	£1,815	£557	44%
Oncology	Outpatient - New	121	88	-33	-27%	£32	£23	-£9	-28%
Oncology	Outpatient - Follow Up	3,890	3,914	24	1%	£1,010	£996	-£14	-1%
Oncology	**Total**	**9,059**	**10,920**	**1,861**	**21%**	**£5,569**	**£7,625**	**£2,056**	**37%**
Respiratory Medicine	Elective	177	187	10	6%	£291	£266	-£25	-9%
Respiratory Medicine	Non Elective	785	889	104	13%	£843	£1,110	£267	32%
Respiratory Medicine	Outpatient - New	732	749	17	2%	£202	£224	£21	11%
Respiratory Medicine	Outpatient - Follow Up	4,764	4,034	-730	-15%	£656	£640	-£16	-2%
Respiratory Medicine	**Total**	**6,458**	**5,859**	**-599**	**-9%**	**£1,992**	**£2,240**	**£248**	**12%**
Rheumatology	Elective	2,026	1,904	-122	-6%	£1,943	£1,856	-£87	-5%
Rheumatology	Non Elective	17	32	15	88%	£36	£87	£51	141%
Rheumatology	Outpatient - New	588	601	13	2%	£89	£91	£2	2%
Rheumatology	Outpatient - Follow Up	2,181	1,943	-238	-11%	£330	£293	-£36	-11%
Rheumatology	**Total**	**4,812**	**4,480**	**-332**	**-7%**	**£2,398**	**£2,327**	**-£71**	**-3%**
CBU Total									
Med Spec CBU	Elective	11,687	11,969	282	2%	£11,269	£11,646	£377	3%
Med Spec CBU	Non Elective	1,683	2,077	394	23%	£4,152	£4,186	£34	1%
Med Spec CBU	Outpatient - New	5,996	5,322	-674	-11%	£1,326	£1,249	-£77	-6%
Med Spec CBU	Outpatient - Follow Up	35,354	33,072	-2,282	-6%	£5,512	£5,334	-£179	-3%
Med Spec CBU	**Total**	**54,720**	**52,440**	**-2,280**	**-4%**	**£22,260**	**£22,415**	**£155**	**1%**

ICS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Accident & Emergency	Elective	2	3	1	50%	£2	£4	£2	102%
Accident & Emergency	Non Elective	801	1,417	616	77%	£750	£1,180	£430	57%
Accident & Emergency	Outpatient - New	2,508	1,711	-797	-32%	£850	£580	-£269	-32%
Accident & Emergency	Outpatient - Follow Up	270	201	-69	-26%	£92	£68	-£24	-26%
Accident & Emergency	**Total**	**3,581**	**3,332**	**-249**	**-7%**	**£1,694**	**£1,832**	**£139**	**8%**
CAMHS	Elective	3	1	-2	-67%	£3	£2	-£1	-35%
CAMHS	Non Elective	0		0	0%			£0	0%
CAMHS	Outpatient - New	2,358	3,037	679	29%			£0	0%
CAMHS	Outpatient - Follow Up	11,321	13,535	2,214	20%			£0	0%
CAMHS	**Total**	**13,682**	**16,573**	**2,891**	**21%**	**£3**	**£2**	**-£1**	**-35%**
Community Paediatrics	Elective	0	6	6	0%		£6	£6	0%
Community Paediatrics	Non Elective	0		0	0%			£0	0%
Community Paediatrics	Outpatient - New	3,624	2,921	-703	-19%			£0	0%
Community Paediatrics	Outpatient - Follow Up	8,655	6,331	-2,324	-27%			£0	0%
Community Paediatrics	**Total**	**12,279**	**9,258**	**-3,021**	**-25%**	**£0**	**£6**	**£6**	**0%**
Diabetes	Elective	0		0	0%			£0	0%
Diabetes	Non Elective	0		0	0%			£0	0%
Diabetes	Outpatient - New	18	104	86	478%	£4	£24	£20	478%
Diabetes	Outpatient - Follow Up	34	148	114	335%	£5	£19	£15	328%
Diabetes	**Total**	**52**	**252**	**200**	**385%**	**£9**	**£43**	**£35**	**400%**
General Paediatrics	Elective	541	434	-107	-20%	£575	£478	-£98	-17%
General Paediatrics	Non Elective	3,326	3,214	-112	-3%	£4,085	£4,519	£434	11%
General Paediatrics	Outpatient - New	5,384	4,196	-1,188	-22%	£1,018	£925	-£93	-9%
General Paediatrics	Outpatient - Follow Up	9,440	7,778	-1,662	-18%	£1,099	£1,003	-£95	-9%
General Paediatrics	**Total**	**18,691**	**15,622**	**-3,069**	**-16%**	**£6,777**	**£6,925**	**£147**	**2%**
CBU Total									
ICS CBU	Elective	546	444	-102	-19%	£580	£490	-£91	-16%
ICS CBU	Non Elective	4,127	4,631	504	12%	£4,835	£5,699	£863	18%
ICS CBU	Outpatient - New	13,892	11,969	-1,923	-14%	£1,872	£1,529	-£343	-18%
ICS CBU	Outpatient - Follow Up	29,720	27,993	-1,727	-6%	£1,195	£1,091	-£104	-9%
ICS CBU	**Total**	**48,285**	**45,037**	**-3,248**	**-7%**	**£8,483**	**£8,808**	**£326**	**4%**
A&E Attendances	**A&E Attendances**	**55,899**	**58,539**	**2,640**	**5%**	**£4,841**	**£4,837**	**-£4**	**0%**

NMSS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
ENT	Elective	2,449	1,975	-474	-19%	£3,033	£2,444	-£589	-19%
ENT	Non Elective	275	264	-11	-4%	£550	£490	-£59	-11%
ENT	Outpatient - New	4,189	3,083	-1,106	-26%	£448	£330	-£118	-26%
ENT	Outpatient - Follow Up	8,188	7,085	-1,103	-13%	£725	£677	-£49	-7%
ENT	**Total**	**15,101**	**12,407**	**-2,694**	**-18%**	**£4,756**	**£3,941**	**-£815**	**-17%**
Audiology	Elective	0		0	0%			£0	0%
Audiology	Non Elective	0		0	0%			£0	0%
Audiology	Outpatient - New	7,351	6,278	-1,073	-15%	£698	£596	-£102	-15%
Audiology	Outpatient - Follow Up	2,877	3,270	393	14%	£274	£312	£38	14%
Audiology	**Total**	**10,228**	**9,548**	**-680**	**-7%**	**£972**	**£908**	**-£64**	**-7%**
Ophthalmology	Elective	604	315	-289	-48%	£580	£300	-£280	-48%
Ophthalmology	Non Elective	19	7	-12	-63%	£40	£11	-£29	-72%
Ophthalmology	Outpatient - New	3,629	3,321	-308	-8%	£534	£515	-£19	-4%
Ophthalmology	Outpatient - Follow Up	13,566	9,504	-4,062	-30%	£1,355	£1,016	-£339	-25%
Ophthalmology	**Total**	**17,818**	**13,147**	**-4,671**	**-26%**	**£2,509**	**£1,842**	**-£667**	**-27%**
Burns	Elective	79	64	-15	-19%	£199	£118	-£81	-41%
Burns	Non Elective	332	307	-25	-8%	£809	£724	-£85	-10%
Burns	Outpatient - New	372	189	-183	-49%	£72	£37	-£35	-49%
Burns	Outpatient - Follow Up	1,212	1,020	-192	-16%	£135	£117	-£18	-14%
Burns	**Total**	**1,995**	**1,580**	**-415**	**-21%**	**£1,215**	**£996**	**-£219**	**-18%**
Neurology	Elective	178	276	98	55%	£345	£577	£232	67%
Neurology	Non Elective	99	100	1	1%	£461	£680	£219	47%
Neurology	Outpatient - New	1,081	1,059	-22	-2%	£280	£295	£15	5%
Neurology	Outpatient - Follow Up	3,457	3,157	-300	-9%	£901	£879	-£22	-2%
Neurology	**Total**	**4,815**	**4,592**	**-223**	**-5%**	**£1,987**	**£2,431**	**£444**	**22%**
Paediatric Epilepsy	Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Non Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Outpatient - New	136	118	-18	-13%	£30	£26	-£4	-14%
Paediatric Epilepsy	Outpatient - Follow Up	316	263	-53	-17%	£56	£46	-£9	-17%
Paediatric Epilepsy	**Total**	**452**	**381**	**-71**	**-16%**	**£86**	**£73**	**-£13**	**-16%**
Neurosurgery	Elective	302	316	14	5%	£1,227	£1,606	£379	31%
Neurosurgery	Non Elective	355	280	-75	-21%	£2,330	£1,655	-£675	-29%
Neurosurgery	Outpatient - New	786	608	-178	-23%	£68	£54	-£14	-20%
Neurosurgery	Outpatient - Follow Up	2,633	2,661	28	1%	£230	£238	£8	4%
Neurosurgery	**Total**	**4,076**	**3,865**	**-211**	**-5%**	**£3,855**	**£3,553**	**-£302**	**-8%**
Oral Surgery	Elective	585	490	-95	-16%	£685	£590	-£95	-14%
Oral Surgery	Non Elective	151	96	-55	-36%	£174	£119	-£55	-32%
Oral Surgery	Outpatient - New	868	565	-303	-35%	£172	£117	-£54	-32%
Oral Surgery	Outpatient - Follow Up	1,726	835	-891	-52%	£256	£149	-£107	-42%
Oral Surgery	**Total**	**3,330**	**1,986**	**-1,344**	**-40%**	**£1,287**	**£976**	**-£311**	**-24%**
Paediatric Dentistry	Elective	1,306	1,009	-297	-23%	£776	£591	-£185	-24%
Paediatric Dentistry	Non Elective	13	12	-1	-8%	£16	£11	-£4	-28%
Paediatric Dentistry	Outpatient - New	1,380	1,297	-83	-6%	£50	£46	-£3	-7%
Paediatric Dentistry	Outpatient - Follow Up	2,143	1,543	-600	-28%	£132	£93	-£39	-30%
Paediatric Dentistry	**Total**	**4,842**	**3,861**	**-981**	**-20%**	**£973**	**£741**	**-£232**	**-24%**
Orthodontics	Elective	0	2	2	0%		£2	£2	0%
Orthodontics	Non Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Outpatient - New	63	43	-20	-32%	£12	£8	-£4	-30%
Orthodontics	Outpatient - Follow Up	360	316	-44	-12%	£37	£31	-£6	-16%
Orthodontics	**Total**	**423**	**362**	**-61**	**-14%**	**£49**	**£43**	**-£6**	**-13%**
Plastic surgery	Elective	1,077	914	-163	-15%	£1,267	£1,135	-£132	-10%
Plastic surgery	Non Elective	1,238	956	-282	-23%	£1,622	£1,388	-£234	-14%
Plastic surgery	Outpatient - New	2,787	2,187	-600	-22%	£373	£355	-£18	-5%
Plastic surgery	Outpatient - Follow Up	6,190	5,165	-1,025	-17%	£635	£562	-£73	-11%
Plastic surgery	**Total**	**11,292**	**9,222**	**-2,070**	**-18%**	**£3,896**	**£3,440**	**-£456**	**-12%**
Orthopaedics	Elective	1,281	1,099	-182	-14%	£3,518	£3,156	-£362	-10%
Orthopaedics	Non Elective	775	618	-157	-20%	£2,026	£1,604	-£422	-21%
Orthopaedics	Outpatient - New	8,738	7,784	-954	-11%	£1,263	£1,125	-£138	-11%
Orthopaedics	Outpatient - Follow Up	13,472	15,817	2,345	17%	£1,351	£1,570	£219	16%
Orthopaedics	**Total**	**24,266**	**25,318**	**1,052**	**4%**	**£8,157**	**£7,455**	**-£702**	**-9%**
Sleep Studies	Elective	300	201	-99	-33%	£548	£318	-£230	-42%
Sleep Studies	Non Elective	0		0	0%			£0	0%
Sleep Studies	Outpatient - New	0		0	0%			£0	0%
Sleep Studies	Outpatient - Follow Up	0		0	0%			£0	0%
Sleep Studies	**Total**	**300**	**201**	**-99**	**-33%**	**£548**	**£318**	**-£230**	**-42%**
Spinal Surgery	Elective	164	126	-38	-23%	£3,134	£2,857	-£277	-9%
Spinal Surgery	Non Elective	0	3	3	0%		£108	£108	0%
Spinal Surgery	Outpatient - New	255	346	91	36%	£43	£58	£15	36%
Spinal Surgery	Outpatient - Follow Up	880	886	6	1%	£90	£90	£1	1%
Spinal Surgery	**Total**	**1,299**	**1,361**	**62**	**5%**	**£3,266**	**£3,114**	**-£153**	**-5%**
CBU Total									
NMSS CBU	Elective	8,325	6,787	-1,538	-18%	£15,311	£13,695	-£1,617	-11%
NMSS CBU	Non Elective	3,257	2,644	-613	-19%	£8,027	£6,791	-£1,236	-15%
NMSS CBU	Outpatient - New	31,635	26,878	-4,757	-15%	£4,042	£3,563	-£479	-12%
NMSS CBU	Outpatient - Follow Up	57,020	51,522	-5,498	-10%	£6,176	£5,781	-£395	-6%
NMSS CBU	**Total**	**100,237**	**87,831**	**-12,406**	**-12%**	**£33,556**	**£29,831**	**-£3,726**	**-11%**

SCACC CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Cardiology	Elective	493	438	-55	-11%	£1,791	£1,721	-£70	-4%
Cardiology	Non Elective	129	145	16	12%	£676	£551	-£125	-19%
Cardiology	Outpatient - New	1,723	1,615	-108	-6%	£384	£364	-£20	-5%
Cardiology	Outpatient - Follow Up	4,605	4,722	117	3%	£682	£707	£26	4%
Cardiology	**Total**	**6,950**	**6,920**	**-30**	**0%**	**£3,534**	**£3,344**	**-£190**	**-5%**
Cardiac Surgery	Elective	366	292	-74	-20%	£4,784	£3,784	-£1,001	-21%
Cardiac Surgery	Non Elective	130	101	-29	-22%	£2,985	£2,534	-£450	-15%
Cardiac Surgery	Outpatient - New	105	77	-28	-27%	£76	£56	-£20	-27%
Cardiac Surgery	Outpatient - Follow Up	334	218	-116	-35%	£242	£158	-£84	-35%
Cardiac Surgery	**Total**	**935**	**688**	**-247**	**-26%**	**£8,087**	**£6,531**	**-£1,555**	**-19%**
Gynaecology	Elective	19	13	-6	-32%	£18	£21	£2	13%
Gynaecology	Non Elective	0		0	0%			£0	0%
Gynaecology	Outpatient - New	282	249	-33	-12%	£38	£34	-£4	-12%
Gynaecology	Outpatient - Follow Up	466	437	-29	-6%	£39	£36	-£2	-6%
Gynaecology	**Total**	**767**	**699**	**-68**	**-9%**	**£96**	**£91**	**-£5**	**-5%**
Paediatric Surgery	Elective	1,962	1,831	-131	-7%	£3,776	£3,266	-£510	-14%
Paediatric Surgery	Non Elective	1,355	1,261	-94	-7%	£4,572	£4,093	-£479	-10%
Paediatric Surgery	Outpatient - New	2,244	2,109	-135	-6%	£413	£388	-£25	-6%
Paediatric Surgery	Outpatient - Follow Up	5,510	4,243	-1,267	-23%	£623	£481	-£141	-23%
Paediatric Surgery	**Total**	**11,071**	**9,444**	**-1,627**	**-15%**	**£9,384**	**£8,228**	**-£1,155**	**-12%**
Urology	Elective	1,867	2,107	240	13%	£2,115	£2,199	£84	4%
Urology	Non Elective	37	34	-3	-8%	£172	£146	-£26	-15%
Urology	Outpatient - New	1,309	1,106	-203	-16%	£209	£186	-£23	-11%
Urology	Outpatient - Follow Up	2,776	2,312	-464	-17%	£258	£270	£12	5%
Urology	**Total**	**5,989**	**5,559**	**-430**	**-7%**	**£2,754**	**£2,801**	**£47**	**2%**
Neonatology	Elective	2	6	4	200%	£15	£29	£13	85%
Neonatology	Non Elective	246	115	-131	-53%	£2,066	£977	-£1,089	-53%
Neonatology	Outpatient - New	0		0	0%			£0	0%
Neonatology	Outpatient - Follow Up	0		0	0%			£0	0%
Neonatology	**Total**	**248**	**121**	**-127**	**-51%**	**£2,081**	**£1,006**	**-£1,076**	**-52%**
Paediatric Intensive Care	Elective	128	15	-113	-88%	£276	£105	-£171	-62%
Paediatric Intensive Care	Non Elective	193	229	36	19%	£545	£1,608	£1,063	195%
Paediatric Intensive Care	Outpatient - New	81	132	51	63%	£60	£98	£38	63%
Paediatric Intensive Care	Outpatient - Follow Up	516	708	192	37%	£356	£517	£161	45%
Paediatric Intensive Care	**Total**	**918**	**1,084**	**166**	**18%**	**£1,237**	**£2,328**	**£1,092**	**88%**
CBU Total									
SCACC CBU	Elective	4,837	4,702	-135	-3%	£12,776	£11,124	-£1,652	-13%
SCACC CBU	Non Elective	2,090	1,885	-205	-10%	£11,016	£9,910	-£1,106	-10%
SCACC CBU	Outpatient - New	5,744	5,288	-456	-8%	£1,181	£1,126	-£55	-5%
SCACC CBU	Outpatient - Follow Up	14,207	12,640	-1,567	-11%	£2,199	£2,170	-£29	-1%
SCACC CBU	**Total**	**26,878**	**24,515**	**-2,363**	**-9%**	**£27,172**	**£24,330**	**-£2,842**	**-10%**

Clinical Support CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Radiology	Elective	1,328	1,380	52	4%	£1,748	£1,786	£37	2%
Radiology	Non Elective	34	31	-3	-9%	£299	£356	£57	19%
Radiology		**1,362**	**1,411**	**49**	**4%**	**£2,047**	**£2,142**	**£95**	**5%**

Trust wide		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Trust wide	Elective	26,723	25,282	-1,441	-5%	£41,684	£38,739	-£2,945	-7%
Trust wide	Non Elective	11,191	11,268	77	1%	£28,329	£26,942	-£1,387	-5%
Trust wide	Outpatient - New	57,267	49,457	-7,810	-14%	£8,422	£7,468	-£953	-11%
Trust wide	Outpatient - Follow Up	136,302	125,227	-11,075	-8%	£15,082	£14,376	-£707	-5%
Trust wide	**Total**	**231,483**	**211,234**	**-20,249**	**-9%**	**£93,518**	**£87,526**	**-£5,992**	**-6%**
A&E Attendances	**A&E Attendances**	**55,899**	**58,539**	**2,640**	**5%**	**£4,841**	**£4,837**	**-£4**	**0%**

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended March 2016

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective	3,721	3,627	(94)	43,033	38,739	(4,293)	43,033	38,739	(4,293)
Non Elective	2,368	2,327	(41)	28,356	26,942	(1,414)	28,356	26,942	(1,414)
Outpatients	2,104	2,017	(87)	24,293	21,844	(2,448)	24,293	21,844	(2,448)
A&E	475	423	(51)	4,841	4,837	(4)	4,841	4,837	(4)
Critical Care	2,002	1,873	(129)	21,968	22,025	57	21,968	22,025	57
Non PbR Drugs & Devices	1,517	1,749	232	18,202	18,266	64	18,202	18,266	64
Other Income	5,344	6,460	1,116	62,412	68,925	6,512	62,412	68,925	6,512
Total Income	**17,532**	**18,477**	**945**	**203,104**	**201,578**	**(1,526)**	**203,104**	**201,578**	**(1,526)**
Pay Costs	(10,670)	(10,404)	265	(129,460)	(133,447)	(3,987)	(129,460)	(133,447)	(3,987)
Drugs	(1,376)	(1,655)	(279)	(16,860)	(18,419)	(1,559)	(16,860)	(18,419)	(1,559)
Clinical Supplies	(1,239)	(385)	853	(15,339)	(14,412)	927	(15,339)	(14,412)	927
Other Non Pay	(2,412)	(3,505)	(1,094)	(28,841)	(28,283)	558	(28,841)	(28,283)	558
Total Expenditure	**(15,696)**	**(15,950)**	**(254)**	**(190,501)**	**(194,561)**	**(4,060)**	**(190,501)**	**(194,561)**	**(4,060)**
EBITDA	**1,836**	**2,527**	**691**	**12,604**	**7,017**	**(5,587)**	**12,603**	**7,017**	**(5,587)**
Capital Charges	(742)	(971)	(229)	(8,139)	(6,447)	1,692	(8,139)	(6,447)	1,692
Finance Income	2	7	5	40	107	67	40	107	67
Interest Expense (non-PFI/LIFT)	(84)	(83)	1	(1,006)	(1,000)	6	(1,006)	(1,000)	6
Interest Expense (PFI/LIFT)	(653)	(793)	(141)	(6,199)	(4,154)	2,045	(6,199)	(4,154)	2,045
Total Financing	**(1,476)**	**(1,840)**	**(365)**	**(15,304)**	**(11,494)**	**3,810**	**(15,304)**	**(11,494)**	**3,810**
Normalised Surplus/(Deficit)	**360**	**687**	**327**	**(2,701)**	**(4,477)**	**(1,777)**	**(2,701)**	**(4,477)**	**(1,777)**
One-off normalising items									
Government Grants/Donated Income	0	1,097	1,097	15,962	14,137	(1,825)	15,962	14,137	(1,825)
MASS/Restructuring	0	0	0	0	(36)	(36)	0	(36)	(36)
Fixed Asset Impairment	(1,677)	22,974	24,651	(69,840)	(45,189)	24,651	(69,840)	(45,189)	24,651
(Gains)/Losses on asset disposals	0	(814)	(814)	(4,741)	(5,133)	(392)	(4,741)	(5,133)	(392)
Reported Surplus/(Deficit)	**(1,317)**	**23,944**	**25,261**	**(61,320)**	**(40,699)**	**20,621**	**(61,320)**	**(40,699)**	**20,621**

Key Metrics	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Normalised Income £000	17,534	18,484	950	203,144	201,685	(1,459)	203,144	201,685	(1,459)
Normalised Expenditure £000	(17,174)	(17,797)	(623)	(205,845)	(206,162)	(317)	(205,845)	(206,162)	(317)
Normalised Surplus/(Deficit) £000	360	687	327	(2,701)	(4,477)	(1,777)	(2,701)	(4,477)	(1,777)
WTE	2,825	2,982	(156)	2,825	2,982	(156)			
CIP £000	1,175	759	(416)	10,173	6,150	(4,023)	10,173	6,150	(4,023)
Cash £000	6,100	10,551	4,451	6,100	10,551	4,451			
CAPEX FCT £000	333	4,727	(4,394)	32,662	33,569	(907)	32,662	33,569	(908)
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	IN MONTH PLAN	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE PLAN	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR PLAN	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Elective	2,312	2,285	(27)	26,723	25,282	(1,441)	26,723	25,282	(1,441)
Non Elective	935	1,026	91	11,191	11,268	77	11,191	11,268	77
Outpatients	16,744	15,401	(1,343)	193,569	174,684	(18,885)	193,569	174,684	(18,885)
A&E	5,484	5,997	513	55,899	58,539	2,640	55,899	58,539	2,640

	2014/15 ACTUAL £'000	2015/16 PLAN £,000	ACTUAL TO DATE £,000	PREVIOUS MONTH £,000
Property, Plant and Non Current Assets	66,767	186,473	217,516	193,198
Cash and Cash Equivalents	36,048	6,816	10,551	17,837
Trade & Other Current Assets	78,070	13,730	13,217	10,746
Current Liabilities	(40,924)	(22,170)	(30,741)	(34,823)
Total Assets Less Current Liabilities	139,961	184,849	210,543	186,958
Non Current Provisions/Liabilities	(753)	(698)	(690)	(685)
Non Current Borrowings	(41,058)	(145,165)	(152,023)	(152,356)
Total Assets Employed	98,150	38,986	57,830	33,917
Financed by: Taxpayers' Equity	98,150	38,986	57,830	33,917

AGED DEBT ANALYSIS	TARGET PLAN %	ACTUAL IN MONTH %	PREVIOUS MONTH %	Explanation if more than 5%
% of Debtors > 90 days	5%	32%	17%	The actual debt over 90 days at the end of March is £366k - an improvement of £97k. There are 4 large value credit notes for year end settlements, total £2.7m, which are bringing down the value of the overall aged debt therefore impacting the amount in over 90 days. Without these credits the over 90 days figure would be at 9.5%. Salary overpayment invoices over 90 days amount to £90k. Without these debts also, the over 90 days would be 7%. One issue remains on Liverpool Women's for £42k, debt over 90 days due from Liverpool Women's has reduced from £180k to £2k. We have escalated Liverpool Community Health £41k and Bridgewater £10k to the Director of Finance with a view to resolving issues with their Director of Finance.

3.3 Financial Sustainability Risk Rating

2014/15 ACTUAL FSRR		2015/16 FULL YEAR FSRR	2015/16 M12 PLAN (METRIC)	ACTUAL TO DATE (METRIC)	PLAN TO DATE FSRR	ACTUAL TO DATE FSRR
4	Capital Servicing Capacity Ratio (times)	1	1	1	1	1
4	Liquidity Ratio (days)	3	-6	-18	3	1
3	I&E Margin	1	6	4	4	4
1	Variance in I&E Margin as % of Income	4	-7	-2	1	2
2	Financial Sustainability Risk Rating	2			2	2

	Financial criteria	Weight (%)	Metric	Rating categories**			
				1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75-2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)–0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

2015/16 Cost Improvement Programme

1. Headlines

The Month 12 CIP performance across the Trust showed an underachievement of £416k (35%) in month and an underachievement of £4,023k (40% of the target) to date. The largest variances to date are in NMSS (£963k behind target), SCACC (£1,128k behind target) and Med Specs (£1,189k behind target). The main reason for the under performance is the slippage/delay of activity related schemes. Due to the Big Move the Trust planned an in year under achievement of £4m. The figures shown are gross and have been offset by this underachievement contingency.

2. Performance by CBU

CBU	In Month @ March				Year to date @ March				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Other Corporate Services	5,399	31,420	26,021	482%	29,567	78,396	48,829	165%	29,567	78,396	48,829	165%
Clinical Support Services	151,763	308,257	156,495	103%	1,726,000	1,981,989	255,989	15%	1,726,000	1,981,989	255,989	15%
Estates	13,541	41,561	28,020	207%	113,000	338,000	225,000	199%	113,000	338,000	225,000	199%
Finance & Information	23,729	103,331	79,602	335%	218,471	474,291	255,820	117%	218,471	474,291	255,820	117%
Human Resources	39,751	32,124	(7,627)	-19%	340,109	81,850	(258,259)	-76%	340,109	81,850	(258,259)	-76%
Hotel	22,137	5,034	(17,103)	-77%	210,000	42,002	(167,958)	-80%	210,000	42,002	(167,958)	-80%
Integrated Community Services	201,577	77,415	(124,162)	-62%	1,659,000	694,060	(964,940)	-58%	1,659,000	694,060	(964,940)	-58%
Innovation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Medical Specialties	210,120	36,234	(173,887)	-83%	1,700,000	510,833	(1,189,167)	-70%	1,700,000	510,833	(1,189,167)	-70%
Neurosciences, MSK and Specialist Surgery	215,951	53,438	(162,512)	-75%	1,964,301	1,001,216	(963,085)	-49%	1,964,301	1,001,216	(963,085)	-49%
Operational Services	2,987	928	(2,059)	-69%	17,321	11,137	(6,184)	-36%	17,321	11,137	(6,184)	-36%
R&D	18,333	0	(18,333)	-100%	120,000	0	(120,000)	-100%	120,000	0	(120,000)	-100%
Risk Management	2,955	429	(2,526)	-85%	16,430	5,149	(11,281)	-69%	16,430	5,149	(11,281)	-69%
Surgery, Cardiac, Critical Care, Anaesthetic	267,082	68,691	(198,391)	-74%	2,059,000	930,999	(1,128,001)	-55%	2,059,000	930,999	(1,128,001)	-55%
Total	1,175,326	758,862	(416,463)	-35%	10,173,200	6,149,922	(4,023,278)	-40%	10,173,200	6,149,922	(4,023,278)	-40%

3. Performance Strategic

Theme	In Month @ March				Year to date @ March				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Improve In Hospital Activity	330,987	247,867	(83,119)	-25%	2,642,046	1,080,884	(1,561,162)	-59%	2,642,046	1,080,884	(1,561,162)	-59%
Improve Out of Hospital Activity	68,627	1,510	(67,117)	-98%	768,880	73,512	(695,368)	-90%	768,880	73,512	(695,368)	-90%
Improve Business Efficiency	459,608	556,556	96,948	21%	3,794,564	4,984,834	1,190,270	31%	3,794,564	4,984,834	1,190,270	31%
Deliver Strategic Plan	52,833	972	(51,861)	-98%	350,000	10,692	(339,308)	-97%	350,000	10,692	(339,308)	-97%
Improve Workforce Efficiency	61,004	0	(61,004)	-100%	190,500	0	(190,500)	-100%	190,500	0	(190,500)	-100%
GAP	202,267	0	(202,267)	-100%	2,427,210	0	(2,427,210)	-100%	2,427,210	0	(2,427,210)	-100%
Total	1,175,326	806,905	(368,420)	-31%	10,173,200	6,149,922	(4,023,278)	-40%	10,173,200	6,149,922	(4,023,278)	-40%

4. Posted Savings
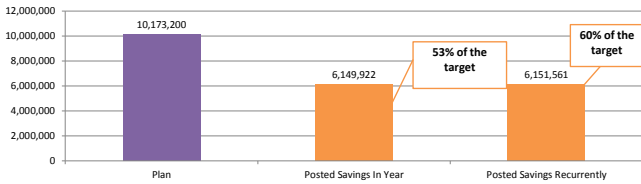
5. Risk to Delivery
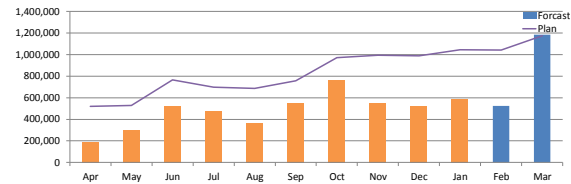
6. Forecast Risk by CBU (In year)

CBU	Target	Forecast	Gap	RAG RATING				
				Green	Green/Amber*	Amber	Red	Black
Other Corporate Services	29,567	78,396	48,829	78,396	0	0	0	(48,829)
Clinical Support Services	1,726,000	1,981,989	255,989	1,981,989	0	0	0	(255,989)
Estates	113,000	338,000	225,000	338,000	0	0	0	(225,000)
Finance & Information	218,471	426,526	208,055	426,248	0	278	0	(208,055)
Human Resources	340,109	81,850	(258,259)	81,850	0	0	0	258,259
Hotel	210,000	42,002	(167,998)	42,002	0	0	0	167,998
Integrated Community Services	1,659,000	698,893	(960,107)	694,060	0	4,833	0	960,107
Innovation	0	33,333	33,333	0	0	33,333	0	(33,333)
Medical Specialties	1,700,000	531,784	(1,168,216)	510,833	0	20,951	0	1,168,216
Neurosciences, MSK and Specialist Surgery	1,964,301	1,273,237	(691,064)	1,001,216	48,687	127,582	95,752	691,064
Operational Services	17,321	11,137	(6,184)	11,137	0	0	0	6,184
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	997,545	(1,061,455)	930,999	45,046	9,500	12,000	1,061,455
Total	10,173,200	6,499,842	(3,673,358)	6,101,879	93,733	196,478	107,752	3,673,358

7. Forecast Risk (Recurrent)

CBU	Target	Forecast	Gap	RAG RATING				
				Green	Green/Amber*	Amber	Red	Black
Other Corporate Services	29,567	15,352	(14,215)	15,352	0	0	0	14,215
Clinical Support Services	1,726,000	1,115,095	(610,905)	1,115,095	0	0	0	610,905
Estates	113,000	460,000	347,000	460,000	0	0	0	(347,000)
Finance & Information	218,472	493,076	274,604	491,876	0	1,200	0	(274,604)
Human Resources	340,109	39,551	(300,558)	39,551	0	0	0	300,558
Hotel	210,000	126,067	(83,933)	126,067	0	0	0	83,933
Integrated Community Services	1,659,000	593,886	(1,065,114)	593,886	0	0	0	1,065,114
Innovation	0	0	0	0	0	0	0	0
Medical Specialties	1,700,000	646,966	(1,053,034)	646,966	0	0	0	1,053,034
Neurosciences, MSK and Specialist Surgery	1,964,301	1,505,804	(458,497)	1,505,804	0	0	0	458,497
Operational Services	17,321	24,634	7,313	24,634	0	0	0	(7,313)
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	1,127,181	(931,819)	1,127,181	0	0	0	931,819
Total	10,173,200	6,152,761	(4,020,439)	6,151,561	0	1,200	0	4,020,439

CBU	Target	Forecast	Gap	Green	Green/Amber*	Amber	Red	Black
Improve In Hospital Activity	2,642,046	1,419,663	(1,222,383)	1,419,663	0	0	0	1,222,383
Improve Out of Hospital Activity	768,880	332,887	(435,993)	332,887	0	0	0	435,993
Improve Business Efficiency	3,794,564	4,388,547	593,983	4,387,347	0	1,200	0	(593,983)
Deliver Strategic Plan	350,000	11,664	(338,336)	11,664	0	0	0	338,336
Improve Workforce Efficiency	190,500	(0)	(190,500)	0	0	0	(0)	190,500
GAP	2,427,210	0	(2,427,210)	0	0	0	0	2,427,210
Total	10,173,200	6,152,761	(4,020,439)	6,151,561	0	1,200	0	4,020,439

Capital Expenditure Period ended   Mar-16

	Prior Year Expenditure £000	IN MONTH BUDGET £000	IN MONTH ACTUAL £000	IN MONTH VARIANCE £000	YEAR TO DATE BUDGET £000	YEAR TO DATE ACTUAL £000	YEAR TO DATE VARIANCE £000	FULL YEAR BUDGET £000	FULL YEAR FORECAST £000	FULL YEAR VARIANCE £000
ESTATES CAPITAL SCHEMES										
PLANNED CAPITAL - ESTATES										
Interim & Retained Estate		170	359	(189)	1,211	1,063	148	1,211	1,063	148
Demolition/Decommissioning		50	28	22	200	231	(31)	200	231	(31)
Demolition Alder Park		0	(199)	199	224	0	224	224	0	224
Project costs associated with schemes		50	76	(26)	100	211	(111)	100	211	(111)
CDC		63	0	63	630	0	630	630	0	630
PLANNED CAPITAL - ESTATES		333	264	69	2,365	1,506	859	2,365	1,506	859
Research & Education Phase 1.	6,877	0	105	(105)	4,443	4,318	125	4,443	4,318	125
Research & Education Phase 2		0	0	0	900	379	521	900	379	521
RESEARCH & EDUCATION PHASE 1	6,877	0	105	(105)	5,343	4,697	646	5,343	4,697	646
ESTATES TOTAL CAPITAL	6,877	333	369	(36)	7,708	6,203	1,505	7,708	6,203	1,505
IM & T CAPITAL SCHEMES										
New Build IM&T	2,302	0	115	(115)	1,756	2,113	(357)	1,756	2,113	(357)
Door Access		0	0	0	400	82	318	400	82	318
CCTV & Mobile Technology	0	0	0	0	400	197	203	400	197	203
Patient Entertainment - Core	360	0	()	0	250	265	(15)	250	265	(15)
Interim Move IM&T Costs		0	413	(413)	0	416	(416)	0	416	(416)
NETWORKING, INFRASTRUCTURE & OTHER IT	2,662	0	527	(527)	2,806	3,072	(266)	2,806	3,072	(266)
Electronic Patient Record.	3,515	0	103	(103)	5,712	6,172	(460)	5,712	6,172	(460)
ELECTRONIC PATIENT RECORD	3,515	0	103	(103)	5,712	6,172	(460)	5,712	6,172	(460)
IM & T TOTAL CAPITAL	6,177	0	630	(630)	8,518	9,244	(726)	8,518	9,244	(726)
ALDER HEY IN THE PARK										
Medical Equipment - Replacement Cycle	930	0	48	(48)	3,030	3,604	(574)	3,030	3,604	(574)
Medical Equipment - Project Specific Items (Patient Monitoring)		0	0	0	700	620	80	700	620	80
Medical Equipment - Project Specific		0	0	0	528	0	528	528	0	528
Medical Equipment - Additional Rooms.		0	()	0	768	542	226	768	542	226
Medical Equipment - Category B2 Brainlab		0	0	0	300	341	(41)	300	341	(41)
Drills		0	0	0	208	0	208	208	0	208
Medical Equipment B1 Charity		0	1,104	(1,104)	0	1,114	(1,114)	0	1,114	(1,114)
Hybrid Theatre		0	0	0	0	0	0	0	0	0
		0	1,152	(1,152)	5,534	6,221	(687)	5,534	6,221	(687)
Clinical Equipment - Project Specific (Parent Beds)		0	0	0	187	226	(39)	187	226	(39)
Medical Equipment - Category B1 (Radio & Angio)	4,509	0	25	(25)	771	699	72	771	699	72
Non Medical Equipment - Category B2	4	0	0	0	329	144	185	329	144	185
Non Medical Equipment - Category C	27	0	43	(43)	2,325	3,206	(881)	2,325	3,206	(881)
Non Medical Equipment - Project Specific		0	0	0	246	47	199	246	47	199
Automated Drug Cabinets		0	0	0	333	333	(0)	333	333	(0)
PFI Building Snagging		0	52	(52)	50	97	(47)	50	97	(47)
		0	120	(120)	4,241	4,753	(512)	4,241	4,753	(512)
Outpatients		0	118	(118)	2,772	(1,270)	4,042	2,772	(1,270)	4,042
Capital Contribution PFI		0	2,098	(2,098)	2,697	7,400	(4,703)	2,697	7,400	(4,703)
Innovation Hub		0	0	0	280	0	280	280	0	280
Site Development		0	83	(83)	0	96	(96)	0	96	(96)
Office Development		0	24	(24)	0	120	(120)	0	120	(120)
		0	2,324	(2,324)	5,749	6,346	(598)	5,749	6,346	(598)
ALDER HEY IN THE PARK TOTAL	5,470	0	3,595	(3,595)	15,524	17,320	(1,796)	15,524	17,320	(1,797)
Business Intelligence		0	132	(132)	250	377	(127)	250	377	(127)
Other	0	0	0	0	662	425	237	662	425	237
Other	0	0	132	(132)	912	802	110	912	802	110
CAPITAL PROGRAMME 15/16	18,524	333	4,727	(4,394)	32,662	33,569	(907)	32,662	33,569	(908)
Technical Adjustments		(63)	0	(63)	(630)	0	(630)	(630)	0	(630)
AMENDED CAPITAL PROGRAMME 15/16	18,524	270	4,727	(4,457)	32,032	33,569	(1,537)	32,032	33,569	(1,538)

3.8 CBU Financial Performance Report for the period ended March 2016

CBU	Line	IN MONTH BUDGET £'000	IN MONTH ACTUAL £'000	IN MONTH VARIANCE £'000	IN MONTH VARIANCE %	YEAR TO DATE BUDGET £'000	YEAR TO DATE ACTUAL £'000	YEAR TO DATE VARIANCE £'000	YEAR TO DATE VARIANCE %	Comments
MEDICAL SPECIALTIES	INCOME	3,478	3,513	36	1%	40,817	39,807	(1,010)	-2%	Overall under-performance on activity, mainly due to elective activity. Under delivery on CIP.
	PAY COSTS	(1,033)	(1,091)	(59)	-6%	(12,856)	(13,573)	(717)	-6%	Overspend relates to under delivery of CIP, and high usage of bank & agency across wards
	NON PAY COSTS	(1,173)	(1,265)	(93)	-8%	(14,150)	(14,565)	(415)	-3%	High spend on PbR drugs in month, offset by overall gain on non-PbR drugs.
	CONTRIBUTION	1,272	1,157	(115)	-9%	13,811	11,669	(2,142)	-16%	
DISTRICT SERVICES/CAMHS & COMMUNITY	INCOME	3,153	3,188	35	1%	36,099	37,426	1,327	4%	IAPT income offset by expenditure. Under delivery on CIP. Additional income for Eating Disorders Liverpool CAMHS, Community Paeds and also Sefton Tier 3 (offset by expenditure).
	PAY COSTS	(2,134)	(2,425)	(291)	-14%	(25,171)	(26,932)	(1,761)	-7%	Pay overspend on Homecare packages, IAPT & Sefton tier 3 offset by additional income. With additional costs for locum doctors and 4C nurse cover through bank and agency.
	NON PAY COSTS	(202)	(362)	(159)	-79%	(2,757)	(3,861)	(1,104)	-40%	Overspend relates to under delivery of CIP, IAPT expenditure, Sefton Tier 3 and insulin pump expenditure offset by additional Income.
	CONTRIBUTION	817	401	(416)	-51%	8,171	6,633	(1,538)	-19%	
NEUROSCIENCE, MUSCULOSKELETAL AND SPECIALIST SURGERY	INCOME	3,807	3,477	(331)	-9%	45,030	40,251	(4,779)	-11%	Income continues to be behind plan. (Elective mainly ENT & ortho. NEL mainly neurosurg & ortho. Outpatients across the specialties).
	PAY COSTS	(1,474)	(1,751)	(277)	-19%	(18,206)	(18,910)	(704)	-4%	Pay overspend due to temporary staffing and payments for additional sessions.
	NON PAY COSTS	(170)	(252)	(82)	-48%	(2,125)	(2,808)	(682)	-32%	Non pay over spends spread across the CBU & across several areas eg drugs costs (230k YTD) & hearing aids (some of which will be offset by income).
	CONTRIBUTION	2,163	1,474	(689)	-32%	24,699	18,533	(6,166)	-25%	
SURGERY, CARDIAC, ANAESTHESIA & CRITICAL CARE CBU (SCACC)	INCOME	4,734	4,578	(157)	-3%	53,162	48,634	(4,529)	-9%	Income underperforming (mainly in Cardiac surgery, general surgery & Neonates), with smaller variances across the CBU.
	PAY COSTS	(3,059)	(3,258)	(199)	-7%	(37,153)	(38,327)	(1,174)	-3%	Continued used of temporary staffing mainly on wards & theatres.
	NON PAY COSTS	(956)	32	988	103%	(11,266)	(9,827)	1,440	13%	Various overspends such as drugs and Med & surg equipments which are offset with underspends in theatres. Theatres yr end stock take adjustment in month
	CONTRIBUTION	719	1,352	633	88%	4,743	480	(4,263)	-90%	
CLINICAL SUPPORT UNIT	INCOME	895	826	(69)	-8%	10,517	10,505	(12)	0%	Income slightly behind plan year to date
	PAY COSTS	(1,526)	(1,521)	5	0%	(18,323)	(18,173)	150	1%	Various CBU vacancies offset by pressure in Records Management Team - Agency 454k, Paperlight project
	NON PAY COSTS	(505)	(604)	(100)	-20%	(6,001)	(7,102)	(1,101)	-18%	Overspending areas are drugs, FP10's, patient appliances, send away tests, Patient Services, Pharmacy fridge failure, and unachieved CIP
	CONTRIBUTION	(1,136)	(1,299)	(163)	-14%	(13,807)	(14,770)	(963)	-7%	
HOTEL SERVICES	INCOME	144	139	(4)	-3%	1,676	1,475	(201)	-12%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site, Car Parking and Catering underachieved
	PAY COSTS	(390)	(536)	(146)	-37%	(4,284)	(4,820)	(536)	-13%	Additional pay costs associated with increased cleaning requirements in new build
	NON PAY COSTS	(182)	(265)	(83)	-46%	(2,188)	(2,649)	(462)	-21%	Continuing overspends in postage, Security, and provisions offset by various savings
	CONTRIBUTION	(428)	(662)	(234)	-55%	(4,796)	(5,994)	(1,198)	-25%	
ESTATES	INCOME	5	4	(1)	-20%	69	163	94	136%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site offset by forecast recharge to UoL for IItP
	PAY COSTS	(49)	(6)	43	88%	(719)	(562)	156	22%	Pay savings
	NON PAY COSTS	(598)	(910)	(312)	-52%	(6,815)	(7,178)	(363)	-5%	Energy pressure in month due to changes in energy usage - CHP now fully functional again in new build - 200k capital adjustment
	CONTRIBUTION	(642)	(912)	(270)	-42%	(7,465)	(7,577)	(112)	-2%	
RESEARCH & DEVELOPMENT	INCOME	347	548	201	58%	4,058	4,274	215	5%	Offset by Non Pay costs
	PAY COSTS	(184)	(186)	(3)	-2%	(2,201)	(2,296)	(94)	-4%	Offset by Income
	NON PAY COSTS	(105)	(425)	(320)	-305%	(1,260)	(1,502)	(242)	-19%	Offset by Income
	CONTRIBUTION	58	(63)	(121)	-209%	597	476	(121)	-20%	
ALDER HEY IN THE PARK	INCOME	441	372	(70)	-16%	6,451	6,414	(37)	-1%	
	PAY COSTS	(150)	1,029	1,178	785%	(2,510)	(1,489)	1,022	41%	
	NON PAY COSTS	(42)	(13)	30	71%	(935)	(782)	153	16%	
	CONTRIBUTION	249	1,388	1,139	457%	3,006	4,143	1,137	38%	
CORPORATE OTHER DEPT	INCOME	0	(4)	(4)	0%	0	(1)	(1)	0%	
	PAY COSTS	(129)	(126)	2	2%	(1,592)	(1,559)	33	2%	Various vacancies
	NON PAY COSTS	(73)	(121)	(48)	-66%	(588)	(916)	(328)	-56%	Overspend in Communications and Trust Board (Legal fees and Professional fees)
	CONTRIBUTION	(202)	(251)	(49)	-24%	(2,180)	(2,476)	(296)	-14%	
FINANCE & IMT	INCOME	(6)	(1)	5	83%	(116)	88	204	176%	Overachievement in Finance mainly CIP
	PAY COSTS	(307)	(284)	23	7%	(3,400)	(3,355)	46	1%	Overachievement in Finance CIP
	NON PAY COSTS	(199)	(408)	(209)	-105%	(2,799)	(3,400)	(601)	-21%	Overspend mainly due to IMT computer expenditure & Telephony
	CONTRIBUTION	(512)	(693)	(181)	-35%	(6,315)	(6,667)	(352)	-6%	
HUMAN RESOURCES	INCOME	55	35	(20)	-36%	633	348	(285)	-45%	Income behind plan mainly due to unachieved CIP
	PAY COSTS	(131)	(146)	(16)	-12%	(1,688)	(1,717)	(29)	-2%	Unachieved CIP
	NON PAY COSTS	(88)	(229)	(141)	-160%	(1,049)	(1,108)	(59)	-6%	Overspend mainly in Salaries and Wages cost centre and Organisational Development
	CONTRIBUTION	(164)	(340)	(176)	-107%	(2,104)	(2,477)	(373)	-18%	
NURSING & QUALITY	INCOME	11	87	76	691%	129	350	221	171%	Mainly NHSLA - Safety Improvement plan - offset Pay and Alder Hey MSc Child Nursing - offset Non Pay
	PAY COSTS	(137)	(183)	(45)	-33%	(1,683)	(1,905)	(222)	-13%	Mainly NHSLA - Safety Improvement plan - offset Income
	NON PAY COSTS	(25)	(84)	(59)	-236%	(317)	(650)	(334)	-105%	Various overspends in Nursing Leadership, Risk Management, Patient Experience and Infection Control Department (Bioquell Pods for CBU's - ended Oct15) Alder Hey MSc Child Nursing - offset Income
	CONTRIBUTION	(151)	(180)	(29)	-19%	(1,871)	(2,205)	(334)	-18%	

Board of Directors

Tuesday 3rd May 2016

Report of	Executive Sponsor – Assurance Framework
Paper prepared by	External Programme Assessment
Subject/Title	Programme Assurance – Update
Purpose of Paper	To: - receive and consider a concise summary on the conduct and prerformance of the next phase of the change programme at Alder Hey Children's Foundation Trust. Monthly reports will cover the progress of the workstreams and monitor the governance and assurance framework. The summary will be referenced with summaries of reports received by Sub-Committees.
Action/Decision required	The Board is asked to: • consider the contents of the report • respond to any recommendations • advise the Programme Assurance Framework of directors' concerns or expectations
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivering **clinical excellence** in all of our services. Be a world class centre for children's **Research and Development.** Ensure our staff have the **right skills, competence, motivation and leadership** to deliver our Vision. To provide a **world-class facility** for our work to be made available to children locally, nationally and internationally by delivering our hospital in the park vision.

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Alder Hey Children's NHS

NHS Foundation Trust

Programme Assurance Summary
Change Programme – 8 Work streams (work stream reports attached for reference)

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

1. The change programme overall is some 3 months behind the optimal progress against our initial planning assumptions ; 12 of 25 projects are yet to fully complete a Project Initiation Documents (PIDs). It is essential all projects have clearly outlined the scope of the project, the key targets and benefits together with the miles stones for delivery. The supporting dashboards identify those projects where this is not the case.

2. The projects that are now defined and underway will need to, in large part, improve of the standards of project management – weaknesses are evidenced in the attached reports – if the sub-Committees and Trust Board are to have increased confidence in the delivery of quality improvements and financial efficiencies in the timescales required.

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

1. In April 2016 the new governance framework, agreed by the Trust Board, was introduced. Assurance and progress reports were submitted to the Sub-Committees of the Board as follows:
   a) WOD: Developing Our Workforce
   b) CQAC: Our Patients at the Centre
   c) R&BD: Developing Our Business; Research, Education & Innovation; Developing IM&CT and EPR; Supporting Front Line Staff; Park, Community Estate & Facilities.

2. The delegated task from the Trust Board to the Sub-Committees, namely the responsibility for 'assurance, performance management and direction' of the work streams comprising the programme of change will clearly take time to fully embed.

J Gibson

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

The preliminary CiP Forecast against the **£7.2m target**, is a **£1.5m gap.** This forecast is under review by work stream leads and will be refreshed fortnightly and reported to Executive Team. The Trust has advised Monitor, it will deliver £5.2m in year, therefore the trust is planning internally for contingency up to £7.2m. The full £7.2m is required recurrently to achieve financial targets

Target		Forecast	
£7.2m	£1.76	£0.69	£3.22	£1.54

Alder Hey Children's NHS

NHS Foundation Trust

Programme Assurance Summary
Developing Our Workforce

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

1. The pace of identification of CIP opportunities in project 1.1 'Workforce Capability and Sustainability' needs to be increased as a matter of urgency. The initial opportunity assessment completed by CBU's identified £861k of CIP 'ideas', a £2,639k gap against FY 16/17 target of £3.5m. In addition other ideas are under financial appraisal. These opportunities require full project documentation to cover the schemes. As agreed at the Programme Board on 31 Mar 16, all 3 projects should be green rated for evidence of project working by 30 Apr 16.

2. The sub-Committee should note that project 1.4 'Starters & Leavers Process' is one upon which many other areas of operations – not least the Electronic Patient Care System (EPCS) – are significantly dependent.

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

1. The decision to replace the change programme project 1.3 'Improving Employee Communication and Engagement' with the 'Listening Into Action' scheme membership should be ratified by the WOD Committee at the meeting of 13 Apr 16.

2. The 'Workforce Capability and Sustainability', project 1.1, structures need to be refined to incorporate the planning of tasks and reporting of benefits across the different levels of activity – Business Unit (BU) and Cross-cutting; separate plans need to be posted onto SharePoint to provide transparency.

3. The Steering Group for the 3 remaining projects in the work stream needs to be established as a matter of urgency.

J Gibson

NHS

Alder Hey Children's
NHS Foundation Trust

Programme Assurance Framework
Developing Our Workforce Update (Melissa Swindell - Executive Sponsor)

Work Stream Summary:

The Work Stream comprised 4 projects but this has now been reduced to 3 with the advent of the Trust 'Listening Into Action' (LIA) scheme membership; LIA will be reporting directly to the Trust Board. For the other 3 projects, the teams have commenced defining the scope of the projects through the Project Initiation Documents (PIDs) and drafting implementation plans as well as the other project documentation (Risk registers, QIA/EA etc). The Capability and Sustainability project has a significant Cost Improvement Programme (CIP) target attached of some £3.5m in 16/17 and £1m in 17/18. All core project team posts have been filled. The Steering Group for the work-stream is yet to be established.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Capability & Sustainability	BU Presentations to Ops Board – 31 Mar 16	N
Developing High Quality Leadership & Mgt	PID drafted and Plan prepared	Y
Starters & Leavers Process	PID remains at draft stage	N

Milestones for Next Month:

Project	Key tasks to be delivered in month
Capability & Sustainability	All project documentation completed and BU plans onto SharePoint
Developing High Quality Leadership & Mgt	All project documentation completed
Starters & Leavers Process	All project documentation completed
Work Stream	Establish the Steering Group

Issues for Escalation to Sub-Committee:

The sub-Committee is requested to:
- Note the progress to date
- Appreciate the challenging nature of the CIP targets for BUs
- Support the approach to LIA as the primary tool for communications and engagement

Programme Assurance Framework
Developing Our Workforce Update (completed by Assurance Team)

Sub-Committee	W&OD	Report Date	5 April 2016
Workstream Name	Developing Our Workforce	Executive Sponsor	Melissa Swindell

Current Dashboard Rating:

Project Ref	Assurance Group	Project Title	Project Description	Executive Sponsor **Assures the project**	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits is defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
WOD 1.1	Workforce & Organisational Development	Workforce Capability & Sustainability	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Melissa Swindell	(red)	●	●	●	●	●	●	●	●	Project team meetings not yet visible and no Steering Group function yet formed for the work stream. The PID needs to be completed and a detailed plan developed. EA/QIA to be completed and signed off. Financial Statement to be completed. **Last updated 9 March 2016**
WOD 1.2	Workforce & Organisational Development	Developing High Quality Leadership & Management	To implement a Trust wide Leadership and Management Strategy which supports leaders at all levels to develop a positive, high performance culture	Melissa Swindell	(red)	●	●	●	●	●	●	●	●	Project team meetings not yet visible and no Steering Group function yet formed for the work stream. The PID needs to be completed and a detailed plan developed. EA/QIA to be completed and signed off. **Last updated 16 March 2016**
WOD 1.3	Workforce & Organisational Development	Improving Employee Communication & Engagement	To implement a Trust wide employee communication and engagement plan which supports the development of a positive, high performance culture	Melissa Swindell/ Louise Dunn										Executive Sponsors advise that this project is now superceded by the Trust LiA roll-out; Trust Board of 5 Apr 16 decided to receive assurance/feedback directly from the first 10 LIA teams in 3 months (July 2016).
WOD 1.4	Workforce & Organisational Development	Starters & Leavers Process	To establish the internal processes with regards to sharing and maintaining information on staff starters, leavers and changes, also to establish an agreed process for those non-employees	Melissa Swindell	(red)	●	●	●	●	●	●	●	●	Project team meetings not yet visible and no Steering Group function yet formed for the work stream. The PID needs to be completed and a detailed plan developed. EA/QIA to be completed and signed off. **Last updated 16 March 2016**

Financial Reporting:

Project Title	RAG Rating	Budget (£)	Forecast (£)	Variance (£)	Comments
Workforce Capability & Sustainability	Not Available	3,500,000	861,000	2,639,000	24.6% of Budget identified, £2,639,000 still to find
Developing High Quality Leadership & Management	Not Applicable				Non financial project
Starters & Leavers Process	Not Applicable				Non Financial project

N.B. RAG rating is not available due to financial tracking commencing from 12.04.16

Alder Hey Children's NHS Foundation Trust

Programme Assurance Summary
Our Patients at the Centre

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

1. There is a critical minimum CIP savings dependency upon the projects in this work stream amounting to circa £1m. Of this total, £0.8m has been identified and underpinned by plans to date. Therefore, it is a matter of urgency for all projects to complete or extend the planning to close this gap of £0.2m by the end of April .

2. No financial opportunity or quality benefit measures have been identified for Outpatients, Improving Flow and Clinical Support Services projects. Given the high level of importance attached to these projects by the Trust Board, for example the need to improve our Outpatient services is a fundamental issue – the Executive Sponsors and project teams need to provide updates to CQAC on progress and dates by which establishing the projects will be fully complete. It is essential the quality improvement, productivity and financial benefits associated with these particular work streams are identified before the end of this month.

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

1. The dependency of some key elements of the work stream on the 'Listening Into Action' scheme membership should be noted and understood by the CQAC Committee at the meeting of 20 Apr 16.

2. The Steering Groups for 'Improving Outpatients', project 3.3, and 'Clinical Support Services', project 3.6, have not yet met the assurance standard. These meetings to engage stakeholders (particularly clinical) and drive the projects (making decisions and unblocking issues) need to be in place urgently. Evidence to meet the assurance standard needs to be posted onto SharePoint to provide transparency.

3. Given the longstanding priority of the Trust to improve the Outpatients service, the arrangements for initiating and developing this project should be afforded the highest priority.

J Gibson

Programme Assurance Framework
Our Patients at the Centre Update (to be completed by Executive Sponsor)

Work Stream Summary:

This Work Stream Comprises 6 projects with Executive Sponsorship discharged by the Director of Nursing and the COO. The 3 projects with completed definition documents (PIDs) - see below - have set an example for the others to follow. The focus now is on ensuring that fully populated (managerial/clinical) partnerships are in evidence at the Steering Groups for each project and that milestone plans of progress are being updated each week on SharePoint. The challenge given to those projects 'off the pace' is to complete the definition and get the work underway with transparent reporting.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Implementing New Quality Strategy	PID Complete	N
Best Operative Care	PID Complete and Steering Group formed	Y
Improving Outpatients	PID commenced but incomplete	N
Complex Care Made Simple	PID Complete	Y
Improving Flow	PID commenced but incomplete	N
Clinical Support Services	PID commenced but incomplete	N

Milestones for Next Month:

Project	Key tasks to be delivered in month
Complex Care, Outpatients, Clin. Support	Complete PIDs
Work stream	Fully establish Steering Groups for all remaining projects
Work Stream	Ensure detailed plans are on SharePoint (updated) for all remaining projects

Issues for Escalation to Sub-Committee:

None

Programme Assurance Framework
Our Patients at the Centre (Completed by Assurance Team)

Alder Hey Children's NHS Foundation Trust

Sub-Committee	CQAC	Report Date	11 April 2016
Workstream Name	Our Patients at the Centre	Executive Sponsor	Hilda Gwilliams/COO

Current Dashboard Rating:

3.0 Our Patients at the Centre 16/17 £1m and 17/18 £2m

Project Ref	Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
CQA 3.1	Clinical Quality Assurance	Implementing New Quality Strategy	To implement a Quality Strategy characterised by a strong Clinical Cabinet with strong clinical leadership to deliver improvements in patient safety, patient experience and clinical effectiveness	Hilda Gwilliams	Amber	Yellow	Green	Green	Yellow	Yellow	Yellow	Red	Red	No visibility yet of Project Team/Steering Group meetings. Plan on Sharepoint shows some delays (particularly with Clinical Cabinet and devolved Quality Teams). Risk Log is available. QIA/EA has been completed but sign off process has not yet started. **Last updated 6 April 2016**
CQA 3.2	Clinical Quality Assurance	Best Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction	COO	Green	Green	Green	Green	Yellow	Yellow	Yellow	Green	Green	Steering Group minutes/actions available. Benefits detailed in PID (some outstanding baseline information), tracking process to start. Milestone Plan to be fully populated with tasks and dates and updated regularly. The QIA/EA has been completed and signed off. **Last updated 23 March 2016**
CQA 3.3	Clinical Quality Assurance	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	COO/ Hilda Gwilliams	Red	Yellow	Yellow	Red	Red	Yellow	Red	Red	Red	Steering Group membership quite limited should include clinical attendance. PID to be completed including start date for benefits and Financial Information. Milestone Plan on SharePoint to be fully populated and updated weekly. Risk Log completed (needs to match current Trust format), however no evidence available of risk management. **Last updated 6 April 2016**
CQA 3.4	Clinical Quality Assurance	Complex Care Made Simple	The aim of this project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs	COO	Green	Yellow	Green	Green	Yellow	Yellow	Yellow	Red	Red	March meeting notes available. Benefits tracker has been created. Detailed plan is available SharePoint - to be updated regularly to show up-to-date position. Risk Log is available. The EA/QIA needs to be signed off. **Last updated 4 April 2016**
CQA 3.5	Clinical Quality Assurance	Improving Flow	The aim of the project is to provide the most efficient and effective means of supporting patient flow across the organization	Hilda Gwilliams	Amber	Green	Yellow	Red	Yellow	Yellow	Green	Red	Red	Project Team meeting papers available. PID to be fully completed (including details of benefits and Financial Information. Milestone Plan to be fully developed. Risk Log is available. EA/QIA to be signed off. **Last updated 6 April 2016**
CQA 3.6	Clinical Quality Assurance	Clinical Support Services	Resolve the potentially conflicting priorities of making efficiencies whilst continuing to provide a flexible approach to supporting clinical services, maintaining a focus on delivering high quality services to patients	COO	Red	Red	Yellow	Red	Red	Red	Yellow	Red	Red	Steering Group meetings/details not yet visible. PID needs to be completed, including full details of benefits and Financial Information. Milestone Plan to be developed. Risk log available. EA/QIA to be completed and signed off. **Last Updated 8 April 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Implementing New Quality Strategy	Non Financial				
Best Operative Care	Medium Risk	505,304	505,304	0	
Improving Outpatients	High Risk	125,000	0	125,000	Some financial values given. Savings not identified to cover implementation costs.
Complex Care Made Simple	High Risk	291,571	291,571	0	Full funding for investment not identified
Improving Flow	Black	62,500	0	62,500	No financial values given in PID
Clinical Support Services	Black	62,500	0	62,500	No financial Values given in PID
Total		1,046,875	796,875	250,000	Stretch target of £250,000

Alder Hey Children's **NHS**
NHS Foundation Trust

Programme Assurance Summary
Developing Our Business

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

1. The CIP target for the projects in this work stream equates to £1.5 in 16/17 and £2m in 17/18. The 16/17 forecast amounts to £0.8m and is underpinned by plans to date. The gap is £0.7m and is across all projects and relates to part year effect slippage. Therefore, it is imperative the team expedite the plan to mitigate this.

2. The projects, given the strategic and cross-cutting themes, need to ensure the fullest possible stakeholder engagement at all times; the reasons for the current amber ratings should be understood and acted upon.

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

1. The Executive Sponsors, through the established Steering Groups, should ensure that the Trust policy for both Equality Assessment and Quality Impact Assessment (EA/QIA) is applied without further delay and the EA/QIA forms are completed and signed off.

2. Within the project 'International Clinical Business and Non-NHS Patients Services', the Trust protocols and process for managing any dedicated or allocated bed and staffing capacity needs to be explicit and drawn up for approval at an early juncture (if not already defined and agreed).

3. Milestone Plans need to be fully populated and updated on a regular basis.

J Gibson

Programme Assurance Framework
Developing Our Business Workstream Update

Alder Hey Children's
NHS Foundation Trust

Work Stream Summary:

The above workstream accommodates the following projects:

- Strategic Partnerships – Andy McColl
- International Clinical Business and Non NHS Patients (IPP) – Angie May

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Strategic Partnerships	PID signed off by project steering group (M&BD, 6.4.16)	Yes
	CBU business development plans signed off	Yes
	Partnership meeting with Stoke took place 18.4.2016	Yes
IPP	PID signed off by project steering group (M&BD, 6.4.16)	Yes
	International Partnerships identified as key priority by Global Child Health Group	Yes
	Communications Plan for non NHS work has begun	Yes
	Remuneration principles confirmed by Medical Director	Yes
	International Visits from Dubai City Healthcare Authority (18.04.2016) and Abu Dhabi (20.04.2016)	

Milestones for Next Month:

Project	Key tasks to be delivered in month
Strategic Partnerships	LWH: ODN Options appraisal
	CMFT: NorCESS: Agree contract uplift with NHS England for 2016/17
	CMFT: NorCESS: Confirm agreed split of revenue
IPP	Visiting fellows attending Alder Hey 2nd–29th May from Nigeria and Egypt

Issues for Escalation to Sub-Committee:

No issues to raise.

Programme Assurance Framework
Developing Our Business

Sub-Committee	RABD		Report Date	18 April 2016
Workstream Name	Developing Our Business		Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
2.0 Developing Our Business 16/17 £1.5m and 17/18 £2m													
R&BD 2.1	Strategic Partnerships	To grow and strengthen existing partnerships, as well as to look for new opportunities as a means to improve the quality of care across the region	Jonathan Stephens		🟢	🟢	🟡	🟡	🟡	🟡	🔴	🔴	Steering Group meeting dates available, notes to be uploaded to Sharepoint. Benefits to be confirmed (WHH) and tracking to be established for non-financial benefits. Milestone Plan requires updating. Evidence needed of risk management. QIA/EA to be completed and signed off. Last updated 11 March 2016
R&BD 2.2	International Clinical Business and Non-NHS Patient Services	The aim of the project is to grow existing operations and brand name beyond the domestic region by increasing our international footprint	Jonathan Stephens		🟢	🟢	🟢	🟡	🟡	🟢	🔴	🔴	Steering Group meeting dates available. Benefits defined, tracking process to be confirmed once delivery commences. Milestone Plan is available, full details of dates for Pilot Phase to be populated once confirmed. Risk Log available and presented at recent SG meeting. EA/QIA to be fully completed and signed off. Last updated 6 April 2016
R&BD 2.3	Other Business Development	CBU Business Development Plans	Jonathan Stephens										Financial tracking information now available. Programme Assurance information/details to be confirmed.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	Amber	330,407	144,367	(186,040)	Slippage in delivery relates to starting later in year
International Clinical Business & Non-NHS Patient Services	Amber	341,577	101,731	(239,846)	Pilot commences July, so potential to over deliver
Other Business Development	Amber	828,016	588,170	(239,846)	Further BD schemes to be identified as part of roadmap workshop in Q2
Total		1,500,000	834,268	(665,732)	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Services in Communities

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

1. The CIP target for the projects in this work stream equates to £0.2m in 16/17 and £0 and is not yet underpinned clear plans. Therefore, it is a matter of urgency for both projects to complete or extend the planning, by the end of Apr 16, to close this gap.

2. The projects need to be explicit about the timing and phasing of delivery and improve the evidence being uploaded to SharePoint to engender confidence in that delivery.

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

1. The Steering Groups for 'Developing a Partnership Model for Community Services' and 'Existing Community Services – Quality Improvement' have not yet met the assurance standard. These meetings to engage stakeholders and drive the projects need to be in place and also visible to the Programme Assurance Framework.

2. The arrangements for initiating and further developing the 'Existing Community Services – Quality Improvement' project should be afforded the highest priority.

J Gibson

Programme Assurance Framework
Services in Communities Workstream Update

Work Stream Summary:

The above workstream accommodates the following projects:
- Developing a Partnerships Model for Community Services – Clare Mahoney
- Quality Improvement of Existing Community Services – Jacqui Flynn

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Model	LCH Tender Submitted	Yes
	Sefton 0-19 Services Soft Market Test Completed	Yes
	External review of community model - Workshop 14.04.2016	Yes
Quality Improvement	Project team established, meeting Tuesday 19th April to discuss progress and next steps	No – milestones to be actioned in meeting 19.04.2016

Milestones for Next Month:

Project	Key tasks to be delivered in month	
Community Model	Further external consultation regarding the model, 2 more workshops planned within community.	
Quality Improvement	Complete PID ahead by 22nd April 2016	

Issues for Escalation to Sub-Committee:

No issues to raise.

Programme Assurance Framework
Services in Communities

Alder Hey Children's **NHS**
NHS Foundation Trust

Sub-Committee	RABD	Report Date	18 April 2016
Workstream Name	New Services in Communities	Executive Sponsor	Therese Patten & Mags Barnaby

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
4.0 New Services in Communities 16/17 £200k and 17/18 £2m													
R&BD 4.1	Developing a Partnership Model for Community Services	The aim of the project is to work with partners to work out what an integrated model for childrens services in Liverpool will look like	Therese Patten		○	○	○	○	○	○	●	●	No visibility of Steering Group meetings. PID to be finalised including full details of benefits. Plan available on Sharepoint but tracking has not commenced (to be updated weekly with milestones marked completed or missed). Detail in Risk Log to be completed. EA/QIA to be signed off. Last updated 22 March 2016
R&BD 4.2	Existing Community Services - Quality Improvement	The aim of the project is to	COO		●	●	●	●	●	●	●	●	PID commenced but requires significant additional detail. No other project documentation available. Last updated 24 March 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Developing a Partnership Model for Community Services	Black	0	0	0	Costs identified in PID require review
Existing Community Services – Quality Improvement	Black	200,000	0	(200,000)	No financial Values identified in PID
Total		200,000	0	(200,000)	

Alder Hey Children's **NHS**
NHS Foundation Trust

Programme Assurance Summary
Developing IM&CT and EPR

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

1. These projects are planned to have PIDs completed by the 31 May 16 and therefore are not subject to assurance commentary at this time.
2. There is no financial CiP target attributed to this work stream.

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

1. Given the deadline for all PIDs to be completed by 31 May 16, and the programme standard of using SharePoint to ensure transparency, it would be expected that the Programme Assurance Framework would be able to see draft PIDs developing on SharePoint from the beginning of May.

J Gibson

Programme Assurance Framework
Delivering IM&CT and EPR Update (to be completed by Executive Sponsor)

Work Stream Summary:

There is no Executive Sponsor report this month as PIDs are not due to be completed until 30th June 2016.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)

Milestones for Next Month:

Project	Key tasks to be delivered in month

Issues for Escalation to Sub-Committee:

Programme Assurance Framework
Developing IM&CT and EPR

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	18 April 2016
Workstream Name	Developing IM&CT and EPR	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
6.0 Developing IM&CT and EPR													
R&BD 6.2	EPR Development	O/S issues from P1& 2 (technical & process related) as well as deferred work from P1 & the list of potential projects for P3: need prioritisation & wider discussion to ensure org ownership	Jonathan Stephens										Due to the implementation of the findings of the recent strategic review of IM&T, these projects PIDs will be commenced and completed by 31 May 2016 as advised by the Executive Sponsor and Corporate Lead.
R&BD 6.1	Imaging	Project aims to digitise all existing paper records, implement a full electronic patient record solution and provide a repository for all clinical images	Jonathan Stephens										Due to the implementation of the findings of the recent strategic review of IM&T, these projects PIDs will be commenced and completed by 31 May 2016 as advised by the Executive Sponsor and Corporate Lead.
R&BD 6.3	Other Clinical Systems	To implement full electronic patient record in PICU, allowing recording, maintenance & reporting, in addition to interface with relevant systems including PAS, pathology & key medical devices	Jonathan Stephens										Due to the implementation of the findings of the recent strategic review of IM&T, these projects PIDs will be commenced and completed by 31 May 2016 as advised by the Executive Sponsor and Corporate Lead.
R&BD 6.4	Community Infrastructure	This workstream will cover IT connectivity at off site locations and interoperability and projects that it is hoped to implement as part of the iLinks programme	Jonathan Stephens										Due to the implementation of the findings of the recent strategic review of IM&T, these projects PIDs will be commenced and completed by 31 May 2016 as advised by the Executive Sponsor and Corporate Lead.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Total	Not applicable				Non financial projects

Alder Hey Children's
NHS Foundation Trust

Programme Assurance Summary
Supporting Front Line Staff

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

1. The CIP target for the projects in this work stream equates to £2.9m in 16/17 and £3m in 17/18. The 16/17 forecast amounts to £2.7m and underpinned by plans to date. The gap is in the Facilities project and relates to a delay in implementation of the car parking initiatives and a need to expedite the decision making process. Therefore, it is imperative the gap is mitigated by the end of Apr 16 with additional schemes.

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

1. The Executive Sponsors, through the established Steering Groups, should ensure that the Trust policy for both Equality Assessment and Quality Impact Assessment (EA/QIA) is applied without further delay and the EA/QIA forms are completed and signed off.
2. The arrangements for initiating and further developing the 'Pathfinders' project should be afforded the highest priority.
3. Milestone Plans need to be fully populated and updated on a regular basis.

J Gibson

NHS
Alder Hey Children's
NHS Foundation Trust

Programme Assurance Framework
Supporting Front Line Staff Update (to be completed by Executive Sponsor)

Work Stream Summary:

Workstream consists of 5 projects. PID planning is on track for completion end April.
Financial savings largely on track – plan underway to mitigate shortfall in facilities.
Steering Group established, full attendance recorded, no risks logged.
Focus is now on delivery of savings in line with financial plan. At the end of the first month, £943k savings ready for action in general ledger
(32% complete).

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Procurement	PID Complete	Y
Coding and Capture	PID complete	Y
Medicines Optimisation	PID almost complete – due 29th April	Y
Facilities	PID complete	N
Pathfinders	PID almost complete – due 22nd April (extension given)	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Procurement	CBU workshops
Coding and Capture	Action saving in GL
Medicines Optimisation	Biosimilar project implemented across trust
Facilities	Car parking paper to RABD
Pathfinders	PID and project documentation signed off

Issues for Escalation to Sub-Committee:

Nil

Programme Assurance Framework
Supporting Front Line Staff

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	18 April 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens, Rick Turnock, Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor **Assures the project**	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
7.0 Supporting Front Line Staff 16/17 £2.9m and 17/18 £3m													
R&BD 7.1	**Procurement**	Deliver best in class purchasing. Action the team 10 point plan to ensure service delivered to CBUs is high standard, with great customer service and releases £1m	Jonathan Stephens		●	●	●	●	●	●	●	●	Steering Group meeting notes available. Detailed plan is available on Sharepoint - tracking to be confirmed with team. Team have stated "no identified risks at present", this should be regularly reviewed and confirmed by wider group (ie Steering Group) QIA/EA to be signed off. **Last updated 4 April 2016**
R&BD 7.2	**Coding & Data Capture**	To deliver best in class coding service that improves the depth of doing. To ensure the trust is getting paid for activity it delivers; to educate and train end users and clinicians to capture all activity	Jonathan Stephens		●	●	●	●	●	●	●	●	Steering Group meeting notes available. Targets & benefits detailed in PID, tracking required for non-financial benefits. Detailed plan available on Sharepoint - tracking process to be confirmed. Team have stated "no identified risks at present", this should be regularly reviewed and confirmed by wider group (ie Steering Group) QIA/EA to be signed off. **Last updated 4 April 2016**
R&BD 7.3	**Medicines Optimisation**	Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines. It requires a holistic approach, an enhanced level of patient centred professionalism	Rick Turnock		●	●	●	●	●	●	●	●	Steering Group meeting notes available. PID to be finalised, some outstanding details re non-financial benefits. Workplan available - tracking process to be confirmed. Team are part of wider group for engagement - details to be confirmed and information uploaded to Sharepoint. Risk Log available. QIA/EA to be completed. **Last updated: 22 March 2016**
R&BD 7.4	**Facilities**	The project aims to review all Facilities Services to ensure that all services are maximising quality at the lowest cost resulting in a CIP contribution of £500k	Hilda Gwilliams		●	●	●	●	●	●	●	●	Steering Group meeting notes (and workstream notes) available. Tracking of non-financial benefits to be commenced. Milestone Plan to be fully populated and updated regularly. Risk Log to be fully completed. QIA/EA to be signed off. **Last updated: 31 March 2016**
R&BD 7.5	**Pathfinders**	To embed SLR costing information and introduce Pathfinders to improve Trust financial health and clinical engagement	Jonathan Stephens		●	○	●	●	●	●	●	●	PID has been started and is available on Sharepoint. To be fully completed, along with other documentation required. **Last updated 31 March 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	Green/amber	1,018,000	1,018,000	0	
Coding & Data Capture	Green/amber	900,000	900,000	0	
Medicines Optimisation	Green/amber	500,000	500,000	0	
Facilities	Amber	500,000	317,000	(183,000)	Several Projects identified, gap relates to timing of implementation and appetite for car parking charge changes
Pathfinders	n/a	0	0	0	Non-Financial Scheme
Total		**2,918,000**	**2,735,000**	**(183,000)**	

Programme Assurance Summary
Park, Community Estate & Facilities

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

1. The projects in this work stream do represent a key area of strategic importance for the Trust and require the management of significant Capex budget. There is a critical dependency that the projects remain within budget and meet milestone plans. There are interdependencies and a requirement for expert input from several corporate functions – not least IM&CT and Finance – to be closely aligned to the work stream and projects. The current assurance ratings give rise to concern that there is still work to be done to ensure that all key people are working closely on the priorities and assessing and mitigating any blocks to the critical path; Steering Group coherence and assurance will be critical.

2. There is no financial CiP target attributed to this work stream.

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

1. With the exception of the 'Temporary Move' project, the Steering Group(s) for the work stream has not yet met the assurance standard. These meetings to engage stakeholders and drive the projects (making decisions and unblocking issues) need to be in place urgently. Evidence to meet the assurance standard needs to be posted onto SharePoint to provide transparency.

2. The arrangements for fully initiating and further developing the 'Decommission & Demolition', 'Park', 'Corporate Offices' and 'On-Site Residual Services' should be afforded the highest priority.

3. The Executive Sponsor, through the established Steering Group(s), should ensure that the Trust policy for both Equality Assessment and Quality Impact Assessment (EA/QIA) is applied without further delay and the EA/QIA forms are completed and signed off.

J Gibson

Programme Assurance Framework
Developing The Park, Our Community Estate and Facilities

Alder Hey Children's NHS Foundation Trust

Sub-Committee	RABD		Report Date	18 April 2016
Workstream Name	Developing The Park, Our Community Estate and Facilities	Executive Sponsor	David Powell & Melissa Swindell	

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits is defined	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
8.0 Developing The Park, Our Community Estate and Facilities													
R&BD 8.1	Decommission & Demolition	The aim of the project is to move out from and make safe the old hospital ready for demolition	David Powell	Red									Project team meetings not yet visible. The PID needs to be fully completed, with metrics for all benefits, and a detailed plan developed on SharePoint with weekly tracking. Risk Register to be compiled (when contractor appointed). EA/QIA to be completed and signed off. **Last updated 30 March 2016**
R&BD 8.2	Park	To set up a JV with LCC & the local community to create a world class Springfield Park that complements & adds value to the New Alder Hey in the Park & the local area	David Powell	Red									Project team meetings not yet visible. The PID needs to be completed and a detailed plan developed on SharePoint with weekly tracking. Risk Register to be compiled (when contractor appointed). EA/QIA to be compiled and signed off. **Last updated 16 March 2016**
R&BD 8.3	Temporary Move	Project aims to survey and establish departments to be retained on-site, not already incorporated in new build, and provide the office estate to achieve this	David Powell	Green									Benefits and metrics to be expanded and completed. Milestone Plan to be posted onto sharePoint and updated weekly. QIA/EA to be signed off. **Last updated 16 March 2016**
R&BD 8.4	Agile Working	The aim of the project is to deliver an agile working solution for the Trust that complements the on site and off-site developments	Melissa Swindell										PID is to be completed by 30 June 2016, when capacity is released to complete the work
R&BD 8.5	Research & Education	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	David Powell										Design work may continue - subject to approval - in advance of funding being secured
R&BD 8.6	Community Services	The aim of the project is to create a suitable home for our network of community services	David Powell	Yellow									Project work is to commence in une 2016 (irrespective of the bid outcome) to ensure that viable solution (s) are in place
R&BD 8.7	Corporate Offices and On-site clinical Services	The aim of the project is to create a suitable home for the corporate clinical and associated staff/services on the Alder Hey campus	David Powell	Red									PID has been started and is available on Sharepoint. To be fully completed, along with other documentation required. **Last updated 31 March 2016**
R&BD 8.8	On Site Residual Services	The aim of the project is to create a suitable home for the residual services on the Alder Hey campus	David Powell	Black									**No Evidence.** Project to be commenced no information yet uploaded to SharePoint.

	RAG Rating	Budget £	Forecast £	Variance £	Comments
Project Title					
Total	Not applicable				Non financial projects

Board of Directors
Tuesday, 3 May 2016

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, and Quality Assurance Officer
Subject/Title	2016/17 BAF
Background papers	Monthly BAF updates/reports Developing our '2020 Vision' – Alder Hey in the Park and beyond *(presentation to April Board)*
Purpose of Paper	To receive the proposed BAF for 2016/17
Action/Decision required	The Board is asked to discuss and approve the BAF for the forthcoming year
Link to: ➤ **Trust's Strategic Direction** ➤ **Strategic Objectives**	By 2020, we will: ➤ be recognised for the **exceptional quality of care** we provide to our children, that is technologically enabled and matched by exceptional facilities ➤ be a **world class,** child-focussed **Centre of Research**, innovation and education expertise to improve the health and wellbeing outcomes for children and young people ➤ have a fully **engaged workforce** that is actively driving quality improvement ➤ have secured sustainable long term **financial and service growth** supported by a **strong international business**
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Page **1** of **11**

1. Introduction

The BAF is a tool for the Board to corporately assure itself about successful achievement of the organisation's strategic objectives and how the risks to delivery are managed and mitigated.

The BAF directly underpins the Annual Governance Statement (AGS) and is the subject of annual review by Internal and External Audit, with the former providing a formal opinion on the fitness for purpose of the process and approach.

2. Key issues

Following the presentation at the April Trust Board '*Achieving our Ambition; Our Strategic Pillars by 2020*' and associated SWOT analysis 2016, an exercise was undertaken looking at strengths, weaknesses, opportunities and threats and cross-referencing these with high level content of the existing BAF (as *detailed in Table 1*).

A number of suggestions have been made on the current principal risks to reflect progress in the achievement of the strategic objectives (2011-16) and to account for emerging external factors that are likely to present a risk to delivery of the Trust's refreshed strategic objectives to 2020.

The Board is asked to consider changes to the risk ratings in this regard taking into account the following questions:

- Have all strategic risks been identified and accurately captured?
- Are there any changes required to the causes and effects?
- Are controls and assurances in place?
- Are the controls in place sufficiently robust to manage risks?
- Is there sufficient assurance regarding the operation of controls to manage the risks?
- Are there any concerns in respect of the assurance given?
- Is the progress on actions sufficient to address gaps in controls and assurance?
- Are there any out of date assurances or overdue actions?

3. Recommendation

The Board is asked to:

- note the closure of the 2015/16 BAF;
- discuss and agree any changes to risk ratings, and
- discuss and approve the proposed changes to the 2016/17 BAF.

Describing our Ambition for 2020 – future analysis against 2016 SWOT

Table 1

Weaknesses	Referenced currently in BAF?
Staff engagement with Strategy	4.2
Engagement / grip to deliver throughput plans and targets – elective, outpatients, diagnostics etc.	4.2
Lack of cash for investments in business development	6.1 – suggest to re-word
Workforce diversity	No, MS to consider if wrap into existing workforce risk (4.1) or create standalone
Lost opportunity of the Public Health Strategy signalled in 2011	No, requires discussion at Board level
IT needs strategic development	Consider re-wording 6.2 to be all encompassing
Opportunities	
Local context – viability of some organisations	5.1
Potential for service reconfiguration across women and children's services	6.3 & 6.4
Strategic partnerships	6.3
International offer	Consider re-wording 2.1 to be all encompassing
Thorough leadership for paediatric services in the north west and beyond including public health	No
Education and new business	1.4?, 4.1
Research & innovation new sources of growth	Consider re-wording 2.1 to be all encompassing
Threats	
Financial environment – pressure across the sector	1.1, 2.1?, 5.1,
Political environment – junior doctors contract, seven day services etc.	Not currently a BAF risk (sitting on CRR)
Regulatory focus / lack of clear national strategic leadership	6.4
Local Authority pressures especially social care – need for new approaches	6.1

31. BAF

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

BAF 1.1	*Risk Title:* *Maintain care quality in a cost constrained environment*

Strategic Objective: By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities

Related CQC Themes: Safe, Caring, Responsive, Well-led

Exec Lead: Hilda Gwilliams	**Type:** Internal, known	**Current IxL:** **4-2**	**Target IxL:** **4-2**	**Trend: STATIC**

Risk Description

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

(suggest explicit reference to include threat: Financial environment – pressure across the sector; failure to deliver Recruitment & Retention Strategy * 'futureproof' workforce)

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

BAF 1.2	*Risk Title:* *Mandatory & compliance standards*

Strategic Objective: By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities

Related CQC Themes: Safe, Caring, Responsive, Well-led, Effective

Exec Lead: Margaret Barnaby	**Type:** Internal, known	**Current IxL:** **4-5**	**Target IxL:** **4-2**	**Trend: STATIC**

Risk Description

Failure to deliver on all mandatory and compliance standards including those of the regulators Monitor and CQC

(suggest to re-word to include weakness: engagement / 'grip' to deliver throughput plans and targets – elective, outpatients, diagnostics etc.)

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

Current Risk Title: Non-compliant estate

Suggested new: Failure to fully realise the Trust's vision for the Park

BAF 1.3	**Strategic Objective:** By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities

Related CQC Themes: Safe, Well-led, Effective

Exec Lead: Melissa Swindell	**Type:** Internal, known

Current IxL: 4-3	**Target IxL:** 4-1	**Trend: STATIC**

Risk Description

Risk of enforcement action arising from safety incidents due to a failure to maintain a compliant estate and robust and embedded health & safety practices in the work place.

(majority of risks on CHP post occupation risk register now closed; suggest to re-word this risk to reflect failure to realise the Trusts vision for the park and campus as a legacy for future generations.)

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

Risk Title:

Training & development of clinical workforce

BAF 1.4	**Strategic Objective:** By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities

Related CQC Themes: Safe, Well-led, Effective, Caring, Responsive

Exec Lead: Melissa Swindell	**Type:** Internal, known

Current IxL: 4-3	**Target IxL:** 4-1	**Trend: STATIC**

Risk Description

Failure to ensure high standards of care through lack of training/development of clinical workforce.

(suggest to re-word this risk to incorporate education & new business opportunities)

31. BAF

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's NHS
NHS Foundation Trust

BAF 1.5	**Strategic Objective:** By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities	**Risk Title:** *Failure to provide effective systems to ensure appropriate Ward to Board reporting*

Related CQC Themes: Safe, Well-led, Effective, Caring, Responsive

Exec Lead: Erica Saunders	**Type:** Internal, known	**Current IxL:** 4-3	**Target IxL:** 3-2	**Trend: STATIC**

Risk Description

Failure to provide effective systems to ensure appropriate Ward to Board reporting

(suggest to re-score and drop down to Corporate Risk Register)

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's NHS
NHS Foundation Trust

BAF 2.1	**Strategic Objective:** By 2020, we will be a world class, child-focussed Centre of Research, innovation and education expertise to improve the health and wellbeing outcomes for children and young people	**Current Risk Title:** *Finance for phase 2 of the Research facility* **Suggested new:** *Delivery of phase 2 of Institute in the Park by 2018/19*

Related CQC Themes: Well-led, Responsive

Exec Lead: Jonathan Stephens	**Type:** Internal, known	**Current IxL:** 4-4	**Target IxL:** 2-3	**Trend: STATIC**

Risk Description

Failure to raise adequate finance for the second phase of the Research & Education facility.

(suggest to incorporate:; Remain a key player in creation of Liverpool Biomedical Research Centre development; Develop a single integrated approach across research, education and innovation; Develop a robust commercial Education Business model; Become the educator of choice for paediatrics; Work with our Charity colleagues to raise the profile of our research and innovation capability and attract high level sponsorship and financial support)

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

BAF 4.1	**Strategic Objective:** By 2020, we will have a fully engaged workforce that is actively driving quality improvement	*Risk Title:* *Sustain workforce capability*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Melissa Swindell	**Type:** Internal, known	*Current IxL:* 3-4	**Target IxL:** 3-3	**Trend: STATIC**

Risk Description

Failure to achieve the Trust's strategic and operational targets due to an inability to sustain workforce capability *(Reference to 'education & new business' opportunity. Perhaps incorporate workforce diversity weakness here?)*

BOARD ASSURANCE FRAMEWORK 2016/17

Alder Hey Children's
NHS Foundation Trust

BAF 4.2	**Strategic Objective:** By 2020, we will have a fully engaged workforce that is actively driving quality improvement	*Current Risk Title: Workforce engagement and support* *Suggested new: Staff engagement*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Melissa Swindell	**Type:** Internal, known	*Current IxL:* 3-3	**Target IxL:** 3-2	**Trend: STATIC**

Risk Description

Lack of workforce engagement which impacts upon operational performance and achievement of strategic aims *(Incorporate: failure to deliver the new programme of change; develop a healthy workplace which supports the physical, social and emotional wellbeing of staff; Political environment – junior doctors contract, seven day services etc.)*

31. BAF

NHS
Alder Hey Children's
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK 2016/17

BAF 5.1	**Strategic Objective:** By 2020, we will have secured sustainable long term financial and service growth supported by a strong international business	*Current Risk Title: Income & expenditure plan* *Suggested new: Financial environment*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Jonathan Stephens	**Type:** Internal, known	*Current IxL:* 4-4	**Target IxL:** 4-2	**Trend: STATIC**

Risk Description

Failure to deliver 2016/17 Income and Expenditure plan and planned Continuity of Service Risk Rating

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NHS
Alder Hey Children's
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK 2016/17

BAF 6.1	**Strategic Objective:** By 2020, we will have secured sustainable long term financial and service growth supported by a strong international business	*Risk Title:* *Business development & growth*

Related CQC Themes: Well-led, Responsive, Effective

Exec Lead: Jonathan Stephens	**Type:** External, known	*Current IxL:* 4-3	**Target IxL:** 4-2	**Trend: STATIC**

Risk Description

Risk of failure to build strong productive relationships with commissioners and providers to ensure children's agenda remains a focus and Trust children's services strategy is delivered.

(suggest to incorporate threat: regulatory focus / lack of clear national strategic leadership)

Alder Hey Children's
NHS Foundation Trust
NHS

BOARD ASSURANCE FRAMEWORK 2016/17

BAF 6.2	**Strategic Objective:** By 2020, we will be recognised for the exceptional quality of care we provide to our children, that is technologically enabled and matched by exceptional facilities	*Current Risk Title: EPR Implementation* *Suggested new: IT Strategic Development*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Jonathan Stephens	**Type:** Internal, known	*Current IxL:* **4-4**	**Target IxL:** **4-2**	**Trend: STATIC**

Risk Description

Risk to business development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities

(suggest to reference failure to effectively implement the next phase of EPCS and other ICT enablers including IT infrastructure and innovations)

Alder Hey Children's
NHS Foundation Trust
NHS

BOARD ASSURANCE FRAMEWORK 2016/17

BAF 6.3	**Strategic Objective:** By 2020, we will have secured sustainable long term financial and service growth supported by a strong international business	*Risk Title:* *Sustaining national designations for specialist services*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Jonathan Stephens	**Type:** External, known	*Current IxL:* **4-3**	**Target IxL:** **4-2**	**Trend: STATIC**

Risk Description

Risk to sustaining national designations for specialist services due to failure to meet all required standards. *(suggest to incorporate threat: Local Authority pressures especially social care – need for new approaches)*

31. BAF

BOARD ASSURANCE FRAMEWORK 2016/17

BAF 6.4	**Strategic Objective:** By 2020, we will have secured sustainable long term financial and service growth supported by a strong international business	*Risk Title:* *Relationships with new Commissioners*

Related CQC Themes: Well-led, Responsive, Safe, Effective

Exec Lead: Jonathan Stephens	**Type:** External, known	*Current IxL:* 4-3	*Target IxL:* 4-2	**Trend: STATIC**

Risk Description

Risk of failure to build strong productive relationships with commissioners and providers to ensure children's agenda remains a focus and Trust children's services strategy is delivered.

(suggest to incorporate threat: regulatory focus / lack of clear strategic leadership)

Summary of BAF

Ref, Owner	Risk Title	Risk Rating: I x L	
		Current	Target
STRATEGIC OBJECTIVE 1:	By 2020, we will be recognised for the **exceptional quality of care** we provide to our children, that is technologically enabled and matched by exceptional facilities		
1.1 HG	Maintain care quality in a cost constrained environment	4-2	4-2
1.2 MB	Mandatory & compliance standards	4-5	4-2
1.3 MS	Failure to fully realise the Trust's vision for the Park	4-3	4-1
1.4 MS	Training & development of clinical workforce	4-3	4-1
1.5 JS	IT Strategic Development	4-4	4-2
STRATEGIC OBJECTIVE 2:	By 2020, we will be a **world class**, child-focussed **Centre of Research**, innovation and education expertise to improve the health and wellbeing outcomes for children and young people		
2.1 JS	Delivery of phase 2 of Institute in the Park by 2018/19	4-4	2-3
STRATEGIC OBJECTIVE 3:	By 2020, we will have a fully **engaged workforce** that is actively driving quality improvement		
3.1 MS	Sustain workforce capability	3-4	3-3
3.2 MS	Staff engagement	3-3	3-2
STRATEGIC OBJECTIVE 4:	By 2020, we will have secured sustainable long term **financial and service growth** supported by a strong international business		
4.1 JS	Financial environment	4-4	4-2
4.2 JS	Business development and growth	4-3	4-2
4.3 JS	Sustaining national designations for specialist services	4-3	4-2
4.4 JS	Relationships with new commissioners	4-3	4-2

31. BAF

Alder Hey Children's NHS Foundation Trust

RESOURCES & BUSINESS DEVELOPMENT COMMITTEE
Minutes from the Meeting held on Wednesday 30th March 2016

Present:

Mr P Huggin	Non-Executive Director Chair	(PH)
Mrs C Dove	Non-Executive Director	(CD)
Mr J Stephens	Director of Finance	(JS)
Ms E Saunders	Director of Corporate Affairs	(ES)

In Attendance:

Ms L Dunn	Director of Marketing and Comms	(LD)
Mrs H Gwilliams	Director of Nursing	(HG)
Mrs C Liddy	Deputy Director of Finance	(CL)
Mr A McColl	Head of Business Development	(AMc)
Mr L Murphy	Head of Contracting	(LM)
Mrs T Patten	Associate Director of Strategic Development	(TP)
		(DP)
Mr L Stark	Head of Planning and Performance	(LSt)
Mrs M Swindell	Interim Director of HR	(MS)
Mr R Turnock	Medical Director	(RT)
Mrs J Tsao	Committee Administrator/PA	(JT)

Apologies:

Mr I Quinlan	Non-Executive Director (Chair)	(IQ)
Mrs J Richardson	Programme Manager	
Mrs L Shepherd	Chief Executive	(LS)
Mr D Powell	Programme Director	(DP)

Agenda item: 161

Ms C Fox	Associate Director of Informatics	(CF)
Mr M Levine	Head of Clinical Systems	(ML)
Mr C Duncan	Clinical Director NMSS	(CD)
Mrs R Greer	General Manager NMSS	(RG)
Mr J Williams	Project Manager	(JW)

Item No	Item	Key Discussion Points	Action	Owner	Time Scale
15/16/159	**Minutes of the Last Meeting**	The Committee considered the minutes of the last meeting held on 23rd February 2016.			

Ref	Item	Detail
		Resolved: RABD Committee: approved the minutes as a correct record. The action list was updated accordingly.
15/16/160	**Matters Arising**	As all items had been included on the agenda there were no matters arising.
COMMITTEE GOVERNANCE		
15/16/161	**BAF Risk Review / Key Items & Risks to Operational**	**15/16 Cost Improvement Programme** 15/16 CIP programme identified £7.8 million worth of the CIP opportunities and is forecasting to deliver a year end contribution of £6.1 million against a target of 10.1 million. A breakdown at CBU department level of target and forecast was presented within the CIP report. JS explained that the recurrent shortfall against target had been factored into the 2016/17 financial plan. **Resolved:** The RABD committee received and noted the content of the 2015/16 Cost Improvement update. **Implementation of Electronic Patient Records (EPR)** Cathy Fox, Associate Director of Informatics went through a number of key developments to enable the team to move forward with EPR. The team had been working closely with Meditech and the two areas below with previously reported issues had now been resolved; - Pathology system response times - EPMA (prescribing) background issues causing slow responses times due to time order A Meditech 6 workstream had been developed including any unresolved issues from phase one and two. This included weekly scheduled conference calls with Meditech as well as an arranged visit from Meditech to visit the Trust on; Wednesday 6th April 2016. Mr Turnock requested Dr George Kokai, Consultant Paediatric Pathologist was invited to the meeting with Meditech to discuss concerns he had previously raised. Cathy Fox agreed to action this. The main purpose of the meeting with Meditech was to determine what Meditech is able to resolve and the timescale associated to each problem being resolved.

	Action	Lead	Date
Meditech 6 workstream phase 3 process was to prioritise the 350 developments listed for what was previously known as phase 3 is now underway. Imaging will include various solutions around the existed PACS system which will be expanded to include other clinical images as part of the "Other Ologies" project. The first departments to be added to this system will be Medical Photography and ECG. This implementation is the first of type in the UK for Carestream and is being sponsored by the Managing Director of the company at no cost to the Trust. **Resolved:** The Chair thanked Cathy Fox and the team for the update. Cathy agreed to attend the next meeting in April with an update on timescales.	RABD agreed for additional updates on Electronic Patient Records to be presented at the next 2 meetings following that an update would be required every other month	C Fox	April/May/bi monthly
Workforce Leading Indicators Melissa Swindell, Interim Director of HR presented the Workforce Leading Indicators for February 2016. MS requested future reports were presented to Workforce Organisational Development WOD Committee for further analysis and discussion as the corporate report includes the Workforce performance monitoring. **Resolved:** a) RABD received and noted the (WLI) report for February 2016. b) RABD agreed future reports would be presented to WOD Committee.	Future Workforce Leading Indicators to be presented to Workforce Organisational Development Committee	M Swindell	April 2016 onwards
Agency Compliance Report Monitor applied programme compliance for all NHS Providers in relation to payments made to agency staff last year, culminating by 1st April 2016, no agency staff being paid 55% above the going rate for a similar worker employed by the NHS.			

The Trust has come together with many other Trust's and agreed to comply with the Monitor programme. The report outlined the development to date to ensure the Trust is compliant. The main nursing agency the Trust work with is Pulse. Pulse is currently refusing to provide rates within the Monitor caps as they regard paediatric nurses as a specialist, hence the higher rate. HR, Finance and Procurement have been working with clinical teams to determine other options of Pulse continue to not comply with Monitor caps. **Resolved:** a) RABD received the content of the Agency Compliance report. b) RABD agreed for additional updates at next meeting in April and May 2016.	To receive further updates on Agency Compliance reports at the next two RABD meetings	M Swindell	April and May 2016

Elective Activity Run rate to 16/17 Plan

Lachlan Stark, Head of Planning and Performance reported on the processes in place to develop the 16/17 activity plan. The approach to the 16/17 plan has needed to be different due to the significant changes that took place in 15/16. A capacity driven process has been implemented for 16/17 to ensure that each CBU is confident in its ability to provide the required capacity within job plans, theatres and out patients. However a number of issues have been identified around ability to deliver against the plan notably within Neurosciences, Musculoskeletal and Specialist Surgery (NMSS).

Delivery of the plans is contingent upon the consistent availability of In Patient, HDU & PICU beds. Over the course of 15/16 and notably since the move into the new hospital there have been repeated cancellations due to the non-availability of beds that have been closed due to staffing and estates challenges. General ward staffing has improved however the current HDU staffing is not set to deliver increased bed availability to a maximum of 19 until at least July which in itself builds in risk, for example to the cardiac programme. PICU will open to 21 beds by the end of July. Key medical staffing vacancies continue to negatively impact on CBU's ability to achieve the required run rates for example ophthalmology and anaesthetics. Further scheduled strikes will also impact upon our ability to maintain the required run rate.

Christian Duncan, Clinical Director and Rachel Greer, General Manager, Neurosciences, Musculoskeletal and Specialist Surgery (NMSS) provided an overview on the analysis taking place to understand the risks of the 2016/17 activity plan.

Ophthalmology risks include; a number of Consultants leaving shortly, interview processes are in progress. Getting the balance for this high level speciality was noted. Long term it was noted these services continuing to be provided by the Trust may not be viable in the future. It was agreed RABD would be updated as soon as any further information developed.

ENT

The CBU had undertaken a detailed analysis of ENT elective activity to understand the changes which are impacting on ability to deliver plan. Despite increases in capacity, the run rate had not increased over the last three years.

Christian Duncan and Rachel Greer went through the more complex cases the unit has been seeing for a number of years and the impact this has on the unit. A discussion was held on increasing Theatre sessions. Other options were being reviewed to resolve this and would be discussed further at the Operational Board tomorrow morning.

Plastic Surgery

15/16 activity plan included growth of 102EL and 359OP above 14/15 outturn. This activity was not funded in year and a business case was due to be discussed at the Operational Board tomorrow morning.

Orthopaedics

16/17 includes an additional £151k income target for improved coding, early outcomes of the work suggests that this is an underestimate of the potential.

Paediatric Dentistry

Since April 2015 Liverpool Community Health (LCH) is no longer recorded at Alder Hey. To mitigate this gap in the short term the clinicians are undertaking

	additional activity at the weekends in addition to the temporary appointment of a specialist dentist who is able to cover leave and undertake in week additional sessions. **Audiology** A member of staff was due to return from maternity leave and a number of posts for recruitment were due to be advertised which would improve Audiology services. **Resolved:** a) On behalf of RABD the Chair thanked the team for their update. b) It was agreed a further update would be presented at the next RABD meeting in April 2016 regarding the residual risk of circa £1m in income terms after taking into account mitigating actions. **Health Trust Europe Visit** Claire Liddy, Deputy Director of Finance gave an overview of a visit to the Trust held earlier in the month by Dennis Robb, Chief Operating Officer of Health Trust Europe (H.T.E). The Trust is a member of H.T.E and pays them a fee of £30k (plus VAT) per annum for procurement services. The Trust recovers this from savings achieved form this partnership. The Trust works closely with H.T.E including accessing their frameworks, collaboration with other H.T.E Members and making cost savings on goods and services we purchase. The visit had taken place to invite the Trust to be a part of the Group Purchasing Organisation (GPO) procurement model, having also been successful in the United States. One of the principles of the group is to approve clinical materials through a Clinical Advisory Board ensuring clinical engagement to drive the process. **Resolved:** RABD received and approved the adoption of the H.T.E (GPO) model.	To receive a further update on Elective Activity Run rate 2016/17.	R Greer	27th April 2016

Procurement update

Claire Liddy, Deputy Director of Finance went through the procurement update paper highlighting the Procurement Key Performance Indicators on the final page.

Resolved:

RABD noted and received an update on Procurement.

FINANCE AND PERFORMANCE		
15/16/162	2016/17 5 year high level financial plan	Jonathan Stephens, Director of Finance gave a presentation on the 2016/17 5 year high level 5 year plan. **Resolved:** RABD noted the Trust has signalled the non acceptance of the 16/17 control and the need for cash financial support. As a consequence, Monitor/NHSi will be working with the Trust to identify mitigating actions to limit the level of financial support required. This may cause plans to change.
15/16/163	Monthly Debt Write Off	Claire Liddy, Deputy Director of Finance presented the Monthly Debt Write off for March 2016. Claire Liddy highlighted the pursued debts mainly to Capita the previous external HR providers. As a number of the debts were back dated to 2013, it was unlikely the Trust would receive payment and it was too costly to take Capita to court to settle the payments, RABD was asked to approve the proposed write offs total at £10,932.62 **Resolved:** RABD approved the proposed write offs total of £10,932.62
15/16/164	Finance report	Claire Liddy, Deputy Director of Finance presented the Month 11 (February) Finance report. The Trust is reporting a deficit of £5.2m, £2.1m behind plan. Income is behind plan by £2.4m due to elective and OP activity. Pay is £4.3m overspent due to agency staff. In February temporary spend is 0.9m. Nursing is the largest area for spend equating to 27% of temporary spend. Claire Liddy went through an action plan for the top 12 overspending areas. The Trust is forecasting a deficit (excluding grants and impairments) of £4.2m. This is an adverse movement on previous month of £0.5m, reflecting impact of revaluations and reductions in activity associated with junior doctors' action.

	Budget 2016/17	**Resolved:** The RABD Committee received and noted the content of the month 11 Finance report. Jonathan Stephens, Director of Finance provided an overview of the 2016/17 Budget and the changes since the budget submission to Monitor in February 2016. The revised plan is a deficit of £5.9m compared to a surplus at draft plan stage of £3.5m. The reasons for the movement were explained which were the impact on capital charges of asset revaluations, CQUIN funding reductions and the assessment of post move operational performance time lag. The result of the changes meant the delivery of a £3.5m surplus was no longer realistic and achievable which meant the control will not be accepted which in turn means the Trust will not receive the £3.7m share of the STF. This is reflected in the revised plan deficit of £5.9m. It was agreed the revised plan reflected a realistic albeit challenging plan. To support the Trust financially going forward a £8.5m of interim cash (loan) is to be requested as a result of deficit. A slide on the Capital plan of £10.2m was presented. Capital spending reflected previously agreed priorities and commitments such as the demolition of the old site. Jonathan Stephens went through a table on the Cost Investment Plans within the Change Programme Workstreams identifying £4.24m of the £7.2m target. Work was ongoing to maximise the level of savings to be achieved in 2016/17. **Resolved:** RABD APPROVED the revised budget plan deficit of £5.9-, to be ratified by the April Trust Board meeting and submitted to Monitor on 11th April 2016.
15/16/165		
15/16/166	**Top Pay and Trajectory Concerns**	**Resolved:** a) RABD received the Top pay and Trajectory Concerns for discussion and information.

		b) RABD agreed future reports would be included within the Finance report.	
BUSINESS DEVELOPMENT			
15/16/167	**OEI Project update**	**Resolved:** It had been agreed to defer this item until the next meeting.	
15/16/168	**Contract Income Monitoring**	The Committee considered a report prepared by the Head of Contracting, Laurence Murphy regarding the Trust's performance versus contract plans. Activity based income was below plan in February suggesting the CBU's underperformed the recovery plans in the month. Performance is continuing to be monitored weekly including a 'forward look' to ensure theatre & clinic bookings match the revised plans to the 31st March 2016. A & E performance. Liverpool CCG are informally monitoring AHFT's recovery trajectory relating to the A&E 4 hour wait target. To date the Trust has been fined £200k for A&E breaches which the CCG will re-invest in AHFT if performance improves. The Trusts local NHS England contracts have approved a 2015/2016 year end position at an underperformance of £1.5m which compares favourably with current performance. RABD congratulated the contracts team for achieving this settlement. **Resolved:** The RABD Committee noted; An underperformance of £2.9m (2.1%) in income cumulative to 31st January 2016, the favourable year end settlement with NHS England & progress regarding the 2016/2017 contract negotiations.	
	PFI Contract Monitoring report	**Resolved:** As David Powell, Programme Director it was agreed this standard item would be presented at the next meeting.	
	The 4 Park Business Case	**Resolved:** It had been agreed to defer this item until the next meeting.	

15/16/154	**Marketing and Communications Activity report**	**Resolved:** The RABD Committee noted and received the contents of the Marketing and Communications Activity report for February 2016.			
15/16/155	**Business Development Plan**	Andrew McColl, Head of Business Development reported on the 64 Business Development schemes across the CBUs and the process that was currently taking place to prioritise the schemes. CBUs have completed draft Business Development plans and the key priorities were presented and approved at the Marketing and Business Development Group on 2nd March 2016. **Resolved:** The RABD Committee received and noted the Business Development plans.			
15/16/156	**Programme Management Office**	**Resolved:** The RABD Committee received the minutes of the Programme Board meeting held on 25th February 2016 noting the last meeting would be held tomorrow. Workstreams relating to this Committee would be presented from April 2016 onwards.			
15/16/	**Marketing and Business Development Group**	**Resolved:** Key issues raised at the Marketing & Business Development Group meeting held on 3rd February 2016.			
15/16/157	**Corporate Performance Update and Financial Summary**	High profile areas included the Emergency department. Plans were in place to bring the department back in line by June 2016. A number of the areas within the Corporate report and had not been completed. RABD agreed the areas would require completing before being submitted to the public Board meeting. **Resolved:** The RABD Committee received the Corporate report ending February 2016.			

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Weekly waiting times update	**Resolved:** Head of Performance and Planning Lachlan Stark presented the weekly waiting times report for information.	
RABD Business Plan 2016/17	**Resolved:** RABD approved the business plan subject to further updates being added for IM&T.	
Any Other Business	OJEU Notice The Trust Development and Finance directorates are seeking the approval of RABD to commence the procurement of a development Partner via an EU Competitive Dialogue process in partnership with LCC. The procurement will appoint a Development Partner to bring forward a residential scheme including a capital receipt to the Trust and LCC in return for the land disposal to the Development Partner. R&BD approved the proposal to commence procurement of a development partner. CAMHS John Williams, Project Manager provided an update on the 600k CAMHS property developments advising there had been over 60 expressions of interest.	
Date and Time of the Next Meeting	The next meeting of the Resources and Business Development Committee will be held on **Wednesday 27th April 2016** at **09:30am** Level 1, Room 5	

ACTION LOG 2015-16

Ref	Action	Owner	Timescale	Status
15/16/135	To present the draft CIP Plans for Finance and HR at the RABD meeting on 27th April 2016	MS	27th April 2016	
15/16/157	To agree if CBU General managers and clinical directors would be invited to future RBD meetings to provide assurance on the top 10 performance metrics the committee needed to be sighted on.	ALL	From May / June onwards following finalisation of CBU changes	
15/16/161	Additional updates on Electronic Patient Records to be presented at the next 2 meetings following that an update would be required every other month.	C Fox	27th April 2016 25th May 2016 Bi monthly	
15/16/161	Future Workforce Leading Indicators to be presented to Workforce Organisational Development Committee	M Swindell	April 2016 onwards	Completed
15/16/161	To receive further updates on Agency Compliance reports at the next two RABD meetings	M Swindell	27th April 2016 25th May 2016	
15/16/161	To receive a further update on Elective Activity Run rate 2016/17.	L Stark/ R Greer	27th April 2016	
15/16/169	PFI Contract Monitoring report to be presented as a standard item on future RABD meetings	D Powell	27th April 2016 onwards	

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