BOARD OF DIRECTORS MEETING

Tuesday 4th October 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.	**16/17/118**	**1015**	**Apologies**	Chair	Hilda Gwilliams	--
2.	**16/17/119**	**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/120**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on; **6th Sept 16**	Read Minutes
4.	**16/17/121**	**1020**	**Matters Arising and Board Action List** - **Revised CBU Structure** - **Water Safety**	Chair M Barnaby M Barnaby	To discuss any matters arising from previous meetings and provide updates and review where appropriate To provide an update on progress	Read action list Verbal Verbal
5.	**16/17/122**	**1030**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**16/17/123**	**1040**	**External Environment/STP** **Progress against strategic themes** - **Community Services** - **Liverpool Women's Reconfiguration Options** - **Global Health** - **Cardiac Services**	L Shepherd J Stephens	To update the Board with regard to ongoing processes with the local health economy	Verbal Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Inspiring Quality – Are we safe, are we caring and are we effective?						
7.	**16/17/124**	**1105**	**Serious Incidents Report**	P Brown	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	**16/17/125**	**1110**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held on; 18th July, and 17th August 2016	Read minutes
9.	**16/17/126**	**1120**	**Mortality Report - Quarter 4**	R Turnock	To receive the Quarter 4 mortality report	Read Report
10.	**16/17/127**	**1135**	**Winter plan**	M Barnaby	To receive the Trust's Winter Plan for 2016/17	Presentation
Great Talented Teams						
11.	**16/17/128**	**1150**	**People Strategy Update** - **Workforce and Organisational Key issues report 5th September 2016**	M Swindell C Dove	To provide an update on the strategy To receive the Key issues report held on: 5th September 2016	Read report
Patient Centred Services						
12.	**16/17/129**	**1200**	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
Financial Growth, Safeguarding Core Business and Governance						
13.	**16/17/130**	**1210**	**Corporate Report**	J Stephens/ M Barnaby/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of August 2016	Read report
14.	**16/17/131**	**1220**	**Single Oversight Framework**	E Saunders/ J Stephens	The document sets out NHS Improvement's approach to overseeing both NHS trusts and NHS foundation trusts and shaping the support provided by NHS	Read Report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
					Improvement	
1230 – 1300 LUNCH						
15.	**16/17/132**	**1300**	**Programme Assurance update** • **Clinical Quality Assurance Committee** **-Our patients at the Centre** • **Resource Assurance and Business Development** **-Developing our business** **-services in the community** **-supporting Frontline staff**	J Gibson	To receive an update on programme assurance.	Read report
16.	**16/17/133**	**1310**	**Integrated Assurance Report** - **Board Assurance Framework**	E Saunders	To receive the monthly BAF update.	To follow
17.	**16/17/134**	**1320**	**MIAA Insight – Trust Assurance Framework Reviews** (for information)	S Igoe	To provide an update on the progress to date in terms of Internal Audit	Read report
18.	**16/17/135**	**1325**	**Integrated Governance Committee**	E Saunders	To inform the Board of the change in Committee membership to no longer include the Chief Executive due to Sustainability and Transformation Plan lead commitments	Verbal
19.	**16/17/136**	**1330**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on; 27th July 2016 and 30th August 2016.	Read report
20.	**16/17/137**	**1332**	**Research Education and Innovation Committee**	I Quinlan	To receive and review the minutes from the meeting held in; March and May 2016.	Read minutes

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
21.	**16/17/138**	**1334**	**Audit Committee**	S Igoe	To receive and review the minutes from the meeting held in; January, April and May 2016.	Read minutes
For approval						
22.	**16/17/139**	**1335**	**Freedom to Speak Up (Whistleblowing) Policy**	E Saunders	For approval	Read policy
23.	**16/17/140**	**1350**	**NHS England Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Process** - **Appendices A-J**	P Brown	For Board approval and submission to NHS England	Read report
Any Other Business						
24.	**16/17/142**	**1355**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date and Time of Next Meeting: Tuesday 1st November 2016 at **10:00am, Institute in the Park, Large Meeting Room**						

REGISTER OF TRUST SEAL
The Trust Seal was not used during the month of **September 2016.**

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 6th September 2016, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Mr I Quinlan	Non-Executive Director (Chair)	(IQ)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mr G Lamont	Acting Medical Director	(GL)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
In Attendance:	Ms L Dunn	Director of Marketing and Communications	(LD)
	Ms T Patten	Associate Director of Strategic Development	(TP)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)
Observing:	Mrs P Brown	Deputy Chief Nurse	(PB)
Agenda item: 100	Ms C McLaughlin	Interim Service Grp Lead for CAHMS	(CMc)
103	Mrs A Hyson	Complaints Manager	(AH)
Apologies:	Sir D Henshaw	Chairman	(SDH)
	Prof M Beresford	Assoc. Director of the Board	(MB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr R Turnock	Medical Director	(RT)

Patient Story
The Board welcomed Alex, a patient's mum, to the meeting.

Alex lives in Wrexham and went through the process of choosing a hospital for her daughter's care, noting both her daughter, Brigid and their family were extremely pleased with Alder Hey.

Brigid was transferred to the Rheumatology ward in June 2015. Alex highlighted how welcoming staff had been and the high level of care. Brigid did not like taking her medication and Alex described how the play specialist had made this a less daunting experience for Brigid.

Alex described her experiences of moving into the new build, noting the highly improved facilities providing easier communication for staff as well as the benefits of the multi storey car park.

Other benefits included being able to choose a meal for the ward chef to prepare, although it was requested that more fresh food was available including fish. Hilda Gwilliams agreed to feed this back to the catering team.

Alex highlighted that the only negative observation she had to make related to parents watching TV after 9pm on open wards, which had caused problems for Brigid being able to sleep. Alex felt that the 'lights out' rule from the old hospital had not translated to the new environment. Pauline Brown agreed to ensure all wards were following the 9pm quiet time procedure.

The Board thanked Alex for taking the time share both her daughter's and her own experiences, the feedback was very welcome.

16/17/94 Declarations of Interest

None declared.

16/17/95 Minutes of the previous meetings held on 5th July 2016 and 25th July 2016

The Board received the minutes from the meeting held on 5th July 2016. Louise Shepherd highlighted two points for clarification:

- Liverpool Women's – reference needed to be made to the ongoing review of the service model being led by the CCG and the fact that Alder Hey was involved in this process;
- Mortality report – this item had been deferred to come back to the Board in October.

Resolved:

The Board:

a) reviewed and approved the minutes of the 5th July 2016, subject to the amendments above.

b) The Board received and approved the minutes from the extraordinary Board meeting held on 25th July 2016.

16/17/96 Matters Arising and Board Action list

Visibility Programme

Following an action from the last meeting Louise Dunn had re-circulated the visibility programme to the Board.

CQC Engagement Meeting

Action complete – CAMHS review on the main agenda.

16/17/97 Key Issues/Reflections

Junior Doctors 5 Day Strike Action

The British Medical Association had announced a further five day strike to start on 5th October following government approval of the new Junior Doctors (JD) contract.

A five day strike had been arranged for mid-September however this had now been cancelled.

Concerns were raised around patient safety if the strike in October was to go ahead. Weekly meetings were being held to identify gaps in cover. The Board noted their thanks to staff for their continued support.

16/17/98 External Environment/STP

Louise Shepherd provided an update of progress on the development of the Cheshire and Merseyside STP model.

Within the footprint, there are three Local Delivery Systems (LDS): North Mersey, the Alliance and Unified Cheshire. The critical decisions being worked through are:

- Demand Management and prevention at scale
- Reducing variation and improving quality through hospital reconfiguration
- Reducing cost through 'back office' collaborative productivity
- Reducing cost through 'middle office' collaborative productivity
- Changing how we work together to deliver the transformation

Community Services

- Sefton Community Services

Following Board approval to submit a bid for Sefton Children's community services a team from Alder Hey had been invited to interview. The outcome of the bid was received during the course of the meeting; the Trust had been unsuccessful and it was agreed to seek detailed feedback as to how this decision was arrived at.

- Liverpool Community Services

A consortium bid for services led by Bridgewater Community NHS Foundation Trust had been submitted.

- Liverpool non-core bundles

Liverpool Clinical Commissioning Group has awarded Alder Hey the paediatric SALT and paediatric community matrons' services from the non-core bundle.

Sefton Clinical Commissioning Group has agreed to hold discussions with Alder Hey regarding the following services: paediatric complex needs, paediatric OT, paediatric, physiotherapy, paediatric SALT, Children's safeguarding and Child protection.

It was agreed that formal reports on community services would be submitted to the Board for the duration of this process.

Liverpool Women's Reconfiguration Options

Alder Hey continued to work closely with Liverpool Women's and Liverpool CCG to resolve the issue of a viable future service configuration.

Following on from discussions at the last Board meeting on the available options following the removal of option 'F2' (to relocate obstetrics and neonatal services to Alder Hey and Gynaecology to the new Liverpool Royal site), it was agreed that contact would be made with Liverpool CCG to understand the removal of this option, and to develop a vision for the service.

Global Health
Alder Hey has submitted a six month commercial programme to Al Jalila Children's Hospital, Dubai; discussions continue to finalise the first phase of the partnership.

Cardiac Services
Alder Hey had previously been announced as joint host for Liverpool cardiac services with Liverpool Heart and Chest NHS Foundation Trust. Work to sign off compliance with the required standards was in its final stages.

16/17/99 Proposed revised CBU Structure

Following a request at the last Board meeting, the Executive team had assessed the implications of implementing the CBU restructure in shadow form or at more pace. Feedback from the CBUs was for the revised restructure to be implemented quickly. Interviews for two of the three CBU Directors were in progress; there was currently no lead identified for the Integrated Community CBU. It was agreed the two newly appointed directors would be invited to the October Board meeting.

The new CBUs would be launched in early October. Concerns were raised around the timing of the launch and the Junior Doctors' strikes. It was agreed this would be discussed with the directors during the interview stages.

Resolved:
a) Board received a further update on the revised CBU Structure
b) Newly appointed directors for the two CBUs would be invited to the October Board.

16/17/100 Child and Adult Mental Health Services (CAMHS) Review Report

Catherine McLaughlin presented her findings from the external CAMHS review she had been commissioned to carry out in May 2016.

The CAMHS teams had been engaged with the process to agree plans to improve the service. Following engagement sessions a number of risks had been identified including: a lack of leadership and accountability, as well the waiting time for an appointment for assessment taking around 20 weeks.

In June 2016 a revised model of care, the 'Thrive Framework' was implemented. The framework has strengthened governance arrangements and has reduced waiting times to six weeks.

Following a consultation on the proposed revised management structure, the proposal was to have two localities with line management responsibility for all staff groups flowing through one leader. Catherine described the advantages, disadvantages and rationale for this proposal.

Graham Lamont reported on the interview process for the Director of CAMHS that had taken place yesterday, noting the level of the three strong candidates who had been shortlisted. Andrew Williams had been appointed to this post and feedback sessions would be held for the two candidates.

Next steps included establishing the management team and clinical leadership structure. A follow up review was to take place in December 2016.

Louise Shepherd thanked Catherine and the teams for their achievements and the level of commitment that had been taken through the review on behalf of the Board.

Resolved
The Board:
a) Received the findings and proposals from the CAMHS review.
b) Agreed to invite the Director of CAMHS to the Board for an update in December 2016.

16/17/101 Serious Incident Report

Hilda Gwilliams presented the Serious Incident report for June and July 2016. There had been one new safeguarding incident.

From the four ongoing cases, an update on the never event for wrong side chest drain insertion was given. A review highlighting and closing gaps within the processes and systems had taken place. This had been shared with the CQC and CCG and would continue to be monitored through CQAC.

Resolved:
The Board received the Serious Incident report for June and July 2016 noting: 1 new safeguarding incident, four ongoing, and two incidents closed since the last report.

16/17/102 Clinical Quality Assurance Committee: Chair's update

The Board received the CQAC minutes from the last meeting held on 15th June 2016.

Hilda Gwilliams provided a verbal update from the walkabout held in August in the CAMHS new environment on site. Feedback from the committee included the positive experiences from the newly introduced self referrals and improved staff morale.

Resolved:
The Board received the CQAC minutes held on 15th June 2016.

16/17/103 Complaints Report Quarter 1

Anne Hyson presented the quarter 1 complaints report noting the revised format as requested by commissioners.

For Quarter 1 the Complaints team had received 20 formal complaints, this was broken down into CBUs and compared to Quarter 1 in 2015. All CBUs have seen a reduction in complaints year on year.

There had been agreement that four complaints for this quarter could continue outside of the national timeframe, these complaints were still ongoing.

One case with the Ombudsman had been closed. A notification to investigate a health records case had been received and a response has been submitted.

The PALS team had received 410 enquires. Compared to the same quarter last year there has been a 20% increase. It was noted that the increase was likely to be higher as the team were unable to log all enquires. The Board thanked Anne Hyson and the team for the continued support.

Resolved:
The Board received the content of the Quarter 1 Complaints report.

16/17/104 Infection Prevention report Quarter 1

Hilda Gwilliams discussed the key messages within the report, noting that water safety and the risk of Pseudomonas continued to be a concern. Water filters have been fitted and it was hoped the issue would be resolved soon.

A new CQUIN on Sepsis was to be embedded systemically.

Resolved:

a) Board received the content of the infection prevention and control Quarter 1 report.
b) Mags Barnaby agreed to update the Board further on water safety at the October meeting.

16/17/105 People Strategy update

Melissa Swindell presented the People Strategy progress update and the employee temperature check for July 2016.

The next phase of Listening into Action was to identify the next 20 teams; currently 13 teams have been identified. The Listening into Action 'Pass It On' event for the current teams to share their experiences through LiA will be held at the end of October 2016.

Vacancy control panels have been put in place and were being monitored.

As agency spend is the lowest level it has been for some time, Pulse Nursing Agency will be given notice that Alder Hey will no longer be using their services from October 2016.

40-50 nurses are due to commence in post in October 2016.

Alder Hey has agreed to be a part of the North West 'streamlining staff' movement. The first year will be funded by HEE. Year two and three will be partly funded by HEE and the Trust.

The PDR window for 2016/17closed at the end of July with a response rate of 55% (the target is 90%). A review of this year's process is taking placed and a plan will be prepared in a response to this.

Mutually Agreed Severance Scheme

As part of the Trust's plans for recovery, a Mutually Agreed Severance Scheme (MASS) has been developed as an additional mechanism for CBUs to consider in relevant circumstances. Approval would be required from the Board and Her Majesty's Treasury.

Resolved
The Board:
a) received the content of the report.
b) Approved the Mutually Agreed Severance Scheme.
c) Asked for an update on the plan to improve PDR rates at the October Board.

16/17/106 Alder Hey in the Park

David Powell provided an overview of 10 programmes within the Alder Hey in the Park project.

Decommissioning and Demolition – the contract for the works was due to be signed at the end of September 2016 with the demolition itself commencing in January 2017.

The next Schwartz rounds theme would be dedicated to saying farewell to the old hospital building. It was noted that a ceremony dedicated to leaving the old hospital was held as part of the Centenary year celebrations and as the old site had been empty for over 12 months, health and safety risks meant that it would not be advisable to permit staff or the public to enter the building.

Park – meetings between the Trust and Liverpool City Council were due to commence in the Autumn.

Corporate Offices/Clinical on-site – this project was currently under review to improve affordability and functionality.

Research & Education Phase II – the Trust has issued instruction for a design to be developed up to the stage for being 'pricing and construction ready'. There continues to be a funding shortfall. Clarity was required around the space to be provided for Edge Hill, UoL, UCLan and other partners.

Commercial – Discussions continue with Merseyside Police regarding occupying space in corporate offices with a view to a deal on acquiring the Eaton Road police station site. The veterinary surgery has proposed a land swap with Trust, with a decision to be made by Trust within the next 3 months.

Agile Working – the first meeting was due to take place this week.

Community – the total cost of this project was for £12m. The Trust had secured £11m and plans were in place to request funding from the Trust Charity.

The Following projects are due to commence soon:

- On-site Residual
- Alder Centre

Resolved:
The Board received an update of the 10 projects within Alder Hey in the park work-stream.

16/17/107 Corporate Report
Control Total
Jonathan Stephens gave a presentation on the update of the 2016/17 financial plan and the proposed sign up to the financial control total and the strategy for achievement.

Resolved
The Board:
a) Received the Corporate report
b) Formally agreed the revised plan for 2016/17 and sign up to the control total as notified by NHS Improvement.

16/17/108 Programme Assurance Update
An overview of programme assurance arrangements was presented following approval of the work-streams to report to the committees of the Trust Board.

Joe Gibson provided a breakdown of each of the work-streams and a summary position noting the support from the Executive team at the weekly meetings.

A review of the revised programme assurance structure was to take place in Quarter 2.

Resolved:
The Board noted the importance for the programme to meet the targets set.

16/17/109 Integrated Assurance Report
Resolved:
Key Issue report from July Integrated Governance Committee
The Trust and Mersey Internal Audit Agency had agreed for the audit on Risk Management to be deferred until Quarter 4.

Board Assurance Framework policy
The Board approved the above policy.

Board Assurance Framework
Quarterly Corporate Risk Register
The Board received the (BAF) and the risk register.

16/17/110 Freedom to speak up Guardian
Erica Saunders updated the Board in relation to the self-assessment of the Trust's position against the actions recommended by Sir Robert Francis in the report arising from the *Freedom to Speak Up* Review with specific reference to the Freedom to Speak Up Guardian. Given the range of mechanisms already in place within the Trust, it was proposed to take an approach to integrate the Guardian role into this framework rather than launch a separate initiative which staff would find confusing. It was agreed that the Trust's Guardian would be Steve Igoe, which would align the process with Steve's existing role under the whistleblowing policy.

Resolved:
The Board received the self-assessment current position and agreed the way forward set out in the paper.

16/17/111 Resource and Business Development Committee: Chair's Update
Resolved:
Board received the RABD minutes from June 2016. RABD maintains its focus on internal recovery.

16/17/112 Quarterly Monitoring report and feedback
Resolved:
Board received the Monitor report Quarter 1 for information.

16/17/113 Any Other Business
Therese Patten
Therese Patten was due to leave the Trust at the end of September.

The Chair thanked Therese for her all support particularly on strategic themes and wished her all the best on behalf of the Board.

Date and Time of next meeting: - Tuesday 4th October 2016, at 10:00am, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS Foundation Trust
Board
Action Log April 2016 - March 2017

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
06.09.16	16/17/98	Community Services	formal reports on community services would be submitted to the Board	T Patten/J Flynn	01/11/2016	Ongoing	
06.09.16	16/17/99	Revised CBU Structure	Two new CBU Directors to be invited to the October Board meeting	J Tsao	06/10/2016	Completed	
06.09.16	16/17/100	Child and Adult Mental Health Services (CAMHS) Review Report	To invite the Director of CAMHS to the Board for an update in December 2016.	J Tsao	06/12/2016	Ongoing	
06.09.16	16/17/104	Infection Prevention report Quarter 1	To update the Board further on water safety at the October meeting	M Barnaby	06/10/2016	Under Matters Arising	
06.09.16	16/17/105	People Strategy update	To provide an update on the plan to improve PDR rates at the October Board	M Swindell	06/10/2016	Included under the People Strategy update	

Public Health England

Protecting and improving the nation's health

PHE North West Business Plan

2016–2017

Contents

Introduction

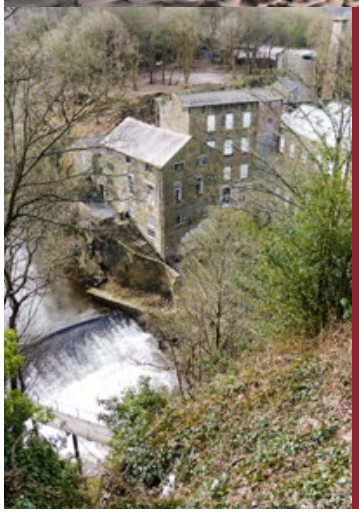
It is with great pleasure that I introduce our 2016 – 2017 business plan which outlines the services and functions that PHE North West will offer as part of the wider public health system.

Our role is to protect and improve the health of the people living in the North West. We can only do this by working with all our partners and stakeholders and ensuring that we have an effective and joined up public health system. We are working to ensure all PHE's local activities are geared towards securing better health and wellbeing outcomes for the population of the North West.

This is the first full annual overview since the merger in July 2015 of our previous centres to PHE North West. As always we will strive to ensure that local perspectives from across Cheshire, Cumbria, Greater Manchester, Lancashire and Merseyside are heard and contribute to shaping PHE national priorities, policies and strategies.

This business plan sets out our services and support to the public health system; it covers the work of our main teams; Health Protection, Health and Wellbeing, Healthcare Public Health (including Specialist Commissioning and Dental Public Health) and Screening and Immunisations. It is an opportunity to evaluate what we delivered in our first year and also looks to the future to see what we can deliver and achieve in the coming months.

Melanie Sirotkin
Centre Director
PHE North West



There are
7,132,991
people living
in the North West

PHE North West

As one of nine PHE centres in England, the functions of PHE North West are to:

- contribute to system leadership at the local level with Association of Directors of Public Health (ADsPH) and others, for public health across local geographies and systems, including NHS planning and devolution
- provide health protection services; expertise, response and advice to the local NHS, local authorities and other partners
- provide local PHE emergency planning, resilience and response across the North West
- support local systems (in particular local government and the NHS) to access PHE national and local evidence, tools, services and expertise to promote and protect health and wellbeing
- work with the ADsPH within the North West to support sector led improvement approaches to improve health and wellbeing
- provide a high quality, locally responsive PHE expert knowledge and intelligence function
- assure the process for appointment of Directors of Public Health (DsPH)
- advise and support local authorities and DsPH on the appointment of public health specialists and the development of the public health workforce
- provide local advice as requested and required on best value from the public health ring fenced grant
- review compliance with local authority public health grant conditions including mandated and non-mandated services
- provide public health advice to NHS England and in particular system leadership for section 7a services which includes screening and immunisation

Across the North West

over 15%

of the population use outdoor space for exercise and health reasons

87%

of the population live in urban areas

48%

of us are meeting the recommended 5-a-day

Our business plan

Our business plan captures work across the four core functions as outlined in PHE's remit letter from the Department of Health. It outlines our local work to address PHE's seven priorities as well as highlighting what we are doing to ensure the delivery of the mandated services, which are a statutory requirement on local government. This plan also shows how we are fulfilling our duty to reduce health inequalities as per the Health and Social Care Act 2012 and the Health Equity Act 2010.

This plan demonstrates the breadth of our responsibilities and work on these topics represents only part of what we do.

Some of our milestones since July 2015

Health Protection

Our health protection teams have managed **over 900 incidents**

The number of health protection enquiries received and dealt with since the launch of PHE North West is **over 8,000**

Immunisations

Over 95% of eligible North West infants received their first dose of Meningitis B vaccine

More than 35,000 pregnant women in the North West have received their whooping cough vaccine - ensuring that both they and their unborn children are protected against whooping cough

Over 1.3 million North West eligible residents have been protected by the flu jab

Field Epidemiology Service North West (FES)

FES NW has supported the epidemiological investigation of **18** local and national outbreaks and incidents, including **five** analytical studies.

In collaboration with PHE, and a range of other colleagues and partners, FES NW has published **ten** peer-reviewed papers, including **five** first author publications

Health and Wellbeing

PHE North West has worked as part of the wider public health system to deliver:

Over 3,570 HIV Home Sampling kits were issued across the North West (by March 2016)

Over 6,700 successful treatment completions for alcohol only-clients and **over 6,490** successful treatment completions for drug clients

Over 33,000 people in the North West signed up to the 2015 Stoptober campaign

Over 54,200 North West people signed up to our 10 minute shakeup Change4Life campaign last summer

Knowledge and Intelligence Service

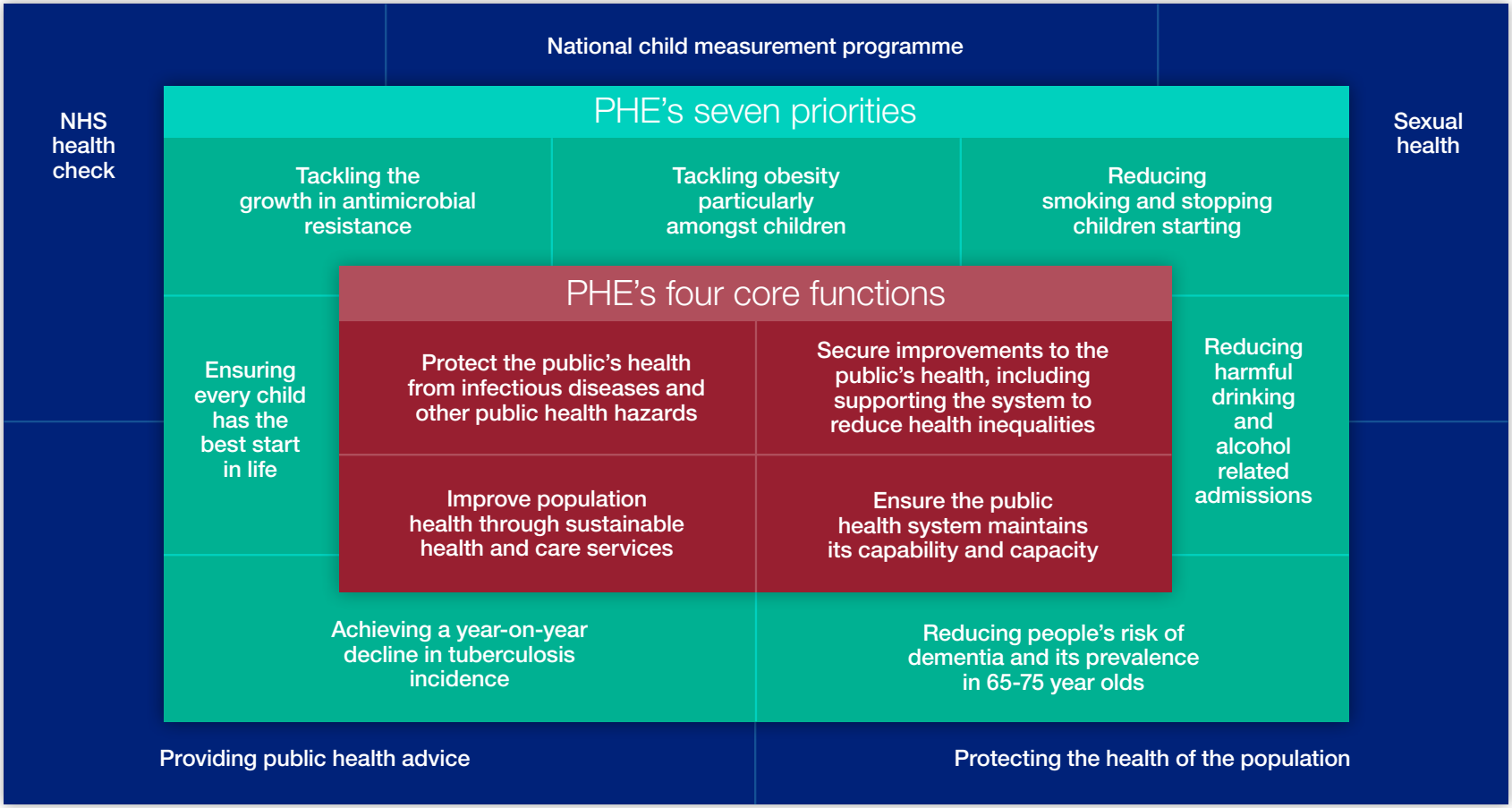
Our Local Knowledge and Intelligence team has serviced **over 175** intelligence enquiries

Co-produced **four** resource packs on school readiness, providing both descriptive analysis and evidence of what works in order to facilitate improvement

Training

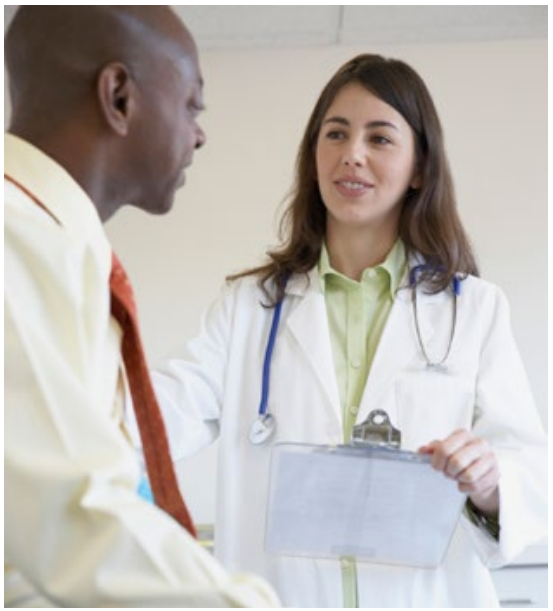
Over 30 public health specialists in the North West were supported with their portfolio development work last year

These are the main drivers of our business plan:



Health Inequalities

The Health and Social Care Act established specific legal duties around health inequalities which we must meet. We need to demonstrate that we are meeting these legal duties and we will do this through our strategic objectives and underlying actions and activities that contribute to reducing health inequalities.



PHE North West will:

- **work with and through local partners to advocate for the reduction of health inequalities and the promotion of equality**
- **use the Health Equity Assessment Tool (HEAT) to assure PHE North West programmes and priorities**
- **encourage innovative pilots and evaluations of the use of HEAT with stakeholders and share good practice**
- **ensure the wider determinants of health are adequately reflected in our business plans and actions**
- **work with our national PHE Equity Team to roll out national on-line training tools to enhance understanding of health inequalities; health equity; the wider determinants of health and asset based approaches**

Male life expectancy at birth is

78 years

and female life expectancy at birth is

81 years

28%

of all North West local authority districts are within the most deprived 10% nationally

Core function 1: Protect the public's health from infectious diseases and other hazards to health

- our primary duty is to protect the public's health in the North West. We provide leadership and scientific advice to reduce harm from infectious disease and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
- we ensure there are effective surveillance arrangements in place locally to identify threats and prepare, plan and respond to health protection concerns and emergencies
- our diverse and expert workforce applies knowledge and scientific skills and capabilities across epidemiology, microbiology and environmental hazards to provide the best health protection service to professionals and the public

PHE North West's core commitments to Health Protection in 2016 - 2017:

- provide a safe, robust and effective 24/7 acute health protection service
- engage with staff and local stakeholders to design an acute health protection service model across the North West
- continue to contribute to and establish collaborative strategies and programmes to reduce levels of antimicrobial prescribing and resultant resistance (AMR)
- continue our implementation of the national Tuberculosis Strategy for England
- draw on PHE national expertise to support the national-to-local work on the impact of unconventional gas extraction
- work with partners to reduce the impact of poor air quality
- provide effective management, monitoring and surveillance of public health risks, including outbreaks of communicable disease and environmental hazards
- develop and maintain emergency plans to ensure that we and our partners are ready to respond to public health emergencies

A total of

646

cases of TB were reported in the North West in 2014 - a regional incidence rate of 9.1 per 100,000 population

In 2015, the prescribing of antibiotics was

11%

higher than the national (England) average of 161.3 per 1,000 resident population

Core function 2: Secure improvements to the public's health, including supporting the system to reduce health inequalities

- **support local authorities and the NHS to secure the greatest gains in health and wellbeing**
- **work with our partners to achieve reductions in inequalities through evidence-based interventions**
- **promote actions to build healthy places, people and communities, making the case for prevention and early intervention**

19%

of our year six children are classified as obese

PHE North West's core commitments to improving health and wellbeing and tackling inequalities in 2016 - 2017:

- continue to contribute to the implementation of devolution programmes across the North West
- promote positive mental health, offer tailored support such as data analysis and local workshops and development of a suicide prevention training package
- offer advice, tailored support and advocacy for the Best Start in Life programme including the dissemination of bulletins and data, the development of a network for peer support and sharing of best practice
- offer advice to support local authorities to reduce harm from drugs and alcohol; supporting sub regional networks and peer-support events
- work with our external partners and internal PHE colleagues to promote better sexual and reproductive health leading to a reduction in key STIs and under 18 conceptions and improved access to reproductive health services
- support delivery of local action plans on tobacco to reduce prevalence of smoking in adults, children and pregnant women and the development of a network and a programme of work to support mental health trusts become smoke free
- broker and co-ordinate the development of an integrated approach to reduce obesity, promote the evidence for prevention and early intervention, provide local tailored support and develop a peer network to share best practice
- support and develop intelligence networks for stakeholders to identify and agree a consensus of priorities for local data to support joint strategic needs assessments and bespoke areas of work
- offer advice and support on the evidence base to increase physical activity, support GP clinical champions and the development of a Train the Trainer session

30%

of adults are classified as inactive – doing less than 30 minutes of physical activity per week

Core function 3: Improving population health through sustainable health and care services

- support NHS commissioners and providers as they seek to improve population health and tackle inequalities, and to develop more personalised, proactive care that can help each of us maintain the best possible health and wellbeing
- provide the evidence and analysis to help the NHS and local authorities allocate their resources most effectively, with a greater shift towards prevention and early intervention
- provide public health expertise, support and advice to the NHS to prevent ill health and promote effective treatments; to help drive improvements in population outcomes and reductions in health inequalities in a cost effective manner

PHE North West's key commitments to improving population health through sustainable health and care services in 2016 - 2017:

- work with NHS and local government to raise public awareness of risks of high blood pressure, support early detection and management to improve population health, reduce stroke and cardiovascular events and reduce health inequalities
- provide public health advice to NHS England in its commissioning of offender health services including contributing to the rollout of smoke free prisons and increasing participation of offenders in screening and immunisation programmes
- provide public health advice and support to NHS England and the wider NHS system to contribute to the vision of 5 year forward view including contribution to Quality Surveillance Groups, supporting Sustainability and Transformation plans and implementing "prevention at scale"
- initiatives and supports innovation and new models of care
- provide dental public health advice to NHS England, Greater Manchester Health and Social Care and local authorities
- provide evidence based public health advice to NHS England sub-regional teams and specialised commissioning including advice into trauma centres and specialised spinal surgery
- work with the NHS and Greater Manchester Health and Social Care to deliver and monitor new and existing screening and immunisation programmes and address inequalities to improve outcomes
- access and provide expertise in interrogating a variety of information sources and interpretation of the results to improve healthcare

In 2014 there were around

24,000

premature deaths in the North West

Across the North West

33%

of five year olds have preventable tooth decay

Around

1 in 5

children in the North West live in poverty

Core function 4: Ensure the public health system maintains its capability and capacity

- ensure the delivery of training and development that equips the North West public health workforce for the challenges ahead in response to local needs and demands
- work closely with North West local authorities, the North West Public Health Training School, Heath Education North West, the Chartered Institute of Environmental Health, Public Health academia, the North West Public Health Workforce Development Steering Group, the voluntary and community sector, and the local NHS to build capacity and capability across the public health system

PHE North West's key commitments to building capability and capacity of the public health system in 2016 - 2017:

- work with local authorities to support their key public health leadership role, including making appointments at Director of Public Health level
- actively engage with the Directors of Public Health collaboratives and their working groups across the North West, supporting and promoting joint work
- work with Health Education North West to complete a consultation on learning and development needs
- develop and deliver a comprehensive training programme that includes a range of high quality specialist placements for the wider public health system
- continue to ensure national workforce priorities are informed by local workforce needs
- provide development opportunities for our teams to support them in developing and delivering to their best
- continue to build and develop our stakeholder engagement and communication
- implement our action plan to increase staff engagement and wellbeing and directly respond to the outcomes of our staff survey
- continue to develop a centre-wide approach to continuous quality improvement in line with the PHE Sound Foundations programme. This will include audit, learning, peer review and sharing good practice

1 in 7
people (adults) volunteer in sporting activities

The North West has four out of the five most deprived local authority districts in England

The annual population survey reports that around
1 in 5
adults experience high levels of anxiety

Some of our achievements across the North West (2015 – 2016)

Protecting the public's health from infectious diseases and other hazards to health

- responded to a number of major incidents including explosions, chemical incidents, large fires and extreme weather
- worked with partners to tackle significant challenges including an avian influenza outbreak, protracted community outbreak of hepatitis A, cryptosporidium contaminated water supply and extensive flooding across the North West
- since the formation of PHE North West our North West Emergency Preparedness Team has been involved in **11** Multi-Agency Incident Responses and **24** Multi-Agency Exercises

Improving the public's health and wellbeing and reducing health inequalities

- production of an electronic cigarettes guidance resource to help inform dialogue with smokers to ensure consistency of advice across services
- provided peer-to-peer training by a GP with a specialist interest in physical activity through one-off education and development sessions. In the last **six** months the **three** North West GP Clinical Champions have delivered over **50** interactive sessions
- co-ordinated the production and release of national guidance on the establishment of Local Drug Information Systems to support local partnerships intelligence and responses to adverse drug related incidents

Over
54%
of the eligible population have had an NHS Health Check

The North West has more successful completions of drug treatment for both opiate and non-opiate users

Improving population health through sustainable health and care services

- provided strategic leadership to implement the national TB Strategy across the North West including the introduction on latent TB testing in areas of highest prevalence across the North West
- developed two key toolkits on dementia and vulnerable adults to improve dental public health
- agreed a systematic process for how PHE North West feeds into Quality Surveillance Groups and successfully rolled out childhood flu programme in schools across the North West

Building the capability and capacity of the public health system

- co-hosted Fit for the Future - an engagement session for senior leaders to discuss and shape national and local thinking on public health workforce issues by exploring the knowledge and capability that the public health workforce in the future will need
- introduced a shadowing programme to develop opportunities within PHE North West and also developed support to public health specialists undertaking the portfolio route with a facilitated network and master classes
- our senior staff have supported a number of public health teaching programmes across the North West including the undergraduate medical curriculum at Manchester University as well as the University of Liverpool and University of Central Lancashire public health master's programmes

Compared to the England average, the rate of newly diagnosed STI's (excluding chlamydia in under 25 year olds) is significantly lower in the North West

There was a

21%

decrease in the rate of TB in the North West between 2009 and 2014

The pregnancy rate for under-18s continues to follow a downward trend

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 4th October 2016

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

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1. Background:

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

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

Safeguarding children cases reported through StEIS are included in this report, 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)															
2015/16				2016/17											
Month	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
New	5	0	3	2	2	2	1	1	3	1	2	1	2	0	1
Open	5	7	5	2	3	3	3	5	6	7	6	3	2	4	2
Closed	1	3	2	4	1	0	2	1	0	2	2	5	2	0	2
Safeguarding															
Month	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
New	0	0	1	0	0	0	0	1	2	0	0	0	1	0	1
Open	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total closed	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

3. Recommendations:

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

New SIRI Incidents reported between the period 01/08/2016 to 31/08/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
RCA 199 2016/17 **Internal**	18/08/2016	SCACC	Unavailability of neuro equipment for emergency procedure.	Lisa Westley, Theatre Clinical Lead.	Information gathering completed, RCA panel to be held 23/09/2016.	N/A	N/A – No patient harm occurred.

New Safeguarding investigations reported 01/08/2016 to 31/08/2016: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2016/21495	11/08/2016	ICS	SUDiC - Patient was transferred to the Trust's Paediatric Intensive Care Unit on the 8.8.16 from Morecambe Hospital following a near drowning in a holiday park in Cumbria. Patient sadly passed away 9.8.16.	Safeguarding Team	For information only	Yes	Yes

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
RCA 182 2016/17 **Internal**	02/06/2016	SCACC	Overdose of potassium in CVVH bag.	Sue Tickle, Sister, Critical Care	Report in final quality check stage.	Yes	Yes
RCA 190 2016/17 StEIS 2016/14784	31/05/2016	ICS	Delayed transition of a 17.5 year old CAMHS patient.	Lindsey Marlton, Service Manager, CAMHS	Multi-agency RCA, being led by Merseycare. Information gathering, awaiting update from Merseycare.	Yes	Merseycare to initiate Duty of Candour.

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 189 2016/17 StEIS 2016/15215	02/06/2016	NMSS	Grade 3 pressure ulcer under hip plaster (unavoidable).	Wendy Weir, Sister, 4A.	Final report sent to CCG and family.	Yes
RCA 183 2016/17 StEIS 2016/9552	11/04/2016	SCACC	Never Event – Wrong side chest drain inserted into patient.	Paul Baines, Consultant, Paediatric Intensive Care Unit	Final report sent to CCG and family.	Yes

Safeguarding investigations closed since last report
Nil

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 20th July 2016,
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland, (Chair)	Non- Executive Director	AM
	Hilda Gwilliams	Director of Chief Nurse	HG
	Jeannie France Hayhurst	Non- Executive Director	JFH
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
In Attendance:	Richard Cooke	DIPC	RC
	Christian Duncan	Clinical Director for NMSS	CD
	Jacqui Flynn	General Manager, Community Services	JF
	Joe Gibson	External Programme	JG
	Rob Griffiths	Theatre Services Manager	RG
	Rachel Greer	General Manager NMSS	RG
	Gail Hewitt	Deputy Director of Quality	GH
	Dan Grimes	General Manager, Medical Spec	DG
	Paul Newland	CD Clinical Support CBU/CoBiochemis	PN
	Matthew Peak	Director of Research	MP
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Julie Tsao	Committee Administrator	JT
Agenda item: 48.	Michelle Perigo	Clinical Claims Manager	MP

16/17/38 Apologies:

Mags Barnaby	Interim Chief Operating Officer	MB
Adam Bateman	General Manager Surgery	AB
Pauline Brown	Lead Nurse, SCACC	PB
Mark Caswell	Consultant Paediatrics	MC
Simon Kenny	Clinical Director SCACC	SK
Steve Igoe	Non-Executive Director	SI
Tony Rigby	General Manager, Quality Strategy	TR
Louise Shepherd	Chief Executive	LS
Jonathan Stephens	Director of Finance	JS
Rick Turnock	Medical Director	RT

16/17/39 Declarations of Interest
None Declared.

16/17/40 Minutes of the previous meeting held on 15th June 2016
Resolved:
CQAC approved minutes from the last meeting.

16/17/41 Matters Arising and Action list
An update on two of the actions from the log is detailed below. All other actions were either completed or an item on the agenda.

Scope Systems
Following an update from the previous meeting re-training of the scope system had been completed with 100% compliance. Contract negotiations were due to commence with the supplier as the washers and the drying cabinets continued to break down on a regular basis.

It was agreed a further update on progress would be presented at the next CQAC.

Walkabouts
Future walkabouts were to be aligned to the CQC Key Lines of Enquires. Erica Saunders agreed to circulate the current document due for review and asked CQAC to feedback comments prior to the next meeting.

16/17/42 Programme Assurance 'Our Patients at the Centre'
Improving outpatients Project Initiation Document (PID)
The revised Improving Outpatients PID was presented. Following engagement sessions with outpatients the five areas chosen as the projects and for improvement are; Patient flow, Booking and Scheduling, Environment, Workforce and Medical Records. The PID had been broken down into several phases. Rachel Greer noted approval of the PID today was for phase 1.

Previously concerns had been raised regarding the capacity to of the teams to be able to progress the projects. Capacity had now been identified through staff engagement and electing a lead and support for each project from all levels of staff.

The projects would review daily frustrations seen daily by the teams as well as input from patients and carers.

Melissa Swindell reported on the next phase of Listening into Action (LiA) was to progress with 5 enabler teams noting the benefits for LiA and the five projects working jointly together. Melissa and Rachel Greer agreed to meet to take forward.

Concerns were raised around the targets under benefits and measures against the projects may be too high and would cause the teams to lose confidence if targets were not met. It was agreed a monthly update would be provided to CQAC on progress against each of the milestones set.

It was noted progress on Share-point had not been updated and this would be completed prior to the next CQAC.

Resolved:
CQAC noted the positive progress of the Improving Outpatients PID and approved phase 1.

Clinical Support Services Project Initiation Document (PID)
Previously Clinical Support Services had been part of several other PIDs however following discussions at Programme Assurance Board it had been agreed for CSS to be monitored through a separate PID.

Whilst the PID would continue to support several other projects the areas of focus for this PID would be; Improving Clinical Support Services through benchmarking and Collaboration.

Dan Grimes provided examples of how improving CSS collaborations would be benchmarked. This included retaining the neonatal pathology services currently provided to Liverpool Women's NHS Foundation Trust and identifying opportunities for partnership working with services including; pathology, radiology, pharmacy and therapy services as part of the STP Cheshire and Merseyside agenda Alder Hey was supporting.

CQAC asked for Finance to re-clarify the financial information.

Resolved:
CQAC Approved the Support Services Project Initiation Document.

16/17/42 Programme Assurance progress update

A number of amber ratings had been highlighted under the dashboard. It was noted these related to number of project management concerns for the Improving Outpatients PID however as the PID had been approved at the meeting today these should now be resolved.

Resolved:
CQAC received an update on programme assurance.

16/17/45 National Safety Standards for Invasive Procedures (NatSSIPs)

Rob Griffiths provided an update on new guidance from NHS E Building for safer surgery.

The NatSafety Standards for Invasive Procedures (NatSSIPs) bring together national and local learning from the analysis of never events' serious incidents and near misses through a set of recommendations that will help provide safer care for patients undergoing invasive procedures. This enhances the exisiting WHO checklist by looking at additional factors.

The guidance covers any cut to gain access to the inside of a patient's body. These practises are already carried out in Theatres. This will be a new guidance for some areas including Radiology. Implementation of the new guidance would also require project management support Joe Gibson agreed to action this further outside of the meeting with Rob Griffiths.

The Executive lead for implementing the new guidance is currently on long term sick leave, it was agreed this would be discussed at the next Executive meeting to discuss Executive Leadership in the interim.

Resolved:
Hilda Gwilliams agreed to action at Executive lead agreement at the next Executive Committee.

16/17/35 SCACC Audit

Rob Griffiths went through the audits and work-streams within the SCACC CBU.

The audit against compliance on stop before you block was completed and would be 98% compliant before the end of July. Assurance was still required for an agreed regular action plan. It was agreed progress for a future audit plan would be required from a Consultant Anaesthetist.

Progress on five steps to safer surgery following an action plan to prevent wrong site surgery included a total of 302 staff completing the training programme. A plan for the remaining 194 staff to commence training was in place.

Key actions to ensure chlorohexidine was no longer stored in Theatres had been completed.

One of the challenges going forward was to develop and implement Human Factors training. An application to support this for £350K had been submitted to Alder Hey Charity. Melissa Swindell advised she would be happy to support this going forward.

Resolved:

CQAC received an update on progress against the SCACC action plan.

16/17/47 CQC Action Plan

Resolved:

CQAC received the CQC action plan noting progress varied across the actions.

16/17/48 Clinical Claims report

Michelle Perigo presented the 6 monthly clinical claims report. The Clinical Claims policy had been approved at the April CQAC and was now in place.

In 2016/17 every member of the CNST scheme had an increase in contributions and the NHSLA report that their overall costs continue to increase. The Trust's payment increased by 40%, this appears to be partly as a result of a negative contribution gap meaning contributions have been lower than claims over the last 5 years. The NHSLA launched a national consultation in March 2016 to look at proposals to the approach for setting the CNST contributions from April 2017 and to seek views on options for the future development of the CNST. Michelle Perigo attended a NHSLA consultation seminar and had written a response to the NHSLA Consultations. Confirmation on tariff for 2017/18 was awaited.

For the period of 1st October 2015 – 31st March 2016 the Trust had received 11 new claims, 14 claims for potential clinical negligence, 37 ongoing claims and 2 closed.

Resolved:

CQAC received the Clinical Claims report for the period of 1st October 2015 – 31st March 2016.

16/17/49 Corporate report – Quality Metrics

Patient Safety

Patient Safety performance has improved for the month of May with 0 readmissions to PICO within 48 hours, no incidents that resulted in moderate harm or above and no serious incidents requiring investigation.

Patient Experience

Total number of formal complaints for May continued to be low, this has seen an increase in the number of enquiries to the Patient and Liaisons team by 29% for the year.

Not all of the aimed goal target for the inpatients survey had been completed. There was no goal targets for the Friends and Family section and this was to be developed.

Clinical Effectiveness

A number of queries were raised on the Clinical Effectiveness data. It was agreed Kerry Morgan would be invited to the August CQAC to go through the data.

Dan Grimes agreed to contact Hannah Grey who he had previously worked with to provide support to the Trust on performance metrics.

16/17/50 Clinical Quality and Assurance terms of reference

CQAC went through the terms of reference for the committee.

Patient representation for CQAC had previously been queried. As several forums including patient reps had now been established and Governors are welcome to attend CQAC meetings it was agreed patient representation would not be required.

As the Corporate Risk Committee was no longer established this would be removed from the reporting section.

As Louise Shepherd, Chief Executive was supporting the STP Agenda across Cheshire and Merseyside and a number of these meetings clashed with CQAC it was agreed Jonathan Stephens, Director of Finance would be added to the membership as well as Mags Barnaby, Interim Chief Operating Officer and General Managers.

CQAC were asked to contact Julie Tsao no later than Wednesday 3rd August with any further amendments.

16/17/51 Any other business

No further business was reported.

Date and Time of next meeting: - Wednesday 15th August at 10am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee - Walkabout
Minutes of the last meeting held on Wednesday 17th August 2016,
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland, (Chair)	Non- Executive Director	AM
	Hilda Gwilliams	Director of Chief Nurse	HG
	Jeannie France Hayhurst	Non- Executive Director	JFH
	Steve Igoe	Non-Executive Director	SI
	Jonathan Stephens	Director of Finance	JS
In Attendance:			
	Mags Barnaby	Interim Chief Operating Officer	MB
	Adam Bateman	General Manager Surgery	AB
	Pauline Brown	Lead Nurse, SCACC	PB
	Christian Duncan	Clinical Director for NMSS	CD
	Jacqui Flynn	General Manager, Community Services	JF
	Joe Gibson	External Programme	JG
	Rachel Greer	General Manager NMSS	RG
	Gail Hewitt	Deputy Director of Quality	GH
	Dan Grimes	General Manager, Medical Spec	DG
	Paul Newland	CD Clinical Support CBU/CoBiochemis	PN
	Mary Ryan	CD Integrated Community Services	MR
	Tony Rigby	General Manager, Quality Strategy	TR
	Lachlan Stark	Head of Planning and Performance	LS
	Julie Tsao	Committee Administrator	

16/17/52 Apologies:

Mark Caswell	Consultant Paediatrics	MC
Richard Cooke	DIPC	RC
Simon Kenny	Clinical Director SCACC	SK
Janette Richardson	Programme Manager	JR
Matthew Peak	Director of Research	MP
Erica Saunders	Director of Corporate Affairs	ES
Louise Shepherd	Chief Executive	LS
Melissa Swindell	Interim Director of HR	MS
Rick Turnock	Medical Director	RT

16/17/53 Declarations of Interest
None Declared.

16/17/54 Minutes of the previous meeting held on 20th July 2016
Resolved:
Subject to Paul Newland being moved to apologies, CQAC approved the minutes from the last meeting.

16/17/55 Matters Arising and Action list
Following an action at the previous meeting regarding support to implement National Safety standards for Invasive Procedures across the Trust as well as Theatres. Hilda Gwillams and Mags Barnaby had contacted a nurse recently back from secondment to support the implementation lead by Rob Griffiths.

All other actions were either completed or an item on the agenda.

16/17/56 Programme Assurance progress update
CQAC went through the programme assurance summary and dashboard. As CQAC went through the dashboard for each of the projects it was noted not all the projects data had been updated. It was requested that the data for the next CQAC was up to date. Any reds

on the tracker should only be there if this requires attention and support from the committee.

Clinical Support Services
A number of red and ambers were against the above work-stream project. CQAC noted the PID had been provided at the July meeting and were assured the milestones were up to date.

Following discussions at the last meeting further discussions were held on whether financial targets should be reported into CQAC or the financial turnaround weekly meetings. It was agreed a way forward would be discussed at the Executive meeting tomorrow and an update would be provided at the next CQAC September meeting.
Action: MB

Best in Operative Care
CQAC went through the milestone tracker noting three reds for this project. Adam Bateman reported on the improvements within this project including short notice cancellations had reduced by a third and would continue to reduce to meet or succeed the target of 50%. Adam highlighted short notice cancellations had not currently met its target due to the current flawed paper process, Adam advised the new process would be in place no later than September 2016.

The project was currently behind plan by 40K. Adam Bateman and Mags Barnaby were due to meet on Friday 19th August 16 to agree a plan to close the gap.
Action: MB/AB

Improving Flow
A number or reds were highlighted against the milestone tracker. Lachlan Stark reported the project had made progress and the tracker was required to be updated.

Patient Flow
Reports for patient flow were currently on track. The reasons behind this were due to improvement changes in the process as well summer time usually have a reduced number of patients. It was highlighted the winter plans for later in the year would require testing. Mags Barnaby agreed to provide an update on plans at the next meeting.
Action: MB

Implementing New Quality Strategy
Overall the project was on track. Tony Rigby reported on collation of the governance structure.

Improving Outpatients
The project was overall on track it was noted the dashboard tracker would be mostly green for the next CQAC.

Rachel Greer provided an update on an action from the last meeting noting this project would work alongside the next steps of Listening into Action.

Resolved:
CQAC received an update on programme assurance.

16/17/57 Nurse Staffing
As data was still required for the report to be complete it was agreed this item would be deferred until the next meeting.
Action: HG

16/17/58 Sefton 0-19 Health Child Programme Tender

Mary Ryan provided an update on the Sefton and Liverpool Community Services Bids;

Sefton Health Child Programme Tender

A bid for the Sefton Community Children's Services had been submitted on Thursday 4th August 16. The Trust was due to hear the outcome on 5th September 2016.

The Bid was worth 5.7m and 130 staff would carry over from Sefton.

Liverpool Community Children's Services

Alder Hey and Bridge Water NHS Foundation Trust will submit a joint bid soon, date to be confirmed.

Alder Hey are bidding for the children services and it is estimated 800 staff would transfer to the Alder Hey if the Trust is successful.

The Liverpool tender has been dealt with differently due to the size and parts of the Children's services may be managed by different organisations. It was noted this would become clearer in the next couple of weeks.

Resolved:

CQAC received an update on the Sefton and Liverpool Community Services Children's bid.

16/17/59 Scope System

Adam Bateman provided an update on progress since the last meeting.

Following a meeting including service providers, decontamination, estates and theatre staff agreement was made to replace a number of parts on both the scope washing and drying system. The parts had been changed and a 2 week monitoring process had commenced. Currently both the machines had been working correctly.

One outstanding action was the sink was not fit for purpose. Hilda Gwilliams reported a new sink had Executive and funding approved.

Due to good progress made it was agreed this item would now be removed from the CQAC agenda however if there was any further concerns in the future CQAC asked to be informed.

Resolved:

Due to good progress made CQAC agreed this item would no longer be on the CQAC agenda.

16/17/60 Corporate report – Quality Metrics

Patient Safety

The number of grade 2 pressure ulcers and above is exceeding this months' improvement target by 3.

Patient Experience

The friends and Family test data continues to improve in terms of number of responses and satisfaction scores.

A query was raised on the figures against mental health and whether they referred to community. Liz Edwards, Head of Patient Experience was reviewing this query.

Following an action at the last meeting Dan Grimes said he had contacted Hannah Gray and would put her in touch with Hilda Gwillias' PA to arrange a meeting prior to the next CQAC to discuss collation of performance metrics.

Clinical Effectiveness
The readmissions of patients with long term conditions within 28 days indicator, has increased month on month due to the 2016/17 reclassification of patients admitted to the Emergency Decision Unit with a stay of less than 4 hours. Previously patients admitted to the EDU who stayed less than 4 hours were not classified as admissions.

Therefore the 2016/17 data will be utilised to establish a baseline for improvement. The remaining clinical effectiveness indicators are on track to achieve the 2016/17 annual targets.

Resolved:
CQAC received an update on Month 3 of the Corporate report, quality pages.

16/17/61 M13 Patient Information Leaflet
Resolved:
This item would be presented at the next Clinical Quality Steering Group for approval at their next meeting.

16/1762 Clinical Quality Steering Group
Key Issues report April and May 2016
Concern was raised in respect of the lack of storage facilities for beds. When a cot is required the bed is being left in the ward corridor. The beds cannot be left outside the ward, as their electronics stop the transport robots and there is no dedicated bed storage area. This is causing particular problems on ward 4c, who regularly require cots to be exchanged for beds. Both Mark Deveraux and Sue Brown were reviewing this issue.

Clinical Quality Steering Group Annual report 2015-16.
An overview of the Clinical Quality Steering Group Annual report was received noting compliance and recognising additional duties for 16-17. A share learning event had also been arranged.

Resolved:
a) CQAC received the CQSG Key issues April and May report noting cancellation of the June meeting.
b) CQAC verified the CQSG Annual report 15-16.

16/17/63 Any other business
No further business was reported.

Date and Time of next meeting: - Wednesday 21st September at 10am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD REPORT

MORTALITY ASSESSMENT AT ALDER HEY
Medical Director's Mortality Report

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

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

Section 1: Report from the Hospital Mortality Review Group (HMRG) Jan-Dec 2015

Summary table 2015:

Number of in-hospital deaths (Jan. 2015 – Dec. 2015)	66
Number of in-hospital deaths reviewed	53
Departmental/Service Group mortality reviews within 2 months (standard) – i.e. up to Oct. 2015	86% (57/66)
HMRG Primary Reviews within 4 months (standard)	41% (27/66)
HMRG Primary Reviews currently within 4 months status	69% (38/55)
Number of deaths within 30 days of discharge (Jan. 2015 – Dec. 2015)	18*
Number of 'within 30 days' deaths reviewed	11

*3 of the 18 will be picked up by the LWH review process.

Summary table 2016:

Number of deaths (Jan. 2016 – Apr. 2016)	30
Number of deaths reviewed	0
Departmental/Service Group mortality reviews within 2 months (standard)	22/23 (96%)
HMRG Primary Reviews within 4 months (standard)	-
Number of deaths within 30 days of discharge (Jan. 2016 – Apr. 2016)	10
Number of 'within 30 days' deaths reviewed	0

The HMRG has completed 53 mortality reviews of in-hospital deaths thus far for the year 2015. In 2016 there have been 30 deaths till the end of April which are not yet reviewed by the HMRG. Most in-hospital deaths had completed at least one full Mortality Review within 2 months of their death – i.e. reviewed by a Service Group within the 2-month limit.

The HMRG has performed less well than previously in attaining its 4-month targets. There are a number of reasons this has occurred:

1) The number of HMRG members undertaking reviews has steadily decreased over recent years due to a number of factors e.g. retirement, other commitments, time/workload pressures. It has always been a voluntary process with no allocation of time in job plans.
2) Difficulties undertaking case reviews as a result of ImageNow, presenting considerable issues reviewing the notes. People are finding reviews take much longer and some information is not accessible.
3) High numbers of deaths over winter and spring. The numbers are not in themselves concerning, but it has resulted in an increasing backlog in reviews with the current issues the HMRG is facing.

These issues have been addressed within limitations:

There has been a recruitment drive for new members for the HMRG currently at least 5 new consultants have expressed an interest. Discussion is on–going with Medical Records to enable access to the hard copy of the notes for the HMRG-reviewer. Clearly a considerable amount of "Catch-up" will be required, but usually the deaths plateau and average out over the year, enabling this to occur.

Additionally, all the CD's have been contacted to identify the mortality lead in each CBU and service group, if appropriate. The aim is to enable clearer communication and consistency across the Trust related to mortality matters.

Reviewing deaths within 30 days of hospital discharge (i.e. deaths outside of Alder Hey) is ongoing – with one of the main challenge being the time taken to identify the cases. In addition, it is difficult to obtain information because Alder Hey has patients from such a wide area. For 2015 the HMRG are aware of 18 such 'within-30-days' deaths and has managed to review 11 'within-30-days' deaths thus far. In 2016 there are 10 such deaths.

Outputs of the new mortality review process for 2015:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	9	9	9	5	3	1
Feb	2	2	2	2	0	0
March	3	3	2	1	1	1
April	7	7	7	4	1	1
May	3	3	3	3	0	1
June	6	6	6	5	1	1
July	5	5	5	3	2	0
August	5	5	4	0	0	2
Sept	4	4	3	1	0	0
Oct	8	8	7	2	2	0
Nov	3	0	1	0		
Dec	11	1	8	1		

Outputs of the new mortality review process for 2016:

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable
Jan	6		6			
Feb	7		6			
March	10		10			
April	7		6			

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

Since the previous Trust Mortality Report there has been 1 case where the HMRG mortality review conclusion was discordant with the Service Group/Departmental Reviews' conclusions:
The Service Group review found that aspects of organisational care could have been better however the HMRG review found that it was 'adequate/standard practice'.

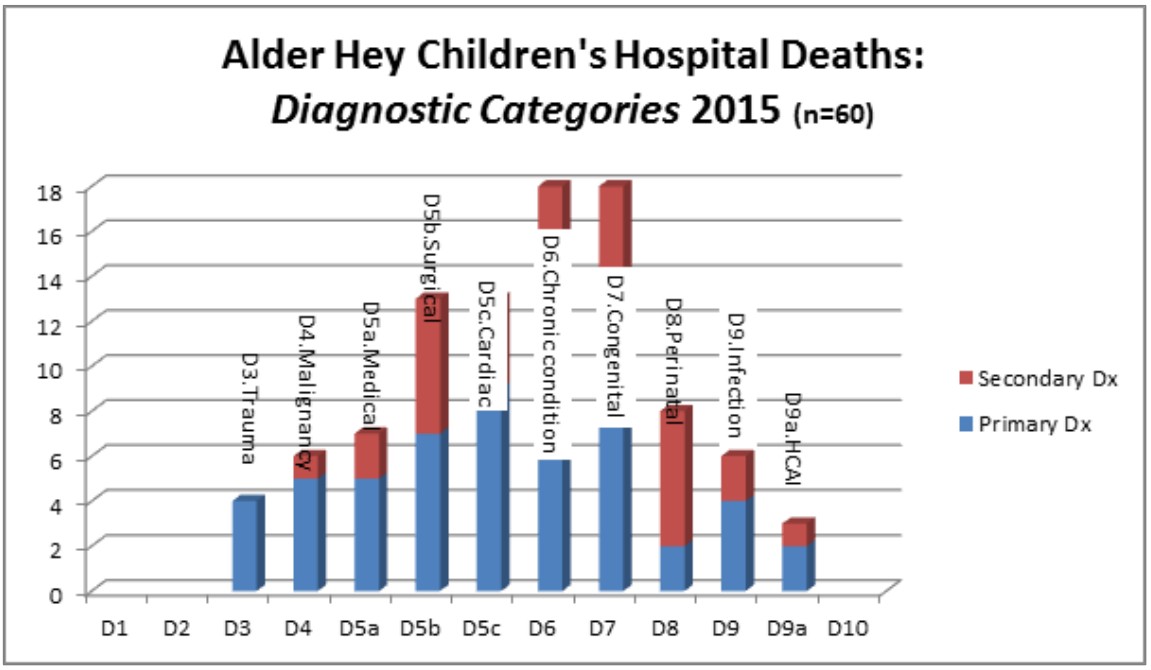
Potentially avoidable factors and actions:

Since the previous Trust Mortality Report, there has been 1 in-hospital death where potentially avoidable factors may have played a role in the patient's death.

1. A 3-year old girl who suffered catastrophic brain injury when a stone fire surround fell on her at home. Her pupils were unequal + unresponsive and GCS 3/15 on arrival of the paramedics at home. She still had a GCS 3 with dilated unresponsive pupils on arrival at the DGH Emergency Department.

Following discussion with the AH Trauma Team she was a helicopter transfer to AH by the DGH Team. She was unstable during transfer with hypotension + bradycardia + bleeding from nose and mouth.
She had fixed + dilated pupils on arrival at AH and was hypotensive + bradycardia → further resus. CT scans at AH showed a catastrophic brain injury with likely widespread diffuse axonal injury + the patient had coned; a constellation of changes on the abdominal CT related to hypoperfusion secondary to neurogenic shock; hypoperfusion had affected the kidneys, spleen, liver and pancreas. Neurosurgery + PICU Team had discussions parents regarding her severe brain injury = inoperable + unsurvivable.
The avoidable factor was the hazard of the fire surround at home there was certainly no concerns with the care provided by all the teams involved.

The chart below shows the deaths by primary diagnostic/disease category.

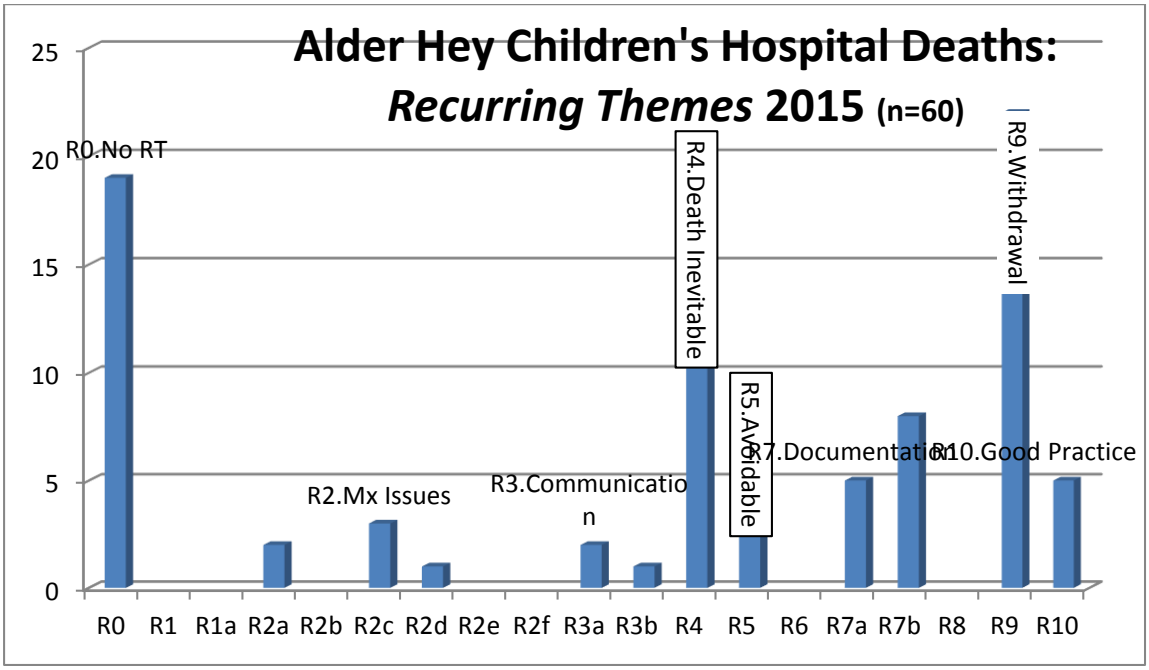


Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

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

The chart shows that the highest proportion of deaths thus far in 2015 fell under the diagnostic categories: congenital; chronic medical conditions; cardiac; surgical; perinatal and medical.

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



Recurring Themes

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

The chart demonstrates that thus far in 2015: withdrawal of care occurred in 37% of deaths; and death was inevitable on admission in 35%. There was no recurrent theme in 32%.

The number of deaths in the tables for diagnostic and recurring themes is 60 although 64 cases have been reviewed by HMRG. The discrepancy is because further information was requested by the group prior to them being coded.

Section 2: Quarter 4 Mortality Report: April 2015 – March 2016

1) Statistical analysis of mortality:

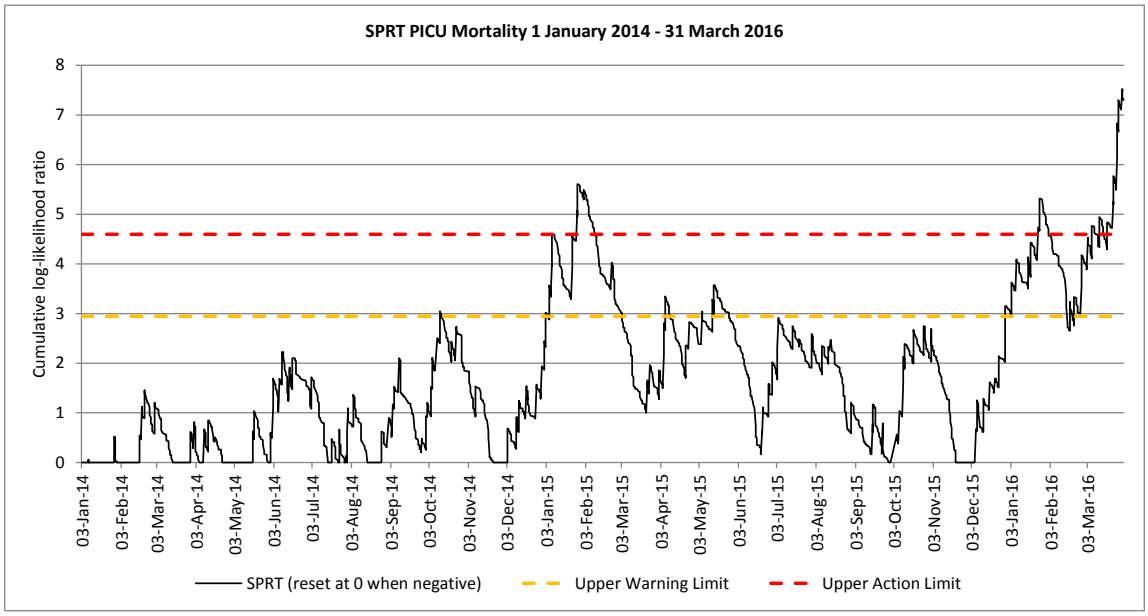
a) Close to real time statistical analysis of mortality in PICU: CUSUM and SPRT

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

Sequential Probability Ratio Test (SPRT)

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

Below is the SPRT chart for PICU for the period 1 January 2014 – 31 March 2016:



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

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

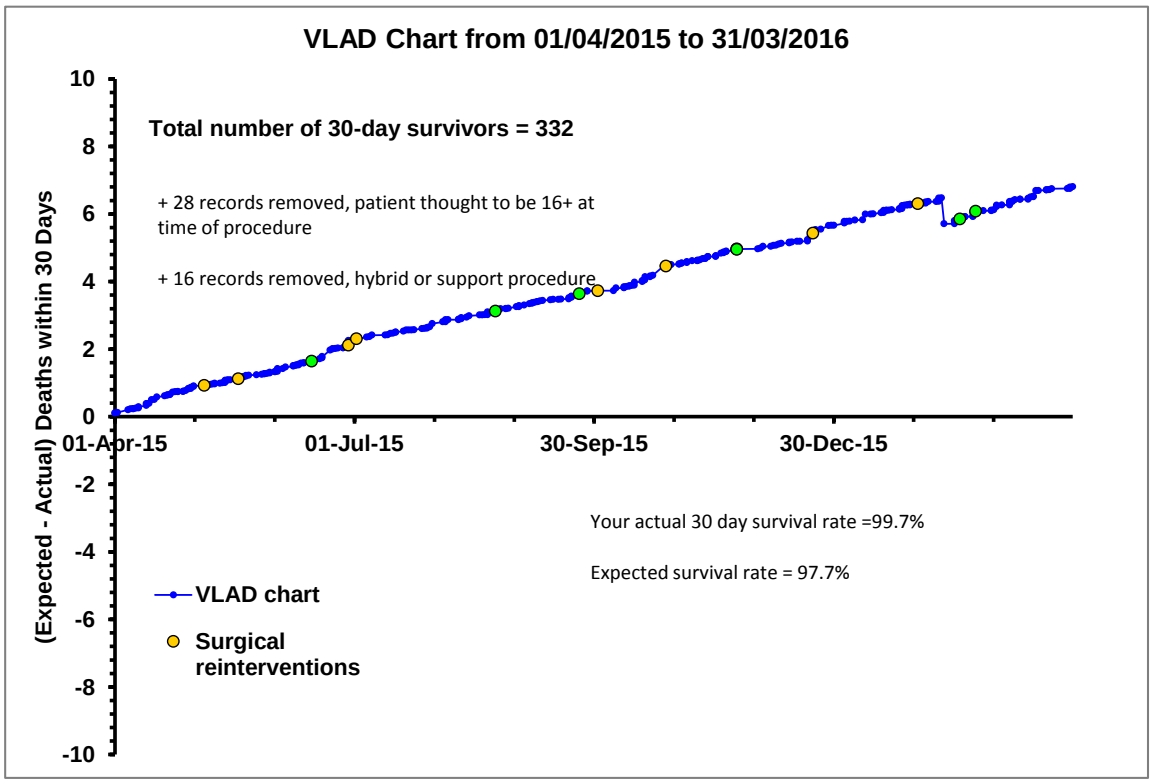
The upper action limit was exceeded in January 2015; a review of the cluster of deaths was undertaken and no unifying remediable or modifiable factors were identified (discussed in an earlier mortality report). The lower warning limit was exceeded in May, July and August 2015, suggesting that mortality is occurring higher than expected. The more recent conversion to utilising the updated PIM3 in place of the outdated PIM2r had resulted in the SPRT trends being elevated overall. Additionally, deaths in patients with low (admission) PIM3 scores (e.g. chronic multiple comorbidity patients + numerous stable yet ultimately hopeless cases) had impacted on the SPRT trend.
The upper action limit peak was again exceeded in January 2016 and in March onwards. This has been carefully monitored by the PICU team and the deaths have all been reviewed to confirm there is no underlying factor. These cases will all be reviewed by HMRG at a later date but currently there are no identifiable issues.

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

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

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

survivals than it will decrease for a run of deaths. Re-interventions are displayed as circles on the plotted line. Monitoring of VLAD charts provides additional quality assurance.



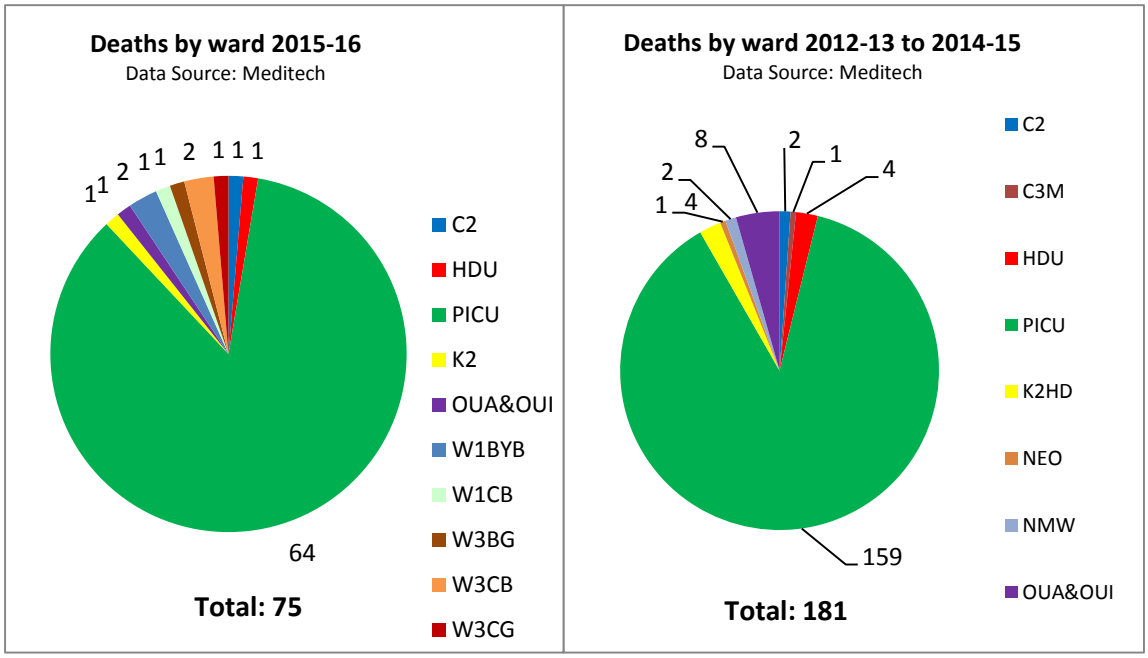
The VLAD chart above shows mortality is occurring lower than expected for the twelve months from 1 April 2015 to 31 March 2016. The survival rate at 30 days was 99.7% against an expected rate of 97.7%.

It is important to note that the risk factors included within the PRAiS model do not fully account for extreme prematurity and the model underestimates the risk for the highest risk patients. This is identified as patients with an estimated risk of above 10%.

2) Real time monitoring of mortality

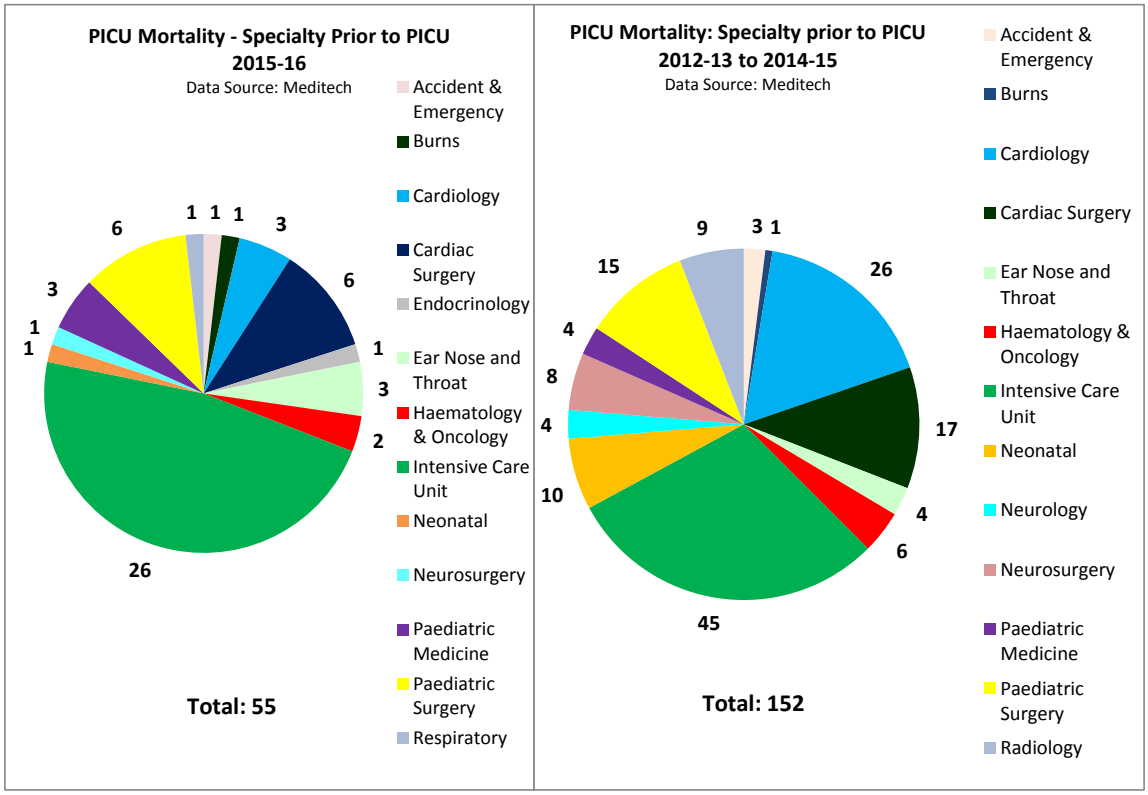
Mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

i) Below are the charts showing mortality by ward for 2015-16, and the previous three years 2012-13 to 2014-15.



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

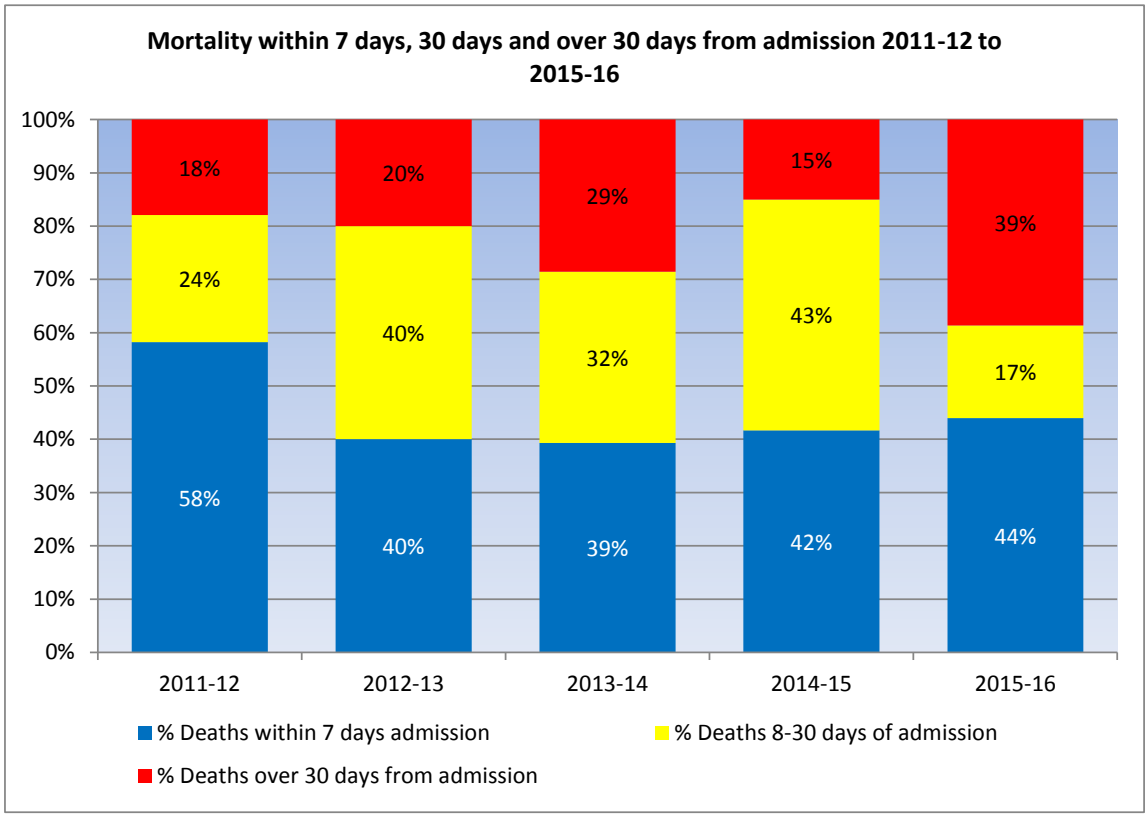
ii) Below are the charts showing mortality by specialty prior to PICU for 2015-16, and the previous three years 2012-13 to 2014-15.



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

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

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



The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 40-60% of deaths occur within this time frame. In the current year 44% occurred within 7 days of admission, 17% occurred within 8-30 days from admission, and 39% deaths occurred over 30 days from admission.

3. External Benchmarking

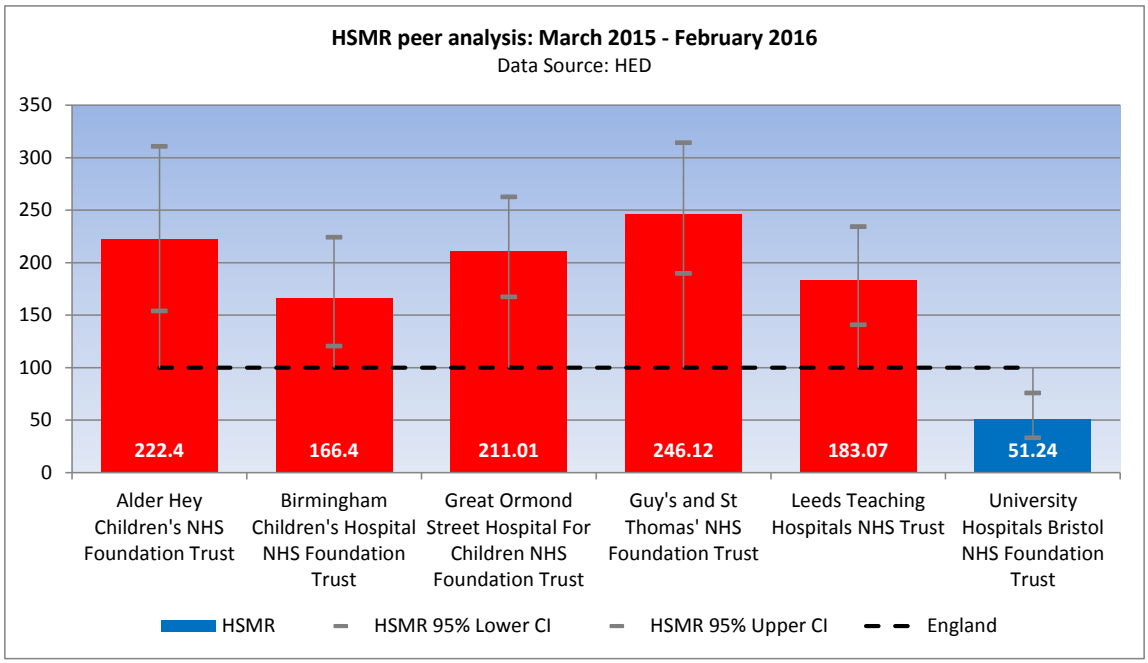
a) Hospital Standardised Mortality Ratio (HSMR) – HED

The Trust has purchased a new benchmarking system Healthcare Evaluation Data (HED), this allows the Trust to monitor and benchmark a number of

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

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

The chart below compares HSMR for Alder Hey against its peers for the period March 2015 to February 2016.



A figure of 100 means that the outcome is completely expected compared to England. A figure greater than 100 indicates the risk of the outcome is greater than expected. A figure less than 100 indicates the risk of the outcome is less than expected.

The above chart shows that the relative risk of mortality for Alder Hey was higher than expected compared to England, as were the peer group with the exception of University Hospitals Bristol NHS Foundation Trust.

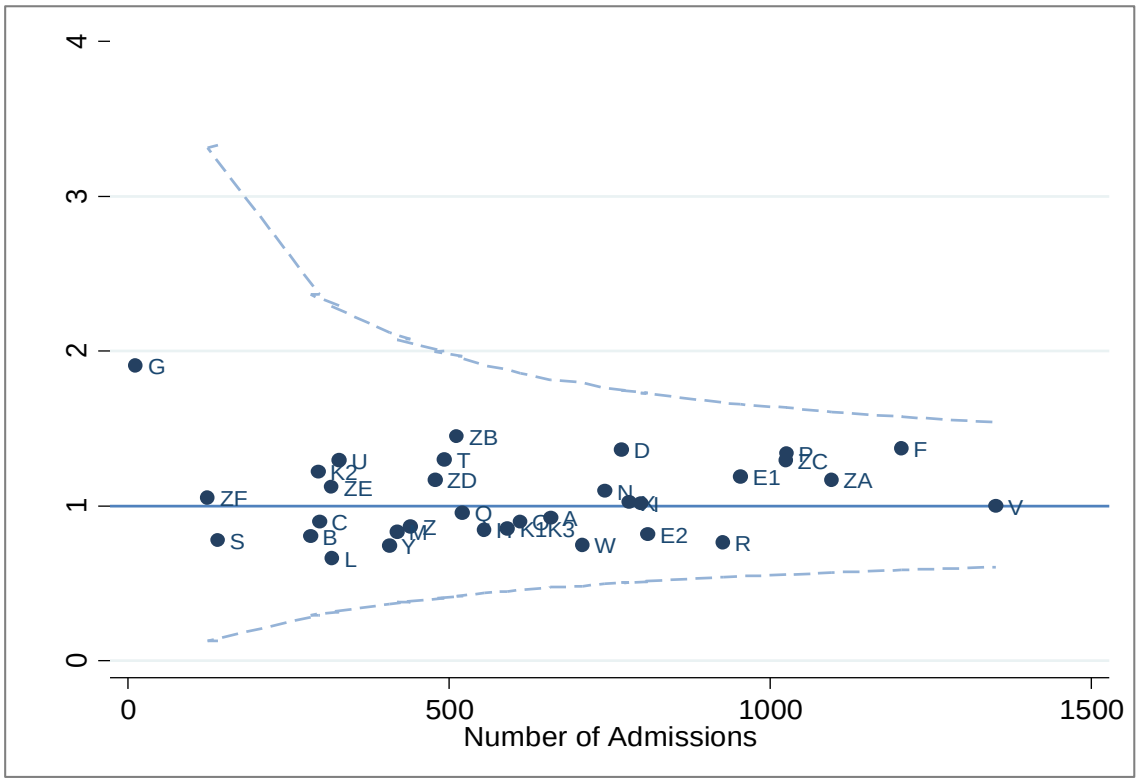
b) External benchmarking against comparator organisations for specific patient groups in addition to Dr Foster.

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

PICU

It is important to recognise that 85-90% of our deaths occur in PICU as in other children's trusts. In the most recent PICANet report (2015 Annual Report of the Paediatric Intensive Care Audit Network January 2012-December 2014), mortality is displayed in funnel plots. The Standardised Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions. The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by a recalibrated version of PIM2. Control limits are displayed on the funnel plots; variation within these limits is termed common-cause variation; variation outside of these limits is special-cause variation. Points above the upper control limit indicate higher than normal mortality; highlighting the need for further investigation into the mortality rate.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2014: PIM2r adjusted.



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

Conclusions

The HMRG has reviewed 53 deaths in 2015. There were 10 cases where the HMRG mortality review conclusions were disconcordant with the Service Group/Department Review's conclusions.

Statistical analysis of mortality using CUSUM and SPRT continue to be monitored, the action limit was exceeded in January and continues to be in March 2016 suggesting mortality is higher than expected. This has been carefully monitored by the PICU team and the deaths have all been reviewed to confirm there is no underlying factor.

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

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

Rick Turnock
Julie Grice
Kerry Morgan
1st June 2016

Alder Hey Children's NHS
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Alder Hey in the Park
Winter Plan 2016-17

Inspired by Children

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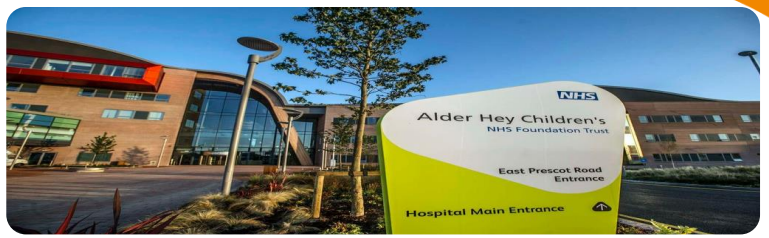
Objectives of the Winter Plan:



- Maintain safe and accessible emergency & elective care throughout the winter period
- Take account of predicted demand in planning for services
- Support and maintain staff well being
- Maintain quality standards and performance

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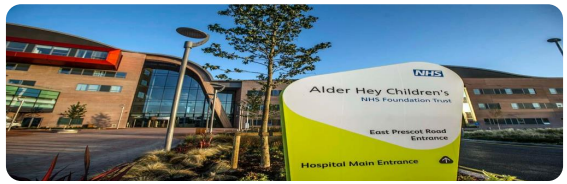
Emergency & Elective Demand:



Summary:
Medical Bed Requirements range from 65 beds in October (5 above bed base of 60 beds) to 74 beds (14 above bed base) in November
Average daily requirement for Medical Beds across the Winter is 68 beds

Surgery require between 77 and 95 beds per day to deliver the Plan - this is adequate and equal to their bed numbers (97 beds) when adjusted for Occupancy.
Contingency actions to be modelled to deliver required range of between 5 and 14 beds to accommodate Medical Activity

Medical: net increase of 10 beds (Medical) and 5 (Surgical) - this is made up of 7 physical additional beds and 8 in bedday saving
Reduces the number of days > 93% as below for Medical Beds (Columns 4&5)

However if we model overall accessible beds using just physical additional beds there are only 6 days in November where beds > 93% (Column 6&7) - these are the days when the additional strategies as identified in the Winter Plan (eg Surgical Daycase conversion) would be implemented

If we add in the actions to release beds this reduces the number of days where occupancy exceeds 93% (Column 8&9)

	Baseline: Medical			MEDICAL OCCUPANCY Actions: Increase 10 Beds and Surgical Conversion (5 Beds)		TOTAL BEDS Actions to open physical beds (net increase of 7 beds)		TOTAL BEDS : If we achieve all Actions to release 8 Beds (Conversion to Daycase, EDU etc)	
	Col 1	*Col 2*	*Col 3*	*Col 4*	*Col 5*	*Col 6*	*Col 7*	*Col 8*	*Col 9*
	Net Bed Requirement	Number of Days over 60 Bed Capacity	Number of Days where Occ > 93%	Number of Days over 75 Bed Capacity	Number of Days where Occ > 93%	Number of Days over Bed Capacity	Number of Days where Occ > 93%	Number of Days over Bed Capacity	Number of Days where Occ > 93%
Oct-16	65	23	27	2	6	0	0	0	0
Nov-16	74	30	30	12	23	0	6	0	1
Dec-16	67	21	24	9	15	0	0	0	0
Jan-17	67	25	26	2	9	0	0	0	0
Feb-17	67	23	27	2	8	0	4	0	2
Mar-17	69	28	29	8	12	2	6	0	4

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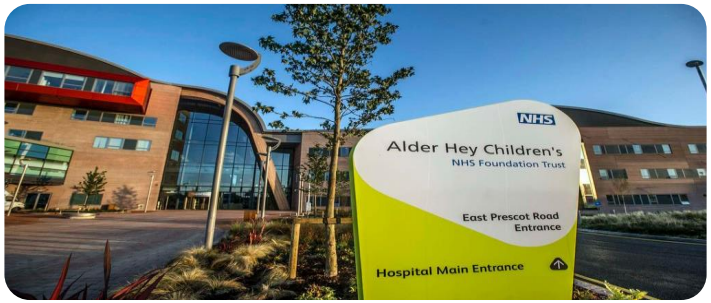
Capacity:



- Increased assessment capacity x 3
  - 8 EDU spaces will increase to 11
  - Potential to convert 4 beds on 4C for respiratory assessment
  - Rapid RSV assessment area in ED
  - SDU access revised to support elective & emergency capacity
- Increased IP capacity x 12
  - Recommission 4 beds on 3C
  - Convert surgical In-Patient activity to Day Case. This will release 5 beds per day
  - EDU benefit will release 3 beds per day
- PICU capacity to 20 beds (16 last year)
- HDU capacity 17 beds (14 last year) and prioritise step down

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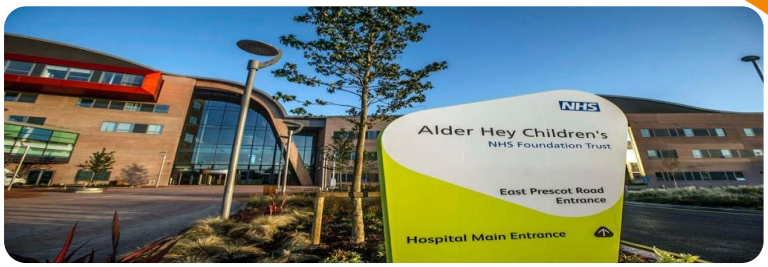
Supporting Flow



- Monday forward plan meetings
- Revised bed meetings
- CUR tool
- Nurse facilitated discharge will accelerate discharges on the day using EDD
- Utilisation of discharge lounge will enable 3 x am and 3 x pm daily discharges Mon-Friday
- Additional weekend APFM will support flow, safety and weekend discharges
- Flexible use of non-commissioned PICU/HDU beds for potential Critical Care Surge
- CCNT based in ED and working with OPAT
- Airvo intervention in ED
- New Bronchiolitis pathway to support patient home on oxygen
- 22 wte registered nurse gaps for winter. Roster appropriate sessions of specialist nurses to mitigate gaps and avoid cancellations

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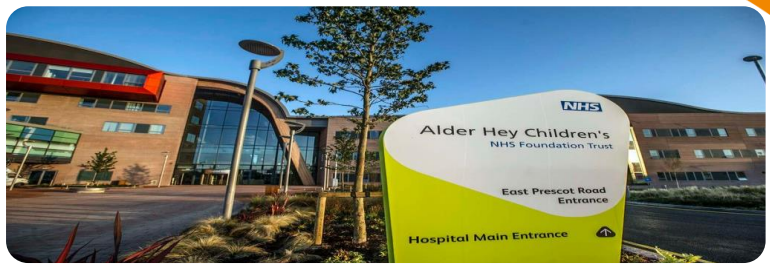
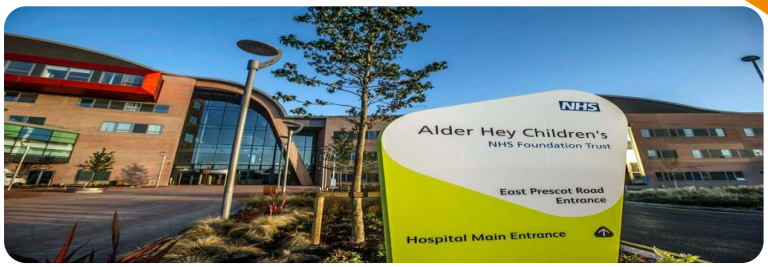
Supporting Flow
Capital costs



Summary of Costing for Capital / Winter Plan 2016.17		£
Scheme 1	Airvo x 4	16,884
Scheme 2	Screens EDU/4C x 8	22,000
Scheme 3	Sat Monitors (licence cost TBC)	7,000
Scheme 4	Rapid Diagnostic Testing	TBC
		45,884

Inspired by Children

Supporting Flow
Revenue costs



Summary of Costing for Winter Plan 2016.17							
		Nov	Dec	Jan	Feb	Mar	Total
Scheme 1	Recommission 4 beds on 3C	16,884	16,884	16,884	16,884	16,884	**84,420**
Scheme 2	EDU increase from 8 to 11 assessment beds	17,361	17,361	17,361	17,361	17,361	**86,805**
Scheme 3	Patient Flow Support at Weekends	3,368	3,368	3,368	3,368	3,368	**16,840**
		37,613	**37,613**	**37,613**	**37,613**	**37,613**	**188,065**

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
4th October 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 August 2016
Background Papers:	Employee Temperature Check for August 2016
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

Listening into Action - The first 10 LiA pioneer teams will be 'handing the baton' over to the next 20 teams who have put themselves forward to be part of our LiA journey at the 'Pass it On' event at the end of October. This event is a key event in our LiA calendar, marking the half way point. We currently have 16 teams identified, and are working with clinical areas to identify other areas of improvement.

Development of Leaders

Following ratification of the Leadership and Management Development Strategy earlier this year; the Leadership Values programme continues having recruited a second cohort, and will link with the new Management Induction running from October which will link in with the review of Corporate Induction content and processes. A Coaching Café will be held over the next month to invite those with experience of or interest in coaching to come along and find out more. An introduction to workplace coaching programme has been prepared, and will shortly be offered to staff.

Improving communication and hearing the employee voice

In the August Temperature Check the Staff Friends and Family scores for place to work and place for treatment were 46% and 90% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. The 'place to work' score is an improvement on the score from the previous month and the local data is used to identify areas of concern.

Personal Development Reviews

The target for all non-medical PDRs to be completed between April-July was not reached. This has been addressed at the monthly performance meetings. All CBUs have seen an increase, and were reporting the following improvements:

ICS: 74%
SCACC: 67% (theatres a hotspot)
NMSS: 52% (ward 4a a hotspot)
Med Spec: 80%

Those areas with low compliance have reported their hotspot areas and are actively working to address the gaps. This will be monitored at subsequent monthly performance meetings.

Section 2 - Availability of key skills

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

Effective workforce planning

Human Resources Business Partners continue to engage closely with finance colleagues and senior CBU and corporate managers to support strategic development and delivery of CIP requirements.

The workforce demand assessment was submitted to Health Education North West with very little growth expressed due to the financial position of the Trust. The submission recognised the key role that workforce transformation would play going forward in modernising the workforce and achieving both service plans and financial aims. 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.

Workforce Spend Controls

Vacancy control panels have been in place since July 2016 to help the Trust manage its workforce gaps. The HR team has supported the development of a Vacancy and Pay Rate Risk assessment process, which introduces pay control parameters and Key Spend criteria; i.e. recruiting managers are asked to evidence the impact on safety standards, activity rates, income and statutory requirements should a post not be recruited to.

The following restrictions and opportunities are also in place:

- Overtime – to limit to only where necessary, and restrict level of authorisation. In addition, we have agreed no non-clinical overtime, unless exceptional circumstances.
- Bank/agency – to limit to only where necessary, and restrict level of authorisation
- Study Leave – to limit to statutory/mandatory, and CPD which will support the Key Spend Criteria
- Annual Leave Buy-Back Scheme – employees have the option to purchase additional annual leave, if their service can support it

Meetings are also taking place to review ongoing use of medical locums and to consider alternative use of STAFFflow to reduce cost of VAT and to enable a more streamlined approach to recruitment of medical locums within Monitor requirements. A meeting took place with STAFFflow on 28th July 2016 to review progress and to consider further developments. Use of STAFFflow has reduced to 50% of all locum bookings, and processes have been further clarified to specific users to ensure that bookings increase up to 100%. A new system TempRe was presented to management which has the potential to streamline and simplify bookings and invoicing. An update document has been prepared and submitted for senior HR/Finance consideration.

Junior Doctors

Work progresses with aligning rotas to the new contract, and we are still in the process of recruiting to the Guardian of Safe Working role. JDAT (junior Doctors Action Team) have visited the Trust and have offered support with the rota project.

Pathology – we are still awaiting a decision regarding the Pathology tender

Community Bid – e are involved with the Community Bid Team in relation to a potential tender bid for Liverpool Children's Services (in partnership with main bidder Bridgewater NHS Trust) and work is currently progressing in association with the project team.

CAMHS Re-Organisation –Proposals for a new service model and management structure that should enable the effective delivery of CAMHS services have been agreed at Executive level, and shared with staff. Overall the proposed management structure creates new roles and opportunities, however for some there may be possible changes to terms and conditions of employment; hence a full consultation process will take place in accordance with the Trust's Organisational Change policy. As a result of the initial phase of the review, a Director of CAMHS has recently been appointed.

Quality & Risk Management - Formal consultation concluded 19th September 2016 on the proposal for changes to corporate and CBU structures to support an integrated and devolved risk and governance system. Overall, the proposed management structure affected only one post as part of consultation process. Next steps are to agree implementation date, proposed for December 2016.

Education, Learning and Development

A collaborative bid was submitted in August 2016 to HEE by 10 Trusts and Edge Hill University to become a test site for the implementation of the proposed nurse associate role. AHFT contributed to this bid with a decision expected early in October 2016. It is expected that the education standards for this role will translate into a higher apprenticeship. There are currently 19 existing staff currently undertaking non clinical apprenticeship qualifications at the Trust in partnership with our training provider Blackburne House. In 2017 it is anticipated that the trust will deliver over 60 apprenticeships and a more detailed 5 year strategy plan for the delivery of apprenticeships is in development. As part of the vision to develop the Trust's Education offer, a core education team has commenced work on the concept of an Alder Hey Academy.

Hotel Services

Two organisational change processes commenced on 8th September 2016 proposing that staffing levels for restaurant chefs and catering assistants are reduced at the weekend to reflect the income/cost challenges within that area directly as a result of lower footfall at the weekend. A reduced service has been proposed involving provision of hot food and other snacks. The consultation process is due to complete on 10th October 2016.

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

Effective Policies

Progress continues with the implementation of the new "Absence and Attendance Policy" and the "Management of Stress at Work Policy". CBU targeted training sessions with managers have taken place across July and August, alongside HR drop-in Q & A sessions.

MASS – As part of the Trust's plans for financial recovery, a Mutually Agreed Severance Scheme (MASS) has been developed for use in creating job vacancies which can be filled by redeployment of Trust staff from other roles. The scheme will be available to receive applications for a six-week period in early October.

Employee Relations Activity

There are currently 8 formal cases ongoing with 1 staff member suspended. The HR Advisors are working well with Investigating Officers to ensure that investigations are concluded in a timely manner. In addition to formal cases, HR continues to advise managers on managing behaviours within their teams on an informal basis.

The 1 non-medical case listed for an Employment Tribunal hearing in October 2016, with a claim of constructive unfair dismissal is still being worked through with the Trust legal advisors.

Corporate Report

The August Corporate Report shows all five HR KPIs not at target. These areas 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 Stress at Work task and finish group commenced in July 2016, are a sub group are due to meet in September to review current Trust interventions for managing stress at work. This group will link in with the LiA Enabler team for health and wellbeing, whose starting focus is to conclude 'Saying Goodbye to Old Alder Hey' piece, before the demolition of the original hospital site begins and in the run-up to the new build's 'first birthday'.

Promoting positive attendance

The Trust's reported absence rate for August 2016 is 4.8%, which has remained static from the previous 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 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.

Leading in Equality & Diversity

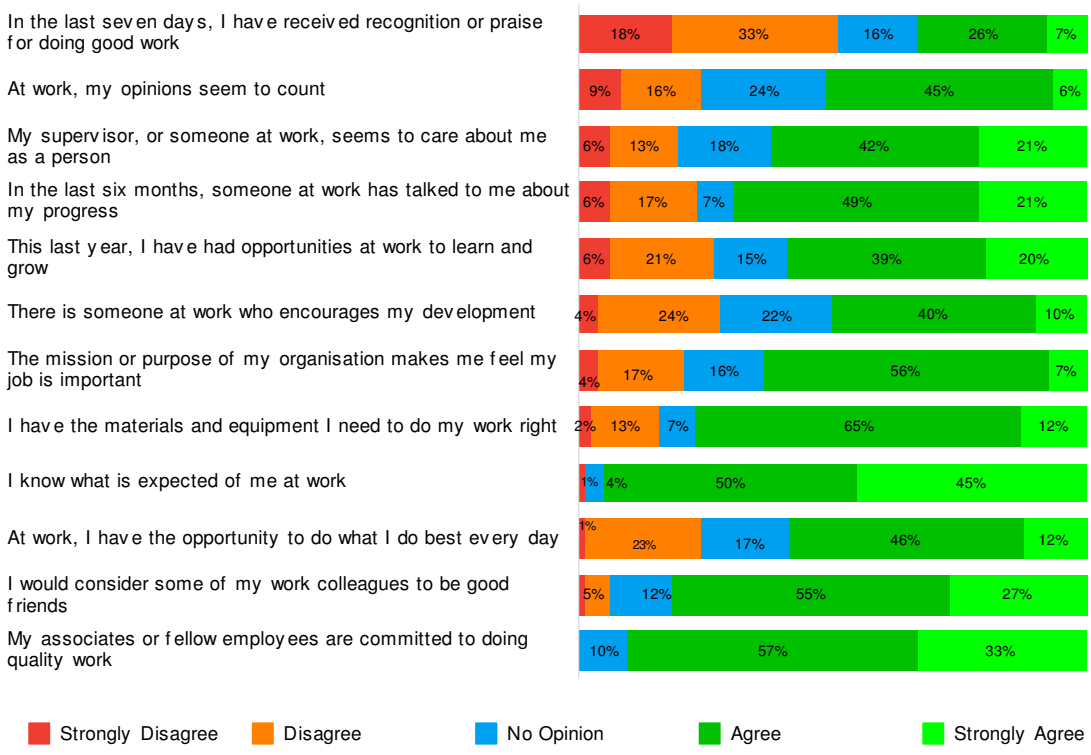
The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce, which includes a review of recruitment and selection processes, working closely with local communities to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities. An update report on progress was presented at WOD committee early September.

Summary of monthly Employee Temperature Check for: August

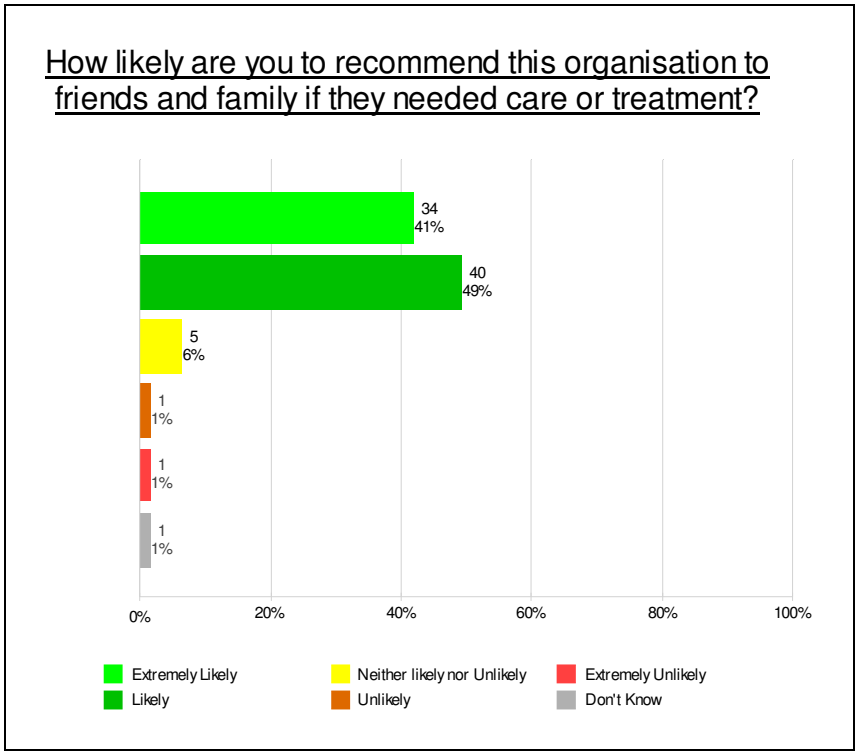
The percentage of staff who were in Overall agreement with the 12 questions for **August** was **66%**.

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 **51%**.

Rating Scale for 12 questions



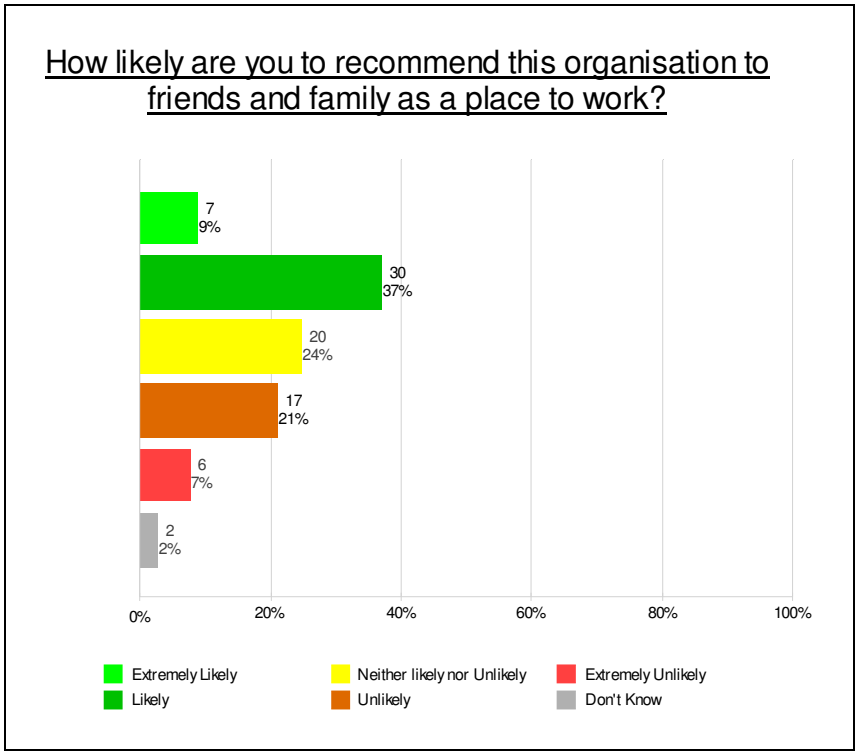
Overall Engagement for 12 questions



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

I believe our clinical care is second to none. Unfortunately the systems and processes that surround this are severely lacking in a lot of areas - are capacity in outpatients, our process for theatres all are not streamlined enough. I worry that there are patients out there who we as an organisation are not aware of
I have faith in the expertise of my colleagues
We have great consultants, doctors and nurses.
I BELIEVE THIS HOSPITAL PROVIDES EXCELLENT CARE
I know/know of the clinical staff well and would be very confident in them caring for family/friends with the expertise they possess.
Patient Care always comes first. All staff I work with are dedicated to patient care and well being and also care about the patients families.
Caring and professional nature of staff
Generally staff throughout the hospital are very caring
well organised up to date care
Specialist services secondary to regional hospital.
I love my job and am proud of Alder Hey.
Quality care
excellent consultant docs and surgeons. nursing staff even though pushed to the limit mentally and physically always serve patients with a smile and a keen attitude.
its a centre of execllence

What is the main reason for the answers you have chosen?
Quality care, staff want to do their best
I chose this as the staff that work here are fabulous.
I feel Alder Hey on the whole gives excellent care and I am proud to work for such an organisation. I do feel there are always episodes of downfall in care but feel people tend to learn from mistakes.
BECAUSE THE MEDICAL STAFF ARE 100% DEDICATED
Everyone I meet only wants the best for the patients
Better than a general hospital for treating children.
I have experienced quality care from staff for my own family
because I know its the best place for paediatric treatment
Well led Trust that genuinely cares about the quality of service provided. The majority of staff go the extra mile on a regular basis placing the children at the centre of care.
I BELIEVE THE HOSPITAL WILL GROW TO BE GREAT
Clinicians and nurses are still wonderful and will always do their best It is still a centre of excellence but everyone provides a service under extreme pressure
I think this is an excellent hospital despite my misgivings about the management of it.
When fully staffed it is an a amazing place to work.
Could be better. Poor organisation at present with top heavy management and not enough medical staff.
The care provided by Alder Hey is of an excellent standard.
First class hospital and amazing Consultants, surgeons and staff in general.
We have amazing people doing amazing work and regardless of how low staff feel, they make the service happen for the pt.
The staff who work on the ground treating patients are dedicated and caring and the best professionals in the business.
Personal experiences in the past. Knowing my own doctors.



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

Depends on the person - so much change is happening at the moment - some of my friends/family would relish this and others wouldn't
Although we are going through challenging times, it is still good to know that the care and treatment of our patients is at the forefront of everyone's thinking.
This is a friendly environment with opportunity for development. It has a number of frustrating aspects, but I suspect that these occur in all NHS Trusts whereas the friendliness here is exceptional
AGAIN, STAFF MORAL
I do not have friends or family interested in working in a hospital in any capacity.
I like working here, it is not perfect but is better than other places I have worked at and I enjoy coming to work.
Working here at Alder Hey is rewarding, however the current financial problems are starting to cast a negative feeling through out the trust, with staff starting to worry and express their concern about how this will effect their employment over time.
I am aware of Happy staff/departments and Unhappy staff/departments throughout the Trust so would depend where they wanted to work. great building though and also much improved car parking
busy place however ,well organised
Cost savings mean you are not always paid for what you do or given the correct equipment to do the job!
UNDERSTAFFED AND AT TIMES UNSAFE

What is the main reason for the answers you have chosen?
as above
Too many barriers following move to new hospital
no career progression, no support as a new mum returning to work, no work life balance. pressure to work overtime.
its not a bad place to work
too short staffed, not enough equipment to do the job properly, working environment not conducive to staff comfort
the main reason I wouldn't encourage anyone to work her is the management.
I enjoy working here and feel that, in my team at least, the support and trust I get from my colleagues makes it a great place to work
BECAUSE OF THE SITUATION MY DEPARTMENT ARE IN AT THE MOMENT
Stressful job
dedicated team, expert care.
Nice environment to work in.
its a lovely friendly place to work, nice atmosphere
Having worked in a number of NHS Trust's and the independent sector, Alder Hey is the organisation that stands out.
poor staffing levels with increased workload, poor support.
The organisation as a whole provides excellent care, and can offer a rewarding place to work. I did not use "extremely likely" as a response as I feel staff development could be better
TRAINING IS LIMITED. NO STAFF RETENTION
As above.
same as above.
Junior staff not appreciated by senior nursing staff - made to feel belittled a lot of the time.
Wellbeing of staff not at the forefront. people can be very stressed and overworked to the point of danger to both patient care and staff health and not taken seriously enough.
Alder Hey is a good place to work.
This hospital is world class and I feel I make a difference every day to our patients pathway and care, very regarding job. I love to come into work (that is a great bonus to be happy in a place of work). I know there are on going issues with systems but we can work through this.
Low morale, not listened to. Managers don't seem to care/support staff and when you do get time with a manager, they don't really listen to you - it feels like they're just going through the motions. Established teams are now broken up around the Trust. Everything takes longer to do due to M6 or new hospital layout. Simple routine tasks are now long winded and far more complicated than they used to be or should be.
There is very little understanding in the role of radiographers in this organisation. the attitude of management seems very blinkered ,while other departments seem to be increasing along with work loads , radiology seems to be forgotten about but still have to provide a seamless service under extreme pressure of ever increasing demands with no extra staff provision.
Lots of change at the moment. Not always sure what departments are responsible for. It can be a frustrating place to work.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 4th October 2016

Workforce & Organisational Development Committee (WOD) – Chairs Note

1. Purpose of the Report

The purpose of this report is to update the Board on the key issues raised at the WOD Committee held in September 2016.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 5th September 2016; the minutes of the meeting will be submitted to the November 2016 Board for noting.

- The Committee received the Programme Assurance Summary for August 2016 and **agreed** the content for progression.
- The Committee received the People Strategy Progress Update for July and September 2016 and **noted** the content.
- The Committee received an update on latest developments of Listening into Action relating to the 'identification of 7 enabler teams' and **noted** progress.
- The Committee received an update on junior doctors. Assurance processes are in place to support the strike action and rotas are being reviewed to ensure compliant with new contracts. Progress was **noted.**
- The Committee received an update on the development of a Streamlining Programme to create a standardised recruitment approach and **endorsed** the content.
- The Committee received an update on the reformed Apprenticeship Levy and **noted** the content.
- The Committee received an update on MAS Scheme designed to mirror the national guidance and **noted** progress.
- The Committee received the Agency Usage & Temporary Spend report and **noted** content.
- The Committee received the Employee Health & Wellbeing Service Contract and **noted** content.
- The Committee received a revised WRES Template and Action Plan and **noted** content.
- The Committee received and E&D update and the Task & Finish group proposed actions and **noted** content.
- The Committee received data extracted from the 2015/16 Flu Vaccination Campaign along with an updated Flu Plan for 2016/17 and **noted** the progress.
- The Committee received the Library & Knowledge Management Strategy and **agreed** that review and sign-off be deferred to 2017.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee received Equality Analysis for Sickness Absence & Stress at Work policies and **approved** the content.
- The Committee received the Whistle Blowing Policy and **ratified** the policy.

3. Recommendations

It is recommended that the Board note the contents of the Chairs Update relating to the key issues from the Workforce and Organisational Development Committee held on 5th September 2016.

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ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT Site & Park Development	Date: 22/08/16 Report Number:	Period: September 2016 4	SRO: David Powell Author: Chris McCall

Programme 2016/17	Jun-16				Jul-16				Aug-16					Sep-16				Oct-16					Nov-16				
Week Commencing	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	
Temporary Moves																											**Project completed**
Decommissioning & Demolition (Phase 1 & 2)																											Demolition contractor has been appointed. All services on the old site have now been isolated excluding power to Mulberry/NADAR. B1/D1 modulars have been removed and the clearance/disposal of furniture and equipment is ongoing.
Residential																											Evaluation of Stage 1 bid submissions were evaluated and bidder selection approved by Trust Board at its September meeting. Invitations to proceed to Stage 2 have been issued to the three successful bidders.
Park																											Communication/engagement with residents groups, schools, community groups and environmental organisations continues. Hackathon in the park took place on 21st & 22nd Sept with more than 150 attendees - the event was highly successful with some exciting innovative solutions to children's healthcare problems.
Corporate Offices/Clinical on-site																											Reviewed opportunities for some back office functions to be consolidated and shared with other NHS providers. Paper being developed for Execs to advise of the revised strategy regarding developing the design and construction delivery. Revised programme to be developed.
Community																											Sefton bid proved unsuccessful. Work is ongoing to define capacity available in all family centres. Further work to be undertaken to identify any other facilities that may be available, i.e. mothballed schools, Innovation Park.
Research & Education Phase II																											Continue to have a funding shortfall - discussions ongoing with Edge Hill, Uclan. Completed RIBA Stage E design. Commenced pricing of construction.
Agile Working																											First meeting of the Project Team took place on 8th September - scoping of the project has commenced and ongoing.
On-site Residual																											Project commenced. PID completed - to be approved at RABD 28th Sept
Alder Centre																											LIBOR Bid completed and submitted
Commercial																											Discussions continue with Police regarding occupying space in corporate offices with a view to a deal on acquiring the Eaton Road police station site. Veterinary surgery proposed land swap with Trust, decision to be made by Trust within the next 3 months.

Issues for Escalation	
Research & Education Phase II	
Funding gap remains the key risk in the development of this project	

Alder Hey Children's NHS
NHS Foundation Trust

Corporate Report

Aug 2016

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

Table of Contents

Executive Summary

Aug 2016

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

ED performance sustained and improvements noted across all internal standards, activity has improved against the same period last year, reduced cancelled operations, all access standards achieved, volume of longest waiting patients continues to reduce, WAR meeting established and activity run rates increasing, DQ group established to target key areas of concern that skew data, CAMHS waiting times reducing

Challenges

Activity (spells) up against the same period last year however still behind plan. Delivery of 16/17 continues to be reviewed through weekly activity review meetings. Theatre productivity improving but still behind 90% target; OP "actual" productivity declined despite increased "booked" activity. Focus on improving productivity through Improvement groups. Overall 18 week backlog increased however activity reduced due to planned leave. DQ issues still require constant validation. Gaps in Junior Dr rotas require ongoing management and solution.

Patient Centred Services

Overall improvement noted.
All access targets achieved for Month 5, ED demand is within seasonal norms with improvements noted within all ED indicators, CAMHS DNA rates have increased which is in line with seasonal variation. Facilities cleanliness audit compliance is 100% with overall performance at 94% against at 95% standard. Productivity has declined with increased LOS and reduced daycase rates but again reflects seasonal trends. Work continues to review OP & Theatre productivity and drive improvements.

Excellence in Quality

The number of grade 2 pressure ulcers and above is exceeding this month's improvement target by 2. A Tissue Viability Rapid Improvement Event is taking place on 15th September 2016. The number of readmissions to PICU in 24hrs has exceeded this month's target by 1. There have been no further Never Events and the remaining clinical effectiveness and patient safety indicators are on track to achieve the annual improvement targets. Most notably the number of clinical incidents of moderate, severe harm or death has a cumulative total of 3, whilst in August 2015 the cumulative total was 13.

Financial, Growth & Mandatory Framework

"At the end of August the Trust is reporting a trading deficit position of £6.6m which is £1m ahead of plan. Income is ahead of plan by £0.6. Elective activity is ahead of plan in the month by 10% and Outpatient activity is now ahead of plan cumulatively by 1%.
Pay budgets are £0.3m overspent relating to use of agency staffing. The Trust is on track with the CIP target. Cash in the Bank is £2.7m. Monitor risk rating of 2."

Great Talented Teams

Sickness absence has remained static from last month at 4.8%, as such it remains below target. Mandatory training compliance has reduced further to 76.6%, and Corporate Induction attendance has reduced to 65.9%. Medical appraisal compliance is at 5.2%. General PDR rates are logged at 56%, up 1% following the closure of the completion window (Apr - July).

Leading Metrics

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Jul 2016	Aug 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	95.6 %	98.3 %	▲	
RTT: 90% Admitted within 18 weeks		87.5 %	86.3 %	▼	
RTT: 95% Non-Admitted within 18 weeks		87.3 %	88.8 %	▲	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	92.1 %	▼	
Diagnostics: Numbers waiting over 6 weeks		0	1	▲	
Average LoS - Elective (Days)		2.9	3.0	▲	
Average LoS - Non-Elective (Days)		1.8	1.8	▲	
Daycase Rate	0.0 %	67.6 %	65.8 %	▼	
Theatre Utilisation - % of Session Utilised	90.0 %	80.9 %	82.0 %	▲	
28 Day Breaches	0.0	4	3	▼	
Clinic Session Utilisation	90.0 %	80.3 %	79.6 %	▼	
DNA Rate	12.0 %	10.9 %	12.4 %	▲	
Cancelled Operations - Non Clinical - On Same Day		24	14	▼	

Excellence in Quality

Metric Name	Goal	Jul 2016	Aug 2016	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	90.0 %	95.1 %	99.1 %	▲	
IP Survey: % Treated with respect	90.0 %	99.5 %	99.7 %	▲	
IP Survey: % Know their planned date of discharge	60.0 %	53.9 %	69.0 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	91.3 %	94.9 %	▲	
IP Survey: % Patients involved in play and learning	65.0 %	28.2 %	30.7 %	▲	
Pressure Ulcers (Grade 2 and above)	9.0	9	11	▲	
Total Infections (YTD)	47.0	33	41	–	
Medication errors resulting in harm (YTD)	34.0	18	24	▲	
Clinical Incidents resulting in harm (YTD)	282.0	193	239	▲	

Great and Talented Teams

Metric Name	Goal	Jul 2016	Aug 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	96.8 %	65.9 %	▼	
PDR	90.0 %	54.7 %	58.5 %	▲	
Medical Appraisal	100.0 %	5.2 %	5.3 %	▲	
Sickness	4.5 %	4.8 %	4.7 %	▼	
Mandatory Training	90.0 %	79.6 %	76.6 %	▼	
Staff Survey (Recommend Place to Work)		48.5 %	45.1 %	▼	
Actual vs Planned Establishment (%)		89.4 %	90.7 %	▲	
Temporary Spend ('000s)		972	924	▼	

Financial, Growth and Mandatory Framework

Metric Name	Jul 2016	Aug 2016	Last 12 Months
CIP In Month Variance ('000s)	191	96	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-1100	-846	
Capital Expenditure YTD % Variance	-38.1 %	-16.0 %	
Cash in Bank (£M)	4.2	2.9	

Exceptions

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
CIP In Month Variance ('000s)	-331	-209	-212	-451	-465	-457	-585	-368	-179	-107	-97	191	96	
Cancelled Operations - Non Clinical - On Same Day	21	16	18	41	11	21	27	48	35	34	23	24	14	
IP Survey: % Know their planned date of discharge	52.9%	58.7%	53.3%	42.9%	34.9%	40.0%	35.3%	44.2%	62.0%	59.3%	54.3%	53.9%	69.0%	
Medication errors resulting in harm (YTD)	41	53	59	65	67	71	76	85	7	11	18	18	24	
Clinical Incidents resulting in harm (YTD)	319	372	418	473	507	563	607	670	50	91	158	193	239	

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

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	90.1%	87.8%	87.3%	100.0%	85.5%	85.2%	84.7%	88.3%	88.3%	87.4%	88.2%	87.5%	86.3%	
Average LoS - Non-Elective (Days)	2.6	2.4	2.3	2.5	2.6	2.2	2.4	2.6	2.0	2.0	1.7	1.8	1.8	
Daycase Rate	73.1%	76.9%	75.1%	74.5%	75.5%	74.1%	74.6%	75.0%	70.0%	66.5%	67.4%	67.6%	65.8%	
Theatre Utilisation - % of Session Utilised			71.7%	76.5%	71.5%	75.4%	78.2%	80.5%	81.1%	81.3%	83.2%	80.9%	82.0%	
Temporary Spend ('000s)	795	917	1,070	890	948	881	859	1,210	971	1,105	916	972	924	

Challenge (Top 5 based on % change)

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
DNA Rate	14.6%	13.4%	13.4%	11.8%	12.8%	11.9%	12.6%	14.6%	12.9%	12.5%	11.7%	10.9%	12.4%	
Corporate Induction	82.1%	100.0%	80.9%	91.7%	96.8%	85.7%	72.2%	87.1%	64.3%	94.1%	96.0%	96.8%	65.9%	
Sickness	3.9%	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	5.3%	5.2%	4.8%	4.5%	4.8%	4.7%	
IP Survey: % Patients involved in play and learning	66.5%	56.9%	54.1%	63.1%	56.5%	59.0%	73.5%	52.4%	60.4%	54.1%	60.6%	28.2%	30.7%	
Mandatory Training	76.4%	78.9%	77.2%	84.0%	83.7%	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	

Patient Safety

Aug 2016

Alder Hey Children's NHS Foundation Trust

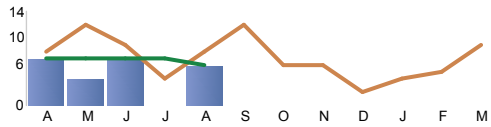
Summary

The number of grade 2 pressure ulcers and above is exceeding this month's improvement target by 2. A Tissue Viability Rapid Improvement Event is taking place on 15th September 2016. The number of readmissions to PICU in 24hrs has exceeded this month's target by 1. There have been no further Never Events and the remaining patient safety indicators are on track to achieve the annual improvement targets. Most notably the number of clinical incidents of moderate, severe harm or death has a cumulative total of 3, whilst in August 2015 the cumulative total was 13.

16/17 15/16 Threshold

Medication Errors

Medication errors resulting in harm (YTD) 24 (goal: 34.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	7	11	18	18	24							
15/16	8	20	29	33	41	53	59	65	67	71	76	85

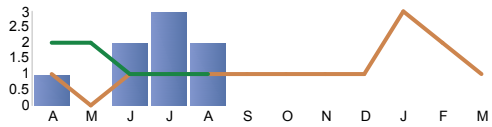
Pressure Ulcers

Pressure Ulcers (Grade 2 and above) 11 (goal: 9.0)

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

Readmissions to PICU within 48 hrs

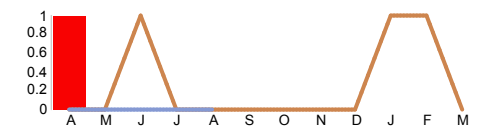
Readmissions to PICU within 48 hrs (YTD) 8 (goal: 7.0)



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

Never Events

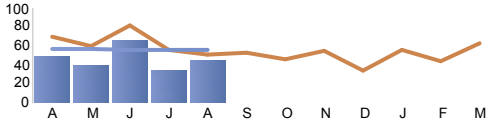
Never Events 0 (goal: 0.0)



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

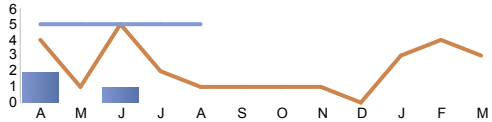
Incidents

Clinical Incidents resulting in harm (YTD) 239 (goal: 282.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	50	91	158	193	239							
15/16	70	130	212	268	319	372	418	473	507	563	607	670

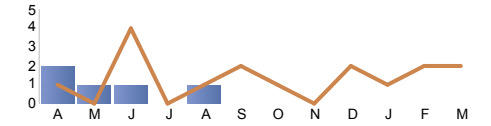
Clinical Incidents resulting in moderate, severe harm or death (YTD) 3 (goal: 25.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	2	3	3	3							
15/16	4	5	10	12	13	14	15	16	16	19	23	26

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 1



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	3	4	4	5							
15/16	1	1	5	5	6	8	9	9	11	12	14	16

Patient Experience

Aug 2016

Alder Hey Children's NHS Foundation Trust

Summary

There is a reduced number of responses for inpatients feedback which was expected given the reduced activity generally at this time. Given the newly established process for data collection and analysis, a review of the data is on going for accuracy.
The main barrier to data collection currently is an inconsistent availability of WiFi in the clinical areas. This has been reported to the IM&T team.

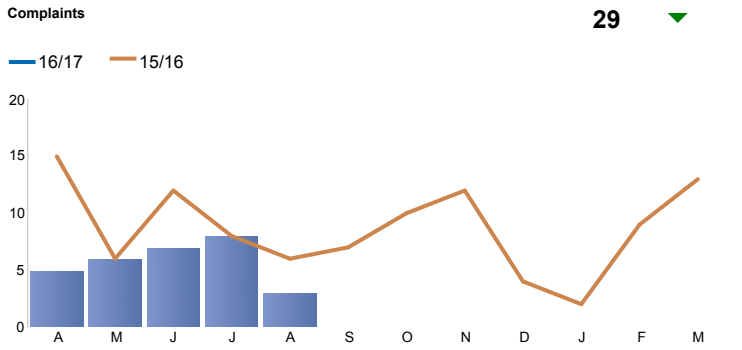
Inpatient Survey

Metric Name	Goal	Jul 2016	Aug 2016	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	91.3 %	94.9 %	▲	
% Patients involved in play and learning	65.0 %	28.2 %	30.7 %	▲	
% Know their planned date of discharge	60.0 %	53.9 %	69.0 %	▲	
% Received information enabling choices about their care	90.0 %	95.1 %	99.1 %	▲	
% Treated with respect	90.0 %	99.5 %	99.7 %	▲	

Friends and Family

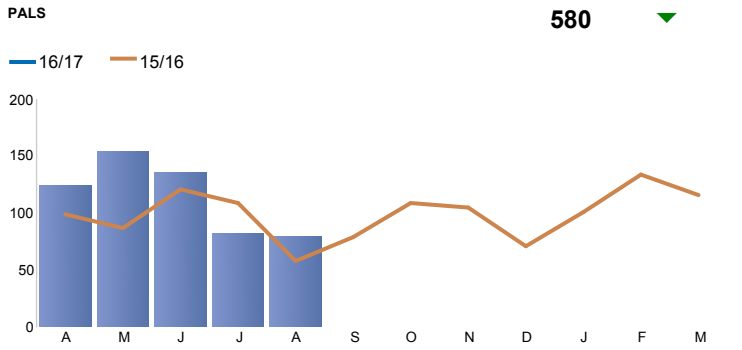
Metric Name	Required Responses	Number of Responses	Jul 2016	Aug 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	250	33	86.7 %	90.9 %	▲	
Community - % Recommend the Trust	29	0	100.0 %	TBC		
Inpatients - % Recommend the Trust	300	398	97.7 %	98.0 %	▲	
Mental Health - % Recommend the Trust	27	18	94.7 %	100.0 %	▲	
Outpatients - % Recommend the Trust	400	430	95.4 %	94.9 %	▼	

Complaints



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

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	125	280	417	500	580							
15/16	99	186	307	416	474	553	662	767	838	939	1,073	1,189

Clinical Effectiveness

Aug 2016

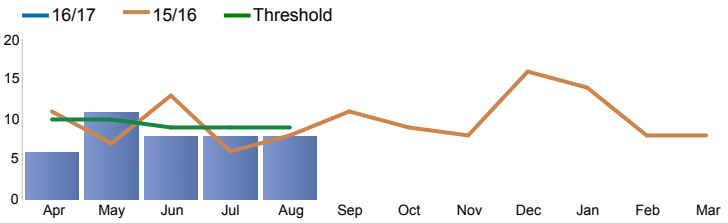
Alder Hey Children's NHS Foundation Trust

Summary

MRSA, C.difficile and total alert organism infections are on track to meet the 2016/17 targets. The remaining clinical effectiveness targets continue to establish the baseline measurement.

Infections

Total Infections (YTD) — 41 (goal: 47.0)



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

Total Infections (YTD)
41 (goal: 47.0)

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

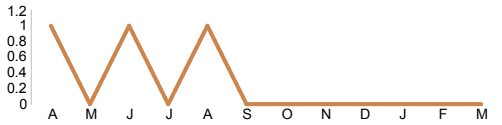
Hospital Acquired Organisms - C.difficile (YTD)
0 (goal: 0.0)

Outbreak Infections (YTD)
0

Cluster Infections (YTD)
0

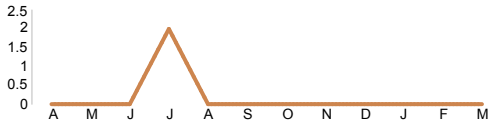
Legend
16/17
15/16
Threshold

Hospital Acquired Organisms - MRSA (BSI) — 0 (goal: 0.0)



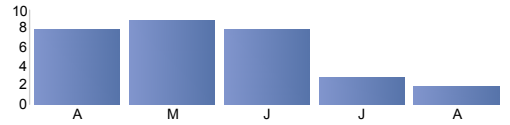
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0							
15/16	1	1	2	2	3	3	3	3	3	3	3	3

Hospital Acquired Organisms - C.difficile — 0 (goal: 0.0)



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

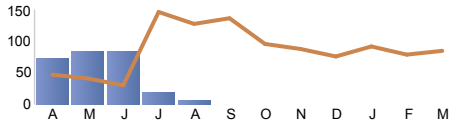
Acute readmissions of patients with long term conditions within 28 days — 30 (Est. Baseline)



YTD	Apr	May	Jun	Jul	Aug
16/17	8	17	25	28	30

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) — 273 (Est. Baseline)



% of patients with an estimated discharge date discharge later than planned (only surgical) — 3.8 % (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	75	161	246	266	273							
15/16	47	88	118	265	393	530	626	714	790	882	961	1,046

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5.4%	5.7%	5.7%	4.6%	3.8%							
15/16	3.4%	3.3%	2.9%	4.8%	5.7%	6.4%	6.7%	6.7%	6.7%	6.7%	6.6%	6.5%

Access

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

Incomplete pathway, cancer and diagnostic standards achieved; admitted and non admitted standards failed as per plan. Bed occupancy has reduced in line with seasonal norms and NEL demand has reduced and seasonal leave is taken. Overall activity increased against the same period last year. GP referrals received increased against same period last year contributing to growing order book. Choose & Book availability has increased as capacity becomes available. issues.

18 Weeks

RTT: 90% Admitted within 18 weeks 86.3 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.3%	91.5%	86.0%	88.1%	86.9%

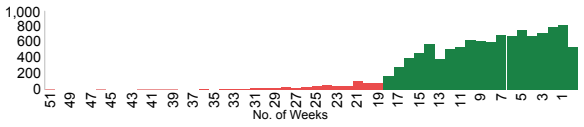
RTT: 95% Non-Admitted within 18 weeks 88.8 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.7%	88.3%	85.7%	88.4%	88.1%

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

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

Open Pathways Weekly Profile **Aug 2016**



0-18 Wks	19-36 Wks	36-51 Wks
11,077	775	85

Cancer

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

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

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

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

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

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

Diagnostics

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

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
100.0%	99.7%	99.9%	100.0%	99.9%

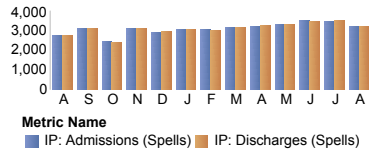
Waiting Times Failed 1

Waiting Times Passed 6

Number of Diagnostics

499

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 73.3 %

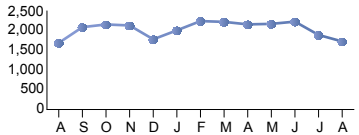
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	79.0%	79.8%	80.9%	76.8%

Provider

Convenience and Choice: Slot Availability 97.6 % *(goal: 96.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	99.6%	93.7%	96.9%	96.3%

Referrals Received (GP)



Emergency Department

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

The 4 hour standard for August was achieved with the Trust's position being at 93.37% for the month. Attendances were slightly lower than predictions for August.

ED

ED: 95% Treated within 4 Hours

98.3 % (goal: 95.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.3%	82.8%	84.5%	95.0%	96.8%

ED: Total Time in ED (95th Percentile)

228.0 mins (goal: 240.0 mins)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
736.0	1,101.4	1,046.0	754.0	467.0

ED: Longest Wait Time (Hrs)

8.9 (goal: 0.0)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
27.8	44.6	35.7	31.8	17.9

ED: Number Treated Over 4 Hours

62

ED to Inpatient Conversion Rate

17.2 %

Aug 2016

ED

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

0

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

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

44.0 mins (goal: 60.0 mins)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
205.0	273.0	270.0	221.0	123.0

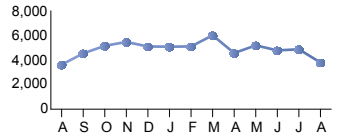
ED: Percentage Left without being seen

1.0 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
3.0%	6.5%	5.9%	3.1%	2.1%

ED: Number of Attendances

3794 Aug 2016



Ambulance Services

Ambulance: Acute Compliance

89.9 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
81.9%	82.8%	85.9%	88.9%	87.8%

Ambulance: Average Notification to Handover Time (mins)

4.3 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

3

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
10.0	7.0	16.0	14.0	11.0

Ambulance: Patients Waiting between 45 and 60 minutes

1

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
3.6	0.0	0.0	3.0	2.0

Productivity & Efficiency

Aug 2016

Alder Hey Children's NHS Foundation Trust

Summary

OP utilisation has reduced despite increased bookings to available slots however DNA rates have increased. Hospital cancellations increased as a % due to lower patient volume. Whilst this is disappointing this is not unexpected due to predictable seasonal picture. Underlying DQ issues continue to skew this and are being validated to provide an accurate picture. Theatre utilisation improved following dip in performance last month. Overall activity against the same period last year has increased within which cancelled ops on the day and 28 day breaches have reduced and no bed refusals reported.

Length of Stay

Average LoS - Elective (Days) 3.0 ▲

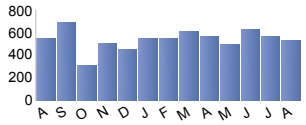
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2.8	3.0	2.9	2.9	2.9

Average LoS - Non-Elective (Days) 1.8 ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2.6	2.5	2.4	1.9	1.8

Day Case Rate

Daycases (K1/SDCPREOP) 537 ▼



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
1,892	1,300	1,738	1,715	1,114

Daycase Rate 65.8 % (goal: 0.0 %) ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
75.6%	75.0%	74.6%	68.0%	66.7%

Bed Refusals

Bed Refusals 0 (goal: 0.0) –

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

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 82.0 % (goal: 90.0 %) ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	73.4%	78.0%	81.9%	81.4%

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

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
1.0%	1.3%	1.5%	1.5%	0.9%

Cancelled Operations - Non Clinical - On Same Day 14 ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
64	70	96	92	38

28 Day Breaches 3 (goal: 0.0) ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
21	15	16	21	7

Outpatients

Clinic Session Utilisation * 79.6 % (goal: 90.0 %) ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
76.3%	79.2%	82.6%	81.8%	79.9%

OP Appointments Cancelled by Hospital % 14.4 % (goal: 5.0 %) ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
14.2%	15.7%	15.0%	14.0%	14.2%

DNA Rate 12.4 % (goal: 12.0 %) ▲

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
14.5%	12.6%	13.1%	12.3%	11.6%

OP: New/Follow Up 2.3 ▼

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2.3	2.3	2.3	2.3	2.3

Facilities

Aug 2016

Alder Hey Children's NHS Foundation Trust

Summary

Audit compliance is 100%. Very high risks areas have scored 98% which hits the National Standard's target. High risk areas are 94% which is slightly below the National Standard of 95%. Significant areas are 93% which is above the National Standard of 85%. There were no low risk areas due for audit this month and so I have recorded the score from the previous month as a score of 100% or 0% would have been misleading.

Facilities

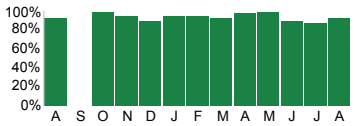
Cleanliness Performance VH — 98.0 % (goal: 98.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.0%	96.3%	96.5%	96.8%	97.3%

Cleanliness Performance H — 94.0 % (goal: 95.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.0%	97.0%	94.8%	94.4%	94.1%

Cleanliness Performance S — 93.0 % (goal: 85.0 %)



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.4%	95.0%	94.6%	96.2%	90.5%

Cleanliness Performance L — 100.0 % (goal: 75.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
82.0%	96.0%	100.0%	88.2%	97.2%

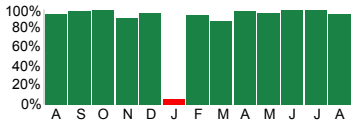
Facilities

Audit Compliance — 100.0 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
85.1%	98.8%	98.4%	68.0%	100.0%

Facilities - Other

Routine Maintenance Resolution — 96.2 % (goal: 85.0 %)



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.7%	95.6%	67.3%	98.8%	98.0%

PPM% — 98.5 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
96.3%	30.8%	92.6%	89.4%	97.5%

CAMHS

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

Waiting times and access to service continue to be robustly managed. Trajectory in place for implementation of 12 week pathway (6 weeks referral to assessment / 6 weeks assessment to treatment) and ahead of plan.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 0.0

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
0.0	14.2	18.8	0.0	6.0

CAMHS: Avg Wait to Partnership Appt (Weeks) 0.0

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
0.0	17.4	26.9	25.9	6.0

DNA Rates

CAMHS: DNA Rate - New 12.6 % ▲ *(goal: 10.0 %)*

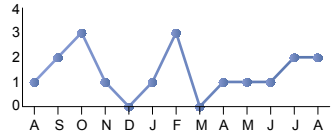
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
22.9%	18.7%	20.5%	14.4%	12.3%

CAMHS: DNA Rate - Follow Up 15.8 % ▲ *(goal: 14.0 %)*

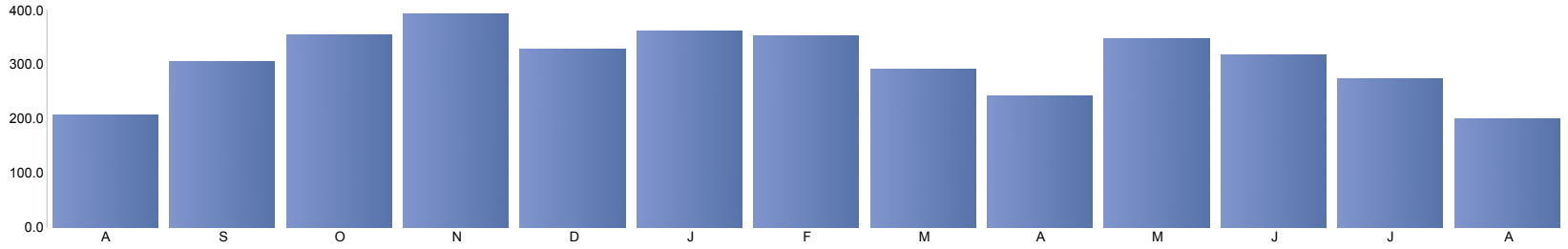
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
17.0%	15.1%	14.2%	14.7%	14.1%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 2 –



CAMHS: Referrals Received



External Regulation

Aug 2016

Alder Hey Children's NHS Foundation Trust

Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and as at the end of Quarter 1 have been rated by NHS Improvement as Green for Governance with a Financial Sustainability Rating of 2 which is in line with our plan.

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor Aug 2016

Metric Name	Goal	Jul 16	Aug 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	95.6 %	98.3 %	▲
RTT: 90% Admitted within 18 weeks		87.5 %	86.3 %	▼
RTT: 95% Non-Admitted within 18 weeks		87.3 %	88.8 %	▲
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.1 %	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 %	100.0 %	–
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	–
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.3%	91.5%	86.0%	88.1%	86.9%

RTT: 95% Non-Admitted within 18 weeks

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.7%	88.3%	85.7%	88.4%	88.1%

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

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

Monitor - All Cancers

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

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

All Cancers: 31 day wait referral to treament

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

All Cancers: 31 day wait until subsequent treatments

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

Monitor - A&E 4 Hour Target

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.3%	82.8%	84.5%	95.0%	96.8%

Monitor - C difficile

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2	0	0	0	0

Monitor - Data Completeness

No Data Available

Workforce

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Summary

Sickness absence has remained static from last month at 4.8%, as such it remains below target. Mandatory training compliance has reduced further to 76.6%, and Corporate Induction attendance has reduced to 65.9%. Medical appraisal compliance is at 5.2%. General PDR rates are logged at 56%, up 1% following the closure of the completion window (Apr - July).

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Last 12 Months
Add Prof Scientific and Technic	2.7%	2.8%	4.3%	4.1%	4.5%	4.2%	2.0%	2.4%	2.9%	2.2%	4.2%	4.5%	
Additional Clinical Services	7.0%	7.6%	8.8%	7.6%	7.0%	6.7%	7.6%	7.0%	6.3%	5.7%	4.6%	5.1%	
Administrative and Clerical	3.5%	3.8%	4.6%	4.7%	4.2%	4.6%	4.0%	4.4%	4.1%	4.3%	4.7%	4.5%	
Allied Health Professionals	1.4%	1.4%	2.3%	2.4%	3.6%	2.4%	2.7%	2.6%	2.5%	3.8%	4.4%	3.0%	
Estates and Ancillary	5.6%	5.5%	7.6%	9.4%	8.6%	9.0%	7.5%	7.6%	10.0%	9.4%	10.2%	8.1%	
Healthcare Scientists	0.9%	1.5%	1.3%	2.0%	2.2%	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	1.4%	
Medical and Dental	1.3%	0.8%	1.7%	1.5%	1.8%	1.9%	2.0%	1.5%	1.4%	1.9%	2.6%	2.9%	
Nursing and Midwifery Registered	6.1%	5.8%	6.8%	6.5%	7.4%	7.6%	7.1%	6.7%	5.3%	4.7%	4.8%	5.2%	
Trust	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Last 12 Months
Add Prof Scientific and Technic	193	171	174	174	177	179	180	185	190	191	192	195	
Additional Clinical Services	359	352	346	348	359	360	360	355	354	354	356	363	
Administrative and Clerical	534	532	534	531	529	532	525	536	536	544	546	550	
Allied Health Professionals	126	126	127	127	126	126	127	126	126	126	127	126	
Estates and Ancillary	153	169	172	173	172	173	172	188	190	190	191	191	
Healthcare Scientists	102	102	102	100	100	99	100	101	100	103	104	104	
Medical and Dental	229	229	231	235	237	230	235	236	238	238	237	244	
Nursing and Midwifery Registered	914	948	947	945	948	952	947	937	943	940	937	935	

Staff in Post Headcount (rolling 12 Months)

Staff Group	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Last 12 Months
Add Prof Scientific and Technic	218	192	195	196	197	198	200	205	210	211	212	216	
Additional Clinical Services	420	414	410	411	422	423	425	420	420	418	418	426	
Administrative and Clerical	624	623	625	622	619	623	614	626	626	634	637	643	
Allied Health Professionals	154	155	156	156	155	155	156	155	156	155	156	155	
Estates and Ancillary	198	212	214	213	211	211	210	237	239	239	240	240	
Healthcare Scientists	113	113	113	111	111	110	111	111	110	113	114	113	
Medical and Dental	267	266	268	271	274	269	275	275	277	275	275	282	
Nursing and Midwifery Registered	1,039	1,076	1,073	1,070	1,073	1,077	1,070	1,060	1,065	1,065	1,062	1,059	

Finance

Temporary Spend ('000s) 924

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

Actual vs Planned Establishment (%) 90.7 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
92.0%	97.7%	93.4%	88.7%	90.0%

Appraisals

Medical Appraisal 5.3 % *(goal: 100.0 %)*

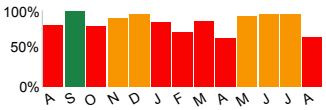
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.1%	97.1%	90.5%	32.7%	5.3%

PDR 58.5 % *(goal: 90.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.9%	90.1%	90.1%	14.8%	56.6%

Training

Corporate Induction 65.9 % *(goal: 100.0 %)*



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
87.1%	88.2%	83.5%	86.5%	78.7%

Mandatory Training 76.6 % *(goal: 90.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
75.8%	81.7%	82.8%	81.4%	78.1%

Health and Safety

RIDDOR 0

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
4	9	6	0	0

Performance by CBU

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	73.6%	82.9%	85.2%	82.4%
Convenience and Choice: Slot Availability	92.1%	93.7%	99.3%	100.0%
DNA Rate (Followup Appts)	16.2%	11.9%	10.3%	11.1%
DNA Rate (New Appts)	17.3%	15.2%	10.6%	9.3%
Normalised I & E surplus/(deficit) In Month ('000s)	169	582	1,942	138
Referrals Received (GP)	425	304	688	308
Temporary Spend ('000s)	311	80	176	196
Theatre Utilisation - % of Session Utilised		81.8%	82.4%	83.5%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	3.5	3.7	2.3	4.2
Average LoS - Non-Elective (Days)	1.0	2.9	2.3	3.3
Cancelled Operations - Non Clinical - On Same Day	0	1	10	3
Daycases (K1/SDCPREOP)	2	61	334	126
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	18	14	38	7
OP Appointments Cancelled by Hospital %	14.2%	13.4%	15.0%	14.7%
RTT: 90% Admitted within 18 weeks		95.8%	86.5%	83.0%
RTT: 92% Waiting within 18 weeks (open Pathways)	89.3%	94.4%	91.1%	96.4%
RTT: 95% Non-Admitted within 18 weeks	81.0%	89.5%	91.2%	88.8%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	93.0%	96.0%	95.0%	97.2%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	15	16	9	60

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	60.0%	75.0%		64.7%
Mandatory Training	75.4%	79.2%	77.6%	78.9%
PDR	68.3%	80.2%	52.6%	50.9%
Sickness	5.3%	4.7%	6.5%	5.2%

CBU Performance - Clinical Support

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Theatre Utilisation - % of Session Utilised			63.1%	76.3%	75.0%	67.2%	68.3%	72.7%	78.6%	75.6%	80.4%	74.6%	72.3%	
Temporary Spend ('000s)	12	15	12	12	-18	8	9	9	7	7	10	11	15	
Normalised I & E surplus/(deficit) In Month ('000s)	-857	-1,011	-705	-908	-787	-842	-994	-964	-911	-944	-881	-1,022	-903	
Expenditure vs Budget ('000s)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	97.0%	86.0%	93.0%	96.0%	97.9%	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	
Imaging - % Reporting Turnaround Times - ED	70.0%	76.0%	76.0%	72.0%	100.0%	91.0%	92.0%	91.0%	83.0%	65.0%	88.0%	93.0%	89.0%	
Imaging - % Reporting Turnaround Times - Inpatients	79.0%	86.0%	93.0%	81.0%	83.0%	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	96.0%	96.0%	97.0%	98.0%	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	
Imaging - Waiting Times - MRI % under 6 weeks	92.5%	100.0%	100.0%	95.0%	96.0%	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	
Imaging - Waiting Times - CT % under 1 week	85.6%	87.9%	87.9%	88.0%	96.0%	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	91.8%	95.4%	96.1%	95.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	99.0%	99.6%	99.6%	92.0%	85.0%	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	81.2%	100.0%	100.0%	88.0%	91.0%	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	
BME - High Risk Equipment PPM Compliance	90.5%	88.0%	87.0%	89.0%	87.0%	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	
BME - Low Risk Equipment PPM Compliance	79.0%	87.0%	75.0%	76.0%	78.0%	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	
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	50.0%	57.0%	63.0%	59.0%	87.0%	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%		
Pharmacy - Dispensing for Out Patients - Complex	57.0%	65.0%		100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%		
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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-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	82.0%	78.2%	71.9%	75.1%	79.6%	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	98.8%	98.5%	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	98.6%	98.7%	90.9%	100.0%	81.0%	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	

Workforce

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Corporate Induction	40.0%	100.0%	77.8%	100.0%	87.5%	71.4%	0.0%	75.0%	50.0%	100.0%	100.0%	100.0%	66.7%	
PDR	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	0.8%	12.7%	32.5%	75.9%	78.3%	
Sickness	1.8%	2.4%	3.2%	4.0%	4.5%	5.2%	5.2%	4.3%	4.8%	4.8%	4.1%	3.9%	3.1%	
Mandatory Training	80.5%	84.2%	80.3%	87.2%	87.2%	86.8%	86.2%	86.5%	85.6%	85.9%	84.4%	84.1%	80.6%	

CBU Performance - ICS

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues
DNAs for August has remained an issue across all specialties within the CBU. Remedial actions plans have been produced to support recovery of the position.

Support Required
The Transformational Service Manager is due to commence in September 2016

Operational

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	74.1%	72.5%	71.4%	75.9%	74.2%	76.2%	71.1%	75.9%	77.2%	74.7%	74.3%	73.8%	73.6%	
DNA Rate (New Appts)	20.5%	17.6%	19.3%	14.7%	17.3%	15.7%	17.6%	17.8%	15.0%	14.1%	15.8%	15.3%	17.3%	
DNA Rate (Followup Appts)	14.7%	15.0%	14.1%	13.1%	14.5%	13.6%	14.4%	15.6%	14.4%	15.9%	13.2%	13.4%	16.2%	
Convenience and Choice: Slot Availability				100.0%	100.0%	100.0%	98.8%	87.2%	85.3%	95.7%			92.1%	
Referrals Received (GP)	470	647	650	658	561	617	672	644	596	635	629	522	425	
Temporary Spend ('000s)	178	203	260	232	247	204	272	297	185	348	216	204	311	
Normalised I & E surplus/(deficit) In Month ('000s)	454	534	530	692	446	651	728	401	402	321	541	70	169	

Patient

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
RTT: 90% Admitted within 18 weeks							100.0%							
RTT: 95% Non-Admitted within 18 weeks	98.5%	90.6%	92.3%	87.8%	86.7%	84.4%	86.3%	84.6%	84.7%	75.1%	80.7%	82.2%	81.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	94.0%	93.3%	93.8%	91.1%	92.3%	91.8%	91.4%	92.4%	91.9%	91.4%	89.6%	91.5%	89.3%	
Average LoS - Elective (Days)	3.75	3.50	8.00	3.80	4.50	6.00	1.00	1.00	3.00	5.50	5.50	5.00	3.50	
Average LoS - Non-Elective (Days)	1.62	1.75	1.79	1.94	2.15	1.81	1.68	1.79	1.15	1.12	1.07	1.11	1.01	
Hospital Initiated Clinic Cancellations < 6 weeks notice	2	18	46	33	1	3	0	6	1	1	3	12	18	
Daycases (K1/SDCPREOP)	0	1	0	0	0	0	0	1	1	0	2	0	2	
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%	11.4%	14.6%	13.7%	14.9%	11.9%	12.1%	13.1%	14.8%	11.2%	12.8%	11.4%	14.2%	
Diagnostics: % Completed Within 6 Weeks						100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	

Quality

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Medication Errors (Incidents)	8	12	15	23	25	26	30	34	7	11	13	14	15	
Cleanliness Scores	98.5%			99.0%	99.0%	95.0%	98.0%	95.0%	98.0%	98.0%	97.0%	93.0%	93.0%	
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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Corporate Induction	100.0%	100.0%	81.8%	100.0%	100.0%	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	
Sickness	3.2%	4.7%	5.3%	6.4%	4.8%	4.3%	5.0%	5.1%	4.9%	4.6%	5.3%	5.6%	5.3%	
Mandatory Training	74.4%	75.8%	76.2%	79.1%	76.6%	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	

CBU Performance - Medical Specialties

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised			63.2%	79.7%	76.2%	74.6%	79.8%	78.7%	77.0%	77.4%	77.4%	82.4%	81.8%	
Clinic Session Utilisation	76.1%	76.3%	77.1%	79.9%	77.1%	81.1%	79.8%	83.1%	81.1%	81.4%	81.7%	82.6%	82.9%	
DNA Rate (New Appts)	16.0%	12.3%	11.5%	13.1%	13.0%	11.9%	11.7%	12.1%	11.4%	12.5%	11.8%	11.4%	15.2%	
DNA Rate (Followup Appts)	16.3%	14.3%	16.7%	12.8%	15.5%	13.6%	14.5%	16.5%	16.7%	15.3%	12.2%	11.2%	11.9%	
Convenience and Choice: Slot Availability				100.0%	100.0%	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	
Referrals Received (GP)	261	349	328	319	305	349	387	382	369	414	415	315	304	
Temporary Spend ('000s)	50	151	129	132	129	114	108	98	162	147	84	105	80	
Normalised I & E surplus/(deficit) In Month ('000s)	510	250	359	909	749	669	629	822	356	662	900	571	582	

Patient

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	94.9%	96.7%	95.8%	
RTT: 95% Non-Admitted within 18 weeks	88.6%	93.6%	90.5%	90.1%	83.9%	85.0%	89.2%	86.2%	91.7%	91.6%	90.6%	86.6%	89.5%	
RTT: 92% Waiting within 18 weeks (open Pathways)	95.4%	95.6%	94.0%	95.9%	95.7%	96.4%	96.8%	97.7%	97.0%	96.6%	96.4%	95.0%	94.4%	
Average LoS - Elective (Days)	3.11	2.92	3.28	3.89	3.52	4.71	2.98	3.82	2.92	3.41	2.32	2.84	3.74	
Average LoS - Non-Elective (Days)	2.73	2.73	3.36	2.15	2.40	2.32	2.39	3.99	3.10	3.50	2.28	1.99	2.88	
Hospital Initiated Clinic Cancellations < 6 weeks notice	13	16	22	8	3	0	3	6	4	2	0	32	14	
Daycases (K1/SDCPREOP)	54	74	31	71	73	74	76	71	76	50	85	54	61	
Cancelled Operations - Non Clinical - On Same Day	0	1	2	2	1	2	2	3	1	0	1	1	1	
OP Appointments Cancelled by Hospital %	12.3%	12.3%	16.1%	12.0%	12.7%	10.5%	12.6%	12.7%	14.7%	12.5%	11.9%	15.7%	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%	

Quality

Metric Name	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
Medication Errors (Incidents)	9	11	13	17	20	22	25	27	1	6	7	10	16	
Cleanliness Scores	96.0%	97.0%		95.5%	96.5%	94.5%	98.0%	98.0%	99.0%	99.0%	93.0%	96.0%	96.0%	
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	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Last 12 Months
Corporate Induction	50.0%		100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	75.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	3.6%	20.7%	47.9%	73.5%	80.2%	
Sickness	5.6%	5.4%	3.5%	5.1%	5.0%	6.9%	7.5%	6.7%	6.6%	5.2%	3.6%	3.8%	4.7%	
Mandatory Training	80.4%	85.8%	81.3%	86.9%	87.2%	87.3%	85.5%	84.8%	85.4%	87.1%	86.3%	81.1%	79.2%	

CBU Performance - NMSS

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Theatre Utilisation - % of Session Utilised			72.3%	75.5%	68.6%	74.7%	78.6%	80.2%	81.3%	81.4%	83.4%	79.7%	82.4%	
Clinic Session Utilisation	77.4%	74.5%	74.1%	82.4%	80.9%	85.8%	83.5%	85.5%	88.5%	89.1%	88.4%	86.1%	85.2%	
DNA Rate (New Appts)	14.9%	12.2%	10.8%	12.5%	12.6%	11.4%	10.4%	12.3%	10.8%	10.1%	10.1%	9.4%	10.6%	
DNA Rate (Followup Appts)	12.9%	12.5%	10.4%	9.6%	10.5%	9.6%	11.1%	13.7%	11.6%	10.2%	10.8%	9.6%	10.3%	
Convenience and Choice: Slot Availability				99.3%	99.6%	96.1%	97.5%	98.5%	97.0%	95.7%	97.4%	94.3%	99.3%	
Referrals Received (GP)	707	799	825	817	652	741	841	871	861	819	837	741	688	
Temporary Spend ('000s)	154	147	134	121	132	123	134	224	156	171	161	164	176	
Normalised I & E surplus/(deficit) In Month ('000s)	1,295	1,736	1,498	1,283	1,330	1,803	1,646	1,474	1,707	1,907	2,046	2,485	1,942	

Patient

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	86.0%	81.5%	83.0%	100.0%	80.4%	79.7%	75.9%	86.5%	86.7%	83.8%	87.9%	86.7%	86.5%	
RTT: 95% Non-Admitted within 18 weeks	94.3%	92.6%	92.8%	84.7%	86.0%	87.3%	80.2%	84.2%	89.1%	89.8%	89.3%	88.2%	91.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	89.6%	89.6%	89.9%	90.0%	90.0%	89.8%	90.5%	89.8%	89.5%	89.9%	90.2%	90.4%	91.1%	
Average LoS - Elective (Days)	1.82	2.64	2.09	2.20	2.55	2.03	2.42	2.69	2.54	2.89	2.56	2.66	2.33	
Average LoS - Non-Elective (Days)	2.13	1.86	1.87	2.38	2.84	1.79	2.07	2.99	2.50	2.18	2.48	2.03	2.27	
Hospital Initiated Clinic Cancellations < 6 weeks notice	3	51	9	49	39	39	64	24	29	11	26	22	38	
Daycases (K1/SDCPREOP)	381	416	234	318	284	357	371	360	330	327	396	363	334	
Cancelled Operations - Non Clinical - On Same Day	8	11	7	29	3	11	9	10	15	22	7	7	10	
OP Appointments Cancelled by Hospital %	14.7%	14.6%	18.9%	14.8%	18.2%	19.5%	18.4%	18.4%	17.8%	14.7%	13.7%	14.7%	15.0%	
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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Medication Errors (Incidents)	9	11	12	14	15	19	22	30	0	2	4	6	9	
Cleanliness Scores	94.5%	98.3%		98.7%	98.0%	96.3%	91.0%	95.0%	96.3%	94.7%	94.3%	94.3%	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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Corporate Induction	75.0%		88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%					
PDR	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	10.1%	21.1%	40.6%	51.9%	52.6%	
Sickness	4.4%	3.6%	4.4%	4.6%	5.3%	5.0%	3.8%	4.8%	4.6%	4.8%	4.3%	4.4%	6.5%	
Mandatory Training	80.7%	82.2%	79.7%	86.8%	86.9%	87.8%	84.1%	84.3%	85.3%	88.6%	88.0%	84.0%	77.6%	

CBU Performance - SCACC

Aug 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Theatre utilisation: we are taking action to deliver 90% utilisation. In General Surgery we are moving to an all day theatre list and converting IP lists to DC to reflect waiting list demand. In Cardiology we will from October contract the session time to reduce costs and increase utilisation.
Clinic utilisation: We are listening to feedback regarding the new 5 steps to safer surgery process which could be streamlined. In General Surgery our new appointment waiting time has reduced to a me. We will increase the number of patients booked to cardiac clinics to reflect a high DNA rate.

Support Required

Operational

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Theatre Utilisation - % of Session Utilised			76.0%	78.5%	75.8%	79.4%	80.4%	84.0%	82.8%	83.1%	85.2%	84.7%	83.5%	
Clinic Session Utilisation	83.7%	70.5%	80.4%	87.4%	87.1%	87.8%	89.7%	82.3%	84.4%	85.7%	86.7%	84.7%	82.4%	
DNA Rate (New Appts)	9.6%	10.3%	13.9%	9.7%	10.3%	9.7%	10.4%	13.7%	10.1%	11.0%	9.8%	9.0%	9.3%	
DNA Rate (Followup Appts)	12.4%	11.9%	12.0%	9.7%	7.3%	9.8%	10.1%	13.2%	9.9%	9.5%	9.8%	7.8%	11.1%	
Convenience and Choice: Slot Availability				100.0%	97.9%	98.4%	84.8%	88.8%	98.1%	98.9%	100.0%	100.0%	100.0%	
Referrals Received (GP)	251	292	352	336	262	300	341	325	332	303	347	311	308	
Temporary Spend ('000s)	227	250	268	218	222	237	221	319	274	271	231	296	196	
Normalised I & E surplus/(deficit) In Month ('000s)	-449	457	-267	-119	253	-179	-156	1,351	-391	90	376	174	138	

Patient

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	91.6%	95.9%	91.5%	100.0%	86.1%	94.5%	96.6%	89.0%	88.8%	89.1%	85.1%	85.2%	83.0%	
RTT: 95% Non-Admitted within 18 weeks	87.7%	95.5%	83.8%	94.7%	88.4%	90.1%	92.2%	91.1%	93.1%	92.9%	90.5%	91.0%	88.8%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.1%	96.8%	97.3%	97.3%	96.6%	96.1%	96.0%	95.7%	96.6%	96.1%	96.8%	95.9%	96.4%	
Average LoS - Elective (Days)	2.62	4.37	3.28	3.20	2.99	3.36	3.29	2.85	3.22	3.25	3.85	3.53	4.20	
Average LoS - Non-Elective (Days)	4.08	4.29	3.22	4.16	3.66	3.20	5.20	3.50	3.73	3.81	3.25	3.99	3.28	
Hospital Initiated Clinic Cancellations < 6 weeks notice	5	4	1	3	1	0	1	1	1	0	1	2	7	
Daycases (K1/SDCPREOP)	105	183	56	118	104	118	112	174	165	118	144	154	126	
Cancelled Operations - Non Clinical - On Same Day	13	4	9	9	7	8	15	11	16	12	15	16	3	
OP Appointments Cancelled by Hospital %	17.7%	15.8%	22.3%	16.9%	19.1%	15.0%	12.5%	13.6%	13.5%	14.7%	14.0%	13.7%	14.7%	
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%	

Quality

Metric Name	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Medication Errors (Incidents)	32	41	48	57	70	77	89	100	16	22	33	44	60	
Cleanliness Scores	95.9%	96.5%		97.4%	92.2%	95.0%	94.6%	97.0%	96.4%	96.6%	94.0%	95.0%	97.2%	
Hospital Acquired Organisms - MRSA (BSI)	1	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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Last 12 Months
Corporate Induction	100.0%	100.0%	88.9%	75.0%	100.0%	92.3%	25.0%	100.0%	50.0%	100.0%	87.5%	100.0%	64.7%	
PDR	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	3.5%	13.9%	37.5%	47.0%	50.9%	
Sickness	5.7%	6.9%	6.5%	7.5%	7.0%	7.0%	7.0%	6.6%	5.7%	4.6%	4.3%	5.0%	5.2%	
Mandatory Training	83.1%	85.2%	81.3%	89.1%	88.3%	85.8%	87.5%	87.1%	86.9%	87.0%	87.0%	83.6%	78.9%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended August 2016

	In Month			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Income									
Elective	3,037	3,299	262	17,169	17,047	(122)	42,982	42,196	(786)
Non Elective	2,295	1,911	(385)	11,328	10,883	(445)	26,512	25,833	(679)
Outpatients	1,923	2,093	170	11,149	11,228	78	28,212	27,259	(953)
A&E	451	309	(142)	2,226	1,899	(327)	5,310	5,320	9
Critical Care	1,965	2,047	81	9,701	9,971	270	23,739	23,734	(5)
Non PbR Drugs & Devices	1,558	1,542	(17)	7,781	7,913	132	18,665	19,673	1,008
Excess Bed Days	403	552	149	1,996	2,144	148	4,765	4,634	(131)
CQUIN	245	284	39	1,226	1,257	31	2,942	3,175	233
Contract Sanctions	0	(21)	(21)	0	(60)	(60)	0	(130)	(130)
Private Patients	15	70	55	73	147	74	176	454	278
Other Clinical Income	2,932	3,033	101	12,660	14,654	1,994	33,824	37,868	4,044
Non Clinical Income									
Other Non Clinical Income	1,707	1,938	231	8,325	7,963	(362)	21,639	20,859	(779)
Total Income	**16,532**	**17,057**	**525**	**83,634**	**85,045**	**1,411**	**208,765**	**210,875**	**2,111**
Expenditure									
Pay Costs	(11,490)	(11,173)	318	(57,469)	(57,744)	(275)	(136,258)	(137,278)	(1,020)
Drugs	(1,398)	(1,577)	(180)	(6,923)	(7,829)	(906)	(16,541)	(18,511)	(1,970)
Clinical Supplies	(1,378)	(1,326)	53	(6,942)	(7,275)	(333)	(16,710)	(17,300)	(590)
Other Non Pay	(2,105)	(2,021)	83	(11,546)	(10,521)	1,025	(25,543)	(27,028)	(1,485)
PFI service costs	(299)	(285)	14	(1,478)	(1,425)	53	(3,526)	(470)	3,056
Total Expenditure	**(16,670)**	**(16,382)**	**288**	**(84,358)**	**(84,794)**	**(436)**	**(198,578)**	**(200,588)**	**(2,009)**
EBITDA	**(138)**	**675**	**813**	**(724)**	**251**	**975**	**10,186**	**10,288**	**101**
PDC Dividend	(97)	(81)	16	(484)	(406)	78	(1,161)	(975)	186
Depreciation	(522)	(511)	11	(2,618)	(2,562)	56	(6,333)	(6,266)	67
Finance Income	0	3	3	4	17	13	15	21	6
Interest Expense (non-PFI/LIFT)	(85)	(88)	(4)	(411)	(416)	(6)	(1,042)	(1,119)	(77)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(3,331)	(3,437)	(106)	(7,995)	(8,249)	(254)
Trading Surplus / (Deficit)	**(1,508)**	**(691)**	**818**	**(7,563)**	**(6,554)**	**1,009**	**(6,330)**	**(6,301)**	**29**
One-off normalising items									
Government Grants/Donated Income	73	28	(45)	1,126	325	(800)	2,352	2,352	0
Depreciation on Donated Assets	(160)	(155)	5	(796)	(777)	18	(1,990)	(1,966)	24
Normalised Surplus/(Deficit)	**(1,595)**	**(818)**	**777**	**(7,233)**	**(7,006)**	**227**	**(5,968)**	**(5,915)**	**53**
MASS/Restructuring	0	0	0	0	(21)	(21)	0	(21)	(21)
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,097)	(177)
Gains/(Losses) on asset disposals	0	()	(0)	0	430	430	0	430	430
Reported Surplus/(Deficit)	**(1,595)**	**(818)**	**777**	**(7,233)**	**(6,598)**	**636**	**(7,888)**	**(7,603)**	**285**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	16,532	17,057	525	83,634	85,045	1,411	208,765	210,875	2,111
Expenditure £000	(18,040)	(17,748)	292	(91,197)	(91,599)	(402)	(215,095)	(217,176)	(2,081)
Normalised Surplus/(Deficit) £000	(1,595)	(818)	777	(7,233)	(7,006)	227	(5,968)	(5,915)	53
Trading Surplus/(Deficit) £000	(1,508)	(691)	818	(7,563)	(6,554)	1,009	(6,330)	(6,301)	29
WTE	2,972	2,927	44	2,972	2,927	44			
CIP £000	416	512	96	1,510	1,526	15	7,200	6,273	(927)
Cash £000	1,001	2,905	1,904	1,001	2,905	1,904			
CAPEX FCT £000	725	1,022	(296)	2,589	2,175	414	10,167	10,689	7,856
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	1,806	1,987	181	10,623	10,217	(406)	26,950	24,895	(2,055)
Non Elective	1,370	1,112	(258)	6,749	6,346	(403)	16,071	14,732	(1,339)
Outpatients	13,244	15,064	1,820	78,469	78,903	434	199,463	188,596	(10,867)
A&E	4,746	3,773	(973)	23,427	23,143	(284)	55,899	59,152	3,253

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

	Prior Year Expenditure	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	*1,506*	260	15	246	798	438	359	2,270	2,792	2,076	716
RESEARCH & EDUCATION	*4,697*	0	5	(5)	0	155	(155)	0	0	286	(286)
ESTATES TOTAL CAPITAL	*6,203*	260	19	241	798	594	204	2,270	2,792	2,363	429
NETWORKING, INFRASTRUCTURE & OTHER IT	*3,072*	31	64	(33)	156	116	40	440	440	440	(0)
ELECTRONIC PATIENT RECORD	*6,172*	58	24	35	292	102	190	700	700	750	(50)
IM & T TOTAL CAPITAL	*9,244*	90	87	2	448	218	230	1,140	1,140	1,190	(50)
MEDICAL EQUIPMENT		129	14	115	470	189	281	2,761	2,761	2,761	(0)
CHILDRENS HEALTH PARK		207	22	185	673	221	452	3,514	3,514	1,060	2,454
ALDER HEY IN THE PARK TOTAL	*17,320*	335	888	(553)	1,142	1,263	(120)	6,275	6,275	3,821	2,454
OTHER		40	27	13	201	100	101	482	482	482	(0)
OTHER	*802*	40	27	13	201	100	101	482	482	482	(0)
CAPITAL PROGRAMME 16/17	*33,569*	*725*	*1,022*	*(296)*	*2,589*	*2,175*	*414*	*10,167*	*10,689*	*7,856*	*2,833*

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycase	0	0	0	£117	£0	-£117	£0	-£117
		Elective	0	0	0	£129	£0	-£129	£0	-£129
		Non Elective	493	313	-180	£226,461	£211,953	-£14,509	£68,223	-£82,732
		Excess Bed Days	7	0	-7	£2,394	£0	-£2,394	£0	-£2,394
		Outpatient New	168	157	-11	£56,736	£53,009	-£3,727	£97	-£3,824
		Outpatient Follow-up	18	10	-8	£5,983	£3,376	-£2,607	-£0	-£2,607
		Ward Attender	0	0	0	£134	£0	-£134	£0	-£134
		OP Procedure	0	1	1	£0	£134	£134	£0	£134
		A&E Attendance	4,746	3,773	-973	£450,845	£307,974	-£142,870	-£50,454	-£92,416
	Accident & Emergency Total		**5,432**	**4,254**	**-1,178**	**£742,800**	**£576,447**	**-£166,353**	**£17,866**	**-£184,220**
	CAMHS	Elective	0	0	0	£194	£0	-£194	£0	-£194
		Outpatient New	157	256	99	£0	£0	£0	£0	£0
		Outpatient Follow-up	780	1,246	466	£10,891	£8,074	-£2,817	-£9,318	£6,501
	CAMHS Total		**937**	**1,502**	**565**	**£11,085**	**£8,074**	**-£3,011**	**-£9,318**	**£6,308**
	Community Medicine	Daycase	0	1	1	£0	£862	£862	£0	£862
		Outpatient New	297	267	-30	£23,977	£14,946	-£9,031	-£6,614	-£2,417
		Outpatient Follow-up	584	456	-128	£3,566	£3,731	£165	£947	-£782
		Ward Attender	0	2	2	£0	£0	£0	£0	£0
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£11	£0	-£11	£0	-£11
	Community Medicine Total		**882**	**726**	**-156**	**£27,554**	**£19,539**	**-£8,015**	**-£5,667**	**-£2,349**
	Diabetes	Outpatient New	24	9	-15	£5,126	£1,900	-£3,226	-£13	-£3,213
		Outpatient Follow-up	2	10	8	£231	£988	£756	-£102	£858
		Ward Based Outpatient	0	0	0	£33	£0	-£33	£0	-£33
	Diabetes Total		**27**	**19**	**-8**	**£5,390**	**£2,888**	**-£2,502**	**-£114**	**-£2,388**
	Paediatrics	Daycase	25	10	-15	£21,223	£9,675	-£11,548	£1,314	-£12,862
		Elective	11	3	-8	£11,930	£4,569	-£7,360	£1,206	-£8,567
		Non Elective	282	286	4	£320,226	£291,225	-£29,001	-£33,066	£4,065
		Excess Bed Days	53	109	56	£19,563	£34,225	£14,662	-£6,273	£20,935
		Outpatient New	250	253	3	£57,611	£58,405	£793	£145	£648
		Outpatient Follow-up	343	360	17	£48,380	£50,537	£2,158	-£265	£2,422
		Ward Attender	14	5	-9	£2,037	£702	-£1,335	-£4	-£1,331
		Ward Based Outpatient	132	24	-108	£18,586	£3,369	-£15,217	-£18	-£15,199
		OP Procedure	0	0	0	£25	£0	-£25	£0	-£25
	Paediatrics Total		**1,110**	**1,050**	**-60**	**£499,580**	**£452,707**	**-£46,873**	**-£36,959**	**-£9,914**
ICS CBU Total			**8,388**	**7,551**	**-837**	**£1,286,409**	**£1,059,655**	**-£226,754**	**-£34,192**	**-£192,562**
Medical Specialties CBU	Allergy	Outpatient New	51	59	8	£11,668	£13,688	£2,020	£102	£1,918
		Outpatient Follow-up	57	73	16	£8,012	£10,248	£2,237	-£53	£2,290
		Ward Attender	0	1	1	£36	£140	£104	-£1	£105
		Ward Based Outpatient	0	0	0	£24	£0	-£24	£0	-£24
		OP Procedure	0	0	0	£38	£0	-£38	£0	-£38
	Allergy Total		**108**	**133**	**25**	**£19,778**	**£24,077**	**£4,299**	**£48**	**£4,251**
	Dermatology	Daycase	2	0	-2	£968	£0	-£968	£0	-£968
		Outpatient New	135	128	-7	£18,304	£17,303	-£1,001	-£19	-£982
		Outpatient Follow-up	444	482	38	£43,712	£47,114	£3,402	-£382	£3,784
		Ward Attender	0	0	0	£49	£0	-£49	£0	-£49

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Dermatology	Ward Based Outpatient	6	0	-6	£638	£0	-£638	£0	-£638
		OP Procedure	72	35	-37	£8,286	£4,017	-£4,269	-£7	-£4,262
	Dermatology Total		**659**	**645**	**-14**	**£71,957**	**£68,434**	**-£3,522**	**-£408**	**-£3,115**
	Endocrinology	Daycase	75	103	28	£77,986	£112,868	£34,881	£5,393	£29,489
		Elective	6	2	-4	£8,653	£1,989	-£6,664	-£873	-£5,790
		Non Elective	3	2	-1	£4,010	£2,421	-£1,589	-£738	-£851
		Excess Bed Days	14	8	-6	£5,166	£3,450	-£1,716	£501	-£2,217
		Outpatient New	53	44	-9	£21,179	£17,615	-£3,563	-£46	-£3,517
		Outpatient Follow-up	294	269	-25	£56,943	£53,077	-£3,867	£1,054	-£4,921
		Ward Attender	13	17	4	£2,561	£3,288	£728	£0	£727
		Ward Based Outpatient	27	80	53	£5,160	£15,474	£10,314	£2	£10,312
	Endocrinology Total		**484**	**525**	**41**	**£181,657**	**£210,181**	**£28,524**	**£5,293**	**£23,231**
	Gastroenterology	Daycase	105	114	9	£115,330	£127,458	£12,128	£2,305	£9,823
		Elective	33	34	1	£63,540	£62,665	-£875	-£2,478	£1,603
		Non Elective	11	5	-6	£29,593	£8,157	-£21,435	-£5,040	-£16,395
		Excess Bed Days	187	32	-155	£73,993	£10,901	-£63,092	-£1,743	-£61,349
		Outpatient New	83	69	-14	£21,953	£18,440	-£3,514	£138	-£3,651
		Outpatient Follow-up	222	189	-33	£35,287	£29,480	-£5,807	-£545	-£5,262
		Ward Attender	5	17	12	£772	£2,652	£1,879	-£40	£1,920
		Ward Based Outpatient	169	60	-109	£26,767	£9,359	-£17,408	-£142	-£17,266
	Gastroenterology Total		**815**	**520**	**-295**	**£367,236**	**£269,113**	**-£98,123**	**-£7,545**	**-£90,578**
	Haematology	Daycase	19	61	42	£23,175	£40,205	£17,029	-£33,270	£50,299
		Elective	2	4	2	£16,862	£15,465	-£1,397	-£12,448	£11,051
		Non Elective	17	12	-5	£51,829	£22,391	-£29,438	-£13,645	-£15,793
		Excess Bed Days	4	0	-4	£1,799	£0	-£1,799	£0	-£1,799
		Outpatient New	18	37	19	£8,102	£17,287	£9,185	£339	£8,846
		Outpatient Follow-up	123	46	-77	£26,810	£10,238	-£16,572	£199	-£16,771
		Ward Attender	64	193	129	£14,014	£41,344	£27,330	-£780	£28,110
		Ward Based Outpatient	0	0	0	£22	£0	-£22	£0	-£22
		OP Procedure	0	0	0	£12	£0	-£12	£0	-£12
	Haematology Total		**248**	**353**	**105**	**£142,625**	**£146,930**	**£4,305**	**-£59,604**	**£63,909**
	Immunology	Outpatient New	10	38	28	£2,384	£8,786	£6,402	£36	£6,366
		Outpatient Follow-up	8	36	28	£1,068	£5,185	£4,117	£105	£4,012
		Ward Attender	3	36	33	£480	£5,054	£4,574	-£26	£4,600
		Ward Based Outpatient	13	62	49	£1,885	£8,704	£6,819	-£45	£6,864
	Immunology Total		**35**	**172**	**137**	**£5,818**	**£27,729**	**£21,912**	**£69**	**£21,843**
	Metabolic Disease	Outpatient New	4	5	1	£1,555	£1,920	£365	£0	£365
		Outpatient Follow-up	24	42	18	£9,378	£16,128	£6,750	£0	£6,749
	Metabolic Disease Total		**28**	**47**	**19**	**£10,933**	**£18,048**	**£7,115**	**£0**	**£7,115**
	Nephrology	Daycase	77	94	17	£49,585	£99,283	£49,697	£38,657	£11,040
		Elective	25	5	-20	£16,114	£8,469	-£7,644	£5,286	-£12,931
		Non Elective	4	8	4	£7,629	£18,415	£10,786	£3,385	£7,401
		Excess Bed Days	18	16	-2	£6,676	£6,900	£224	£892	-£668
		Outpatient New	13	22	9	£1,508	£2,597	£1,089	£0	£1,089
		Outpatient Follow-up	102	91	-11	£12,014	£10,742	-£1,272	-£0	-£1,272
		Ward Attender	65	80	15	£7,615	£9,443	£1,829	-£0	£1,829

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Nephrology	Ward Based Outpatient	46	54	8	£5,417	£6,374	£957	£0	£957
	Nephrology Total		**349**	**370**	**21**	**£106,558**	**£162,223**	**£55,665**	**£48,220**	**£7,445**
	Oncology	Daycase	256	237	-19	£147,021	£151,070	£4,049	£14,913	-£10,865
		Elective	21	24	3	£130,211	£136,502	£6,290	-£9,584	£15,874
		Non Elective	37	39	2	£94,274	£109,221	£14,946	£10,676	£4,270
		Excess Bed Days	31	126	95	£14,097	£57,476	£43,379	£236	£43,143
		Outpatient New	8	5	-3	£2,122	£1,295	-£828	-£0	-£828
		Outpatient Follow-up	203	296	93	£52,450	£76,646	£24,196	£199	£23,997
		Ward Attender	11	58	47	£2,905	£15,019	£12,113	£39	£12,074
		Ward Based Outpatient	15	3	-12	£3,805	£777	-£3,028	£2	-£3,030
	Oncology Total		**583**	**788**	**205**	**£446,887**	**£548,005**	**£101,117**	**£16,481**	**£84,636**
	Respiratory Medicine	Daycase	8	16	8	£7,925	£16,423	£8,498	£591	£7,907
		Elective	4	3	-1	£9,517	£5,677	-£3,840	-£1,455	-£2,385
		Non Elective	67	40	-27	£62,580	£32,041	-£30,540	-£5,556	-£24,983
		Excess Bed Days	52	83	31	£16,353	£27,229	£10,875	£905	£9,970
		Outpatient New	61	65	4	£18,161	£19,310	£1,149	-£34	£1,183
		Outpatient Follow-up	206	270	64	£30,922	£42,850	£11,928	£2,299	£9,629
		Ward Attender	1	2	1	£104	£314	£210	£14	£195
		Ward Based Outpatient	111	87	-24	£16,600	£13,661	-£2,939	£615	-£3,554
		OP Procedure	112	53	-59	£16,214	£172	-£16,043	-£7,498	-£8,545
	Respiratory Medicine Total		**621**	**619**	**-2**	**£178,377**	**£157,675**	**-£20,702**	**-£10,119**	**-£10,583**
	Rheumatology	Daycase	139	173	34	£116,464	£140,570	£24,106	-£4,407	£28,513
		Elective	16	1	-15	£16,447	£1,151	-£15,296	£135	-£15,431
		Non Elective	2	1	-1	£1,530	£3,390	£1,860	£2,385	-£525
		Excess Bed Days	11	17	6	£4,323	£3,935	-£388	-£2,590	£2,202
		Outpatient New	45	49	4	£6,745	£7,369	£624	-£8	£632
		Outpatient Follow-up	136	123	-13	£20,430	£18,498	-£1,932	-£20	-£1,912
		Ward Attender	20	14	-6	£3,069	£2,105	-£964	-£0	-£964
		Ward Based Outpatient	10	30	20	£1,497	£4,512	£3,015	£0	£3,015
		OP Procedure	0	0	0	£12	£0	-£12	£0	-£12
	Rheumatology Total		**379**	**408**	**29**	**£170,517**	**£181,530**	**£11,013**	**-£4,505**	**£15,518**
Medical Specialties CBU Total			**4,310**	**4,580**	**270**	**£1,702,343**	**£1,813,946**	**£111,603**	**-£12,070**	**£123,673**
NMSS CBU	Audiology	Outpatient New	565	539	-26	£53,555	£50,957	-£2,598	-£178	-£2,421
		Outpatient Follow-up	193	339	146	£18,268	£32,039	£13,771	-£0	£13,771
		OP Procedure	1	2	1	£115	£227	£112	-£3	£116
	Audiology Total		**759**	**880**	**121**	**£71,938**	**£83,222**	**£11,284**	**-£181**	**£11,466**
	Burns Care	Daycase	0	1	1	£114	£2,636	£2,522	£924	£1,598
		Elective	5	2	-3	£13,411	£9,574	-£3,837	£4,498	-£8,335
		Non Elective	28	23	-5	£71,518	£60,310	-£11,209	£1,997	-£13,206
		Outpatient New	25	14	-11	£4,935	£2,774	-£2,161	£5	-£2,166
		Outpatient Follow-up	69	77	8	£7,885	£8,802	£917	£14	£903
		Ward Attender	3	31	28	£376	£3,544	£3,168	£0	£3,168
		Ward Based Outpatient	9	5	-4	£1,047	£572	-£475	-£0	-£475
		OP Procedure	0	0	0	£12	£0	-£12	£0	-£12
	Burns Care Total		**140**	**153**	**13**	**£99,298**	**£88,211**	**-£11,088**	**£7,439**	**-£18,526**
	Dentistry	Daycase	80	104	24	£46,085	£57,985	£11,900	-£2,272	£14,172

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
NMSS CBU	Dentistry	Elective	9	0	-9	£5,593	£0	-£5,593	£0	-£5,593
		Non Elective	1	0	-1	£1,239	£0	-£1,239	£0	-£1,239
		Excess Bed Days	1	0	-1	£334	£0	-£334	£0	-£334
		Outpatient New	93	102	9	£3,330	£3,628	£299	-£26	£324
		Outpatient Follow-up	119	103	-16	£4,233	£3,664	-£569	-£5	-£564
		Ward Attender	0	1	1	£0	£36	£36	£0	£36
		OP Procedure	25	19	-6	£4,014	£3,082	-£932	£18	-£950
	Dentistry Total		**327**	**329**	**2**	**£64,828**	**£68,394**	**£3,566**	**-£2,285**	**£5,852**
	ENT	Daycase	89	82	-7	£101,576	£90,930	-£10,646	-£2,195	-£8,452
		Elective	75	79	4	£106,697	£111,551	£4,854	-£123	£4,976
		Non Elective	24	20	-4	£36,705	£32,105	-£4,600	£895	-£5,495
		Excess Bed Days	29	2	-27	£11,551	£988	-£10,562	£188	-£10,750
		Outpatient New	282	344	62	£31,197	£38,275	£7,078	£189	£6,889
		Outpatient Follow-up	406	349	-57	£27,715	£23,952	-£3,763	£125	-£3,888
		Ward Attender	0	0	0	£14	£0	-£14	£0	-£14
		Ward Based Outpatient	4	0	-4	£265	£0	-£265	£0	-£265
		OP Procedure	139	142	3	£18,265	£18,722	£457	£125	£331
	ENT Total		**1,049**	**1,018**	**-31**	**£333,985**	**£316,523**	**-£17,462**	**-£794**	**-£16,668**
	Epilepsy	Outpatient New	9	0	-9	£2,041	£0	-£2,041	£0	-£2,041
		Outpatient Follow-up	21	0	-21	£3,902	£0	-£3,902	£0	-£3,902
	Epilepsy Total		**31**	**0**	**-31**	**£5,942**	**£0**	**-£5,942**	**£0**	**-£5,942**
	Maxillo-Facial	Outpatient New	58	63	5	£8,361	£8,910	£549	-£129	£678
		Outpatient Follow-up	115	76	-39	£16,686	£11,800	-£4,886	£787	-£5,673
		Ward Attender	0	0	0	£15	£0	-£15	-£0	-£15
		OP Procedure	0	1	1	£34	£129	£95	-£44	£138
	Maxillo-Facial Total		**174**	**140**	**-34**	**£25,096**	**£20,839**	**-£4,257**	**£614**	**-£4,871**
	Neurology	Daycase	7	11	4	£7,859	£13,667	£5,808	£1,022	£4,786
		Elective	5	6	1	£10,426	£9,571	-£855	-£3,095	£2,240
		Non Elective	9	9	0	£17,123	£29,663	£12,540	£11,804	£736
		Excess Bed Days	56	33	-23	£22,676	£13,177	-£9,499	-£198	-£9,302
		Outpatient New	73	78	5	£20,283	£21,345	£1,063	-£354	£1,417
		Outpatient Follow-up	211	189	-22	£57,813	£52,393	-£5,420	£727	-£6,147
		Ward Attender	2	10	8	£497	£2,772	£2,275	£0	£2,275
		Ward Based Outpatient	19	0	-19	£5,354	£0	-£5,354	£0	-£5,354
	Neurology Total		**382**	**336**	**-46**	**£142,030**	**£142,589**	**£559**	**£9,907**	**-£9,348**
	Neurosurgery	Daycase	1	1	0	£577	£591	£14	-£91	£105
		Elective	14	30	16	£85,898	£150,374	£64,476	-£34,354	£98,829
		Non Elective	31	27	-4	£196,402	£171,908	-£24,494	£1,360	-£25,853
		Excess Bed Days	74	92	18	£24,675	£33,226	£8,551	£2,401	£6,150
		Outpatient New	53	61	8	£4,752	£5,428	£676	-£55	£732
		Outpatient Follow-up	146	174	28	£12,743	£15,484	£2,741	£278	£2,464
		Ward Attender	32	22	-10	£2,817	£1,958	-£859	£0	-£859
		Ward Based Outpatient	0	0	0	£9	£0	-£9	£0	-£9
		OP Procedure	0	0	0	£23	£0	-£23	£0	-£23
		Neuro HDU	146	186	40	£142,626	£196,890	£54,264	£15,188	£39,076
	Neurosurgery Total		**496**	**593**	**97**	**£470,522**	**£575,859**	**£105,337**	**-£15,274**	**£120,611**

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Ophthalmology	Daycase	33	14	-19	£29,645	£11,607	-£18,038	-£824	-£17,215
		Elective	7	5	-2	£10,170	£8,455	-£1,716	£1,470	-£3,185
		Non Elective	2	1	-1	£2,357	£971	-£1,386	-£458	-£928
		Excess Bed Days	7	0	-7	£2,405	£0	-£2,405	£0	-£2,405
		Outpatient New	244	303	59	£37,096	£47,655	£10,558	£1,627	£8,931
		Outpatient Follow-up	910	758	-152	£90,756	£81,112	-£9,643	£5,501	-£15,145
		Ward Based Outpatient	2	0	-2	£179	£0	-£179	£0	-£179
		OP Procedure	0	0	0	£52	£0	-£52	£0	-£52
	Ophthalmology Total		**1,205**	**1,081**	**-124**	**£172,660**	**£149,800**	**-£22,860**	**£7,316**	**-£30,177**
	Oral Surgery	Daycase	27	28	1	£23,302	£22,928	-£374	-£1,026	£652
		Elective	12	9	-3	£26,512	£26,119	-£393	£6,506	-£6,899
		Non Elective	13	13	0	£13,912	£17,055	£3,143	£2,944	£198
		Excess Bed Days	2	2	0	£1,167	£686	-£480	-£412	-£68
	Oral Surgery Total		**54**	**52**	**-2**	**£64,892**	**£66,788**	**£1,895**	**£8,012**	**-£6,117**
	Orthodontics	Daycase	0	0	0	£72	£0	-£72	£0	-£72
		Outpatient New	4	8	4	£686	£1,344	£657	£51	£606
		Outpatient Follow-up	13	57	44	£1,116	£4,774	£3,658	£31	£3,628
		OP Procedure	11	8	-3	£1,372	£1,028	-£343	£8	-£351
	Orthodontics Total		**28**	**73**	**45**	**£3,245**	**£7,146**	**£3,901**	**£89**	**£3,811**
	Plastic Surgery	Daycase	52	79	27	£53,711	£70,713	£17,002	-£10,520	£27,521
		Elective	20	9	-11	£30,013	£22,514	-£7,498	£8,865	-£16,363
		Non Elective	105	91	-14	£129,354	£127,972	-£1,382	£15,768	-£17,150
		Excess Bed Days	4	2	-2	£862	£599	-£263	£146	-£409
		Outpatient New	187	303	116	£26,680	£43,462	£16,782	£338	£16,444
		Outpatient Follow-up	354	534	180	£39,133	£58,305	£19,172	-£801	£19,974
		Ward Attender	2	20	18	£221	£2,184	£1,962	-£41	£2,003
		Ward Based Outpatient	8	4	-4	£897	£437	-£460	-£8	-£452
		OP Procedure	52	43	-9	£6,261	£5,112	-£1,149	-£29	-£1,119
	Plastic Surgery Total		**784**	**1,085**	**301**	**£287,131**	**£331,297**	**£44,167**	**£13,718**	**£30,449**
	Sleep Studies	Elective	20	21	1	£36,361	£34,342	-£2,019	-£3,990	£1,971
		Excess Bed Days	0	10	10	£0	£3,057	£3,057	£0	£3,057
	Sleep Studies Total		**20**	**31**	**11**	**£36,361**	**£37,400**	**£1,039**	**-£3,990**	**£5,029**
	Spinal Surgery	Daycase	0	0	0	£485	£0	-£485	£0	-£485
		Elective	11	9	-2	£279,609	£274,872	-£4,736	£37,173	-£41,909
		Outpatient New	17	49	32	£2,914	£8,254	£5,340	-£21	£5,361
		Outpatient Follow-up	60	69	9	£6,340	£7,103	£764	-£232	£996
	Spinal Surgery Total		**88**	**127**	**39**	**£289,348**	**£290,230**	**£882**	**£36,920**	**-£36,038**
	Trauma And Orthopaedics	Daycase	34	35	1	£50,460	£61,901	£11,442	£10,566	£875
		Elective	51	57	6	£189,344	£231,511	£42,167	£17,815	£24,352
		Non Elective	66	52	-14	£165,205	£118,263	-£46,941	-£11,989	-£34,952
		Excess Bed Days	37	10	-27	£12,705	£3,115	-£9,590	-£283	-£9,308
		Outpatient New	589	678	89	£88,740	£102,229	£13,489	£25	£13,464
		Outpatient Follow-up	875	1,391	516	£88,353	£138,103	£49,750	-£2,322	£52,072
		Ward Attender	0	1	1	£20	£98	£78	-£3	£81
		OP Procedure	34	155	121	£5,941	£38,973	£33,032	£11,766	£21,266
		Gait New	17	44	27	£20,287	£51,568	£31,281	-£63	£31,344

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
NMSS CBU	Trauma And Orthopaedics	Gait Follow-Up	14	29	15	£16,489	£33,988	£17,499	£81	£17,417
	Trauma And Orthopaedics Total		**1,718**	**2,452**	**734**	**£637,545**	**£779,749**	**£142,205**	**£25,592**	**£116,612**
NMSS CBU Total			**7,255**	**8,350**	**1,095**	**£2,704,821**	**£2,958,048**	**£253,226**	**£87,083**	**£166,144**
SCACC CBU	Cardiac Surgery	Elective	26	22	-4	£338,708	£280,254	-£58,454	-£2,017	-£56,437
		Non Elective	12	8	-4	£231,636	£128,793	-£102,843	-£26,115	-£76,728
		Excess Bed Days	66	69	3	£29,397	£31,065	£1,668	£229	£1,439
		Outpatient New	7	8	1	£5,113	£5,760	£647	-£0	£647
		Outpatient Follow-up	23	21	-2	£16,223	£15,120	-£1,103	-£0	-£1,103
		Ward Attender	0	4	4	£0	£2,880	£2,880	£0	£2,880
	Cardiac Surgery Total		**134**	**132**	**-2**	**£621,076**	**£463,872**	**-£157,205**	**-£27,903**	**-£129,302**
	Cardiology	Daycase	24	16	-8	£65,269	£54,886	-£10,384	£11,193	-£21,577
		Elective	20	16	-4	£79,424	£59,624	-£19,800	-£3,421	-£16,379
		Non Elective	15	7	-8	£70,994	£27,094	-£43,899	-£5,718	-£38,182
		Excess Bed Days	18	3	-15	£7,131	£1,162	-£5,969	-£52	-£5,916
		Outpatient New	132	108	-24	£31,554	£25,718	-£5,836	-£29	-£5,807
		Outpatient Follow-up	325	378	53	£42,931	£49,134	£6,202	-£804	£7,006
		Ward Attender	9	15	6	£1,144	£1,950	£806	-£31	£837
		Ward Based Outpatient	23	8	-15	£3,077	£1,040	-£2,037	-£17	-£2,020
	Cardiology Total		**566**	**551**	**-15**	**£301,524**	**£220,607**	**-£80,917**	**£1,120**	**-£82,037**
	Gynaecology	Daycase	1	6	5	£825	£3,965	£3,140	-£1,273	£4,413
		Elective	0	0	0	£518	£0	-£518	£0	-£518
		Outpatient New	19	22	3	£2,727	£3,157	£430	-£3	£434
		Outpatient Follow-up	31	28	-3	£2,941	£2,591	-£350	-£41	-£309
		Ward Attender	0	0	0	£9	£0	-£9	£0	-£9
		OP Procedure	0	0	0	£12	£0	-£12	£0	-£12
	Gynaecology Total		**52**	**56**	**4**	**£7,032**	**£9,713**	**£2,681**	**-£1,317**	**£3,998**
	Intensive Care	Elective	0	1	1	£661	£1,564	£903	-£464	£1,367
		Non Elective	16	15	-1	£37,159	£53,573	£16,414	£19,702	-£3,288
		Excess Bed Days	24	64	40	£9,062	£26,414	£17,353	£2,128	£15,225
		Outpatient New	7	8	1	£5,222	£5,898	£676	-£7	£682
		Outpatient Follow-up	27	96	69	£19,251	£70,773	£51,522	£3,323	£48,199
		Ward Based Outpatient	4	0	-4	£2,485	£0	-£2,485	£0	-£2,485
		OP Procedure	0	0	0	£45	£0	-£45	£0	-£45
		HDU	416	380	-36	£500,086	£519,075	£18,989	£61,991	-£43,002
		PICU	508	492	-16	£908,529	£906,986	-£1,543	£27,217	-£28,759
		Cardiac HDU	256	237	-19	£250,398	£189,753	-£60,645	-£42,061	-£18,584
		Cardiac ECMO	5	12	7	£16,824	£32,049	£15,225	-£11,213	£26,438
		Respiratory ECMO	8	2	-6	£49,740	£29,465	-£20,275	£16,201	-£36,476
	Intensive Care Total		**1,271**	**1,307**	**36**	**£1,799,461**	**£1,835,550**	**£36,089**	**£76,818**	**-£40,729**
	Paediatric Surgery	Daycase	94	111	17	£110,147	£139,329	£29,183	£8,975	£20,208
		Elective	38	36	-2	£160,745	£151,786	-£8,959	-£1,091	-£7,867
		Non Elective	126	134	8	£492,142	£434,556	-£57,585	-£88,033	£30,448
		Excess Bed Days	256	24	-232	£101,059	£7,780	-£93,279	-£1,700	-£91,580
		Outpatient New	151	154	3	£26,768	£27,224	£456	-£36	£492
		Outpatient Follow-up	238	241	3	£27,527	£27,585	£58	-£298	£356
		Ward Attender	58	50	-8	£6,715	£5,720	-£995	-£65	-£930

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Paediatric Surgery	Ward Based Outpatient	25	5	-20	£2,926	£572	-£2,354	-£7	-£2,347
		OP Procedure	0	0	0	£11	£0	-£11	£0	-£11
		Neonatal HDU	155	240	85	£110,046	£110,046	-£0	-£60,257	£60,257
	Paediatric Surgery Total		**1,141**	**995**	**-146**	**£1,038,085**	**£904,598**	**-£133,487**	**-£142,512**	**£9,025**
	Urology	Daycase	114	171	57	£107,152	£158,092	£50,940	-£1,959	£52,899
		Elective	10	19	9	£38,914	£94,734	£55,820	£20,500	£35,320
		Non Elective	3	4	1	£11,153	£9,129	-£2,024	-£4,932	£2,908
		Excess Bed Days	6	0	-6	£2,403	£0	-£2,403	£0	-£2,403
		Outpatient New	84	106	22	£15,078	£19,069	£3,991	-£21	£4,012
		Outpatient Follow-up	175	232	57	£26,589	£34,740	£8,151	-£601	£8,752
		Ward Attender	3	4	1	£409	£599	£190	-£10	£200
		Ward Based Outpatient	0	5	5	£45	£749	£703	-£13	£716
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17
	Urology Total		**395**	**541**	**146**	**£201,762**	**£317,111**	**£115,350**	**£12,963**	**£102,387**
SCACC CBU Total			**3,559**	**3,582**	**23**	**£3,968,941**	**£3,751,451**	**-£217,489**	**-£80,831**	**-£136,658**
Clinical Support CBU	Radiology	Daycase	88	115	27	£88,901	£183,207	£94,306	£66,479	£27,826
		Elective	11	7	-4	£18,983	£9,667	-£9,316	-£1,982	-£7,334
		Non Elective	3	2	-1	£19,421	£5,945	-£13,476	-£7,363	-£6,114
		Excess Bed Days	64	3	-61	£26,237	£1,294	-£24,944	£71	-£25,015
	Radiology Total		**166**	**127**	**-39**	**£153,543**	**£200,113**	**£46,570**	**£57,206**	**-£10,637**
Clinical Support CBU Total			**166**	**127**	**-39**	**£153,543**	**£200,113**	**£46,570**	**£57,206**	**-£10,637**
Grand Total			**23,678**	**24,190**	**512**	**£9,816,057**	**£9,783,213**	**-£32,845**	**£17,197**	**-£50,041**

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycase	1	1	0	£695	£1,294	£599	£579	£20
		Elective	1	0	-1	£765	£0	-£765	£0	-£765
		Non Elective	2,434	2,032	-402	£1,117,903	£1,403,965	£286,062	£470,872	-£184,810
		Excess Bed Days	33	32	-1	£11,819	£13,009	£1,190	£1,399	-£209
		Outpatient New	997	864	-133	£336,144	£291,721	-£44,423	£535	-£44,958
		Outpatient Follow-up	105	47	-58	£35,447	£15,869	-£19,578	-£0	-£19,578
		Ward Attender	2	0	-2	£797	£0	-£797	£0	-£797
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338
		OP Procedure	0	1	1	£0	£134	£134	£0	£134
		A&E Attendance	23,427	23,143	-284	£2,225,548	£1,898,680	-£326,868	-£299,866	-£27,002
	Accident & Emergency Total		**27,001**	**26,121**	**-880**	**£3,729,119**	**£3,625,011**	**-£104,108**	**£173,520**	**-£277,628**
	CAMHS	Elective	1	0	-1	£1,147	£0	-£1,147	£0	-£1,147
		Outpatient New	928	1,250	322	£0	£427	£427	£427	£0
		Outpatient Follow-up	4,623	7,446	2,823	£64,525	£58,353	-£6,172	-£45,581	£39,409
	CAMHS Total		**5,552**	**8,696**	**3,144**	**£65,672**	**£58,780**	**-£6,892**	**-£45,154**	**£38,261**
	Community Medicine	Daycase	0	1	1	£0	£862	£862	£0	£862
		Outpatient New	1,759	1,409	-350	£142,056	£78,145	-£63,911	-£35,630	-£28,280
		Outpatient Follow-up	3,461	2,694	-767	£21,128	£22,673	£1,545	£6,227	-£4,682
		Ward Attender	0	9	9	£0	£0	£0	£0	£0
		Ward Based Outpatient	4	0	-4	£0	£0	£0	£0	£0
		OP Procedure	1	0	-1	£67	£0	-£67	£0	-£67
	Community Medicine Total		**5,225**	**4,113**	**-1,112**	**£163,250**	**£101,680**	**-£61,571**	**-£29,403**	**-£32,168**
	Diabetes	Outpatient New	143	53	-90	£30,369	£11,188	-£19,181	-£75	-£19,106
		Outpatient Follow-up	13	95	82	£1,371	£9,385	£8,014	-£966	£8,980
		Ward Based Outpatient	2	0	-2	£193	£0	-£193	£0	-£193
	Diabetes Total		**157**	**148**	**-9**	**£31,933**	**£20,573**	**-£11,360**	**-£1,041**	**-£10,319**
	Paediatrics	Daycase	150	104	-46	£125,738	£65,422	-£60,316	-£21,531	-£38,785
		Elective	63	17	-46	£70,680	£25,056	-£45,624	£6,000	-£51,624
		Non Elective	1,394	1,512	118	£1,580,760	£1,631,907	£51,146	-£82,526	£133,672
		Excess Bed Days	312	455	143	£115,902	£149,713	£33,811	-£19,336	£53,147
		Outpatient New	1,482	1,392	-90	£341,331	£321,343	-£19,988	£799	-£20,787
		Outpatient Follow-up	2,031	2,014	-17	£286,636	£282,728	-£3,908	-£1,480	-£2,428
		Ward Attender	86	35	-51	£12,069	£4,914	-£7,155	-£26	-£7,130
		Ward Based Outpatient	780	306	-474	£110,118	£42,959	-£67,158	-£223	-£66,935
		OP Procedure	1	0	-1	£149	£0	-£149	£0	-£149
	Paediatrics Total		**6,300**	**5,835**	**-465**	**£2,643,383**	**£2,524,042**	**-£119,341**	**-£118,322**	**-£1,018**
ICS CBU Total			**44,235**	**44,913**	**678**	**£6,633,357**	**£6,330,085**	**-£303,272**	**-£20,400**	**-£282,872**
Medical Specialties CBU	Allergy	Outpatient New	300	307	7	£69,131	£71,077	£1,945	£382	£1,563
		Outpatient Follow-up	336	365	29	£47,467	£51,592	£4,125	£83	£4,042
		Ward Attender	2	1	-1	£215	£140	-£75	-£1	-£74
		Ward Based Outpatient	1	1	0	£144	£140	-£3	-£1	-£2
		OP Procedure	2	7	5	£224	£757	£533	-£130	£662
	Allergy Total		**641**	**681**	**40**	**£117,181**	**£123,706**	**£6,525**	**£334**	**£6,191**
	Dermatology	Daycase	9	1	-8	£5,733	£591	-£5,143	-£41	-£5,101
		Outpatient New	801	710	-91	£108,448	£95,979	-£12,469	-£106	-£12,363
		Outpatient Follow-up	2,628	2,776	148	£258,981	£271,715	£12,735	-£1,831	£14,565

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Dermatology	Ward Attender	3	0	-3	£291	£0	-£291	£0	-£291
		Ward Based Outpatient	38	29	-9	£3,778	£2,737	-£1,041	-£121	-£920
		OP Procedure	427	393	-34	£49,092	£45,097	-£3,995	-£84	-£3,911
	Dermatology Total		**3,907**	**3,909**	**2**	**£426,322**	**£416,119**	**-£10,203**	**-£2,182**	**-£8,021**
	Endocrinology	Daycase	443	438	-5	£462,046	£472,471	£10,425	£15,441	-£5,016
		Elective	36	27	-9	£51,266	£38,327	-£12,939	-£317	-£12,622
		Non Elective	13	6	-7	£19,793	£23,686	£3,893	£14,209	-£10,316
		Excess Bed Days	69	14	-55	£25,501	£6,038	-£19,463	£877	-£20,340
		Outpatient New	313	269	-44	£125,477	£107,693	-£17,784	-£283	-£17,501
		Outpatient Follow-up	1,745	1,355	-390	£337,373	£267,856	-£69,517	£5,810	-£75,327
		Ward Attender	78	88	10	£15,171	£17,021	£1,850	£2	£1,848
		Ward Based Outpatient	158	478	320	£30,569	£92,455	£61,885	£12	£61,873
	Endocrinology Total		**2,854**	**2,675**	**-179**	**£1,067,196**	**£1,025,548**	**-£41,648**	**£35,753**	**-£77,401**
	Gastroenterology	Daycase	622	548	-74	£683,295	£610,313	-£72,982	£8,699	-£81,681
		Elective	196	190	-6	£376,457	£347,698	-£28,759	-£16,337	-£12,422
		Non Elective	55	39	-16	£146,081	£92,470	-£53,611	-£10,474	-£43,137
		Excess Bed Days	924	341	-583	£365,260	£130,585	-£234,675	-£4,151	-£230,523
		Outpatient New	490	407	-83	£130,068	£108,769	-£21,299	£814	-£22,112
		Outpatient Follow-up	1,316	1,024	-292	£209,064	£159,723	-£49,341	-£2,952	-£46,389
		Ward Attender	29	83	54	£4,576	£12,947	£8,371	-£196	£8,567
		Ward Based Outpatient	1,001	437	-564	£158,588	£68,168	-£90,420	-£1,032	-£89,388
	Gastroenterology Total		**4,635**	**3,069**	**-1,566**	**£2,073,388**	**£1,530,672**	**-£542,716**	**-£25,630**	**-£517,086**
	Haematology	Daycase	114	196	82	£137,307	£130,054	-£7,253	-£106,027	£98,774
		Elective	14	11	-3	£99,900	£36,436	-£63,464	-£40,325	-£23,139
		Non Elective	85	78	-7	£255,847	£108,587	-£147,260	-£125,643	-£21,618
		Excess Bed Days	20	31	11	£8,880	£9,748	£868	-£3,695	£4,563
		Outpatient New	105	119	14	£47,999	£56,158	£8,158	£1,649	£6,509
		Outpatient Follow-up	728	237	-491	£158,842	£52,754	-£106,088	£1,030	-£107,118
		Ward Attender	380	736	356	£83,032	£157,666	£74,634	-£2,974	£77,608
		Ward Based Outpatient	1	1	0	£129	£214	£85	-£4	£90
		OP Procedure	1	0	-1	£74	£0	-£74	£0	-£74
	Haematology Total		**1,448**	**1,409**	**-39**	**£792,009**	**£551,617**	**-£240,392**	**-£275,989**	**£35,596**
	Immunology	Outpatient New	61	92	31	£14,125	£21,293	£7,168	£108	£7,060
		Outpatient Follow-up	45	171	126	£6,329	£24,662	£18,333	£530	£17,803
		Ward Attender	20	103	83	£2,843	£14,460	£11,617	-£75	£11,692
		Ward Based Outpatient	79	278	199	£11,170	£39,028	£27,858	-£203	£28,062
	Immunology Total		**205**	**644**	**439**	**£34,467**	**£99,443**	**£64,976**	**£359**	**£64,617**
	Metabolic Disease	Outpatient New	24	22	-2	£9,210	£8,448	-£762	£0	-£762
		Outpatient Follow-up	145	145	0	£55,563	£55,680	£117	£2	£115
		Ward Based Outpatient	0	10	10	£0	£3,840	£3,840	£0	£3,840
	Metabolic Disease Total		**169**	**177**	**8**	**£64,774**	**£67,968**	**£3,194**	**£2**	**£3,192**
	Nephrology	Daycase	456	434	-22	£293,778	£346,156	£52,378	£66,246	-£13,868
		Elective	150	47	-103	£95,469	£68,753	-£26,716	£38,831	-£65,547
		Non Elective	20	25	5	£37,661	£51,570	£13,909	£4,600	£9,308
		Excess Bed Days	88	57	-31	£32,956	£26,079	-£6,877	£4,676	-£11,553
		Outpatient New	76	113	37	£8,935	£13,220	£4,286	-£118	£4,404

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Nephrology	Outpatient Follow-up	603	740	137	£71,177	£87,350	£16,172	-£1	£16,173
		Ward Attender	382	388	6	£45,114	£45,800	£685	-£0	£685
		Ward Based Outpatient	272	296	24	£32,095	£34,940	£2,845	£0	£2,845
	Nephrology Total		**2,046**	**2,100**	**54**	**£617,186**	**£673,867**	**£56,681**	**£114,234**	**-£57,553**
	Oncology	Daycase	1,516	1,263	-253	£871,056	£829,578	-£41,478	£103,984	-£145,462
		Elective	127	153	26	£771,462	£891,508	£120,045	-£39,786	£159,831
		Non Elective	184	278	94	£465,376	£622,602	£157,226	-£79,842	£237,068
		Excess Bed Days	153	443	290	£69,591	£188,244	£118,653	-£13,007	£131,660
		Outpatient New	49	30	-19	£12,574	£7,768	-£4,806	-£0	-£4,806
		Outpatient Follow-up	1,203	1,432	229	£310,752	£370,543	£59,791	£703	£59,088
		Ward Attender	67	312	245	£17,213	£80,789	£63,576	£210	£63,367
		Ward Based Outpatient	87	50	-37	£22,545	£12,947	-£9,598	£34	-£9,631
	Oncology Total		**3,386**	**3,961**	**575**	**£2,540,569**	**£3,003,979**	**£463,410**	**-£27,705**	**£491,115**
	Respiratory Medicine	Daycase	47	75	28	£46,953	£71,668	£24,715	-£2,543	£27,259
		Elective	24	7	-17	£56,384	£10,249	-£46,135	-£6,392	-£39,743
		Non Elective	329	292	-37	£308,922	£319,347	£10,425	£44,889	-£34,464
		Excess Bed Days	255	426	171	£80,727	£148,525	£67,798	£13,420	£54,378
		Outpatient New	362	334	-28	£107,601	£99,134	-£8,467	-£265	-£8,202
		Outpatient Follow-up	1,220	1,182	-38	£183,202	£187,510	£4,308	£9,989	-£5,681
		Ward Attender	4	15	11	£619	£2,198	£1,579	-£51	£1,630
		Ward Based Outpatient	656	589	-67	£98,347	£92,485	-£5,863	£4,164	-£10,026
		OP Procedure	664	358	-306	£96,065	£10,638	-£85,427	-£41,168	-£44,260
	Respiratory Medicine Total		**3,560**	**3,278**	**-282**	**£978,821**	**£941,755**	**-£37,067**	**£22,042**	**-£59,109**
	Rheumatology	Daycase	823	909	86	£690,016	£714,013	£23,998	-£47,745	£71,743
		Elective	96	22	-74	£97,446	£67,582	-£29,865	£45,222	-£75,087
		Non Elective	8	4	-4	£7,553	£7,155	-£398	£3,137	-£3,535
		Excess Bed Days	56	101	45	£21,338	£36,409	£15,071	-£2,356	£17,428
		Outpatient New	265	256	-9	£39,961	£38,500	-£1,462	-£42	-£1,420
		Outpatient Follow-up	804	774	-30	£121,042	£116,251	-£4,790	-£278	-£4,512
		Ward Attender	121	70	-51	£18,184	£10,527	-£7,656	-£0	-£7,656
		Ward Based Outpatient	59	68	9	£8,870	£10,227	£1,356	£0	£1,356
		OP Procedure	1	0	-1	£70	£0	-£70	£0	-£70
	Rheumatology Total		**2,232**	**2,204**	**-28**	**£1,004,480**	**£1,000,664**	**-£3,816**	**-£2,063**	**-£1,753**
Medical Specialties CBU Total			**25,083**	**24,107**	**-976**	**£9,716,393**	**£9,435,338**	**-£281,055**	**-£160,845**	**-£120,209**
NMSS CBU	Audiology	Outpatient New	3,345	2,171	-1,174	£317,297	£205,707	-£111,590	-£254	-£111,337
		Outpatient Follow-up	1,145	1,533	388	£108,234	£144,789	£36,555	-£95	£36,650
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95
		OP Procedure	6	12	6	£679	£1,540	£861	£159	£702
	Audiology Total		**4,496**	**3,717**	**-779**	**£426,210**	**£352,131**	**-£74,079**	**-£189**	**-£73,890**
	Burns Care	Daycase	0	31	31	£674	£60,335	£59,661	£7,263	£52,398
		Elective	31	3	-28	£79,455	£11,777	-£67,678	£4,163	-£71,841
		Non Elective	139	98	-41	£353,044	£241,132	-£111,912	-£7,329	-£104,582
		Outpatient New	148	65	-83	£29,239	£12,628	-£16,611	-£226	-£16,384
		Outpatient Follow-up	409	333	-76	£46,718	£38,065	-£8,653	£59	-£8,712
		Ward Attender	19	147	128	£2,225	£16,804	£14,579	£0	£14,579
		Ward Based Outpatient	54	18	-36	£6,203	£2,058	-£4,145	£0	-£4,145

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
NMSS CBU	Burns Care	OP Procedure	1	1	0	£74	£112	£39	-£13	£51
	Burns Care Total		**802**	**696**	**-106**	**£517,630**	**£382,911**	**-£134,720**	**£3,917**	**-£138,637**
	Dentistry	Daycase	471	483	12	£273,040	£279,715	£6,675	-£133	£6,808
		Elective	53	6	-47	£33,137	£4,118	-£29,019	£385	-£29,404
		Non Elective	6	1	-5	£6,117	£980	-£5,137	-£106	-£5,031
		Excess Bed Days	6	0	-6	£1,650	£0	-£1,650	£0	-£1,650
		Outpatient New	551	484	-67	£19,727	£17,216	-£2,511	-£122	-£2,389
		Outpatient Follow-up	704	481	-223	£25,079	£17,109	-£7,970	-£25	-£7,946
		Ward Attender	0	1	1	£0	£36	£36	£0	£36
		OP Procedure	147	148	1	£23,781	£23,855	£75	-£14	£88
	Dentistry Total		**1,938**	**1,604**	**-334**	**£382,531**	**£343,028**	**-£39,503**	**-£14**	**-£39,489**
	ENT	Daycase	530	482	-48	£601,807	£523,715	-£78,093	-£23,674	-£54,418
		Elective	447	381	-66	£632,148	£554,320	-£77,828	£15,742	-£93,571
		Non Elective	116	125	9	£181,192	£169,034	-£12,158	-£26,029	£13,870
		Excess Bed Days	142	144	2	£57,019	£56,588	-£431	-£1,037	£606
		Outpatient New	1,669	1,328	-341	£184,833	£147,824	-£37,009	£794	-£37,803
		Outpatient Follow-up	2,405	1,702	-703	£164,204	£116,891	-£47,313	£693	-£48,005
		Ward Attender	1	1	0	£81	£69	-£12	£0	-£12
		Ward Based Outpatient	23	0	-23	£1,570	£0	-£1,570	£0	-£1,570
		OP Procedure	826	1,250	424	£108,214	£160,530	£52,315	-£3,170	£55,486
	ENT Total		**6,161**	**5,413**	**-748**	**£1,931,068**	**£1,728,970**	**-£202,099**	**-£36,681**	**-£165,418**
	Epilepsy	Outpatient New	54	39	-15	£12,091	£8,638	-£3,453	-£21	-£3,432
		Outpatient Follow-up	126	97	-29	£23,116	£17,147	-£5,969	-£590	-£5,379
	Epilepsy Total		**181**	**136**	**-45**	**£35,207**	**£25,785**	**-£9,422**	**-£611**	**-£8,811**
	Maxillo-Facial	Outpatient New	345	265	-80	£49,534	£36,408	-£13,127	-£1,614	-£11,513
		Outpatient Follow-up	682	294	-388	£98,860	£43,000	-£55,859	£398	-£56,257
		Ward Attender	1	1	0	£86	£133	£47	-£13	£60
		OP Procedure	1	8	7	£203	£1,001	£798	-£379	£1,177
	Maxillo-Facial Total		**1,029**	**568**	**-461**	**£148,684**	**£80,543**	**-£68,141**	**-£1,607**	**-£66,534**
	Neurology	Daycase	41	46	5	£46,564	£52,443	£5,880	-£438	£6,318
		Elective	29	36	7	£61,769	£65,088	£3,319	-£10,906	£14,226
		Non Elective	43	44	1	£84,527	£138,408	£53,881	£51,097	£2,783
		Excess Bed Days	276	856	580	£111,939	£366,624	£254,685	£19,691	£234,994
		Outpatient New	432	500	68	£120,168	£138,328	£18,160	-£771	£18,931
		Outpatient Follow-up	1,253	1,163	-90	£342,524	£322,395	-£20,129	£4,473	-£24,602
		Ward Attender	11	63	52	£2,943	£17,464	£14,521	£0	£14,521
		Ward Based Outpatient	114	68	-46	£31,719	£18,850	-£12,869	-£0	-£12,869
	Neurology Total		**2,199**	**2,776**	**577**	**£802,152**	**£1,119,600**	**£317,448**	**£63,146**	**£254,302**
	Neurosurgery	Daycase	5	6	1	£3,417	£3,951	£534	-£140	£674
		Elective	83	119	36	£508,921	£634,212	£125,291	-£98,541	£223,832
		Non Elective	153	124	-29	£969,518	£795,915	-£173,603	£12,655	-£186,258
		Excess Bed Days	364	515	151	£121,806	£173,526	£51,720	£973	£50,748
		Outpatient New	313	306	-7	£28,154	£27,231	-£923	-£276	-£647
		Outpatient Follow-up	864	789	-75	£75,499	£70,213	-£5,286	£1,259	-£6,545
		Ward Attender	188	200	12	£16,691	£17,798	£1,107	-£0	£1,107
		Ward Based Outpatient	1	6	5	£52	£534	£481	£0	£481

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Neurosurgery	OP Procedure	1	0	-1	£134	£0	-£134	£0	-£134
		Neuro HDU	730	926	196	£713,132	£888,980	£175,848	-£15,623	£191,471
	Neurosurgery Total		**2,701**	**2,991**	**290**	**£2,437,324**	**£2,612,361**	**£175,036**	**-£99,693**	**£274,729**
	Ophthalmology	Daycase	198	112	-86	£175,640	£89,232	-£86,408	-£10,214	-£76,194
		Elective	43	31	-12	£60,256	£45,883	-£14,373	£2,576	-£16,949
		Non Elective	8	4	-4	£11,635	£4,067	-£7,568	-£1,648	-£5,920
		Excess Bed Days	33	0	-33	£11,873	£0	-£11,873	£0	-£11,873
		Outpatient New	1,447	1,492	45	£219,785	£236,176	£16,391	£9,530	£6,861
		Outpatient Follow-up	5,390	4,099	-1,291	£537,701	£439,626	-£98,075	£30,746	-£128,821
		Ward Attender	0	1	1	£0	£85	£85	£0	£85
		Ward Based Outpatient	11	3	-8	£1,058	£256	-£802	-£43	-£759
		OP Procedure	2	1	-1	£306	£113	-£193	-£60	-£133
	Ophthalmology Total		**7,132**	**5,743**	**-1,389**	**£1,018,254**	**£815,438**	**-£202,816**	**£30,887**	**-£233,703**
	Oral Surgery	Daycase	161	138	-23	£138,057	£129,803	-£8,254	£11,744	-£19,999
		Elective	72	56	-16	£157,074	£172,340	£15,266	£50,305	-£35,039
		Non Elective	63	39	-24	£68,676	£50,914	-£17,762	£8,583	-£26,345
		Excess Bed Days	10	3	-7	£5,758	£1,249	-£4,509	-£399	-£4,110
	Oral Surgery Total		**307**	**236**	**-71**	**£369,565**	**£354,305**	**-£15,260**	**£70,232**	**-£85,492**
	Orthodontics	Daycase	0	1	1	£424	£522	£98	-£555	£653
		Non Elective	0	1	1	£0	£980	£980	£0	£980
		Outpatient New	25	21	-4	£4,067	£3,547	-£520	£153	-£673
		Outpatient Follow-up	79	122	43	£6,609	£10,227	£3,618	£75	£3,542
		OP Procedure	64	105	41	£8,126	£13,972	£5,846	£577	£5,269
	Orthodontics Total		**169**	**250**	**81**	**£19,226**	**£29,247**	**£10,021**	**£250**	**£9,771**
	Plastic Surgery	Daycase	309	377	68	£318,221	£366,698	£48,476	-£20,956	£69,432
		Elective	117	25	-92	£177,816	£49,672	-£128,143	£11,757	-£139,900
		Non Elective	518	411	-107	£638,541	£554,772	-£83,769	£48,007	-£131,776
		Excess Bed Days	19	64	45	£4,256	£21,704	£17,448	£7,200	£10,248
		Outpatient New	1,111	1,219	108	£158,069	£174,905	£16,836	£1,413	£15,423
		Outpatient Follow-up	2,095	2,103	8	£231,850	£229,617	-£2,233	-£3,156	£923
		Ward Attender	12	60	48	£1,312	£6,551	£5,239	-£122	£5,362
		Ward Based Outpatient	48	12	-36	£5,314	£1,310	-£4,004	-£24	-£3,979
		OP Procedure	310	402	92	£37,092	£48,602	£11,510	£539	£10,971
	Plastic Surgery Total		**4,538**	**4,673**	**135**	**£1,572,471**	**£1,453,832**	**-£118,639**	**£44,657**	**-£163,295**
	Sleep Studies	Elective	118	100	-18	£215,428	£154,041	-£61,387	-£28,495	-£32,893
		Non Elective	0	3	3	£0	£8,978	£8,978	£0	£8,978
		Excess Bed Days	0	38	38	£0	£11,617	£11,617	£0	£11,617
	Sleep Studies Total		**118**	**141**	**23**	**£215,428**	**£174,636**	**-£40,792**	**-£28,495**	**-£12,297**
	Spinal Surgery	Daycase	2	4	2	£2,875	£6,790	£3,914	£160	£3,754
		Elective	63	57	-6	£1,656,596	£1,675,470	£18,874	£170,042	-£151,169
		Non Elective	0	3	3	£0	£20,403	£20,403	£0	£20,403
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795
		Outpatient New	102	197	95	£17,266	£33,186	£15,920	-£84	£16,005
		Outpatient Follow-up	353	348	-5	£37,560	£35,825	-£1,735	-£1,172	-£563
	Spinal Surgery Total		**520**	**806**	**286**	**£1,714,298**	**£1,832,469**	**£118,171**	**£168,946**	**-£50,776**
	Trauma And Orthopaedics	Daycase	204	214	10	£298,959	£333,377	£34,419	£19,500	£14,919

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Trauma And Orthopaedics	Elective	299	272	-27	£1,121,807	£1,229,530	£107,722	£209,787	-£102,064
		Non Elective	326	309	-17	£815,516	£783,237	-£32,279	£9,236	-£41,515
		Excess Bed Days	185	99	-86	£62,717	£32,137	-£30,579	-£1,496	-£29,083
		Outpatient New	3,488	3,285	-203	£525,758	£495,313	-£30,446	£120	-£30,565
		Outpatient Follow-up	5,185	6,720	1,535	£523,466	£668,450	£144,984	-£9,953	£154,937
		Ward Attender	1	9	8	£119	£684	£565	-£224	£789
		Ward Based Outpatient	0	1	1	£0	£98	£98	£0	£98
		OP Procedure	201	1,242	1,041	£35,200	£330,323	£295,123	£112,315	£182,809
		Gait New	102	136	34	£120,195	£159,392	£39,197	-£194	£39,392
		Gait Follow-Up	84	99	15	£97,694	£116,028	£18,334	£277	£18,057
	Trauma And Orthopaedics Total		**10,074**	**12,386**	**2,312**	**£3,601,431**	**£4,148,569**	**£547,138**	**£339,365**	**£207,773**
NMSS CBU Total			**42,364**	**42,136**	**-228**	**£15,191,481**	**£15,453,825**	**£262,344**	**£554,112**	**-£291,768**
SCACC CBU	Cardiac Surgery	Elective	135	133	-2	£1,734,167	£1,549,257	-£184,910	-£157,200	-£27,710
		Non Elective	63	47	-16	£1,221,465	£829,042	-£392,423	-£81,041	-£311,382
		Excess Bed Days	329	636	307	£146,986	£289,736	£142,750	£5,506	£137,244
		Outpatient New	42	64	22	£30,292	£46,079	£15,787	-£0	£15,787
		Outpatient Follow-up	133	91	-42	£96,114	£65,519	-£30,595	-£0	-£30,595
		Ward Attender	0	6	6	£0	£4,320	£4,320	£0	£4,320
	Cardiac Surgery Total		**703**	**977**	**274**	**£3,229,024**	**£2,783,953**	**-£445,070**	**-£232,735**	**-£212,336**
	Cardiology	Daycase	101	91	-10	£275,884	£296,989	£21,106	£48,487	-£27,382
		Elective	106	92	-14	£416,190	£377,961	-£38,229	£15,452	-£53,681
		Non Elective	58	60	2	£272,072	£213,793	-£58,279	-£67,452	£9,174
		Excess Bed Days	87	156	69	£35,201	£58,121	£22,920	-£5,030	£27,951
		Outpatient New	784	723	-61	£186,949	£172,167	-£14,782	-£196	-£14,586
		Outpatient Follow-up	1,925	2,125	200	£254,354	£276,214	£21,860	-£4,519	£26,379
		Ward Attender	51	56	5	£6,777	£7,279	£502	-£117	£619
		Ward Based Outpatient	138	43	-95	£18,229	£5,590	-£12,639	-£90	-£12,550
	Cardiology Total		**3,250**	**3,346**	**96**	**£1,465,656**	**£1,408,115**	**-£57,541**	**-£13,466**	**-£44,075**
	Gynaecology	Daycase	6	9	3	£4,887	£7,097	£2,210	-£760	£2,970
		Elective	3	10	7	£3,068	£13,236	£10,167	£1,274	£8,894
		Outpatient New	112	135	23	£16,155	£19,373	£3,218	-£20	£3,238
		Outpatient Follow-up	185	202	17	£17,427	£18,695	£1,268	-£293	£1,561
		Ward Attender	1	0	-1	£55	£0	-£55	£0	-£55
		OP Procedure	1	0	-1	£70	£0	-£70	£0	-£70
	Gynaecology Total		**307**	**356**	**49**	**£41,663**	**£58,400**	**£16,738**	**£201**	**£16,537**
	Intensive Care	Elective	2	2	0	£3,917	£3,295	-£621	-£760	£139
		Non Elective	81	90	9	£183,432	£564,721	£381,289	£361,495	£19,794
		Excess Bed Days	141	228	87	£53,687	£106,855	£53,168	£20,336	£32,832
		Outpatient New	42	59	17	£30,939	£43,496	£12,557	-£48	£12,605
		Outpatient Follow-up	162	445	283	£114,055	£328,063	£214,008	£15,404	£198,603
		Ward Based Outpatient	21	0	-21	£14,724	£0	-£14,724	£0	-£14,724
		OP Procedure	2	17	15	£264	£649	£384	-£1,257	£1,641
		HDU	2,079	1,935	-144	£2,500,430	£2,597,351	£96,921	£269,831	-£172,910
		PICU	2,540	2,714	174	£4,542,643	£4,735,439	£192,796	-£117,597	£310,393
		Cardiac HDU	1,280	1,197	-83	£1,251,990	£949,405	-£302,585	-£221,401	-£81,184
		Cardiac ECMO	23	63	40	£84,120	£164,915	£80,795	-£62,210	£143,004

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Intensive Care	Respiratory ECMO	38	46	9	£248,700	£282,723	£34,023	-£22,349	£56,372
	Intensive Care Total		**6,412**	**6,796**	**384**	**£9,028,902**	**£9,776,912**	**£748,009**	**£241,443**	**£506,566**
	Paediatric Surgery	Daycase	556	549	-7	£652,586	£667,119	£14,533	£22,393	-£7,860
		Elective	224	199	-25	£952,363	£817,250	-£135,113	-£27,821	-£107,292
		Non Elective	623	696	73	£2,429,406	£2,089,005	-£340,401	-£625,339	£284,938
		Excess Bed Days	1,263	426	-837	£498,867	£156,765	-£342,102	-£11,493	-£330,609
		Outpatient New	896	885	-11	£158,590	£156,447	-£2,143	-£209	-£1,933
		Outpatient Follow-up	1,410	1,400	-10	£163,092	£160,292	-£2,800	-£1,687	-£1,113
		Ward Attender	344	429	85	£39,784	£49,073	£9,289	-£562	£9,851
		Ward Based Outpatient	150	47	-103	£17,333	£5,376	-£11,957	-£62	-£11,895
		OP Procedure	1	0	-1	£67	£0	-£67	£0	-£67
		Neonatal HDU	775	1,201	426	£550,232	£550,232	-£0	-£301,992	£301,992
	Paediatric Surgery Total		**6,241**	**5,832**	**-409**	**£5,462,320**	**£4,651,560**	**-£810,760**	**-£946,772**	**£136,012**
	Urology	Daycase	678	1,008	330	£634,845	£955,532	£320,687	£12,072	£308,616
		Elective	59	88	29	£230,555	£308,977	£78,422	-£34,843	£113,265
		Non Elective	16	14	-2	£55,054	£31,199	-£23,855	-£18,014	-£5,841
		Excess Bed Days	29	5	-24	£11,864	£1,893	-£9,971	-£184	-£9,787
		Outpatient New	496	523	27	£89,334	£94,086	£4,752	-£105	£4,857
		Outpatient Follow-up	1,034	1,174	140	£157,532	£175,795	£18,264	-£3,043	£21,306
		Ward Attender	16	22	6	£2,426	£3,295	£869	-£57	£926
		Ward Based Outpatient	2	38	36	£270	£5,691	£5,421	-£98	£5,519
		OP Procedure	1	0	-1	£102	£0	-£102	£0	-£102
	Urology Total		**2,330**	**2,872**	**542**	**£1,181,980**	**£1,576,466**	**£394,486**	**-£44,273**	**£438,759**
SCACC CBU Total			**19,244**	**20,179**	**935**	**£20,409,544**	**£20,255,406**	**-£154,138**	**-£995,601**	**£841,463**
Clinical Support CBU	Radiology	Daycase	519	588	69	£526,714	£847,115	£320,400	£250,280	£70,121
		Elective	68	24	-44	£112,469	£36,788	-£75,681	-£3,150	-£72,531
		Non Elective	14	11	-3	£95,871	£124,977	£29,107	£51,787	-£22,680
		Excess Bed Days	318	140	-178	£129,518	£48,049	-£81,469	-£9,005	-£72,464
	Radiology Total		**919**	**763**	**-156**	**£864,572**	**£1,056,929**	**£192,357**	**£289,911**	**-£97,554**
Clinical Support CBU Total			**919**	**763**	**-156**	**£864,572**	**£1,056,929**	**£192,357**	**£289,911**	**-£97,554**
Grand Total			**131,845**	**132,098**	**253**	**£52,815,346**	**£52,531,584**	**-£283,763**	**-£332,823**	**£49,060**

Wellington House
133-155 Waterloo Road
London, SE1 8UG

30 September 2016

To: NHS trust and foundation trust chairs, chief executives, finance, medical and nursing directors

CC: Foundation trust board secretaries

Dear colleague,

Single Oversight Framework update

I'm writing to confirm the final version of the Single Oversight Framework that will apply from tomorrow, 1 October 2016, replacing the Monitor Risk Assessment Framework and TDA Accountability Framework.

When I wrote to you earlier this month, I highlighted some refinements to the framework and asked whether you had strong views on them. We received a handful of responses, in particular about introducing agency spend immediately rather than waiting until 2017/18. After 12 months of overseeing agency spend in various forms and reviewing the nature of the available information, we have decided to implement this now as we have the data that we need to calibrate thresholds. Reducing agency spend is a top priority for the NHS and a provider's performance against its ceiling can be pivotal to, and reflective of, its overall financial performance.

Some of you have raised an issue about segmentation for operational performance, where the Single Oversight Framework says that the main trigger to identify a potential support need is performance against trajectory (for those NHS Constitution standards covered by trajectories). We should have made clear that any provider meeting the relevant NHS Constitution standards will not be regarded as having any support needs (i.e. in segment 1 for these purposes), regardless of their performance against their trajectory. We have included an extra statement in the Framework to explain this. If a provider is not meeting the NHS Constitution standards and is not meeting the relevant trajectories, then it will normally be offered support (i.e. segment 2), unless it is also considered in breach of its licence and there are grounds for enforcement actions in which case it would normally receive mandated support (i.e. segment 3). Thank you to those who flagged this issue.

We will of course continue working with you to make sure that the Single Oversight Framework evolves in the light of practical experience, so do please continue to share with us any issues as we go live.

Our regional teams may already have been in touch with you to discuss your shadow segment, and, if not, please expect a call over the next few days. Your shadow segment is based on how your organisation would have performed under the framework over the last two months. We'll share the whole sector's shadow segmentation with you later in October.
The framework lies at the heart of what NHS Improvement is about: helping to identify and shape the support that you need to keep improving. Thank you again for your help in shaping it.

Best wishes,

Jim

Jim Mackey
Chief Executive, NHS Improvement

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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NHS Improvement

Single Oversight Framework

Published 30 September 2016

About NHS Improvement

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers. We offer the support NHS trusts and NHS foundation trusts need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Contents

1. Introduction

In recent years, the NHS has achieved improvements in care and delivered efficiencies during a time of increasing financial pressure caused by slowing growth in the NHS budget and rising demand. The need to respond effectively to this continuing increase in demand during a period of limited funding growth was the key impetus for the NHS Five Year Forward View (5YFV).

NHS Improvement

Part of the national response to the ambitious and stretching tasks highlighted in the 5YFV was the creation of NHS Improvement, reflecting the similar challenges faced by both NHS trusts and NHS foundation trusts. On 1 April 2016, NHS Improvement became the operational name that brings together Monitor, the NHS Trust Development Authority (TDA), Patient Safety, the Advancing Change Team and Intensive Support Teams. The specific legal duties and powers of Monitor and TDA persist.[1] As NHS Improvement we will build on the best of what these organisations did but with a change of emphasis in relation to NHS trusts and NHS foundation trusts to one primarily focused on helping them to improve.

We will provide strategic leadership, oversight and practical support for the trust sector. We will support NHS trusts and NHS foundation trusts[2] to give patients consistently safe, effective, compassionate care within local health systems that are financially and clinically sustainable. We will work alongside providers, building deep and lasting relationships, harnessing and spreading good practice, connecting people, and enabling sector-led improvement and innovation. We will stimulate an improvement movement in the provider sector, helping providers build improvement capability, so they are equipped and empowered to help themselves and, crucially, each other. The Single Oversight Framework does not give a performance assessment in its own right, nor is it intended to predict the ratings given by the Care Quality Commission (CQC). Our aim, however, is to help providers attain, and maintain, CQC ratings of 'Good' or 'Outstanding'.

The challenges facing the system require a joined-up approach and increased partnership between national bodies. We are committed to working more closely with CQC, NHS England and other partners, at national, regional and local levels.

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[1] NHS Improvement is clear which duties and powers of Monitor and the TDA it is exercising at board and executive level. Non-executive positions are joint and the executive decision-making structure accommodates appropriately constituted committees to enable the exercise of respective functions.

[2] For the purposes of this document and our framework, we use the term 'provider' to mean NHS trusts and NHS foundation trusts. This document does not apply to independent sector providers: *Risk assessment framework for independent sector providers of NHS services* (available at www.gov.uk/government/publications/risk-assessment-framework-independent-sector-providers-of-nhs-services) covers our statutory duty to assess financial risk at those organisations where they provide commissioner requested services (CRS).

The five themes of the Single Oversight Framework

In carrying out our role we will work across five themes:

- **Quality of care (safe, effective, caring, responsive)**: we will use CQC's most recent assessments of whether a provider's care is **safe**, **effective, caring** and **responsive**, in combination with in-year information where available. We will also include delivery of the four priority standards for 7-day hospital services.
- **Finance and use of resources:** we will oversee a provider's financial efficiency and progress in meeting its financial control total, reflecting the approach taken in *Strengthening financial performance and accountability.*[3] We are co-developing this approach with CQC.
- **Operational performance:** we will support providers in improving and sustaining performance against NHS Constitution standards and other, including A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, and access to mental health services. These NHS Constitution standards may relate to one or more facets of quality (ie safe, effective, caring and/or responsive).
- **Strategic change:** working with system partners we will consider how well providers are delivering the strategic changes set out in the 5YFV, with a particular focus on their contribution to sustainability and transformation plans (STPs), new care models, and, where relevant, implementation of devolution.
- **Leadership and improvement capability (well-led):** building on the joint CQC and NHS Improvement well-led framework, we will develop a shared system view with CQC of what good governance and leadership look like, including organisations' ability to learn and improve.

By focusing on these five themes we will support providers to improve to attain and/or maintain a CQC 'good' or 'outstanding' rating. Quality of care, finance and use of resources, and operational performance relate directly to sector outcomes. Strategic change recognises that organisational accountability and system-wide collaboration are mutually supportive. Leadership and improvement capability are crucial in ensuring that providers can deliver sustainable improvement. These five themes are also reflected in NHS Improvement's 2020 Objectives.[4] The Single Oversight Framework will support the delivery of NHS Improvement's 2020 objectives, including helping more providers achieve CQC 'good' or 'outstanding'

[3] Published in July 2016 and available at https://improvement.nhs.uk/uploads/documents/Strengthening_financial_performance_and_accountability_in_2016-17_-_Final_2.pdf

[4] Available at https://improvement.nhs.uk/uploads/documents/NHSI_2020_Objectives_13july.pdf

ratings, reducing numbers of trusts in special measures and achieving aggregate financial balance from 2017/18 as well as meeting NHS Constitution standards.

2. The Single Oversight Framework

This document sets out NHS Improvement's approach to overseeing both NHS trusts and NHS foundation trusts and shaping the support we provide.

Section 3 Summary of our approach: sets out a high level description of the framework

Section 4 Monitoring providers: describes how we will collect the information we require from providers

Section 5 Identifying potential support needs: sets out how we will identify potential support needs across each of the five themes described above

Section 6 Segmentation: outlines how we will segment the provider sector according to the level of support each provider needs.

The purpose of the framework is to identify where providers may benefit from, or require, improvement support across a range of areas (see below). This will inform the way we work with each provider. This framework does not set out in detail the improvement support we will provide in each case as this will be tailored to individual provider needs.

The Single Oversight Framework replaces Monitor's Risk Assessment Framework and TDA's Accountability Framework. It applies to both NHS trusts and NHS foundation trusts. As far as possible, we have combined and built on the previous approaches of Monitor and TDA, adapting them to reflect and enable our primary improvement role. Any changes from these frameworks are intended as far as possible to be incremental. The changes we are making are intended to reflect the challenges providers face and initiatives to support them. All other related policies and statements, unless indicated, remain and should be read in the light of this document.

Ongoing statutory roles of Monitor and the NHS Trust Development Authority

The Single Oversight Framework works within the continuing statutory duties and powers of Monitor with respect to NHS foundation trusts and of TDA with respect to NHS trusts (whereby the TDA exercises functions via directions from the Secretary of State).

Alignment with the Care Quality Commission

CQC sets out what good and outstanding care looks like, asking five key questions of all care services: Are they safe, are they effective, are they caring, are they responsive to people's needs, and are they well-led? These questions will be

supplemented by a forthcoming assessment of the use of resources being jointly developed by CQC and NHS Improvement.

While our five themes are linked to CQC's key questions, they are not identical. This is because CQC's questions do not yet incorporate use of resources; because we have a particular role in supporting improvement in performance against the NHS Constitution standards for patients; and because our approach to improvement incorporates the strategic changes within local health systems that will be needed to assure the delivery of high quality services by providers in the longer term.

We will continue to work with CQC to align approaches more fully as we move towards a single combined assessment of quality and use of resources. We will work with CQC to develop the well-led framework, to help identify support needs for leadership and improvement capability. We will work together to share data and develop common data sets where possible. We will also continue to develop close operational working, for example aligning the way we and CQC work together in engaging with individual providers.

Alignment with recommendations from the Carter review

Lord Carter's review, *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations,*[5] recommended the development of an integrated performance framework to ensure there is a single set of metrics and approach to reporting, reducing the reporting burden in order to allow providers to focus on improving quality and efficiency. In line with this recommendation, we are working with the CQC, NHS England and the provider sector to ensure that we draw on a single, shared set of metrics both to review performance and to decide where to target support or oversight.

Links between the Single Oversight Framework and the Model Hospital

The Carter review also recommended the creation of a 'model hospital' – a nationally available online information system, with a series of themed compartments which present key performance metrics for different areas across the hospital, and best practice guidance. We will ensure that the metrics used in the Single Oversight Framework are included in the Model Hospital. This will enable providers to access them easily, compare performance against their peers and national benchmarks, and identify areas where they need to improve. The prototype Model Hospital online portal is already live to users in acute providers, and is being populated in stages with data and metrics across a hospital's work.

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[5] Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

3. Summary of our approach

NHS Improvement's Single Oversight Framework:

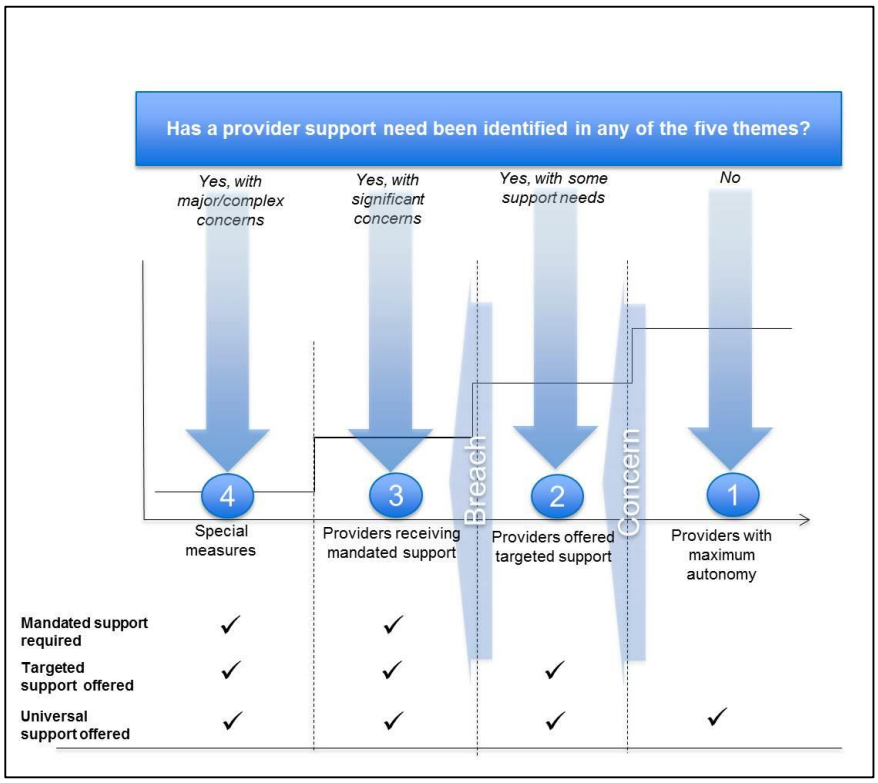
- provides one framework for overseeing providers, irrespective of their legal form
- helps us identify potential support needs, by theme, as they emerge
- allows us to tailor our support packages to the specific needs of providers in the context of their local health systems, drawing on expertise from across the sector as well as within NHS Improvement
- is based on the principle of earned autonomy.

We will be flexible in how it carries out its role. For example, we may need to respond quickly and proactively to unexpected issues in individual providers or sets of providers, or to national policy changes. We may, therefore, from time to time, adjust the approach set out in this document, for example:

- add/remove some metrics from our oversight of providers
- increase the frequency of our data collection
- act sooner than the general threshold set in the framework.

We will segment the provider sector according to the scale of issues faced by individual providers. This segmentation will be informed by data monitoring and, importantly, judgement based on an understanding of providers' circumstances (see Figure 1).

Figure 1: Summary of our approach



The segment a provider is in determines the *level* of the support we provide but not the precise support package. We have identified three levels of support – universal offers, targeted offers and mandated – which will link to the segments (see section 7).

NHS Improvement teams will work with providers to determine the appropriate, tailored, support package for each support need identified, including directly provided support and support facilitated by, for example, other parts of the sector.

The legal basis for actions in relation to NHS trusts and NHS foundation trusts remains unchanged. This means that, for example, a foundation trust will only be in segments 3 or 4 where it has been found to have been in breach or suspected breach of its licence. Mandated support for NHS foundation trusts[6] continues to follow existing policy set out in the *Enforcement guidance*.[7]

[6] Based on s.105, s.106 or s.111 of the Health and Social Care Act 2012
[7] Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/284474/ToPublishEnforcementGuidance28March13_0.pdf

3.1. Other considerations

The NHS provider licence

The statutory obligations of Monitor and TDA continue within NHS Improvement. Therefore, NHS Improvement must ensure the operation of a licensing regime. The NHS provider licence[8] forms the legal basis for Monitor's oversight of NHS foundation trusts and can be found here. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

The Single Oversight Framework applies equally to NHS foundation trusts and NHS trusts. We aim to treat all providers in comparable circumstances similarly unless there is sound reason not to. We will therefore base our oversight, using the Single Oversight Framework, of all NHS trusts and NHS foundation trusts on the conditions of the NHS provider licence.[9]

4. Monitoring providers

We use information from our data monitoring processes and insights gathered though our work with providers, to identify where providers have a potential support need under one or more of the five themes (which indicates they are not in segment 1). We will also use judgement, based on consistent principles, to determine whether or not providers are in breach of licence – or the equivalent for NHS trusts – and to determine, as part of that judgement, if providers should go into special measures (segment 4).

We collect information on providers (see Figure 2) either directly or from third parties. We seek to ensure that the collection burden is proportionate and, where possible, we use nationally available information.[10]

Examples of information collected include:

- regular financial and operational information
- annual plans

[8] www.gov.uk/government/publications/the-nhs-provider-licence

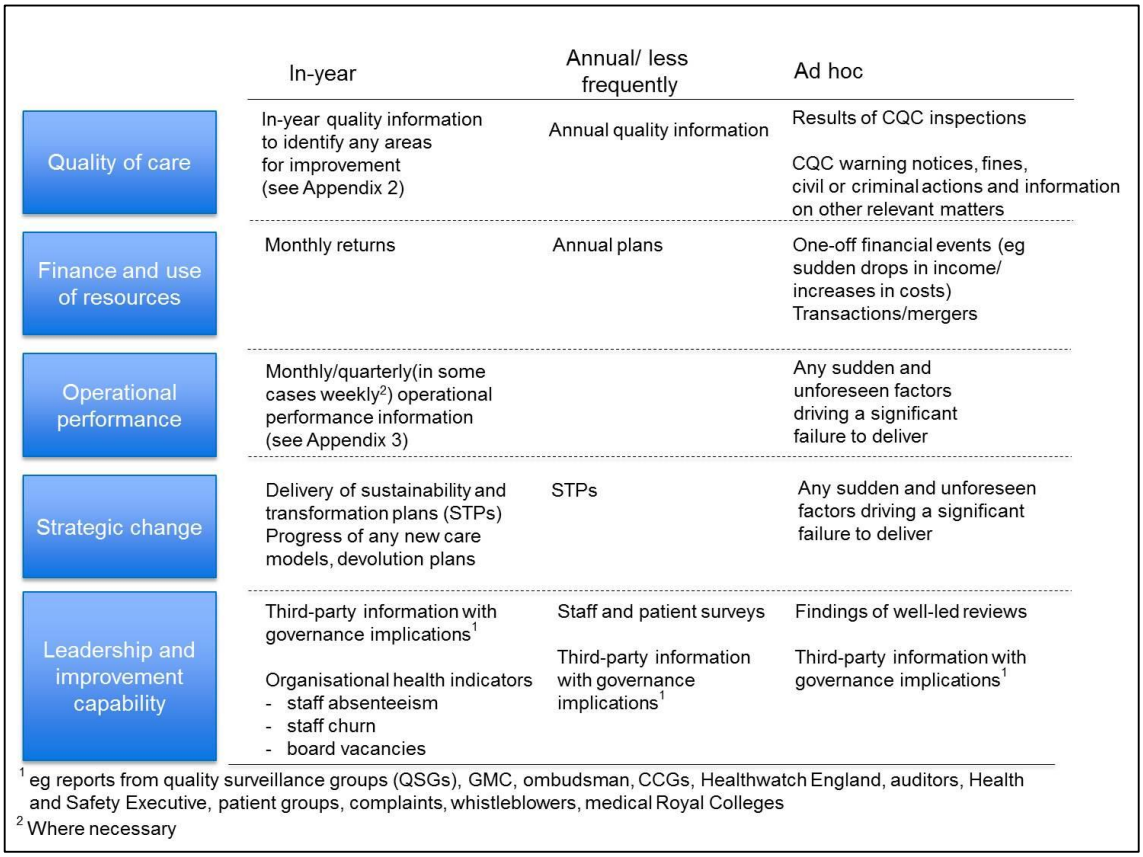
[9] For the most part, this is likely to entail holding trusts to account against the standards in condition FT4 – the NHS foundation trust governance condition, but other conditions such as those relating to continuity of services and integrated care could be engaged too. Our scope extends to the entire NHS provider licence (see www.gov.uk/government/publications/the-nhs-provider-licence). For completeness it should be noted that NHS Improvement has functions and powers in addition to those stemming from the Monitor provider licence in relation to both NHS trusts (through directions from the Secretary of State) and NHS foundation trusts (through statute). The Single Oversight Framework does not cover these additional matters.

[10] Eg assessing performance against national targets and standards

- third-party information
- any ad-hoc or exceptional information that can be used to oversee providers according to the five themes.

We will work with partners – including NHS England and CQC – to ensure, as much as possible, a shared dataset across the various oversight organisations.

Figure 2: Summary of information required for monitoring



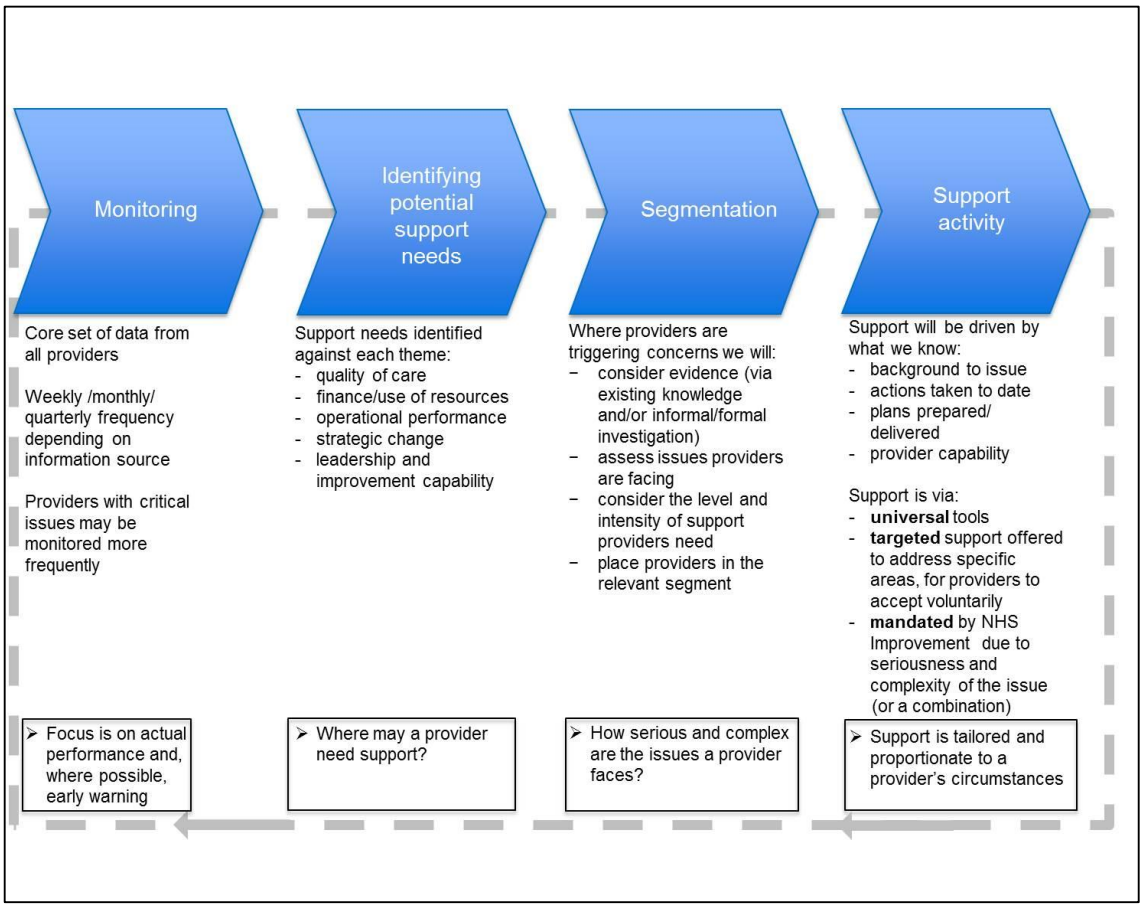
Collection is:

- **in-year**: following a regular in-year monitoring cycle (see Figure 3), using monthly, quarterly or lower frequency collections as appropriate. In extreme circumstances (eg where a provider is displaying critical problems) we will consider more frequent information
- **annual:** using annual provider submissions (eg annual plans, annual statements on quality) or other annually published data (eg staff surveys)
- **ad-hoc/by exception:** NHS Improvement aims to be as agile as possible in responding to issues identified at providers. Where material events occur, or we receive information that triggers our concern outside the regular monitoring

cycle, we will take these into account when considering whether there are potential support needs at the provider.

For providers in segment 1, although some data will be collected monthly and reviewed as for providers in other segments, we will – in line with the principle of earned autonomy – generally review the segmentation of the provider on a quarterly basis, unless there is information giving cause for concern.

Figure 3: NHS Improvement's oversight cycle



During 2016/17, we will use the existing Monitor and TDA oversight templates to collect information. We will give notice of changes to the collection as we develop our processes to gather information from providers.

Rather than require providers to make bespoke data submissions, wherever possible we will use nationally collected and evaluated datasets, in particular for operational performance. Appendix 3 lists the metrics we will use and the frequency of their collection across acute, mental health, ambulance and community trusts. We may revise this list – introducing new metrics or varying the collection frequency – as necessary and appropriate, particularly as the Model Hospital work develops.

In line with Lord Carter's recommendations, we are also working with NHS England, the Department of Health, CQC and NHS Digital to rationalise the reporting requirements on providers, aiming to demonstrate a clear reduction in burdens over time.

5. Identifying potential support needs

We will use the information we collect on provider performance to identify where providers need support across the five themes.

Our approach in each theme is set out below and the triggers are summarised in Appendix 1. Where providers have a potential support need, based on the triggers, we will consider the circumstances to determine the level of support required. Practically, we will consider:

- the **extent** to which the provider is triggering a Single Oversight Framework measure under one, or more, of the five themes
- any **associated circumstances** the provider is facing
- the degree to which the provider **understands what is driving the issue**
- the provider's **capability** and the **credibility of plans it has developed** to address the issue
- the extent to which the provider **is delivering against a recovery trajectory**.

We will engage with providers on an ongoing basis. When providers have a potential support need, we will consider whether the level of interaction needs to change to monitor the issue and the provider's response to it. How we will identify potential support needs against each theme is set out below.

5.1. Quality of care (safe, effective, caring and responsive)

Where CQC's assessment identifies a provider as 'inadequate' or 'requires improvement' against any of the **safe**, **effective, caring** or **responsive** key questions, this will represent a potential support need.

We will supplement CQC's inspection findings with other relevant information such as warning notices, any civil or criminal actions or changes to registration conditions to ensure that we use the most up-to-date CQC views of quality and also that we incorporate their views on quality at providers yet to be inspected. We will also use extra in-year quality-related metrics to identify emerging issues and/or scope for improvement at providers (see Appendix 2). If necessary, we will use this information to identify any improvement and support needs. We will also work with CQC as it develops its new insight tool around the use of data and information and its relationship with quality of care.

In addition we will oversee delivery of 7-day hospital services across providers to identify where organisations need support. This will include assessing whether providers are delivering against an agreed trajectory to meet the four priority standards for 7-day hospital services. We may, in time, extend this to monitoring other 7-day services standards and metrics where appropriate. We will work closely with NHS England to co-ordinate our respective support offers and oversight.

5.2. Finance and use of resources

We will oversee and support providers in improving financial sustainability, efficiency and compliance with sector controls such as agency staffing and capital expenditure. We are also, with CQC, co-developing a shared approach to assessing and rating how well trusts use their resources. This will build and expand on the metrics used in the Single Oversight Framework, and be consulted on separately if needed.

The finance and use of resources score

We will use a few financial metrics to assess financial performance (see Table 1) by:

- scoring providers 1 (best) to 4 against each metric (see Figure 4)
- averaging individual providers' scores across all the metrics to derive a use of resources score for the provider.[11]

Where providers have a score of 4 or 3 in the financial and use of resources theme, this will identify a potential support need under this theme, as will providers scoring a 4 (ie significant underperformance) against **any** of the individual metrics.[12] Providers in financial special measures will score a 4 on this theme.

[11] Scores are rounded to the nearest whole number. Where a trust's score is exactly between two whole numbers, it is rounded to the lower whole number (eg both 2.2 and 2.5 are rounded down to 2). This follows Monitor's method in assessing best performance where financial scores were rounded positively, ie towards the 'best' score for trusts.

[12] The best overall finance and use of resources score that a provider scoring 4 on any individual metric can obtain is a 3.

Table 1: Finance and use of resources metrics

Area	Weighting	Metric	Definition	Score			
				1	2	3	4[1]
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
Financial efficiency	0.2	I&E margin	I&E surplus or deficit / total revenue	>1%	1-0%	0-(1)%	≤(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/ deficit	≥0%	(1)-0%	(2)-(1)%	≤(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	0%-25%	25-50%	>50%

Note: brackets indicate negative numbers

[1] Scoring a '4' on any metric will mean that the overall rating is at least a 3 (ie either a 3 or a 4), triggering a concern.

Broader value-for-money considerations

In addition to using the metrics above, we may consider whether there is, more broadly, any evidence that suggests a provider is failing to operate effective systems and/or processes for financial management and control, and not operating economically, efficiently and effectively.

Such evidence would come from, for example, national benchmarking, including the Model Hospital work. We may also consider other factors linked to whether a provider is delivering good value for money, such as management consultancy spend. We may also look at, for example, paybill growth, consolidation of back office and pathology services, and the extent to which providers are addressing unsustainable services through consolidation, and change or transfer to a neighbouring provider.

The Carter review

Lord Carter's review *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations* described methodologies to improve productivity at NHS providers. Work to implement the various recommendations – including the Model Hospital – is underway. During 2016/17 NHS Improvement will, as part of this effort, consider change in cost per weighted activity unit as part of this.

Finance and use of resources metrics and weighting

The overall finance and use of resources score is a mean average of the scores of the individual metrics under this theme, subject to any support needs being identified in value for money – except that:

- if a provider scores 4 on any individual finance and use of resources metric, their overall use of resources score is at least a 3 – ie cannot be a 1 or 2 – triggering a potential support need
- if a provider has not agreed a control total:
    - where they are planning a deficit their use of resources score will be at least 3 (ie it will be 3 or 4)
    - where they are planning a surplus their use of resources score will be at least 2 (ie it will be 2, 3 or 4).

As we continue to develop a shared approach to use of resources with CQC we may seek to revise the finance and use of resources metrics used in the Single Oversight Framework. If we do so, we will consult as needed.

Phasing in the new finance and use of resources metrics

We are currently considering two other metrics – change in cost per weighted activity unit and capital controls. We will share specifics as we develop them. We would introduce them in 'shadow' form in 2016/17, to assess how best to use them thereafter. As a result, we will not use this information to identify any concerns or consequent support needs at providers in 2016/17. We can then consider how best to introduce them formally, with detailed definitions and thresholds if appropriate, in 2017/18. For 2016/17 our oversight for identifying a potential financial support need will be based on the metrics in Figure 4.

5.3. Operational performance

NHS providers must strive to meet key national access standards, including those in the NHS Constitution. We will track providers' performance against, and support improvements in, a number of NHS standards. Rather than require providers to make bespoke data submissions, wherever possible we will use nationally collected and evaluated datasets. Appendix 3 lists the metrics we will use and how frequently they are collected across acute, mental health, ambulance and community providers. We may revise this list – introducing new metrics or varying the collection frequency – as necessary and appropriate, particularly as the Model Hospital work develops. We will consider whether there is a potential support need:

- for a provider with one or more agreed Sustainability and Transformation Fund trajectories against any of the metrics in Appendix 3: it fails to meet any trajectory for at least **two consecutive months**

- for a provider with no agreed Sustainability and Transformation Fund trajectory against any metrics: it fails to meet a relevant target or standard in Appendix 3 for at least **two consecutive months**
- where other factors (eg a significant deterioration in a single month, or multiple potential support needs across other standards and/or other themes) indicate we need to get involved before two months have elapsed.

Any provider meeting the relevant NHS Constitution standards will not be regarded as having any support needs (i.e. in segment 1 for these purposes), regardless of their performance against their trajectory. If a provider is not meeting the NHS Constitution standards and is not meeting the relevant trajectories, then it will normally be offered support (i.e. segment 2), unless it is also considered in breach of its licence and there are grounds for enforcement actions, in which case it would normally receive mandated support (i.e. segment 3).

We will consider the issues as above, use this to identify the appropriate segment for the provider (see section 6) and develop the support offer.

5.4. Strategic change

The 5YFV sets out the agenda for the change necessary to support a sustainable NHS. We will consider the extent to which providers are working with local partners to address local challenges and improve services for patients.

We will develop our approach to identifying support needs under this theme. In the interim, we will consider providers' contribution to developing, agreeing and delivering sustainability and transformation plans (STPs) − including providers' relationships with local partners, the plans, and how far these plans have been implemented − as well as, in some cases, the implementation of new care models and implementation of devolution.

We have produced guidance on how we expect well-led providers to work with partners and collaborate locally to improve the quality and sustainability of services for patients.[13] In this guidance we set out the expectation that providers should engage constructively with local partners to:

- build a shared understanding of local challenges and patient needs
- design and agree solutions
- implement improvements.

[13] Available at www.improvement.nhs.uk/uploads/documents/Guidance_on_good_governance_in_a_LHE_context_final.pdf

It will be important in our oversight and our support offer to acknowledge the interplay between individual provider outcomes and delivery of aggregate outcomes across a local health system.

5.5. Leadership and improvement capability (well-led)

Similar standards of governance were set out in the NHS foundation trust governance condition (FT4), the TDA Accountability Framework and the TDA general objective. Governance issues can provide early warnings of problems that have yet to manifest themselves in, for example, quality issues or financial underperformance. We expect providers to demonstrate three main characteristics – effective boards and governance, continuous improvement capability and effective use of data − as part of this theme.

1. **Effective boards and governance:** We will use several information sources to oversee provider leadership as used previously by Monitor and TDA, including:

   - information from third parties
   - staff/patient surveys
   - organisational metrics
   - information on agency spend
   - delivering Workforce Race Equality Standards (WRES)
   - CQC 'well-led' assessments.

   We will also draw on the existing well-led framework and associated tools to identify any potential support needs concerning the governance and leadership of a provider. Many providers have already used this framework to assess their governance.

2. **Continuous improvement capability:** We are working with CQC to consider how the current shared well-led framework needs to evolve to better reflect continuous improvement capability.

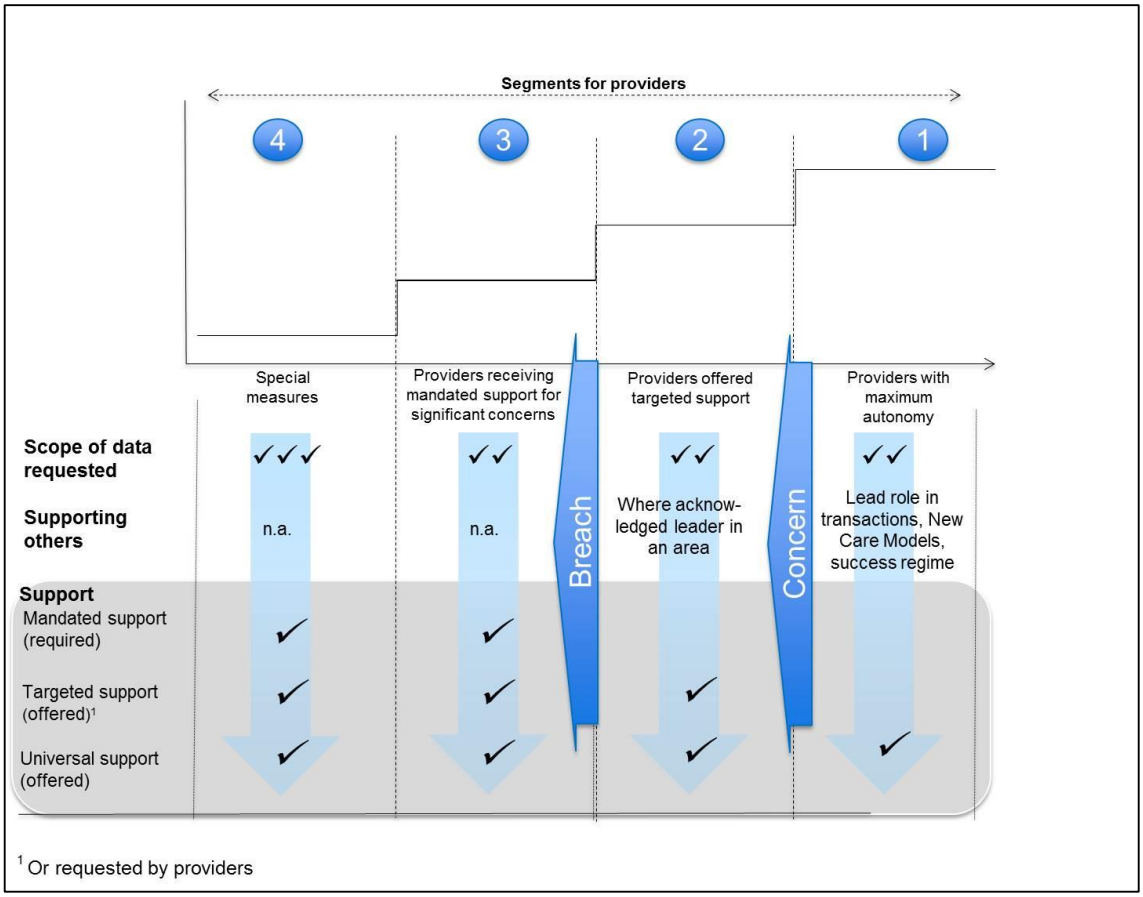
3. **Use of data:** Effective use of information is an important element of good governance. Well-led providers should collect, use and, where required, submit robust data. Where we have reason to believe this is not the case, we will consider the degree to which providers need support in this area.

As we develop the well-led framework we will build on this approach to identifying support needs under all aspects of this theme, including potentially culture and engagement, particularly through working with CQC. We will look to incorporate the principles and findings of the National Leadership Development and Improvement Board.

6. Segmentation

Segmentation helps NHS Improvement determine the level of support required (see section 7). It does not give a performance assessment in its own right, nor is it intended to predict the ratings given by CQC. It also does not determine the specifics of the support package needed − this is tailored by teams working with the provider in question. We are segmenting the sector into four, depending on the extent of support needs identified through the oversight process.

Figure 5: Segmenting the provider sector



6.1. Segmentation process

The segment a provider is placed in will reflect our judgement of the seriousness and complexity of the issues it faces. We will base our decision on:

- considering all available information on providers – both obtained directly and from third parties
- identifying providers with a potential support need in one or more themes

- using our judgement, based on relationship knowledge and/or the findings of formal or informal investigations, or analysis, consideration of the scale of the issues faced by a provider and whether it is in breach or suspected breach of licence conditions.

Providers will then be placed in a segment as per Table 2 below:

Table 2: Segment description

Segment	Description
1	**Providers with maximum autonomy** – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	**Providers offered targeted support** – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	**Providers receiving mandated support for significant concerns** – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	**Special measures** – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

Segmentation needs to be as timely and rigorous as possible, without becoming over bureaucratic or complex. Where our in-year, annual or ad-hoc monitoring of a provider flags a potential support need, we will review the provider's situation and consider whether we need to change its allocated segment.

In parallel with the development of the framework, we will consider the incentives for providers to be in segment 1. While some conditions are fixed across the sector (eg control totals), others could vary from segment to segment in accordance with the principle of earned autonomy.

7. Support activities

Our teams will co-ordinate and oversee tailored support for providers to support sustainable improvement. Under the Single Oversight Framework, we may identify support needs in more than one theme where there is a shared underlying cause in more than one theme. In these cases, we will not 'double count' identified support needs and will ensure that the support activity is appropriate to the underlying cause.

Individual support packages will be provider-specific, and tailored to the support needs identified, but comprise one or more of three **levels** of support:

- **Universal support offer:** tools that providers can draw on if they wish to improve specific aspects of performance – its use is voluntary.
- **Targeted support offer:** support to help providers with specific areas – eg intensive support teams to help in emergency care or agency spend. Programmes of targeted support will be agreed with providers. This support is offered to providers – its use is voluntary.
- **Mandated support:** where a provider has complex issues, we may introduce a mandated series of improvement actions, eg appoint an improvement director, or agree a recovery trajectory and support providers to deliver this. In these serious cases, providers are required to comply with NHS Improvement's actions/expectations.

Table 3 below outlines how these types of support link to the segment a provider is in.

Table 3: Support offer by segment

Segment	Levels of support
1	**Universal** support • eg tools, guidance, benchmark information • made available for providers to access
2	**Universal** support (as for segment 1) **Targeted** support as agreed with the provider • to address issues and help move the provider to segment 1 • either offered to provider (and accepted voluntarily) or requested by provider
3	**Universal** support (as for segment 1) **Targeted** support as agreed with the provider (as for segment 2) **Mandated** support as determined by NHS Improvement • to address specific issues, help move the provider to segment 2 or 1 • compliance required
4	**Universal** support (as for segment 1) **Targeted** support as agreed with the provider (as for segment 2) **Mandated** support as determined by NHS Improvement • to help minimise the time the provider is in segment 4 • compliance required

Appendix 1: Summary of information used and triggers

Theme	Information used	Triggers
Quality of care	• CQC information • Other quality information to inform our view of a provider (see Appendix 2) • 7-day services	• CQC 'inadequate' or 'requires improvement' assessment in one or more of: - 'safe' - 'effective' - 'caring' - 'responsive' • CQC warning notices • Any other material concerns identified through, or relevant to, CQC's monitoring process, eg civil or criminal cases raised, whistleblower information, etc • Concerns arising from trends in our quality indicators (Appendix 2) • Delivering against an agreed trajectory for the four priority standards for 7-day hospital services
Finance	• **Sustainability** o Capital service cover o Liquidity • **Efficiency** o I&E [14] margin • **Controls** o Performance against plan o Agency spend • **Value for money information**	Poor levels of overall financial performance (average score of 3 or 4) Very poor performance (score of 4) in any individual metric Potential value for money concerns

[14] Income and expenditure, or surplus/deficit margin

Theme	Information used	Triggers
Operational performance	NHS Constitution standards Other national targets and standards	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to meet the trajectory for this metric for at least two consecutive months (quarterly for quarterly metrics), except where the provider is meeting the NHS Constitution standard For providers without STF trajectories: failure to meet any standard for at least two consecutive months
Strategic change	Review of sustainability and transformation plans and other relevant matters	Material concerns with a provider's delivery against the transformation agenda, including new care models and devolution
Leadership and improvement capability	Findings of governance or well-led review undertaken against the current well-led framework Third party information, eg Healthwatch, MPs, whistleblowers, coroners' reports Organisational health indicators Operational efficiency metrics CQC well-led assessments	Material concerns CQC 'inadequate' or 'requires improvement' assessment against 'well-led'.

Appendix 2: Quality of care (safe, effective, caring, responsive) monitoring metrics

NHS Improvement will use the 39 indicators below to supplement CQC information in order to identify where providers may need support under the theme of quality.

Quality indicators

Measure	Type	Frequency	Source
Organisational health indicators – all providers			
Staff sickness	Organisational health	Monthly/quarterly	NHS Digital (publicly available)
Staff turnover	Organisational health	Monthly/quarterly	NHS Digital (publicly available)
Executive team turnover	Organisational health	Monthly	Provider return
NHS Staff Survey	Organisational health	Annual	CQC (publicly available)
Proportion of temporary staff	Organisational health	Quarterly	Provider return
Aggressive cost reduction plans	Organisational health	Quarterly	Provider return
Written complaints - rate	Caring	Quarterly	NHS Digital (publicly available)
Staff Friends and Family Test % recommended - care	Caring	Quarterly	NHSE (publicly available)
Occurrence of any Never Event	Safe	Monthly	NHS Improvement (publicly available)
NHS England/NHS Improvement Patient Safety Alerts outstanding	Safe	Monthly	NHS Improvement (publicly available)
Acute providers			
Mixed sex accommodation breaches	Caring	Monthly	NHSE (publicly available)
Inpatient scores from Friends and Family Test – % positive	Caring	Monthly	NHSE (publicly available)
A&E scores from Friends and Family Test – % positive	Caring	Monthly	NHSE (publicly available)
Emergency c-section rate	Safe	Monthly	HES

Measure	Type	Frequency	Source
CQC inpatient/MH and community survey	Organisational health	Annual	CQC (publicly available)
Maternity scores from Friends and Family Test − % positive	Caring	Monthly	NHSE (publicly available)
VTE Risk Assessment	Safe	Quarterly	NHSE (publicly available)
Clostridium Difficile - variance from plan	Safe	Monthly	PHE (publicly available)
Clostridium Difficile - infection rate	Safe	Monthly	PHE (publicly available)
MRSA bacteraemias	Safe	Monthly	PHE (publicly available)
Hospital Standardised Mortality Ratio (DFI)	Effective	Quarterly	DFI
Hospital Standardised Mortality Ratio - Weekend (DFI)	Effective	Quarterly	DFI
Summary Hospital Mortality Indicator	Effective	Quarterly	NHS Digital (publicly available)
Potential under-reporting of patient safety incidents[15]	Safe	Monthly	NHS England (dashboard)
Emergency re-admissions within 30 days following an elective or emergency spell at the provider	Effective	Monthly	HES
Community providers			
CQC Community Survey	Organisational health	Annual	CQC (publicly available)
Community scores from Friends and Family Test - % positive	Caring	Monthly	NHSE (publicly available)
Mental health providers			
CQC inpatient/mental health and community survey	Organisational Health	Annual	CQC (publicly available)
Mental health scores from Friends and Family Test - % positive	Caring	Monthly	NHSE (publicly available)
Admissions to adult facilities of patients who are under 16 years old	Safe	Monthly	NHS Digital (publicly available)

[15] NHS England dashboards have monthly provisional data. This indicator is valid only at the level of extreme outliers for under reporting as per CQC IM methodology and only in non-specialist acute trusts.

Measure	Type	Frequency	Source
Care programme approach (CPA) follow up - proportion of discharges from hospital followed up within 7 days - MHMDS	Effective	Monthly	NHS Digital (publicly available)
% clients in settled accommodation	Effective	Monthly	NHS Digital (publicly available)
% clients in employment	Effective	Monthly	NHS Digital (publicly available)
Potential under-reporting of patient safety incidents[16]	Safe	Monthly	NHS England (dashboard)
Ambulance providers			
Ambulance see and treat from Friends and Family Test - % positive	Caring	Monthly	NHSE (publicly available)
Return of Spontaneous Circulation (ROSC) in Utstein group	Effective	Monthly	NHSE (publicly available)
Stroke 60 minutes	Effective	Monthly	NHSE (publicly available)
Stroke care	Effective	Monthly	NHSE (publicly available)
ST Segment elevation myocardial infarction (STeMI) 150 minutes	Effective	Monthly	NHSE (publicly available)

[16] NHS England dashboards have monthly provisional data. This indicator is valid only at the level of extreme outliers for under reporting as per CQC IM methodology.

Appendix 3: Operational performance metrics

Standard	Frequency	Standard[17]
Acute and specialist providers[18]		
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Monthly	95%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate − patients on an incomplete pathway	Monthly	92%
All cancers – maximum 62-day wait for first treatment from: - urgent GP referral for suspected cancer - NHS cancer screening service referral	Monthly	 85% 90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%
Ambulance providers[19]		
Maximum 8-minute response for Red 1 calls	Monthly	75%
Maximum 8-minute response for Red 2 calls	Monthly	75%
Maximum 19-minute response for all Category A calls	Monthly	95%
Mental health providers[20]		
Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and	Quarterly	95%

[17] Minimum % of patients for whom standard must be met

[18] NHS Improvement is following the development of indicators assessing the expansion of liaison mental health services in acute hospitals, including routine analysis of (i) numbers of presentations at A&E of people of all ages with a mental health condition or dementia and liaison mental health service response times; (ii) numbers of emergency admissions of people of all ages with a mental health condition or dementia; (iii) length of stay for people of all ages admitted with a mental health condition or dementia; (iv) delayed transfers of care for people of all ages with a mental health condition or dementia. These may be incorporated in future iterations of this framework.

[19] We will balance this oversight with the impact of dispatch on disposition and other pilots affecting performance reporting currently underway across ambulance trusts

[20] In addition to the MH indicators, NHS Improvement is following the development of metrics to assess: (i) access and waiting times for children and young people eating disorder services in line with evidence-based treatment guidelines (ii) providers' collection of data on waiting times for acute care (decision to admit to time of admission, decision to home-treat to time of home-treatment start), delayed transfers of care and out of area placements (OAPS) and (iii) systems to measure, analyse and improve response times for urgent and emergency mental health care for people of all ages. These may be incorporated in future iterations of this framework.

Standard	Frequency	Standard[17]
home treatment team in line with best practice standards (UNIFY2 and MHSDS)[21]		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (UNIFY2 and MHSDS)[22]	Quarterly	50%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) early intervention in psychosis services	Quarterly	90% 90% 65%

[21] In line with the recommendation of the 5YFV for mental health, providers should be working with commissioners to ensure that crisis resolution home treatment teams are delivering care in line with best practice standards (www.ucl.ac.uk/core-resource-pack/fidelity-scale).

For 2016/17, commissioners have been asked to focus on the following key components of CRHTT care:

- rapid response to new referrals
- provision of a 24/7 gatekeeping function, assessing all people face-to-face within four hours of referral
- adequate staffing with caseloads in line with recommended practice
- provision of intensive home treatment in line with recommended practice (For example, by routinely visiting people at least twice a day for the first three days of home treatment, providing twice daily visits when required thereafter, and routinely offering visits that allow enough time to prioritise therapeutic relationships and help with social and practical problems)
- routine collection and monitoring of clinician and patient reported outcomes, as well as feedback from people who use the service.

These are reflected in NHS England's CCG Improvement and Assessment Framework mental health indicators.

[22] This standard applies to anyone with a suspected first episode of psychosis aged 14-65.Exclusions must not be made of people aged >35 who may historically not have had access to specialist EIP services. Technical guidance is available at: www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf.

Provider boards must be fully assured that RTT data submitted is complete, accurate and in line with published guidance. Both 'strands' of the standard must be delivered.

- performance against the RTT waiting time element of the standard is being measured via MHSDS and UNIFY2 data submissions.
- performance against the NICE concordance element of the standard is to be measured via:
  - a quality assessment and improvement network being hosted by CCQI at the Royal College of Psychiatrists. All providers will be expected to take part in this network and submit self-assessment data which will be validated and performance scored on a 4-point scale at the end of the year. This assessment will provide a baseline of performance and will be used to inform the development of performance expectations for 17/18 and beyond.
  - submission of intervention and outcomes data using SNOMED-CT codes in line with published guidance. Provider boards must be fully assured that intervention and outcomes data submitted are complete and accurate.

Further information can be found in the implementation guidance published by NHS England here: www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf

Standard	Frequency	Standard[17]
c) community mental health services (people on Care Programme Approach) [23]		
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: • identifier metrics[24] • priority metrics[25]	 Monthly Monthly	 95% 85%
Improving Access to Psychological Therapies (IAPT)/talking therapies • proportion of people completing treatment who move to recovery (from IAPT minimum dataset) • waiting time to begin treatment (from IAPT minimum data set) - within 6 weeks - within 18 weeks	 Quarterly Quarterly Quarterly	 50% 75% 95%
Community providers		
Any relevant mental health or acute metrics above		

[23] Board declaration but can be triangulated with results of CQUIN audit which will be for a sample of patients in each service area). People with psychosis should receive:

- a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's records
- a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.

The cardio metabolic parameters based on the Lester Tool are as follows:

- smoking status
- lifestyle (including exercise, diet, alcohol and drug use)
- body mass index
- blood pressure
- glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
- blood lipids.

Information on the Lester Tool and the recommended key interventions and treatments can be found at: www.england.nhs.uk/2014/06/lester-tool/

This indicator aligns with the national CQUIN scheme for 2016/17: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

[24] Comprising: NHS number, date of birth, postcode, current gender, registered GP org code, commissioner org code

[25] For achievement by 2016/17 year-end. Comprising: ethnicity, employment status (for adults only), school attendance (for CYP only), accommodation status (for adults only), ICD10 coding. Note: ICD10 for CYP may be supplanted by capture of a problem descriptor, rather than a formal medical diagnosis.

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This publication can be made available in a number of other formats on request.

 Publication code: C 05/16

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

Change Programme (work stream reports attached for reference)

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

1. The assurance framework and associated dashboard demonstrates significant variability in the application of programme management standards across the projects that form the change programme. There is a need for all Executive Sponsors to use the objective evidence in the assurance ratings to increase confidence by fixing these leading indicators of success.
2. The Internal Recovery Programme that is integrated with, and works alongside, the change programme is beginning to show some modest 'green shoots'; however, it is critical to note that we still have a £1m gap in our revised, stretch, target and there is an absolute need to re-double our focus and energy to deliver success.

J Stephens 28 Sep 16

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

1. This Board reports integrates the assurance reporting received (from the work streams) by CQAC on 21 Sep 16 and R&BD on 28 Sep 16. The relevant reports from the WOD and RE&I sub-Committees have previously been reported to Board.
2. A 6-month review on the performance and results of the new assurance framework – commissioned by the Audit Committee from the External Programme Assurance - will be carried out from the end of FY 16/17 Q2 and report to the Audit Committee in Nov 16.
3. The shortfall on the planned level of CIP attributed to the work streams in the programme continues to be actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework). Overall, the Internal Recovery Programme is beginning to show some positive signs of success and both the effort and focus being applied are to be commended.

J Gibson 28 Sep 16

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

The Month 5 CIP performance across the Trust showed an over achievement of £0.1m (23%) in August. The largest variances to date are Neuroscienes, MSK and specialist Surgery (£0.4 ahead of plan), Surgery, Cardiac, Critical Care, Anaesthetic (£0.103m behind target) and Clinical Support Services (£0.182m behind target). The main reason behind slippage is the timing of schemes starting. The full year forecast is £6.3m a gap of £0.9m. The Trust needs to plan to £7.2m recurrently and in year to allow for slippage and failed schemes (i.e. contingency of 25%).

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Our Patients at the Centre

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

The annual savings target for this workstream is £1,046k and the latest forecast is 875k, which is an improvement on last month. The recurrent requirement is £1m, work must now begin on assuring this is secured.

The Improving Outpatients project now has plans available for each workstream and close attention should be given to any delays highlighted to ensure these are easily resolvable and the project can remain on track.

The position with rehab within Complex Care should be clarified at the earliest opportunity so that plans can be produced/updated to reflect the model agreed.

Jonathan Stephens 12 September 2016

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

The Best in Operative Care project is rated green overall, however the dashboard information shows that benefits realisation is not on track and there are some delays with the milestone plan.

The Improving Outpatients project again is rated green overall but further information is required to populate the benefits tracker, including some metrics for baselines and proposed improvements. The milestone plan for the Booking & Scheduling workstream currently highlights some delays and the plan for the Medical Records workstream needs to be fully populated with actions following the decision on scanning arrangements.

With regard to Complex Care, an update is required on the Nurse Social Worker funding and the Rehab position requires clarification, following which the milestone plan and other documentation can be updated accordingly.

Janette Richardson (on behalf of Joe Gibson) 13 September 2016

Alder Hey Children's NHS
NHS Foundation Trust

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

Work Stream Summary:

Improving Outpatients, Best in Operative Care and Complex Care Made Simple continue to be on track. Outpatients Improvement is re-energised and there is evidence of improvements in the environment , both Optpatients and Best in Operative Care are on track for cost reductions. Complex Care cost reductions at risk due to failure of CCG to agree to fund Nurse Social Work roles.
Progress is being made with complex chare pathways.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Complex Care Made Simple	Agreed approach regarding re-scoping of Rehab	N (slippage due to commissioning)
Improving Outpatients	5 Workstreams with Stakeholders established and working	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Complex Care Made Simple	Bronchiolitis pathway event
Complex Care Made Simple	Agreed revised proposal with commissioners and hold re-scoping event for service model
Complex Care Made Simple	Launch of 'My Pad' initiative on ward 3C
Improvement Team Meeting with Chairman	Stakeholders to share their experience and confidence or otherwise in the Improvement work

Issues for Escalation to Sub-Committee:

Ongoing issue around funding for Nurse Social Workers. This issue has been escalated and is being pursued via commissioners.

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	12 September 2016
Workstream Name	Our Patients at the Centre	Executive Sponsor	Mags Barnaby/ 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
CQA 3.2	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	Mags Barnaby										SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan shows some delays. Comms /Engagement plan developed. Evidence of risk management available. **Last updated 5 September 2016**
CQA 3.3	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	Mags Barnaby/ Hilda Gwilliams										PID/scope and Team have now been confirmed. Targets/benefits tracker created, details of metrics required. Milestone Plans available for each workstream, some delays (mainly B&S) and more detail required on Medical Records. Comms activities being developed for each workstream. Risk log reviewed. **Last updated 9 September 2016**
CQA 3.4	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	Mags Barnaby										Steering Group notes available on Sharepoint. Benefits tracker has been created and is updated regularly. Detailed plan is available, however Rehab position key milestone missed - scope/approach to be clarified. Comms tracker available and parent rep on SG. Risk Log to be reviewed. **Last updated 2 September 2016**
CQA 3.6	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	Mags Barnaby										Project ratings have been removed as confirmation has been received that this will form part of Internal Recovery/CIP.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Best Operative Care	G/A	505,304	469,400	(35,904)	
Improving Outpatients	G/A	156,250	136,744	(19,506)	
Complex Care Made Simple	A	291,571	194,368	(97,203)	
Clinical Support Services	G/A	93,750	75,000	(18,750)	
Total		1,046,875	875,512	(171,363)	

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)

Overall the Workstream performance remains below the annual target by £800k due to under-performance in Strategic Partnerships and CBU Business Development. It was agreed that in this financial year that additional activity to be undertaken by CBUs above current planned levels will be challenging and therefore the in year gap has been factored into the recovery target. The recurrent delivery of this target will form part of 1718 CBU development plans.

The forecast for International Clinical Business remains ahead of plan, £178k against the target of £112k and this over-performance of £66k may in part mitigate the Workstream. There is also the potential for further contribution of £90k from work to be undertaken in Dubai. Commercial terms and delivery currently being finalised.

Jonathan Stephens – 19 September 2016

The success of the 'International Patients' should be recognised and any further stretch target considered, in terms of mitigation across the work stream.

The 'Strategic Partnerships' project still needs to address the assurance ratings remaining amber in key domains (effective team, benefits, milestone plans, stakeholders engaged); the sub-Committee will want to address the current red rating for risk management (last reviewed in Jun 16).

The 'Other Business Development' shortfall in financial contribution - only forecasting to deliver 38% of target - should continue to be a focus of the 'Internal Recovery Group'; certainly the reasons for such a shortfall will want to be understood as part of the planning for FY17/18.

Joe Gibson 20 Sep 16

Programme Assurance Framework
Developing Our Business Workstream Update

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

The above workstream accommodates the following projects:
- Strategic Partnerships – Andy McColl
- International Clinical Business and Non NHS Patients – Angie May

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Strategic Partnerships	LWH Pathology interview took place, awaiting response from portal re awarding of contract	Yes
	Homecare tender released and submitted on time	Yes
International/Non NHS	3 x Visiting fellows from Spain/Kenya undertook non clinical observerships in various departments in August	Yes
	Patients continue to be received by the International Team	Yes
	2 x Chinese Doctors have begun their observerships for a 3 month period	

Milestones for Next Month:

Project	Key tasks to be delivered in month
Strategic Partnerships	
International/Non NHS	

Issues for Escalation to Sub-Committee:

No issues to raise.

Programme Assurance Framework

Developing Our Business 16/17(Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	15 September 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
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										July SG actions available (M&BD Group). Benefits to be confirmed (WHH) and tracking established for non-financial benefits. Milestone Plan shows delays. Evidence required of stakeholder engagement. Risk log needs to be reviewed (date of last review June). QIA/EA complete. **Last updated 2 September 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										July Steering Group notes available (M&BD Group). Benefits defined, tracking process being developed. Milestone Plan on track. Comms Plan available. Risk Log up-to-date. EA/QIA complete. **Last updated 30 August 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 reviewed end of June 2016.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	A	114,600	**67,944**	**(46,656)**	
International Clinical Business	G	112,000	**178,509**	66,509	
CBU Business Development	R	1,273,400	**447,446**	**(795,953)**	
Total		1,500,000	**693,899**	**(776,100)**	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Supporting Front Line Staff

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

The overall performance trend for the Workstream continues as last month, with the financial forecast at £715k above target, largely driven by coding/capture. Whilst the forecast for Medicines Optimisation and Facilities are slightly less than last month.

As part of financial recovery – teams are reviewing the top 20 high volume / cost drugs with a view to identifying and implementing actions to reduce costs which will bridge the current CIP gap. The update on progress is being reviewed by the internal recovery group on Monday 26 September.

The gap against the facilities CIP target in part is due to the delay in implementing the car park charge changes but also due to the current overspending across the whole of the faculties services. External review of domestics, portering and other services has been commissioned and initial findings indicate there is opportunity to both bring budgets back into balance and contribute towards CIP. The actual impact will be reflected on these reviews have been finalised.

The work stream should continue to maximise potentially and overachieve where opportunity exists

This continues to be a particularly well run work stream with a pro-active Steering Group. The sub-Committee will want to continue to promote these standards to other work streams.

However, the opportunity remains to improve assurance on the 'Facilities' project. These ratings should be addressed without delay as the facilities function is also a large contributor to current overspend against budget.

The work stream is, commendably, looking to introduce significantly stretched targets in its successful projects and the sub-Committee should apprise itself of those revised aiming marks.

Joe Gibson **20 Sep 16**

Programme Assurance Framework

Alder Hey Children's NHS
NHS Foundation Trust

Supporting Front Line Staff 16/17 (Completed by Assurance Team)

Sub-Committee	RABD	Report Date	15 September 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens/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
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										Steeering Group meeting notes available. Benefits tracked via Financial Tracker. Detailed workplan is available on Sharepoint - updated recently. Stakeholder Engagement plan/information available for August . Risk log up-to-date. QIA/EA signed off by Execs. **Last updated 8 September 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										Project Team notes available for July. Targets & benefits detailed in PID, tracking/visibility required of non-financial benefits. Detailed Milestone Plan available which is up-to-date. Engagement matrix available. Risk Log needs to be reviewed. EA/QIA complete. **Last updated 1 September 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 complete. Tracking of non-financial benefits available. Workplan is updated regularly. Evidence of Comms/Engagement activities available on SharePoint. Risk Log reviewed. QIA/EA signed off by Execs. **Last updated: 31 August 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										Evidence of Project Team meetings available for June. Milestone plan has been updated, however some tasks are outstanding which should be marked as complete or missed so position is clear. AGV workstream tasks to be confirmed Risk Log currently checked out (last update visible March/June). QIA/EA signed off by Execs. **Last updated: 19 August 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	G/A	1,018,000	**1,002,584**	**(15,413)**	
Coding & Data Capture	G/A	900,000	**2,075,003**	**1,175,000**	
Medicines Optimisation	A	500,004	**275,442**	**(224,562)**	
Facilities	A	500,000	**278,795**	**(221,205)**	
Total		2,918,004	**3,629,387**	**715,821**	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
New Services in Communities

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

Existing Community Services – Quality Improvement is the only project in this Workstream with a financial target and overall the forecast has deteriorated slightly to an adverse variance of £53,333. Following recent appointment of a Project Manager, the team are working on addressing the gaps with the project documentation.

Jonathan Stephens – 19 September 2016

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

The project management ratings for the 'Existing Community Services – Quality Improvement' project need to be addressed, it was stated that a dedicated project manager, previously agreed in in June, would be starting on 1 Sep 16.

The sub-Committee will want to assure itself, given the focus on the 'Internal Recovery', that resolving this gap in project management will drive the identification and realisation of benefits that could contribute to the FY16/17 position.

Joe Gibson 20 Sep 16

Alder Hey Children's NHS
NHS Foundation Trust

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	Sefton 0-19 Services tender was not awarded to Alder Hey following interviews	N
	Bid team continue preparing for LCH RFP due for submission 19.08.2016	Y
Quality Improvement		

Milestones for Next Month:

Project	Key tasks to be delivered in month
Community Model	Submit LCH RFP
Quality Improvement	

Issues for Escalation to Sub-Committee:

No issues to raise.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

New Services in Communities 16/17(Completed by Assurance Team)

Sub-Committee	RABD	Report Date	15 September 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
R&BD 4.2	Existing Community Services - Quality Improvement	To deliver quality improvement of existing services within the ICS CBU, specifically in the following services: Child & Adolescent Mental Health Services (CAMHS), Neurodisability and General Paediatrics'	Mags Barnaby										No evidence of recent project meetings. PID contains details of benefits, tracking/evidence to be made available/updated Milestone Plan updated, shows some delays. Comms/ Eng Plan to be updated and evidence provided where possible. Risk Log up-to-date. **Last updated 9 September 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Existing Community Services	G/A	200,000	146,667	(53,333)	
Total		200,000	146,667	(53,333)	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday 4 October 2016

Report of	Director of Corporate Affairs
Paper prepared by	Quality Assurance Officer
Subject/Title	Integrated Governance Committee Assurance Report (Sept 2016) & Board Assurance Framework Update
Background papers	Bi-monthly IGC Assurance Reports Monthly BAF Reports
Purpose of Paper	To provide the Board with the assurance report from the September IGC meeting & BAF update report
Action/Decision required	The Board is asked to discuss and note the IGC Assurance Report (Sept 2016) & changes to the Board Assurance Framework
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	By 2020, we will: ➢ be internationally recognised for the quality of our care *(Excellence in Quality)* ➢ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities *(Patient Centred Services)* ➢ have a fully engaged workforce that is actively driving quality improvement *(Great Talented Teams)* ➢ be a world class, child focussed centre of research & innovation expertise to improve the health and wellbeing outcomes for babies, children & young people *(International Research, Innovation & Education)* ➢ have secured sustainable long term financial and service growth supported by a strong international business *(Growing our Services and Safeguarding Core Business)*
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors – 4 October 2016

Assurance Report from the Integrated Governance Committee

(14 September 2016)

1. Purpose

This report is a summary of the key points of assurance that were discussed at the Integrated Governance Committee (IGC) held on the 14 September 2016.

2. Recommendation

The Committee is asked to review the report and provide any feedback to the Chair of IGC.

3. Key Points of Assurance and any associated gaps

- **Fire Safety Training**

  The Committee received an update on the risk relating to fire safety arrangements in the CHP and retained estate (Ulysses Risk ID: 1118). Progress was highlighted as follows:

  - Fire Safety Training: The Committee received a record confirming that all Managers of clinical areas had cascaded their departmental fire evacuation plans to staff.
  - Evacuation drill for clinical area/s: Initial talks have been held with Emergency Planning, however due to summer annual leave, a meeting has been scheduled w/c 12/9/2016 with a proposal to hold a simulated evacuation drill w/c 10/10/2016. Alison Fellows, Ward Manager for Critical Care is very keen to utilise her area for this exercise.
  - Medical gas isolation valve box labelling: This matter remains unresolved. It was noted that the switches are indeed labelled, however, in such a way that it is not clear which bed / pods would be affected. Trust Policy makes clear that staff should not operate the switches unless they are clear on how to use them correctly. Clinical staff have been reminded of Trust Policy and instructed not to isolate unless they are confident that area(s) to be shut off have no patient need.
    A full discussion was held on this matter when it was made very clear to Interserve that this was to be given immediate priority. Going forward, use of these switches would be incorporated into Medical Gas training programme.
  - System / Software Updates: funding has now been approved to change smoke detectors to heat detectors in areas permitted to have toasters/microwaves. Costings are currently being gathered for the Hercules system upgrades and re-programme of the fire alarm to allow CRF to use Progressive Horizontal Evacuation Strategy.

    End / completion dates for all actions on the Fire Safety Plan were requested by the Committee.

- **Update on overall Management, strategies & policies**
- **Risk Management Improvement Plan.**
    - **Ongoing support to business units in embedding risk management:** Devolved quality and governance structures is in the process of being implemented. Consultation period has begun and individual 1:1s for affected staff are in progress with Chief Nurse. The change will include establishing senior Heads of Quality in each CBU to lead the CBU Quality Improvement Team, which will drive improvements in quality, risk and governance issues through local wards / departments. Implementation is anticipated to be completed in line with the Trust wide CBU restructure programme.
    - **Develop Risk Management Maturity Model (with MIAA):** As agreed at the last IGC meeting, MIAA have now been asked to delay the audit of local Risk and Governance systems and processes to Q4, to allow time for the devolved model to settle in. We are aware of a number of deficiencies in the management of local risk registers in some areas. A Ulysses trained specialist continues to provide ad hoc training to individuals in managing risk registers as required, plus formal Risk Management training continues to be offered monthly and all CBUs / staff are encouraged to attend to stay up to date with Ulysses process and key developments.
    - **Risk Management Strategy review**: The revised Risk Management Strategy will adopt the principles of the Risk Management Maturity Model that will move the Trust towards being recognised as a 'risk enabled' organisation. It is anticipated that the strategy will be ready for presentation to the November IGC meeting. Implementation of the strategy will support the devolved model of risk and governance in ensuring risks are managed at a local level across the Trust.
    - **Changes to Ulysses:** The remaining outstanding action is to develop electronic H&S Risk Assessment forms for recording on Ulysses. Discussions are ongoing with Ulysses, however initial feedback indicates this is not a straightforward task and may require a new module to be purchased on Ulysses. Further discussions are ongoing with Ulysses.
    - **Corporate Governance**: With the newly established CBU structures and the devolved model of governance, the CBU quality & risk meetings will be reviewed, and it is proposed to introduce a more effective IGC reporting system that will include a drill down into the risk registers of each of the Clinical and Non-Clinical Business Units. This will consist of a 'Risk Movement' report which will provide information on:
        - Where risks are held within the Business Unit (ward/department, CBU, corporate)
        - No. of new risks added in the time period
        - No. of risks closed in the time period
        - Risk status, including 'getting better', 'static', 'getting worse', 'unchanged' (i.e. those that have not been updated within the time period)
        - Risk anomalies….i.e. 'risks overdue', 'risks with outstanding actions', 'risks with target score the same as current score'

    Business Units would be required to provide the Risk Movement report along with an explanation of the key issues and any anomalies

    The IGC welcomed this proposal in principle and welcomed a more detailed paper to be circulated on the process itself and what exactly would be required in their exception report which would be introduced from Nov.

4. Risk Registers

- **Corporate Risk Register**
  The following diagram gives a high level view of the corporate risk register following the July IGC meeting:

Alder Hey Children's NHS
NHS Foundation Trust

Corporate Risk Register - Overview at 15 September 2016

1091: Reduction in Tariff from 17-19 (S)
721: Delivering opertional activity (S)
1102: Lack of sepsis recognition (S)
949: Data Quality: degradation of DQ due to system and process issues. (S)
883: Failure to manage OP pathways in accordance with waiting time priotities (S)
720: Junior doctors - staffing levels (S)
936: CIP Delivery 16/17 (S)
640: Risk of hospital acquired infection due to Pseudomonas in water supply in the child health park (S)
3: Shortfall of junior medical staff (S)
572: Sponsorship and Governance Regime (S)
524: Compliance with mental health standards (S)
723: Utilisation of clinics, wards and theatres (S)
56: Research financial model (S)
201: Sickness & absence levels (S)
815: Inability to meet the 4 hour target within ED (B)
722: Negative patient experience due to short notice canellations (B)
1062: Obtaining Capital funding for three future site developments. (S)
278: Burns Unit (S)
573: Clinical Engagement on EPR (S)
604: Casenote availability (S)
725: Compliance with H&S Regulations in relation to Manual Handling (S)
399: Employee relations / Staff Partnership working (S)
571: Defining benefits for the Programme (S)
718: Nurse staffing levels and associated recruitment (S)
724: RTT performance (S)
500: Workforce engagement and support (S)
867: Lack of Autoclaving facility in Microbiology (S)
172: Mandatory training compliance (S)

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

The table below provides an overview of which risks were considered for escalation / de-escalation / closure at the meeting.

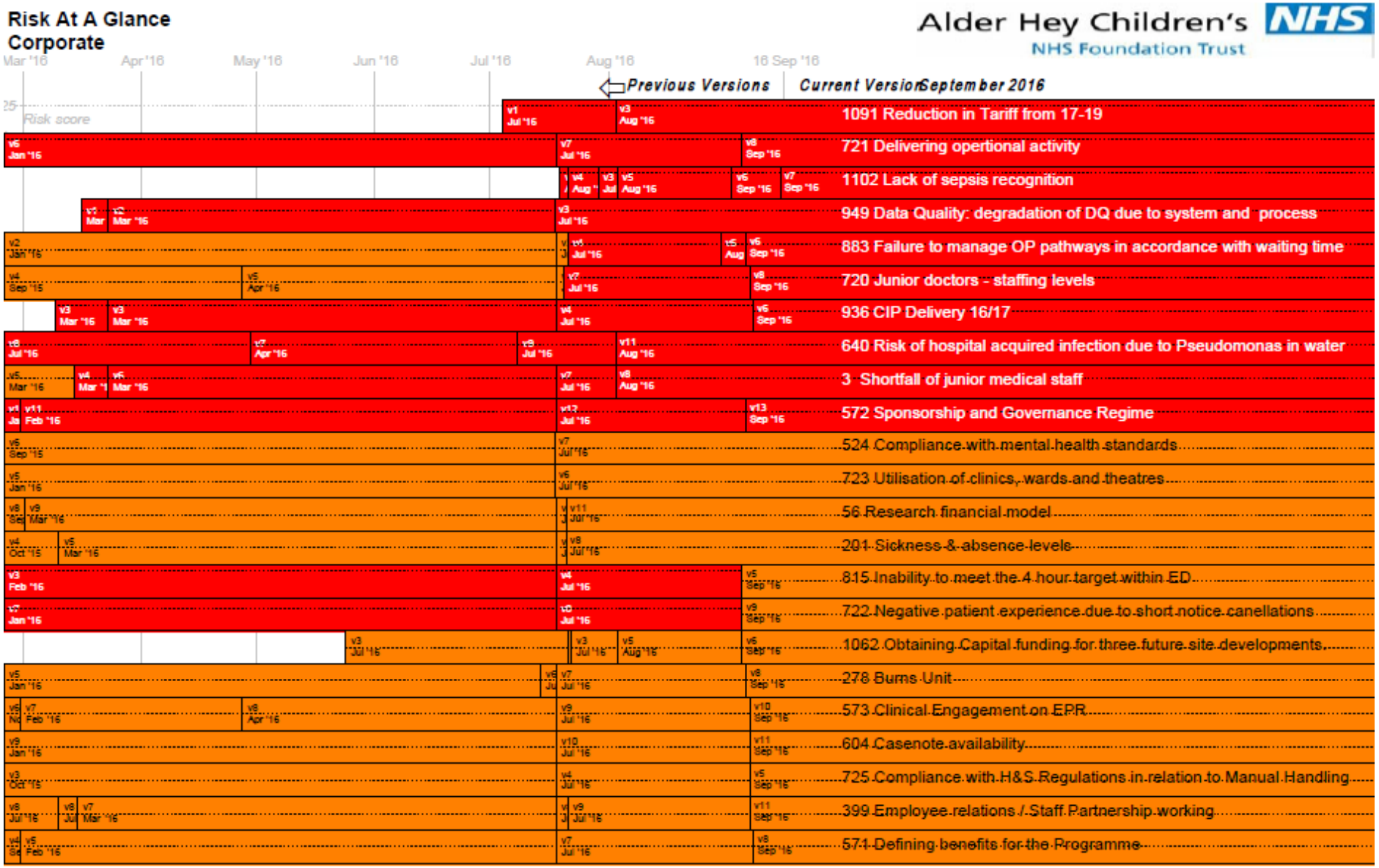
CRR Risks presented for escalation this meeting	Decision
1. Unauthorised access to the Mortuary and pathology departments Funding shortfall for decommissioning & demolition works 2. Lack of autoclaving facility in Microbiology **Risks escalated at the meeting = 1**	Not escalated ESCALATED
Risks presented for closure / de-escalation	**Decision**
None	n/a

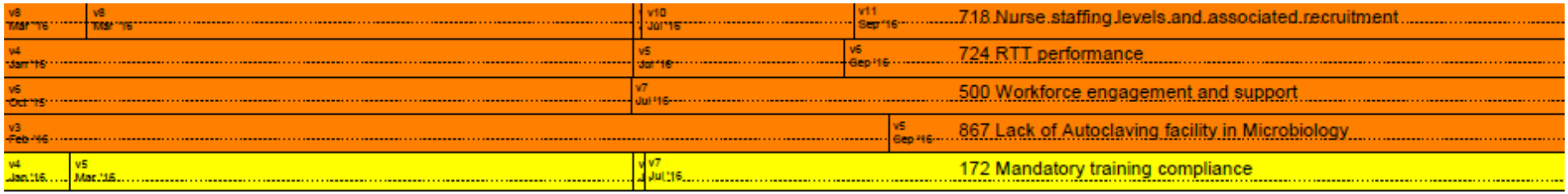
Analysis of corporate risk register current set of open risks by Trend
Risk getting worse = 0
Risks getting better = 2 **Inability to meet the 4hr target in AED** **Negative patient experience due to short notice cancellations**
Risks closed = 0
Risks remaining static = the rest

Risk movements since the last IGC meeting (not reflected on the heliview)

Ulysses Ref	Title	Action taken
205	Employee Policy Framework	Existing set of controls effective for this risk – now being managed at local level (HR Risk Register)

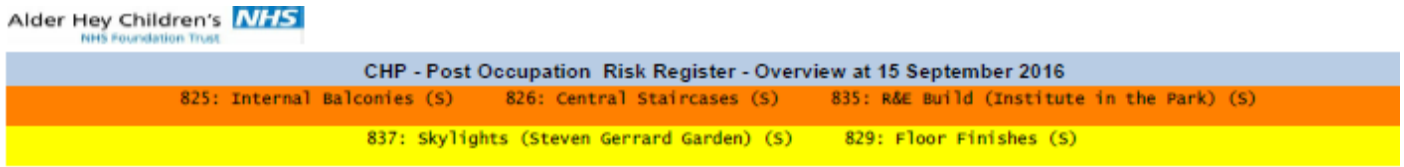
‘At a glance’ risk report showing the six-monthly position of corporate risks.





- **CHP - Post Occupation Risk Register**

The diagram below gives a high level view of the CHP Post Occupation Risk Register.



Risk 838 (Fire Safety Arrangements) has now been closed and remaining actions regarding training incorporated into Risk 1118 now being managed locally by the Trust Fire Safety Officer.

All remaining risks on the CHP post occupation register remained static since the July meeting with all risks having also been identified in the external Health & Safety review. Legal advisors are to be appointed imminently & an expert witness to advise the Trust on residual issues.

5. Assurance reports from Sub Committees and Groups:

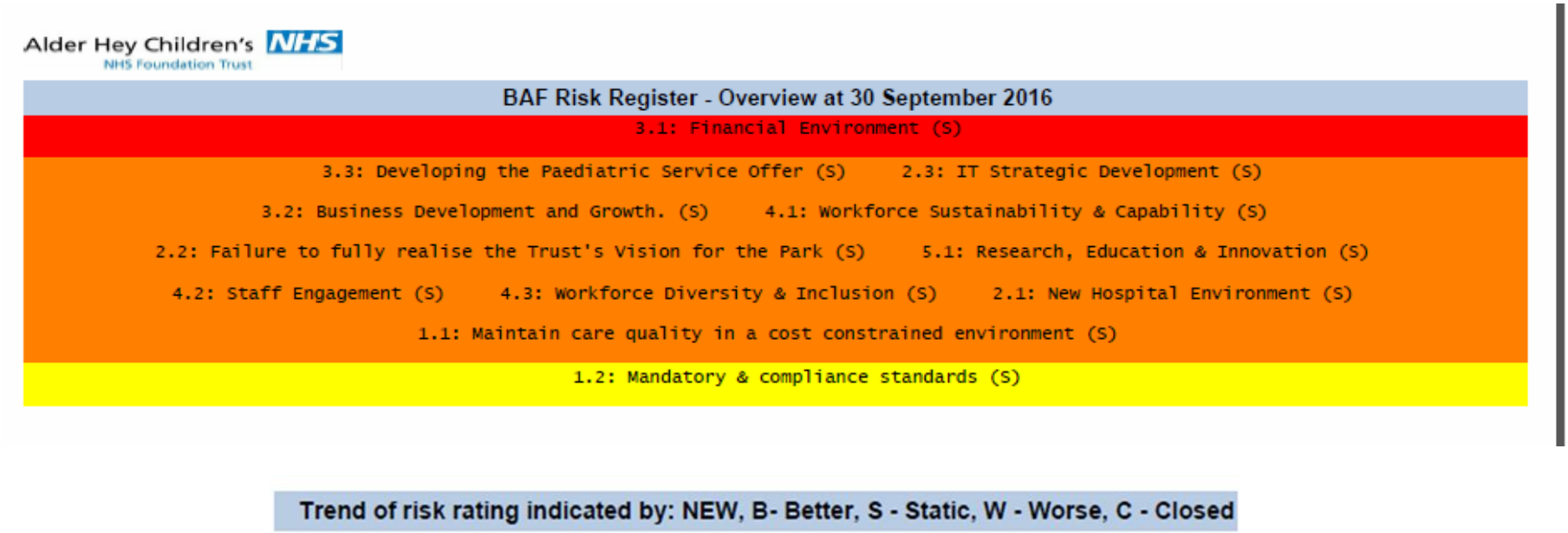
- **Emergency Preparedness (7 Sept 2016 meeting)**
  - Major incident & business continuity:
    - Training for key responders has commenced.
    - Major Incident Live Exercise planned for 3 October 2016.
  - Winter Plan training continues with a focus on the Trust response to the predicted capacity and demand figures.
  - Junior Doctor Strike Action – recent industrial action scheduled w/c 12 Sept was called off, however meetings are being held to prepare for future proposed industrial action dates (Oct, Nov & Dec).
  - The issue regarding the Interserve Building Management Alarm System not being linked to the Interserve Shift Engineer paging system remains unresolved. Development Director, David Powell has agreed to issue a formal letter raising concerns and requesting an immediate response; this will be sent on behalf of Chief Executive, Louise Shepherd.
  - Contingency arrangements in the event of bleep failure: this issue has now been resolved with funding approved for the procurement of 50 additional radios.
  - Power failure Main Server Room, Interim Estate on Sunday 21 August 2016 – some lessons were taken from this incident regarding communication. A flowchart will be developed to make it clear who should receive the updates on problem resolution times.
  - NHSE annual EPRR Assurance Process – approved
  - EP Annual Report and work plan for 16/17 – ratified
  - Major Incident Policy – ratified
  - Major Incident command & control plan and action cards – ratified
  - Business continuity Policy – ratified
  - Business Continuity Plan **–** ratified for onward submission to Board.
- **Health & Safety (10 June 2016 meeting)**
  - Cold water temperatures within CHP are continuing to exceed 20° causing concern regarding Legionella and water safety risks. The Trust is now in receipt of the draft Hydrop Audit Reports which will be thoroughly reviewed for Management response. The final report will be presented to the November IGC Meeting.
  - Unsecure access to services yard area: following an unauthorised access incident, Interserve have been contacted regarding the risks associated with business continuity and injury to trespassers and asked to provide assurance to the Trust on how they are managing risk. This has been included on the Trust security risk register and the Security Manager has been asked to identify actions to reduce this risk.
  - Access gained to the CHP roof – a further incident was reported in August 2016 when 4 children gained access to the top of the roof, despite the installation of the side guards. Discussion was held by IGC regarding the suitability and effectiveness of the current mitigation. Legal advice has been sought on this matter and the Trust has been advised that we should ensure we can demonstrate that all reasonable control measures have been put in place.

- **CHP H&S Meeting** took place in August, 2016, with Interserve/SPV/BST and H&S. The meeting was extremely productive and all parties agreed a monthly meeting to be the way forward in order to collectively resolve issues. Minutes will formally be sent to HSC and IGC for future meetings. Interserve to provide H&S access to the Interserve Helpdesk system, and process agreed regarding incidents and claims between Trust and SPV.

- **Infection Prevention & Control**
  - Actions within the 2016/17 Infection Prevention and Control Strategy & Delivery Plan continue to be progressed. It was noted that all priorities within the plan were rated amber at the time of report issue, but assurance received that an improved position will be reported for Q2.
  - CPE surveillance screening – the Committee learned that the Trust was not always screening patients that had been treated in another hospital within the past 12 months. Assurance was provided that the IPC Team are undertaking a proactive exercise to educate ward staff on this issue. An exercise is being undertaken to explore how this can be flagged up on the Meditech system.
  - Fit testing for FFP3 Respirators – the Trust will be using the same equipment as last year; no issues are therefore anticipated in this regard. A data cleansing exercise is required on who is trained to use the respirators will be undertaken imminently.
- **Information Governance (19 July 2016 meeting)**
  - A number of areas of positive assurance were provided to IGC including:
    - MIAA spot check audit in a number of areas; initial verbal feedback indicates a positive position.
    - Procedures have been developed for responding to requests from staff for their own personnel records.
    - All identified records have now been moved off old sites.
  - An incident was reported regarding a group of 'urban explorers' who had gained unauthorised access to the old hospital and subsequently posted the images and footage online. Security of records has been a priority during this time and the risk appropriately highlighted on the Information Governance Risk Register. Additional hoarding is being erected around the old hospital site to safeguard against further incidents until demolition.
- **Clinical Records & Data Quality (22 June 2016 meeting)**
  - It was reported that the Clinical Records Group is now meeting regularly and actively taking forward the main priority areas for the Trust (cleansing backlog, referrals etc.).
  - The Terms of Reference for the Data Quality Group are yet to be agreed.
- **Building Services Team**
  - The IGC received the list of issues that the Building Services Team is currently addressing and noted progress to date.

6. Review of the BAF

- The diagram below gives a high level view of the BAF as updated at 27 September 2016.



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

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
(15-16 references given in brackets where different)		Current	Target	Last	Now
STRATEGIC PILLAR: Excellence in Quality					
1.1 HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 MB	**Mandatory & Compliance Standards**	2-2	4-2	BETTER	STATIC
STRATEGIC PILLAR: Patient Centred Services					
2.1 (1.3) DP	**New Hospital Environment**	4-2	4-1	BETTER	STATIC
2.2 (2.1) DP	**Failure to fully realise the Trust's Vision for the Park**	4-3	4-1	STATIC	STATIC
2.3 (6.2) JS	**IT Strategic Development**	3-4	3-2	STATIC	STATIC
STRATEGIC PILLAR: Growing our Services & Safeguarding Core Business					
3.1 (5.1) JS	**Financial Environment**	4-4	4-2	STATIC	STATIC
3.2 (6.1) JS	**Business Development & Growth**	4-3	4-2	STATIC	STATIC
3.3 (6.3) RT	**Developing the Paediatric Service Offer**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: Great Talented Teams					
4.1 MS	**Workforce Sustainability & Capability**	4-3	4-1	STATIC	STATIC
4.2 MS	**Staff Engagement**	3-3	3-2	STATIC	STATIC
4.3 MS	**Workforce Diversity & Inclusion**	3-3	3-1	STATIC	STATIC
STRATEGIC PILLAR: International Innovation, Research & Education					
5.1 DP	**Research, Education & Innovation**	4-3	4-1	STATIC	STATIC

- **Changes since September 2016 Board meeting**

External risks

- ***Business development and growth (JS)***
  No major change, circa £100k additional contribution from international work in Q3/4 will reduce in year gap from £0.7m to £0.6m

- ***Mandatory and compliance standards (MB)***
  Following a detailed review in August there is no further update for September.

- ***Developing the Paediatric Service Offer (RT)***
  Cardiac service agreed but RAG rating amber. Improvement in middle grade provision for gen paeds

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  Forty five newly recruited nurses commenced in September 2016. Plus a further round of national open recruitment has taken place in September
- ***New Hospital Environment (DP)***
  Risk remains static. Further meeting arranged to review energy performance

- ***Financial Environment (JS)***
  Trust has agreed control total with NHSI. Target surplus £0.8m for the year. Trust will receive STF of £3.7m for the year. First 6 months share dependent on delivery of Q2 revised plan and profile. Trust plans will be update for Q2. Trust risk to manage to ensure delivery of overall year end control (including operational pressures) = £2.5m. Weekly internal recovery process on-going to address this.
  Note of original £5m internal pressures, circa £3.5m of recovery schemes identified and validated. Month 5 performance ahead of plan.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Meeting arranged with LCC to discuss park Heads of Terms

- ***IT Strategic Development (JS)***
  Trust confirmation of bid success due mid October - favourable feedback received.

- ***Workforce Sustainability & Capability (MS)***
  HENW Workforce Planning submission completed. Notice given to nurse agency, PULSE, which should result in lower agency costs - this in

response to successful cohort of nurses commencing employment. Workforce Steering Group continues to monitor workforce financial position. Projects to review all workforce groups to commence October 16

- ***Staff Engagement (MS)***
  LiA continues at pace, with the next 20 teams being identified to take forward their improvements. Preparation for the Staff Survey is underway, which launches on the 11th October.

- ***Workforce Diversity & Inclusion (MS)***
  Deadlines for submission of EDS2 and WRES met. Task and Finish Group working together to identify proactive ways to increase diversity amongst the workforce. Agreed a pilot with Skills for Health to support 6 individuals currently without employment to have a work placement within Alder Hey.

- ***Research, Education & Innovation (DP)***
  Secured ERDF funding for Innovation Team. Risk remains static

Full BAF document is included as Appendix A.

7. Policies & Equality Analyses ratified at IGC:
The Committee ratified the following:

- Arson Prevention
- CCTV
- Estates Maintenance
- Food Safety
- Risk Assessment

Erica Saunders
Director of Corporate Affairs, October 2016

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description	
Failure to maintain appropriate levels of care quality in a cost constrained environment	
Existing Control Measures	
• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality Report performance against quality aims scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report.
• Ward Accreditation	• Refresh of CQAC to provide a more performance focussed approach
• Changes to ESR to underpin workforce information -	• New Change Programme established - associated workstreams subject to sub-committee assurance reporting
• Robust risk & governance processes from Ward to Board, linked to NHSI Quality Governance Framework	• Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign
• External review on IPCC issues to eradicate reportable HAIs	• "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC)
• Quarterly 'themes' report from Weekly Meeting of Harm	
Assurance Evidence	**Gaps in Controls/Assurance**
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally New CQC style ward accreditation (Journey to the Stars) rolled out 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ending July 2016
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Quality reporting redesigned in line with Quality Strategy and corporate aims. New report scheduled to be received at Board	Chief Nurse & Deputy Head of Information continuing to refine data
Successfully implement all Change Programme workstreams to improve efficiency and flow	Alder Hey Board Assurance Committees operating to revised Terms of Reference
Roll out PFCC model for all appropriate services	Links to patient experience domain - further work awaited
Continue to maintain nurse staffing pool	Ongoing
Executive Lead's Assessment	
JULY 2016: The Quality Strategy 2016-2020 continues to be rolled out. All new starts commencing Sept 2016. From May-Sept a total of 90 WTEs have been recruited improving workforce resilience going into winter months. SEPT 2016: Forty five newly recruited nurses commenced in September 2016, Plus a further round of national open recruitment has taken place in September.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Excellence In Quality		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Margaret Barnaby	**Type:** Internal, Known		Current IxL: 2-2	Target IxL: 4-2	Trend: STATIC

Risk Description

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

Existing Control Measures

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Performance Review Group meeting monthly with CBU Dashboards under development for implementation in Sept
• CBU Performance Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: Monitor, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board
• Run Rate Task & Finish Group completed. Actions resulted in improved productivity in July and August, the closure of 4 IP beds that were not needed to support activity and improved staffing planned for PICU/HDU	• Early Warning indicators now in place
• Due to sickness absence of a consultant in Gastroenterology and the recent resignation of another consultant in the same specialty, maintenance of the RTT waiting times standard is at increased risk	

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board A&E Target Recovery Plan	Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances - discussions on-going with commissioners. Quarter 1 Performance delivered, Quarter 2 Performance on track. Winter Planning to support elective and emergency activity advanced. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
The Medical Director, Nurse Director and Director of Operations are meeting in August with CBU Lead and CBU GM to agree mitigating actions	New risk
Review bed capacity and staffing model for seasonal variation	Complete: refreshed annually in December
Theatre improvement and cancelled operations improvement plan required	Winter Plan 16/17 in development
Implement devolved governance structure (quality governance teams within CBUs)	

Executive Lead's Assessment

JULY 2016: The Trust is currently in a stronger position in terms of performance and compliance. Unforeseen changes in workforce introduces some further uncertainty, which are managed proactively. Ongoing work will be to strengthen the planning and preparation for delivery of performance so that it is more business as usual.
SEPT 2016: Following a detailed review in August there is no further update for September.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description	
Failure to deliver world class healthcare due to constraints of new environment	
Existing Control Measures	
• Regular Fix-It Team reports to Execs, CQAC & IGC	• Interserve Reports & representation at Health & Safety Committee
• Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards	• Fix-It Team governed by a Steering Group (meets monthly)
• Joint Energy Committee to monitor performance & compliance	• Joint Water Committee to monitor performance & compliance
Assurance Evidence	**Gaps in Controls/Assurance**
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly. Further meeting arranged to review energy performance	Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Executive Lead's Assessment	
JULY 2016: Risk reduced from 4-3 to 4-2. Additional control measures and evidence documented in-month. SEPT 2016: Risk remains static. Further meeting arranged to review energy performance	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Patient Centred Services		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations	
Existing Control Measures	
• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	
Assurance Evidence	**Gaps in Controls/Assurance**
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Broaden stakeholder engagement	
Completion of all appointments to the Team	
Approval of Business Case at LCC	
Income generation opportunities to be thoroughly explored (grant applications)	
Reconcile requirement for funding versus available	
Discuss park Heads of Terms with LCC	
Executive Lead's Assessment	
JULY 2016: Gaps in controls & assurance updated as above. SEPT 2016: Meeting arranged with LCC to discuss park Heads of Terms	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Patient Centred Services		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Jonathan Stephens	**Type:** Internal, Known		Current IxL: 3-4	Target IxL: 3-2	Trend: STATIC

Risk Description	
Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare	
Existing Control Measures	
• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Investment in IM&T Team (2016/17 budget)
Assurance Evidence	**Gaps in Controls/Assurance**
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews	IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	
MEDITECH 6 update planned July 2016 to resolve a number of current operational user issues	
Conclude the review of IM&T Infrastructure	
IM&T Strategy development & approval	Draft for October 2016
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	
Executive Lead's Assessment	
JULY 2016: Medi-tech 6 July implemented as planned further changes planned between now and January 2017. Trust invited to bid for centre for global digital excellence funding - bid submitted outcome known 1st week in September. SEPT 2016: Trust confirmation of bid success due mid October - favourable feedback received.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
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

Existing Control Measures

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

Assurance Evidence	Gaps in Controls/Assurance
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & specialty performance results	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP

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

Executive Lead's Assessment

JULY 2016 : Following review of forecast financial risk at Month 2, Trust established internal recovery programme with the aim of developing actions to ensure overall financial plan delivered by the end of the financial year. Forecast risk gap identified as £5m (including £1m slippage contingency). To-date counter measures of £3.3m to £3.6m identified leaving gap to resolve of £1.9m to £1.6m. Focus on review of service line performance and reducing spend in cost overrun areas - nursing pay & facilities and delivery of elective activity run rate. Trust also in discussion with NHSi re control total which may change plans currently agreed.
SEPT 2016: Trust has agreed control total with NHSI. Target surplus £0.8m. for the year. Trust will receive STF of £3.7m for the year. First 6 months share dependent on delivery of Q2 revised plan and profile. Trust plans will be update for Q2. Trust risk to manage to ensure delivery of overall year end control (including operational pressures) = £2.5m. Weekly internal recovery process on-going to address this. Note of original £5m internal pressures, circa £3.5m of recovery schemes identified and validated. Month 5 performance ahead of plan.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led					
Exec Lead: Jonathan Stephens	**Type:** External, Known		Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description	
Risk to business development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities	
Existing Control Measures	
• CBU Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 2016 Change Programme Projects (Strategic Partnerships & International Clinical Business and non NHS Patient Services)
• Five year plan agreed by Board and Governors in 2014	• Capacity Plan identifies beds and theatres required to deliver BD Plan.
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	
Assurance Evidence	**Gaps in Controls/Assurance**
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Workshop held in June to identofy options for bridging business development gap	Alternative schemes being developed. Report to RABD
Identify models and services to provide to non NHS patients / commercial offers	Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases
Executive Lead's Assessment	
JULY 2016: Challenges to delivery of additional core specialty activity in 2016/17 due to need to focus on delivering baseline activity required to meet plans and contracts. Good progress in international patient treatments, with forecast income exceeding plans. Currently reviewing bed capacity and utilisation to assess if further international cases can be accommodated to help bridge £0.7m business development gap. SEPT 2016: no major change, circa £100k additional contribution from international work in Q3/4 will reduce in year gap from £0.7m to £0.6m	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Richard Turnock		**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Derogations secured in relation to specialist service specs.

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

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pursue the community tender incorporating the public health offer	

Executive Lead's Assessment

JULY 2016: No major changes in any of the areas - the work highlighted above is still on going to aid risk reduction.
SEPT 2016:Cardiac service agreed but RAG rating amber.Improvement in middle grade provision for gen paeds

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Sustainability & Capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led					
Exec Lead: Melissa Swindell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

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

Existing Control Measures	
• Compliance tracked through the corporate report and CBU dashboards	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• Mandatroy training reviewed and updated in summer 2014	• OLM restructured to include key competencies
• All training records available online and mapped to competency framework	• E-learning updated in January 2015 with one click access
• Permanent nurse staffing pool	• 'Developing our Workforce' workstream implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	**Gaps in Controls/Assurance**
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Low compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Education Governance group to support implementation, setting up in September, reporting through WOD
Build and sustain leadership capacity and capability	Leadership and management project has commenced, but has experienced slippage due to competing priorities
Sickness Policy refreshed	Implemented 1 July 2016
Develop our Education Strategy	
Task & Finish Group to review prior action failures and identify solution	Action Plan signed off at WOD
Review mandatory training programme - July 2016	Review still underway, to conclude by end Sept 2016

Executive Lead's Assessment
JULY 2016: Work on actions identified above to be accelerated, following the focus in Q1-2 on process improvement to support financial turnaround. SEPT 2016: HENW Workforce Planning submission completed. Notice given to nurse agency, PULSE, which should result in lower agency costs - this in response to successful cohort of nurses commencing employment. Workforce Steering Group continues to monitor workforce financial position. Projects to review all workforce groups to commence October 16

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell		**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

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

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

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

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Communications Strategy published	
Analysis of Staff Survey	Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	Remains in progress

Executive Lead's Assessment
JULY 2016: The LiA way of working has identified numerous quick wins in our bid to engage staff as much as possible and improve Alder Hey as a workplace; meanwhile ten clinical teams are working to a plan to make identified improvements for patients in specific areas. SEPT 2016: LiA continues at pace, with the next 20 teams being identified to take forward their improvements. Preparation for the Staff Survey is underway, which launches on the 11th October.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description	
Failure to proactively develop a future workforce that reflects the diversity of the local population	
Existing Control Measures	
• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	
Assurance Evidence	**Gaps in Controls/Assurance**
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards	Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with partner organisations to develop effective BME recruitment strategy	Underway, and plan to be produced
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support
Increase declaration rates with Equality Act 2010	Actioned, with all organisation reports reporting on protected characteristics where required
Executive Lead's Assessment	
JULY 2016: Focus on this area will continue to increase as it plays a key role in the implementation and embedding of our Trust values. SEPT 2016: Deadlines for submission of EDS2 and WRES met. Task and Finish Group working together to identify proactive ways to increase diversity amongst the workforce. Agreed a pilot with Skills for Health to support 6 individuals currently without employment to have a work placement within Alder Hey.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** International Innovation, Research & Education	Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

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

Existing Control Measures

• Proactive involvement in key strategic forums and networks.	• Participation in strategic clinical networks.
• Presence on Health and Wellbeing Board.	• Pilot for integrated children care developed within CCGs/LA.
• Children's services prominent within joint strategic needs assessment and consequent plans.	• Business development team meeting regularly with CCGs and GPs.
• Director of Finance responsible for Specialist Commissioning of Alder Hey's services on behalf of NHS England.	• Trust is a key partner in Liverpool Pioneer Bid focusing on children submitted to Department of Health.
• Members of national PBR Tariff and Children's Alliance Groups.	• 5 Year strategic plan agreed and shared with key commissioners
• Clinical Services Strategy	

Assurance Evidence	Gaps in Controls/Assurance
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team	Lack of integration with other academic partners Lack of funding for Alder Hey App. Appointment of commissioned industry partner for AH App. Innovation Strategy not yet translated into tactical plan Commercial research offer not quantified Education Strategy needs to be refreshed

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Work with our charity colleagues to raise the profile of our research and innovation capability.	
Develop a single integrated approach across research, education & innovation	
Develop a robust commercial Education Business Model	
Progress towards making Alder Hey the 'world's first living hospital'	
Creation of a robust commercial machine	
Educational Partnerships to be cemented	

Executive Lead's Assessment

JULY 2016: risk remains static; actions on-going.
SEPT 2016: Secured ERDF funding for Innovation Team. Risk remains static

Alder Hey Children's NHS Foundation Trust

Trust Assurance Framework Reviews

(Structures, Engagement and Alignment 2015/16)

The overall purpose of the insight is to summarise the results of the 2015/16 Assurance Framework reviews, highlighting good practice examples and key areas for enhancement and provide this against the Trusts Assurance Framework Assessment.

1. Context

All government bodies, including the NHS, are required to have processes in place to provide a full annual governance statement (AGS) each year. The Assurance Framework is a key piece of evidence to support the Board in reaching their conclusions on the effectiveness of their internal control systems. The regulatory frameworks for NHS organisations have also increasingly re-emphasised the importance of organisations determining and managing the nature and extent of their strategic risks.

Whilst the principles of assurance frameworks have been in place for a number of years, there has been a continued focus on ensuring the embeddedness of these processes and the extent they are used by the Board. The context of assurance rather than reassurance is one that has been played out in a number of organisations, and more than ever, there is a need to demonstrate that the Assurance Framework is at the heart of Board reporting supporting the Board in ensuring the required assurances are sought and received.

This paper summarises the results from the detailed individual reviews of the Assurance Frameworks across the 33 trusts (acute, foundation, mental health and ambulance) in MIAA's client base which were undertaken in support of the 2015/16 Director of Audit Opinions. The review assessed 3 distinct areas:

- The structure of the Assurance Framework
- Board engagement in the review and use of the Assurance Framework
- The quality of the content of the Assurance Framework and whether it demonstrates clear connectivity with the Board agenda and external environment

Each of the 3 criteria above was tested for each Trust and the results were RAG rated as follows:

KEY: **GREEN** – Fully meets **AMBER** – Partially meets **RED** – Does not meet

Finally, the risks included in the Assurance Framework were compared to the Top 10 risks identified in MIAA's 2015 Assurance Framework 'What Keeps You Awake at Night' benchmarking review to identify any potential gaps.

2. Summary of Good Practice

From our review of the Assurance Frameworks (AFs) across the client base, the best examples demonstrated the following:

- Each risk is explicitly linked to one or more strategic objectives and also linked to any associated corporate risk register risks demonstrating the escalation route
- Some form of summarised information is provided to the Board. This could be a heat map, a risk history or a narrative summary sheet
- There is a clear action plan for gaps in control and/or assurance linked to each risk with timescales and responsible officers
- Assurances are categorised between internal and external allowing a Board to see any key risks against which further external assurance may be beneficial
- Positive assurances highlighted are the AF signposts to specific evidence where there is assurance that controls are working effectively (as opposed to the AF showing only theoretical assurances)
- The AF is regularly presented to the Board (at least quarterly)
- The Board minutes demonstrate regular discussion and update of the AF
- Discussion and update of the AF is embedded into the work programme of the Board committees
- There is a clear link between Board agenda items and the AF (this can be made through more explicit reference to the AF and clear identification of the AF risks on agenda item cover sheets).

MIAA are keen to continue to support AF developments and can work alongside you to discuss different approaches and provide good examples as appropriate. We have also been supporting a number of Trusts in the North West to support the development of their risk appetite arrangements, and as part of this have undertaken workshop sessions with the Board.

3. Review Results

The following provides an overview of the findings from the detailed assessments.

Structure:

Testing Criteria		Red	Amber	Green	Trust Outcome
The structure of the Assurance Framework meets the NHS requirements in respect of defining objectives, risks, controls, assurances and gaps	No.	0	1	32	Green
	%	0	3	97	
The objectives within the Assurance Framework align with those in the strategic plan.	No.	0	4	29	Green
	%	0	12	88	
The format of the Assurance Framework provides an action plan to address the gaps	No.	0	5	28	Green
	%	0	15	85	

The structure of the Assurance Frameworks (AF) reviewed largely complied with requirements, including the provision of an action plan. The best examples of action plans had an indication of timescales and responsible officer in order to provide a focus for action completion and to avoid actions being carried forward indefinitely.

In terms of the structure of the AF, there was only 1 organisation whose AF needs to be developed further to ensure it includes some of the basic details around controls, assurances and gaps.

A limited number of trusts had included their risk appetite for their individual risks in their AF.

Some trusts had developed their AFs to include some kind of summary information for their Boards. This could be by means of a summary sheet, a risk score history or a heat map. As the full AF tends to be a relatively detailed document, the inclusion of some form of summary could assist the Board in seeing the overall picture of the risks to achievement of their strategic objectives.

The majority of trusts include details of a Risk Owner/Responsible Lead Executive to indicate that there is clear accountability for managing the risk.

A number of trusts specifically noted if assurances were internal or external with one Trust utilising the '3 lines of defence' approach grading assurances as internal (management), internal (peer review) or external . External assurances, by their nature (being independent) are generally regarded as more robust. Separating internal and external assurances allows organisations to see where a high/extreme risk has only internal assurances and they perhaps need to consider gaining further external assurance.

A limited number of trusts specifically include positive assurances (i.e. evidence that indicates that controls are operating effectively as opposed to theoretical or planned assurances). In the best examples, the assurances include specific dates, for example dates of relevant reports. Some also included negative assurances (similar to 'Gaps in Assurance'), i.e. where their assurance mechanisms had flagged up potential issues. These could then be linked to a more specific action plan.

The majority of AFs reviewed also had a clear link between the objectives in their AF and those in their strategic plan. A limited number of organisations had not aligned the objectives in their AF to their strategic plan or had themed their risks across more vague subject areas (e.g. Finance, Quality etc.) rather than mapping each risk to a specific strategic objective. Some AFs had also linked their AF risks to any associated corporate risk register risks which would demonstrate their risk escalation processes, i.e. that an operational risk could potentially also be a strategic risk.

Engagement:

Testing Criteria		Red	Amber	Green	Trust Outcome
The Assurance Framework is regularly presented to the Board.	No.	0	6	27	Green
	%	0	18	82	
The minutes of the Board clearly demonstrate discussion, review and update of the Assurance Framework	No.	0	7	26	Green
	%	0	21	79	

The number of organisations where the AF had not been regularly presented to the Board was perhaps surprisingly high at 18%. There were a number of trusts where the AF was presented and discussed by the Board only once during the year and one organisation where the full AF was not presented at all and only verbal updates were given.

Although the AF may be regularly presented to the Board, it does not necessarily follow that they use it to best effect. In order to test this, we reviewed Board and committee minutes for evidence that the organisation demonstrates the use of the AF as one its key tools in

achieving its strategic objectives. This could be demonstrated both through direct discussion and consideration at Board meetings (as evidenced through their minutes) but also through the visibility and discussion of the AF at committee meetings (assuming that the committees present updates or minutes to the Board which we specifically tested for). As committees would routinely be included as an assurance mechanism, it is important that these assurances are effectively reported to the Board. This would include the Audit Committee though clearly this has a different role from other committees in that it should be reporting on the adequacy of the systems and processes underpinning the AF and, where appropriate, testing the assurances rather than itself providing any direct assurances.

The majority of organisations were rated as Green. Trusts were rated as Amber typically because either:

- Board discussion was more around the format of the AF document rather than using it as a tool to manage and report risk. The engagement of the Board and the collective ownership of the AF was not evident and there was limited or no discussion of the strategic risks, assurances or consideration of any mitigating actions required
- Committee minutes received by the Board do not demonstrate the visibility or use of the AF by the Committees. The AF itself may reference the Committees in terms of sources of assurances for specific risks but these assurances are not effectively connected to the AF and reported upwards
- Committee minutes were not presented regularly to the Board and therefore, even if the AF was regularly discussed by committees, the Board was not necessarily made aware of the assurances these committees provided

Quality and Alignment:

Testing Criteria		Red	Amber	Green	Trust Outcome
The risks within the Assurance Framework are visible on the Board agenda.	No.	0	0	31	Green
	%	0	0	100	
The risks identified within the Board minutes are reflected in the Assurance Framework	No.	0	1	30	Green
	%	0	3	97	

As the table above demonstrates, across the trust client base there was very high compliance with this element of the testing.

In order to demonstrate that the AF is regarded as a key tool to manage the trust's strategic risks, we looked for evidence that the topic areas associated with the risks in the AF were

included on the Board agenda (i.e. the AF should in theory be driving the Board agenda). All trusts were rated as Green against this assessment indicating that Boards are sufficiently strategically focused in their agendas.

Conversely, we also reviewed the Board minutes to ensure that any strategic risks identified in Board discussions were connected to the AF. Again, there was a high level of compliance.

One way in which a clear linkages between Board agenda items and the AF can be demonstrated is through references to AF risks on Board paper cover sheets.

4. Risks

The table below shows the top 10 risk themes identified from a wider benchmarking exercise undertaken by MIAA in September 2015:

Top 10 Trust AF Risk Themes	Trust Assessment
1. Transformation and Service Redesign	Yes
2. Staff Capacity and Capability	Yes
3. IM&T, Data Quality and New System Implementation	Yes
4. Financial Duties, Continuity of Services and CIP	Yes
5. Performance Targets	Yes
6. Quality of Services	Yes
7. Regulatory Standards	Yes
8. HR, OD and Employment Framework	Yes
9. Business Development and Growth	Yes
10. Estates (incl. H&S and Maintenance)	Yes

We reviewed the 2015/16 AFs to determine how many of these risks were included. Typically, trusts had around 6 or 7 of the 10 risks areas in their AFs. Risks 8 and 10 –Human Resources, Organisation Development and Employment Framework, and Estates, were those which were less prevalent across the AFs that we tested.

Trusts may wish to review their AF risks to consider whether any risks with regard to the above list should be included.

We would be keen to hear your views on the issues raised and your ideas on how further benchmarking in this or other areas would be of benefit.

For more information or to request a benchmarking topic please speak to your Senior Audit Manager or contact:

Louise Cobain, Assistant Director

r&d@miaa.nhs.uk

Alder Hey Children's NHS
NHS Foundation Trust

Resource and Business Development Committee

Minutes of the meeting held on **Wednesday 27th July 2016**, **at 9:30am, Room 5, Level 1, Mezzanine**

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Dove	Non-Executive Director	CD
	Louise Shepherd	Chief Executive	LS
	Jonathan Stephens	Director of Finance	JS
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Louise Dunn	Director of Marketing and Comms	LD
	Joe Gibson	External Programme	JG
	Graham Lamont	Acting Medical Director	GL
	Claire Liddy	Deputy Director of Finance	CL
	Laurence Murphy	Head of contracting	LM
	Therese Patten	Associate Director of Strategic Dev	TP
	Janette Richardson	Programme Manager	JR
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
	Peter Young	External IM&T Consultant	PY
	Julie Tsao	Committee Administrator	JT
Apologies:	Andy McColl	Business Development	AMc
	Lachlan Stark	Head of Planning and Performance	LS
	Rick Turnock	Medical Director	RT

16/17/70 Minutes of the previous meeting held on 29th June 2016

RABD received the minutes of the previous meeting. Jonathan Stephens asked for the last sentence on page 2 paragraph 2 to be removed.

Resolved:
Subject to the above amendment RABD approved the minutes of the last meeting.

16/17/71 Matters Arising and Action list

The Chair welcomed Graham Lamont to his first meeting on behalf of the committee.

16/17/72 Achieving Run Rate

The 6 week task and finish group to review run rate had now been completed. Any outstanding actions would be managed through the weekly CBU meetings.

Ears, Nose and Throat services had met the run rate for the first time in 18 months. SCACC were to deliver their run rate, Plastics and Dermatology continued to improve.

The elective winter plans were currently being tested.

Resolved:
RABD received an update on run rate progress.

16/17/73 Pay Cost

The pay variance budget was £25k for month 3, whilst there had been overspend there was a reduction compared to the last few months.

Procurement had commenced a review to reduce the number of contracts. It was agreed

an update on progress would be received at the next meeting.

Final proposals to agree a Mutually Agreed Severance scheme was in progress. Monthly checks of overtime payments were in place to ensure overtime was required.

RABD went through the staffing overspend for the month noting these areas are nursing and ancillary. Hilda Gwilliams had previously agreed to carry out a nursing staffing review following 6 months in the new hospital. It was agreed the findings and any recruitment plans would be presented at the September RABD.

Following the implementation of a vacancy review panel two panels have now been held. No vacancies were approved at the first panel, the second panel have held 3 vacancies and are awaiting further information.

Resolved:
An update on pay cost month 3 was received.

16/17/74 Workforce CIP

CBUs continued to work closely to improve the CIP workforce gap. The next meeting was due to be held in the first week of August. A review of the skill mix was to take place to ensure duties were being carried out by the right roles.

Claire Liddy agreed to include recurrent payments into future CIP position reports.

Resolved:
RABD received an update on Workforce CIP.

16/17/75 Business Development

Therese Patten provided an update on the three work-streams within the Developing our business programme.

Strategic Partnerships
RABD received an update on the cardiac cases that were to be transferred from Stoke and Birmingham Trust's, a meeting with Stoke had been arranged for 12th September 2016.

International and Non-NHS Clinical Business
The Al Jalila Hospital is hopeful of commencing services in October 2016.

The operational teams have advised that the balance between hospital activity and international activity needs to be managed effectively to ensure delivery against both important agendas.

CBU Business Development Plans
A separate paper provided an update on progress against delivery of schemes during the first quarter and a year-end forecast.

Resolved:
RABD received an update on the Developing our business programme noting overall the updated forecast remains at £0.8m, with a gap of £0.7m against the target of £1.5m.

16/17/76 Cash flow

At the end of month 03, cash in bank £7.0m, £4.3m greater than plan, this positive variance relates to working capital balances.

To support capital management a number of changes had been implemented including;
- The increase of invoice payments from 19.5 days to 37.5

- £2.5m was the maximum amount to leave the bank per week
- A revised debt escalation policy had been implemented.

Resolved:
RABD received an update on Cash flow.

16/17/77 CIP Standard Operating Procedure

The RAG rating within the CIP Standard Operating Procedure had been amended to include an additional risk rating for use when the financial figures do not accurately reflect the risk to delivery. This will allow adjustments of up to £50 of the delivery.

Resolved:
RABD approved the additional risk rating within the CIP SOP.

16/17/78Programme Assurance 'developing our business'

Developing our business Work-stream
An update on this workstream had been received under agenda item; 16/17/75.

Resolved:
An update on the developing our business work-stream was received.

Services in Communities Work-stream
An Extraordinary Board meeting had been held last week to approve the submission of a bid for the Sefton Community Children's services. A tender for Liverpool Community Children's service would commence in late August.

A project manager for the quality improvement work-stream had now been appointed.

Resolved:
An update on Services in Communities Work-stream was received.

Developing IM&CT and EPR Work-stream
Following the decision by the Executive Team that focus will be on internal recovery and projects delivering financial benefits, the assurance ratings for this work stream will remain as they are until the next review and update which is expected in September 2016.

Resolved:
An update on Developing IM&CT and EPR Work-stream was received.

Supporting Frontline Staff Work-stream
Overall the work stream is achieving financial targets. Facilities and Medicines Optimisations are both behind and under review by the Steering Committee. Coding and Procurement have been asked to stretch beyond the annual target and are creating action plans.

Resolved
RABD received an update on supporting Frontline Staff work-stream.

Park, Community Estate and Facilities Workstream
An update on the projects within the work-stream was received.

A new project Manager had been appointed to the Agile Working project, it was expected the project would now move forward with more pace.

A number of the projects had not been RAG rated as they were to be updated on a quarterly basis.

Resolved:
An update on Park, Community Estate and Facilities Work-stream was received.

16/17/80 Agency Compliance report

All bookings for non-medical agency posts were now being managed through the NHSP agency system.

Resolved:
RABD received the content of the agency compliance report.

16/17/81 Monthly Debt Write Off

22 proposed write offs for the total of £16,042.36 was presented.

The payments for Laser treatment patients had been cleansed as Northern Ireland were no longer funding this treatment.

Patients requesting medical records were required to pay for access however as a number of debtors could not be located it was requested these debts were written off.

A number of overpayments made by the Trust's previous HR/Payroll providers Capita and dated back to July 2014.

Resolved:
RABD APPROVED the total of £16,042.36 write offs for July 2016.

16/17/82 Finance report

RABD went through the Income and Expenditure table noting the £431 gain due to the one off government grant.

Steven Begley, Procurement manager had commenced a review of centralised stock and would feedback the findings in September 2016.

Resolved:
RABD received and noted the content of the Finance report for Month 1.

16/17/83 Internal Financial Recovery

On the 5th July, the Trust Board made the decision to enter Internal Recovery, as a response to the current financial position and year end forecast. The requirement is to take actions which will recover the Trust financial performance and demonstrate robust controls are in place.

The following new / additional controls have already been implemented:

- **Stop hospitality** and refreshments for internal meetings. Exceptions may be agreed for events with external visitors and members of the public.
- **Petty Cash** – additional controls put in place effective form 13th July. Petty Cash is only available for emergency circumstances directly related to patient care. All claims must be authorised by a senior manager.
- **Vacancy Panel** – first meeting took place on 18th July, chaired by the Director of HR&OD.

A number of enabling schemes have been identified and "terms of reference" have been developed including:

- **Procurement saving** stretch initiative to take place during Aug & Sep: every budget holder to meet with procurement lead and finance representative to review purchasing

- **Budget Cleanse exercise:** thorough and objective review of every budget, to challenge under and over utilised budgets, freeze non recurrent spend wherever clinically appropriate, and include assessment of vacancies not filled for 3 months or longer. These reviews will be led by the Chief Operating Officer.
- **Contract Tactical Group** with first meeting scheduled for 26th July, to agree approach to in year negotiations with commissioners on specific issues, including mitigation of any fines and penalties.

Resolved:
RABD received an update and the content of the internal financial recovery plans.

16/17/84 Contract Income Monitoring

Laurence Murphy presented the Contract report for May 2016.

2016/2017 main contract risks included; the planned reduction in long-staying patients is clearly a good patient experience & increases bed capacity. There had been concerns as to whether this would see a reduction in payments however the Trust had now received confirmation of continued payments.

Liverpool CCG have invested an additional £1.2m in the Community Paediatric service however the investment is conditional on achieving a number of milestones therefore performance will need to be closely monitored . 1st monitoring meeting with the CCG is on 26th July.

Currently the Trust is not documenting the patients who meet the criteria for sepsis screening as required. Contract support staff have been liaising with Stephane Paulas the lead clinician but have concerns that we will lose the £31k CQUIN monies for Q1.

Resolved:
RABD noted the report indicating an underperformance of £308k (0.9%) of clinical income cumulative to the 31st May , a description of the main contract risks faced by the Trust & the latest position regarding performance versus the CCG CQUIN targets.

16/17/85 PFI Contract Monitoring report

It was agreed this item would be deferred until the next meeting.

16/17/86 Springfield Park 'Structure' Heads of Terms

A heads of terms document between Alder Hey and Liverpool City Council (LCC) to develop the old hospital site to a new park was presented. A meeting between the two organisations was to be held next week to approve the joint venture.

As part of the terms (LCC) were to contribute £50,000 to maintain the grounds. Feedback had recently been received that (LCC) no longer wanted to financially contribute. It was agreed this would be discussed further at the joint meeting next week and a final joint venture agreement document would be presented to RABD in August before Alder Hey approved a joint venture.

Resolved:
RABD requested the final joint venture Springfield park document prior to approval of the joint venture.

16/17/87 Monitor Quarterly Submission

RABD went through the Monitor submission for quarter 1 noting the new risk on gaps in Junior Doctors rotas had been added.

Claire Liddy agreed to email Erica Saunders with further details on timing of the donated asset income to note this is not trading performance.

Resolved:
RABD approved Monitor Quarter 1 submission subject to further clarification on the timing of the donated assets.

16/17/88 Corporate Performance update

Melissa Swindell reported on the continued reduction of sickness absence to 4.6% for month 3. There had been a number of sickness absence dismissals in-line with the new sickness absence policy.

Resolved:
RABD received and noted the content of the corporate report for month 3.

16/17/89 Weekly waiting times update

The incomplete pathway cancer & diagnostic standards have all been achieved and in line with planning assumptions the admitted and non-admitted performance remains below the original 90 & 95% standards.

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

16/17/65 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the positive May report.

16/17/67 Any Other Business

No further business was reported.

16/17/45 Date and Time of the next meeting: Wednesday 24th August 2016 at 9:30am, Level 1 Room 5.

Alder Hey Children's NHS
NHS Foundation Trust

Resource and Business Development Committee
Minutes of the meeting held on **Tuesday 30th August 2016**, **at 9:30am,**
Large Meeting Room, Institute in the park

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Jonathan Stephens	Director of Finance	JS
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Alison Chew	Head of Operational Finance	AC
	Joe Gibson	External Programme	JG
	Graham Lamont	Acting Medical Director	GL
	Therese Patten	Associate Director of Strategic Dev	TP
	Erica Saunders	Director of Corporate Affairs	ES
	Gary Wadeson	Contract and Income Accountant	GW
	Julie Tsao	Committee Administrator	JT
Apologies:	Louise Dunn	Director of Marketing and Comms	LD
	Claire Dove	Non-Executive Director	CD
	Hilda Gwilliams	Chief Nurse	HG
	Claire Liddy	Deputy Director of Finance	CL
	Andy McColl	Business Development	AMc
	Laurence Murphy	Head of contracting	LM
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Louise Shepherd	Chief Executive	LS
	Melissa Swindell	Interim Director of HR	MS
	Rick Turnock	Medical Director	RT
	Peter Young	External IM&T Consultant	PY

16/17/93Minutes of the previous meeting held on 27th July 2016

RABD received the minutes of the previous meeting. Therese Patten asked for a sentence under International and Non-NHS Clinical Business to be amended and agreed to forward the correct wording to JT.

Resolved:
Subject to the above amendment RABD approved the minutes of the last meeting.

16/17/94 Matters Arising and Action log

The actions for this meeting had been included as an item on the agenda.

RABD noted the meeting was not quorate. It was agreed items approved would be subject to approval of Claire Dove, Non-Executive Director.

16/17/95 Finance report

For July the Trust is reporting a normalised deficit of £1.1m, £0.1m behind plan. Income is ahead of plan by £0.5m and expenditure is behind plan in the month by £0.6m. The year to date deficit is £6.2m which is now £0.6m behind plan. The main reason why the Trust is behind plan is due to the adverse variance of £0.8m against planned government grant income. This is a timing issue and not an underlying concern. The trading position excluding grants is £0.2m ahead of plan. Cost overrun variances are offset in overall terms by income. Cash in the Bank is £4.2m, Monitor risk rating is 2.

Pay Cost Control

At the end of month 04, cash in bank was £4.2m, £3.3m greater than plan, this positive variance relates to working capital balances.

The pay variance budget was £197k for month 4. Actions to improve the overspend include;

CBU Temporary spend 12 month forecast – CBU required to provide recurring trajectory. This is being reviewed and monitored by the fortnightly workforce steering group.

A discussion was held on the continued actions to reduce agency spend within Facilitates.

A Mutually Agreed Severance Scheme (MASS) has been developed and will be presented to Trust Board next week for approval. As the Trust is in receipt of internal financial recovery from the Department of Health approval will also be required from NHS Improvement.

Ian Quinlan queried the process for approving expenses, Alison Chew agreed to look into this outside of the meeting and provide an update once received.

The Trust has reduced payments to suppliers to 1 payment run per week (from 2) and has been controlling the amount of cash being paid out. The target is to pay 95% of invoices within 30 days. For the year to July, the Trust paid 86% of invoices within 30 days. The creditor days for July were shown as 23.76. Ian Quinlan asked if this could be shown at 30 days going forward.

RABD went through the top 10 organisations owing amounts for more than 90 days. To provide further detail asked for the date once the payment had become outstanding to be included.

Resolved:
RABD received and noted the content of the Finance report for month 4.

16/17/96 Workforce CIP
This item had been included under; 16/17/95 Finance report.

16/17/97 Agency Compliance report
All bookings for non-medical agency posts were now being managed through the NHSP agency system.

Resolved:
RABD received the content of the agency compliance report.

16/17/98 Internal Financial Recovery
Andy McColl gave a presentation on the Trust's recovery plans noting the £5.2m target. A timeline of processes in place to meet the target was presented. The Trust Board would review progress at the end of quarter 2.

Schemes are now being implemented and the value of "Delivered Plans" will be reported in early September, alongside the Month 5 financial position.

Following a budget cleanse a number of actions going forward were to be implemented;
- No further overtime for non-clinical staff (offer time back in lieu).
- Remove all budgets for Hospitality and Discretionary Spend
- Waiting List initiatives would require counter signing by a General Manager
- Clarity required where expenditure crosses CBU budgets (eg Estates and Building Services budgets).
- Require ESR cleansing exercise

- Recruitment control – Risk Assessment reviewed by Vacancy Panel
- Workforce reviews

The current forecast is at £3.3m leaving an estimated gap of around £1.9m.

Going forward the biggest areas of overspend would continue to be reviewed. One proposal was to increase booking sessions within Theatres.

Resolved:
a) RABD received an update and the content of the internal financial recovery plans.
b) An update on delivered plans would be presented at the September RABD.

16/17/99 Project Initiation Documents

Residential Development Project

Sue Brown presented the Residential Development PID for approval and provided an update on the bids presented to develop housing on a section of the old hospital site. A meeting was in the diary for tomorrow to shortlist the bids presented.

Resolved:
RABD APPROVED the Residential Development PID.

The Springfield Park Re-development Project

A project Manager had commenced and had been in post for over 6 weeks.

Discussions between the Trust and Liverpool City Council to agree joint funding of the project continued.

Resolved:
RABD APPROVED the Springfield Park Re-development Project.

16/17/100Programme Assurance 'developing our business'

Developing our business Work-stream

Overall the work stream is below the annual target by £0.8m, which has remained at a similar value for the past few months despite a Horizon Scanning Workshop.

Therese Patten provided an update on International and non NHS Patient services.

Cardiac cases from Stoke were to take place to see if this pathway would be right. A review of the Cheshire and Merseyside Neonatal transport was in progress.

As the outcome of C&M Neonatal review and the Cardiac pathway from Stoke was unclear Mags Banaby queried whether it would be suitable to review the £0.8m gap. Therese Patten responded advising the outcome of the C&M Neonatal Transport review would be clearer following a meeting later today.

RABD discussed the winter elective cases that did not take place last year, due to financial targets these cases would be required to go ahead this year. Mags Barnaby suggested a review to test the winter elective plans was to take place.

Resolved:
An update on the developing our business work-stream was received.

Services in Communities Work-stream

Services in communities work-stream was £35K behind plan. Mags Barnaby agreed to provide an update at the next meeting on closing the gap.

The bid for Liverpool Children's community services 0-19 will be submitted tomorrow.

The outcome of the bid for Sefton Community Services 0-19 was due to be announced in September.

Resolved:
An update on Services in Communities Work-stream was received.

Supporting Frontline Staff Work-stream
Overall the work stream continues to achieve financial targets by £0.7m, driven by Coding/Capture. Facilities and Medicines Optimisations are both behind and under review by the Steering Committee. Coding and Procurement have been asked to stretch beyond the annual target and are creating action plans.

RABD thanked Claire Liddy for her leadership on this work stream.

Resolved
RABD received an update on supporting Frontline Staff work-stream.

16/17/101Monthly Debt Write Off

4 proposed write offs for the total of £5,059.85 was presented.

2 of the proposed write offs related to the Trust's previous HR/Payroll providers Capita and 2 related to patient requests for medical records. Numerous efforts had been made for the payments to be reimbursed however as there was no strong evidence to continue to pursue or it would be uneconomical to continue RABD was asked to approve the proposed write offs for August 2016.

Resolved:
RABD APPROVED the total of £5,059.85 write offs for August 2016.

16/17/102 Contract Income Monitoring

Gary Wadeson presented the Contract report for June 2016, and went through the 2016/17 main contract concerns as follows;

NHS England are to undertake a 'deep dive 'into the Orthopaedic over performance.

A team of nurse social workers have been employed by the Trust with the specific objective of progressing discharge for long-stay patients with complex health & social care needs .

NHS England have rejected the Trust's request to fund the above team from the savings in excess bed day charges that have arisen citing discharge planning is 'business as usual' noting the current level of over performance and the likely further income generation from any freed up capacity . It is proposed to escalate this decision to Director level and ask that funding for the direct costs of the team is made available.

CCG have invested an additional £1.2m in the Community Paediatric service with the investment conditional on achieving a number of milestones . The trust achieved the quarter 1 waiting time trajectory & performance will continue to be closely monitored.

Liverpool CCG have commissioned a review of activity recording & coding on the Emergency Decision Unit to be undertaken in September.

The Trust has submitted a quarter 1 CQUIN report to Commissioners & is awaiting feedback . Due to the likelihood of failing to achieve a number of CQUIN milestones ,

referred to in last month's report, a £100k sanctions provision has been included in the end of July financial position .

NHS Improvement and NHS England announced a series of policy & pricing proposals for the 2017/2018 national tariff on the 2nd August 2016. Early indication is that the impact on the Trust would be a reduction of £1.6m under the draft proposal split loss of £0.6m (1%) on in-patients, loss of £1.3m (9%) on out-patients and a gain of £0.3m (7%) on A & E.

The tariff was due to be published in September 2016 followed by a consultation period.

Resolved:
RABD noted the report indicating an underperformance of £317k (0.6%) of clinical income for quarter 1 , a description of the current main contract issues & the early indication of the impact of changes to national tariff for 2017/2018 .

16/17/103 PFI Contract Monitoring report

The ongoing dispute for a settlement deal with Project Co. regarding the non-performance mainly attributable to construction defects continues.

Drainage issues reported at the June RABD continued to be a small concern as the majority of pipe issues had been resolved. Due to this Project co. was no longer fining the Trust.

All cleaners were not completing the form to indicate the toilets had been cleaned. A review of the process was being looked into.

A number of TV's purchased by the Trust had not been commissioned by IT to install. This was a main priority for IT to install the remaining 15 TVs.

A query was raised on the response times to medical equipment and assurance the response was in time before a piece of equipment became unsafe. Graham Dixon said staff are advised to turn off a piece of equipment if they have safety concerns.

Resolved:
RABD received an update on the PFI monitoring report noting the improved service from Interserve over the last three months.

16/17/104 Springfield Park 'Structure' Heads of Terms

Discussions continued to agree a contract between Alder Hey and Liverpool City Council.

Resolved:
Sue Brown said it was hoped to be resolved over the next few months and would update RABD in November.

16/17/105 Corporate Performance update

Lachlan Stark went through the overall CBU performance noting the longest patient waiting time had reduced from last month's report.

Graham Lamont and teams continued to try and reduce the junior doctor gap although this continued to be a national concern.

Workforce
Sickness absence shows a reduction from last month and - at 4.9% - is now only 0.4% above target. Mandatory training compliance as at 81.8%, although Corporate Induction attendance has increased to 94%. Medical appraisal compliance is at 0% as the new monitoring window has opened. Work continues on improving all KPIs.

Emergency Department
Trust achieved the monitor trajectory for 93.6%. Attendances during May, were in line with trust predications.

Resolved:
RABD received and noted the content of the corporate report for month 3.

16/17/106 Weekly waiting times update

The incomplete pathway cancer & diagnostic standards have all been achieved and in line with planning assumptions the admitted and non-admitted performance remains below the original 90 & 95% standards.

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

16/17/107 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the positive July report.

16/17/108 Community Children's services 0-19 Sefton Bid

Following submission of a bid for the Sefton Community Children's services the Trust had been invited to interview on Friday. The bid had been submitted at the maximum of £5.7m.

There was uncertainty as to whether the bid also included social service and corporate functions. It was noted clarity would be sought on this point at the interview.

Resolved:
RABD received an update on the Sefton services Children's bid 0-19. An outcome of the bid was due in September.

16/17/109 Any Other Business

No further business was reported.

16/17/110 Date and Time of the next meeting: Wednesday 28th September 2016 at 9:30am, Level 1, Room 5.

Alder Hey Children's NHS
NHS Foundation Trust

Research, Education and Innovation Committee

Minutes of the meeting held on **Thursday 10th March 2016,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

Present:	Mr Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Prof Michael Beresford	Brough Chair, University of Liverpool	(MB)
	Mr Rafael Gurrero	Consultant Cardiac Services	(RG)
	Prof Matthew Peak	Director of Research	(LS)
	Mr David Powell	Development Director	(DP)
	Mr Rick Turnock	Medical Director	(RT)
	Mrs Louise Shepherd	Chief Executive	(LS)
	Mrs Melissa Swindell	Interim Director of HR	(MS)
In Attendance:	Mr Joe Gibson	External Programme Lead	(JG)
	Mrs Claire Liddy	Deputy Director of Finance	(CL)
	Mrs Janette Richardson	Programme Manager	(JR)
	Ms E Saunders	Director of Corporate Affairs	(ES)
Apologies:	Dr Iain Hennessey	Director of Innovation	(IH)
	Sir David Henshaw	Chairman	(DH)
	Mr G Lamont	Director of Medical Education	(GL)

15/16/02 **Draft Terms of Reference**

The REI Committee discussed the draft terms of reference. It was agreed amendments would be emailed to Erica Saunders.

The membership of the committee was agreed noting attendees would be invited as and when required.

Meetings would be held bi-monthly.

Resolved:

a) The draft terms of reference were noted and received.
b) It was agreed to include the revised terms of reference for approval at the next meeting.

16/17/03 **Research and Innovation Blueprints and PIDs**

Joe Gibson provided an overview of the change programme and agreed to circulate the latest Programme Assurance Framework after the meeting.

Any Project Initiation Documents (PIDs) for Research, Education and Innovation would be presented to the Committee. Joe Gibson and Janette Richardson agreed to provide support with completing and presenting any projects to the committee.

A query was raised on what projects the committee wanted to see. A discussion was held on pieces of work already taking place including future developments for partnership working with Edge Hill University and how this committee would provide a forum to debate, record and monitor progress.

Resolved

a) An update on future RE&I Blueprints and PIDs was received.
b) A timetable for PIDs was to be developed and included within the workplan.

16/17/04 **Commercial Machinery to support Research & Innovation services**

David Powell gave a presentation on the Innovation Hub and its aims to deliver the world's first living Hospital by producing new products impacting on employment growth and productivity allied to high value digital technology.

The proposal presented at the meeting was to provide central commercial support administration and project mgt. capabilities to provide a structured core around which the innovation hub can work.

DP reported on the engagement opportunities the Innovation Hub would provide including networking with worldwide partners e.g. Children's Hospital in Boston and 'blue chip' strategic partners including; BT, Sony, Panasonic and Microsoft.

This proposal aims to keep the hands free for the Innovation team to develop rapidly and generate continuous value whilst providing control and visibility for the organisation.

Resolved:

a) The proposal to provide central commercial support administration and project management capabilities to provide a structured core around which the innovation hub can progress was APPROVED.
b) David Powell agreed to update RE&IC with any further updates.

16/17/05 **RE&IC Workplan**

Resolved:

All members agreed to email Erica Saunders and Julie Tsao with priorities for the workplan.

Date and Time of next meeting:

Thursday 5th May at 1330 in Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.
NB: Due to previously arranged commitments the above meeting was rearranged to;
Thursday 12th May at 1400 in Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.

Alder Hey Children's NHS
NHS Foundation Trust

Research, Education and Innovation Committee
Minutes of the meeting held on **Thursday 12th May 2016,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

Present:	Mr Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Prof Michael Beresford	Brough Chair, University of Liverpool	(MB)
	Ms Louise Dunn	Director of Marketing and Communications	(LD)
	Mr Rafael Gurrero	Consultant Cardiac Services	(RG)
	Dr Iain Hennessey	Director of Innovation	(IH)
	Prof Matthew Peak	Director of Research	(MP)
	Mr David Powell	Development Director	(DP)
	Mr Jonathan Stephens	Director of Finance	(JS)
	Mrs Melissa Swindell	Interim Director of HR	(MS)
In Attendance:	Mr Joe Gibson	External Programme Lead	(JG)
	Mrs Janette Richardson	Programme Manager	(JR)
Apologies:	Sir David Henshaw	Chairman	(DH)
	Mr G Lamont	Director of Medical Education	(GL)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs Louise Shepherd	Chief Executive	(LS)
	Mr Rick Turnock	Medical Director	(RT)

16/17/02 **Declarations of Interest**
No declarations were declared.

16/17/03 **Minutes of the previous meeting held on Thursday 10th March 2016**
Minutes of the previous meeting were agreed as a true and accurate record.

16/17/04 **Matters Arising**
All items for discussion were on the agenda.

16/17/05 **Draft Terms of Reference**
The revised draft terms of reference had been circulated with additional comments included.

Resolved:
The draft terms of reference were APPROVED.

16/17/06 **Committee Work-plan**
A discussion was held on the REIC work-plan;

David Powell noted partnerships being developed and this was to be monitored through the work-plan.

Items to be included under Education was discussed noting the majority of items would report into Workforce Organisational Development Committee and emphasises on ensuring there was minimum duplication and a clear separate strategy.

Matthew Peak advised the Research business plan included the work-plan for research.

Resolved:
To receive a draft work-plan at the next meeting.

16/17/07 **Research and Innovation Blueprints and PIDs**

Four projects had been aligned to the programme assurance framework for RE&I.

- Digital Hospital: Project Manager and recently been appointed funded through the Trust Charity.
- The Innovation Machine: Project had commenced and a number of the sections required updating from red to green.

The following projects had not commenced;

- Commercial Research offers
- Commercial Education Offers

Resolved

a) An update on future RE&I Blueprints and PIDs was received.
b) To be a standard item on the agenda.

16/17/08 **Building Commercial Machinery**

Following an update at the last meeting David Powell went through the progress to date on the Innovation Hub and its aims to deliver the world's first living Hospital by producing new products impacting on employment growth and productivity allied to high value digital technology.

Proposals presented at the meeting to provide central commercial support to be developed in one of the following five areas of the Innovation team;

- Blue Chip Development
- Apps Hopper
- SME Joint Venture
- LJMU/Alder Hey Joint Venture
- Alder Hey Development with (AHCC)

Results of a bid to support the admin capabilities and to provide a structured core was awaited. Due to this further progress would be limited.

Resolved:

Progress on Building Commercial Machinery was received.

16/17/09 **The Apps Hopper/Innovation Factory**

As Alder Hey did not have the facilities to produce an apps hopper/Innovation factory, Nova had sent a proposal to commence a pilot using 12 ideas that had been selected. 6 ideas had already been chosen with a further 6 to be selected by the end of the month. The ideas had been generated from both the Trust and a recent Hackathon. 36 ideas would be chosen over the next 12 months.

REIC noted legal advice on several areas including liability would be required before agreement of a Joint Venture (JV). Weightman's Solicitors had been used previously by the Trust however for a Joint Venture it was queried whether DLP should be used.

Resolved:

REIC received an update on the Apps Hopper/Innovation Factory.

16/17/10 **HEI Partnership**

David Powell provided an update on the HEI Partnerships following discussions at the Trust Board. The parties currently involved in the development, (assuming LJMU participates) are as follows:

Host-Alder Hey-responsible for establishing all the mechanisms around the partnership;
HEI-UoL
HEI-Edge Hill
HEI-UCLan
HEI-LJMU
HEI-MIT/Boston
Strategic Blue Chip Partner-BT
Strategic Blue Chip Partner-Sony
Strategic Blue Chip Partner-Panasonic
Strategic Blue Chip Partner-IBM
Strategic Blue Chip Partner-Microsoft
NWC AHSCN
The Hartree Centre

Resolved:
REIC received an update on the HEI Partnership.

16/17/11 **Hartree Partnership (Science Technology Centre)**
Iain Hennesey reported on Watson advanced technology that was able to communicate, read, log and process information. Watson had been developed to carry out numerous admin tasks for Doctors/Nurses freeing up time for clinical duties.

A collaboration and exploitation agreement between Alder Hey and Science, Technology facilities Council had been circulated. The document was currently not legally binding and it was noted that this may be required in the future.

Resolved:
a) REIC received an update on the Hartree Partnership
b) Any further updates would be reported to REIC.

16/17/12 **Hackathon-Health Promotion**
Rafael Gurrero reported on the Hackathon-Health promotion event that had been held last year. Following this Rafael Gurrero had been approached by newly qualified doctors to do a joint long term project on healthy eating to primary schools in the North West.

Resolved
a) REIC Supported commencement of the healthy eating project and asked to be informed of any further developments.

16/17/13 **3D printing facility at Alder Hey**
Iain Hennesey reported 3D printing facility had been provided to the Trust free of charge. As this would not be sustainable a number of funding options had been looked into including the Trust Charity, patient funding and North West Coast, these options would continue to be reviewed as well as sponsorships.

Resolved:
An update on 3D printing and sourcing funding was received.

16/17/14 **Virtual Engineering translation to medicine**
Resolved:
REIC noted progress on virtual engineering translation to medicine.

16/17/15 **Artificial intelligence – integrating to quality strategy**
Resolved:
This item had been covered under item 16/17/10 Hartree Partnership.

16/17/16 **Innovation/ Study Leave**
Resolved:
Trainees receive 30 days Study leave and are applying for innovation leave. Melissa Swindell agreed to review this outside of the meeting with Graham Lamont.

16/17/17 **Any Other Business**
No further business was reported.

Date and Time of next meeting:
Thursday 8th September 2016, 1300, Room 8, Level 1 Mezzanine, Alder Hey Children's NHS FT.

Alder Hey Children's NHS
NHS Foundation Trust

AUDIT COMMITTEE
Minutes from the Meeting held on 21 January 2016

Present:	Mr S Igoe	Non-Executive Director (Chair)	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
In Attendance:	Mrs J Burrows	Senior Manager, KPMG	(JB)
	Mrs L Cobain	Audit Manager, MIAA	(LC)
	Mr B Ellison	Risk and Governance Manager	(BE)
	Miss E Kirby	Assistant Manager KPMG	(EK)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mrs V Martin	Counter Fraud Specialist	(VM)
	Mrs A McMahon	Financial Accountant	(AM)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Stephens	Director of Finance	(JS)
	Mrs J Tsao	Corporate Administrator	(JT)
Apologies:	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs K Wheatcroft	Director, MIAA	(KW)

Item No	Item	Key Discussion Points	Action	Lead	Time Scale
15/16/68	**Minutes of the Last Meeting**	The Committee considered the minutes from the previous meeting. **Resolved** that the Committee approved the minutes of the meetings held on Thursday 19 November 2015			
15/16/69	**Matters Arising and Action List**	There were no matters arising; the action list was updated accordingly.			

15/16/70	**Internal Audit Progress Report**	The Committee considered the MIAA Internal Audit Progress Report. The purpose of the report was to provide the Committee with an update in respect of the assurances, key issues and progress against the 2015/16 Internal Audit Plan. Louise Cobain presented the report and drew attention to the actions since the November meeting, particular reference was made to the following reports which were now finalised: • Combined Financial Systems: High/Significant Assurance Draft reports relating to the reviews of Patient Experience and Information Governance have been issued and meetings are in place to finalise. The Scanning project is in progress. Two requests for approval were made to the following audits; Deferment of EPR Technical Security Review At the previous meeting a request had been made and approved to defer the EPR review due to operational pressures and priorities. Subsequently a request was granted to undertake a review of the scanning project for case notes. It is now proposed that this review is undertaken in place of the EPR Technical Security review. The Audit Committee agreed the review of the scanning project for case notes would replace the review for EPR Technical Security. Information Governance (IG) During 2015 regular meetings had been held with the Director of Corporate Affairs regarding the Trusts Information Governance Toolkit review by MIAA. This had related to the additional time requirements for staff responsible for the IG collation to ensure the move of the associated transfer of records to the new hospital was conducted in a controlled and monitored environment. As a result, while the data collection processes for the IG toolkit are continuing, the oversight and review that the IG department would normally be providing to this process has been suspended. Due to this it is requested that the review of the IG Toolkit 2915/16 is			

		deferred and the focus instead to be on the provision of feedback on the move. Due to this unique position the Audit Committee noted if the review was to continue the detail would be very limited. Erica Saunders reported on the agreed contractual agreement for the approved organisation leading on the move to the new hospital to complete the IG Toolkit noting this had not been completed. The Audit Committee approved the deferral of the IG Toolkit 2015/16 review subject to this being reported within the Annual Governance Statement and an update of the areas that have been completed in April 2016. Due to the ongoing pieces of work referring to HR/Sickness Metrics review and the Putting People First Strategy it had been agreed outside of the meeting to defer this update until the next meeting in April 2016. The Audit Committee agreed for the Chair's approval if this was required before the next meeting. **Resolved:** The Audit Committee received the content of the report and approved; a) The review of the scanning project for case notes would replace the review for EPR Technical Security. b) Approved the deferral of the IG Toolkit 2015/16 review subject to this being reported within the Annual Governance Statement and an update of the areas that have been completed in April 2016. c) For the HR/Sickness Metrics and Putting People First Strategy to be presented at the next meeting in April 2016.	To defer the HR/Sickness Metrics review and Putting People First Strategy until the next meeting	MS	29/04/16
15/16/71	**Internal Audit Follow up report**	Louise Cobain presented the Internal Audit Follow up report highlighting outstanding critical and high risk recommendations as a number of the deadlines were 12 months or over out of date.			

		Louise Cobain was due to meet with the areas outstanding a response. Jonathan Stephens requested an update on any outstanding responses once the meetings had been held.			
15/16/72	**MIAA Insight**	The Committee considered a report prepared by MIAA updating members of the up and coming events and conferences provided its clients. A review of 26 Trust's Annual Governance Statements (AGS) had been taken and an overview of the findings was given. This included; AGS varied from 3-19 pages and concerns were raised around omitting of statements. This was in the process of being reviewed. **Resolved:** The Audit Committee received the content of the MIAA Insight report.			
15/16/73	**Counter Fraud Progress report**	Virginia Martin presented the Counter Fraud Progress report from September 2015 – January 2016. Progress to date included a review of the Trust's Mandatory training Market place were staff are given the tools to be able to identify fraud. A review of the communications team processes is in place and meetings are being held with the team. Other ongoing reviews included; Fraud Information Alerts, Bulletins and local warnings Policy review National Fraud Initiative Proactive exercise: Agency Staff Usage and Overtime payments Proactive exercise: Chargeable patients (overseas visitors) Virginia Martin agreed to provide a further report on the completed and ongoing reviews. An outstanding fraud enquire at the Trust was the case of a parent abusing the patient travel reimbursement. Potential losses were a total of £4,965. An interview	To provide a further update on the completed and ongoing reviews	VM	29/04/16

		under caution had taken place were the subject did not admit offences however agreed to repay the Trust £22 per week over a four year period. An update on the use of NHS protect case management system was given 2 investigations and one intelligence source had been carried out during 2014/15. Two cases were closed, the monies lost were being recovered and the two members of staff contracts were ended. **Resolved:** The Audit Committee received the content of the Counter Fraud Progress report.			
15/16/74	**Agreement of external audit plans and fees**	Jill Burrows presented the external Audit Plan for 2015/16. Jill reported on a recent audit of several Trusts' use of financial journals. Included within the findings was the use of data being manipulated within the journals. Further robust processes were now being put in place. Due to the current NHS Financial climate a more detailed review of the Trust's financial sustainability and ongoing concern will be taken. The three areas of main focus are: The year-end financial position The impact of the new build The impact of the implementation of the new electronic record system Jill Burrows agreed to attend the Board meeting on Tuesday 1st March 2016 to give a further detailed description of the financial sustainability review. **Resolved:** The Audit Committee received the content and approved; a) The external Audit Plan 2015/16.	To attend the Board meeting on 1st March 2016	JB	01/03/16

		b) The slightly reduced External Audit fees.			
15/16/75	**Technical Update**	Jill Burrows presented the External Audit Technical update noting the Red, Amber, Green (RAG) rating had been re-implemented into the report. **Resolved:** The Audit Committee received the content and noted the suggestions to be considered within the Technical update report.			
15/16/76	**Integrated Board Assurance Report**	Bob Ellison gave a presentation on managing risks at Alder Hey and the way forward. The presentation had previously been presented at the Corporate Risk Committee, June 2014. BE went through the presentation highlighting the progress to date. Uploading a risk on to Ulysses was originally taking around 30 minutes to upload. This had now been corrected to take around 5 minutes and the reporting of risks had improved. The refocus of governance of Corporate Risk Committee and Clinical Quality Assurance Committee to facilitate more effective Ward to Board was continuing. Monthly risk/governance/quality meetings were being held within the CBUs. BE reported on the supportive engagement that had been received from staff around the support of managing the risks at the Trust. Next steps included finalising of the Quality Strategy and revision of the risk Management Strategy. The Chair thanked BE for his presentation.			

		Resolved: The Audit Committee received the content of risks being managed at Alder Hey.			
15/16/77	**Information Governance Minutes**	The Committee received the minutes of the Information Governance Steering Group (IGSG) that was held on 24th November 2015. Attendance from CBU's had fallen and this was to be reviewed. **Resolved:** The Audit Committee: noted the minutes of the IGSG Meeting held on 24th November 2015.			
15/16/78	**Waiver Activity Report**	The Committee received the Waiver Activity Report for the period 13th November to 12th January 2016. The report set out the activity in relation to waiver requests which had been made during the period of which there had been 9 Waivers approved. The total value of approved waivers is £459,991.49. Claire Liddy noted the number of waivers requests were reducing. **Resolved:** The Audit Committee noted the contents of the report.			
15/16/79	**Accounting Policy**	In preparation of the statutory annual accounts Angela McMahon presented the Trust's Accounting policies for approval. AMc highlighted the main change to the accounting policies was to the Critical accounting judgements. The changes were around; the asset valuation and lives, provisions for impairment of receivables and holiday pay accrual.			

		Resolved: The Audit Committee received and approved the Accounting policies for Annual Accounts.			
15/16/80	**Review of losses and Special Payments**	Jonathan Stephens presented an overview of the Losses and Special payments made in the period April to December 2015. For the period April 2015 to December 2015 the Trust had 31 cases of losses and special payments with associated costs of £82k. Claire Liddy agreed to provide a comparison of the previous period losses and special payments to future meetings. **Resolved:** The Audit Committee received the content of the review of losses and special payments.	To provide a comparison of the previous period of losses and special payments	CL	29/04/16
15/16/81	**2016/17/ Audit Committee Business Cycle**	The Audit Committee received the draft 2016/17 Audit Committee Business Cycle for approval. The Committee were asked to contact Julie Tsao to amend the Business cycle if required. **Resolved:** The Audit Committee approved the 2016/17 Business Cycle			
Date and Time of Next Meeting The next meeting of the Audit Committee is scheduled for Friday 29th April 2016 at 2pm, Room 6, Level 1 Mezzanine - Alder Hey in the Park					

AUDIT COMMITTEE ACTION LIST 2015-16

Minute Number	Item	Date of meeting	Action	Owner	When	Status
~~2013/05~~ **2014/12**	-	-	Policy Register Update	GC	~~April 2013~~ ~~Sept 2013~~ ~~Jan 2014~~ ~~Apr 2014~~ ~~Sept 2014~~ Jan 2015 April 2015	~~Update provided at Jan meeting; further update to September.~~ ~~01/15 - After discussions at the January meeting it was agreed that the Policy register be brought to the April meeting,~~ 21/05 – It was agreed that an update on the Policy Register be brought to the September meeting.
~~**2014/49**~~	~~-~~	~~-~~	~~Information Governance minutes to future meetings of the Audit Committee.~~	~~LB~~	~~As and when appropriate to submit.~~	~~Now timetabled into workplan~~
15/57	-	Nov 2015	HR / Sickness Metrics review Update to next meeting	MS	Jan 2016	To be presented at meeting in April 2016.
15/60	-	Nov 2015	Briefing re. Annual Governance Statement	MIAA	Jan 2016	
15/16/73	**Counter Fraud Progress report**	Jan 2016	To provide a further update on the completed and ongoing reviews	VM	April 2016	
15/16/74	**Agreement of external**	Jan 16	To attend the Board meeting on Tuesday 1st March 2016 to give a further detailed	JB	March 2016	

	audit plans and fees		description of the financial sustainability review.			
15/16/80	**Review of losses and special payments**		To provide a comparison of the previous period of losses and special payments	CL	April 16	

Audit Committee
Minutes of the meeting held on **Friday 29th April 2016,**
Room 6, Mezzanine, Level 1

Present:	Mr S Igoe (Chair)	Non-Executive Director	(SI)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
In Attendance:	Mrs A Chew	Head of Operational Finance	(AC)
	Mrs L Cobain	Audit Manager	(LC)
	Mr D Davies	Counter Fraud Specialist	(DD)
	Mrs A Latham	Director, KPMG	(AL)
	Mr J Gibson		
	Mrs E Saunders	Director of Corporate Affairs	(ES)
	Mr J Stephens	Director of Finance/Acting CEO	(JS)
	Mrs J Tsao	Corporate Administrator	(JT)
Apologies:	Mrs J Burrows	Senior Manager KPMG	(JB)
	Miss E Kirby	Assistant Manager KPMG	(EK)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mrs V Martin	Counter Fraud Specialist	(VM)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs K Wheatcroft	Director of MIAA	(KW)

16/17/01 Minutes of the previous meeting held on 21st January 2016

The Committee reviewed the minutes of the last meeting.

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

16/17/02 Matters Arising and Action list

There were no matters arising; the action list was updated accordingly.

16/17/03 Director of Audit Opinion and Annual Report 2015/16

LC went through the Audit Opinion of overall significant assurance.

The committee discussed the move from the old hospital and the refocus of the internal audit plan on the Trust's risks and priorities.

An overview of the basis for forming the opinion had been included across the organisation's critical business systems.

Appendices included were as follows;
Appendix A: Review of Outcomes and Deliveries against the internal audit plan had been delivered in accordance with the schedule agreed with the committee at the start of the financial year. The appendix had a breakdown of high, significant and limited assurance.
Appendix B: Contribution to Annual Governance
Appendix C MIIAA Quality Service Indicators and Delivery

Resolved:
The Committee received and approved the Audit Opinion and Annual report 2015/16.

16/17/04 Internal Audit plan

A diagram on page 2 of the Internal Audit plan showed: the plan approach, progress and outcomes. Monitoring throughout the year had been in place with regular meetings with the Director of Finance, by the Executive and Audit Committee.

The fee cost for the internal audit plan 2016/17 were to remain the same as the previous year.

The Committee went through the proposed strategic three year audit plan based on the full risk assessment and prioritises coverage on a combination of risk rating, organisational impact and recognition of the Trust's wider assurance mechanisms.

Appendices included;
Appendix A: Detailed Operational Plan
Appendix B: The Team - Provided the details of the MIAA team to support the Trust. Louise Cobain would continue to be the lead for the Trust supported by the team.

Resolved:
The Committee received and approved the proposed Internal Audit Fees and Plan 2016/17.

Progress Report
Progress against the reviews from the 2015/16 Internal Audit Plan was given. The following reports have now been finalised;
Assurance Framework
Information Governance
Patient Experience
Follow up

Draft reports relating to the reviews of **Scanning Project** and **Claims** have been issued and discussions are being held with Trust officers to finalise. The review of **CBU Performance Management** is in progress. Future update reports would be presented to the Audit Committee.

There are three proposals for formal approval by the Audit Committee;
EPR Information Flows
A potential issue was identified whereby if a referral is not actioned on the EPR system within 30 days, it disappears from the view available to consultants. Whilst the Information Team was aware of this issue and had implemented a "workaround" where lists of these referrals were provided to the CBUs for appropriate system update, senior management are keen to obtain assurance that for every patient that enters the EPR system there is a defined output.

People Strategy
MIAA had received requests to cancel / defer the reviews of People Strategy and Risk Management respectively, due to internal work-streams. As such, it is proposed that the time allocations from these two reviews is used to offset the costs of the above EPR review.

Health & Safety – External Action Plan Follow Up
MIAA have been requested to cancel the above review. The actions from the external review are being reviewed internally in the context of the new hospital. It is proposed the time is carried forward into the 2016/17 Internal Audit Plan.

Appendices included;
Appendix A: Assurance definitions and risk classifications
Appendix B: Contract Performance
Appendix C: Critical and high level risks action plans

Resolved:

a) Audit Committee approved the time allocations for the two following reviews are used to offset the costs of the EPR review;
- EPR Information Flows
- People Strategy

b) The Audit Committee approved the request to cancel the Health and Safety – External action plan follow up

c) Audit Committee to be kept informed if any of the reviews are not implemented.

16/17/05 MIAA Insight

Resolved:

Audit Committee received the report with details of upcoming events and conferences provided free of charge to the Trust.

16/17/06 Anti-Fraud Services Annual Report and Work plan

The MIAA Anti-Fraud services annual report 2015/16 was received.

The only amber level of compliance against the standard:

Area	Ref	Standard	Comment
Prevent & Deter	3.4	The organisation ensures that all new staff are subject to the appropriate level of pre-employment checks, as recommended by NHS Employers, before commencing employment within the organisation. Assurance is sought from any employment agencies used that staff they provide have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers.	Recruitment services will be returning to being as an in-house service in 2106-17. The AFS will need to assess the new arrangements in due course. Although the Trust ensure that staffing Agencies include in their contracts that they will undertake appropriate pre-employment checks on behalf of the Trust, the Trust does not have an ongoing programme of scheduled audits to review Agency screening arrangements. The AFS will assess the HR completed pre-employment checklist, and discuss and address any gaps with HR in 16-17. The AFS will explore with the Trust the potential use of document scanners as an ID and document verification aid.

Darrel Davies advised the above piece of work would be 'fast tracked' if required for any inspections or audits.

From the four referrals of suspected Fraud, bribery or corruption only the most recent case was ongoing, updates and the conclusion would be reported to the Audit Committee.

Anti-Fraud Services Work plan

The focus for the 2016/17 work plan had been based on the completed risk assessment. Darrel Davies went through the potential Fraud risk, the proposed activity and the planned outcomes. Potential fraud risks included;

- Failure to make a formal declaration in respect of the recording of NFI results
- Failure to make a self-review submission to NHS Protect against the national standards for providers
- There is a risk that stakeholders are unaware of the NHS anti-fraud agenda and how to report concerns. There are now many new methods for communicating with stakeholders who may not be engaged by traditional media sources such as print and face to face presentations.
- In April the Trust will be bringing back in house its recruitment team. There are a number of potential fraud risks associated in the recruitment process including right to work, identity fraud and the misstatement of qualifications and experience.
- Fraud referrals and any subsequent investigations are not undertaken in accordance with NHS Protect guidelines and requirements could negatively impact upon the Trust's standard assessment.

The fee cost for MIAA Anti-Fraud Services 2016/17 were to remain the same as the previous year.

Appendices included;
Appendix A: 2016/17 Detailed Anti-Fraud Work plan
Appendix B: The Team - Provided the details of the MIAA team to support the Trust.
Virginia Martin would continue to be the nominated Anti-Fraud Specialist for the Trust.

Resolved:
Audit committee approved the Anti-Fraud Work plan and proposed fees for 2016/17.

16/17/07 KPMG External Audit Plan

Audit Committee received the 2015-16 External Audit plan.

Amanda Latham reported on an issue around the Trust's Quality Account and data cleansing issue. Amanda agreed to bring further details to the next Audit Committee.

Jonathan Stephens highlighted the use of resource risks table on page 12. The reasoning under the column Why was incorrect. It was agreed this would be amended outside of the meeting.

A discussion was held on a number of Trust's who would not meet the financial targets set for the year. Amanda Latham advised KPMG would expect this to be clearly reported on within their position statements.

Resolved:
Audit Committee received and approved the KPMG External Audit plan.

16/17/08 KPMG Technical update April 2016

Audit Committee went through the report noting there was not many changes. A Red, Amber and Green ratings had been used to highlight actions required, actions suggested and for information.

A data cleanse was currently being carried out in the Trust that may cause some data include in the Quality Accounts to change. Amanda Latham said the Trust could include a position statement explaining this if required.

Resolved:
Audit Committee received the KPMG Technical update April 2016

16/17/09 Assurance Committee Annual report 2015/16
Audit Committee received the following sub committees to the Board Annual reports 2015/16 for ratification at the Trust Board.
Audit Committee – Approved for ratification to the Board.
Clinical Quality Assurance Committee – Audit Committee noted serval amendments to be made to the register.
Resource and Business Development – serval amendments were to be made to the register.
Workforce and Organisational Development – To follow.

Resolved:
Audit Committee approved the Assurance Committee Annual report subject to amendments made to the registers noted above.

16/17/10 Programme Assurance Governance Framework
Joe Gibson provided a report on the Programme Assurance governance changes that had been made following approval at the Trust Board.

The Programme Board had their final meeting in March 2016. Joe Gibson went through slide one of the report highlighting the programme assurance framework and the sub committees to the Board they would now report to.

The Programme Assurance team would be providing support to the framework and the subcommittees.

Appendices included;
Appendix A: Next phase 'Programme Assurance Framework
Appendix B: Template 'Terms of Reference' for sub-committee change programme items.

Resolved:
Audit Committee considered the 'Programme Assurance – Governance' – 12 Apr 16.
a) Noted the advice and guidance relating to the future 'Programme Assurance Framework' commissioned by the Board.
b) Noted the 'Programme Assurance Team – Terms of Reference' (Appendix C).
c) Noted the 'Guide to Programme Management' (Appendix D).
d) A review of the Programme Assurance to take place in Quarter 4.

16/17/11 Draft Annual Governance Statement
The Draft Annual Governance Statement was presented for formal approval. Discussion on the statement had been previously held.

Resolved:
Audit Committee approved the Annual Governance Statement.

16/17/12 Integrated Board Assurance report
This report is a summary of the key points of assurance that were discussed at the Integrated Governance Committee (IGC) held on the 22 March 2016. It also provides a summary of the current corporate risk register and the Board Assurance Framework (BAF).

The chair noted the positive report.

Resolved:
Audit Committee received the Board assurance report.

16/17/13 Information Governance Bi Annual report
Audit Committee received the Bi annual Information Governance report.

Erica Saunders reported on the improved engagement across the Trust and suggested reports are received on an annual basis.

Resolved:
Audit Committee received the Information Governance report and agreed future reports would be received on an annual basis.

16/17/14 Information Governance Minutes
Resolved:
The Audit Committee received the Information Governance Minutes from the meeting held on 2nd March 2016.

16/17/15 Waiver Activity
Alison Chew presented the Wavier Activity report from 13th January 2016 – 31st March 2016. 10 Waivers had been approved. The total value of approved waivers during the above 2.5 month period is £350,593.30 (including VAT). In the previous two months, the total value was £459,991.49 (including VAT).

Jonathan Stephens noted the reduction in Wavier activity and the expectation for this to continue.

Resolved:
Audit Committee received the Wavier Activity report from 13th January 2016 – 31st March 2016.

16/17/16 Review of losses and special payments
Audit Committee received and reviewed the losses and special payments for the period from April 2015 – March 2016.

The Trust had 31 cases of losses and special payments with associated costs of £82k relating to the period April 2015 to December 2015 which have previously been reported. At the end of 2015/16 this had increased to 63 cases at a cost of £260k.

The Trust suffered a loss of £156,756 due to the failure of a fridge in the Pharmacy department in February. A claim had commenced with the Trust's insurers for this loss.

Audit Committee noted the losses for sharps and injuries are reducing.

Resolved:
Audit Committee received the review of losses and special payments from April 2015 – March 2016.

16/17/17 Any other business
No other business was reported.

Date and Time of next meeting: - Thursday 19th May 2016 at 1400, Room 6, Level 1 Mezzanine.

Audit Committee
Minutes of the meeting held on **Tuesday 19th May 2016,**
Room 6, Mezzanine, Level 1

Present:	Mr S Igoe (Chair)	Non-Executive Director	(SI)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs A Marsland	Non-Executive Director	(AM)
In Attendance:	Mrs J Burrows	Senior Manager KPMG	(JB)
	Miss E Kirby	Assistant Manager KPMG	(EK)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mrs A Latham	Director, KPMG	(AL)
	Mrs A McMahon	Financial Accountant	(AMc)
	Mrs M McMahon-Joseph	Senior Audit Manager	(MMc)
	Mrs E Saunders	Director of Corporate Affairs	(ES)
	Mr J Stephens	Director of Finance/Acting CEO	(JS)
	Mrs M Swindell	Interim Director of HR	(MS)
	Mrs J Tsao	Corporate Administrator	(JT)
Apologies:			
	Mrs L Cobain	Assistant Director	(LC)
	Mrs V Martin	Counter Fraud Specialist	(VM)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs K Wheatcroft	Director of MIAA	(KW)

16/17/18 Minutes of the previous meeting held on 29th April 2016
Resolved:
The Committee approved the minutes of the previous meeting.

16/17/19 Matters Arising and Action list
There were no matters arising; the action list was updated accordingly.

16/17/20 Review of 2015/16 Annual report and Accounts
The Committee considered the 2015/16 Annual Report and Accounts with particular attention to; Statement of Comprehensive Income, Financial position, Cash flows and Notes to the accounts.

There were no inconsistencies to report and it was agreed any minor amendments to make would be completed prior to the Trust Board approval meeting on Monday.

The committee went through the two board representation letters confirming the financial statements within the annual report and accounts;

a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view.

b) Any uncertainties disclosed are not considered to be material and therefore do not cast significant doubt on the ability of the Trust to continue as a going concern.

The representation letter for the Quality Report confirms the report was prepared in accordance with the NHS Foundation Trust Annual reporting manual 2015/16 and supporting guidance.

The Trust's external auditor's opinion on the financial statements is unmodified. One new risk was identified for 2015/16: recognition of the new hospital Development, Alder Hey Children's Health Park £162.4 million and related net Private Finance Initiative (PFI) liability £111m.

Monitor's guidance had been modified with further requirements on the 2015/16 Annual Report and Accounts audit. The Committee noted the additional pressures to complete the reports and thanked all those involved.

Ongoing concerns included the challenging financial position for 2016/17.

Resolved:

(a) Noted the contents of the reports; and
(b) Approved the recommendation for the Annual Report and Accounts for 2015/16 be presented to the Board for approval; and
(c) approved the recommendation for the letter of representation be presented to the Board for signature.

16/17/21 KPMG External Audit Yearend report 2015/16

Emma Kirkby went through the external audit year end 15/16 report.

Audit Differences

As required KPMG provided a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of the audit, unadjusted audit differences greater than £190K included;

The Trust's £645K income relating to the Beanies v Bobbles campaign ran by Matalan. It was noted the income would be received in the near future.

Inconsistencies greater than £250K related to invoice dispute with Liverpool Clinical Commissioning Group regarding a mismatch on both income and receivables. The dispute was still ongoing and hoped to be resolved soon.

Value for Money

Whilst the Trust has not fully achieved its financial plans, KPMG are satisfied that this is due mainly to the unprecedented level of change in the year which has resulted in one-off unexpected additional costs. It is not indicative of systemic problems in managing its resources. We are therefore satisfied that these issues are not an indication of poor arrangements to deliver Value for Money.

Quality Accounts

To complete the Quality Accounts audit a number of checks were still required, KMPG agreed to inform the Audit Committee of any issues.

Mandated indicator: Accident and Emergency waiting times. It was noted Monitors guidance on the indicators had recently been amended however this did not change the scope of the exercise. Overall there were concerns on the accuracy of the data.

Mandated indicator: Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways. KPMG reported a number of small issues highlighting the testing had improved. Overall KPMG are satisfied that there are appropriate arrangements in place for this indicator.

Mandated indicator: Emergency readmissions within 28 days of discharge from hospital. A number of issues noting data may not be in line with national guidance was highlighted. From the 25 cases tested one case did not include a readmissions letter on the system so the nature of the readmission could not be verified. Amanda Latham agreed to attend the Council of Governors meeting in September and provide an update on the Quality Accounts to the Council.
Action: AL/KPMG

Recommendations
18 Week Wait Indicator:
A key part of the management actions in response to the 2014/15 recommendations was to provide a full rolling programme of training for booking and scheduling teams. Although this has taken place, we have found similar control issues in the sample we tested for 2015/16. It was noted a task and finish group had commenced to improve data quality, progress would be monitored through Integrated Governance Committee.

Payroll Change records:
The recommendation was to develop an action plan to strengthen controls over the accuracy, completeness and existence of payroll records. It was agreed an update on progress would be provided at the September Audit meeting.

Resolved:
(a) Noted the contents of the reports; and
(b) Approved the recommendation of the KPMG External Audit Yearend report 2015/16

16/17/22 Audit Opinion 2015/16
Resolved:
The Committee received and approved the Audit Opinion 2015/16.

16/17/23 Internal Audit progress
Since the previous meeting of the Audit Committee the following 2015/16 reports have been finalised:
Scanning Project – Limited Assurance
Claims – Significant Assurance

Resolved:
The Committee received the content of the Internal Audit progress report.

16/17/24 Integrated Board Assurance report
The Board Assurance report had recently been cleansed and a number of outstanding risks had now been closed.

2016/17 Strategic risks were to be approved at the next Integrated Governance meeting.
Resolved:
Audit Committee received and noted the content of the Integrated Board Assurance report.

16/17/25 MIAA HR/Sickness Metrics report May 2015
Following receipt of the MIAA report as detailed above which was rated with 'Limited Assurance', activities have been ongoing across the HR Team to provide assurance in terms of the specific actions and recommendations required.

The sickness absence policy had been revised to include a number of MIAA recommendations and had been implemented.

Resolved:
Audit Committee received and noted the content of the MIAA HR/Sickness Metrics report May 2015.

16/17/26 Audit Committee Terms of Reference
Resolved:
The Audit Committee approved terms of reference.

16/17/27 Any other business
No other business was reported.

Date and Time of next meeting: - Thursday 22nd September 2016 at 1400, Room 7, Level 1 Mezzanine.

Alder Hey Children's NHS
NHS Foundation Trust

NHS Improvement
NHS England

Freedom to speak up: raising concerns (whistleblowing) policy for the NHS

Contents

Speak up – we will listen

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

This policy

This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. It is expected that this policy (produced by NHS Improvement and NHS England) will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Our local processes adhere to the principles of this policy and provide more detail about how we will look into a concern.

What concerns can I raise?

You can raise a concern about **risk, malpractice or wrongdoing** you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud specialist Virginia Martin (Email: Virginia.martin@miaa.nhs.uk, Tel: 0151 285 4552).
- a bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the Health Education England video.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our grievance policy: http://intranet/DocumentsPolicies/Documents/Grievance%20Policy%20-%20E7.pdf.

Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

Who should I raise my concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- our **Freedom to Speak Up Guardian**, Steve Igoe, Senior Independent Director (contact Steve at FreedomToSpeakUp@alderhey.nhs.uk) – this is an important role identified in the Freedom to Speak Up review to act as an independent

and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation

- our risk management team, at either corporate or CBU level.
- the Chief Executive, via our **Raise it, Change it** mechanism, using the link on the Trust's intranet.

If you still remain concerned after this, you can contact:

- our executive director with responsibility for whistleblowing Erica Saunders, Director of Corporate Affairs (contact Erica on 0151 282 4672 or via Erica.saunders@alderhey.nhs.uk)
- our non-executive director with responsibility for whistleblowing, Steve Igoe, (contact details as above).

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed on page 8.

Advice and support

Details on the local support available to you can be found on the Trust's intranet. However, you can also contact the Whistleblowing Helpline for the NHS and social care, your professional body or trade union representative.

How should I raise my concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

What will we do?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Annex B).

We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident[1]). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

[1] If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the Serious Incident Framework.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Board oversight

The Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Board supports staff raising concerns and wants you to feel free to speak up.

Review

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

Raising your concern with an outside body

Alternatively, you can raise your concern outside the organisation with:

- NHS Improvement for concerns about:
    - how NHS trusts and foundation trusts are being run
    - other providers with an NHS provider licence
    - NHS procurement, choice and competition
    - the national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
    - primary medical services (general practice)
    - primary dental services
    - primary ophthalmic services
    - local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption.

Making a 'protected disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons', similar to the list of outside bodies on page 8, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative.

National Guardian Freedom to Speak Up

The new National Guardian can independently review how staff have been treated having raised concerns where NHS trusts and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

Annex A: A vision for raising concerns in the NHS

Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS*.

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NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams.

This publication can be made available in a number of other formats on request.

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Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS REPORT

Report of	Chief Nurse/Emergency Preparedness Accountable Officer
Paper prepared by	Emergency Preparedness & Business Continuity Manager
Date:	27th September 2016
Subject/Title	Ratification of: • Emergency preparedness core standards statement of compliance • Emergency preparedness policies/plans • Emergency preparedness Annual Report 2015-16
Background papers	Appendix A – Appendix J (see below for further information)
Purpose of Paper	For the Board of Directors to ratify the attached appendices
Background:	**NHS England Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Process:** The NHS England annual emergency preparedness, resilience and response assurance process has been undertaken and attached is the following paperwork: • **Appendix A** - Statement of Compliance, confirming 'substantial assurance' • **Appendix B** – Core Standards Improvement Plan 16-17 This year's EPRR assurance deep dive topic is business/service continuity with an emphasis on fuel. NHS England requested that the statement of compliance is taken to the Board for ratification. **Ratification of Trust Emergency Preparedness Policies and Plans:** Following approval at Integrated Governance Committee on 14th September 2016, and in line with the Emergency Preparedness Core Standards, the following policies and plans are attached for ratification: • **Appendix C** – Major Incident Policy • **Appendix D** – Equality Analysis Framework for Major Incident Policy • **Appendix E** – Major Incident Command and Control Plan • **Appendix F**– Major Incident Action Cards • **Appendix G** – Business Continuity Policy • **Appendix H** – Equality Analysis Framework for Business Continuity Policy • **Appendix I** – Business Continuity Plan **Please note,** a major incident exercise taking place on Monday 3rd October 2016 which may mean some further operational changes to the plan and to the major incident action cards. If this is the case, it is suggested that these changes are approved by the Chief Operating Officer and a summary of these changes are submitted to the next Board meeting, rather than submitting the full plans again.

	Emergency Preparedness Annual Report and Work plan: The report is attached as **Appendix J**, for ratification. It was approved at Integrated Governance Committee on 14th September 2016.
Action/Decision required	a) The Board is asked to ratify the attached appendices.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	1. Be the provider of 1st choice for children, young people and their families 2. Ensure all our patients and their families have a positive experience while in our care 3. Deliver clinical excellence in all of our services 4. Ensure our staff have the right skills, competence, motivation and leadership to deliver our vision 7. Deliver our Hospital in the Park vision
Resource Impact	Not applicable

NHS England Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Process

Appendices A-J- Saved in a separate Board pack titled item 23.