Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 5th April 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
BOARD PHOTO AND HEADSHOTS FOR ANNUAL REPORT AND WEBSITE – 9.30 ARRIVAL PLEASE						
		1000	**PATIENT STORY**			
Board Business						
1.	**16/17/01**	**1000**	**Apologies**	D Henshaw		--
2.	**16/17/02**	**1000**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/03**	**1000**	**Minutes of the Previous Meeting**	D Henshaw	To consider the minutes of the previous meeting held on **1 March 2016** and check for amendments and approve	Read Minutes
4.	**16/17/04**	**1005**	**Matters Arising and Board Action List**	D Henshaw	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Verbal
5.	**16/17/05**	**1010**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Planning						
6.	**16/17/06**	**1020**	**Refresh Trust Strategy 2016 – 2020** **Quality Strategy**	L Shepherd/ Executive Directors G Core/ T Rigby/ M Ryan/ S Kenny/	To present and discuss the proposed Trust Strategy to 2020 To present the Quality Strategy 2016-20	Presentation Read report/ Presentation

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
				J Minford		
			REI Strategy	D Powell	To present the Research, Education & Innovation Strategy	Presentation
			Financial Strategy incorporating	J Stephens	To approve the 5 year high level plan.	Presentation
			Final Monitor Operational Plan 2016/17 including Board declarations	E Saunders	To approve the final Monitor Plan for 2016/17 and make the required Board declarations	To follow
			Engaging staff in the Strategy - Listening into Action	M Swindell L Shepherd	To brief the Board as to the components of LiA and next steps for the organisation	Read report
	12:00 Break for Lunch					
	Excellence in Quality					
7.	**16/17/07**	**1230**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
8.	**16/17/08**	**1235**	**Mortality Report**	R Turnock	To receive the Quarter 3 mortality report	Read Report
9.	**16/17/09**	**1240**	**DIPC Report**	R Cooke	To receive the report of the Director of Infection Prevention and Control for Quarter 3 of 2015/16	Read Report
10.	**16/17/10**	**1245**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive the minutes from the meeting held on; 15th December 2015, 20th January 2016 and the Walkabout notes held on 17th February 2016.	Read minutes
	Great Talented Teams					
11.	**16/17/11**	**1250**	**CAMHS review**	G Core	To brief the Board on the outcome of the recent review and agree next steps	Read Report
12.	**16/17/12**	**1310**	**People Strategy Update**	M Swindell	To provide an update on the strategy	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
	Patient Centred Services					
13.	**16/17/14**	**1320**	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plan for mitigation • To receive an update towards delivery of the Children's Health Park & Campus Development	Presentation To follow
	Financial Growth and Safeguarding Core Business					
14.	**16/17/15**	**1330**	**Corporate Report**	J Stephens / H Gwilliams/ M Swindell E Saunders	To note delivery against financial , operational, HR metrics and mandatory targets within the Corporate Report for the month of February 2016 To receive update report in relation to recovery of Emergency Department performance.	Read Report Read Report
15.	**16/17/16**	**1345**	**Monitor Provider Licence Annual Self-Assessment**	E Saunders	To receive and review the updated position with regard to compliance assurance in relation to the conditions set out in the Trust's Provider Licence	Read Report
16.	**16/17/17**	**1350**	**Integrated Assurance Report**	E Saunders	To receive and review the Integrated Assurance Report, including the Board Assurance Framework position as at the end of 2015/16 and discuss and agree approach for 2016/17 based on strategic plan discussions.	Read Report
17.	**16/17/18**	**1400**	**Resources & Business Development Committee: Chair's Update**	I Quinlan	To receive the minutes from the meeting held on 24th February 2016	Read Minutes
14:00	**Date and Time of Next Meeting: Tuesday 3 May 2016** at **10:00am, Institute in the Park Boardroom**					

REGISTER OF TRUST SEAL
The Trust Seal has not been used during the month of **March 2016.**

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 1st March 2016**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Ms G Core	Chief Nurse	(GC)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr J Stephens	Director of Finance	(JS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)
	Mr I Quinlan	Non-Executive Director	(IQ)
In Attendance:	Prof M Beresford	Assoc. Director of the Board	(MB)
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mr J Gibson	External Programme	(JG) (Item 168)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Ms T Patten	Associate Director of Strategic Development	(TP) (Item 205)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr P Young	External IM&T Consultant	(PY) (Item 207)
Apologies:	Mr P Huggon	Non-Executive Director	(PH)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)

15/16/198 Patient Story

Jason King a patient's father had been due to share his story with the Board today. Unfortunately, Jason had not been able to attend due to personal circumstances. It was agreed Jason would be re-invited to the Board in the future.

15/16/199 Declarations of Interest

None Declared.

15/16/200 Minutes of the previous meeting held on 2nd February 2016

The Board reviewed the minutes of the last meeting held on Tuesday 2nd February 2016.

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

15/16/201 Matters Arising and Board Action list

All matters for discussion were listed on the agenda.

15/16/202 Key Issues/Reflections

RT reported on the Government's decision to impose the new junior doctor's contract. The BMA have advised that as no Equality Impact Assessment had

been undertaken during the process they would be launching a judicial review. Three further Industrial Action dates have been arranged. During this time junior doctors will be available for emergency care only;

- Wednesday 9th March at 8am – 8am on Friday 11th March
- Wednesday 6th April at 8am – 8am on Friday 8th April
- Tuesday 26th April at 8am – 8am on Thursday 28th April

As a large part of the clinical workforce is Consultant led it was predicted this would cause minimal impact for the Trust.

A discussion was held around the Board's support for the clinical workforce. RT agreed to invite the local BMA Lead to the next Board meeting.

DP reported the official opening for the 'Bat Cave' would take place on Friday 18th March 2016. Currently no formal name for the facility currently known locally as the 'Bat Cave' had been agreed. Due to this DP agreed to contact the Children's Design Group at the Trust and ask for their support with arranging a competition to name the 'Bat Cave'.

LS said the Trust's Strategic Plan would be presented at the next Board meeting on 5th April 2016.

Resolved:
The Board agreed;
a) The local BMA Lead would be invited to the April Board meeting.
b) The Children's Design Group would be asked for ideas to name the 'Bat Cave'.
c) The Trust's Strategic plan to be presented at the April Board meeting.

15/16/203 Draft Monitor Plan 2016/17

The Draft Monitor Operational Plan 2016/17 had been previously discussed and approved at the Council of Governors meeting held on 24th February 2016.

Resolved:
The Board approved the Draft Monitor Operational Plan and associated budgets for 2016/17.

15/16/204 Implementing the Forward View: *Part of a series of Roadmaps that draw on messages from the NHS Planning*

The above national guidance document had been circulated with the meeting papers for information. A meeting of the local Providers Alliance was due to be held on Monday 7th March 2016. LS and JS briefed the Board with regard to the most recent discussions relating to the agreement of the STP to which Alder Hey would belong.

Resolved:
The Board received the content and a verbal update of the NHS planning process.

15/16/205 Service Strategy updates

Paediatric Rehabilitation
JA reported on an awaited decision of the New Models of Care team on the Vanguard value proposition relating to Paediatric Rehabilitation**.** The 'ask' of the Vanguard team is that the pathway is 'pump primed' financially for the first year/18months to assess the outcomes benefits and that a commitment is given by the collective CCGs to then fund recurrently. In anticipation of a positive outcome the team are already preparing a draft delivery plan.

Resolved:
The Board noted the position relating to Paediatric Rehabilitation.

Cardiac Services
TP reported on the new set of standards due to be implemented from 1st April 2016. All trusts that provide Cardiac services in the North West had been asked to submit their proposals on complying with the new set of standards no later than 12th February 2016. The Trust had submitted their proposal well within the timescales set.

TP outlined the three possible outcomes following the submission:
1. Approved to continue with new set of standards.
2. Approved to continue with new set of standards with support.
3. Not able to provide services.

A discussion was held regarding other North West cardiac service providers and the possibilities for other trusts to be the one provider for these services in the North West.

Resolved:
The Board noted the update on Cardiac Services and agreed;
a) For an implementation report to be presented at the next Board meeting in April 2016.

Neonatal Services
Currently Neonatal Services are provided by Alder Hey Children's NHS Trust, Liverpool Women's NHS Foundation Trust and Arrowe Park Hospital. This is due to be reviewed on Saturday 8th April with an outcome hoped to be reached in May 2016.

Resolved:
The Board noted the update on Neonatal Services.
a) TP agreed to update the Board with further developments.

Community Services
TP gave a presentation on Liverpool Community Health transaction proposals.

The services had been separated into two bundles: Liverpool and Sefton Community services. As Sefton Community services did not include Children's Health the Trust would only be interested in the Liverpool Community Children's services. Deadline for submission of expressions of interests in these services was Thursday 7th April 2016.

Resolved:
The Board noted the position on Community Services.
a) TP agreed to update the Board with further developments.

Vanguard Bid
The Vanguard care model continues to be developed. The Trust has representation on the Vanguard Executive Committee.

A work plan with Warrington to test the secondary/tertiary services interface is in place.

Resolved:
The Board received a verbal update on the Vanguard Care Model.

15/16/206 IM&T Review Progress update
PY gave a presentation on the IM&T review and suggested several proposals following the process.

These included ensuring teams were working effectively together, creating a robust structure to maximise resources and provide opportunities for career growth. A project management group was to be established to provide support to the teams.

A proposal to employ a Chief Information officer for Board level representation and to support delivery of the Trust's overall strategy and innovation was discussed. The Board agreed the successful candidate would require a detailed knowledge of commercial suppliers to be able to support the Trust's IM&T vision moving forward.

Meetings had been held with the Trust's IM&T suppliers to discuss ongoing concerns and action plans for delivery to an agreed timescale.

The Chair thanked Peter Young and the IM&T team on behalf of the Board for their continued to support to improve IM&T services across the Trust.

Resolved:
The Board received an overview of the IM&T review and supported the proposals to recruit a Chief Information Officer.

15/16/207 Serious Incident Report
HG presented the Serious Incident report highlighting the one new incident categorised as a 'Never Event' within Theatres. Simon Kenny, Clinical Director for SCACC had implemented new processes to ensure this situation was not repeated.

Five Serious Incident reports were continuing to be monitored and one incident has now been closed.

Resolved:
The Board received and noted the content of the Serious Incident Report.

15/16/208 CQC Final Inspection Report

JA presented the CQC's report from the inspection of the new Hospital in September 215, just prior to opening.

The inspection team had suggested a small number of areas for review, which included ward risk assessments, female changing rooms within Theatres, ensuring they are private and the nurse call system.

The CQC also noted aspects of the new Hospital as outstanding practice.

Resolved:
The Board received and noted the content of the CQC report.

15/16/209 NHS Preparedness for a major incident

In light of the tragic Paris events, NHS England with the Department of Health were currently reviewing the established national emergency preparedness resilience and response procedures. The Trust had been asked to provide assurance on a number of procedures and had completed and responded to the action plan as requested.

Resolved:
The Board received and noted the content of the national NHS preparedness for a major incident.

15/16/210 People Strategy Update

MS gave an overview of progress against the People Strategy.

Action continued to be taken to lower agency spend. A cap for all agency spend was to be implemented from 1st April 2016.

MS reported on the successful nurse recruitment event that took place on Saturday 28th February 2016.

Liz Grady, Practice Education Facilitator has been nominated for a national Flu Fighters award.

Daniel Ratchford, Chief Executive of Quality Health attended a meeting of the senior team at the Trust last Thursday to discuss the staff survey results.

Resolved:
The Board received and noted the content of the People Strategy report.

15/16/211 Workforce and Organisational Development Committee: Chair's update

Resolved:

The Board received and noted the content of the above minutes from the meeting held on 9th December 2015 and the key issues report from the meeting held on 10th February 2016.

15/16/212 Programme Assurance Update

JG provided an update on the change programme and the processes in place for the programme to hand over to the Board Assurance Committees.

A discussion was held around the current level of pressure within the organisation and the importance of implementing the change programme to reduce some of the pressures felt across the Trust.

Resolved:
The Board received and noted the content of the programme assurance update.

15/16/213 Integrated Assurance Report and supporting documents

The Board considered the February 2016 Integrated Assurance Report, incorporating the Board Assurance Framework (BAF) update for month 10.

ES reported on the developments being overseen by the Integrated Governance Committee to continue to foster and embed robust and sustainable risk and governance systems and processes across the organisation. She commented that the engagement from CBUs at the last meeting was very encouraging and there had been some very constructive conversations around the treatment of key risks.

Resolved:
The Board noted the content of the Integrated Assurance report.

15/16/214 Corporate Report

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31st January 2016.

JS provided the Board with an overview of the key financial messages within the Corporate Report. JS highlighted the challenges for the Trust with particular reference to the deficit position of £2.9m relating to elective activity coming behind plan by 6% and outpatient activity behind by 10%.

One of the top ten concerns included agency overspend, however in mitigation, all posts in Theatres had now all been recruited to.

JA reported that the ED performance against the 4 hour target continued to be an area of concern but that the team in the department was doing absolutely everything it could do manage the additional workload, which had not abated. This continued to consist predominantly of 'green' category patients. JA advised the Board that further discussions were taking place with the CCG on the matter.

Resolved:
The Board noted the content of the Corporate Report.

15/16/215 Resource and Business Development Committee: Chair's Update

Resolved:
The Board noted the minutes from the meeting held 27th January 2016.

15/16/216 Any Other Business

Quality Strategy
The Board agreed for the Quality Strategy to be discussed at the April Board meeting and for both Clinical Directors Mary Ryan and Simon Kenny to be invited to the meeting.

Jude Adams Chief Operating Officer and Philip Huggon, Non-Executive Director
Jude Adams, Chief Operating Officer would be leaving the Trust on Thursday 24th March 2016. The Chair formally thanked Jude on behalf of the Board for her support and huge contribution to the development of the organisation in the last five years.

Philip Huggon's second term of office as Non-Executive Director was due to expire this month. Phil had been unable to attend the Board meeting today, however the Chair formally thanked Phil in his absence on behalf of the Board for his contribution and commitment.

Date and Time of next meeting: - Tuesday 5th April 2016 at 10:00am in the Institute in the Park, Large Meeting Room, Alder Hey.

Alder Hey Children's NHS
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BOARD ACTION LIST 2015-16

Date	No	Action	Who	When	Update
01/12/15	Patient story	Max and his Mum to update the Board on their experiences	JT	April 2016	
12/01/16	15/16/165	To further demonstrate the developments within outpatients Hilda Gwillams agreed to set up an Outpatients group.	HG	April 2016	
01/03/16	15/16/202	To invite the local BMA Lead to the next Board meeting.	RT	3rd May 2016	March 2016: As the current BMA lead had taken on a different role, this item would be deferred until the new BMA Lead had commenced in post.
01/03/16	15/16/202	To arrange a competition for the Children's Design group to name the 'Bat Cave'.	DP	18th March 2016	
01/03/16	15/16/202	The Trust's Strategic plan to be presented at the next Board meeting in April.	LS	5th April 2016	
01/03/16	15/16/202	To present an implementation paper for Cardiac Services	TP	5th April 2016	
01/03/16	15/16/216	To invite Clinical Directors Mary Ryan and Simon Kenny for the Quality Strategy item on the April Board 2016.	JT	5th April 2016	

Alder Hey Children's NHS
NHS Foundation Trust

"QUALITY STRATEGY" 2016 – 2021

"Quality is everybody's business"
"Let's make it better….together"

1. INTRODUCTION

The revised Quality Strategy adopts a completely novel approach to embedding a culture of quality improvement in securing strong clinical leadership combined with greater use of technology such as hyperlinks to video blogs, graphics and other reference material, including engagement with the Children's Forum to deliver strong quality improvement messages, so that the strategy becomes highly engaging and interactive.

Clinical leadership through 'Clinical Cabinet'

The Quality Aims will only be achieved with Trustwide staff engagement and understanding of the importance of everybody's role in the delivery of quality improvement.

The strategy describes a Trust wide approach to improving quality over the next 5 years and beyond. This has been developed with input from our children, young people, carers and staff through wide consultation and engagement. It includes a continued focus on delivering and monitoring improvements in patient safety, patient experience and clinical effectiveness, with staff health and wellbeing also being recognised as a critical and integral part of the strategy.
Listening into Action provides a means of engaging staff in making change in a positive and sustainable way and will be the main vehicle for implementing the Quality Strategy, thus providing strong emphasis on empowering staff to influence and deliver a high quality service in an environment that supports the delivery of the best possible care, under the mandate…..'*quality is everybody's business*'.

Click here to hear the Chief Executive comments on the new interactive approach to improving quality in our organisation ***Brief summary from Louise + link to VLOG***
Click here to hear how the strategy has been developed, and plans to strengthen clinical leadership through a clinical cabinet ***VLOG from Mary Ryan***
Click here to hear more from the HR Director about Listening into Action and how this will drive delivery of the Quality Strategy ***VLOG from Melissa Swindell***

2. VISION

This strategy builds upon the significant strides already made towards delivering the Trust vision, '*building a healthier future for children and young people, as one of the recognised world leaders in research and healthcare*', and offers a novel approach of taking the next steps towards achieving this ambition.

After the first 12 months of implementation there will be a fully functioning **clinical cabinet** providing **strong leadership** and oversight to all matters of quality improvement, ensuring effort and resources are appropriately placed to deliver **services that are organised around our children**.

There will be **a system of devolved quality and governance** with local ownership and accountability for risk management systems and processes. Risk registers will be kept up to date, incidents and complaints will be investigated in a timely manner with lessons learned shared widely across the Trust and follow up actions completed on schedule.

The 5 year strategy will deliver a culture change across the organisation through wide engagement of the workforce in quality improvement.

Our **children and carers will be directly involved in decisions** about service developments and improvements through the clinical cabinet and the children's forum, and **our children will be delivering key messages relating to quality** through video blogs, 'newsflash' bulletins, intranet and other technology driven means.

Implementation of Listening into Action will support widespread engagement so that **all staff will be empowered to influence change**, will understand the importance of their own role in delivering high quality care to our children, and will understand how to take forward ideas for quality improvement. A Listening into Action group will be in place that will work closely with the clinical cabinet to drive the implementation of the Quality Strategy and ensure consideration is given to the impact of proposed developments on staff health and wellbeing.

There will be **strong links with developments in innovation, research and education** to ensure new and developing technologies and services are providing maximum benefit to our children. 'The Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) ensures our commitment to creating an **inclusive environment** for staff and patients. All initiatives and developments will recognise every staff member, child and young person as an individual with different needs and circumstances and that meeting these needs will result in improved quality healthcare for all'.. Click here for more information on why EDS2 and WRES matters

Our Trust Board will be fully informed and assured with relevant and timely information reflecting performance in matters of quality and governance with **true 'Ward to Board' systems and processes** in place.

3. AIMS

The Trust has previously agreed Quality Aims that support delivery of the Trust vision. These remain relevant to the revised Quality Strategy and embrace the concept of safe, personal, effective care, organised around our children.

The Quality Aims are supported by a number of 'Developmental Aims' that the Trust remains committed to and will continue to strive to deliver through the Quality Strategy. These have recently been refreshed and can be accessed through the link below with the summary of quality aims.

Additionally the Quality Strategy is critically dependent on Trust wide engagement of staff in quality improvement, which will be driven by Listening into Action which will give our staff 'permission to act'.

Click here to hear the Director of Nursing comments on our Quality Aims and how your role impacts on these. ***Link to VLOG from Hilda***

Aim 1 - Patients will not suffer harm in our care

AIM 2 - Patients will have the best possible experience

AIM 3 - Patients will receive the most effective evidence based care

Click here to see more information about the Quality Aims and associated Developmental Aims.

4. SUCCESS

Successful delivery of the Quality Strategy over the next 5 years will place the Trust among the top performing Trusts in the country and enhance the Trust reputation as a 'world leader in research and healthcare'.

The monthly corporate report reflects a number of leading metrics, all of which will be influenced by successful implementation of the strategy. Additionally, progress against an agreed Top 10 Quality Indicators will be reported through CQAC.

Strategic metric	Improvement opportunity / what will it look like?
CQC inspection results	Trust rated as overall 'outstanding' by CQC. Patients fully satisfied with their experience Staff confident that reporting incidents / errors will result in meaningful change without blame
Staff Survey results	Staff feel able to make suggestions for change and feel valued and recognised for their work
Staff sickness absences rates	Happy and healthy workforce. Improved sickness absence rates due to increased staff motivation
Family & Friends test	Improved F&F scores in all areas with >90% staff recommending A/H as a place to work. Children reporting our quality performance through video blogs and other means
Financial Risk Rating	Elimination of poor quality and getting things right first time. Trust return to delivering financial surplus. Monitor Risk Rating a minimum of 4
Top 10 Quality Indicators	Wards fully engaged in 'Journey to the Stars' – ward accreditation programme. Evidence based improvement in clinical outcomes

Click here to see current performance against our strategic measures

5. FEEDBACK AND LEARNING

Maintaining the momentum of staff engagement and in particular clinical leadership is critical to the success of the Quality Strategy. This will be achieved through regular opportunity for all to be involved, utilising a wide range of means for providing regular feedback and creating a culture of openness so that staff do not feel afraid to report errors or incidents.

Quality Improvement Teams will be established in CBUs that will focus on quality, audit, risk management and governance and will ensure systems are embedded to investigate when errors are made, or complaints are received, and identify and share learning from such events ensuring actions are taken to reduce the risk of recurrence. Additionally, there will be a forum for the CBU Quality Improvement Teams to come together to share information and ensure lessons learned are shared widely across the organisation.

An intranet 'microsite' will be developed that will provide an easily accessible central point for any information, feedback, blogs, internal and external reports relating to quality improvement and can support the work with NHSLA to triangulate incidents, claims, complaints, and develop a more embedded safety culture.

6. OWNERSHIP

A critical aspect to successful delivery of the strategy is the understanding that '*quality is everybody's business*'.

A communication plan is in development that will ensure all staff understand the Quality Strategy and have the opportunity and the skills to contribute to '*making it better*'.

This will be driven through Listening into Action which gives staff a voice in implementing service improvements from small scale to large scale.

With the full roll out of the strategy, every member of staff will have:

a. a clear understanding of how their day to day role fits with the aspirations of the Quality Strategy.
b. a clear understanding of how they can influence and take forward ideas for quality improvement
c. The opportunity to be involved in Listening into Action

Appendix – Newsflash – Headlines

Alder Hey Children's NHS
NHS Foundation Trust

Budget 2016/17

30th March 2016

Jonathan Stephens, Director of Finance

Inspired by children

Alder Hey Children's NHS
NHS Foundation Trust

Update since Monitor submission

I&E	2016/17 £m	
Turnover	**214.5**	
Surplus deficit at Draft plan*	**3.5**	
take out STF	-3.7	
Impact of revaluation post draft plan 16/17:		
pdc	-1	
depn	-0.3	
CQUIN 0.4% top slice hep c 16/17	-0.4	
Post move operational performance time lag	-3	
CIP Phasing	-2	
contingency release	1	
Revised plan surplus / (deficit)	**-5.9**	
Interim cash support required / (repaid)	***8.5***	
CIP as at draft plan	**7.2**	**3.4%**
Anticipated in year slippage in delivery of current CIP recognising current status, the need to take out costs safely and pace of change agenda which needs to engage staff	-2	
Revised plan CIP - delivered in year	**5.2**	**2.4%**
Cash balance at 31 March	***= draft plan-----> 4.1***	
cash surplus / deficit for the year		
2015/16 reval increase PDC	-0.6	
deterioration in 2015/16 outturn from £3.7m deficit to £4.2 i.e. strike	-0.4	
draft plan cash changes	-10.1	
Revised cash balance	**-7**	
Interim cash support - excludes STF	**8.5**	
Revised cash balance	**1.5**	

- Since submission to Monitor on 8th February following additional items and risk has been included within the trust budget.
- The Trust's revised plan is a deficit of £5.9m which means :
  - The STF control will be rejected on the basis that a £3.5m surplus is deemed not achievable due to £ risks faced. To do so would mean £12m 5.5% CIP. This results in loss of the £3.7m STF fund.
  - £8.5m of interim cash support is required as a result of deficit
  - Internal CIP forecast delivery is £5.2m (2.4%) in year
  - Capital plan is £10.2m
  - Year end cash is £1.5m (assuming interim cash support received at £8m)

** Normalised surplus plus grants. £1.1m plus £2.4m grants*

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NHS Foundation Trust

Capital plan

Capital Plan (submitted to Monitor Feb'16)	2016/17 £'000	Revised '16/17 £'000	Movement £'000	
Retained estates	1,920	2,270	350	Inclusion of CAMHS
Corporate Office Build	3,264	3,264	0	
Network	440	440	0	
EPR	700	700	0	
Medical & Equipment	1,500	2,761	1,261	Hybrid Theatre slippage
Alder Hey in the Park	250	250	0	
Other	200	482	282	Various
TOTAL	**8,274**	**10,167**	**1,893**	

Source of Funding	2016/17 £'000
Trust	3,792
Loan	3,264
Charity	2,761
External	350
TOTAL	**10,167**

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CiP

Current plans in PIDs against £7.2m target.

Position against Indicative CIP targets by work stream for 2 year programme commencing April 2016

Identfied = £4.24m, Gap = £2.96m

		Planning targets £m			PiD status				
Change Programme Workstream:		*16/17*	*17/18*	*2 year*	**16/17 value in PIDs £m**	**Variance from 16/17 Target**	**PiD status**	**Finance RAG on £**	**start date of savings**
Developing our Workforce	Melissa Swindell	*3.50*	*1.00*	*4.50*	**0.00**	**-3.50**	*n*		*unknown*
Developing our Business	Jon Stephens	*1.50*	*2.00*	*3.50*	**0.69**	**-0.81**	*y*		*Oct / Dec*
Our Patients at the Centre	Hilda Gwilliams	*1.00*	*2.00*	*3.00*	**0.83**	**-0.17**	*y*		*April - June*
Community Services	Therese Patten	*0.20*	*2.00*	*2.20*	**0.00**	**-0.20**	*y*		*unknown*
Research & Development	Rick Turnock/David Powell	*0.10*	*0.25*	*0.35*	**0.00**	**-0.10**	*n*		*unknown*
Innovation	Rick Turnock/David Powell	*0.10*	*0.25*	*0.35*	**0.00**	**-0.10**	*n*		*unknown*
Education	Rick Turnock/David Powell	*0.20*	*0.40*	*0.60*	**0.00**	**-0.20**	*n*		*unknown*
Coding/Capture/Pathfinders	Claire Liddy	*0.90*	*1.00*	*1.90*	**0.90**	**0.00**	*y*		*Apr-16*
Procurement	Claire Liddy	*1.00*	*1.00*	*2.00*	**1.00**	**0.00**	*y*		*Apr-16*
Facilities Redesign	Jude Adams	*0.50*	*0.50*	*1.00*	**0.32**	**-0.18**	*y*		*Apr-16*
Medicines Optimisation	Rick Turnock	*0.50*	*0.50*	*1.00*	**0.50**	**0.00**	*y*		*Apr-16*
25% slippage		*-2.30*			***0.00***	***2.30***			
		7.20	***10.90***	***18.10***	**4.24**	**-2.96**			

Inspired by children

Alder Hey Children's NHS
NHS Foundation Trust

Risks

No.	Risk Description	Estimated Value £'000
1	Medical Records	£500.0
2	Community Paedeatric base investment - not agreed with comissioners	£450.0
3	B9 Governance Associate - part mitigated	£20.0
4	Domestics	£500.0
5	Junior Doctors Pay Deal	assume net nil
6	Madel contract	under review
7	Neonatologist - no business case	£70.0
8	Contract Upside strech	£500.0
9	CQUIN Delivery Cost - only £150k reserve	awaiting
10	Penalties A&E etc no provision in base - if no improvement in 1617	£300.0
	Total Risk £'000:	**£2,340.0**

** 16/17 contracts have not yet been signed with commissioners, deadline 31st March 16. Budget includes item requiring CCG investment eg SRG, neuro developmental and eating disorders*

Inspired by children

Alder Hey Children's NHS
NHS Foundation Trust

Next steps

- RABD requested to note the financial assumptions and risks described
- RABD approval of revised budget for trust board ratification
- Continuation of CiP planning and additional control measures such as 10 Point Pay plan, Weekly activity tracking and new business case process.
- Commissioner contracts signed by 31st March 2016
- Submission of final plan to Monitor 11th April 2016

Inspired by children

Alder Hey Children's NHS Foundation Trust
High Level 5year Financial Projections

Jonathan Stephens

Director of Finance

Presented to Resources and Business Development Committee 30/3/16

And to be included in Trust Board papers 5/4/16

2016/17 Update since Monitor draft plan submission

I&E	2016/17 £m	
Turnover	214.5	
Surplus deficit at Draft plan*	3.5	
take out STF	-3.7	
Impact of revaluation post draft plan 16/17:		
pdc	-1	
depn	-0.3	
CQUIN 0.4% top slice hep c 16/17	-0.4	
Post move operational performance time lag	-3	
CIP Phasing	-2	
contingency release	1	
Revised plan surplus / (deficit)	-5.9	
Interim cash support required / (repaid)	*8.5*	
CIP as at draft plan	7.2	3.4%
Anticipated in year slippage in delivery of current CIP recognising current status, the need to take out costs safely and pace of change agenda which needs to engage staff	-2	
Revised plan CIP - delivered in year	5.2	2.4%
Cash balance at 31 March	*= draft plan-----> 4.1*	
cash surplus / deficit for the year		
2015/16 reval increase PDC	-0.6	
deterioration in 2015/16 outturn from £3.7m deficit to £4.2 i.e. strike	-0.4	
draft plan cash changes	-10.1	
Revised cash balance	-7	
Interim cash support - excludes STF	8.5	
Revised cash balance	1.5	

- Since submission to Monitor on 8th February following additional items and risk has been included within the trust budget.
- The Trust's revised plan is a deficit of £5.9m which means :
  - The STF control will be rejected on the basis that a £3.5m surplus is deemed not achievable due to £ risks faced. To do so would mean £12m 5.5% CIP. This results in loss of the £3.7m STF fund.
  - £8.5m of interim cash support is required as a result of deficit
  - Internal CIP forecast delivery is £5.2m (2.4%) in year
  - Capital plan is £10.2m
  - Year end cash is £1.5m (assuming interim cash support received at £8m)

High level 5 year financial projections

- **Approach : role forward 16/17 plan surplus / (deficit) and closing cash balance and adjust for anticipated incremental changes such as:**

  - Annual Capital programme as per previous long term financial model and assumed £1m contribution per annum from Charity for equipment replacement from 2017/18 (planning assumption not agreed).

  - Loans new and repayable

  - Net difference between future unavoidable cost inflation and amount funded through tariff increases = a shortfall of 2% which is the 5 year Provider efficiency planning assumption

  - Non recurrent operational performance slippage in 16/17 recovered recurrently for 17/18

  - No growth in activity assumed on the basis that all growth would be an element of the annual CIP target and will be delivered at a margin or at least net nil cost.

  - Factored in Liverpool new Cardiac model risk share £0.2m and net revenue impact of the new office build.

High level 5 year financial projections

- **Approach – continued…**

  - CIP maximum target for any year capped at 3.5% dropping to 2.5% last 2 years
  - CIP assumed to be delivered in full in each year with the exception of 16/17 which is reflected in 16/17 deficit and covered in 16/17 plan earlier in this presentation
  - £1m per annum cost pressures above the 2% efficiency assumed per annum
  - £0.6m above tariff CNST cost pressure above tariff up and until 2018/19
  - No change underlying change to specialist children's tariffs and top ups
  - Net income from sale / development of surplus lands of £1.5m. Gross £4.5m receipt net of £3m grant repaid to local authority (2018/19).
  - Cash support in the model is assumed and has not been agreed nor has the repayment profile

Full detailed 5 year Long term Financial model not completed yet (will be for June STP submission) but high level sufficient to provide outline of financial challenge and context for next 5 years strategy.

Planning Scenarios

- Scenario 1 : NHSi / Monitor agree a revised control total which means the Trust retains the £3.7m STF and secures additional interim cash support to bridge residual forecast cash gap

  Following a conversation with Monitor on 23 March 2016, it was fed back that NHSi will not agree to a revised control total and therefore Scenario 2 below is the planning starting point for 2016/17

- Scenario 2: NHSi / Monitor don't agree a revised control total which means the Trust does not receive the £3.7m STF and therefore requires interim cash support to cover the full forecast cash gap.

Summary financials

Scenario 2 - revised control not accepted and no STF and cash support agreed	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
Surplus /deficit	-5.9	-1.29	0.52	0.73	0.94
end of year cash before interim cash loan	-7.0	-9.0	-6.5	-2.1	2.0
Interim cash loan requirement in yr	8.5	10.50	8	3.6	0
end of year cash after interim cash loan	1.5	1.5	1.5	1.5	2.0
CIP assumed	5.2	7.74	7.7	5.5	5.5
CIP %	2.4%	3.5%	3.5%	2.5%	2.5%
interim cash loan received and paid	8.5	2	-2.5	-4.4	-3.6
cumulative	8.5	10.5	8	3.6	0

5 year capital programme

	17/18			18/19			19/20			20/21	
capital expenditure	**£m**		**capital expenditure**	**£m**		**capital expenditure**	**£m**		**capital expenditure**	**£m**	
EPR and I&MT	-0.8		EPR and I&MT	-0.8		EPR and I&MT	-0.8		EPR and I&MT	-0.8	
M&S Equip	-4.1		M&S Equip	-3.8		M&S Equip	-1.2		M&S Equip	-2.1	
Park and demolitions	-2.6		Park and demolitions	-0.8		other	-0.3		other	-0.3	
office	-12		office								
total	**-19.5**		**total**	**-5.4**		**total**	**-2.3**		**total**	**-3.2**	

Key observations

- Trust will need to deliver above the annual 2% national efficiency target in order to return to a broadly breakeven position by 18/19: i.e. 3.5%.

- The Trust is likely to require further cash support in 17/18 but should review CIP and capital funding opportunity for 17/18 to assess if this can be mitigated.

- Projections present an extremely “tight” position with internally generated cash headroom only arising in 2020 / 21 – due to the need to repay cash support. This also means this isn't any significant margin to cover risk and downside. This however is likely to be the case across the whole of the provider sector.

- Unlikely to be credible to suggest the Trust could increase headroom by delivering higher CIPs to improve this situation as headline plans assume £32million delivered by 2020/21 = 14%.

  context:

  - Trust current reference cost index (14/15) = 103 (lowest of the 4 stand alone children's trusts), will of course change once PFI costs factored.

  - High level benchmark check against Carter based benchmarks (pathology, radiology and admin indicate net potential of circa £3m). Limited scope re facilities and buildings as PFI. As yet no Carter assessment for specialist Trusts.

- The CIP assumption needs further consideration and discussion. 5yr CIP needs to be reviewed referencing previous 5 financial year plan agreed in 2014/15 and a refresh of forward look business development opportunities.

Key observations contd.

- No headroom for capital development so any new schemes and initiatives will need to financed from other sources. This may present a risk in terms of ability to enable some of the Trust development ambitions

- Consideration of options which increase the size of the organisation may leverage economies of scale and unlock development and growth opportunities. However, need to be mindful that all providers are facing a similar CIP challenges, so strategic partnerships need to deliver net benefit.

Recommendations

- R&BD and Board to note headline financial projections

- R&BD and Board to note 5 year financials will be reviewed in more detail as part of the ongoing development and input into the 5 year Strategic Transformation Planning process

- R&BD and Board to note the Trust has signalled the non acceptance of the 16/17 control and the need for cash financial support. As a consequence, Monitor / NHSi will be working with the Trust to identify mitigating actions to limit the level of financial support required. Plans may therefore change.

Listening into Action

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Engaging and empowering staff for better patient outcomes

Breaking paradigms, creating ambition, raising the bar

LiA Briefing Pack

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IMPACT on patient care…

University Hospitals of Leicester

TTO turnaround within 1hr - 50% within 30 minutes – reducing discharge delays

Cumbria Partnership FT

Waiting times halved for pulmonary rehab patients; appointment within 2 weeks

East Sussex Healthcare

New equipment eliminates waiting times for IV insertion

Wirral University Teaching FT

60% reduction in length of stay for acute older patients, from 12 to 5 days

St George's Healthcare FT

5 week wait for Cardiology patients completely eradicated

Croydon Health Services

40% reduction in pressure ulcers; 55% in nursing homes; 13% reduction in Grade 3

Aintree University Hospital FT

86% stroke patients thrombolysed within 60 mins

Portsmouth Hospitals

Nurse in Charge badges and escalation point for staff/patients/ relatives

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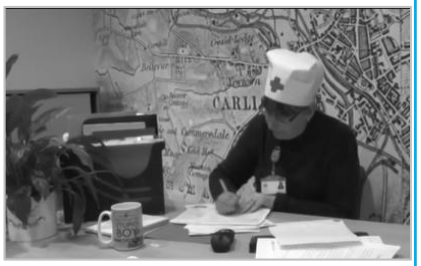
IMPACT on staff…

Cumbria Partnership FT



New starter forms reduced from 16 to 1, saving time and frustration

University Hospitals of Leicester

50% reduction in time taken to obtain references, reducing recruitment delays

Pennine Acute Hospitals

Multi-agency working - 19% reduction in violence against staff

Aintree University Hospital FT

Optimal Winter Ward - sharing good practice to improve care

University Hospitals of Leicester

Patient day-case paperwork reduced from 14 documents to 1, freeing up time to care

Croydon Health Services

CQUIN revenue of £610,000; cost savings of £1m through reducing discharge delays

Portsmouth Hospitals

More efficient portering journeys; better patient flow

Pennine Acute Hospitals

50% reduction in paperwork in unscheduled care

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Our mission

To fundamentally shift how we work and lead, putting staff - who know the most - at the centre of change

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Listening into Action

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It's about…

What is Listening into Action (LiA)?

- A new way of working that mobilises staff around better patient care
- Not an 'initiative' - a *fundamental shift* in the way we work
- Enabling our teams to make improvements from the 'inside-out'
- Giving 'permission to act' and simple processes to help
- Cutting out non value-add activity and unblocking the way
- Working together to do our best for patients
- Feeling valued, engaged, proud

Breaking paradigms, creating ambition, raising the bar

www.listeningintoaction.co.uk

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A new way of working…

- LiA is entirely based on what NHS staff and leaders say works for them – 100s Trusts, 100,000s staff involved so far
- Based on evidence that motivated, engaged, happy staff deliver better care for patients
- Focuses the engagement effort on priority outcomes for patients, staff and the organisation
- Builds the confidence of clinical and operational leaders to engage and empower their teams, giving 'permission to act' and 'unblocking the way' for them
- About changing the way we do change: different approach means different results

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Top 10 Success Factors

1. Chief Executive and Executive Team make this a top priority
2. Sponsor Group work together every two weeks without fail
3. Teams have ‘permission to act’ and leaders unblock the way
4. Connecting people across the usual boundaries
5. Collaborate on the outcomes and changes you want to see
6. Empowering local teams to own the improvements everyone wants to make
7. Offering practical support and help to unblock the way
8. Absolute focus on outcomes with a direct link to quality improvement priorities
9. Stop non-value add activity to make room for this
10. Embedding LiA into operational and strategic thinking

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How it works – moving quickly from 'listening' into 'action'

LiA Clinical Teams pioneer the LiA way of working

Teams - with important outcomes in mind - who *pioneer adoption* of LiA to engage all the right people around changes to improve patient care

LiA Big Conversations with 80 people at each

Personally led by the Chief Executive with a rich mix of staff across all levels and roles – to *listen* to what really matters and what gets in their way

Quick Wins and LiA Enabler Teams to unblock the way

'Small change, BIG impact' *actions* at a corporate and team level - with the direct involvement of staff - to improve the way things work around here

Initial 12 month journey

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The LiA Tools

Navigation Days

Protected time for key members of the LiA Sponsor Group, hosted by the national LiA Team, to navigate the journey together and cross-learn between organisations.

LiA Navigator

Web-based system that sets out every step of the cyclical 12 month LiA journey, providing resources to download and avoid reinvention, and 'bottling' the learning from across the LiA network

WebEx Sessions

Opportunity to touch base across the network, with a focus on collaborating and sharing ideas around aspects of the LiA process, as well as 'hot topics' that are of common interest

LiA Network

Access to all LiA organisations to share ideas and exploit learning, collaboration around common topics and challenges, and the opportunity to join forces to get a collective impact

LiA Pulse Check

An automated tool for use at organisation and team level to get a 'snapshot view of how engaged and how valued staff feel, with actions in between survey dates. 15 questions, takes 60 seconds to complete.

LiA Leadership Scorecard

An automated tool for diagnosing the level of consensus and buy-in from leaders around how well you currently lead, support, navigate, and build ownership for change . Great tool for engaging with leaders and changing behaviours.

LiA Tracker

Simple spreadsheet for capturing key information and tracking progress throughout the LiA journey. Updated weekly and forms the basis for coaching support from the national LiA Team.

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LiA background 2007-15

2007/8

Pilot work with 12 Trusts then
40 more

2009

First organisation pioneers widespread adoption. Impacts:

- Mortality rates
- Clinical outcomes
- Ward performance
- Move to 24/7
- Staff morale (up 26%)
- Corresponding uplift in patient feedback
- And much more…

2009/11

Embedded as “the way we do things around here”
8 ‘early adopters’ organisations follow
Bottled the learning

2012/16

Cohorts begin
60+ organisations so far

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60+ Listening into Action (LiA)® NHS Trusts to date - alphabetical

Aintree University Hospital NHS FT
Barnet, Enfield & Haringey MH NHS Trust
Barnsley Hospital NHS FT
Barts Health NHS Trust – Newham University
Barts Health NHS Trust – Royal London and Mile End
Barts Health NHS Trust – St Barts
Barts Health NHS Trust – Whipps Cross
Berkshire Healthcare NHS FT
Birmingham & Solihull MH NHS FT
Birmingham Children's Hospital NHS FT
Birmingham Women's NHS FT
Bridgewater Community Healthcare NHS Trust
Burton Hospitals NHS FT
Coventry and Warwick Partnership NHS Trust
Croydon Health Services NHS Trust
Cumbria Partnership NHS FT
Devon Partnership NHS Trust
East Cheshire NHS Trust
East Midlands Ambulance NHS Trust
East of England Ambulance NHS Trust
East Sussex Healthcare NHS Trust
Frimley Health NHS FT
Gloucestershire Care Services NHS Trust
Heatherwood & Wexham Park Hospitals NHS FT
Hounslow & Richmond Community Healthcare NHS Trust
Hull & East Yorkshire Hospitals NHS Trust
Isle of Wight NHS Trust
Kettering General Hospital NHS FT
Leicestershire Partnership NHS Trust
Liverpool Community Health NHS Trust
Liverpool Heart & Chest Hospital NHS FT
London Ambulance Service NHS Trust
Manchester Mental Health & Social Care Trust
Medway NHS FT
Mersey Care NHS Trust
Mid Yorkshire Hospitals NHS Trust
North Staffordshire Combined Healthcare NHS Trust
Northampton General Hospital NHS Trust
Northern Devon Healthcare NHS Trust
Oxford University Hospitals NHS Trust
Pennine Acute Hospitals NHS Trust
Portsmouth Hospitals NHS Trust
Royal Cornwall Hospitals NHS Trust
Sandwell & West Birmingham Hospitals NHS Trust
Sheffield Teaching Hospitals NHS FT
South Staffordshire & Shropshire Healthcare NHS FT
Southport & Ormskirk NHS Trust
St George's Healthcare NHS Trust
Sussex Partnership NHS FT
SW London & St George's MH Trust
Taunton & Somerset NHS FT
The Dudley Group NHS FT
The Rotherham NHS Foundation Trust
The Royal Liverpool University Hospitals NHS Trust
The Royal Wolverhampton Hospitals NHS Trust
United Lincolnshire Hospitals NHS Trust
University Hospitals of Leicester NHS Trust
University Hospitals of Morecambe Bay NHS FT
West Hertfordshire Hospitals NHS Trust
West Midlands Ambulance Service NHS Trust
Wirral University Teaching Hospital NHS FT
Wrightington, Wigan & Leigh NHS FT

Plus more than 50 pilot sites around the country

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Size of the opportunity

A fundamental shift in the way we work which empowers staff to deliver better care for patients

Some listening events and 'yet another nice initiative' that becomes a distant memory

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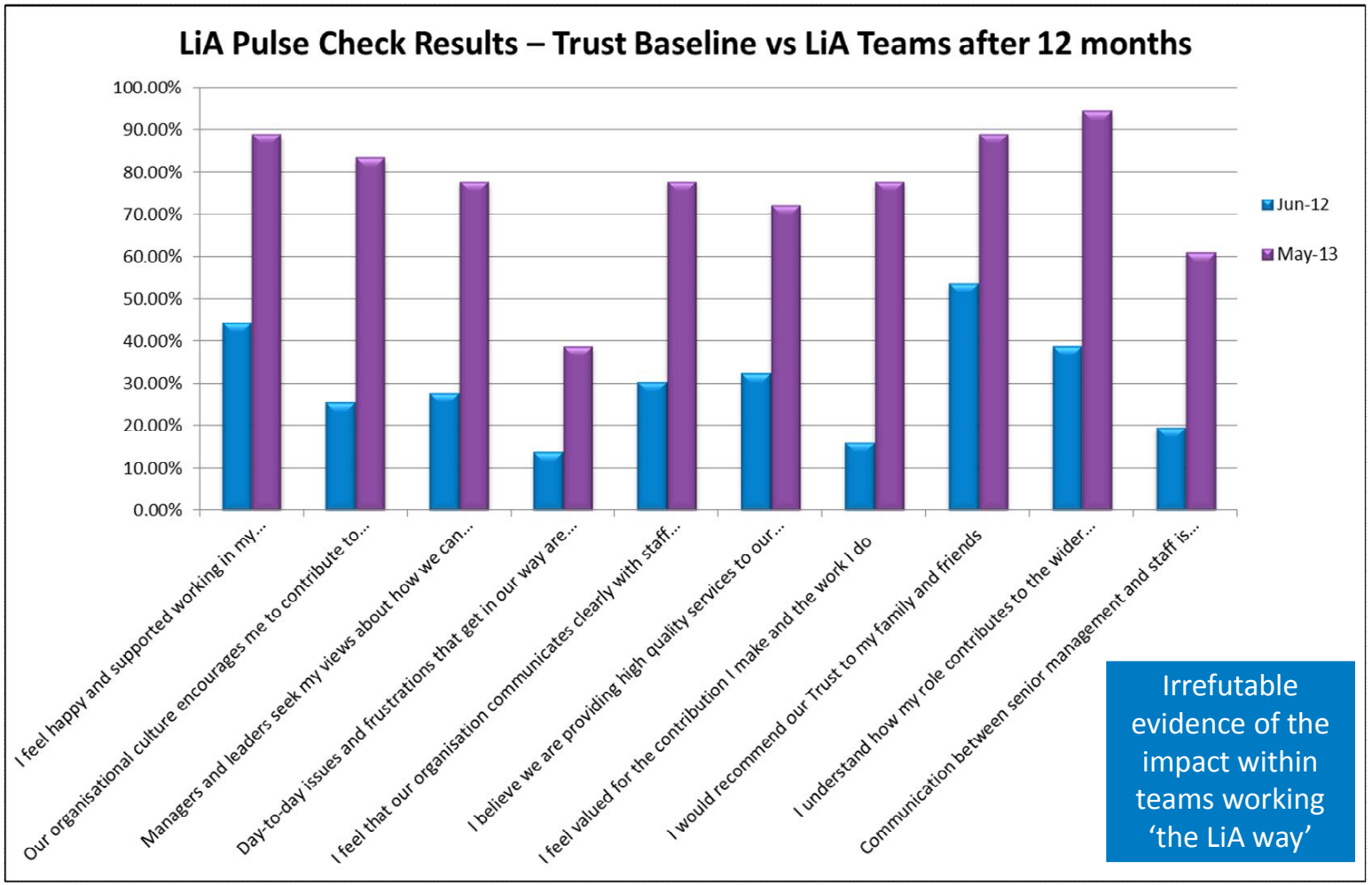
IMPACT: LiA Staff Pulse Check shift (example from UHL)



Irrefutable evidence of the impact within teams working 'the LiA way'

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IMPACT: LiA Leadership Scorecard shift

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

Journey Scorecard Framework: Example results from Croydon (16 responses) October 2012

	Navigation	Total
1	Different change initiatives are integrated in the minds of management	2.9
2	Different change initiatives are integrated in the minds of employees	2.4
3	Management prioritises the use of resources	2.8
4	Change initiative work together (left hand knows what the right's doing)	2.1
5	Costs and benefits of all projects are managed as a whole	2.6
		12.8

	Leadership	Total
1	Serve as effective role models for desired behaviour	2.9
2	Are strong sponsors of change	3.4
3	Hold managers and supervisors accountable for contribution to change	2.6
4	Provide coaching and counselling related to change leadership	2.2
5	Effectively communicate about change (reasons for, benefits, strategies)	2.3
		13.4

	Ownership - People affected by change:	Total
1	Are involved in the process in a meaningful way	2.6
2	Believe their ideas and concerns are being heard and responded to	1.9
3	Understand the need for change	2.8
4	Believe the change is positive for the organisation	2.4
5	Receive effective communication (timely, relevant, honest)	2.2
		11.9

	Enablement	Total
1	Processes are redesigned to eliminate non-value added activities	2.4
2	Organisation strucutres are designed to fit future needs	2.3
3	Competencies for the 'new' organisation are being identified	2.6
4	Training supports new skill and behavioural requirements	2.7
5	Performance mgmt/reward systems are redesigned to fit the new orgn	2.2
		12.2

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

Journey Scorecard Framework: Example results from Croydon (18 responses) August 2013

	Navigation	Total
1	Different change initiatives are integrated in the minds of management	3.6
2	Different change initiatives are integrated in the minds of employees	3.0
3	Management prioritises the use of resources	3.5
4	Change initiative work together (left hand knows what the right's doing)	2.8
5	Costs and benefits of all projects are managed as a whole	3.1
		16.0

	Leadership	Total
1	Serve as effective role models for desired behaviour	4.0
2	Are strong sponsors of change	3.9
3	Hold managers and supervisors accountable for contribution to change	3.6
4	Provide coaching and counselling related to change leadership	3.3
5	Effectively communicate about change (reasons for, benefits, strategies)	3.4
		18.2

	Ownership - People affected by change:	Total
1	Are involved in the process in a meaningful way	3.6
2	Believe their ideas and concerns are being heard and responded to	3.6
3	Understand the need for change	3.5
4	Believe the change is positive for the organisation	3.7
5	Receive effective communication (timely, relevant, honest)	3.4
		17.8

	Enablement	Total
1	Processes are redesigned to eliminate non-value added activities	2.9
2	Organisation strucutres are designed to fit future needs	3.2
3	Competencies for the 'new' organisation are being identified	3.6
4	Training supports new skill and behavioural requirements	3.5
5	Performance mgmt/reward systems are redesigned to fit the new orgn	3
		16.2

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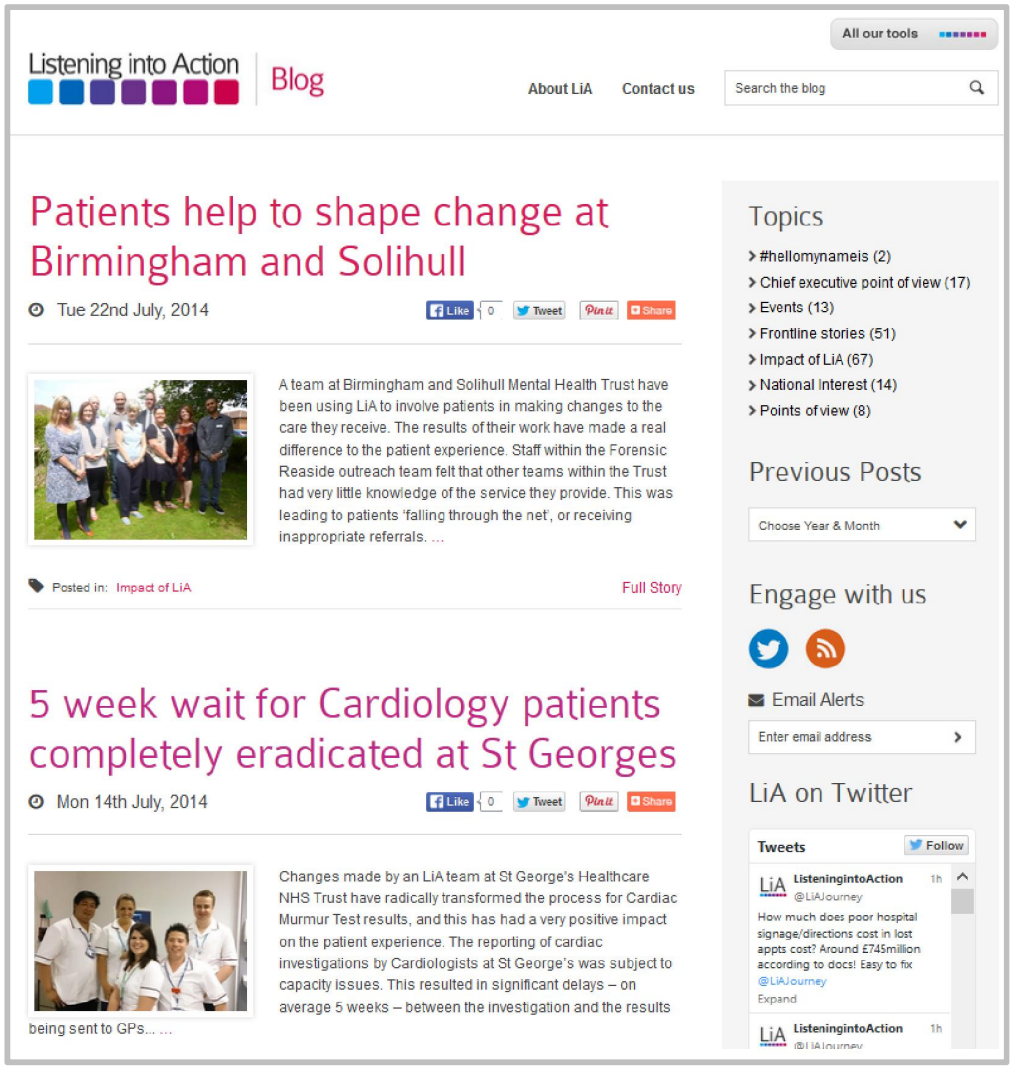
IMPACT: Weekly stories: www.blog.listeningintoaction.co.uk



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IMPACT: Powerful network, eg led 100+ ‘collective launch’

Nursing Times.net

'Lack of mental health support ruins lives'
Jenni Middleton, Editor

SPEAK OUT SAFELY CAMPAIGN

SEARCH OUR SITE... SEARCH

HOME | NURSING PRACTICE | NURSING TIMES LEARNING | OPINION | STUDENT NURSING TIMES | JOBS | SUBSCRIBE

Home • Nursing Practice • Specialisms • Management

‘Hello my name is’ campaign adopted by 100 plus NHS trusts

2 February, 2015 | By Steve Ford

MOST POPULAR | MOST COMMENTED

- Risks of taking long-term paracetamol may be ‘underestimated’
- 'Tragic' findings from Morecambe Bay investigation revealed
- RCN members vote to accept government pay offer
- Nursing students urged to challenge practice and 'managerialism'

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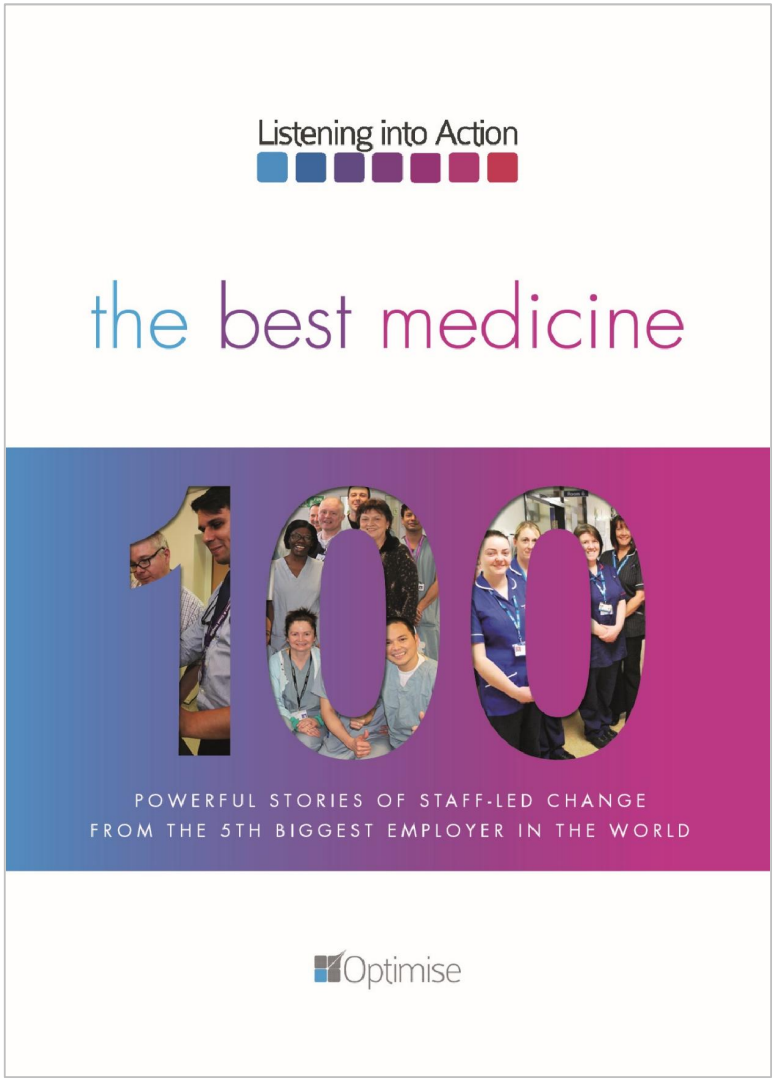
IMPACT: '100 Powerful Stories in 100 Days' campaign



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IMPACT: LiA national ranking on Staff Engagement

2014-2015 Comparative Ranking	Trend	Acute Trust
1	13	Wrightington Wigan & Leigh FT
2	-	Northumbria Healthcare FT
3	74	The Dudley Group FT
4	36	Northern Devon Healthcare Trust
5	34	University Hospital Southampton FT
6	30	South Warwickshire FT
7	26	The Newcastle Upon Tyne Hospitals FT
8	5	Royal Berkshire FT
9	6	Salford Royal FT
10	93	Portsmouth Hospitals Trust
=11	41	Bolton FT
=11	65	Mid Cheshire Hospitals FT
=13	5	Frimley Park Hospital FT
=13	43	The Hillingdon Hospitals FT
15	36	South Tees Hospitals FT
16	11	Salisbury FT
=17	11	St Helens & Knowsley Hospitals Trust
=17	42	University Hospital of South Manchester FT
19	8	Harrogate & District FT
20	16	James Paget University Hospitals FT
21	10	Luton & Dunstable Hospital FT
22	8	Bedford Hospital Trust
23	8	City Hospitals Sunderland FT
24	8	Surrey & Sussex Healthcare Trust
=25	5	East Lancashire Trust
=25	19	Royal Surrey County Hospital FT
=27	18	Blackpool Teaching Hospitals FT

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Breaking paradigms
Creating ambition
Raising the bar

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Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th April 2016

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

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1. Background:

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

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

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

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

2. SIRI performance data:

SIRI (General)														
2014/15						2015/16								
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
New	1	1	4	1	0	5	0	3	2	2	2	1	1	3
Open	3	3	2	5	6	5	7	5	2	3	3	3	5	6
Closed	2	1	2	1	0	1	3	2	4	1	0	2	1	0
SIRI (Safeguarding)														
2014/15								2015/16						
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
New	0	0	1	2	0	0	0	1	0	0	0	0	1	2
Open	2	0	0	1	3	0	0	0	0	0	0	0	0	0
Closed	3	2	0	0	0	3	0	0	0	0	0	0	0	0
Total closed	**0**	**5**	**3**	**0**	**0**	**0**	**3**	**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 01/02/2016 to 29/02/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
RCA 172 2015/16 StEIS 2016/3088	01/02/2016	SCACC	Never Event. Wrong site surgery. Patient listed and marked for umbilical hernia repair. Surgical incision made at site of marking and not below the umbilicus as planned. Incision closed and new incision made approximately 1 inch lower.	Harriet Corbett, Consultant Surgeon and Maureen Arrowsmith, Ward Manager.	Initial fact finding completed, staff statements and timeline collated. Panel meeting to be held 31/03/2016.	Yes	Yes
RCA 173 2015/16 StEIS 2016/4710	15/02/2016	NMSS	Grade 4 pressure sore to patient's heel from plaster cast, identified at OPD.	Keith Rafferty, Quality and Safety Improvement Lead.	Initial fact finding underway, change analysis to be undertaken against prior action plans.	Yes	Yes
RCA 178 2015/16 StEIS 2016/6230	25/02/2016 04/03/2016 (confirmed Grade 3)	SCACC	Grade 3 pressure sore to patient's sacrum. Patient on ECMO, too clinically unstable to turn, query unavoidable.	Ellen Buckley, Tissue Viability Nurse Specialist	Initial fact finding underway, change analysis to be undertaken as part of investigation.	Yes	No – due to patient's critical status.

New Safeguarding investigations reported 01/02/2016 to 29/02/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2016/3894	10/02/2016	Safeguarding	SUDI - Patient was an out of hospital cardiac arrest on 06/02/2016. SUDI protocol initiated.	Safeguarding Team	For information only	Yes	Yes
StEIS 2016/4811	18/02/2016	Safeguarding	SUDI - Child was brought into A&E on 17/2/2016 via ambulance following acute collapse at home. Had several cardiac arrests in AED and was transferred to PICU. Child passed away 18/02/2016. SUDI protocol initated.	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 162 2015/16 StEIS 2016/1409	14/01/2016	SCACC	Never Event. Wrong site anaesthetic block to patient. During anaesthesia for a right femoral fixation, left side block	Kerry Turner, Theatre Risk and Governance	Meeting held 16/03/16 to review documentation/information required, change	Yes	Yes

			performed.	Lead.	analysis commenced.		
RCA 159 L2 2015/16 StEIS 2015/38632	12/12/2015	SCACC	Neonatal death. Gram negative sepsis (klebsiella): query line origin.	Jo Minford, Consultant Surgeon	Further evidence sought following correspondence received from parents. Extra review meeting completed with RCA Lead and Risk Management Team 07/03/2016. Further panel meeting arranged for 31/03/2016 to ensure parents' concerns are addressed.	Yes	Yes
RCA 158 L2 2015/16 StEIS 2015/38524	09/11/2015	ICS	Grade 4 extravasation injury to patient.	Cheryl Brindley, Homecare/ CCNT Manager	RCA panel reconvened on the 29/02/2016. RCA report in the process of being written.	Yes	Yes
RCA 155 L2 2015/16 **Internal**	26/11/2015	MS	Patient suffered 10x medication (teicoplanin) error repeated on 3 occasions.	Dave Walker, Medication Safety Officer	RCA panel meeting held on the 09/03/2016, RCA report in the process of being written.	Yes	Yes
RCA 145 L2 2015/16 **Internal**	29/10/2015	SCACC	Patient suffered burn injury as a result of chlorhexidine swab making contact with the surface of the skin	Paul Dunn, Senior Operating Practitioner	RCA report completed March 2016.	No	Yes
RCA 136 L2 2015/16 StEIS 2015/29703	11/09/2015	CS	Delay in diagnosis of CF in patient	Paul Newland, Clinical Director	Multi agency RCA. Multi agency panel held on the 26/02/2016, extension given by CCG until May 2016. Alder Hey report completed.	Yes	Yes

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

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

Safeguarding investigations closed since last report
Nil

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 3 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:

Number of in-hospital deaths (Jan. 2015 – Dec. 2015)	66
Number of in-hospital deaths reviewed	38
Departmental/Service Group mortality reviews within 2 months (standard) – i.e. up to Oct. 2015	85% (56/66)
HMRG Primary Reviews within 4 months (standard)	47% (26/55)
HMRG Primary Reviews currently within 4 months status	69% (38/55)
Number of deaths within 30 days of discharge (Jan. 2015 – Dec. 2015)	11
Number of 'within 30 days' deaths reviewed	8

The HMRG has completed 38 mortality reviews of in-hospital deaths thus far for the year 2015. 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 – reasons are not clear-cut: possibly less whip; full platters; not enough true 'buy-in' from members, SGs, CBUs, et al. 'Catch up' is required.

Reviewing deaths within 30 days of hospital discharge (i.e. deaths outside of Alder Hey) is ongoing – with the main challenge being the time taken to

identify the cases. For 2015 the HMRG are aware of 11 such 'within-30-days' deaths and has managed to review 8 'within-30-days' deaths thus far.

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	5	6	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	2	4	0	0	1
Sept	4	1	3	1	0	0
Oct	8	2	7	2	1	0
Nov	3		1	0	-	-
Dec	11		8	-		

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

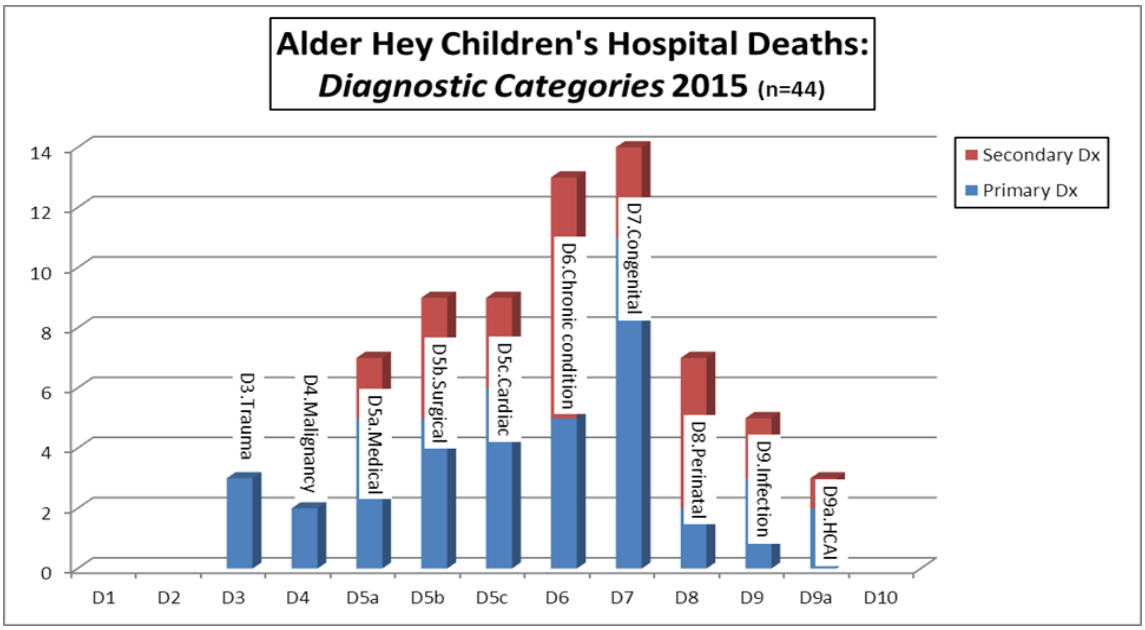
Since the previous Trust Mortality Report there have been 3 cases where the HMRG mortality review conclusion was discordant with the Service Group/Departmental Reviews' conclusions:
In 2 cases the categories were 'upgraded' to "example of good practice" – the end of life care and death in a hospice with her family in a complex case was good practice; as was the willingness to undertake high risk surgery in another challenging case.
In the 3rd case the category was changed from "example of good practice" to "standard practice" – compassionate withdrawal in a newborn with a severe inoperable cardiac malformation was deemed as standard practice.

Potentially avoidable factors and actions:

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

1. 4 week old 25-week pretermer admitted from outside NICU with septic ileus + multiple organ system failure (MOSF) + ongoing Candidaemia, and previous *E.coli* + coagulase-negative Staphylococcal (CONS) sepsis.
   Neonate went to the operating theatre immediately where clinical instability + severe coagulopathy made his laparotomy very challenging →resection of dusky ileum + stoma formation + broviac insertion. Post laparotomy required high pressure ventilation, multiple inotropes, blood products, etc. Micafungin was added to his anti-fungal Rx due to persisting Candidaemia. After rallying a little he deteriorated again on PICU with unrelenting MOSF + died on day 4.
   Hospital-acquired Candidal infection (referring hospital/NICU) – therefore potentially preventable, though extreme prematurity is always a risk factor.

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

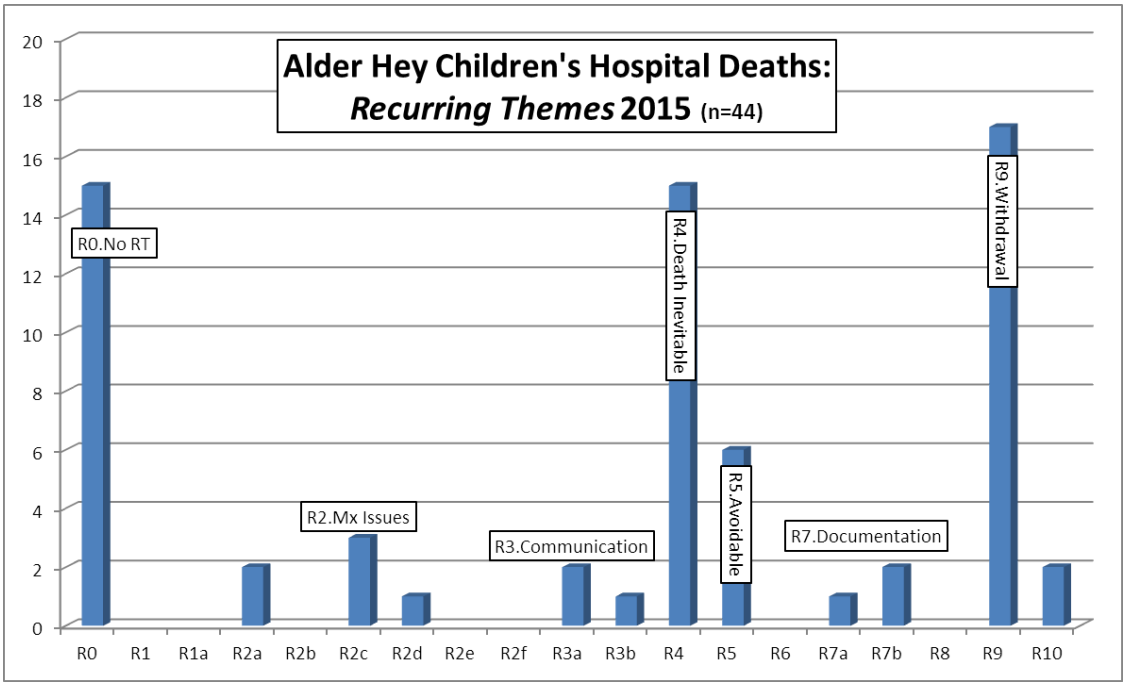


Diagnostic/Disease Categories (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

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 39% of deaths; and death was inevitable on admission in 34%.
Category R5 is reflected in the discussed case.

Section 2: Quarter 3 Mortality Report: April – December 2015

1) Statistical analysis of mortality:

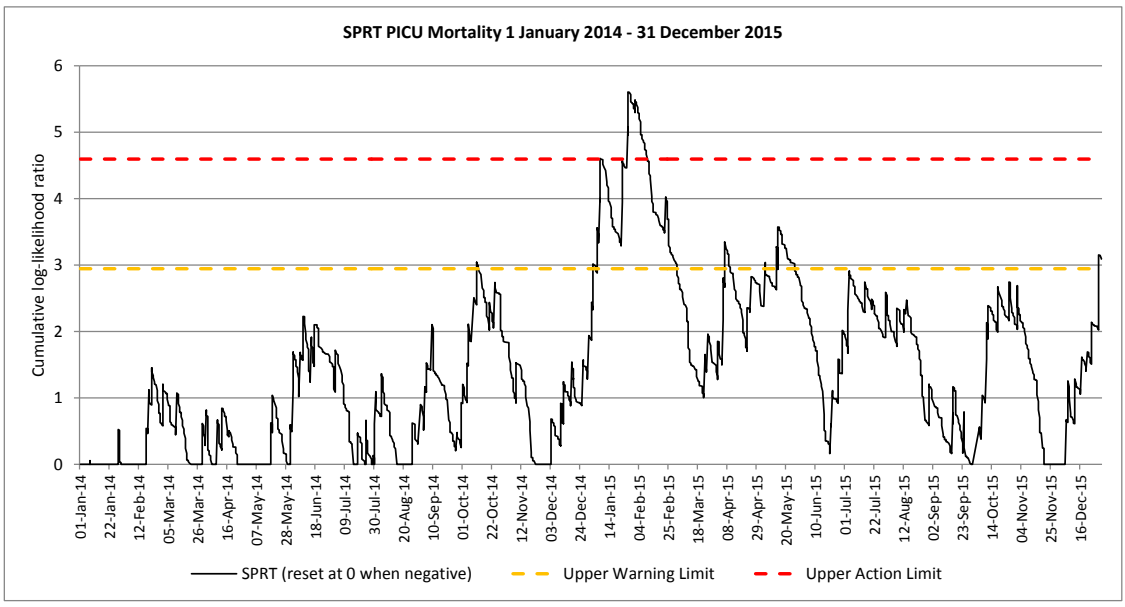
a) Close to real time statistical analysis of mortality in PICU: CUSUM and SPRT

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 December 2015:



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.

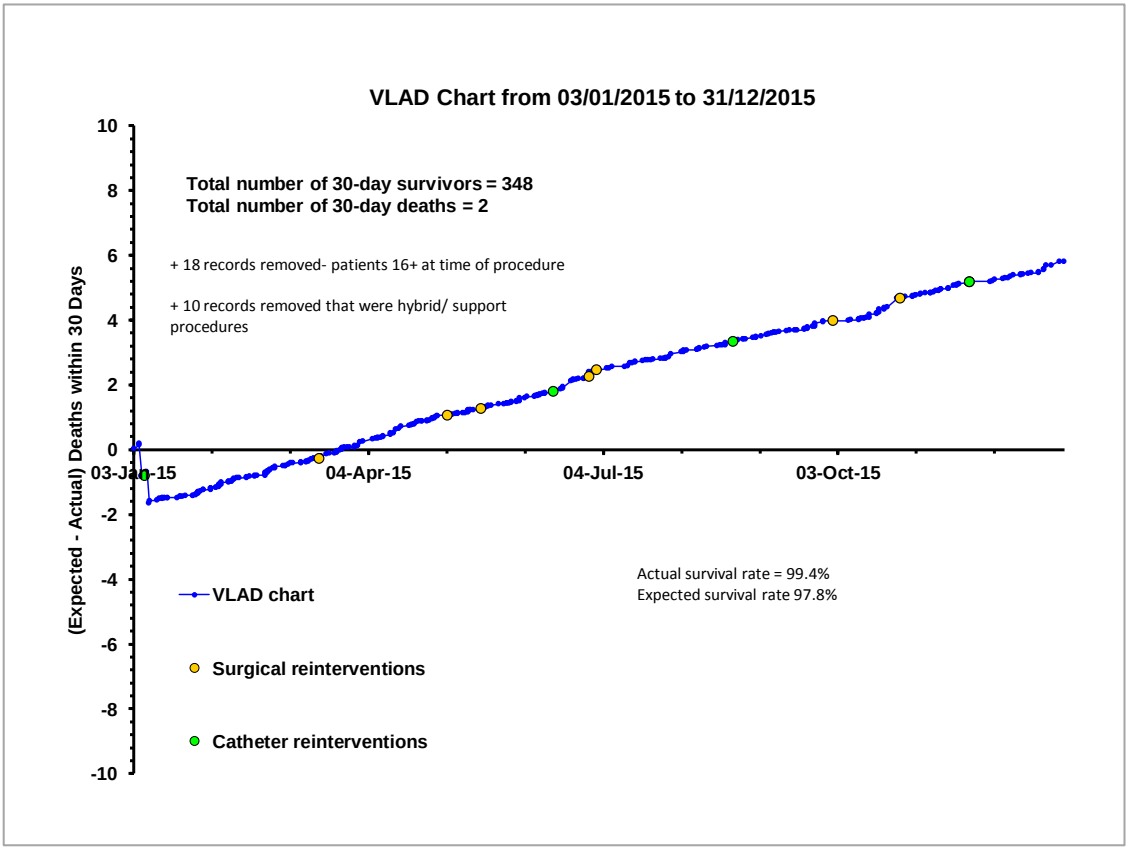
The x-axis plots each patient in sequence of discharge/death date; the y-axis plots the cumulative log likelihood ratio for a doubling odds of death.
The line moves up for a death, and down for a survival, the extent of the shift up or down depends on the extent to which the outcome was unexpected. E.g. 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. The findings provided in the quarter 4 2014-15 mortality report. The upper warning limit was exceeded in May 2015, and again in December 2015 suggesting that mortality is occurring higher than expected.

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

A new 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.



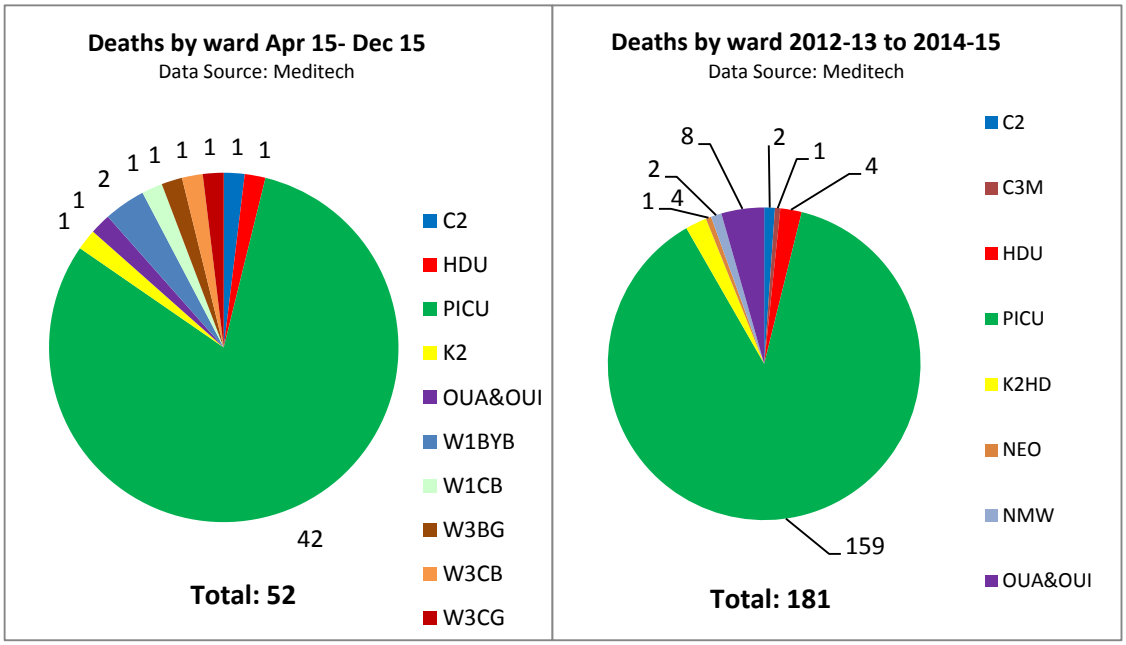
The VLAD chart above shows mortality is occurring lower than expected for the twelve months from 1 January 2015 to 31 December 2015. The survival rate at 30 days was 99.4% against an expected rate of 97.8%.

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

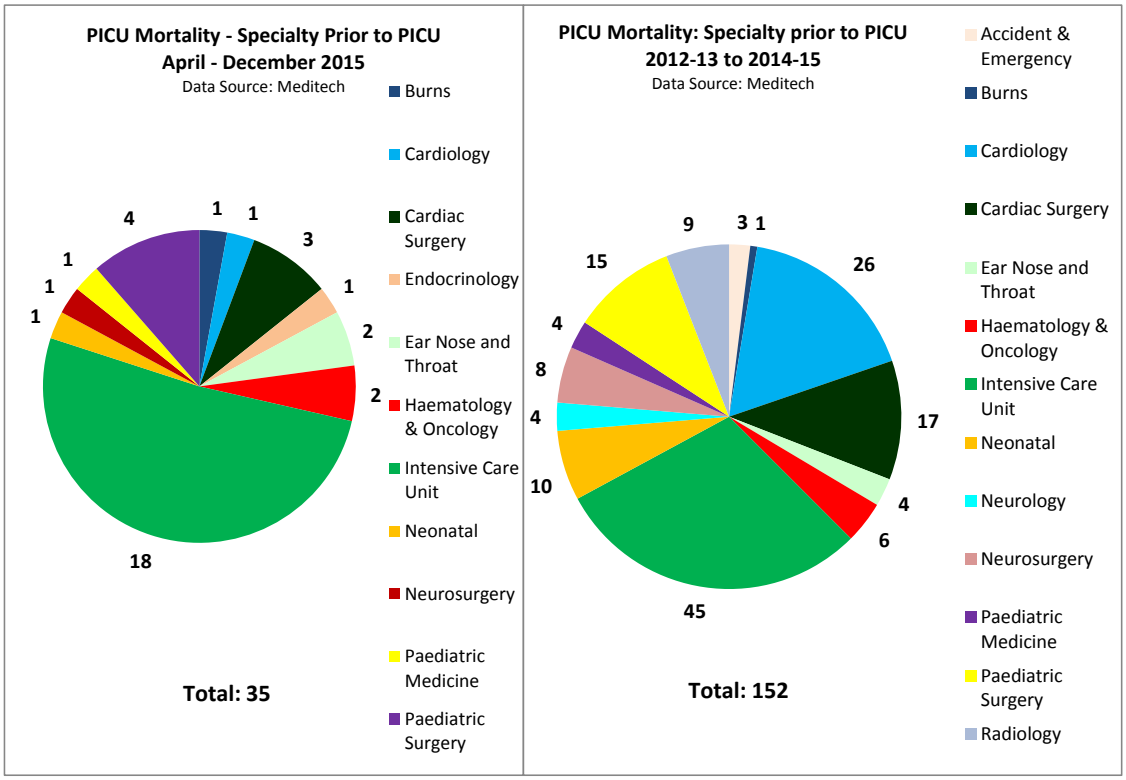
Mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

i) Below are the charts showing mortality by ward for April – December 2015, 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.

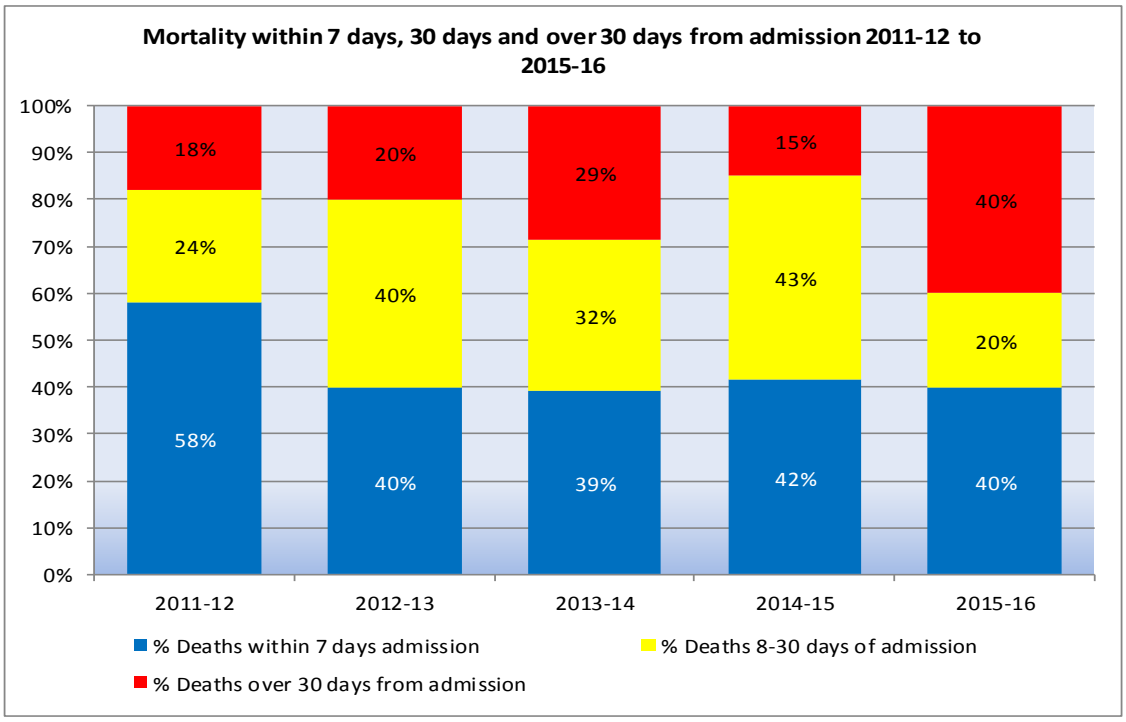
ii) Below are the charts showing mortality by specialty prior to PICU for April –December 2015, and the previous three years 2012-13 to 2014-15.



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 40% occurred within 7 days of admission, 20% occurred within 8-30 days from admission, and 40% deaths occurred over 30 days from admission.

3. External Benchmarking

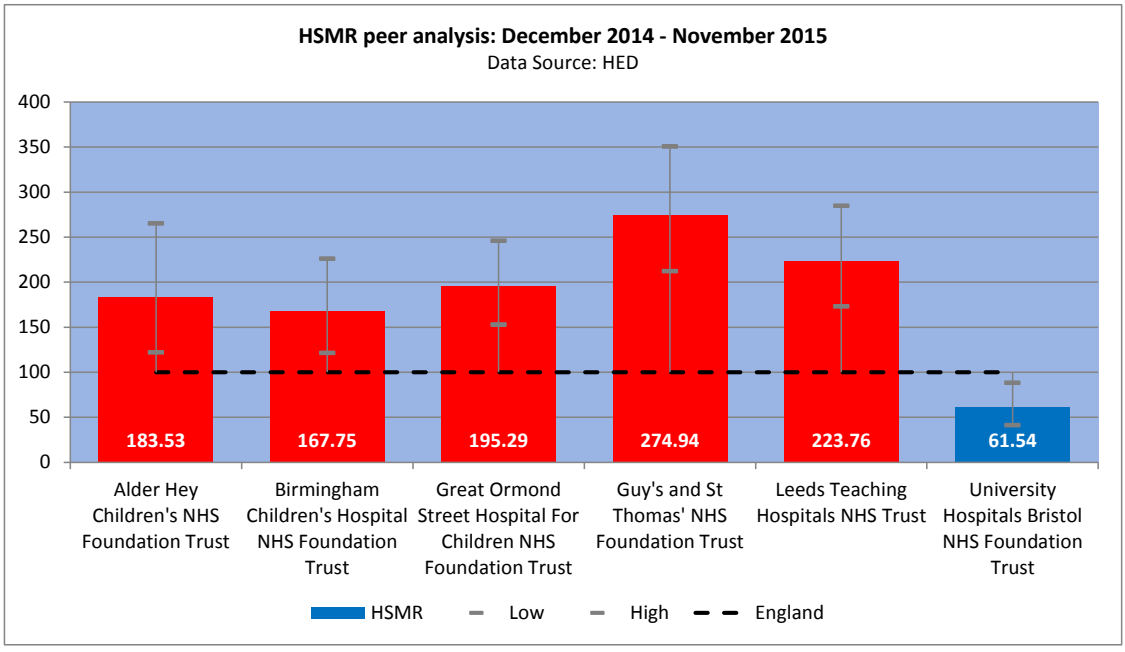
a) Hospital Standardised Mortality Ratio (HSMR) – HED

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 December 2014 to November 2015.



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.

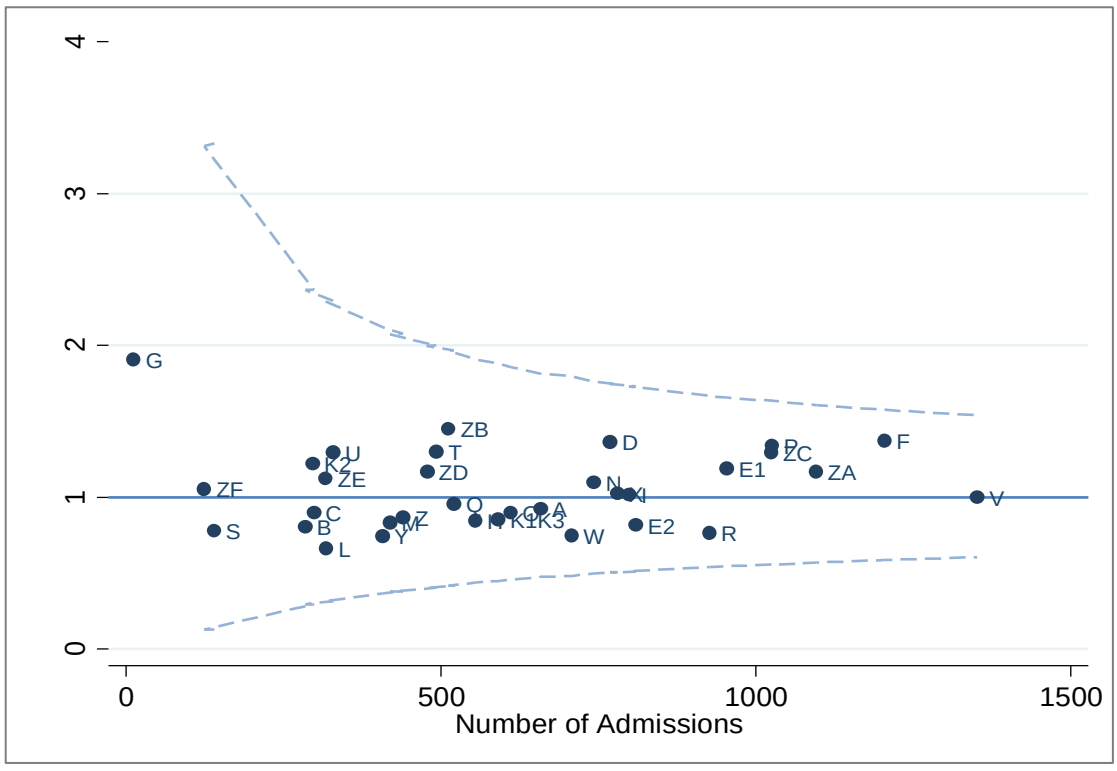
b) External benchmarking against comparator organisations for specific patient groups in addition to Dr Foster.

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 38 deaths in 2015. There were 9 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 warning limit was exceeded in December suggesting mortality is higher than expected.

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
Kent Thorburn
Kerry Morgan
24th March 2016

Alder Hey Children's NHS
NHS Foundation Trust

QUARTER 3 - DIPC REPORT

KEY MESSAGES

- **ANTIBIOTIC STEWARDSHIP** we need to promote the antibiotic app amongst all clinical staff. Use and feedback will enable the antibiotic stewardship group to improve and increase the content
- **ISOLATION PRACTICES** Roll of out of new credit cards for isolation practices on 4C,1C and critical care has been well received and will be rolled out Trust wide


Isolation card.PNG

- **MANAGEMENT OF RESPIRATORY VIRUSES** Winter pressure plan and management of viral respiratory tract infections have been produced in quarter 3.
- **IPC KEY PERFORMANCE INDICATORS** have been introduced as part of the Wards' IPC guideline. These include the proportion of clinical incidents reported by infection control team to CBU that are actually logged on to the Ulysses system, Staff flu vaccine uptake, Hand hygiene compliance, compliance with water outlet flushing, compliance with surveillance screening, mandatory IPC training uptake and Isolation audits. Performance of each ward area against the key performance indicators will assessed quarterly.
- **DECONTAMINATION** Trust wide review of reusable medical equipment which is decontaminated at ward level urgently required. An audit plan has been developed by the Trust Decontamination lead and the Lead nurse IPC and the audit planned to commence in quarter 4.
- **OUTSTANDING IPC ISSUES** List of outstanding IPC issues for the new hospital.


POST OCCUPANCY
IPC MEETINGDISCUS!

- **HAND HYGIENE COMPLIANCE** We need to improve hand washing compliance amongst medical staff. Work is being undertaken by our medical Director and DIPC.

RECENT INCIDENTS

Date	Incident
9/10/2015	Meeting to discuss Infection Control issues on 1C
4/11/2015	Cold water temperature exceeding >20C at the CHP
14/12/2015	Diarrhoea & Vomiting on 4B (Norovirus)
16/12/2015	Death of baby on 1C from Hospital acquired infection
17/12/2015	Cluster of MRSA cases on Critical care
22/12/2015	Leaking skylight on the burns unit
29/12/2015	Staff member with TB

Incident meeting minutes available on request

SUPPORTING INFORMATION

- **DIPC Delivery plan**

DIPC DELIVERY PLAN 2015 review QTR 3.d

- **Minutes from November 23rd 2015 IPCC**

IPCC Minutes 23112015.doc

Alder Hey Children's NHS
NHS Foundation Trust

CQAC Walkround Notes (15th December 2015)

Visit to AED

Present:	Anita Marsland (Chair)	Non-Executive Director	(AM)
	Louise Shepherd	Chief Executive	(LS)
	Melissa Swindell	Interim Director of HR & OD	(MS)
	Jude Adams	Chief Operating Officer	(JA)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Paul Newland	Clinical Director (CSU)	(PN)
	Phil Huggon	Non-Executive Director	(PH)
	Richard Cooke	Director of IPC	(RC)
	Rick Turnock	Medical Director	(RT)
	Hilda Gwilliams	Director of Nursing	(HG)
	Jeannie France Hayhurst	Non – Executive Director	(JFH)
In attendance:-	Liz Edwards	Patient Experience Manager	(LE)
	Julie Williams	Governor	(JW)
	Sarah Stevenson	Quality & Governance Manager	(SS)
	Harriet Corbett	Consultant Urologist/Consent Lead	(HC)

CBU Walkabout Lead: Kate Brizell

Apologies:	Gill Core	Chief Nurse	(GC)
	Mary Ryan	Clinical Director (ICS)	(MR)
	Gail Hewitt	Deputy Director of Quality	(GH)
	Matthew Peak	Director of Research	(MP)
	Jonathan Stephens	Director of Finance	(JS)
	Tony Rigby	General Manager, Risk Management	(TR)
	Pauline Brown	Interim Deputy Director of Nursing	(PB)

PART ONE: COMMITTEE BUSINESS

AM welcomed Julie Williams,Governor to the meeting.

PATIENT STORY

LE presented a patient story regarding smoking. LE indicated that temporary actions had been put in place to attempt to resolve current difficulties regarding smoking/cigarette butts etc. It was noted that further work needs to continue to improve the current situation. Hotspots remained around the main entrances. LE reported that a security guard had been assigned to patrol this area to control traffic and to also help improve the current situation regarding smoking. Temporary signage was currently being addressed. LE indicated that there were plans to relaunch the Smoke free policy, following discussion it was agreed that a summary report would be presented to the next CQAC meeting.

PN queried whether it would be beneficial to audit through a questionnaire – asking parents what would stop parents from smoking on site.

Discussion took place regarding the importance of signage and that problems are envisaged regarding the garden areas during the summer period.

Discussion took place regarding smoking shelters and the importance of any potential shelters being situated away from the main hospital. All Committee members were in agreement to the principles of a smoking shelter and the need for improved signage. The group looked forward to an updated summary report at the next CQAC meeting.

The Chair thanked LE for the powerful patient story.

1. **CONSENT POLICY**

S Stephenson & Harriett Corbett presented the Consent Policy. SS confirmed that the policy had undergone major changes as follows:-

- Duty of Candour Requirements had been included
- Clarification who can give consent had been added
- Clarification who can take consent
- A section had been included with regards to a change in the law
- Research Section had been fully updated
- Medical Photography update
- Updated Rainbow consent
- Theatres – the new theatres have the ability to capture images, all cameras can be linked to many different places and people, with images potentially being shared with people outside of the Trust – surgeons and consultants at home, this is extremely beneficial, but concern was expressed regarding governance. Theatre cameras are not currently in use. A Working Group will be convened to review how this will be used going forward and the implications regarding consent.

The Committee agreed that significant progress had been made with regards to the Consent policy and queried how it will be cascaded and shared throughout the Trust. SS confirmed that David Locke is facilitating a session at Grand Round on 15th January 2016 which will be recorded for staff to review. This will be included in the Junior Doctor Induction Pack going forward.

RT emphasised the importance of mandating and recording that every consultant had read the policy and that the database should be held by L&D Team.

Chair queried whether the committee were confident that assurance could be provided to the Board, that the policy is fit for purpose and whether this needed to be shared with the Board of Directors. LS confirmed that this committee had delegated authority to approve. MS indicated that the policy requires an Equality Impact Assessment. It was felt beneficial for Liz Baker to be invited to the working group to provide clarity regarding the assurance process regarding the policy.

APPROVED

RT indicated if inappropriate consent takes place, clear sanctions need to be put in place.

Discussion took place regarding information leaflets, and the importance of the leaflets being available electronically, and in a number of alternative formats and the need to rethink how information is accessed electronically, and communicated to parents/carers. HG confirmed that interpretation and translation services are available at all times via language line, in line with the Trust policy for interpretative services.

The Chair agreed it would be beneficial to closely follow the implementation, of this policy and requested a quarterly update on progress.

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The Committee were happy to RATIFY the policy inclusive of the equality analysis.

RT expressed thanks on behalf of the Committee to both Sarah & Harriet for the Consent Policy.

2. TRUST QUALITY METRICS

HG gave a verbal update on progress to date:-
It was noted that all patient safety indicators (excluding hospital acquired MRSA bacteraemia, C.difficile and never events) are on track to achieve annual quality impact target.

LS indicated that the indicators need to be revisited and shared with the Board of Directors. HG confirmed that there are plans to review during Xmas and New Year period, with the aim of the quality metrics being refreshed.

- HG indicated that there had been no breaches of mixed sex accommodation – but staff are aware of one breach. HG confirmed that she is currently liaising with Kerry Morgan, Deputy Head of Information regarding the comparable data to provide context and ensure that the information provided by the Information team is accurate/up to date.

  RC confirmed that Infection Prevention KPI's have been established at unit level and that he would like to see improved links with data analysis.

  HG confirmed that regular IPC audits at ward level take place, and appropriate action to address any areas of concern.

QUALITY STRATEGY

HG reported that work was progressing to develop the Quality Strategy. A senior leader's away day was scheduled on 3rd December 2015 which included reviewing the model, ensuring that the model is clinical driven. Staff engagement commenced across workforce groups. Following the last Senior Leaders Event key work streams identified.

APPROVED

The Quality Strategy is scheduled to be presented at the April Board meeting. Clinical engagement has been extremely positive. G Core had recently met with Erica Saunders, to align under this committee, to be agreed in January 2016. RT indicated that consultant colleagues will be in support of this, and that he is keen for clinicians/nursing staff to be involved together with governors. **It was agreed that once the proposal had been drafted this would be circulated to governors**.

3. QUALITY GOVERNANCE FRAMEWORK

ES provided a position statement as at December 2015. ES reported that the Trust will have to undertake a Well Led Review by an External Provider in 2016, therefore colleagues need to continue undertaking self assessments – to use as development tool to identify any gaps. ES reported that an update would be given in the following quarter. ES welcomed any comments/questions.

LS indicated that attention needs to be given to issues within the GAP analysis.

Jeannie queried how our successes are communicated to the wider audience – ES reported that ongoing work is continuing with Communications. LS indicated that further detail is required on visible measures given that the Trust has significant issues to celebrate.

PART TWO: WALKROUND

4. A&E WALKROUND ACTION PLAN

The Committee undertook a walk round to the AED Department, which was facilitated by Kate Brizell, Amanda Turton & Bimal Mehta.

BM took the opportunity to provide feedback on recent improvements made within the AED .

- Access and doors – Action plan had been produced detailing alterations. Main doors into the department will have capability to be open between agreed times. Access pad will be located at reception desk for out of hours.
- Patient Flow between ED and radiology – Following door access changes patients will be guided along the corridor round to the radiology department, patients booked will use the room/suite and will be an open route to radiology. Meditech had identified solution for tracking screen (2 screens within ED), once patients return from Radiology they will go through a tracker, this is expected to show a significant improvement.
- Unprecedented attendances – Collaborate working has commenced with Smithdown Walk in Centre, which is supported by media campaign. Increased capacity created in EDU (chaired area) - this is staffing dependant.
- Reception desk – Proposal has been drawn up for the reception desk. Design proposal to be reviewed by the team. Final cost to be submitted and work to commence, this will be more visual, and will provide staff feeling less vulnerable.

APPROVED

- Waiting area – Vending Machine – the vending machine remained insitu, currently looking to replace items with healthier snacks within the vending machines. The vending machine had been moved, was originally located s by the entrance, which was identified as an issue at the previous walkabout, the location of the vending machines will now not change.
- Reposition of the triage desk.
- New seating will be installed (bench seating round the AED with storage access).
- Signage indicating where to check in – Temporary patient information screen, displaying times installed in Waiting room. Meeting arranged with David Houghton to address issue.
- InTouch – Meditech solution for calling patients – Team have agreed to go progress with the meditech solution. Currently awaiting a date for screen to be set up.

WALKAROUND SESSION FEEDBACK

Following the walkabout the committee agreed that since the original AED walkabout, the general AED working environment seemed more positive, resulting in improved staff morale, with staff feeling supported and listened to.

It was noted that JA continues to work with commissioners, regarding unprecedented attendances/issue around the ground floor design, 59,0000 attendees per year, also the Trust received a 17% increase in patients.

- The committee acknowledged that the AED need support to make real improvements
- JA was addressing how the patient flow/redirect traffic which will be governed through CQAC and Clinicians.

The Chair thanked the Committee for their participation in the walk round and encouraged as many CQAC members to attend the CQAC Quality Strategy Workshop as possible, apologies were noted from Louise Shepherd and Rick Turnock).

APPROVED

Alder Hey Children's NHS
NHS Foundation Trust

CLINICAL QUALITY ASSURANCE COMMITTEE
Minutes from the Meeting held on 20 January 2016

Present:	Mrs A Marsland	Non-Executive Director (Chair)	(AM)
	Mrs J Adams	Chief Operating Officer	(JA)
	Miss G Core	Chief Nurse	(GC)
	Ms J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Mr S Igoe	Non-Executive Director	(ES)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Stephens	Director of Finance	(JS)
In Attendance:	Mr A Bateman	General Manager Surgery	(AB)
	Mrs P Brown	Acting Deputy Director of Nursing	(PB)
	Mrs S Brown	Strategic Project Manager	(SB)
	Mrs J Benbow	Clinical Claims Manager	(JB)
	Mr M Caswell	Clinical Director, Medical	(MC)
	Mr C Duncan	Clinical Director for NMSS	(CD)
	Mr D Grimes	General Manager, Medical Spec	(DG)
	Mrs J Flynn	General Manager Integrated	(JF)
	Mr J Gibson	External Programme	(JG)
	Mrs R Greer	ACSSN	(RG)
		Musculoskeletal Specialist Surgical	(JH)
	Mrs J Hughes	Interim DPIC	(AH)
	Mrs A Hyson	Complaints Manager	
	Mr S Kenny	Clinical Director Surgery, Cardiac,	(SK)
	Mrs J Minford	Anaesthesia and Critical Care	(JM)
	Mr P Newland	Clinical Director Paediatric Surgeon	(PJ)
		Clinical Director (CSS)	
	Dr M Peak	Director of Research	(MPR)
	Ms M Perrigo	Clinical Risk Co-ordinator	(MP)
	Mrs J Richardson	Programme Manager	(JR)
	Mr T Rigby	General Manager Clinical Research	(TR)
		Consultant Psychiatrist	(LD)
	Dr Ramasubramanian	Head of Planning and Performance	(LS)
	Mr L Stark	Clinical Audit Manager	(SS)
	Ms S Stephenson	Corporate Administrator	(JT)
	Mrs J Tsao		
Observer:	Mr S Hooker	Public Governor	(SH)
Apologies:	Mr P Huggon	Non-Executive Director	(PH)

Dr M Ryan	Clinical Director (ICS)	(MR)
Mrs L Sheppard	Chief Executive	(LS)
Mr R Turncock	Medical Director	(RT)

Item No	Item	Key Discussion Points	Action	Lead	Time Scale
15/16/75	**Minutes of the Last Meeting**	The Committee considered the minutes of the last meeting of the Clinical Quality Assurance Committee held on 18 November and the notes of the Walk around on 15th December 2015 in the Accident and Emergency Department. Both were **APPROVED** as a correct record.			
15/16/76	**Matters Arising and Action List**	The CQAC meeting today would be dedicated to receiving progress on the Quality Strategy and the development of the five work streams. To ensure there would be enough time to cover these items today it was agreed that an update on actions would be presented at the next meeting. Jeannie France-Hayhurst requested an update on smoking around the Hospital grounds.	Action log deferred until the next meeting Further update on smoking around the Hospital grounds.	ALL	24/02/16
15/16/77	**Workshop Introduction and context**	Hilda Gwilliams gave a presentation on the developments to date of the Quality Strategy and confirmed approval process, the purpose of workshop was to focus on the immediate action and progress against the agreed work streams and the governance arrangements to underpin the new clinically led model. Following on from Senior Leaders timeout in December 2015 the five work streams agreed as follows; Investing in our Workforce, Developing our Business, Our patients at the centre, new services in communities and the implementation of the quality strategy. Shared the Trust's values and principles of the Quality Strategy and that they have been previously tested within the Theatres project and proved successful therefore form the basis of the five work streams that have been developed. Identified that CQAC would become the assurance committee for current change projects relating to 'our patients at the centre' work stream. Collectively the aim of these projects is to improve clinical care pathways and those systems and processes that support clinical care to ensure a 'right first time' approach that will drive up quality of care and reduce waste and associated costs.			24/02/16

		Patients and families will be at the centre of care design and delivery to ensure we are meeting their needs at each and every contact. The experience, safety and effectiveness standards across these 4 components of care delivery will be well defined and productivity and efficiency gains will ensure quality and cost are central to achieving excellence. Hilda Gwilliams reported that in order to provide assurance prior to the sign off process being completed at CQAC there is a need to develop a checklist encompassing the requirements of the projects. Following completion of the checklist it would be helpful to circulate to the project teams and Chair enabling transparency of deliverables. Adopting this methodology will enable the 'walkabout' sessions to focus on progress against the change projects at local level. Joe Gibson presented and provided assurance on the future programme of change to implement the work streams. Joe Gibson referred to a slide on the Committee governance leads for each of the work streams and the three leads and support for developing; IM&CT and EPR, Supporting Front Line Staff and Park, Community Estates and Facilities. A discussion was held around the development of Quality. It was noted that this had been previously discussed and would be added. The Committee discussed the importance of being clear on what the work stream is set out to achieve and to not lose sight of this. To provide assurance on this each work stream lead was requested to provide a 1-2 page overview document on the achievements the work stream is to achieve. Going forward leadership and accountability would be led by both the managerial and clinical workforce. The membership of the CQAC committee was to be extended to include General Managers. Anita Marsland thanked Hilda Gwilliams and Joe Gibson for their presentations on the progress of the quality improvement projects. She also recognised the scale and pace of change will be challenging but driving improvements in quality, getting it right first time every time, is best practice and one the Trust is in full support of.	Project Check list to be presented at the next meeting. Each work stream lead was asked to complete a short document on the aim of each work stream	HG/JG Work stream leads	24/02/16
15/16/78	**Best in Operative Care Team**	Adam Bateman gave a presentation on the Best in Operative Care and the 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. The objectives for the delivery are; safety, excellence and wellbeing.			

		Adam Bateman reported on the clinical engagement that held been held with Rick Turncock, Medical Director and Steve Roberts Clinical Lead. It had been agreed there would be two clinical leads for the project and second clinical lead was being looked into. Two main engagement and management of change methodologies would be used going forward. They were the Patient and Family Centred Care approach and listening into action. The implementation of the work in this project has initially been identified as were highlighted. The committee discussed the importance of including and supporting the workforce teams and keeping the patients needs at the centre of the project. Concerns were raised around cultural changes within an organisation and this will be developed over time. Anita Marsland thanked Adam Bateman for his presentation on the best in operative care project.			
15/16/79	**Improving Flow Project**	Lachlan gave a presentation on the Improving Flow project and the focus for managing the three specific aspects of flow; provision of services to meet demand from patients, management of variation and improved reliability and increase responsiveness to problems in patient flow. The project is currently in the diagnostic and development stage and has been established to provide the most efficient and effective means of supporting patient flow across the Trust. As an example Lachlan shared information intelligence into discharges currently taking place of an evening whereas the pressure point for elective flow occurs early in the morning. Further work being undertaken (point prevalence study) to gain insight into the various reasons behind this and how the bottlenecks can be freed to enable improved flow. Information analysed are exploring opportunities in relation to inpatients length of stay and where this can be reduced and patient pathways. Anita Marsland thanked Lachlan for his presentation on the improving flow project.			
15/16/80	**Improving out patients project**	Rachel Greer gave a presentation on the Improving Outpatients project to improve the experience, efficiency, safety and effectiveness. Rachel Greer went through the 5 principles of the patient and family programme that			

		supported the move from the old to the new hospital and govern the project; be ready for me, tell me what's going on, take good care of me, give me enough time and let me be involved. The outpatients team would be involved with delivering the 5 objectives; - Experience in Outpatients - Review and improve the current systems and processes that underpin the flow of information to both clinicians, patients and their families - Understand the capacity required to meet the levels of demand and improve the current capacity through improved utilisation. - Improving the high quality and safe level of care within the community and peripheral clinics - Develop and provide ongoing support to the workforce. Melissa Swindell noted the Learning and Development, Wellbeing team would be able to support any team coaching events and would be keen to be involved. Anita Marsland thanked Rachel Greer for her presentation on the Improving Outpatients project.			
15/16/81	**Complex Care Made Simple Project**	Dan Grimes gave a presentation on the Complex Care Made Simple Project. The aim of the project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs. This will be achieved by focusing on; - Improving co-ordination of complex care to facilitate earlier discharge to home. - Outpatients as standard for complex care to keep children at home and in school - Improving pathways for complex care to avoid IP admissions - Adopting a just in time approach to interventions and diagnostics to reduce in-hospital waits - Bed utilisation management approach to ensure resources are being used effectively - Delivering the 'perfect' ward round and MDT working to enable clear and effective goal setting and organisation - Delivering of a Specialist and step down rehabilitation service It was highlighted 1 in 5 children have complex health needs. The 2014/15 bed utilisation analysis demonstrates patients with a length of stay of thirty days or more (a marker of complexity) is a total of 25,600 which represents approximately 40% of the total inpatient bed capacity. A review was currently in place to identify a clinical lead for the project. Anita Marsland thanked Dan Grimes for his presentation on Complex Care Made Simple.			

15/16/82	**Assuring the future programme**	Joe Gibson reported on the Programme Board handover that would take place in March 2016 to the Committee leads. From 1st April 2016 The Board sub committees would monitor each of the assigned work streams and projects within them.			
15/16/83	**Going forward and next steps**	A discussion was held on the Committee Checklist that would be used to monitor progress made by the projects. Gill Core requested the Committee Checklist is shared with the project teams to ensure clarity on what will be requested. A further conversation was held on the capacity for General Managers/Clinical Leads to attend CQAC meetings. It was agreed this would be looked into and an update would be provided at the next meeting.	To check the capacity of General Mangers/Clinical Leads attending CQAC meetings	HG/JG Leads	24/02/16 24/02/16
	Date and Time of Next Meeting	The next meeting of the Clinical Quality Assurance Committee will be held on **Wednesday 17th February 2016 at 10am – Level 1 Room 5 Alder Hey in the Park**			

CQAC Action List 2014-16

Min Ref:	Meeting Date	Action	Lead	Time Scale	Status
14/45	July 2014	CESG Annual report to come to September Meeting	PB	~~Sept 2014~~ Jan 2015	Escalated to RT: Report not being submitted. Report back in Jan 15. ~~20/1 – Agreed AD be approached to provide an update to the Committee.~~ 22/7 – CQAC have requested that the CESG Annual Report be submitted to the September meeting.
15/27	May 2015	Improving Medication Safety Update: Quarterly Reports to be submitted to CQAC Committee.	HG	~~Sept 2015~~ Dec 2015 Mar 2016 June 2016	
15/16 /77	Jan 16	To present the committee project check list at the next meeting.	HG	Feb 16	
15/16 /77	Jan 16	To add development of Quality as its own performance monitor.	JG	Feb 16	
15/16 /77	Jan 16	Each work stream lead was asked to provide a short cover sheet on the aim of each work stream.	Work strea m leads	Feb 16	
15/16 /83	Jan 16	To check the capacity of General Mangers/Clinical Leads attending CQAC meetings	HG/ JT	Feb 16	

Alder Hey Children's NHS
NHS Foundation Trust

CQAC Walk round Notes (17th February 2016)

Visit to AED

Present:	Anita Marsland (Chair)	Non-Executive Director	(AM)
	Gill Core	Chief Nurse	(GC)
	Jonathan Stephens	Director of Finance	(JS)
	Paul Newland	Clinical Director (CSU)	(PN)
	Phil Huggon	Non-Executive Director	(PH)
	Steve Igoe	Non-Executive Director	(SI)
	Hilda Gwilliams	Director of Nursing	(HG)
	Mary Ryan	Clinical Director (ICS)	(MR)
	Pauline Brown	Interim Deputy Director of Nursing	(PB)
In attendance:	Liz Edwards	Patient Experience Manager	(LE)
	Anne Hyson	Complaints Manager	(AH)
	Mr Adam Bateman	General Manager, (Surgery)	(AB)
	Sue Brown	Strategic Project Manager	(SB)
	Jacqui Flynn	General Manager (ICS)	(JF)
	Jo Keward	Lead Nurse, Infection Control	(JK)
	Dan Grimes	General Manager, (MS & CSS)	(DG)
Apologies:	Louise Shepherd	Chief Executive	(LS)
	Jude Adams	Chief Operating Officer	(JA)
	Melissa Swindell	Interim Director of HR & OD	(MS)
	Richard Cooke	Director of IPC	(RC)
	Jeannie France Hayhurst	Non – Executive Director	(JFH)
	Gail Hewitt	Deputy Director of Quality	(GH)
	Matthew Peak	Director of Research	(MP)
	Tony Rigby	General Manager, Risk Management	(TR)
	Rick Turnock	Medical Director	(RT)
	Erica Saunders	Director of Corporate Affairs	(ES)

PART ONE: COMMITTEE BUSINESS

1. Minutes of the last meeting held on 20th January 2016

The Committee considered the minutes of the last meeting held on 20th January 2016, and the notes were **APPROVED** as a correct record.

2. Matters Arising from the minutes of the last meeting

14/45 - 'CESG Annual Report to come to September meeting' – HG reported that RT is escalating this issue and this issue is ongoing. The Committee agreed that this was a long standing item which needs to progress. **Following discussion it was agreed**

that GC would obtain an A4 template detailing key/pertinent questions to be completed in order for this to then be submitted for the next CQAC meeting.

15/27 - 'Improving Medication Safety Update' - Quarterly Report to be submitted to CQAC Committee – it was **NOTED** that this report is due to be submitted to March CQAC meeting. It was **NOTED** that a checklist had been developed, Committee are keen to ensure QIA is captured and signed off prior the committee's signing off. **HG confirmed the QIA forms part of the PID checklist.**

Next steps to include the Committee agreeing a walkabout plan for the remainder of the year, potentially 2 projects each. AM/GC/HG to agree and prepare in order for the Poject Leads to be updated.

AM queried whether the workplan would include weekends, and unannounced visits, to ensure greater visibility. The committee agreed that most departments would welcome a visit from CQAC members, and agreed it would be beneficial for an agreed workplan to be drafted/signed off. It was also **NOTED** that it would be helpful to ensure the Governors are included as the Governors are particularly keen in participating.

15/16/77 – To add 'Development of the Quality Strategy'. HG reported that this will be dual running until the Committee can pick up, and that this will be presented at the March CQAC meeting. HG stated that she is working closely with Joe Gibson. HG/AM queried whether the CBU's require any additional support. DG reported that his CBU currently have limited support, due to a staff member returning from maternity leave and is currently only working 1 day per week to support, therefore at present this CBU has limited capacity. DG reported that he is optimistic that this will be a short term capacity problem, as he is currently seeking assurance whether the staff member can be paid for accrued annual leave to allow then for increased support**. HG to discuss this further to aid the purchase of annual leave.** AM/HG indicated that if any of the CBU's are experiencing difficulties, then they needs to communicate this, in order to address any capacity issues. Each workstream has an Exec Lead. **It was agreed that a full update will be received from each of the work streams for the March CQAC meeting.**

SI queried whether the Quality Account would be presented at March meeting. HG indicated that both Erica Saunders and Gail Hewitt have undoubtedly been working on the Mandatory reports that need submitting, **all agreed it would be beneficial to view the Quality Account at the March CQAC meeting.**

2. DIPC REPORT

Jo Keward presented the Quarter 3 DIPC Report.

Key issues to note are as follows:

- Antibiotic Stewardship – need to promote downloading of the antibiotic app amongst all clinical staff - JK indicated the importance of raising this at the Junior Doctor induction, plans for OPAT Team to present to Junior Doctors. It was **agreed it would be beneficial for this to be communicated out through the comms team and MR indicated that this should also be shared by text messaging. The committee AGREED that it would be beneficial for Louise**

Dunn, to join the Antibiotic Stewardship group, to ensure that there is a strategy/plan around staff who are unable to access the app, for staff without an Alder Hey email address. CQAC members agreed it would be beneficial to receive an update once the communication strategy has been agreed/actioned.

- **Management of Respiratory Viruses – It was NOTED that due to the Winter pressure plan and management of viral respiratory tract infections have been reduced in quarter 3. The Trust has seen a decrease of hospital acquired respiratory tract infections. 3 hospital acquired flu's have been evident to date. JK highlighted the importance of using the correct terminology when communicating and sharing information with parents, with regards to flu and staff using the term incorrectly and stating 'swine' flu, which is then causing parents unnecessary anxiety. JK producing narrative to be displayed on the intranet to ensure staff are aware of the correct terminology**.

- IPC Key Performance Indicators - have been produced as part of the Wards IPC guidelines. These will include proportion of clinical incidents reported by infection control team, staff flu vaccine update, hand hygiene compliance, compliance with water outlet flushing, compliance with surveillance screening, mandatory IPC training uptake and Isolation audits. Performance of each ward areas against the key performance indicators will be assessed quarterly.

- Decontamination – Trust wide review of reusable medical equipment which is decontaminated at ward level urgently required. An audit plan has been developed by the Trust Decontamination lead and the Lead Nurse IPC and the audit is planned to commence in Quarter 4, this will be a 2 year programme, with a number of audits planned. In depth audit of Dental outpatients - 93% which is very encouraging.

- Outstanding IPC issues - hand hygiene compliance, it was **NOTED** that hand washing compliance amongst medical staff need to be improved upon. Work is being undertaken by Medical Director and DIPC to address this issue.

- Hand Hygiene gel remained a problem throughout the Trust, together with issue re labelling of the gels – with the two different gels looking particularly similar. **It was agreed beneficial for Julie Hughes, Acting DIPC to provide a scoping report on current issues/action plan to address.**

- Cold water temperature – JK reported that a Commissioning mtg was planned for 17th February 2016 to discuss this issue, currently awaiting to review plans from interserve. **A formal update would be requested for D Powell to provide at Executive team meeting on 18.2.16.**

  Discussion took place regarding the frequent problems relating to the water quality within the hydro pool, with the hydro pool being frequently closed due to recurrent problems, which is delaying patients treatment and issues regarding the Renal Unit. **The committee agreed that this is a priority to rectify and requested that this issue be escalated to D Powell at Executive Team on 18.2.16. The**

Committee agreed that it would be helpful to have sight of a reporting detailing issues/action. Discussion took place regarding the lengthy time of resolution and the importance of outstanding issues being resolved. **SI agreed that this issue would also be followed up at Integrated Governance Committee meeting**.

- Signage – JK reported that additional signage had been ordered. Additional signage had been placed on 1C, additional signage for Neonatal. With additional signage being rolled out across the ward areas.

3. SMOKING UPDATE

Liz Edwards provided an update, key issues as follows:-

LE indicated that little progress had been made with regards to a smokefree site. Currently no signage across the Trust. Work had progressed with 'Keep Britain Tidy', with the Communication team now leading on this project. LE reported that the Smokefree group had been established in 2015 prior to the hospital move with no further update to provide.

LE reported that 3 volunteers are visible in key hotspots – A&E, however LE emphasised that the onus should not be placed on just 3 volunteers alone, to police/patrol key areas. The committee acknowledged the difficulty in 'policing' this issue.

Following discussion it was agreed that the Blank Canvas group membership should be reviewed, with M Swindell leading on from a staff perspective.

Discussion took place regarding children based signs, regarding members of the Children's Forum becoming involved regarding child friendly signs.

It was agreed that this would be discussed at Execs with regards to identifying a lead for this to ensure this has ownership going forward.

LE indicated that in order to continue as part of a smokefree collaborative the Trust would be required to submit £2,500 and queried whether the Trust needs to submit this. **JS agreed that it would be beneficial to undertake this discussion offline.**

4. COMPLAINTS REPORT

A Hyson, Complaints Manager presented the Complaints Summary for Quarter 3.

- The Trust received 18 formal complaints during the period, of which 2 were withdrawn by the complaint therefore 16 registered. 8 were received in October, 4 in November and 6 in December 2015.

- The Trust received 34 complaints in quarter three in 2014-15 this is a significant reduction of 47%.

DRAFT

- Trust wide difficulties with appointments continues to be a theme this quarter with specific issues regarding not receiving cancellation letters for the appointments. Parents are taking their child out of school, taking time of work and then upon arrival the appointment has been cancelled.

- Sub themes identified during the period include, communication, attitude of staff ineffective communication, delays in waiting for appointments including multiple cancellations.

- PALS have experienced an increase in families presenting at PALS, following staff informing parents to present to PALS inappropriately with internal referrals equating to 21%, AH highlighted that it would be beneficial to raise awareness to staff regarding the inappropriate referrals to PALS by staff, with a cultural change required from staff.

- There had been one request for health records and complaints files during Quarter 3 – 29th September 2015. The decision was reached by the Ombudsman in December 2015 and the complaint was not upheld.

- Discussion took place regarding customer services training, given comments that the training 'was not fit for purpose', - Fleur Flannagan, HR to be part of project group.

- AH highlighted the importance of all CBU's promptly actioning and responding to requests from the complaints team, to ensure unnecessary delays and ensuring the Complaints team can respond within the designated timeframes.

5. CORPORATE REPORT – TRUST QUALITY METRICS

HG gave a verbal update on progress to date:-

HG reported that both she and AM meet with Kerry Morgan, Deputy Head of IT to review Quality Report narrative.

HG reported that during the last month no added infections had been reported.

- Medication errors – HG had commenced a benchmark exercise with Sheffield, Birmingham, GOSH, which demonstrated that Alder Hey performed better that the other 3 organisations.
- Pressure ulcers, - HG reported that this detail was more difficult to extract, due to the small numbers involved. Birmingham have 67 pressure ulcers with 2 for moderate and above, with Alder Hey having 37 with low and minor harm. Information is currently awaited from Sheffield and GOSH re numbers.
- Never events - none in December, with an Anaesthetic wrong site block reported – during January 2016. Rob Griffiths and Simon Kenny involved in investigating this issue.
- SIRIS – HG reported that Alder Hey is being shown as an exemplar Trust by NHS England with regards to our SIRI investigations and presentation of reports.
- Clinical effectiveness – HG due to meet with S Kenny on 26th February 2016 to review Section 2.

- Patient Experience, Friends and family data, this will remain in the report and will be fully included. Melissa Swindell/HR team working on the Inpatient Survey, which will be populated in March.

PART TWO: WALKROUND

1. A&E WALKROUND ACTION PLAN

MR advised the Committee that it would not be beneficial for CQAC members to visit AED as originally planned, given that little/no progress had been made since the previous AED walkabout on 15th December 2016.

- Change to reception – delay experienced in receiving pricing
  Door access to x ray/radiology remained a problem, with MR indicating that this was now even more difficult to have swipe access, resulting in patient safety issue re transfer from ED to radiology (ED's number one priority re door access).
- No screens insitu
- No signage
- Waiting room layout
- No call through system
- No screen to include relevant information
- Alteration to reception – longer term issue and AED staff know this is being worked on, however they need to understand why there is a delay/appropriate timescales.

MR reported that all issues had been logged with appropriate colleagues with CHP team/interserve, and that when staff chase, they are being informed that this is on the list with no clear timescales given of resolving the issues.

The Committee agreed that this will be raised at Exec Team on 18th February 2016 in order to agree realistic deadlines, and for the need to understand why these actions listed above remain outstanding. DP to provide an update on all of the outstanding actions detailed above at Execs on 18th February 2016.

AM indicated that this cannot continue and that she would also follow this up via a discussion with L Shepherd.

MR also indicated the importance of when CHP staff or Interserve staff attend to action the above, the need to liaise with correct staff members – i.e. Amanda Turton to keep staff fully appraised of the situation.

ANY OTHER BUSINESS

1. HG updated the committee with regards to the feedback which had been received from Research CBU with regards to agreement regarding business reporting, and information within corporate report, in order to raise Research CBU profile internally and externally. **HG to discuss with LS to establish what has previously been agreed and how Research reporting aligns within the Trust.**

2. **AM had received notification regarding the 'stalls' which are located in the atrium, and that potentially the Trust could be putting the Trust at Risk with regards to the legal context surrounding the stalls being located on Trust property. It was NOTED that LS had discussed this with Mark Devereux and the Committee NOTED that these stalls would cease imminently following discussion with MD.**

Date and time of next meeting – 16th March 2016 @ 10.00 am, Level 1 Room 6.

DRAFT

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th April 2016

Report of:	CAMHS
Paper Prepared by:	Gill Core
Subject/Title:	CAMHS Service Report
Background Papers:	• CAMHS Service Report (Appendix 1) • CAMHS Service Report/Themes from Fiona Reed (Appendix 2) • Staff Development Plan (Appendix 3) • Messages to be communicated back to the Exec and Board (Appendix 4)
Purpose of Paper:	To consider the recommendations and to support a development plan
Action/Decision Required:	To approve the recommendations to ensure there is a support package to create the capability to become a high performing service.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	
Resource Impact:	

Alder Hey Children's NHS
NHS Foundation Trust

CAMHS Service Report

1. Introduction

The Child and Adolescent Mental Health Service has been experiencing challenge for some time. In December 2015 the CQC rated the community service as 'requires improvement'. In July 2015 the Royal College of Psychiatrists were invited to review the service by the Medical Director in response to internal concerns. The CBU management commissioned also Fiona Reed Associates (FRA) to undertake diagnostic work with the CAMHS service.

The CAMHS service currently sits within the Integrated Community Services Clinical Business Unit and provides community/outpatient based services throughout Liverpool and Sefton. The inpatient CAMHS service, Dewi Jones Unit, sits within the same CBU. The inpatient service was rated as 'good' by CQC following the inspection last June.

In February 2016 workshops were held with a wide variety of CAMHS staff. The aims of these workshops were to: share learning from the work undertaken by FRA, understand service achievements along with service challenges, engage frontline staff in identifying what support they require to achieve change and improve the service and to identify key messages to take back to the Trust Board.

This paper seeks to summarise the reports and work undertaken, describe the challenges facing the service and make recommendations for a programme of supported development and wider organisational response.

2. Background

2.1 Reports

The issues identified by the CQC leading to a conclusion that the community service requires improvement, in their report of December 2015, are summarised as follows:

- Long waiting times
- Risks associated with lack of effective monitoring
- High staff vacancies
- Low levels of mandatory training compliance
- Environmental risks relating to premises
- Risks to staff especially lone working
- Poor IT support and access to patient records.

The main concerns fed back to FRA during the autumn of 2015 were themed and fed back under the following headings:

1. Leadership – lack of clarity
2. Absence of clear clinical vision for the service
3. "Tribal" relationships
4. Concerns about relationships between psychiatrists and others
5. Concerns about relationships between managers and clinicians
6. Ferocity of emotions about the past, between groups and against managers.
7. Little reference to outward facing relationships e.g. CCG's etc.
8. Reference to the impact of distress and unhappiness.

The Royal College of Psychiatrists report from work undertaken in November 2015 and reported to the Trust in February 2016, identifies a variety of issues in detail and makes multiple recommendations for development. It should be noted that the Royal College of Psychiatrists wrote separately to the Medical Director to say that following interviews with clinical staff they identified concerns that they felt were outside the terms of reference of the review but that required noting. They also noted that staff had not given permission for information to be shared further in fear of reprisal from within the service. These largely relate to interpersonal relationships within the CAMHS service and make reference to anxiety, stress, bullying and scapegoating.

Prior to the most recent work there was a report by Pennine Health Care in 2010 that led to an organisational change and a further organisational change was in the process of being implemented until concerns were raised by clinicians in early 2015.

There is currently a temporary clinical leadership structure in place, following the resignation of the service group lead in 2015 it was agreed that a temporary replacement would be appointed pending further review and recommendation by the RCPsych. The appointment was made from the group of Consultant Psychiatrists and is a shared post, split between two consult psychiatrists. This split appointment is due to factions within the group of psychiatrists unable to work effectively with each other and requiring separate representation. The CBU management team had originally asked for expressions of interest for the SGL position from all professional groups in CAMHS. This was contested by the consultant group and the SGL was selected from the consultant group following discussion with the Medical Director.

2.2 CAMHS Staff Workshops: February 2016

In February 2016 CAMHS staff were invited to attend workshops, the purpose of the workshops was to:

- Share feedback from FRA work.
- Share the RCPsych report *

- Identify areas of success and achievement
- Identify areas for development
- Identify key messages for the Execs and Trust Board
- Identify support required to achieve change.

The workshops were facilitated by Gill Core, Chief Nurse, with support from Fiona Reed and Tim Sims of FRA. There were 90+ participants across the two days, consisting largely of clinical staff and the relevant managers.

*The RCPsych report arrived in the organisation immediately prior to the workshops which resulted in the report recommendations only being available at the workshops and the full report being distributed at a later date.

3. Summary and Conclusions.

Despite the number of reports and diagnostics that identify chronic challenges and issues, and despite the findings summarised in this section, the CAMHS service cannot be described as a failing service as there is significant evidence that despite the organisational service issues and long term behavioural and relationship issues, the majority of staff are still managing to achieve growth and developments in their part of the service. A significant number of achievements were identified throughout the workshops. As these have been achieved in the conditions described, then should the relationship and behavioural changes be brought about the opportunities for service growth and development are substantial.

In addition almost all those involved in the service talk about it with passion and enthusiasm and there is evidence that staff want to be part of a top performing service and achieve the highest standards consistently. Disappointingly there seems to be limited involvement of patients, carers and service users, with notable exceptions such as the FRESH group and some local involvement at service level championed within specific teams.

In order to achieve the growth across the service to address the issues identified in the CQC report, and then to take the service from good to outstanding there are a number of issues to be addressed, these are listed below.

a. Organisational Level Leadership and Vision

Alder Hey is often described as an organisation of 65 specialist services but whilst the majority of these services have a number of elements in common the CAMHS service is fairly unique. Other than the CAMHS inpatient service and some element of the psychological services it has less in common with most other services in the organisation.

The Trust is registered as a mental health provider but has very little expertise and experience at senior management and board level of this type of service.

It is perhaps therefore understandable that CAMHS service staff report that they don't know what the Trust vision for their service is and even if the Trust want the CAMHS service.

A clear message coming out of the workshops was that staff want to know what the Board thinks and they want a champion at Board level who understands the challenges facing the delivery of mental health service provision.

b. Local Service Leadership

Fiona Reed's work identified "tribalism" within the service. In this case there is a cultural organisation of clinical and managerial professionals inter-professional, managerial, and in fewer cases, functional groups. There is significant evidence that psychologists are experiencing ongoing hostility from some psychiatrists which includes evidence of bullying which is currently subject to internal review via HR processes. Consultant Psychiatrists continue to express concern that they are being excluded from discussions and decision making.

The tribalism is likely to be a response to chronic and persistent changes that have resulted in clinical professionals supporting each other within groups. This combined with a lack of vision, lack of clarity about service standards and ongoing workplace stress and anxiety, the development of tribalism has provided some level of support to staff in the absence of a healthy working environment.

The Consultant Psychiatrists group is a tribe with a distinct difference in that this tribe is subdivided into two with the two halves seemingly co-operating with each other at a superficial level with a deep level of mistrust and disturbing lack of effective inter-personal professional relationships. Proportionally a low percentage of patients have involvement with psychiatrists, yet whilst the psychiatrists are few in number there are individuals within this group who carry the belief that they should run the service and lead the model of care and that decisions about the service should not be made without their involvement and expressed support. (e.g. the SGL position has to be a consultant Psychiatrist)

Behaviour within this group is at best limiting progress and at worst could be described as creating a hostile work environment. Despite this, there are talented individuals within this group who could help to create a world class CAMHS service and are truly passionate about what they do.

The managerial group has become paralysed by a continual requirement to negotiate a way through a relationship minefield in the absence of cohesive clinical leadership. This has led to even minor decision making being elevated outside the service. Clinical risk is being used as a threat and as a result the

service has become risk averse resulting in a lack of overall development and a general paralysis that leaves managers in fire-fighting and refereeing roles.

There is a reliance on job descriptions undertaken in the previous review, that don't reflect current service needs and can't easily identify 'who is in charge' and who staff should go to for advice. The clinical leads of the services don't carry responsibility for routine finance and HR, and this is carried out by non-clinical managers, who are often being asked to advise on clinical issues, then being criticised for doing so.

The CBU leadership are continually being requested to intervene by local clinical leaders and then consistently criticised by for interfering and demonstrating a lack of understanding of the speciality.

c. Interpersonal Working Relationships

In general staff appear to be trying to keep a low profile and not do anything that might draw attention, and therefore criticism, from other groups. This included, in some cases, not being seen to work positively with management. This in itself is creating a very stressful working environment and has led some staff to express that if there was an alternative they would leave the service. Many individuals expressed that the workshops were the last chance for something positive to happen before deciding to seek employment elsewhere or pursue retirement options.

It was evident that in some geographic locations, services were developing to a different level and there appeared to be a greater opportunity for these functional teams to work well with each other, staff expressed greater level of satisfaction and lower level of anxiety.

d. Chronic Dissatisfaction

It was clear that previous organisational changes have left a significant legacy in terms of a mistrust of management and each other. There was evidence that staff employed more recently did not carry the same anxiety or mistrust as those who had been involved in previous organisational change and were having difficulty coping with colleagues who needed ongoing support as a result.

e. Service and Individual Performance

There is a lack of clarity about what constitutes good performance in the service although a number of staff cited performance standards from colleges, patient groups and CQC standards. The service reports against some contract quality indicators but is lacking a suite of performance indicators covering all aspects of patient care and workforce.

4. Recommendations.

These recommendations have been developed in response to consideration of the outputs from the staff workshops with reference to the CQC report, RCPsych report and the work undertaken by FRA.

The staff support package is essential to address the current and persistent issues and create the capability within the service to become a high performing service, unfortunately the organisation does not have internal capacity or capability to address these issues which means that resource will need to be committed to address the issues and develop the service.

1. Consider bringing community CAMHS together with wider Trust psychological services and the inpatient CAMHS service to create a combined mental health service.
2. Agree the board level vision for mental health services and enable the mental health service leads to develop a mental health strategy for the Trust as part of the quality strategy.
3. Ensure that patient and user feedback is systematically sought and acted upon in any service development.
4. Review Board and senior management level experience and expertise to gain mental health service leadership skills.
5. Commit to the development and implementation of a programme of support for staff development. This includes specific work for the consultants group as well as individuals and the management group, followed by work to enable the consultants to work effectively with other groups including the management group.
6. Provide support for individual consultant psychiatrists to respond positively to new leadership and work as part of a team.
7. Address the internal leadership issues through use of a leadership qualities based appointment process.
8. Implement service KPI's based on service standards and quality indicators.
9. Develop individual and team performance standards to provide assurance of quality from referral to discharge.
10. Develop and implement an audit tool to assess the effectiveness of organisational change and post implementation effect on staff morale and working relationships.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
5th April 2016

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

Section 1 - Engagement

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

People Support and Engagement

The Improving Communications and Engagement PID is in the process of being finalised with the decision recently taken to adopt List*ening into Action* over the next 12 months, which aims to support a new way of working and way to engage staff to improve patient care.

A refreshed Managers' Induction programme is being finalised, and the aim is to host a first cohort in May 2016. This will focus on the introduction and development of key skills as well as offer coaching support for new staff with line management responsibility.

Development of Leaders

The Leadership and Management development strategy is being finalised and will be supported by a PID identifying a programme of activities to support its implementation; these will consist of offering a building capacity and capability in coaching programme, relaunching our leadership and management development offer, supporting the implementation of high quality PDR/appraisal, recognising and promoting staff achievement, developing staff networks, reviewing induction – particularly that for managers, refining our management and leadership skills map.

Coaching support continues for senior leaders via Fiona Reed Associates.

Improving communication and hearing the employee voice

In the February Temperature Check the Staff Friends and Family scores for place to work and place for treatment were 47% and 84% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. These scores are an improvement on the previous month; they are also being examined in light of our staff survey results from 2015.

Following a presentation at the Operational Board by our staff survey administrators, Quality Health, a discussion highlighted some key themes for our focus over the next year; these can also be supported by our approach to improving engagement and communications (both of which are key to raising staff satisfaction and improving performance). These themes are:

- Effective communication of and action on patient feedback
- Improved support for manager's development
- Focus and promotion of staff well being

Listening into Action will also support these efforts.

Section 2 - Availability of key skills

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

Effective workforce planning

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

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

The HR team in support of the Trust's CIP challenge for 2016/17, continue to focus on high variable costs (inc ongoing agency usage) within CBUs/Depts and discussions are ongoing with managers to review existing structures and support and to consider options such as transferring agency staff to either bank positions via NHSP or to recruit to Alder Hey staffing, eg, fixed term contracts, to minimise excess cost. As an example, the Hotel Services Department currently has 42 domestic staff (engaged to support the additional activity required for the new building) and arrangements are now in place to transfer 30 of those staff to Alder Hey employment with minimum delay, thus reducing Agency costs; the remaining 12 staff are subject to budgetary discussions between Head of Soft Facilities and Finance. The role of Catering Manager (Agency) is also in the process of being transferred to NHSP on equivalent AFC terms.

Hotel Services – Following the conclusion of the consultation process in relation to staffing structures and working practises/ patterns in the CHP, only one appeal remains outstanding. The appeal hearing chaired by a General Manager is to take place on 14th April 2016.

Theatres – Consultation processes commenced on 27th February for the Outside Theatre Care Assistant teams, which encompass a review of management structures, shift patterns and roles and responsibilities. Implementation of the new proposal are due to commence end April/early May.

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

Ophthalmology - The consultation process regarding the review of leadership structures commenced on 4th February with one-to-one meetings planned throughout February/March. It is expected that implementation will commence April/May 2016.

Staff Gym - An organisational change document has been discussed with affected staff on 22nd March, to outline the proposals to close the staff gym, following the move of retained site to alternative premises in April / May 2016. The proposed closure affects one member of staff who will be placed at risk following the end of the consultation process in April 16.

Learning and Development

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

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

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

Improved recruitment strategy and planning

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

Section 3 - Structure & Systems

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

Employee Self Service (ESS)

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

Digitisation of Central HR records

To enhance processes and systems within HR, the digitisation of all staff personnel files is required. The HR team have been working to ensure all files are audited, stored appropriately and ready for digitisation. This large project has required the sortation of thousands of staff files, both current and archived files. The HR Business Partner has had

several meetings with procurement and the company identified to potentially undertake the digitisation of all HR records. If contracts are agreed the company has confirmed that the digitisation will be completed prior to HR's the move to the interim estate now scheduled for May.

Improving recruitment processes

Following the successful recruitment process, the Recruitment and Employment Services Manager commenced in post on 4th January 2016. The HR team are working to a detailed project plan to enable the smooth transition of these services back in-house and this project plan is currently on track. There has also been considerable work taking place to review and enhance current recruitment processes so they are operational from 1st April 2016.

Both the Recruitment and Employment Services Manager and HR Business Partner have been meeting with recruiting managers across the Trust to discuss the service transferring back in-house and are utilising the experiences of the recruiting managers to further enhance services.

Formal consultation under TUPE has almost concluded with no major issues/concerns identified and those staff from Liverpool Women's Hospital, will transfer to Alder Hey on 1st April 2016.

The Recruitment Day held on Saturday 27th February 2016 for newly qualified and experienced nurses, was a great success. 37 individuals were offered posts as a result of the event.

Effective Policies

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

Employee Relations Activity

There are currently 13 formal cases ongoing with 3 staff suspended. The cases comprise of disciplinary investigations, bullying and harassment complaints and Trust Board Appeals. Hearings are scheduled in to take place over the next few weeks which will see a reduction in the number of formal cases and suspensions.

In relation to bullying and harassment, the HR team provides support and guidance to managers in taking a proactive approach to managing workplace issues. This helps managers to encourage their staff to seek informal resolutions at an early stage, thus reducing the need for a formal process.

Corporate Report

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

Section 4 - Health & Wellbeing

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

Creating a healthy workforce
Our Flu Fighter lead, Liz Grady, won the national Flu Fighter of the Year Award from NHS Employers on 22 March 2016. Liz enthusiastically led a team of flu fighters, working around our huge hospital move, to secure a 78.6% uptake (against the 75% target) for our frontline staff to be vaccinated against flu. Well done Liz!

Promoting positive attendance
The Trust's absence rate is 6% for end of February 2016, which is a slight increase from last month.

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

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

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

Health & Safety

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

Leading in Equality & Diversity

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

Future goals, actions and outcomes of the EDS2 have been assessed and are to be detailed in a revised summary action plan. Activities include how the Trust needs to improve the profile of data held within its HR system (ESR), and how we address under-representation of BME groups across the Trust and interventions to decrease discrimination. Some of this work relies upon the implementation of Employee Self Service; the roll-out plan involves a pilot area commencing in March with full implementation due by the summer 2016. The summary action plan for 2016/17 is in draft and will be presented at the next Workforce and Organisational Development Committee.

Corporate Report

Feb 2016

Table of Contents

Executive Summary

Feb 2016

** Throughout the report there are references to data being in revalidation. This is required following the implementation of the new hospital system to ensure accuracy of reporting.

Alder Hey Children's NHS
NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

RTT access standards have been achieved across all thresholds. ED performance remains below the 95% threshold. Significant action planning and focus underway and in conjunction with CCG colleagues. Diagnostic performance has been achieved for 2 consecutive months following focused action planning and delivery. Slight deterioration in clinic utilisation however now the focus of detailed weekly review and input from CBU & Booking teams. Cancelled Ops increased. We recognise that this is a poor patient experience and are focusing on this with a number of improvement plans.

Challenges

Maintaining activity run rates to achieve our annual plan. Managing capacity and activity with current sickness absence rates. Ensuring continued improvement against the minimum expected level of financial performance. Continuing to manage productivity by ensuring quality comes first.

Patient Centred Services

ED performance continues to be a challenge to achieve the 95% / 4hr threshold. Sustained high levels of attendance continue to pressurise the flow within the department. Historical RTT performance has deteriorated as per plan. Diagnostic, cancer and Incomplete pathway standards has been achieved however 1 x 31 day day cancer breach due to patient choice. Cancelled operations have increased due to increased volumes of elective and non-elective activity. Management of patient flow is currently being reviewed as a response to the current challenges in the hospital.

Excellence in Quality

There were 2 SIRI's in February, one of which was a Never Event. Pressure ulcers grade 2 and 3 have reached the annual improvement targets of 20 and 1 respectively. Pressure ulcers grade 4 have exceeded the annual improvement target of zero. The indicator for patients with long term conditions, who have an acute readmission within 28 days of discharge has exceeded the February target. The number of surgical patients with an estimated discharge date later than planned is greater than February 2015 and all other indicators are on track to acheive the annual improvement target.

Financial, Growth & Mandatory Framework

At the end of February the Trust is reporting a deficit position of £5.2m which is £2.1m behind plan.
Income is behind plan by £2.4 largely relating to elective activity which is behind plan by 6% and outpatient activity which is behind by 10%.
Pay budgets are £4.3m overspent relating to use of agency staffing. The Trust is £3.7m behind the CIP target after 11 months. Cash in the Bank is £17.8m. Monitor risk rating of 2 for the month.

Great Talented Teams

Sickness shows a very slight increase up by 0.1% on last month and is still in excess of target. There has been a drop in mandatory training compliance to 82.7% (down 0.7% on last month) and corporate induction attendance has dropped 13% on last month. Medical appraisal compliance has dropped to 83%. Work continues on improving all KPIs.

Leading Metrics

Feb 2016

Alder Hey Children's NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Jan 2016	Feb 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	88.8 %	82.5 %	▼	
RTT: 90% Admitted within 18 weeks		85.2 %	84.6 %	▼	
RTT: 95% Non-Admitted within 18 weeks		86.6 %	84.9 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.3 %	▲	
Diagnostics: Numbers waiting over 6 weeks		0	0	–	
Average LoS - Elective (Days)		2.9	2.8	▼	
Average LoS - Non-Elective (Days)		2.2	2.4	▲	
Daycase Rate	0.0 %	74.1 %	74.6 %	▲	
Theatre Utilisation - % of Session Utilised	85.0 %	78.8 %	81.0 %	▲	
28 Day Breaches	0.0	4	5	▲	
Clinic Session Utilisation	90.0 %	81.6 %	77.7 %	▼	
DNA Rate	12.0 %	10.6 %	10.5 %	▼	
Cancelled Operations - Non Clinical - On Same Day		21	27	▲	

Excellence in Quality

Metric Name	Goal	Jan 2016	Feb 2016	Trend	Last 12 Months
Never Events	0.0	1	1	–	
IP Survey: % Received information enabling choices about their care	90.0 %	96.0 %	96.1 %	▲	
IP Survey: % Treated with respect	90.0 %	99.0 %	98.0 %	▼	
IP Survey: % Know their planned date of discharge	63.0 %	40.0 %	35.3 %	▼	
IP Survey: % Know who is in charge of their care	94.0 %	85.0 %	90.2 %	▲	
IP Survey: % Patients involved in play and learning	69.0 %	59.0 %	73.5 %	▲	
Pressure Ulcers (Grade 2 and above)	19.0	15	22	▲	
Total Infections (YTD)	132.0	103	111	▼	
Medication errors resulting in harm (YTD)	110.0	72	77	▲	
Clinical Incidents resulting in harm (YTD)	695.0	563	607	▼	

Great and Talented Teams

Metric Name	Goal	Jan 2016	Feb 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	85.7 %	72.2 %	▼	
PDR	90.0 %	90.1 %	90.1 %	–	
Medical Appraisal	100.0 %	97.1 %	83.0 %	▼	
Sickness	4.5 %	5.7 %	5.8 %	▲	
Mandatory Training	90.0 %	83.4 %	82.7 %	▼	
Staff Survey (Recommend Place to Work)		52.7 %	46.9 %	▼	
Actual vs Planned Establishment (%)		96.7 %	93.1 %	▼	
Temporary Spend ('000s)		881	859	▼	

Financial, Growth and Mandatory Framework

Metric Name	Jan 2016	Feb 2016	Last 12 Months
CIP In Month Variance ('000s)	-457	-585	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-608	-276	
Capital Expenditure YTD % Variance	-0.5 %	-8.5 %	
Cash in Bank ('000s)	17	18	

Exceptions

Feb 2016

Alder Hey Children's NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
DNA Rate	11.4%	11.2%	11.7%	12.1%	14.0%	15.5%	14.6%	13.4%	13.5%	11.7%	12.7%	10.6%	10.5%	
IP Survey: % Know who is in charge of their care	79.2%	82.3%	82.5%	82.7%	84.2%	79.0%	79.7%	88.4%	75.6%	85.7%	76.7%	85.0%	90.2%	
IP Survey: % Patients involved in play and learning	58.9%	60.5%	58.5%	64.0%	69.4%	64.6%	66.5%	56.9%	54.1%	63.1%	56.5%	59.0%	73.5%	
Staff Survey (Recommend Place to Work)					55.8%	55.8%	55.8%	59.1%	54.1%	54.1%	38.3%	52.7%	46.9%	
Total Infections (YTD)	137	147	11	18	31	37	45	56	65	73	89	103	111	

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

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	90.1%	90.3%	90.1%	90.1%	90.7%	90.0%	90.1%	87.8%	87.3%	100.0%	85.5%	85.2%	84.6%	
RTT: 95% Non-Admitted within 18 weeks	95.1%	95.3%	95.3%	95.1%	95.2%	95.1%	93.0%	92.8%	91.0%	87.9%	86.1%	86.6%	84.9%	
Daycase Rate	79.6%	77.3%	76.1%	75.1%	76.2%	76.6%	73.1%	76.8%	75.1%	74.4%	75.4%	74.1%	74.6%	
Mandatory Training			64.9%	62.0%	71.7%	72.0%	76.4%	78.9%	77.2%	84.0%	83.7%	83.4%	82.7%	
Actual vs Planned Establishment (%)		93.4%	91.5%	91.7%	92.6%	92.7%	92.3%	91.1%	97.8%	97.6%	97.6%	96.7%	93.1%	

Challenge (Top 5 based on % change)

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
Corporate Induction			46.4%	71.4%	70.8%	85.0%	82.1%	100.0%	80.9%	91.7%	96.8%	85.7%	72.2%	
Medical Appraisal			97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	97.1%	83.0%	
Sickness			4.8%	4.6%	4.6%	4.4%	3.9%	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	
Never Events	0	1	0	0	1	0	0	0	0	0	0	1	1	
Pressure Ulcers (Grade 2 and above)	19	24	2	3	5	7	8	8	11	13	13	15	22	

Patient Safety

Feb 2016

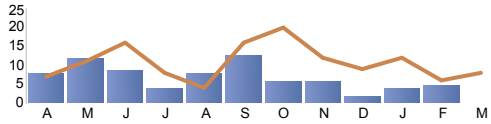
Alder Hey Children's NHS Foundation Trust

Summary

There were 2 serious incidents requiring investigation in February, one of which was a Never Event. There have been a total of 3 Never Events to date and the annual improvement target is zero. Pressure ulcers grade 2 and 3 have reached the annual improvement targets of 20 and 1 respectively. Pressure ulcers grade 4 have exceeded the annual improvement target of zero. Medication errors that result in harm, readmissions to PICU within 48 hrs and clinical incidents resulting in all levels of harm are below Februarys improvement goal and are on track to acheive the annual improvement target.

Medication Errors

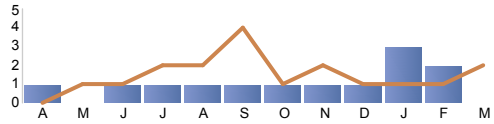
Medication errors resulting in harm (YTD) 77 (goal: 110.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	8	20	29	33	41	54	60	66	68	72	77	
14/15	7	18	34	42	46	62	82	94	103	115	121	129

Readmissions to PICU within 48 hrs

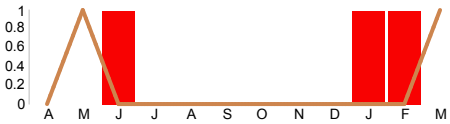
Readmissions to PICU within 48 hrs (YTD) 13 (goal: 17.0)



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

Never Events

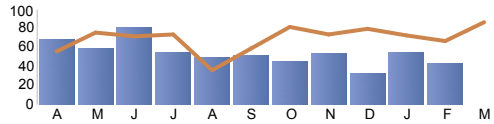
Never Events 1 (goal: 0.0)



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

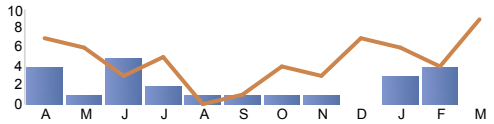
Incidents

Clinical Incidents resulting in harm (YTD) 607 (goal: 695.0)



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

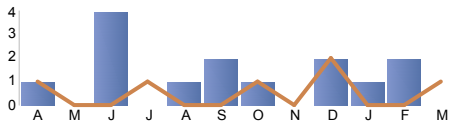
Clinical Incidents resulting in moderate, severe harm or death (YTD) 23 (goal: 64.0)



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

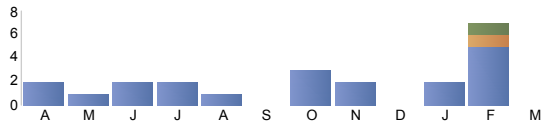
Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 2

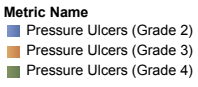


YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	1	1	5	5	6	8	9	9	11	12	14	
14/15	1	1	1	2	2	2	3	3	5	5	5	6

Pressure Ulcers



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



Patient Experience

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

Reduction in formal complaints compared previous year although slight increase in PALS however early intervention and resolution has helped not generate into formal complaints.
Inpatient survey planned date of discharge performance is low, this has been incorporated into the patient flow work stream for improvement
Friends and family feedback remains positive but recognise response rates low, further work to be undertaken to agree targets.

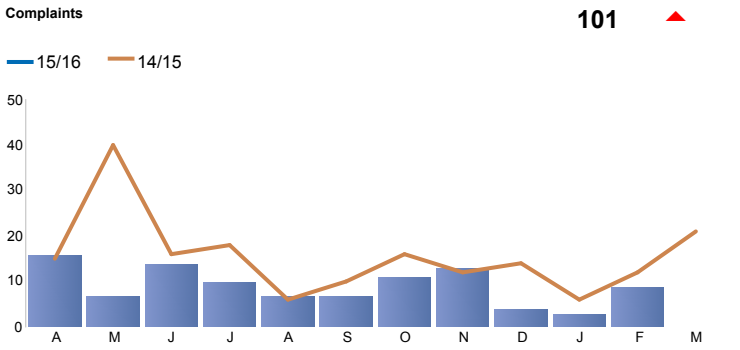
Inpatient Survey

Metric Name	Goal	Jan 2016	Feb 2016	Trend	Last 12 Months
% Know who is in charge of their care	94.0 %	85.0 %	90.2 %	▲	
% Patients involved in play and learning	69.0 %	59.0 %	73.5 %	▲	
% Know their planned date of discharge	63.0 %	40.0 %	35.3 %	▼	
% Received information enabling choices about their care	90.0 %	96.0 %	96.1 %	▲	
% Treated with respect	90.0 %	99.0 %	98.0 %	▼	

Friends and Family

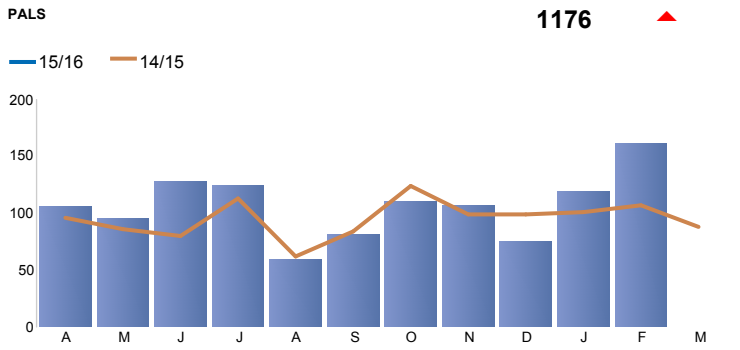
Metric Name	Number of Responses	Jan 2016	Feb 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	16	83.7 %	87.5 %	▲	
Community - % Recommend the Trust	3	75.0 %	100.0 %	▲	
Inpatients - % Recommend the Trust	36	92.7 %	88.9 %	▼	
Mental Health - % Recommend the Trust	0	TBC	TBC		
Outpatients - % Recommend the Trust	77	90.6 %	89.6 %	▼	

Complaints



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	16	23	37	47	54	61	72	85	89	92	101	
14/15	15	55	71	89	95	105	121	133	147	153	165	186

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	107	203	332	457	517	599	710	818	894	1,014	1,176	
14/15	96	182	262	375	437	521	645	744	843	944	1,051	1,139

Clinical Effectiveness

Feb 2016

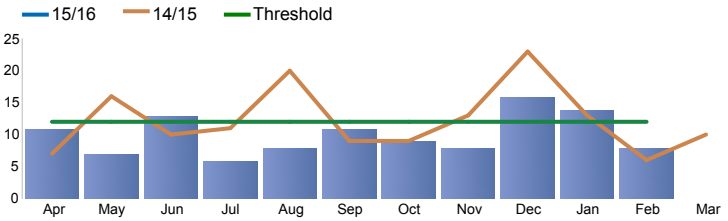
Alder Hey Children's NHS Foundation Trust

Summary

The number of alert organism hospital acquired infections is on track to achieve the annual quality improvement reduction target, however the specific annual internal and contractual targets for hospital acquired MRSA bacteraemia and C.difficile where previously breached. The indicator for patients with long term conditions, of asthma, epilepsy, diabetes and lower respiratory disease who have an acute readmission within 28 days of discharge has exceeded the February target. The number of surgical patients with an estimated discharge date later than planned is greater than February 2015.

Infections

Total Infections (YTD) 111 (goal: 132.0)



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

Total Infections (YTD) 111 (goal: 132.0)

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

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

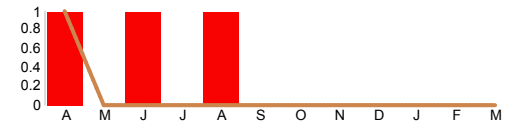
Outbreak Infections (YTD) 0

Cluster Infections (YTD) 0

Legend

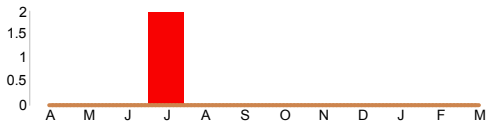
15/16
14/15
Threshold

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



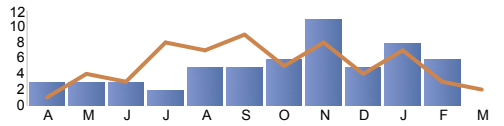
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	1	1	2	2	3	3	3	3	3	3	3	
14/15	1	1	1	1	1	1	1	1	1	1	1	1

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



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

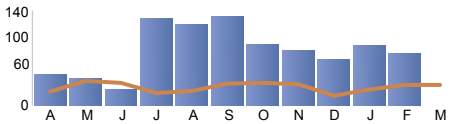
Acute readmissions of patients with long term conditions within 28 days 57 (goal: 55.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	3	6	9	11	16	21	27	38	43	51	57	
14/15	1	5	8	16	23	32	37	45	49	56	59	61

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) 911 (goal: 294.0)



% of patients with an estimated discharge date discharge later than planned (only surgical) 6.3 %

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15/16	47	88	113	244	366	500	591	673	743	833	911	
14/15	20	56	89	107	128	160	193	224	238	261	291	321

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

Access

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway standard achieved however a modest increase in patients waiting greater than 40 weeks noted primarily within ENT. Admitted and non admitted standards continue to reduce in line with planning assumptions and monitored through the weeekly waiting times group. 1 x 31 day cancer breach due to clinical reasons but other cancer standards achieved. Diagnostic standards achieved despite strike affecting available capacity. Referrals received continues to increase resulting in Choose & Book challenges and curently being reviewed to ensure demand and capacity are matched.

18 Weeks

RTT: 90% Admitted within 18 weeks 84.6 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.2%	90.3%	89.3%	91.5%	84.9%

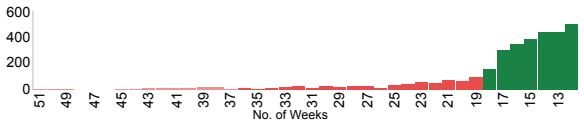
RTT: 95% Non-Admitted within 18 weeks 84.9 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
95.4%	95.2%	93.7%	88.3%	85.7%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.3 % *(goal: 92.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
92.7%	92.1%	92.1%	92.1%	92.1%

Open Pathways Weekly Profile 1 Feb 2016



0-18 Wks	19-36 Wks	36-51 Wks
2,601	682	148

Cancer

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

Diagnostics: % Completed Within 6 Weeks 100.0 % *(goal: 99.0 %)*

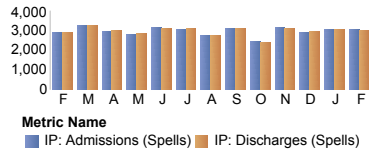
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.0%	98.6%	100.0%	99.7%	100.0%

Waiting Times Failed 0

Waiting Times Passed 6

Number of Diagnostics
500

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 80.1 %

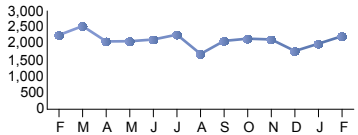
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
			79.0%	77.5%

Provider

Convenience and Choice: Slot Availability 92.8 % *(goal: 96.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
96.6%	99.9%		99.6%	94.4%

Referrals Received (GP)



Emergency Department

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

performance remains below the 95% standard. A review of acuity of the patients attending indicated that 69%,(approximately 132 patients per day out of an average of 191. A comparison of time of attendances between 2015 and 2016 shows that the peak attendance are from 6 – 8pm in the evening Later surge and increased numbers are resulting in 40-50 patients still waiting to be seen before midnight. With effect from the 1st February senior cover in the evening is going to be increased, this is being piloted until the 31 March 2016.

ED

ED: 95% Treated within 4 Hours

82.5 % (goal: 95.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.0%	96.0%	95.3%	83.1%	85.7%

ED: Total Time in ED (95th Percentile)

363.1 mins (goal: 240.0 mins)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
683.0	757.0	878.3	1,101.4	682.0

ED: Number Treated Over 4 Hours

894

ED to Inpatient Conversion Rate

17.5 %

Feb 2016

ED

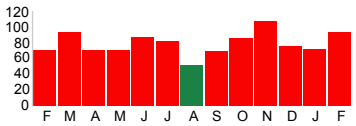
ED: 15 minute 'Time to Initial Assessment' (95th Percentile)

0

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	0.0	0.0	0.0	0.0

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

94.0 mins (goal: 60.0 mins)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
228.0	232.0	207.0	273.0	167.0

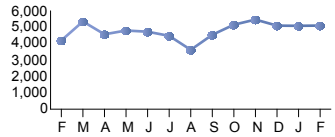
ED: Percentage Left without being seen

6.2 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.8%	3.5%	3.0%	6.5%	5.5%

ED: Number of Attendances

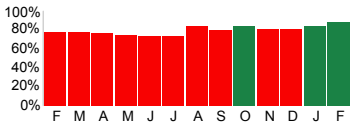
5100 Feb 2016



Ambulance Services

Ambulance: Acute Compliance

88.7 % (goal: 85.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
78.2%	75.9%	81.9%	82.8%	85.1%

Ambulance: Average Notification to Handover Time (mins)

3.5 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

3

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
10.0	16.0	10.0	7.0	5.0

Ambulance: Patients Waiting between 45 and 60 minutes

0

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	3.0	3.6	0.0	0.0

Productivity & Efficiency

Feb 2016

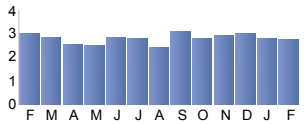
Alder Hey Children's NHS Foundation Trust

Summary

Increasing day case activity and planned changes to theatre start times have resulted in improved rates and utilisation. OP utilisation has reduced but is now subject to intense weekly review and intervention and now increasing. Significant flow pressures due to NEL & EL demand have resulted in increased cancellations and 28 day breaches. Critical Care capacity reduced due to staffing and negatively affecting cancellations on the day. Recruitment plan in place. Flow is now being reviewed to bring forward discharges to facilitate admissions.

Length of Stay

Average LoS - Elective (Days) 2.8 ▼



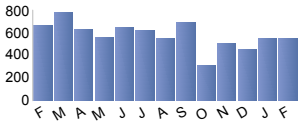
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.8	2.7	2.8	3.0	2.8

Average LoS - Non-Elective (Days) 2.4 ▲

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.9	2.7	2.6	2.5	2.3

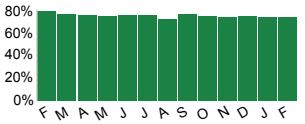
Day Case Rate

Daycases (K1/SDCPREOP) 563 ▲



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2,152	1,856	1,894	1,300	1,119

Daycase Rate 74.6 % ▲ (goal: 0.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
77.9%	75.8%	75.6%	74.9%	74.4%

Bed Refusals

Bed Refusals 0 – (goal: 0.0)

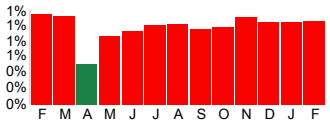
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2	0	0	1	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 81.0 % ▲ (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
82.4%	83.3%		75.8%	79.9%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 1.1 % ▲ (goal: 0.8 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.9%	0.9%	1.0%	1.3%	1.1%

Cancelled Operations - Non Clinical - On Same Day 27 ▲

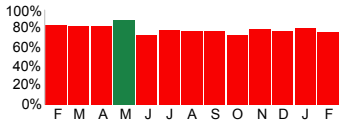
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
62	60	64	70	48

28 Day Breaches 5 ▲ (goal: 0.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
9	8	21	15	9

Outpatients

Clinic Session Utilisation * 77.5 % ▼ (goal: 90.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
83.6%	83.1%	79.0%	78.3%	79.5%

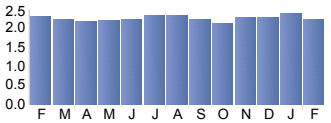
OP Appointments Cancelled by Hospital % 14.8 % ▼ (goal: 5.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
16.0%	16.4%	14.2%	15.7%	14.9%

DNA Rate 10.5 % ▼ (goal: 12.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
11.5%	12.6%	14.5%	12.6%	10.6%

OP: New/Follow Up 2.3 ▼



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.3	2.3	2.3	2.3	2.4

Estates

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

Audit Compliance for February 2016 64/64 100% Increased weekly audits in VHR areas individual audits for 6 pods Critical care
Very High Risk Critical Care (98%) - 95.24% - Lower than national standard. Due mainly to poor nursing scores
High Risk General Wards (95%) - 93.8% 1%
Significant Risk - Clinics (85%) -95.33% 10% higher than National Standard low nursing score on Speech 88%
Low Risk - Non Clinical (75%) none scheduled

Supervison monitoring to be increased and logged.

Facilities

Cleanliness Performance VH

95.2 % (goal: 98.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.8%	94.5%	97.0%	96.3%	96.1%

Cleanliness Performance H

93.8 % (goal: 95.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.1%	94.0%	95.0%	97.0%	94.4%

Cleanliness Performance S

95.3 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.8%	86.4%	93.4%	95.0%	95.2%

Cleanliness Performance L

0.0 % (goal: 75.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
91.8%	70.0%	82.0%	96.0%	0.0%

Facilities

Patient Food Wastage

0.0 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
				0.0%

Audit Compliance

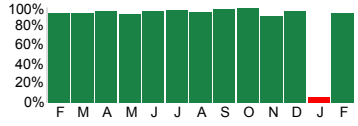
100.0 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
99.2%	100.0%	85.1%	98.8%	100.0%

Estates - Other

Routine Maintenance Resolution

94.7 % (goal: 85.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
96.1%	96.8%	97.7%	95.6%	52.4%

PPM%

87.7 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
94.8%	95.5%	96.3%	30.8%	90.0%

Summary

Weekly monitoring of waiting times continues. DNA and short notice cancellation rates considerably higher than average (circa 28%) - mechanisms put in place to address this.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 6.1

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	0.0	0.0	14.2	11.4

CAMHS: Avg Wait to Partnership Appt (Weeks) 9.0

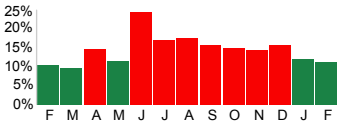
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	0.0	0.0	17.4	18.0

DNA Rates

CAMHS: DNA Rate - New 15.3 % ▼ *(goal: 10.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
15.2%	19.2%	22.8%	18.5%	17.7%

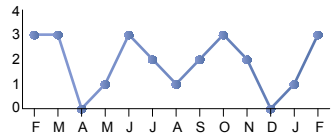
CAMHS: DNA Rate - Follow Up 11.4 % ▼ *(goal: 14.0 %)*



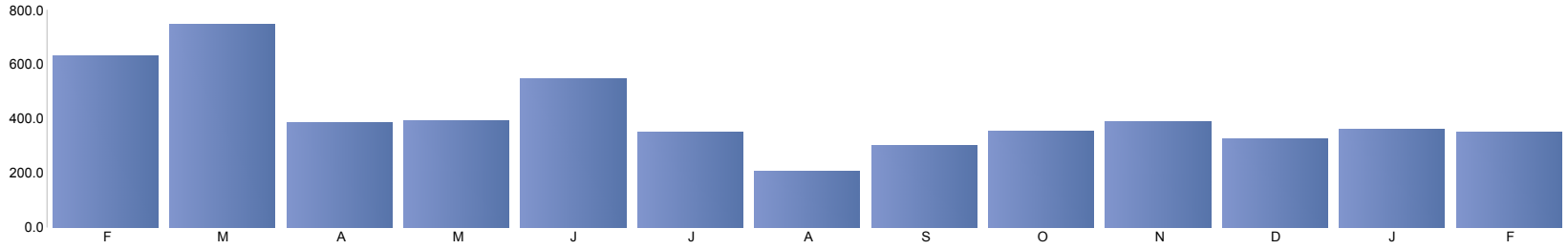
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
11.0%	16.9%	16.8%	15.1%	11.9%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 3 ▲



CAMHS: Referrals Received



External Regulation

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

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

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor **1 Feb 2016**

Metric Name	Goal	Jan 16	Feb 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	88.8 %	82.5 %	▼
RTT: 90% Admitted within 18 weeks		85.2 %	84.6 %	▼
RTT: 95% Non-Admitted within 18 weeks		86.6 %	84.9 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.3 %	▲
Monitor Risk Ratings (YTD)	3.0	2	2	–
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	TBC	
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	TBC	
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	TBC	
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.2%	90.3%	89.3%	91.5%	84.9%

RTT: 95% Non-Admitted within 18 weeks

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
95.4%	95.2%	93.7%	88.3%	85.7%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
92.7%	92.1%	92.1%	92.1%	92.1%

Monitor - All Cancers

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait until subsequent treatments

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.0%	96.0%	95.3%	83.1%	85.7%

Monitor - C difficile

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	2	0	0

Monitor - Data Completeness

No Data Available

Workforce

Feb 2016

Alder Hey Children's NHS Foundation Trust

Summary

Sickness shows a very slight increase up by 0.1% on last month and is still in excess of target. There has been a drop in mandatory training compliance to 82.7% (down 0.7% on last month) and corporate induction attendance has dropped 13% on last month. Medical appraisal compliance has dropped to 83%. Work continues on improving all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Last 12 Months
Add Prof Scientific and Technic	3.0%	3.6%	4.0%	3.2%	1.3%	2.7%	2.8%	4.3%	4.1%	4.5%	4.2%	
Additional Clinical Services	8.9%	7.0%	5.3%	5.7%	6.5%	7.0%	7.5%	8.4%	7.3%	6.5%	6.6%	
Administrative and Clerical	3.8%	4.0%	3.6%	3.3%	3.2%	3.3%	3.8%	4.6%	4.7%	3.9%	4.3%	
Allied Health Professionals	1.8%	2.4%	1.6%	1.4%	1.4%	1.4%	1.4%	2.3%	2.4%	3.6%	2.1%	
Estates and Ancillary	5.5%	6.5%	6.8%	5.7%	4.8%	5.6%	5.4%	7.5%	9.6%	9.3%	9.7%	
Healthcare Scientists	5.0%	5.5%	4.4%	2.8%	1.0%	0.9%	1.5%	1.3%	2.0%	2.2%	2.2%	
Medical and Dental	2.4%	2.2%	2.5%	2.1%	1.2%	1.3%	0.8%	1.9%	2.2%	2.7%	3.1%	
Nursing and Midwifery Registered	5.0%	4.8%	5.5%	5.8%	5.2%	6.1%	5.8%	6.7%	6.5%	7.3%	7.6%	
Trust	4.8%	4.6%	4.6%	4.4%	3.9%	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	

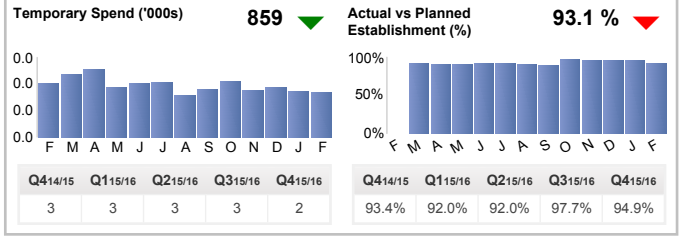
Staff in Post FTE (rolling 12 Months)

Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Last 12 Months
Add Prof Scientific and Technic	185	186	187	184	187	193	171	174	174	177	179	
Additional Clinical Services	360	353	354	352	351	359	352	346	348	359	360	
Administrative and Clerical	528	530	533	542	538	534	532	534	531	530	532	
Allied Health Professionals	120	121	124	126	125	126	126	127	127	127	127	
Estates and Ancillary	145	147	148	148	147	152	169	171	173	171	171	
Healthcare Scientists	99	100	98	100	102	102	102	102	100	100	99	
Medical and Dental	232	228	228	229	229	229	229	231	235	237	230	
Nursing and Midwifery Registered	900	907	907	903	898	915	949	947	945	948	954	

Staff in Post Headcount (rolling 12 Months)

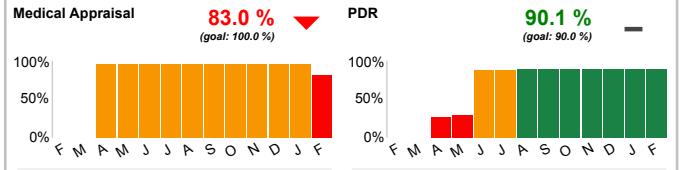
Staff Group	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Last 12 Months
Add Prof Scientific and Technic	209	211	212	207	210	218	192	195	196	197	198	
Additional Clinical Services	416	411	414	411	411	420	414	410	411	422	424	
Administrative and Clerical	616	618	621	633	630	624	622	624	621	619	623	
Allied Health Professionals	148	148	153	155	153	154	155	156	156	156	156	
Estates and Ancillary	185	190	192	194	192	197	211	213	212	210	209	
Healthcare Scientists	109	110	108	110	113	113	113	113	111	111	110	
Medical and Dental	270	267	265	268	268	267	266	268	271	274	268	
Nursing and Midwifery Registered	1,024	1,032	1,032	1,025	1,020	1,039	1,076	1,073	1,070	1,073	1,079	

Finance



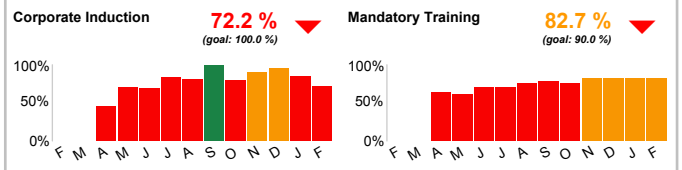
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Temporary Spend ('000s)	3	3	3	3	2
Actual vs Planned Establishment (%)	93.4%	92.0%	92.0%	97.7%	94.9%

Appraisals



	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Medical Appraisal		97.1%	97.1%	97.1%	89.8%
PDR		45.4%	89.9%	90.1%	90.1%

Training



	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Corporate Induction		63.8%	87.1%	88.2%	81.7%
Mandatory Training		65.5%	75.8%	81.7%	83.1%

Health and Safety

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
RIDDOR	1	1	4	9	2

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	50.8%	79.9%	84.0%	87.2%
Convenience and Choice: Slot Availability	98.8%	89.2%	97.5%	84.8%
DNA Rate (Followup Appts)	11.8%	9.4%	9.6%	9.7%
DNA Rate (New Appts)	16.0%	11.7%	9.9%	10.4%
Normalised I & E surplus/(deficit) In Month ('000s)	728	982	1,646	-156
Referrals Received (GP)	643	411	830	339
Temporary Spend ('000s)	272	60	134	221
Theatre Utilisation - % of Session Utilised		76.7%	82.4%	80.2%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	1.0	3.0	2.4	3.3
Average LoS - Non-Elective (Days)	1.8	2.3	2.0	5.1
Cancelled Operations - Non Clinical - On Same Day	0	2	9	15
Daycases (K1/SDCPREOP)	0	76	371	112
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	0	3	64	1
OP Appointments Cancelled by Hospital %	12.1%	12.7%	18.3%	12.5%
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	75.5%	97.7%
RTT: 92% Waiting within 18 weeks (open Pathways)	91.4%	96.9%	90.2%	95.9%
RTT: 95% Non-Admitted within 18 weeks	86.3%	89.2%	80.2%	92.2%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	98.0%	98.0%	91.0%	94.6%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	30	25	22	90

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	75.0%	100.0%	100.0%	25.0%
Mandatory Training	76.8%	85.5%	84.1%	87.5%
PDR	92.2%	92.2%	80.7%	91.2%
Sickness	5.0%	7.1%	4.4%	7.4%

CBU Performance - Clinical Support

Feb 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	87.4%	84.0%	81.9%	89.8%	85.1%				64.9%	87.5%	74.4%	75.6%	74.8%	
Temporary Spend ('000s)	61	20	131	66	64	80	-5	66	67	63	48	64	58	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,806	-1,482	-1,337	-1,134	-1,228	-1,176	-1,262	-1,333	-1,068	-1,179	-1,155	-1,253	-1,346	
Expenditure vs Budget ('000s)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	96.0%	96.0%	95.0%	92.0%	95.0%	96.0%	97.0%	86.0%	93.0%	96.0%	97.9%	91.6%	98.0%	
Imaging - % Reporting Turnaround Times - ED	58.0%	77.0%	67.0%	80.0%	60.0%	78.0%	70.0%	76.0%	76.0%	72.0%	100.0%	91.0%	92.0%	
Imaging - % Reporting Turnaround Times - Inpatients	74.0%	83.0%	75.0%	86.0%	79.0%	90.0%	79.0%	86.0%	93.0%	81.0%	83.0%	93.0%	89.0%	
Imaging - % Reporting Turnaround Times - Outpatients	92.0%	100.0%	98.0%	97.0%	96.0%	97.0%	97.0%	96.0%	96.0%	97.0%	98.0%	98.0%	96.0%	
Imaging - Waiting Times - MRI % under 6 weeks	86.0%	81.7%	95.0%	99.0%	96.6%	97.7%	92.5%	100.0%	100.0%	95.0%	96.0%	85.0%	91.0%	
Imaging - Waiting Times - CT % under 1 week	85.0%	83.1%	90.0%	86.6%	85.0%	89.9%	85.6%	87.9%	87.9%	88.0%	96.0%	88.0%	88.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	94.5%	94.4%	90.0%	94.2%	95.0%	91.7%	91.8%	95.4%	96.1%	95.0%	94.0%	95.0%	95.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	98.8%	97.4%	90.0%	98.8%	97.8%	99.2%	99.0%	99.6%	99.6%	92.0%	85.0%	85.0%	85.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	86.4%	81.8%	94.7%	100.0%	100.0%	88.9%	81.2%	100.0%	100.0%	88.0%	91.0%	86.0%	95.0%	
BME - High Risk Equipment PPM Compliance	86.0%	89.0%	89.0%	89.0%	89.5%	88.0%	90.5%	88.0%	87.0%	89.0%	87.0%	89.0%	90.0%	
BME - Low Risk Equipment PPM Compliance	78.0%	75.0%	75.0%	75.0%	76.0%	74.0%	79.0%	87.0%	75.0%	76.0%	78.0%	78.0%	78.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	61.0%	62.0%	61.0%	55.0%	49.0%	34.0%	50.0%	57.0%	63.0%	59.0%	87.0%	84.0%	85.0%	
Pharmacy - Dispensing for Out Patients - Complex	82.0%	55.0%	67.0%	79.0%	73.0%	67.0%	57.0%	65.0%		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	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-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	88.0%	85.5%	87.6%	88.9%	82.3%	76.4%	82.0%	78.2%	71.9%	75.1%	79.6%	79.2%	82.9%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.5%	95.1%	98.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	100.0%	100.0%	100.0%	98.8%	73.0%	92.9%	98.6%	98.7%	90.9%	100.0%	81.0%	68.8%	81.0%	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Corporate Induction			71.4%	90.0%	75.0%	100.0%	40.0%	100.0%	77.8%	100.0%	87.5%	71.4%	0.0%	
PDR			43.4%	44.9%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	
Sickness			3.8%	4.0%	2.9%	1.7%	1.8%	2.4%	3.2%	3.6%	4.2%	4.9%	4.8%	
Mandatory Training			69.4%	66.1%	77.4%	79.1%	80.5%	84.2%	80.3%	87.2%	87.2%	86.8%	86.2%	

CBU Performance - ICS

Feb 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Clinics are now being booked to full capacity. Issues have been highlighted with the number DNAs which is affecting the performance. To mitigate this a process has been put in place to call all patients 72 hour before their appointment, so that if a patient no longer requires their appointment sufficient time is allowed to rebook this clinic.
Re Clinic Utilisation - Issue with Community outpatient data affecting large amount bookings which is currently being reviewed.

Support Required

None

Operational

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	77.1%	75.8%	75.0%	75.9%	71.7%	73.8%	70.3%	67.4%	68.8%	73.2%	71.7%	72.2%	51.1%	
DNA Rate (New Appts)	14.4%	13.9%	13.4%	17.7%	24.1%	21.1%	20.3%	17.2%	19.5%	14.6%	17.2%	14.8%	16.0%	
DNA Rate (Followup Appts)	10.6%	11.3%	13.0%	14.3%	19.7%	16.7%	14.5%	14.7%	14.2%	13.1%	14.7%	11.7%	11.8%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	100.0%	98.8%	
Referrals Received (GP)	766	735	568	621	715	639	470	647	649	655	554	612	646	
Temporary Spend ('000s)	303	322	211	197	269	186	178	203	260	232	247	204	272	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,902	-2,191	569	608	686	334	454	534	530	692	446	651	728	

Patient

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
RTT: 90% Admitted within 18 weeks													100.0%	
RTT: 95% Non-Admitted within 18 weeks	93.4%	90.2%	88.6%	90.4%	95.4%	97.2%	98.5%	90.6%	92.3%	87.8%	86.7%	84.4%	86.3%	
RTT: 92% Waiting within 18 weeks (open Pathways)	93.3%	93.0%	91.2%	90.9%	92.0%	92.2%	94.0%	93.3%	93.8%	91.1%	92.3%	91.8%	91.4%	
Average LoS - Elective (Days)	3.86	3.50	2.50	2.40	3.00	4.00	3.75	3.50	8.00	2.25	4.50	6.00	1.00	
Average LoS - Non-Elective (Days)	2.61	2.35	2.39	2.26	2.21	2.25	1.90	1.90	1.95	2.09	2.20	1.92	1.77	
Hospital Initiated Clinic Cancellations < 6 weeks notice	5	8	2	5	12	4	2	18	46	33	1	3	0	
Daycases (K1/SDCPREOP)	1	0	0	0	0	0	0	1	0	0	0	0	0	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	14.9%	13.5%	12.4%	11.0%	18.0%	13.9%	13.5%	11.4%	14.6%	13.7%	14.8%	11.9%	12.1%	
Diagnostics: % Completed Within 6 Weeks					100.0%							100.0%	100.0%	

Quality

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Medication Errors (Incidents)	20	24	2	4	5	5	8	12	15	23	25	26	30	
Cleanliness Scores	95.3%	96.5%	94.7%		97.3%		98.5%			99.0%	99.0%	95.0%	98.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Corporate Induction			80.0%	85.7%	100.0%	66.7%	100.0%	100.0%	81.8%	100.0%	100.0%	93.8%	75.0%	
PDR			14.2%	19.8%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness			4.8%	4.3%	4.2%	4.1%	3.3%	4.7%	5.3%	6.4%	4.7%	4.1%	5.1%	
Mandatory Training			65.4%	62.9%	71.9%	59.4%	74.4%	75.8%	76.2%	79.1%	76.6%	77.3%	76.8%	

CBU Performance - Medical Specialties

Feb 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised	79.1%	82.3%	78.3%	83.6%	82.0%				59.0%	76.1%	73.0%	70.6%	76.7%	
Clinic Session Utilisation	80.5%	79.7%	79.9%	90.9%	71.1%	75.8%	75.3%	75.8%	77.2%	79.2%	76.5%	80.2%	79.9%	
DNA Rate (New Appts)	12.4%	13.9%	10.5%	11.7%	13.5%	15.6%	15.8%	11.9%	11.1%	12.7%	12.3%	11.1%	11.7%	
DNA Rate (Followup Appts)	10.1%	9.9%	9.7%	10.8%	10.8%	17.5%	16.7%	14.7%	17.4%	13.2%	15.7%	9.8%	9.4%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	93.7%	89.2%	
Referrals Received (GP)	346	425	400	358	368	399	262	350	331	321	310	354	411	
Temporary Spend ('000s)	89	124	107	86	66	77	66	100	74	82	63	58	60	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,292	-2,663	1,097	716	894	1,237	915	572	722	1,180	1,117	1,080	982	

Patient

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	
RTT: 95% Non-Admitted within 18 weeks	96.4%	97.5%	97.8%	96.8%	94.3%	92.3%	88.6%	93.6%	90.5%	90.1%	83.9%	85.0%	89.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	93.3%	94.5%	95.0%	94.2%	94.9%	97.0%	95.5%	95.7%	93.9%	95.8%	95.8%	96.4%	96.9%	
Average LoS - Elective (Days)	3.04	3.92	2.85	2.41	3.70	3.89	3.16	3.00	3.21	3.89	3.53	4.85	2.95	
Average LoS - Non-Elective (Days)	3.94	2.96	2.57	3.74	3.00	3.88	2.94	2.71	3.13	2.13	2.60	1.98	2.34	
Hospital Initiated Clinic Cancellations < 6 weeks notice	7	5	8	2	2	13	13	16	22	8	3	0	3	
Daycases (K1/SDCPREOP)	77	72	75	69	78	60	54	74	31	71	73	73	76	
Cancelled Operations - Non Clinical - On Same Day	1	0	3	1	0	0	0	1	2	2	1	2	2	
OP Appointments Cancelled by Hospital %	14.4%	13.2%	16.2%	13.7%	18.1%	13.0%	12.3%	12.4%	16.1%	12.0%	12.8%	10.6%	12.7%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
Medication Errors (Incidents)	29	30	3	4	7	8	9	11	13	17	20	22	25	
Cleanliness Scores	91.7%	95.0%	91.2%	94.8%	93.2%	96.4%	96.0%	97.0%		95.5%	96.5%	94.5%	98.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	1	0	0	0	0	0	0	0	

Workforce

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Last 12 Months
Corporate Induction			0.0%	100.0%	0.0%		50.0%		100.0%	66.7%	100.0%	66.7%	100.0%	
PDR			64.0%	62.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness			4.1%	4.4%	5.2%	6.2%	5.6%	5.4%	3.5%	5.1%	5.0%	6.9%	7.1%	
Mandatory Training			73.5%	66.0%	76.2%	81.1%	80.4%	85.8%	81.3%	86.9%	87.2%	87.3%	85.5%	

CBU Performance - NMSS

Feb 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	86.2%	85.7%	85.2%	84.1%	85.4%				76.0%	80.4%	76.1%	80.6%	82.4%	
Clinic Session Utilisation	84.0%	84.6%	85.0%	89.7%	73.4%	83.3%	78.6%	75.2%	73.9%	81.9%	80.6%	85.0%	84.0%	
DNA Rate (New Appts)	12.7%	11.6%	12.1%	11.1%	12.6%	15.6%	14.8%	12.2%	10.6%	12.3%	12.0%	11.3%	9.9%	
DNA Rate (Followup Appts)	11.0%	10.8%	11.1%	10.4%	11.2%	13.2%	12.8%	12.4%	10.3%	9.4%	10.3%	9.2%	9.6%	
Convenience and Choice: Slot Availability	96.5%	98.8%	99.6%	100.0%						99.3%	99.6%	96.1%	97.5%	
Referrals Received (GP)	823	992	800	815	765	872	706	796	822	815	651	737	830	
Temporary Spend ('000s)	209	148	208	114	200	187	154	147	134	121	132	123	134	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,865	-2,343	1,417	1,777	1,496	1,779	1,295	1,736	1,498	1,283	1,330	1,803	1,646	

Patient

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	88.5%	87.1%	86.9%	88.4%	87.9%	87.0%	86.0%	81.5%	83.0%	100.0%	80.4%	79.7%	75.5%	
RTT: 95% Non-Admitted within 18 weeks	94.4%	95.4%	96.7%	95.9%	94.9%	95.5%	94.3%	92.6%	92.8%	84.7%	86.0%	87.3%	80.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.3%	90.5%	90.4%	90.3%	89.8%	90.0%	89.7%	89.6%	89.8%	90.0%	89.8%	89.6%	90.2%	
Average LoS - Elective (Days)	2.55	2.07	2.12	1.71	2.33	2.19	1.71	2.56	2.09	2.20	2.56	2.00	2.38	
Average LoS - Non-Elective (Days)	2.21	1.61	1.78	2.51	1.89	2.06	2.04	1.73	1.88	2.41	2.75	1.76	1.98	
Hospital Initiated Clinic Cancellations < 6 weeks notice	27	22	29	20	36	19	3	51	9	49	39	39	64	
Daycases (K1/SDCPREOP)	405	461	410	358	372	351	381	416	234	317	284	356	371	
Cancelled Operations - Non Clinical - On Same Day	17	13	4	17	13	22	8	11	7	29	3	11	9	
OP Appointments Cancelled by Hospital %	16.1%	17.6%	15.2%	13.7%	21.1%	16.4%	14.7%	14.6%	18.8%	14.8%	18.2%	19.4%	18.3%	
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	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Medication Errors (Incidents)	12	12	1	6	6	6	9	11	12	14	15	19	22	
Cleanliness Scores	93.0%	93.3%	92.0%	98.0%	94.2%	94.0%	94.5%	98.3%		98.7%	98.0%	96.3%	91.0%	
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	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Corporate Induction			33.3%	77.8%	0.0%	0.0%	75.0%		88.9%	100.0%	100.0%	100.0%	100.0%	
PDR			44.3%	49.3%	79.7%	79.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	
Sickness			4.2%	4.2%	5.7%	5.3%	4.4%	3.6%	4.4%	4.6%	5.6%	5.4%	4.4%	
Mandatory Training			70.8%	68.4%	76.1%	78.4%	80.7%	82.2%	79.7%	86.8%	86.9%	87.8%	84.1%	

CBU Performance - SCACC

Feb 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	76.3%	79.5%	82.0%	80.0%	79.7%				70.2%	80.4%	75.3%	77.9%	80.2%	
Clinic Session Utilisation	106.6%	92.8%	98.1%	111.4%	91.7%	82.4%	83.7%	70.5%	81.9%	85.4%	85.5%	85.0%	87.2%	
DNA Rate (New Appts)	13.5%	10.0%	13.2%	12.9%	12.1%	12.6%	9.6%	10.3%	13.7%	9.2%	10.1%	9.7%	10.4%	
DNA Rate (Followup Appts)	9.2%	11.1%	12.3%	12.5%	12.5%	12.3%	12.4%	11.7%	11.5%	9.5%	7.2%	9.6%	9.7%	
Convenience and Choice: Slot Availability	89.9%	99.2%	100.0%	100.0%						100.0%	97.9%	98.4%	84.8%	
Referrals Received (GP)	330	386	302	282	280	367	250	292	351	338	263	298	339	
Temporary Spend ('000s)	360	446	465	361	322	345	227	250	268	218	222	237	221	
Normalised I & E surplus/(deficit) In Month ('000s)	-3,989	-4,374	1	-70	-211	-133	-449	457	-267	-119	253	-179	-156	

Patient

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	94.6%	97.4%	97.8%	94.1%	96.4%	94.8%	91.6%	95.9%	91.5%	100.0%	86.1%	94.5%	97.7%	
RTT: 95% Non-Admitted within 18 weeks	99.6%	99.4%	97.0%	97.2%	97.0%	95.1%	87.7%	95.5%	83.8%	94.7%	88.4%	90.1%	92.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	97.7%	96.9%	97.1%	98.0%	97.2%	96.0%	96.0%	96.5%	97.1%	97.2%	96.5%	95.8%	95.9%	
Average LoS - Elective (Days)	3.48	3.16	3.29	4.43	2.93	3.57	2.62	4.28	3.38	3.20	2.95	3.38	3.31	
Average LoS - Non-Elective (Days)	4.36	3.79	4.59	4.01	3.86	3.90	4.01	4.48	3.11	3.66	3.31	3.19	5.13	
Hospital Initiated Clinic Cancellations < 6 weeks notice	1	0	0	0	3	0	5	4	1	3	1	0	1	
Daycases (K1/SDCPREOP)	164	223	135	110	169	190	105	183	56	118	104	118	112	
Cancelled Operations - Non Clinical - On Same Day	14	8	4	7	10	4	13	4	9	9	7	8	15	
OP Appointments Cancelled by Hospital %	19.3%	14.1%	17.8%	19.3%	25.5%	15.6%	17.6%	15.9%	22.2%	16.8%	19.1%	15.0%	12.5%	
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	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Medication Errors (Incidents)	74	82	2	11	20	28	32	42	49	58	71	78	90	
Cleanliness Scores	92.3%	92.6%	92.9%	93.5%	96.0%	95.2%	95.9%	96.5%		97.4%	92.2%	95.0%	94.6%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	1	0	1	0	1	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	1	0	0	0	0	0	0	0	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Last 12 Months
Corporate Induction			37.5%	44.4%	70.0%	80.0%	100.0%	100.0%	88.9%	75.0%	100.0%	92.3%	25.0%	
PDR			14.8%	17.6%	89.1%	89.1%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	
Sickness			7.0%	6.3%	6.2%	6.5%	5.7%	6.9%	6.5%	7.5%	7.2%	7.3%	7.4%	
Mandatory Training			64.6%	61.9%	73.6%	77.3%	83.1%	85.2%	81.3%	89.1%	88.3%	85.8%	87.5%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended February 2016

	IN MONTH BUDGET £'000	IN MONTH ACTUAL £'000	IN MONTH VARIANCE £'000	YEAR TO DATE BUDGET £'000	YEAR TO DATE ACTUAL £'000	YEAR TO DATE VARIANCE £'000	FULL YEAR BUDGET £'000	FULL YEAR FORECAST £'000	FULL YEAR VARIANCE £'000
Elective	3,719	3,168	(551)	39,312	35,113	(4,199)	43,033	39,570	(3,463)
Non Elective	2,146	2,003	(142)	25,987	24,615	(1,373)	28,356	26,700	(1,656)
Outpatients	2,104	1,905	(199)	22,189	19,827	(2,361)	24,293	21,906	(2,387)
A&E	373	407	34	4,366	4,414	47	4,841	4,874	33
Critical Care	1,832	1,863	31	19,966	20,152	186	21,968	22,105	137
Non PbR Drugs & Devices	1,517	1,493	(24)	16,685	16,516	(168)	18,202	17,942	(260)
Other Income	5,341	6,626	1,285	57,069	62,465	5,396	62,412	68,396	5,984
Total Income	***17,032***	***17,465***	***433***	***185,573***	***183,101***	***(2,472)***	***203,104***	***201,493***	***(1,611)***
Pay Costs	(10,700)	(11,393)	(693)	(118,791)	(123,043)	(4,252)	(129,428)	(134,299)	(4,871)
Drugs	(1,309)	(1,592)	(283)	(15,484)	(16,764)	(1,280)	(16,919)	(18,279)	(1,360)
Clinical Supplies	(1,216)	(1,188)	28	(14,100)	(14,026)	74	(15,394)	(14,218)	1,176
Other Non Pay	(2,406)	(2,287)	118	(26,430)	(24,778)	1,652	(28,761)	(27,151)	1,610
Total Expenditure	***(15,631)***	***(16,460)***	***(829)***	***(174,805)***	***(178,611)***	***(3,806)***	***(190,501)***	***(193,947)***	***(3,446)***
EBITDA	***1,401***	***1,005***	***(396)***	***10,768***	***4,490***	***(6,278)***	***12,603***	***7,546***	***(5,057)***
Capital Charges	(740)	(542)	198	(7,397)	(5,476)	1,921	(8,139)	(6,804)	1,335
Finance Income	2	7	5	38	100	62	40	105	65
Interest Expense (non-PFI/LIFT)	(79)	(78)	0	(923)	(917)	5	(1,006)	(1,000)	6
Interest Expense (PFI/LIFT)	(653)	(668)	(15)	(5,546)	(3,360)	2,186	(6,199)	(4,029)	2,170
Total Financing	***(1,469)***	***(1,281)***	***188***	***(13,828)***	***(9,654)***	***4,175***	***(15,304)***	***(11,728)***	***3,576***
Normalised Surplus/(Deficit)	***(68)***	***(276)***	***(208)***	***(3,060)***	***(5,164)***	***(2,104)***	***(2,701)***	***(4,182)***	***(1,481)***
One-off normalising items									
Government Grants/Donated Income	0	48	48	15,962	13,040	(2,922)	15,962	14,041	(1,921)
MASS/Restructuring	0	(29)	(29)	0	(36)	(36)	0	(36)	(36)
Fixed Asset Impairment	0	0	0	(68,163)	(68,163)	0	(69,840)	(42,631)	27,209
(Gains)/Losses on asset disposals	0	2	2	(4,741)	(4,319)	422	(4,741)	(4,606)	135
Reported Surplus/(Deficit)	***(68)***	***(256)***	***(188)***	***(60,002)***	***(64,642)***	***(4,640)***	***(61,320)***	***(37,414)***	***23,906***

Key Metrics	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Normalised Income £000	17,034	17,471	438	185,611	183,201	(2,409)	203,144	201,598	(1,546)
Normalised Expenditure £000	(17,102)	(17,748)	(646)	(188,671)	(188,365)	306	(205,845)	(205,780)	65
Normalised Surplus/(Deficit) £000	(68)	(276)	(208)	(3,060)	(5,164)	(2,104)	(2,701)	(4,182)	(1,481)
WTE	2,824	2,860	(36)	2,824	2,860	(36)			
CIP £000	1,043	458	(585)	8,998	5,299	(3,699)	10,173	6,035	(4,138)
Cash £000	5,814	17,837	12,023	5,814	17,837	12,023			
CAPEX FCT £000	213	198	15	31,801	29,098	2,703	32,662	32,748	(86)
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	IN MONTH PLAN	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE PLAN	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR PLAN	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Elective	2,312	2,114	(198)	24,411	22,997	(1,414)	26,691	25,559	(1,132)
Non Elective	874	935	61	10,256	10,242	(14)	11,191	11,159	(32)
Outpatients	16,744	15,457	(1,287)	176,825	159,283	(17,542)	193,569	173,447	(20,122)
A&E	4,304	5,096	792	50,415	52,542	2,127	55,899	57,463	1,564

3.2 Trust Balance Sheet period ended February 2016

	2014/15 ACTUAL £'000	2015/16 PLAN £,000	ACTUAL TO DATE £,000	PREVIOUS MONTH £,000
Property, Plant and Non Current Assets	66,767	186,473	193,198	193,072
Cash and Cash Equivalents	36,048	6,816	17,837	17,352
Trade & Other Current Assets	78,070	13,730	10,746	11,940
Current Liabilities	(40,924)	(22,170)	(34,823)	(34,932)
Total Assets Less Current Liabilities	139,961	184,849	186,958	187,432
Non Current Provisions/Liabilities	(753)	(698)	(685)	(695)
Non Current Borrowings	(41,058)	(145,165)	(152,356)	(152,565)
Total Assets Employed	98,150	38,986	33,917	34,172
Financed by: Taxpayers' Equity	98,150	38,986	33,917	34,172

AGED DEBT ANALYSIS	TARGET PLAN %	ACTUAL IN MONTH %	PREVIOUS MONTH %	Explanation if more than 5%
% of Debtors > 90 days	5%	17%	15%	The actual debt over 90 days at the end of February is £463K - an improvement of £36K. There are 7 overdue invoices ranging in value from £10k to £43K, 1 of which relates to salary overpayment, 3 relating to Liverpool Women's issues and 1 which is in query currently being investigated by the Contracts dept with a meeting scheduled 16th March. The remaining 2 invoices have since been paid. Debt over 90 days due from Liverpool Womens is now £180K. Meetings have taken place between the Trusts to resolve this issue and 1 payment has been received. We expect further payment before the end of March. Salary overpayment invoices over 90 days amount to £146K. Without these invoices the % over 90 days is 3%.

3.3 Financial Sustainability Risk Rating

2014/15 ACTUAL FSRR		2015/16 FULL YEAR FSRR	2015/16 M11 PLAN (METRIC)	ACTUAL TO DATE (METRIC)	PLAN TO DATE FSRR	ACTUAL TO DATE FSRR
4	Capital Servicing Capacity Ratio (times)	1	1	1	1	1
4	Liquidity Ratio (days)	3	-5	-15	3	1
3	I&E Margin	1	6	4	4	4
1	Variance in I&E Margin as % of Income	4	-7	-2	1	1
2	Financial Sustainability Risk Rating	2			2	2

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

Month [redacted]

2015/16 Cost Improvement Programme

1. Headlines

The Month 11 CIP performance across the Trust showed an underachievement of £585k (56%) in month and an underachievement of £3,699k (41% of the target) to date. The largest variances to date are in NMSS (£815k behind target), SCACC (£959k behind target) and Med Specs (£1,015k behind target). The main reason for the under performance is the slippage/delay of activity related schemes. The forecast CIP achievement for the year is £6,035k leaving a gap of £4,138k. Due to the Big Move the Trust planned an in year under achievement of £4m. The figures shown are gross and have been offset by the underachievement contingency of £3.6m at Mth 11. The CBU's and Trust are now focussed on the full year recurrent schemes and these have now been added to the report. There is currently a £4.0m recurrent shortfall.

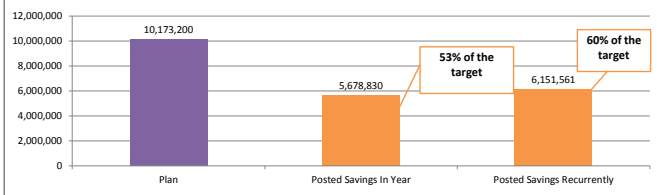
2. Performance by CBU

CBU	In Month @ February				Year to date @ February				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Other Corporate Services	5,399	1,470	(3,929)	-73%	24,168	46,976	22,808	94%	29,567	48,883	19,316	65%
Clinical Support Services	151,763	155,955	4,193	3%	1,574,237	1,673,732	99,495	6%	1,726,000	1,673,937	(52,063)	-3%
Estates	13,137	41,559	28,422	216%	99,458	296,439	196,981	198%	113,000	338,000	225,000	199%
Finance & Information	23,729	15,757	(7,972)	-34%	194,743	322,917	128,174	66%	218,471	338,952	120,481	55%
Human Resources	39,751	2,137	(37,614)	-95%	300,359	49,727	(250,632)	-83%	340,109	51,863	(288,246)	-85%
Hotel	21,736	4,637	(17,099)	-79%	187,863	36,968	(150,895)	-80%	210,000	42,002	(167,998)	-80%
Integrated Community Services	167,827	77,404	(90,423)	-54%	1,457,423	616,645	(840,779)	-58%	1,659,000	698,893	(960,107)	-58%
Innovation	0	0	0	0%	0	0	0	0%	0	33,333	33,333	#DIV/0!
Medical Specialties	161,370	36,230	(125,141)	-78%	1,489,880	474,599	(1,015,281)	-68%	1,700,000	531,784	(1,168,216)	-69%
Neurosciences, MSK and Specialist Surgery	216,049	53,442	(162,606)	-75%	1,748,351	933,112	(815,239)	-47%	1,964,301	1,278,164	(686,137)	-35%
Operational Services	2,987	928	(2,059)	-69%	14,334	10,209	(4,125)	-29%	17,321	11,137	(6,184)	-36%
R&D	18,333	0	(18,333)	-100%	101,667	0	(101,667)	-100%	120,000	0	(120,000)	-100%
Risk Management	2,955	429	(2,526)	-85%	13,475	4,720	(8,755)	-65%	16,430	5,149	(11,281)	-69%
Surgery, Cardiac, Critical Care, Anaesthetic	217,982	67,917	(150,065)	-69%	1,791,918	832,599	(959,319)	-54%	2,059,000	983,214	(1,075,786)	-52%
Total	1,043,019	457,865	(585,153)	-56%	8,997,875	5,298,642	(3,699,233)	-41%	10,173,200	6,035,312	(4,137,888)	-41%

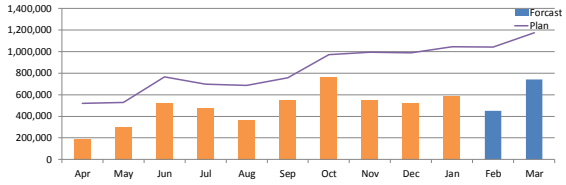
3. Performance Strategic

Theme	In Month @ February				Year to date @ February				In Year Forecast			
	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Improve In Hospital Activity	281,887	65,110	(216,776)	-77%	2,311,059	833,017	(1,478,043)	-64%	2,642,046	1,117,068	(1,524,978)	-58%
Improve Out of Hospital Activity	68,627	1,510	(67,117)	-98%	700,253	72,002	(628,251)	-90%	768,880	126,070	(642,810)	-84%
Improve Business Efficiency	376,405	390,273	13,868	4%	3,334,956	4,383,903	1,048,947	31%	3,794,564	4,781,482	986,918	26%
Deliver Strategic Plan	52,833	972	(51,861)	-98%	297,167	9,720	(287,447)	-97%	350,000	10,692	(339,308)	-97%
Improve Workforce Efficiency	61,000	0	(61,000)	-100%	129,496	0	(129,496)	-100%	190,500	0	(190,500)	-100%
GAP	202,267	0	(202,267)	-100%	2,224,942	0	(2,224,942)	-100%	2,427,210	0	(2,427,210)	-100%
Total	1,043,019	457,865	(585,153)	-56%	8,997,875	5,298,642	(3,699,233)	-41%	10,173,200	6,035,312	(4,137,888)	-41%

4. Posted Savings

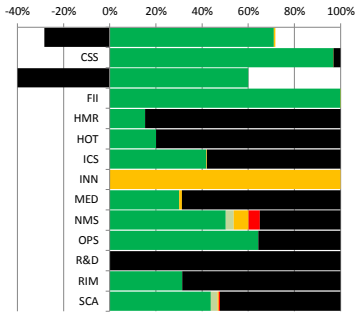


5. Risk to Delivery



6. Forecast Risk by CBU (In year)

CBU	Target	Forecast	Gap	RAG RATING Green	Green/Amber*	Amber	Red	Black
Other Corporate Services	29,567	48,883	19,316	48,446	0	437	0	(19,316)
Clinical Support Services	1,726,000	1,673,937	(52,063)	1,671,937	0	2,000	0	52,063
Estates	113,000	338,000	225,000	338,000	0	0	0	(225,000)
Finance & Information	218,471	338,952	120,481	338,674	0	278	0	(120,481)
Human Resources	340,109	51,863	(288,246)	51,863	0	0	0	288,246
Hotel	210,000	42,002	(167,998)	42,002	0	0	0	167,998
Integrated Community Services	1,659,000	698,893	(960,107)	694,060	0	4,833	0	960,107
Innovation	0	33,333	33,333	0	0	33,333	0	(33,333)
Medical Specialties	1,700,000	531,784	(1,168,216)	510,833	0	20,951	0	1,168,216
Neurosciences, MSK and Specialist Surgery	1,964,301	1,278,164	(686,137)	986,550	68,280	127,582	95,752	686,137
Operational Services	17,321	11,137	(6,184)	11,137	0	0	0	6,184
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	983,214	(1,075,786)	901,290	60,424	9,500	12,000	1,075,786
Total	10,173,200	6,035,312	(4,137,888)	5,599,941	128,704	198,915	107,752	4,137,888



7. Forecast Risk (Recurrent)

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

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

3. Financial Strength

Capital Expenditure Period ended **Feb-16**

	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	FULL YEAR FORECAST	FULL YEAR VARIANCE
ESTATES CAPITAL SCHEMES	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PLANNED CAPITAL - ESTATES										
Interim & Retained Estate		150	107	43	1,041	704	337	1,211	1,211	0
Demolition/Decommissioning		0	75	(75)	150	203	(53)	200	380	(180)
Demolition Alder Park		0	6	(6)	224	199	25	224	217	7
Project costs associated with schemes		0	8	(8)	50	135	(85)	100	100	0
CDC		63	0	63	567	0	567	630	0	630
PLANNED CAPITAL - ESTATES		213	196	17	2,032	1,242	790	2,365	1,908	457
Research & Education Phase 1.	*6,877*	0	(77)	77	4,443	4,212	231	4,443	4,473	(30)
Research & Education Phase 2		0	(3)	3	900	379	521	900	382	518
RESEARCH & EDUCATION PHASE 1	***6,877***	0	(79)	79	5,343	4,592	751	5,343	4,855	488
ESTATES TOTAL CAPITAL	***6,877***	**213**	**116**	**97**	**7,375**	**5,834**	**1,541**	**7,708**	**6,763**	**945**
IM & T CAPITAL SCHEMES										
New Build IM&T	*2,302*	0	0	(0)	1,756	2,257	(501)	1,756	1,974	(218)
Door Access		0	(21)	21	400	82	318	400	500	(100)
CCTV & Mobile Technology	*0*	0	2	(2)	400	197	203	400	180	220
Patient Entertainment - Core	*360*	0	16	(16)	250	265	(15)	250	260	(10)
Interim Move IM&T Costs		0	0	0	0	0	0	0	200	(200)
NETWORKING, INFRASTRUCTURE & OTHER IT	***2,662***	0	(2)	2	2,806	2,800	6	2,806	3,114	(308)
Electronic Patient Record.	*3,515*	0	34	(34)	5,712	6,069	(357)	5,712	6,113	(401)
ELECTRONIC PATIENT RECORD	***3,515***	0	34	(34)	5,712	6,069	(357)	5,712	6,113	(401)
IM & T TOTAL CAPITAL	***6,177***	**0**	**31**	**(31)**	**8,518**	**8,869**	**(351)**	**8,518**	**9,227**	**(709)**
ALDER HEY IN THE PARK										
Medical Equipment - Replacement Cycle	*930*	0	(27)	27	3,030	3,556	(526)	3,030	3,125	(95)
Medical Equipment - Project Specific Items (Patient Monitoring		0	0	0	700	620	80	700	727	(27)
Medical Equipment - Project Specific		0	0	0	0	0	0	528	494	34
Medical Equipment - Additional Rooms.		0	9	(9)	768	542	226	768	796	(28)
Medical Equipment - Category B2 Brainlab		0	0	0	300	341	(41)	300	439	(139)
Drills		0	0	0	208	0	208	208	0	208
Medical Equipment B1 Charity		0	(827)	827	0	10	(10)	0	837	(837)
Hybrid Theatre		0	0	0	0	0	0	0	0	0
		0	(844)	844	5,006	5,069	(63)	5,534	6,419	(885)
Clinical Equipment - Project Specific (Parent Beds)		0	0	0	187	226	(39)	187	226	(39)
Medical Equipment - Category B1 (Radio & Angio)	*4,509*	0	()	0	771	674	97	771	921	(150)
Non Medical Equipment - Category B2	*4*	0	0	0	329	144	185	329	144	185
Non Medical Equipment - Category C	*27*	0	(1)	1	2,325	3,164	(839)	2,325	2,943	(618)
Non Medical Equipment - Project Specific		0	24	(24)	246	47	199	246	38	208
Automated Drug Cabinets		0	0	0	333	333	0	333	333	(0)
PFI Building Snagging		0	25	(25)	50	45	5	50	380	(330)
		0	48	(48)	4,241	4,633	(392)	4,241	4,985	(744)
Outpatients		0	57	(57)	2,772	(1,388)	4,160	2,772	(1,388)	4,160
Capital Contribution PFI		0	818	(818)	2,697	5,302	(2,605)	2,697	5,793	(3,096)
Innovation Hub		0	0	0	280	0	280	280	0	280
Site Development		0	(21)	21	0	13	(13)	0	100	(100)
Office Development		0	(1)	1	0	96	(96)	0	100	(100)
		0	853	(853)	5,749	4,023	1,726	5,749	4,605	1,144
ALDER HEY IN THE PARK TOTAL	***5,470***	**0**	**56**	**(56)**	**14,996**	**13,724**	**1,271**	**15,524**	**16,009**	**(485)**
Business Intelligence		0	(5)	5	250	245	5	250	220	30
Other	*0*	0	(1)	1	662	425	237	662	529	133
Other	***0***	**0**	**(6)**	**6**	**912**	**670**	**242**	**912**	**749**	**163**
CAPITAL PROGRAMME 15/16	***18,524***	***213***	***198***	***15***	***31,801***	***29,098***	***2,703***	***32,662***	***32,748***	***(86)***
Technical Adjustments		(63)	0	(63)	(567)	0	(567)	(630)	0	(630)
AMENDED CAPITAL PROGRAMME 15/16	***18,524***	***150***	***198***	***(48)***	***31,234***	***29,098***	***2,136***	***32,032***	***32,748***	***(716)***

3. Financial Strength

3.8 CBU Financial Performance Report for the period ended February 2016

		IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE		YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE		Comments
		£'000	£'000	£'000	%	£'000	£'000	£'000	%	
MEDICAL SPECIALTIES	INCOME	3,455	3,255	(200)	-6%	37,339	36,294	(1,045)	-3%	Overall under-performance on activity, mainly due to elective activity. Under delivery on CIP.
	PAY COSTS	(1,055)	(1,146)	(91)	-9%	(11,823)	(12,481)	(658)	-6%	Overspend relates to under delivery of CIP, and high usage of bank & agency across wards
	NON PAY COSTS	(1,100)	(1,127)	(27)	-2%	(12,977)	(13,299)	(322)	-2%	High spend on PbR dugs in month, offset by overall gain on non-PbR drugs.
	CONTRIBUTION	***1,300***	***982***	***(318)***	***-24%***	***12,539***	***10,514***	***(2,025)***	***-16%***	
DISTRICT SERVICES/CAMHS & COMMUNITY	INCOME	3,018	3,487	469	16%	32,945	34,238	1,293	4%	IAPT income offset by expenditure. Under delivery on CIP. Additional income for Eating Disorders Liverpool CAMHS, Community Paeds and also Sefton Tier 3 (offset by expenditure).
	PAY COSTS	(2,140)	(2,363)	(223)	-10%	(23,037)	(24,507)	(1,470)	-6%	Pay overspend on Homecare packages ,IAPT & Sefton tier 3 offset by additional income. With additional costs for locum doctors, and 4C nurse cover through bank and agency.
	NON PAY COSTS	(225)	(396)	(172)	-76%	(2,554)	(3,499)	(945)	-37%	Overspend relates to under delivery of CIP, IAPT expenditure, Sefton tier 3 and insulin pump expenditure offset by additional income.
	CONTRIBUTION	***653***	***728***	***75***	***11%***	***7,354***	***6,232***	***(1,122)***	***-15%***	
NEUROSCIENCE, MUSCULOSKELETAL AND SPECIALIST SURGERY	INCOME	3,716	3,432	(283)	-8%	41,222	36,774	(4,448)	-11%	Income continues to be behind plan. (Elective mainly ENT & ortho. NEL mainly neurosurg & ortho. Outpatients across the specialties).
	PAY COSTS	(1,480)	(1,569)	(88)	-6%	(16,732)	(17,159)	(427)	-3%	Pay overspend due to temporary staffing and payments for additional sessions.
	NON PAY COSTS	(158)	(218)	(60)	-38%	(1,955)	(2,556)	(601)	-31%	Non pay over spends spread across the CBU & across several areas eg drugs costs (207k YTD) & hearing aids (some of which will be offset by income).
	CONTRIBUTION	***2,078***	***1,645***	***(433)***	***-21%***	***22,535***	***17,059***	***(5,476)***	***-24%***	
SURGERY, CARDIAC, ANAESTHESIA & CRITICAL CARE CBU (SCACC)	INCOME	4,441	3,891	(550)	-12%	48,428	44,056	(4,372)	-9%	Income underperforming (mainly in Cardiac surgery, general surgery & Neonates), with smaller variances across the CBU.
	PAY COSTS	(3,063)	(3,169)	(106)	-3%	(34,094)	(35,069)	(975)	-3%	Continued used of temporary staffing mainly on wards & theatres.
	NON PAY COSTS	(889)	(878)	11	1%	(10,310)	(9,858)	451	4%	Various overspends such as drugs and Med & surg equipments which are offset with underspends in theatres. Cost relating to the move is offset with income
	CONTRIBUTION	***489***	***(156)***	***(645)***	***-132%***	***4,024***	***(871)***	***(4,895)***	***-122%***	
CLINICAL SUPPORT UNIT	INCOME	893	942	49	5%	9,622	9,679	57	1%	Income overperformance year to date is Radiology Elective and Non Elective
	PAY COSTS	(1,519)	(1,507)	12	1%	(16,797)	(16,651)	145	1%	Various CBU vacancies offset by pressure in Records Management Team - Agency 434k, Paperlight project
	NON PAY COSTS	(485)	(782)	(297)	-61%	(5,496)	(6,498)	(1,002)	-18%	Overspending areas are drugs, FP10's, patient appliances, send away tests, Patient Services, Pharmacy fridge failure, bad debt expense and unachieved CIP
	CONTRIBUTION	***(1,111)***	***(1,347)***	***(236)***	***-21%***	***(12,671)***	***(13,470)***	***(799)***	***-6%***	
HOTEL SERVICES	INCOME	140	117	(23)	-16%	1,532	1,336	(197)	-13%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site, Car Parking and Catering underachieved
	PAY COSTS	(390)	(479)	(89)	-23%	(3,893)	(4,284)	(391)	-10%	Additional pay costs associated with increased cleaning requirements in new build
	NON PAY COSTS	(172)	(171)	1	1%	(2,006)	(2,384)	(378)	-19%	Continuing overspends in postage, Security, and provisions offset by various savings
	CONTRIBUTION	***(422)***	***(533)***	***(111)***	***-26%***	***(4,367)***	***(5,332)***	***(965)***	***-22%***	
ESTATES	INCOME	5	24	18	360%	64	159	95	148%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site offset by forecast recharge to UoL for IitP
	PAY COSTS	(49)	(44)	6	12%	(670)	(556)	114	17%	Pay savings
	NON PAY COSTS	(599)	(653)	(54)	-9%	(6,216)	(6,268)	(52)	-1%	Energy pressure in month due to changes in energy usage - CHP now fully functional again in new build
	CONTRIBUTION	***(643)***	***(673)***	***(30)***	***-5%***	***(6,822)***	***(6,665)***	***157***	***2%***	
RESEARCH & DEVELOPMENT	INCOME	347	321	(26)	-7%	3,712	3,726	14	0%	Offset by Non Pay costs
	PAY COSTS	(183)	(172)	12	7%	(2,018)	(2,109)	(92)	-5%	Offset by Non Pay costs
	NON PAY COSTS	(105)	(91)	14	13%	(1,155)	(1,077)	78	7%	Offset by Income
	CONTRIBUTION	***59***	***58***	***(1)***	***-2%***	***539***	***540***	***1***	***0%***	
ALDER HEY IN THE PARK	INCOME	441	441	0	0%	6,010	6,043	33	1%	
	PAY COSTS	(149)	(190)	(40)	-27%	(2,361)	(2,517)	(157)	-7%	
	NON PAY COSTS	(42)	(2)	40	95%	(893)	(769)	124	14%	
	CONTRIBUTION	***250***	***249***	***(1)***	***0%***	***2,756***	***2,757***	***1***	***0%***	
CORPORATE OTHER DEPT	INCOME	0	0	0	0%	0	3	3	0%	
	PAY COSTS	(129)	(127)	2	2%	(1,463)	(1,433)	31	2%	Various vacancies
	NON PAY COSTS	(41)	(205)	(164)	-400%	(515)	(795)	(280)	-54%	Overspends in Communications and Trust Board (Legal fees and Professional fees)
	CONTRIBUTION	***(170)***	***(332)***	***(162)***	***-95%***	***(1,978)***	***(2,225)***	***(247)***	***-12%***	
FINANCE & IMT	INCOME	(6)	1	7	117%	(110)	89	199	181%	Overachievement in Finance mainly CIP
	PAY COSTS	(307)	(327)	(20)	-7%	(3,093)	(3,070)	23	1%	Overachievement in Finance CIP
	NON PAY COSTS	(190)	(137)	53	28%	(2,600)	(2,992)	(392)	-15%	Overspend mainly due to IMT computer expenditure & Telephony
	CONTRIBUTION	***(503)***	***(463)***	***40***	***8%***	***(5,803)***	***(5,973)***	***(170)***	***-3%***	
HUMAN RESOURCES	INCOME	55	19	(36)	-65%	577	313	(264)	-46%	Income behind plan mainly due to unachieved CIP
	PAY COSTS	(130)	(170)	(40)	-31%	(1,557)	(1,570)	(13)	-1%	Unachieved CIP
	NON PAY COSTS	(85)	(87)	(2)	-2%	(961)	(879)	82	9%	Underspend in Organisational Development, who traditionally incur more expenditure later in the year
	CONTRIBUTION	***(160)***	***(238)***	***(78)***	***-49%***	***(1,941)***	***(2,136)***	***(195)***	***-10%***	
NURSING & QUALITY	INCOME	11	20	9	82%	118	263	145	123%	Mainly NHSLA - Safety Improvement plan - offset Pay and Alder Hey MSc Child Nursing - offset Non Pay
	PAY COSTS	(137)	(174)	(37)	-27%	(1,545)	(1,723)	(177)	-11%	Mainly NHSLA - Safety Improvement plan - offset Income
	NON PAY COSTS	(23)	(19)	3	13%	(291)	(566)	(274)	-94%	Various overspends in Nursing Leadership, Risk Management, Patient Experience and Infection Control Department (Bioquell Pods for CBU's - ended Oct15) Alder Hey MSc Child Nursing - offset Income
	CONTRIBUTION	***(149)***	***(173)***	***(24)***	***-16%***	***(1,718)***	***(2,026)***	***(308)***	***-18%***	

Activity against Plan, by Specialty
2015/16 - Month 11

Medical Specialties CBU		Plan (spells/ attendances)	Actual (spells/ attendances)	Variance (spells/ attendances)	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Endocrinology	Elective	1,088	969	-119	-11%	£1,160	£1,000	-£160	-14%
Endocrinology	Non Elective	27	19	-8	-28%	£104	£131	£26	25%
Endocrinology	Outpatient - New	715	674	-41	-6%	£277	£261	-£16	-6%
Endocrinology	Outpatient - Follow Up	4,991	4,208	-783	-16%	£915	£780	-£135	-15%
Endocrinology	**Total**	**6,821**	**5,870**	**-951**	**-14%**	**£2,456**	**£2,173**	**-£284**	**-12%**
Haematology	Elective	291	279	-12	-4%	£536	£382	-£154	-29%
Haematology	Non Elective	186	93	-93	-50%	£586	£212	-£374	-64%
Haematology	Outpatient - New	239	205	-34	-14%	£104	£89	-£15	-14%
Haematology	Outpatient - Follow Up	1,754	1,797	43	2%	£373	£383	£10	3%
Haematology	**Total**	**2,470**	**2,374**	**-96**	**-4%**	**£1,599**	**£1,066**	**-£533**	**-33%**
Gastroenterology	Elective	1,706	1,588	-118	-7%	£2,155	£2,278	£123	6%
Gastroenterology	Non Elective	119	94	-25	-21%	£969	£596	-£373	-39%
Gastroenterology	Outpatient - New	1,072	907	-165	-15%	£240	£230	-£10	-4%
Gastroenterology	Outpatient - Follow Up	5,076	4,747	-329	-6%	£766	£765	-£1	0%
Gastroenterology	**Total**	**7,973**	**7,336**	**-637**	**-8%**	**£4,130**	**£3,869**	**-£261**	**-6%**
Metabolic	Elective	0		0	0%			£0	0%
Metabolic	Non Elective	0		0	0%			£0	0%
Metabolic	Outpatient - New	55	57	2	4%	£21	£20	-£1	-7%
Metabolic	Outpatient - Follow Up	329	357	28	9%	£127	£137	£10	8%
Metabolic	**Total**	**384**	**414**	**30**	**8%**	**£148**	**£157**	**£9**	**6%**
Dermatology	Elective	20	28	8	39%	£17	£24	£7	42%
Dermatology	Non Elective	0		0	0%			£0	0%
Dermatology	Outpatient - New	1,908	1,422	-486	-25%	£254	£197	-£58	-23%
Dermatology	Outpatient - Follow Up	7,373	6,612	-761	-10%	£690	£629	-£61	-9%
Dermatology	**Total**	**9,301**	**8,062**	**-1,239**	**-13%**	**£962**	**£850**	**-£111**	**-12%**
Nephrology	Elective	1,378	704	-674	-49%	£1,399	£767	-£632	-45%
Nephrology	Non Elective	44	48	4	9%	£185	£135	-£50	-27%
Nephrology	Outpatient - New	171	238	67	39%	£20	£28	£8	40%
Nephrology	Outpatient - Follow Up	2,876	3,052	176	6%	£341	£362	£21	6%
Nephrology	**Total**	**4,468**	**4,042**	**-426**	**-10%**	**£1,946**	**£1,293**	**-£653**	**-34%**
Oncology	Elective	4,181	5,470	1,289	31%	£2,987	£4,360	£1,373	46%
Oncology	Non Elective	431	818	387	90%	£1,151	£1,656	£505	44%
Oncology	Outpatient - New	111	82	-29	-26%	£29	£21	-£8	-26%
Oncology	Outpatient - Follow Up	3,554	3,495	-59	-2%	£922	£893	-£30	-3%
Oncology	**Total**	**8,276**	**9,865**	**1,589**	**19%**	**£5,090**	**£6,930**	**£1,841**	**36%**
Respiratory Medicine	Elective	162	164	2	1%	£266	£234	-£32	-12%
Respiratory Medicine	Non Elective	723	798	75	10%	£777	£999	£222	29%
Respiratory Medicine	Outpatient - New	669	675	6	1%	£185	£201	£17	9%
Respiratory Medicine	Outpatient - Follow Up	4,352	3,757	-595	-14%	£599	£596	-£3	0%
Respiratory Medicine	**Total**	**5,906**	**5,394**	**-512**	**-9%**	**£1,826**	**£2,030**	**£204**	**11%**
Rheumatology	Elective	1,851	1,709	-142	-8%	£1,775	£1,674	-£101	-6%
Rheumatology	Non Elective	16	30	14	93%	£33	£82	£49	148%
Rheumatology	Outpatient - New	537	543	6	1%	£81	£82	£1	1%
Rheumatology	Outpatient - Follow Up	1,992	1,755	-237	-12%	£301	£265	-£36	-12%
Rheumatology	**Total**	**4,396**	**4,037**	**-359**	**-8%**	**£2,191**	**£2,103**	**-£88**	**-4%**
CBU Total									
Med Spec CBU	Elective	10,676	10,911	235	2%	£10,295	£10,719	£424	4%
Med Spec CBU	Non Elective	1,545	1,900	355	23%	£3,805	£3,812	£6	0%
Med Spec CBU	Outpatient - New	5,477	4,803	-674	-12%	£1,212	£1,129	-£82	-7%
Med Spec CBU	Outpatient - Follow Up	32,296	29,780	-2,516	-8%	£5,035	£4,810	-£225	-4%
Med Spec CBU	**Total**	**49,995**	**47,394**	**-2,601**	**-5%**	**£20,347**	**£20,470**	**£124**	**1%**

ICS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Accident & Emergency	Elective	2	3	1	64%	£2	£4	£2	122%
Accident & Emergency	Non Elective	733	1,275	542	74%	£687	£1,085	£398	58%
Accident & Emergency	Outpatient - New	2,291	1,533	-758	-33%	£776	£520	-£256	-33%
Accident & Emergency	Outpatient - Follow Up	247	182	-65	-26%	£84	£62	-£22	-26%
Accident & Emergency	**Total**	**3,273**	**2,993**	**-280**	**-9%**	**£1,549**	**£1,671**	**£122**	**8%**
CAMHS	Elective	3		-3	-100%	£3		-£3	-100%
CAMHS	Non Elective	0		0	0%			£0	0%
CAMHS	Outpatient - New	2,154	2,824	670	31%			£0	0%
CAMHS	Outpatient - Follow Up	10,342	12,386	2,044	20%			£0	0%
CAMHS	**Total**	**12,499**	**15,210**	**2,711**	**22%**	**£3**	**£0**	**-£3**	**-100%**
Community Paediatrics	Elective	0	5	5	0%		£5	£5	0%
Community Paediatrics	Non Elective	0		0	0%			£0	0%
Community Paediatrics	Outpatient - New	3,311	2,699	-612	-18%			£0	0%
Community Paediatrics	Outpatient - Follow Up	7,906	6,011	-1,895	-24%			£0	0%
Community Paediatrics	**Total**	**11,217**	**8,715**	**-2,502**	**-22%**	**£0**	**£5**	**£5**	**0%**
Diabetes	Elective	0		0	0%			£0	0%
Diabetes	Non Elective	0		0	0%			£0	0%
Diabetes	Outpatient - New	16	83	67	405%	£4	£19	£15	405%
Diabetes	Outpatient - Follow Up	31	123	92	296%	£4	£16	£12	290%
Diabetes	**Total**	**48**	**206**	**158**	**334%**	**£8**	**£35**	**£27**	**345%**
General Paediatrics	Elective	494	406	-88	-18%	£525	£464	-£61	-12%
General Paediatrics	Non Elective	3,012	2,882	-130	-4%	£3,699	£4,008	£309	8%
General Paediatrics	Outpatient - New	4,918	3,795	-1,123	-23%	£930	£837	-£94	-10%
General Paediatrics	Outpatient - Follow Up	8,623	7,035	-1,588	-18%	£1,004	£908	-£96	-10%
General Paediatrics	**Total**	**17,048**	**14,118**	**-2,930**	**-17%**	**£6,158**	**£6,217**	**£58**	**1%**
CBU Total									
ICS CBU	Elective	499	414	-85	-17%	£530	£474	-£56	-11%
ICS CBU	Non Elective	3,745	4,157	412	11%	£4,386	£5,093	£707	16%
ICS CBU	Outpatient - New	12,690	10,934	-1,756	-14%	£1,710	£1,376	-£335	-20%
ICS CBU	Outpatient - Follow Up	27,149	25,737	-1,412	-5%	£1,092	£986	-£106	-10%
ICS CBU	**Total**	**44,083**	**41,242**	**-2,841**	**-6%**	**£7,718**	**£7,928**	**£210**	**3%**
A&E Attendances	**A&E Attendances**	**50,415**	**52,542**	**2,127**	**4%**	**£4,366**	**£4,414**	**£47**	**1%**

NMSS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
ENT	Elective	2,237	1,817	-420	-19%	£2,771	£2,238	-£533	-19%
ENT	Non Elective	252	243	-9	-3%	£503	£472	-£31	-6%
ENT	Outpatient - New	3,827	2,854	-973	-25%	£409	£306	-£104	-25%
ENT	Outpatient - Follow Up	7,480	6,508	-972	-13%	£663	£618	-£45	-7%
ENT	**Total**	**13,795**	**11,422**	**-2,373**	**-17%**	**£4,346**	**£3,633**	**-£712**	**-16%**
Audiology	Elective	0		0	0%			£0	0%
Audiology	Non Elective	0		0	0%			£0	0%
Audiology	Outpatient - New	6,715	6,059	-656	-10%	£638	£575	-£63	-10%
Audiology	Outpatient - Follow Up	2,628	2,945	317	12%	£250	£281	£31	12%
Audiology	**Total**	**9,343**	**9,004**	**-339**	**-4%**	**£888**	**£856**	**-£32**	**-4%**
Ophthalmology	Elective	552	287	-265	-48%	£530	£273	-£257	-49%
Ophthalmology	Non Elective	17	6	-11	-65%	£37	£9	-£28	-75%
Ophthalmology	Outpatient - New	3,315	3,004	-311	-9%	£488	£465	-£22	-5%
Ophthalmology	Outpatient - Follow Up	12,393	8,937	-3,456	-28%	£1,238	£955	-£283	-23%
Ophthalmology	**Total**	**16,277**	**12,234**	**-4,043**	**-25%**	**£2,292**	**£1,702**	**-£590**	**-26%**
Burns	Elective	72	48	-24	-33%	£182	£88	-£93	-51%
Burns	Non Elective	310	273	-37	-12%	£756	£632	-£124	-16%
Burns	Outpatient - New	340	180	-160	-47%	£65	£35	-£30	-46%
Burns	Outpatient - Follow Up	1,107	932	-175	-16%	£124	£107	-£17	-14%
Burns	**Total**	**1,829**	**1,433**	**-396**	**-22%**	**£1,127**	**£862**	**-£265**	**-24%**
Neurology	Elective	163	258	95	59%	£315	£547	£232	74%
Neurology	Non Elective	91	96	5	6%	£422	£663	£241	57%
Neurology	Outpatient - New	987	956	-31	-3%	£256	£266	£11	4%
Neurology	Outpatient - Follow Up	3,158	2,844	-314	-10%	£823	£792	-£31	-4%
Neurology	**Total**	**4,399**	**4,154**	**-245**	**-6%**	**£1,816**	**£2,268**	**£453**	**25%**
Paediatric Epilepsy	Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Non Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Outpatient - New	124	102	-22	-18%	£27	£22	-£5	-18%
Paediatric Epilepsy	Outpatient - Follow Up	289	220	-69	-24%	£51	£39	-£12	-24%
Paediatric Epilepsy	**Total**	**413**	**322**	**-91**	**-22%**	**£79**	**£61**	**-£17**	**-22%**
Neurosurgery	Elective	276	295	19	7%	£1,121	£1,455	£334	30%
Neurosurgery	Non Elective	325	256	-69	-21%	£2,133	£1,511	-£622	-29%
Neurosurgery	Outpatient - New	718	537	-181	-25%	£62	£48	-£14	-23%
Neurosurgery	Outpatient - Follow Up	2,405	2,403	-2	0%	£210	£215	£5	2%
Neurosurgery	**Total**	**3,724**	**3,491**	**-233**	**-6%**	**£3,526**	**£3,229**	**-£297**	**-8%**
Oral Surgery	Elective	534	452	-82	-15%	£626	£535	-£91	-14%
Oral Surgery	Non Elective	138	91	-47	-34%	£160	£112	-£48	-30%
Oral Surgery	Outpatient - New	793	504	-289	-36%	£157	£105	-£52	-33%
Oral Surgery	Outpatient - Follow Up	1,577	737	-840	-53%	£234	£131	-£103	-44%
Oral Surgery	**Total**	**3,042**	**1,784**	**-1,258**	**-41%**	**£1,176**	**£883**	**-£293**	**-25%**
Paediatric Dentistry	Elective	1,193	892	-301	-25%	£709	£519	-£190	-27%
Paediatric Dentistry	Non Elective	12	12	0	1%	£14	£11	-£3	-21%
Paediatric Dentistry	Outpatient - New	1,261	1,123	-138	-11%	£45	£40	-£5	-12%
Paediatric Dentistry	Outpatient - Follow Up	1,958	1,387	-571	-29%	£121	£85	-£36	-30%
Paediatric Dentistry	**Total**	**4,423**	**3,414**	**-1,009**	**-23%**	**£889**	**£656**	**-£233**	**-26%**
Orthodontics	Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Non Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Outpatient - New	58	33	-25	-43%	£11	£6	-£4	-41%
Orthodontics	Outpatient - Follow Up	329	279	-50	-15%	£34	£28	-£6	-18%
Orthodontics	**Total**	**386**	**314**	**-72**	**-19%**	**£45**	**£36**	**-£8**	**-19%**
Plastic surgery	Elective	984	842	-142	-14%	£1,157	£1,051	-£106	-9%
Plastic surgery	Non Elective	1,157	892	-265	-23%	£1,516	£1,301	-£214	-14%
Plastic surgery	Outpatient - New	2,546	1,999	-547	-21%	£340	£327	-£14	-4%
Plastic surgery	Outpatient - Follow Up	5,655	4,684	-971	-17%	£580	£509	-£71	-12%
Plastic surgery	**Total**	**10,341**	**8,417**	**-1,924**	**-19%**	**£3,593**	**£3,188**	**-£405**	**-11%**
Orthopaedics	Elective	1,170	992	-178	-15%	£3,213	£2,820	-£393	-12%
Orthopaedics	Non Elective	719	576	-143	-20%	£1,880	£1,470	-£411	-22%
Orthopaedics	Outpatient - New	7,982	7,123	-859	-11%	£1,154	£1,030	-£124	-11%
Orthopaedics	Outpatient - Follow Up	12,307	14,301	1,994	16%	£1,234	£1,419	£185	15%
Orthopaedics	**Total**	**22,178**	**22,992**	**814**	**4%**	**£7,482**	**£6,739**	**-£743**	**-10%**
Sleep Studies	Elective	274	180	-94	-34%	£500	£285	-£216	-43%
Sleep Studies	Non Elective	0		0	0%			£0	0%
Sleep Studies	Outpatient - New	0		0	0%			£0	0%
Sleep Studies	Outpatient - Follow Up	0		0	0%			£0	0%
Sleep Studies	**Total**	**274**	**180**	**-94**	**-34%**	**£500**	**£285**	**-£216**	**-43%**
Spinal Surgery	Elective	150	115	-35	-23%	£2,863	£2,567	-£296	-10%
Spinal Surgery	Non Elective	0	3	3	0%		£108	£108	0%
Spinal Surgery	Outpatient - New	233	316	83	36%	£39	£53	£14	36%
Spinal Surgery	Outpatient - Follow Up	804	802	-2	0%	£82	£82	£0	0%
Spinal Surgery	**Total**	**1,186**	**1,236**	**50**	**4%**	**£2,984**	**£2,810**	**-£174**	**-6%**
CBU Total									
NMSS CBU	Elective	7,605	6,179	-1,426	-19%	£13,987	£12,379	-£1,608	-11%
NMSS CBU	Non Elective	3,022	2,449	-573	-19%	£7,420	£6,291	-£1,129	-15%
NMSS CBU	Outpatient - New	28,899	24,790	-4,109	-14%	£3,692	£3,279	-£413	-11%
NMSS CBU	Outpatient - Follow Up	52,088	46,979	-5,109	-10%	£5,643	£5,259	-£384	-7%
NMSS CBU	**Total**	**91,613**	**80,397**	**-11,216**	**-12%**	**£30,742**	**£27,209**	**-£3,534**	**-11%**

SCACC CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Cardiology	Elective	450	396	-54	-12%	£1,636	£1,514	-£123	-7%
Cardiology	Non Elective	118	137	19	16%	£619	£519	-£100	-16%
Cardiology	Outpatient - New	1,574	1,455	-119	-8%	£351	£328	-£23	-6%
Cardiology	Outpatient - Follow Up	4,207	4,255	48	1%	£623	£637	£15	2%
Cardiology	**Total**	**6,349**	**6,243**	**-106**	**-2%**	**£3,229**	**£2,998**	**-£231**	**-7%**
Cardiac Surgery	Elective	334	258	-76	-23%	£4,370	£3,353	-£1,017	-23%
Cardiac Surgery	Non Elective	119	92	-27	-23%	£2,732	£2,371	-£361	-13%
Cardiac Surgery	Outpatient - New	96	65	-31	-32%	£69	£47	-£22	-32%
Cardiac Surgery	Outpatient - Follow Up	305	207	-98	-32%	£221	£150	-£71	-32%
Cardiac Surgery	**Total**	**854**	**622**	**-232**	**-27%**	**£7,393**	**£5,921**	**-£1,472**	**-20%**
Gynaecology	Elective	17	12	-5	-31%	£17	£20	£3	19%
Gynaecology	Non Elective	0		0	0%			£0	0%
Gynaecology	Outpatient - New	258	226	-32	-12%	£35	£31	-£4	-12%
Gynaecology	Outpatient - Follow Up	426	399	-27	-6%	£36	£33	-£2	-7%
Gynaecology	**Total**	**701**	**637**	**-64**	**-9%**	**£87**	**£84**	**-£3**	**-4%**
Paediatric Surgery	Elective	1,792	1,622	-170	-10%	£3,449	£2,924	-£525	-15%
Paediatric Surgery	Non Elective	1,240	1,135	-105	-8%	£4,185	£3,720	-£465	-11%
Paediatric Surgery	Outpatient - New	2,050	1,931	-119	-6%	£378	£356	-£22	-6%
Paediatric Surgery	Outpatient - Follow Up	5,034	3,799	-1,235	-25%	£569	£431	-£138	-24%
Paediatric Surgery	**Total**	**10,116**	**8,487**	**-1,629**	**-16%**	**£8,580**	**£7,431**	**-£1,150**	**-13%**
Urology	Elective	1,706	1,918	212	12%	£1,932	£1,997	£65	3%
Urology	Non Elective	34	31	-3	-8%	£158	£125	-£33	-21%
Urology	Outpatient - New	1,196	1,031	-165	-14%	£191	£174	-£18	-9%
Urology	Outpatient - Follow Up	2,536	2,137	-399	-16%	£236	£246	£11	5%
Urology	**Total**	**5,471**	**5,117**	**-354**	**-6%**	**£2,516**	**£2,542**	**£25**	**1%**
Neonatology	Elective	2	6	4	228%	£14	£29	£15	103%
Neonatology	Non Elective	225	111	-114	-51%	£1,891	£966	-£925	-49%
Neonatology	Outpatient - New	0		0	0%			£0	0%
Neonatology	Outpatient - Follow Up	0		0	0%			£0	0%
Neonatology	**Total**	**227**	**117**	**-110**	**-48%**	**£1,905**	**£994**	**-£911**	**-48%**
Paediatric Intensive Care	Elective	117	13	-104	-89%	£252	£57	-£195	-77%
Paediatric Intensive Care	Non Elective	177	202	25	14%	£499	£1,420	£921	185%
Paediatric Intensive Care	Outpatient - New	74	121	47	64%	£55	£90	£35	64%
Paediatric Intensive Care	Outpatient - Follow Up	471	634	163	35%	£325	£462	£137	42%
Paediatric Intensive Care	**Total**	**839**	**970**	**131**	**16%**	**£1,131**	**£2,029**	**£899**	**79%**
CBU Total									
SCACC CBU	Elective	4,419	4,225	-194	-4%	£11,670	£9,894	-£1,777	-15%
SCACC CBU	Non Elective	1,913	1,708	-205	-11%	£10,083	£9,120	-£963	-10%
SCACC CBU	Outpatient - New	5,247	4,829	-418	-8%	£1,079	£1,025	-£54	-5%
SCACC CBU	Outpatient - Follow Up	12,978	11,431	-1,547	-12%	£2,009	£1,959	-£49	-2%
SCACC CBU	**Total**	**24,557**	**22,193**	**-2,364**	**-10%**	**£24,841**	**£21,999**	**-£2,843**	**-11%**

Clinical Support CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Radiology	Elective	1,213	1,268	55	5%	£1,597	£1,646	£49	3%
Radiology	Non Elective	31	28	-3	-10%	£274	£300	£26	10%
Radiology		**1,244**	**1,296**	**52**	**4%**	**£1,870**	**£1,946**	**£75**	**4%**

Trust wide		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Trust wide	Elective	24,411	22,997	-1,414	-6%	£38,079	£35,112	-£2,967	-8%
Trust wide	Non Elective	10,256	10,242	-14	0%	£25,968	£24,616	-£1,352	-5%
Trust wide	Outpatient - New	52,313	45,356	-6,957	-13%	£7,693	£6,809	-£884	-11%
Trust wide	Outpatient - Follow Up	124,512	113,927	-10,585	-9%	£13,779	£13,015	-£764	-6%
Trust wide	**Total**	**211,492**	**192,522**	**-18,970**	**-9%**	**£85,518**	**£79,551**	**-£5,967**	**-7%**
A&E Attendances	**A&E Attendances**	**50,415**	**52,542**	**2,127**	**4%**	**£4,366**	**£4,414**	**£47**	**1%**

Alder Hey Children's NHS
NHS Foundation Trust

Report of:	Chief Operating Officer
Paper Prepared by:	Jacqui Flynn, General Manager Kate Brizell, Service Manager
Subject/Title	ED Briefing Paper
Background Papers:	N/A
Purpose of Paper	To provide an update on AED performance against target and outline improvement activities – recovery plan
Action/Decision Required	For noting
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	All Strategic Aims
Resource Impact	N/A

1. Purpose

The purpose of this paper is to highlight the main areas of AED performance required to achieve the 4 Hour Access Standard in line with trajectory submitted to Monitor.

Monitor Trajectory Submission

	Apr	May	Jun
Total attendances	4932	5183	4937
Breaches (>4hrs)	409	332	237
% within 4 hrs	91.7%	93.6%	95.2%

2. Recovery Plan to Meet the Trajectory

2.1 Site Visit to Sheffield

Amanda Turton, ED Manager and Kate Brizell, Service Manager, visited Sheffield Children's Hospital in March, to share best practice.

Key Learnings from Sheffield include:

- Slick Triage process
- Accepted patients out of the department and seen in assessment area
- Majority of patients seen in consultant rooms off reception area and do not go into the main department
- Ethos to under investigate
- Decision made at 3 hrs, either home or referral
- Patient Flow Manager mobile
- Modern Matron model at 8b – very clinically focused
- No bed closures, work at full capacity into bed base of 146 beds.

Sheffield Children's Hospital are currently achieving the target.

2.2. Actions by ED Team

- Joint monthly meetings with Liverpool CCG and shared action plan; focus and push to divert patients back to primary care. Jane Keenan undertaking an observational exercise on 5th April 2016.

    a. Letter to be passed to patients at Triage to take to GP (commencing 11/4/2016)
    b. CCG to provide list of all GP contacts
    c. Communication campaign

d. Effect from 1st April Meditech will record if patient tried to get a GP appointment

- UC24: With effect from 1st April 2016, the UC24 GP will work to allocated slots within the department (30 slots). The benefit of this approach is:-

  a. Patients will be discharged from Meditech to other provider, this will prevent a breach, currently this equated to 2% of breaches.
  b. Improved patient experience as parents/carer will be allocated a time for appointment.
  c. GP working to a structure, previously some appointments lasted up to 30 minutes.

  To monitor this approach, monthly meetings to be set up between ED and UC24

- Streamlining of Triage Process – relocation of Ambulatory Care will enable the team to run 2/3 triages areas at times of peak demand. Changes to the triage screens and process have been implemented, all staff training to be completed by 1/5/2016

- Streaming of patients to allow the department to run more efficiently, e.g. See and Treat, Minor illness stream. Clinicians have been rostered to support stream.

- Information and Communication

  a. Patient Flow Team to be based in ED
  b. Robust management of bed allocation, as per policy
  c. Delegated responsibility (when appropriate)

- Assessment Area – (to commence 1/5/2016 TBC)

12 bedded combined assessment and EDU area, plus 4 SDU beds, with extension/development of nurse led discharge model to specialty accepted patients.

  a. GP accepted patients out the department and produce a clock stop
  b. Medical and Surgical referred patients, out of the department, improves flow and prevents cubicles from being blocked
  c. Improved patient environment

2.3. Actions required from Trust

- Pro-active, early discharges
- Planning for predicted emergency admissions in Bed Meetings
- Full bed capacity
- Specialty teams to provide prompt review and decision for their patients, to include adequate communication for their patients who been advised to attend ED, with a plan of care
- Escalation – adequate response from specialty teams and appropriate managers when applicable

2.4 Risks to achieving recovery plan

- Availability of staff to open Assessment Area – additional bay

- Shortages in medical staffing
- Bed Capacity
- Junior doctors strike

Alder Hey Children's NHS
NHS Foundation Trust

Monitor Provider Licence Self-Assessment - Update as at March 2016

Licence Condition	Current position	Assurance	Gap	Action
Section 1 – General Conditions				
G1 - Provision of information	All monitoring submissions provided by deadline via the portal. Additional documents provided on request, eg following quarterly telecon.	• Quarterly reports scrutinised and approved by RBD and submitted to Audit Committee to oversee assurance process • DoF checks financial returns before submission and reports to RBD • Annual Report and Accounts audited and scrutinised by Audit Committee then BoD	None identified at present	Keep Monitor reporting requirements under review via monthly bulletins
G2 – Publication of information	Trust reports placed in the public domain in accordance with Monitor requirements, eg Annual Report and Accounts	• Hard copies of reports available at AMM and within Trust premises; summary sent to members • Trust website • Trust Publication Scheme	None identified at present	Monitor bulletins and guidance for any new requirements
G3 – Payment of fees to Monitor	This condition reflects the power given to Monitor under the Act to require licensees to pay fees in relation to its regulatory functions. Fees are not currently in place, not has any decision yet been taken as to whether	N/A	N/A	None required at present. Monitor has confirmed trusts will be informed as and when proposals are developed

Licence Condition	Current position	Assurance	Gap	Action
	Monitor will begin to charge fees.			
G4 - Fit and proper persons as Governors and Directors	Trust arrangements have been updated to reflect new CQC regulation 19 (applies to directors only). This includes a separate declaration and amendments to Directors' contracts/letters of appointment.	• New declaration process • Directors undergo enhanced DBS checks and other robust pre-employment checks • Existing directors undergoing DBS refresh	Revised recruitment process not yet tested	Complete DBS refresh process for all existing directors by end April 2016
G5 – Monitor guidance	Guidance consistently and stringently followed	• Reports to Board Committees eg. Annual Plan, Annual Report and Accounts, Corporate Report (Risk Assessment Framework) • KPMG review of Quality Governance Framework.	None identified at present	Continue to track new guidance through appropriate committee on publication
G6 – Systems for compliance with licence conditions and related obligations (ie. NHS Acts and Constitution)	Systems and processes are currently set up to ensure compliance with provisions of the Licence and other mandatory requirements; risk set out in BAF. Constitution amended to reflect 2012 Act.	• Corporate Report links to Risk Assessment Framework • Quarterly Reports to Monitor reviewed by RBD • Certification produced in accordance with paras 10 and 11 of this Condition in May 2015 covering financial year.	None identified at present	Compliance with Licence conditions formally reviewed by the Board as part of its annual work plan.
G7 – Registration with the Care Quality Commission	Currently registered without conditions for all relevant services	All inspection and registration issues reported through CQAC and BoD	None identified at present	Continue with regular engagement meetings with CQC; ensure Monitor informed of all key issues.

Licence Condition	Current position	Assurance	Gap	Action
G8 – Patient eligibility and selection criteria	This condition requires licensees to set and publish transparent patient eligibility criteria and to apply these in a transparent manner. Explicit eligibility criteria are not currently published for individual AH services, however they are covered in a range of activities: • Declarations of compliance with specialist service specifications; • Information on individual services provided on trust website; • Clinical discussions at MDT level including where any ambiguity exists for example with regard to age limits (16 – 18) and where adult transition services are not established	• At MDT level • Compliance with service specifications issued by Spec Comm. • Quality contract monitoring by CCG	Individual eligibility and selection criteria not currently published together in one place.	Explicit statement to be published in Annual Report
G9 – Application of S.5 (Continuity of Services)	All previous Mandatory Services migrated to Commissioner Requested Services as of 1st April 2013. Five services were derogated as part of original Spec Comm assessment of trusts against service specifications in 2013/14, two now remain outstanding. New spec issued for CHD in 2015/16.	CCG/NHSE (Spec Comm) contract monitoring meetings	Derogation remains in place for Neonatal and Haemoglobinopathies. CHD spec not currently fully met due to co-location issue	Strategic discussions to be concluded with key partners within 2016/17

Licence Condition	Current position	Assurance	Gap	Action
Section 2 – Pricing				
P1 – Recording of Information	Under this condition Monitor may require licensees to record information on their costs in line with guidance. They may also require licensees to record other information, e.g. quality and outcome data to support Monitor in carrying out its pricing functions. PLICS has been developed and rolled out to CBU's; and finance team have developed a suite of reports in support of service line reporting.	• Reports to RBD and Audit Committee • Trust submits reference costs data to DH in line with timetable and guidance • Trust takes part in voluntary exercise to share Patient Level Costing data with Monitor. • Suite of quarterly reports to CBU / Service Groups regarding service line, consultant, procedure and patient level cost and income performance.	None identified at present	Continue to develop and refine reporting / costing at service line level / patient level costing.
P2 – Provision of information	As G1 above. Monitor places particular emphasis on the availability of consistently recorded and accurate information on costs to enable them to set prices for NHS services at an appropriate level.	Reports to RBD and Audit Committee. Trust has self-assessed its data quality and costing processes against Monitor's assessment framework and has scored gold which is the highest in the country.	None identified at present	As above P1
P3 – Assurance report on submissions to	Links to P2 above – Monitor will require assurance on the accuracy of the costing	Reports to RBD and Audit Committee as required	N/A	N/A

Licence Condition	Current position	Assurance	Gap	Action
Monitor	information provided. Not previously required – KPMG to provide as necessary			
P4 – Compliance with the National Tariff	This condition imposes an obligation on providers as well as commissioners to charge for NHS services in line with National Tariff. For 2015/16 the Trust registered its dissatisfaction with the two proposed tariff options and their impact on Alder Hey's financial position.	Reports to RBD and Audit Committee as required. Contracts signed with commissioners based on national standard contracts. Impact of national tariffs reflected in 2016/17 financial plans agreed by the Board.	None currently identified	None in terms of compliance with the Licence condition, however the impact of the 2016/17 tariff on the Trust will need to be closely monitored and discussed with Monitor as part of the quarterly reporting cycle.
P5 – Constructive engagement concerning local tariff modifications	The Act gives Monitor responsibility for setting the process and rules around local pricing modifications. This condition requires licensees to engage constructively with commissioners to try to reach local agreement before applying to Monitor for a local modification. Head of Contracting works closely with local commissioners to address specific service issues.	Reports to RBD	None currently identified	Trust will follow guidance as and when applicable and where local pricing modifications are agreed with Commissioners which meet Monitor's criteria for notification.
Section 3 – Choice and Competition				
C1 – The right of patients to make choices	This condition requires licensees to notify their patients when they have a choice of provider either	Reports to RBD re contract performance.	None currently identified	Patient information leaflets to be updated as required to include aspects on

Licence Condition	Current position	Assurance	Gap	Action
	under the NHS Constitution or conferred locally by commissioners. It requires providers to tell patients where they can find information about the choices they have in a way that is not misleading. Any information provided to AH patients would be on the basis of clinical need. No inducements are offered to referring clinicians by the Trust under any circumstances. Patients are informed of their NHS Constitution right to choosing alternative providers for those waiting longer than 18 weeks from RTT.			choice where appropriate
C2 – Competition oversight	This condition prohibits the licensee from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	This will be considered on a case by case basis when the Trust bids for or establishes contractual arrangements for the provision of services. Trust follows EU guidance where applicable. Major contract changes reviewed and approved by the Board and or R&BD.	None currently identified	None currently identified
Section 4 – Integrated care				
IC1 – Provision of integrated care	Trust actively pursuing plans to deliver better integration of	Reports to BoD	None currently identified	None from a compliance perspective

Licence Condition	Current position	Assurance	Gap	Action
	children's services in the city with Liverpool CCG and other partners.			
Section 5 – Continuity of Services				
CoS1 – Continuing provision of Commissioner Requested Services	All services currently delivered as per contract/agreed specification issued by commissioners	Quality meetings with commissioners. Reports by exception to Board Contract performance review meetings with Commissioners	See G9 above	See G9 above
CoS2 – Restriction on the disposal of assets	Trust has an up to date asset register which is kept and maintained by the Finance team	Reports to Audit Committee. Evidence of previous dialogue with Monitor and Monitor sign off of the Trust's final business case eg. impairment of existing building ahead of PFI sign off and future demolition. Internal / External Audit	None currently identified	None currently identified
CoS3 – Standards of corporate governance and financial management	Trust has robust corporate and financial governance arrangements that are compliant with all relevant guidance including that issued by Monitor	Internal and external audit reports provided to Audit Committee, Board and Governors	None currently identified	Track any updates and changes to guidance
CoS4 – Undertaking from the ultimate controller	Monitor defines the 'ultimate controller' as being anybody that could instruct the licensee to carry out particular actions, ie. the parent company of a subsidiary that has been licensed by Monitor. If there is no single body that could instruct	N/A	N/A	N/A

Licence Condition	Current position	Assurance	Gap	Action
	the licensee in this way, the licensee does not have an ultimate controller and there is no need for an undertaking under this condition. Monitor has clarified that governors and directors of FTs are not regarded as ultimate controllers and will not need to provide undertakings.			
CoS5 – Risk pool levy	In the event of a provider entering special administration, the costs of administration will be met by a central fund known as the risk pool. This condition requires the licensee to contribute to the funding of the pool if Monitor requests it. The risk pool will not come into effect until April 2015 at the earliest. Monitor is planning a separate consultation on the details of how the risk pool will work.	N/A	N/A	N/A
CoS6 – Co-operation in the event of financial distress	This condition applies when a licensee fails to meet the test of sound financial management (as per CoS3) under the RAF, in which case the licensee is required to provide information to 3rd parties as directed by Monitor and allow access to premises. We are currently rated	Corporate Report scrutinised by RBD and BoD PMG oversees operational delivery	None identified	Trust financial position continues to be subject to regular review and update

Licence Condition	Current position	Assurance	Gap	Action
	as 4 under the RAF.			
CoS7 – Availability of resources	This condition sets out the Board certification requirement which aims to provide Monitor with reassurance that the Board has given consideration to the resources to be dedicated to the provision of CRS over the coming 12 month period.	All previous updates to certification requirements have been fulfilled either by the entire Board or by RBD as part of its delegated authority	None identified	Certificate to be drafted for consideration by the Board to the required timescale and published in accordance with the condition
Section 6 – NHS Foundation Trust Conditions				
FT1 – Information to update the register of NHS foundation trusts	Trust constitution, annual report, annual accounts and auditor's report have been consistently provided to Monitor within the specified timescales.	Reports to the Board. Publication of Trust information on Monitor's website	None identified	Ensure any changes to guidance are tracked eg. New requirements in the ARM
FT2 – Payment to Monitor in respect of registration and related costs	This condition creates the provision for Monitor to charge fees specifically to FTs for the cost of regulation eg maintaining registers etc. No decision has yet been taken by Monitor as to whether this will be put into practice however a separate consultation is planned. NB Monitor has had the power to levy fees from FTs since 2004 but has chosen not to do so.	N/A	N/A	Keep watching brief
FT3 – Provision of information to advisory panel	Monitor has set up its 'Panel for Advising Governors' as described by the 2012 Act. The	Governors are provided with all Board papers and full information about the Trust via	None currently identified	Ensure any new Governors are aware of the process for submitting

Licence Condition	Current position	Assurance	Gap	Action
	panel has been created as a source of independent advice to governors in order to help them fulfil their role; the focus is on governors using the panel when their trust has failed in its obligations either under the constitution or the Act. Licensees are required to provide information to the panel when requested. NB. The Act requires a majority of governors to support the submission of a query following consideration at a full meeting of the Council of Governors.	Basecamp and at regular meetings. Key issues presented to Governors at every meeting Governors are regularly reminded that Board meetings are open to the public		a query to the Panel as part of induction
FT4 – NHS foundation trust governance arrangements	This condition builds upon the existing requirements set out in the Code of Governance and other guidance documents including the ARM. The Trust has consistently complied with the requirements to demonstrate the effectiveness of its governance arrangements.	Board effectiveness review External and internal audit reports to Audit Committee	None identified at present	Continue to ensure requirements for a Corporate Governance Statement (as set out in the RAF) are adhered to.

Erica Saunders
March 2016

Self Certification

1 Continuity of services condition 7 - Availability of Resources

EITHER:

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

N/A

OR

After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box in section 3, below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

N/A

OR

In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Confirmed

2 Declaration of interim and/or planned term support requirements

The trust forecasts a requirement for Department of Health (DH) interim support or planned term support for the year ending 31 March 2017

Note: If interim support is forecast in the plan period, but was not required in the preceding year, the trust should contact its relationship team by 31 January 2016, and before including any amounts in their plan (unless the DH has already approved the interim support funding). Further information regarding the requirements for trusts forecasting a need for DH funding support can be found in the template guidance.

DH Support Required

3 Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account, as stated in section 1b above, by the Board of Directors are as follows:

The Trust is planning a deficit of £5.9m for 2016/17. This is driven by in-year operational financial pressures associated with the delay in the move to the new hospital and external financial pressures associated with the revaluation of the hospital site and commissioner funding assumptions. The Trust is

4 Declaration of review of submitted data

The board is satisfied that adequate governance measures are in place to ensure the accuract of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.

Confirmed

5 Control Total and Sustainability & Transformation Fund Allocation

The Board has submitted a final operational plan for 2016/17 that meets or exceeds the required financial control total for 2016/17 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

Not confirmed - control total rejected; no S&T fund allocation incorporated in the plan

In signing to the right, the board is confirming that:

To the best of its knowledge, using its own processes and having assessed against Monitor's Risk Assessment Framework, the financial projections and other supporting material included in the completed Annual Plan Review Financial Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible.

Approved by:

Signature

Name: Louise Shepherd

Capacity: Chief Executive

Date: 11th April 2016

Signature

Name: Jonathan Stephens

Capacity: Director of Finance

Date: 11th April 2016

Agenda Number 16/17/xx

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday, 5 April 2016

Report of	Director of Corporate Affairs
Paper prepared by	Quality Assurance Officer
Subject/Title	Integrated Assurance Report 2015/16 Year-end review
Background papers	Monthly BAF updates/reports Bi-monthly IGC Assurance Reports Quarterly Corporate Risk Register Reports
Purpose of Paper	To receive an overview of the risks and mitigations related to achievement of the Trust's corporate objectives
Action/Decision required	The Board is asked to discuss and note the closure of the 2015/16 BAF
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivering **clinical excellence** in all of or services ➢ To be a world class centre for children's **research and development** ➢ Ensure all of our **patients** and their **families** have a **positive experience** whilst in our care ➢ To ensure our staff have the **right skills, competence, motivation and leadership** to deliver our vision ➢ Further improve our **financial strength** in order to **continuously invest in services** ➢ Be the **provider of 1st choice** for children, young people and their families ➢ Deliver the **hospital in the park** by 2014/15
Resource Impact	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Board of Directors – 5 April 2016

Assurance Report from the Integrated Governance Committee held 22 March 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 22 March 2016. It also provides a summary of the current corporate risk register; a separate year-end BAF review has been undertaken and reported under separate cover.

2. Recommendation

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

3. Key Points of Assurance and any associated gaps

3.1. Update on overall management, Strategies and Policies:

- **2016/17 IGC Work Plan.** Approved for a further 12 month period.
- **2016/17 Terms of Reference.** Approved for a further 12 month period.
- **Risk Management Improvement Plan: 2015 – 2016**
  This has been updated to match relevant target dates to planned dates associated with the implementation of the Quality Strategy. Systems are now embedded to ensure there is regular update to corporate risk register and BAF, and logistical support and follow up for IGC. The scope and structure of risk and governance support is currently being reviewed with a view to developing a model of devolved governance and the establishment of quality improvement teams in CBUs. MIAA revisited the Trust in February 2016 to assess progress against the previous MIAA Action Plan. Good progress against the action plan was evident although it is recognised there are some areas that require further improvement. A report is expected from MIAA in the near future. Recent changes to Ulysses risk register structure and reports are now becoming embedded across the Trust. A member of the corporate risk team is working through every risk register on the system to provide a 'quality check' and ensure CBUs are portraying risks accurately on the new risk module and amending / updating them in a timely manner. This is an interim arrangement prior to full devolvement of governance processes to the CBUs. A plea was made to risk owners at the meeting for a thorough review of risks and for any to be closed or down-scored if necessary. An outstanding action to develop a H&S Risk Assessment form on Ulysses will be implemented over the next six months.

- **Quality Strategy (refresh)**
  Development of the Quality Strategy remained on track to be approved at the Board meeting in April 2016. Presentations have been delivered to a number of forums within the Trust explaining the vision and aims of the Strategy. Coupled with this, drop in sessions are being held in the CHP Atrium during the month of March to raise awareness, engage staff and seek the opinions of parents, children & visitors on its development and implementation. A consultation exercise is underway with patients and staff to identify a

suitable name for the Strategy through a survey monkey and at the drop in sessions. The Trust has agreed to sign up to an award winning approach used to engage employees to enable them to work differently called Listening into Action; this would empower staff to make changes locally and help them to unblock barriers, and will act as a mechanism to delivery of the Strategy.

- **New Hospital 'Fix-It Team'**
  Having successfully moved into our new state of the art hospital, the commissioning period is now drawing to a close (end of March 2016); a team is therefore required to effectively manage our PFI Contractor and the interface with in-house services to ensure we operate a hospital which meets the requirements of our patients and staff. A Fix-It Team has now been established that will be responsible for resolving operational issues which may impact on operational and/or clinical services. The Fix-It Team will be governed by a Steering Group who will produce reports feeding into CQAC (quality) and RABD (finance) and will link closely with the Health and Safety Committee. Matters relating to risk will be reported into IGC on a quarterly basis.
- **E-mail and Internet Acceptable use Policy.** Committee ratified.
- **Information Governance Policy.** Committee ratified.

4. Risk Registers

4.1. Corporate Risk Register

The following diagram gives a high level view of the corporate risk register as amended after the March IGC along with a summary of the significant changes discussed at that meeting.

It was noted that the majority of the risks had remained static with the exception of risk 205 'Employment Policy Framework' which worsened in month.

Risk owners were requested to undertake a full year end review/refresh of all corporate risks with a view to updating and closing any risks as appropriate.

Corporate Risk Register - Overview at 23 March 2016

721: Delivering opertional activity (S)
815: Inability to meet the 4 hour target within ED (S)
936: CIP Delivery 16/17 (S)
478: Ageing Infastructure & Plant (S)
722: Negative patient experience due to short notice canellations (S)
710: IT issues in the community (S)
593: Integration of ALL necessary IM&T solutions (S)
949: Data Quality: degradation of DQ due to system and process issues. (S)
727: Increased risk of injury due to satff being exposed to construction risks (S)
572: Sponsorship and Governance Regime (S)
646: Commission and make new hospital ready (S)
3: Shortfall of junior medical staff (S)
720: Junior doctors - staffing levels (S)
524: Compliance with mental health standards (S)
725: Compliance with H&S Regulations (S)
278: Burns Unit (S)
604: Casenote availability (S)
723: Utilisation of clinics, wards and theatres (S)
883: Failure to manage OP pathways in accordance with waiting time priotities (S)
571: Defining benefits for the Programme (S)
573: Clinical Engagement on EPR (S)
56: Research financial model (S)
201: Sickness & absence levels (S)
603: no CAMHS cubilces in CHP (S)
399: Employee relations / Staff Partnership working (S)
719: Meddication errors (S)
718: Nurse staffing levels and associated recruitment (S)
929: Risk of Legionella in water system due to water temperature. (S)
724: RTT performance (S)
205: Employment policy framework (W)
500: Workforce engagement and support (S)
570: Engagement of staff and stakeholders (overall) (S)
569: Programme capability and capacity (S)
172: Mandatory training compliance (S)

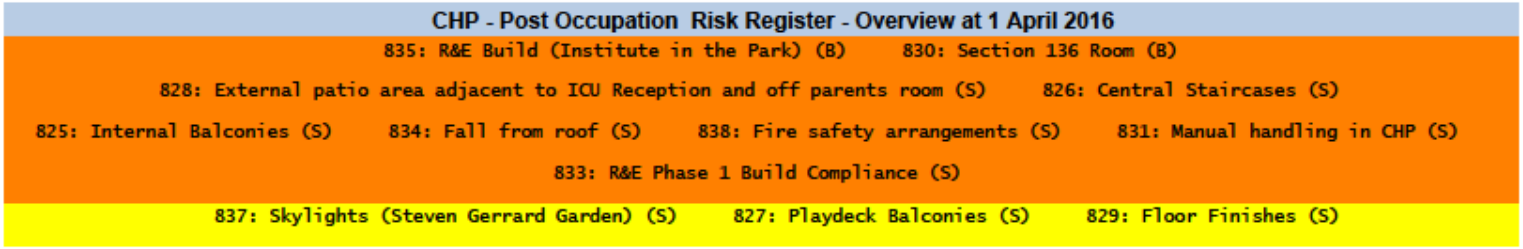
The table below provides an overview of which risks were escalated/ de-escalated/ closed/ getting worse or better or static at the meeting

CRR Risks presented for escalation this meeting	Decision
1. CIP Delivery 2016/17 2. General Data Quality 3. Growth Charts not available electronically 4. Clinical instability due to lack of effective assessment and recording of fluid balance 5. Shortfall of Junior Doctor Medical Staff 6. Records Management Department Issues **Risks escalated at the meeting = 3**	AGREED to escalate AGREED to escalate Not escalated Not escalated AGREED to escalate Not escalated
Risks presented for closure / de-escalation	**Decision**
1. Community Buildings 2. Transition for metabolic patients	Agreed to de-escalate Agreed to de-escalate

Analysis of corporate risk register current set of open risks by Trend
Risk getting worse = 1 (Employment Policy Framework)
Risks getting better = 2
Risks closed = 0
Risks remaining static = the rest

4.2. CHP - Post Occupation Risk Register

The diagram below gives a high level view of the CHP Post Occupation Risk Register as amended after the March IGC.



CHP Risks discussed at this meeting	Decision
1. Compliance & certification of key IPC areas	Close
2. Use of new Endoscopy equipment	Close
3. R&E Build (Institute in the Park)	No change to position
4. Section 136 Room	To be managed by fix it team
5. External patio areas adjacent to ICU reception and off parents room	Working with LOR re permanent solution Now in receipt of Solicitors Report - review underway
6. Central Staircases	Now in receipt of Solicitors Report - review underway
7. Internal balconies	Permanent measures being installed & reviewed for effectiveness
8. Fall from roof	Expected to be closed end of March 2016
9. Fire safety arrangements	Resolution expected by May 2016 IGC
10. Manual handling in the CHP	Close
11. Implementation of IPC Policies	Risk to remain on register
12. R&E Phase 1 Build Compliance	Risk to remain on register
13. Skylights (Steven Gerrard Garden)	Risk to remain on register
14. Playdeck balconies	Risk to remain on register
15. Floor finishes	Risk to remain on register

Analysis of CHP risk register current set of open risks by Trend
Risk getting worse = 0
Risks getting better = 0
Risks closed = 3
Risks remaining static = the rest

5. Assurance reports from Sub Committees and Groups:

5.1. Emergency Preparedness

- Additional Incidents Reported regarding the Hospital Bleep System - A number of incident forms have been submitted regarding the emergency bleep system and crackling reception or non-connectivity issues. All areas have now seen improvements with the exception of zone 7 (physio & C. Care areas); the CHP Commissioning team are taking this forward with Interserve.
- Additional Project Argus training and bomb threat training was provided for staff by the Merseyside Police Counter Terrorism Security Advisors on 24 February 2016. In addition, a 'Stay Safe' link has been added to the emergency preparedness intranet page which gives advice on the action to take in the rare event of a firearms or weapons attack, in the form of 'Run, Hide, Tell'.
- Junior Doctor Strike Action – took place 8am Wednesday 9 March through to 8am Friday 11 March. A further meeting will be held to discuss lessons from this period of action and to plan for the next period of 48 hour action (emergency care only) scheduled to commence on Wednesday 6 April 2016.
- Strategic Emergency Response Training provided: Roger Booth, Senior Resilience Manager from the NHS Commissioning Support Unit provided this training to key responder staff. Unfortunately, there was low attendance at this training session. It will be considered if an additional training session can be offered on a date later in the year.
- Meeting with 'North West 4 x 4 Response': The Head of Risk and Emergency Preparedness Manager met with a representative from North West 4 x 4 response to look at entering into an agreement for them to provide transport services in the event of a disruptive incident such as flooding, adverse weather etc. Once agreed and in place, this will support the Trust business continuity arrangements. It will also comply with one of the recommendations from Dame Barbara Hakin, National Director, Commissioning Operations, NHS England, that hospitals are able to access sites during transport failure.
- Major Incident Declaration: 12th February 2016 - At 15:48 p.m. on Friday 12 February 2016, the Trust declared a major incident due to expecting 6 casualties following a road traffic accident. Some learning was taken from the incident which will be reflected in the Major Incident Command and Control Plan. The Trust received a number of positive comments in relation to how we responded to the major incident

- Theatres Local Emergency Preparedness Group: The Theatres team have established a local emergency preparedness group with the aim of updating their local major incident and business continuity plans and linking in with key areas to ensure all plans fit together. The first meeting was held on 9 March 2016
- Decontamination Training: The ICS CBU have this included as a risk on their register (Risk ID 513). Staff require training on the new decontamination unit and refresher training on decontamination principles and this has been delayed due to winter pressures in the department. The ED Consultant and Nurse for major incidents are currently identifying dates for training.

5.2. Health & Safety

- Control of Contractors – A new version of the Control of Contractors Policy was ratified at IGC in November, subject to the identification of resources to support the Health & Safety Team with the implementation of the policy. A Fix it Team has now been appointed and the Policy will require change to reflect that fix it team carrying out this function. Confirmation required who in the fix it team will induct contractors and ensure policy implemented.
- Falling Ceiling Tiles, CHP - Incidents are continuing; LOR are in the process of completing an audit of ceiling tiles in the CHP to provide assurance to the Trust that fixings are robust and avoid further incidents occurring.
- PPMs – Despite requests to Interserve on numerous occasions Planned Preventative Maintenance Schedules have not been provided to the H&S Team in order to ensure that the Trust is compliant against Regulations.
- Legionella/Water Safety, CHP – Cold Water Temperatures within CHP are continuing to exceed 20 degrees. This is ongoing with further discussions with Water Safety Group and LOR, together with the Approved Person for Water Safety for the Trust.
- Retained Estate - Water Safety Plan in place by Estates Team and being managed by them.
- Correspondence from the HSE regarding a piece of failed equipment (autoclave pressure vessel) has been received following an inspection by the Trust Insurers. The Committee was reassured that this piece of equipment was taken out service immediately at the time of inspection and the Health & Safety Team are liaising with LOR to resolve the matter. Any further incidents of this nature could result in a formal notice from the HSE

5.3. Infection Control

- An issue was brought to the Committees attention regarding the disinfection and maintenance of the ARJO baths within the Trust (six in total). In the old hospital there was a contract with ARJO to disinfect and maintain these baths which is no longer the case in the new hospital. A checking process for the specification of all baths is being checked and a meeting arranged for 23 March to discuss. This has been added to the relevant risk register and is under monthly review.

5.4. Information Governance

- Formal Trust process for managing name / address / demographic changes progressing well. Areas and responsibilities now identified.
- Privacy Impact Assessment on patient call screens is being completed and will be passed to the Information Commissioners Office for review / approval.
- Reviews of all previously vacated areas, to ensure no data left behind, have now been completed and areas being vacated are being reviewed within 7 days. A ‘Records left behind’ log has been produced.
- A new starter to replace the vacant IG officer role is being filled from Monday 14 March
- IG Policy and Email and Acceptable Use policies were approved by the group.

Board Assurance Framework 2015-16

Year End Review

1. Introduction

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

The BAF directly underpins the Annual Governance Statement (AGS) and is the subject of annual review by Internal and External Audit, with the former providing a formal opinion on the fitness for purpose of the process and approach. This assessment comprises a view on the BAF's structure, the Board's engagement with it and the quality of the content.

2. Key issues

The Board must satisfy itself that appropriate and timely action is being taken to sufficiently mitigate the risks to the achievement of the Trust's objectives.

Following the implementation of the new risk module on Ulysses, the BAF can potentially be used more interactively and is already used by the Trust Executive Team, the Board and its sub-committees to better drive the management and mitigation of our key risks.

This report provides a comparison of the BAF at the start and end of 2015/16; an analysis of progress thorough the year, potential changes for next year and finally a table that shows links between the BAF and associated corporate risks.

3. BAF at start of financial year 2015-16 (April 2015)

7.3 Delivering safe and effective hospital move (NEW)

6.2 EPR implementation (S) **5.1 Income & expenditure plan (S)**

4.1 Sustain workforce capability (S) **1.2 Mandatory & compliance standards (S)**

1.5 Systems to support Ward to Board reporting (S)

7.2 Charity delivering targets for new facilities (S)

2.1 Finance for phase 2 of Research Facility (S)

7.1 Capacity to deliver "day job" as well as complex development programme (S)

1.1 Maintain care quality in cost constrained environment (S)

3.1 Transformation programme for patient centred care (S)

6.3 Sustaining national designations for specialist services (S)

6.1 Business development & growth (S)

1.4 Training & development of clinical workforce (S)

1.3 Non-compliant estate (S) 6.4 Relationship with new commissioners (S)

4.2 Workforce engagement and support (B)

Trend of risk rating, indicated by: ESC – Escalated, B - Better, S - Static, W – Worse, DESC – De-escalated, C – Close

4. Comparison of ratings: start and end of financial year (April 2015 and March 2016)

Ref	Risk Title	Risk Rating: I x L	
(14-15 references given in brackets where different)		Current: Apr 15 : **Mar 16**	Target: Apr 15: **Mar 16**
STRATEGIC OBJECTIVE 1: Deliver **clinical excellence** in all of our services			
1.1 (1.1A)	**Maintain care quality in a cost constrained environment**	4-3 **< 4-2**	4-2 **= 4-2**
1.2 (1.3)	**Mandatory & compliance standards**	4-4 **> 4-5**	4-2 **= 4-2**
1.3 (1.4)	**Non-compliant estate**	4-3 **= 4-3**	4-2 **< 4-1**
1.4 (1.5)	**Training & development of clinical workforce**	4-3 **= 4-3**	4-3 **< 4-1**
1.5 (1.6)	**Failure to provide effective systems to support Ward to Board reporting**	4-4 **< 4-3**	4-2 **< 3-2**
STRATEGIC OBJECTIVE 2: Be a **world class** centre for children's **Research & Development**			
2.1 (2.4)	**Finance for Phase 2 of Research facility**	4-4 = **4-4**	2-3 = **2-3**
STRATEGIC OBJECTIVE 3: Ensure all of our **patients** and their **families** have a **positive experience** whilst in our care			
~~3.1~~	~~**Transformation programme for patient centred care**~~	~~4-3 : **4-3**~~	~~4-3 **= 4-3**~~
STRATEGIC OBJECTIVE 4: Ensure all of our **staff** have the right **skills, competence, motivation and leadership** to deliver our vision			
4.1	**Sustain workforce capability**	4-4 **< 3-4**	4-3 **< 3-3**
4.2	**Workforce engagement and support**	3-3 **= 3-3**	3-2 **= 3-2**
STRATEGIC OBJECTIVE 5: Further improve our **financial strength** in order to **continuously invest in services**			
5.1	**Income & expenditure Plan**	4-4 = **4-4**	4-2 **= 4-2**
STRATEGIC OBJECTIVE 6: Be the **provider of 1st choice** for children, young people and their families			
6.1	**Business development and growth**	4-3 **= 4-3**	4-2 = **4-2**
6.2	**EPR Implementation**	4-4 **= 4-4**	4-2 **= 4-2**
6.3	**Sustaining national designations for specialist services**	4-3 **= 4-3**	4-2 = **4-2**
6.4	**Relationships with new commissioners**	4-3 **= 4-3**	4-2 = **4-2**
STRATEGIC OBJECTIVE 7: Deliver the **hospital in the park** by 2014/15			
~~7.1 (7.8)~~	~~**Capacity to deliver "day job" as well as complex development programme**~~	~~5-3 **< 2-3**~~	~~4-2 **< 2-3**~~
~~7.2 (7.9)~~	~~**Charity delivering targets for new facilities**~~	~~4-4 **< 4-3**~~	~~4-2 **= 4-2**~~
~~7.3~~	~~**Delivering safe and effective hospital move**~~	~~5-4 **< 3-3**~~	~~5-2 **< 3-3**~~

5. Analysis of the risk ratings

It can be difficult to effectively score and update the ratings of BAF risks, because of their very nature they are often a composite of a number of lower level risks: the risk rating score is therefore largely indicative at any point in time and any consideration of progress at the end of a year represents a direction of travel rather than an absolute score. However, the following observations can be made:

- Of the 17 risks on the BAF:
  - 9 didn't change their current rating
  - 1 had a worse current rating at the end of the year
  - 3 had improved current ratings at the end of the year
  - 4 risks were closed
- The risks that were closed were associated with the move into the new hospital.
- In terms of the target ratings, 9 of the risks stayed the same with 4 risks having a lower target rating at the end of the year.

The full Board Assurance Framework for the moth of March can be found at Appendix A.

6. MIAA Foundation and NHS Trust Assurance Framework Benchmarking

The Board can take comfort from the benchmarking exercise undertaken by MIAA during 2015 looking at Foundation and NHS Trust Assurance Frameworks that the breadth of themes clearly reflect the operating environment now faced within the public sector and that the number of risks on the Board Assurance Framework manageable are manageable in terms of scrutiny and oversight.

Reports can be found at Appendix B

7. BAF at end of financial year 2015-16

BAF Risk Register - Overview at 30 March 2016
1.2: Mandatory & compliance standards (S) 6.2: EPR Implementation (S)
2.1: Finance for Phase 2 of the Research facility (S) 5.1: Income & expenditure plan (S)
6.4: Relationships with new Commissioners (S)
1.5: Failure to provide effective systems to ensure appropriate Ward to Board reportingSystems (S)
6.1: Business development and growth. (S) 6.3: Sustaining national designations for specialist services (S)
1.3: Non compliant estate (S) 1.4: Training & development of clinical workforce (S) 4.1: Sustain workforce capability (S)
4.2: Workforce engagement and support (S) 1.1: Maintain care quality in a cost constrained environment (S)

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

8. Summary of BAF - at 30 March 2016

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
(14-15 references given in brackets where different)		Current	Target	Last	Now
STRATEGIC OBJECTIVE 1: Deliver **clinical excellence** in all of our services					
1.1 (1.1A) HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 (1.3) JA	**Mandatory & compliance standards**	4-5	4-2	STATIC	STATIC
1.3 (1.4) MS	**Non-compliant estate**	4-3	4-1	STATIC	STATIC
1.4 (1.5) MS	**Training & development of clinical workforce**	4-3	4-1	STATIC	STATIC
1.5 (1.6) ES	**Systems to support Ward to Board reporting**	4-3	3-2	STATIC	STATIC
STRATEGIC OBJECTIVE 2: Be a **world class** centre for children's **Research & Development**					
2.1 (2.4) JS	**Finance for Phase 2 of Research facility**	4-4	2-3	STATIC	STATIC
STRATEGIC OBJECTIVE 3: Ensure all of our **patients** and their **families** have a **positive experience** whilst in our care					
~~3.1 JA~~	~~**Transformation programme for patient centred care**~~	~~4-3~~	~~4-3~~	~~CLOSED~~	
STRATEGIC OBJECTIVE 4: Ensure all of our **staff** have the right **skills, competence, motivation and leadership** to deliver our vision					
4.1 MS	**Sustain workforce capability**	3-4	3-3	STATIC	STATIC
4.2 MS	**Workforce engagement and support**	3-3	3-2	STATIC	STATIC
STRATEGIC OBJECTIVE 5: Further improve our **financial strength** in order to **continuously invest in services**					
5.1 JS	**Income & expenditure Plan**	4-4	4-2	STATIC	STATIC
STRATEGIC OBJECTIVE 6: Be the **provider of 1st choice** for children, young people and their families					
6.1 JS	**Business development and growth**	4-3	4-2	STATIC	STATIC
6.2 JS	**EPR Implementation**	4-4	4-2	STATIC	STATIC
6.3 JS	**Sustaining national designations for specialist services**	4-3	4-2	STATIC	STATIC
6.4 JS	**Relationships with new commissioners**	4-3	4-2	STATIC	STATIC
STRATEGIC OBJECTIVE 7: Deliver the **hospital in the park** by 2015/16					
~~7.1 (7.8) DP~~	~~**Capacity to deliver "day job" as well as complex development programme**~~	2-3	2-3	~~CLOSED~~	
~~7.2 (7.9) CW~~	~~**Charity delivering targets for new facilities**~~	4-3	4-2	~~CLOSED~~	
~~7.3 DP~~	~~**Delivering safe and effective hospital move**~~	3-3	3-3	~~CLOSED~~	

9. Analysis of the progress of each risk

Included below is an analysis of each of the current risks, first provided to the risk owners in December and updated now to reflect wider suggestions at the end of the year.

Ref 1.1	Title: Maintain care quality in a cost constrained environment - HG
Target Rating	Reduce target to 4-1 as the current has been 4-2 for most of last year
Existing control measures	What about the reports from wards/ SGs to CBUs as part of the reporting to the Risk/ Quality/ Governance meetings and the overall Ward to Board cycle.
Assurance evidence	Clinical audits? Internal audits (MIIA)?
Gaps in controls/ assurances	Disseminate information from Weekly Meeting of Harm to all CBUs for their monthly Risk/ Quality/ Governance meetings and onto wards.
Actions required	Revised Quality framework and strategy and links into Risk Management Strategy.
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref 1.2	**Title: Mandatory & compliance standards - JA**
Title	For 16-17: Separate out compliance with standards as opposed to targets set by the regulators?
Current Rating	Rating now at 4-5 but assessment doesn't spell out why. Has been at 4-4 for all the year but lots of improvement – suggest 4-3.
Target Rating	Reduce to 4-1
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures. No update for December 15
Ref: 1.3	**Title: Non-compliant estate - MS**
Target Rating	Change to 4-1 as con compliance should be rare
Risk description	For 16-17: Need to highlight points for CHP separate to the retained estate?
Existing control measures	RBDC reporting – still happens? Annual work plan for H&S, overseen by H&S Committee and ratified by IGC
Assurance evidence	RBDC reporting?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Need to show all the monthly assessments

Ref: 1.4	Title: Training & development of clinical workforce - MS
Current Rating	Change to 4-3 given progress being made – done
Target Rating	Change target to 4-1 - done
Assurance evidence	Reporting at ward and SG level to emphasise Ward to Board reporting and monitoring. – included now Clinical Audit?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Need to show all the monthly assessments
Ref: 1.5	**Title: Systems to support Ward to Board reporting - ES**
Target Rating	Change target to 4-1
Gaps in controls/ assurances	Disseminate information from Weekly Meeting of Harm to all CBUs for their monthly Risk/ Quality/ Governance meetings and onto wards.
Actions required	Completed actions to be shown as existing control measures Revision of Quality Strategy and link into Risk Management Strategy
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref: 2.1	**Title: Finance for Phase 2 of Research facility - JS**
Target Rating	Change target to 4-1
Actions required	Funds from the charity? Completed actions to be shown as existing control measures.
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref: 3.1	**Title: transformation programme for patient centred care - JA**
	Close now as completed
Ref: 4.1	**Title: Sustain workforce capability - MS**
Current Rating	Lower to 3-3 from 3-4, in light of controls and additional actions?
Target Rating	Lower to 3-2 from 3-3 for 16-17
Existing control measures	Anything at BU/ Department level?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Need to show all the monthly assessments

Ref: 4.2	Title: Workforce engagement & support - MS
Target Rating	Lower to 3-1 for 16-17
Existing control measures	Anything at BU/ Department level?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Need to show all the monthly assessments
Ref: 5.1	**Title: Income & expenditure plan - JS**
Target Rating	Would a more realistic target be 4-3 for 16-17?
Description	Does it need re-working for 15-16?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref: 6.1	**Title: Business development and growth - JS**
Description	Do we need a specific risk re development / growth for 16-17 and/or risk looking at 5 year development?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref: 6.2	**Title: EPR implementation - JS**
Current Rating	Given progress, reduce to 4-3
Target Rating	Lower to 4-1 for 16-17
Risk Description	Need to change to reflect post implementation problems and Phase 3?
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures
Ref: 6.3	**Title: Sustaining national designations for specific services - JS**
Current Rating	Given progress, reduce to 4-2 from 4-3
Target Rating	Lower to 4-1 from 4-2 for 16-17
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures

Ref: 6.4	Title: Relationships with new Commissioners – JS
Title	Take out “new”
Current Rating	Given established relationship, change from 4-3 to 4-2
Target rating	Lower to 4-1 from 4-2
Actions required	Completed actions to be shown as existing control measures
Exec leads assessment	Completed actions included in the assessment to be shown as existing control measures

10. Links between BAF and corporate risks – as at March 2016

Current set of BAF risks	Strategic Objective	Related Corporate Risks – residual risks in italics
1.1 Quality improvement culture	1 – Clinical excellence	Case note availability; Nurse staffing levels; Junior doctors - staffing levels; Sickness & absence levels; Mandatory training; Workforce engagement & support; medication errors
1.2 Mandatory & compliance standards	1 - Clinical excellence	RTT performance; Utilisation of clinics, wards & Theatres; Case note availability; Junior doctors - staffing levels; Sickness & absence levels; Mandatory training; Workforce engagement & support; compliance with MH standards; Failure to manage OP pathways in accordance with waiting time priorities
1.3 Non-compliant estate	1 - Clinical excellence	Compliance with H&S regulations; *Ageing infrastructure & Plant*
1.4 Training & development of clinical workforce	1 - Clinical excellence	Case note availability; Junior doctors - staffing levels; Sickness & absence levels; Mandatory training; Workforce engagement & support; Data Quality; medication errors
1.5 Systems to support Ward to Board reporting	1 - Clinical excellence	RTT performance; Utilisation of clinics, wards & Theatres
2.1 Finance for Phase 2 of Research Facility	2 – Worlds Class centre for R&D	Commission and make new hospital ready; Research Finance model
4.1 Sustain workforce capability	4 –Staff skills, competency	Nurse staffing levels; Junior doctors - staffing levels; Sickness & absence levels; Mandatory training; Workforce engagement & support
4.2 Workforce engagement	4 - Staff skills, competency	Workforce engagement and support; Industrial relations; Employment policy framework;
5.1 Income & expenditure plan	5 - Financial strength	Utilisation of clinics, wards & theatres; Last minute cancellations; Research finance model, delivery of 2016/17 CIP
6.1 Business development & growth	6 - Provider of 1st choice	RTT performance; Utilisation of clinics, wards & theatres;
6.2 EPR Implementation	6 - Provider of 1st choice	Clinical engagement on EPR
6.3 Sustaining national designations for specialist services	6 - Provider of 1st choice	RTT performance; Utilisation of clinics, wards & theatres; Burns Unit;
6.4 Relationship with new commissioners	6 - Provider of 1st choice	RTT performance; Utilisation of clinics, wards & theatres; Failure to manage OP pathways in accordance with waiting time priorities
7.1 Capacity to deliver "day job" as well as Programme	7- Deliver CHP	Programme sponsorship & governance regime; Engagement of staff and stakeholders
7.2 Charity deliver targets for new facilities	7- Deliver CHP	Commission and make new hospital ready; Research Finance model
7.3 Delivering safe and effective hospital move	7- Deliver CHP	Programme sponsorship & governance regime; Integration of all necessary IM&T solutions; Commission and make new hospital ready

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Deliver clinical excellence in all our services		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 quality report.
• Ward dashboards	• Refresh of CQAC to provide a more performance focussed approach
• Changes to ESR to underpin workforce information -	• Develop CIP plans and align to HWWITF and operational efficiencies

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. Outputs from Patient Safety Questionnaire. Monthly Quality Report. Trust removed from enhanced surveillance following review with CCG quality leads. Outputs from Quality Review Programme Workforce information now provided - starters/leavers and age profiling	Gaps in information available in timely manner to support real time understanding of quality performance Reduced investment opportunity to respond to clinical development as a result of financial situation.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Job descriptions for HDU consultants to include IPC responsibilities.	complete
CBUs to identify medical leads to sit on IP&C Committee.	complete
Implementation of manager self-serve re ESR	complete
Significant progress achieved in incident management, analysis and learning, nurse recruitment and quality reporting.	Quality reporting redesigned in line with Quality Strategy and corporate aims, new report scheduled to be received at board in April.
Need to ensure consistent input at department level	Safeguard system audit demonstrated input at departmental level - complete
Successful bid to "Sign up to safety" has resulted in 182k investment in support posts	Post holders commencing w/c 14 July 2015

Executive Lead's Assessment

June 2015: update to action 6 above
August 2015: no change
September 2015: deep dive into performance indicators to take place 'post move'. Work on developing Quality Strategy underway, including review of assurance systems and processes. Sign up to Safety launch w/c 23.11.15
October 2015: multi-disciplinary engagement sessions on developing the Quality Strategy continued during the month of October
December 2015: Progress against development of Quality Strategy ongoing with plan to update assurance committees during the month of Jan (CQAC) and March (BoD)
January 2016: Quality Strategy Steering Group established. SLT Awayday in Dec agreed Quality Improvement projects. work on-going triangulating HR, finance and nursing workforce information. National Recruitment Day being held in Feb 2016 and further trip to Italy scheduled for March 2016.
February 2016: National Nurse Recruitment day scheduled for 27 Feb to fill our vacancies and improve our resilience. Monitor target for temp spend achieved.
March 2016: Successful national and international nurse recruitment filling all vacancies and resilience within the nurse pool covering maternity leave etc.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Judith Adams	**Type:** Internal, Known		Current IxL: 4-5	Target IxL: 4-2	Trend: STATIC

Risk Description

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

Existing Control Measures

• Internal Action Plan and trajectory in place for 18 weeks.	• Performance Review Group.
• CBU Performance Meetings.	• 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 PMG, RBD & CQSG.
• IST review of 18 weeks	• Trust committed to working with NHSLA on new assessment process.
• Development of early warning indicators	• Internal and external (KPMG) review of CQC KLOEs
• Theatre and workforce improvement plan to be developed and delivered	• Seasonal beds opened all year to facilitate increased elective activity
• KPIs for Winter Resilience (1.3m funding) developed, agreed with Commissioners.	

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG and CQAC. Monthly reporting to the Board via the Corporate Report. Report from IST following visits to Trust 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 MIAA review of 18 weeks	Breach of 18 week target in Q3. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance re learning disabilities declaration. Assurance required to underpin CBU reporting on CQC standards. Need clear process for 'horizon scanning' to anticipate risks and issues. Work with CCG to manage demand & develop/fully utilise existing capacity across PC Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Theatre improvement and cancelled operations improvement plan required	Winter plan and escalation model developed and agreed - switch to increase of day surgery at peak of RSV to minimise elective impact
Plans to address gaps in high demand specialties	Plan to improve RTT validation of open pathways in progress and due to be completed by 31st March
Review SRG plans to ensure 4 hour target met	Consultant cover extended until 10pm with second consultant
Ongoing update to the CQC Action Plan	Review of DQ planned to commence end Feb
Review bed capacity and staffing model in line with design of AHP and plans for seasonal variation	Model re-run, plans to be agreed to manage outputs. For presentation at Ops Board on 30th April and actions to be agreed
Review with CCG further actions required to manage ED demand in line with agreed plans for new AHP	Discussions with GP Federation to enter partnership agreement to support primary care attendances at ED. MOU drafted and shared

Executive Lead's Assessment

March 2015: Key risks to delivery remain the plans to address peaks in activity profile created due EPR go live and hospital move which if not delivered create backlog
April 2015: Year end position on access targets achieved, diagnostics position improved and will be compliant by end May. Improvement work on health records continues with clear milestones and actions.
June 2015: Monitor compliance standards met. Removal of 18 week admitted and non admitted targets effective from July - open pathways target remains. New model of care developed for ED/EDU and approved - supported by SRG monies in interim whilst new financial/clinical model developed and evaluated. CQC re-inspection undertaken - awaiting report findings. Health records improvements against plan on track.
August 2015: no change
September 2015: Compliance with Q1 & 2 contractual and regulatory standards met, ED performance improved following Mv6 go live issues. Open pathways remain challenging and will be further impacted by reduction in elective activity over hospital move period in addition risk of Ed performance in October will need close monitoring following hospital move.
October 2015: ED Performance at risk for Q3 and for year. Attendances remain high and local health economy plans for reductions not effective. Further work required internally on flows and action plan in place. Agreement reached with CCG on support to Smithdown WIC effective immediately. Work required over Q3/4 to address FU backlog following EPR implementation and hospital move.
November Qtr 3 fail for ED. action plan in place for Qtr 4 achievement. RTT achieved
Jan/Feb - Failed ED in both months, attendance up 13.7% on Jan 15. Joint action plan with CCG continues to be delivered. Consultant cover extended in evening and GP MOU drafted. RTT, diagnostics and cancer all achieved. open pathways continue to be validated in line with agreed NHSE plan.
March 2016: Plan for ED recovery agreed. April trajectory submitted to Monitor to achieve 95% by end Q1. Board sub-committee KPIs being finalised.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.3	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Non compliant estate		
Related CQC Themes: Safe, Effective, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

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

Existing Control Measures

• PPM structure aligned to critical risk areas.	• RBDC has agreed a cycle of compliance reporting on key risk areas based on up to date legislation and guidance.
• H&S Committee has oversight of risk areas.	• Prioritise backlog maintenance budget to key risk areas.
• H&S annual work plan - overseen by H&S Committee and ratified by IGC	• Monthly meetings of Estates, Health & Safety teams chaired by DSA to review common risks
• H&S Risks assessed at IGC and action take to mitigate risks.	• H&S Sub-group established to feed into weekly commissioning group to ensure all outstanding or new H&S risks are considered as part of on going CHP commissioning and maintenance processes.
• Outcomes of H&S Risk summit re CHP move absorbed into H&R Risk Register and presented to July 15 IGC	• H&S Risks re CHP move incorporated into Occupation Risk Register to be discussed at Execs and IGC in November

Assurance Evidence	**Gaps in Controls/Assurance**
Remain within HSE/CQC compliance parameters. Regular reports to RBDC on progress to mitigate top 5 risks. Reporting on Estates Compliance Dashboard to RBDC on quarterly basis. H & S Committee bi monthly reporting to IGC. Reporting to Board and IGC on assessment of key risks and investment to address critical issues. HSE visit - no major issues reported. External review undertaken of H&S - nothing adverse reported. MIAA review of PPMs and action plan	Levels of practical manual handling training improved but still below required levels. Insufficient number of people ready and willing to carry out H&S risk assessments

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Programme of intensive practical manual handling training rolled across Trust	Training rolled out 100+ people have received training since last report
H&S risk assessment training available to key areas as required	Training provided to over 30 staff priorities set for remaining staff
H&S Risk summit scheduled for 30th April	Outcomes to IGC on 15th July

Executive Lead's Assessment

December 2015: H&S Risks continue to be reviewed and monitored through IGC
February 2016: no change, risks continue tobe monitored.
March 2016: continue to monitor risks via H&S and IGC

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.4	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Training & development of clinical workforce		
Related CQC Themes: Safe, Effective, Caring, Responsive, Well Led					
Exec Lead: Melissa Swindell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to ensure high standards of care through lack of training/development of clinical workforce.	
Existing Control Measures	
• Compliance tracked through the corporate report and CBU Dashboards.	• Workforce Group
• Performance Review Group.	• CBU Performance Meetings.
• Mandatory 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
• Big Move mandatory training workbook used as a mechanism for all staff to update their mandatory training prior to the move. Issue of access passes were dependent upon staff having completed their workbook, which contained 6 core mandatory training subjects. The move afforded a range of training to clinical staff including systems, equipment, scenario testing and simulation.	
Assurance Evidence	**Gaps in Controls/Assurance**
Regular reporting of delivery against compliance targets via corporate and CBU reports. Monthly reporting to the Board via the Corporate Report. Reporting at ward and SG level which supports Ward to Board	Poor compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workload and acuity preventing them leaving the clinical area. No proactive assessment of impact on clinical practice Previous actions have failed to address the problem and poor compliance is increasing. 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**
H&S risk assessment training available to key areas as required	Training provided to over 30 staff, priorities set for remaining staff
Review mandatory training processes	Modernising mandatory training programme rolling out. Data cleanse completed. Risk based assessment of renewal periods underway
Task and finish group to review prior action failures and identify solution.	Action plan signed off at WOD
Programme of intensive practical manual handling training rolled across Trust	Training rolled out 400+ people have received training since last report

Executive Lead's Assessment
December 2015: Progress made since last update, all mandatory training topics have shown improvements. Learning Needs Analysis being developed for inclusion into 16/17 business planning process. February 2016:mandatory training remains steady at above 80%. LNA currently underway. progress made with improving reporting for transfusion, manual handling. March 2016: continue to work on improvements to mandatory training. LNA still in progress.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.5	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Failure to provide effective systems to ensure appropriate Ward to Board reporting Systems		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Erica Saunders		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 3-2	Trend: STATIC

Risk Description

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

Existing Control Measures	
• Internal and external reviews of quality and corporate governance including CQC.	• Consolidate various recommendations into one action plan.
• New assurance: CQC inspection report published 22nd December rates the Trust as 'good' in the well-led domain and notes considerable improvement in risk and governance systems and processes.	
Assurance Evidence	**Gaps in Controls/Assurance**
CBU Quality/ Risk/ Governance meetings report into IGC and CQAC. IGC and CQAC provide formal assurance to Board CQC re-inspection report. KPMG Quality Governance Framework Review report MIAA Risk Maturity Review MIAA end of year Assurance Framework opinion indicates all requirements met ('green' rating) Radiology team to attend next CQAC to present developments with local risk and governance arrangements since CQC visit.	TOR, work plan and agenda for CBU meetings not linked directly into what is reported to Board. Still some overlap and duplication of responsibilities and reporting across the structure of various committees and fora. Sustainability of improvements to risk arrangements not fully secured
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
IGC to feed latest view of relevant risks to each Board Committee.	Reviewing where each area/ department is accountable to and where there risks are considered. IGC provides updates to RABD and CQAC as required - need to formalise
Review of overall structure of committees and fora to drive a clearer lines of reporting and responsibilities	Mapping of existing structure: report to November Audit Committee with proposals
MIAA review of risk management maturity and follow up to previous review of risk management at local level	Demonstrable improvement evidenced in report
TOR, work plan and agenda for CBU Quality meetings revised in line with those for IGC and CQAC.	Agenda and work plans agreed with CBUs Quality agenda linking into a new CBU Quality report.

Executive Lead's Assessment

August: Focus at July IGC was on development of local risk registers and further embedding of risk management arrangements following CBU self-assessment report and discussion. A clear way forward has been agreed which will continue to track through IGC and Audit Committee.
September 2015: Chief Nurse leading a review of risk, governance and quality arrangement across the CBUs. IGC in September reviewed the outstanding risks emerging from the CHP Commissioning work
October 2015: Senior resource agreed to support the risk management function; plan to strengthen inputs at CBU level. Regular review taking place by IGC and Audit Committee to ensure robust systems in place for ongoing compliance.
December 2015: Work continues to embed risk management improvement plans; Executives have been receiving notifications of key incidents for the last couple of months enabling more immediate line of sight on emerging issues. Overarching governance structures currently under review to reflect refresh of Trust strategy.
February 2016: The Board has approved a revised governance structure that comprises assurance committees having oversight of the Trust's change programme including the refreshed Quality Strategy; this aims to synchronise improvement activities with the 'business as usual' agenda so that risks to delivery are brought to the Board's attention in a more timely way. The new processes will be implemented in April 2016.
March 2016: Meetings have been held with all Board assurance committee chairs to agree the proposed changes to reporting to incorporate the assurance elements from the change programme. The new system will commence with the April committee cycle and be kept under review in terms of content and volume of reports across the programme and 'business as usual.'

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Be a world class centre for children's research and development		Risk Title: Finance for Phase 2 of the Research facility		
Related CQC Themes: Responsive, Well Led					
Exec Lead: Jonathan Stephens	**Type:** Internal, Known		Current IxL: 4-4	Target IxL: 2-3	Trend: STATIC

Risk Description

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

Existing Control Measures

• Work closely with LHP and other strategic partners in formulating new Research Strategy	
Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee. PMO monthly reporting to the Programme Board and Board. Regular reporting on funding to the Charitable Funds Committee.	Lack of funding secured. Lack of integration with other academic partners.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Approach Liverpool University, local authority and grant raising bodies for funding.	Joint University and Trust governance committee established to progress BRU application and business case preparation. Reporting into Trust Research Steering Committee. Business case currently being developed for review in May.
Bid for Biomedical Research Unit (6/15).	BRU bid deferred - Children's to be a key theme within Liverpool BRC bid

Executive Lead's Assessment

April 2015. Finance sub-committee now up and running with specific duty of finding funds for Phase2. Meeting w/c 30.3 will address the vision document that is to be used to approach potential funders plus the overall approach to targeting funds. A fundraiser has been appointed to work on the govt. and European grants. Funding Strategy being developed with support from stakeholders and external agency.
June 2015: Continued engagement with stakeholders draft proposal discussed with LEP.
August 2015: Update - no change engagement with stakeholder and potential funding sources continues -decision point December 2015
September 2015: Meeting with Stakeholders in October / November to firm up space requirements and funding commitments. Positive developments regarding fund raising currently being reviewed with the Alder Hey Charity. Decision point December 2015.
October 2015: no change
December 2015 update: discussions on-going with Edge Hill and John Moore's re contribution towards phase 3 - awaiting letter and proposal from Edge Hill.
January 2016: no change in month
February 2016 : Circa £8m charity funds identified with arrangements associated with £6m of these funds to be finalised. Circa £2m funds proposed from HE providers and further discussions on-going with potential stakeholders in order to secure required sum to progress the scheme. Finalisation of position and way forward over March.
March 2016 update: Scheme cost £13.5m, circa £10m funds identified = £3.5m gap. Trust / Charity engaged KPMG to review capital / business models which may result in reduced capital costs. Discussions on-going with other stakeholders and bids for grant funding pending. Until sufficient funds secured no change to risk rating.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Ensure all our staff have the right skills, competence, motivation and leadership to deliver our vision	Risk Title: Sustain workforce capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-4	Target IxL: 3-3	Trend: STATIC

Risk Description

Failure to achieve the Trust's strategic and operational targets due to an inability to sustain workforce capability

Existing Control Measures

• Identified recruitment processes in place.	• Succession planning undertaken for the Executive Team and Medical Leadership Team.
• Development Programme for Key Employees.	• New Attendance management process to reduce short and long-term absence.
• Workforce plan established	• Attendance management training
• Positive Attendance policy	• NHSP managed bank services. NHSP II went live on the 26th October 2015 covering all administrative staff.
• Permanent nurse staffing pool	• Succession planning
• Targeted OH interventions	• Refresh of recruitment strategy in September 2014
• Early referral for stress and musculo-skeletal conditions	• Health & Wellbeing resource identified and workplan signed off at WOD in July.
• Workforce committee re-enforced and includes recruitment and education	• Working for Health initiative introduced in Feb 2015
• Workforce Planning Policy signed off at WOD June 2015	• Planned activities to ensure nurse recruitment remains at full establishment
• Decision made to bring recruitment back in house from April 2016 to improve recruitment process, cost and efficiency	• Establishment loaded into ESR and system updated to reflect new structures in Sept 2016
• Change Leader and Customer Service training programmes completed and evaluated successfully.	

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, Workforce plan and absence analysis. Monthly Corporate Report (including workforce KPI's) to the Board. Reports to the Executive Team re: succession planning. Recruitment and Health and Wellbeing Strategies presented at the May WOD, workforce plan snapshot presented to April RABD, OH contract in renegotiation to include absence reduction targets. Attendance and Temp spend controls to be reviewed in workforce CIP group and at CBU performance reviews. PDR at 91% compliance across clinical areas Medical appraisal 97%	Measurement for unfilled key roles. Lack of emergency successors identified for key roles. Lack of an established establishment planning process Poor controls over costs and availability of short term cover

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
CBU's to manage against the requirements of the new attendance licy	Small improvement in time to conduct RTW
Establishment loaded into ESR	Action plan agreed with Finance - on track
Workforce planning policy published	Draft Workforce Planning policy to May RABD

Executive Lead's Assessment

December 2015: Plans being drafted for additional nurse recruitment from Italy in early 2016.
Refreshed action plan to address sickness absence presented to BoD in Jan 16
Recruitment Manager started in post Jan 16
February 2016: action plans for the management of sickness and temporary staffing costs presented to RABDC in jan 16. HR team focused on working with managers on both of these areas. Increased recruitment activity planned for jan/feb, including a recruitment day for nurses.
workforce planning process being developed for cbus to run alongside their business planning processes.
March 2016: Planning in place to bring recruitment services back in house from the 1st April 2016. sickness absence management continues.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Ensure all our staff have the right skills, competence, motivation and leadership to deliver our vision	Risk Title: Workforce engagement and support		
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

Lack of workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures

• Internal Communications Strategy.	• Roll out of Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Survey Action plan being updated for 2016 taking into account 2015 survey and subsequent temperature checks
• Values based PDR process, with compliance over 90% in clinical areas.	• Staff Friends and Family test now in place for two years
• CBUs complete Staff Survey action plans	• Staff surveys analysed and followed up
• June 15 - Cross organisation staff survey steering group established to identify staff survey actions.	• Change Leader and Customer Service training completed in 2015 and reviewed positively

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. Quarterly reporting to Board via WOD regarding Engagement, Values and Communications. 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	Overarching Engagement Strategy

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Analysis of Staff Survey	Improvement in all key areas. The remaining challenge is to increase engagement with individual change programmes.
Communications Strategy published	Due April 15
Development of engagement strategy, working closely with comms team to development	
Personal move planning process	1000+ conversations completed by Mar 2015

Executive Lead's Assessment

December 2015: Management and Leadership Development Strategy presented to Workforce and OD Committee in Dec, with final strategy to Workforce and OD Committee in February.
Staff Survey initial findings to Trust Board in January 16
February 2016: staff survey presentation planned for Feb 16 for SLT. PID in development for the Trust comms and engagement project.
March 2016: PID completed. Trust has engaged with Listening into Action, to be rolled out April 16

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** Further improve our financial strength in order to continuously invest in our services	Risk Title: Income & expenditure plan		
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 2015/16 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.	• Recovery plan in place and focused.
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Jan 2016 : 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	

Assurance Evidence	Gaps in Controls/Assurance
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. 2 year 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.	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. September 2015: Month 5 (end of August) Trust normalised deficit of £1.3m which is £0.5m higher than plan. Current risk rating 2 compared to plan of 3 but skewed by profile of grant income. Underlying rating of 3. Main risks remain CIP delivery, achievement of activity & income targets and containment of pay costs within budget. Positive signs in August of reduction in temporary pay costs but too early to say this is an established trend. Forecast remains broadly in line with plan - £2.9m deficit compared to plan of £2.7m deficit predicated on CBUs delivery financial recovery plans (risk circa £2m). Forecast will be reviewed monthly taking stock of impact of move to new hospital. Forecast revised to £3.7m deficit for the year based on performance post move. This incorporates contingencies. Underlying cash at the end of March now forecast to fall from £4m to £3m. This will impact on liquidity moving into 2016/17.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Red rated schemes update end of May £2m gap plans and initial assessment of 16/17 end of June 2015	Progressing against milestones agreed - 2015/16 gap being rolled into 2016/17 target and post move (Oct 2015) the HWWWITF work streams will shift focus to the identification and delivery of the opportunity the new hospital presents towards delivery productivity & efficiency and service development.
Need to manage emerging capital pressures to ensure overall cash resources maintained within plan.	Capital pressures prioritisation strategy and process agreed by Exec Team
Plans to address CIP shortfall - scheme PIDs to be complete by end of May	Progressing against milestones agreed

Executive Lead's Assessment

March 2015: 2015/16 plan discussed in detail at R&BD and approved by Board members. Planning a £2.7m deficit and risk rating of 2 reflecting one off risk and challenges for 2015/16, namely move to new hospital and implementation of EPR. Plan presented to Council of Governors and Senior Leadership Team. Plan includes provision for risk i.e. 40% in year slippage in CIP and short term productivity gap. Activity profiles signed off by CBUs. Contract negotiations yet to be concluded so plans may change for final submission due at Monitor in May. Month 1 results will be reported to R&BD in May.
April 2015: No change to overall position reported in April and contract negotiations now nearing completion. No contract issues for arbitration identified and agreement likely early May.
June 2015: No change to overall risk profile. Contracts with CCGs and Specialist Commissioners signed. As at Month 2 (May) Trust £0.4m behind plan, too early to signal any change to forecast outturn form planned deficit of the year of £2.7m. Trust current RR3. COO, DoF and HR Director working with CBUs to deliver financial targets and address CIP gap.
August 2015: As at Month 4 (July) Trust risk rating 4 and breakeven but £0.6m behind plan. Elective and Outpatient Income under plan by £2m to-date offset by PFI cost re-profile associated with new move date and other variances. CBU forecasting under review and challenge to ensure overall financial position maintained. Emerging capital risks requiring prioritisation.

September 2015: Month 5 (end of August) Trust normalised deficit of £1.3m which is £0.5m higher than plan. Current risk rating 2 compared to plan of 3 but skewed by profile of grant income. Underlying rating of 3. Main risks remain CIP delivery, achievement of activity & income targets and containment of pay costs within budget. Positive signs in August of reduction in temporary pay costs but too early to say this is an established trend. Forecast remains broadly in line with plan - £2.9m deficit compared to plan of £2.7m deficit predicated on CBUs delivery financial recovery plans (risk circa £2m). Forecast will be reviewed monthly taking stock of impact of move to new hospital.
October 2015: Month 7 year to date = £2.9m underlying deficit which is £0.3m behind plan. Position is benefiting from £0.8m of lower depreciation cost which is non cash so real underlying I&E cash variance of £1.1m. Delivery of planned elective activity and outpatients remains a significant challenge with underperformance to-date of £3.5m. Pay costs increased in the month of October in part as a consequence of the move. Revised forecast of £3.7m

deficit (£1m higher than planned) and actions agreed with CBUs to hit recovery plan control totals in order to ensure position does not deteriorate further and can be brought back to plan by the end of March. Recovery is dependent of activity delivery and further reductions to temporary pay spend. Forecast risk rating remains a 2* and cash balance end of march 2016 = £5m (1m lower than planned). Emerging capital risks following move to the new hospital which will need to be contained to avoid further reduction to year end cash balance forecast. No change to risk rating.

December 2015: Poor financial performance in November (month 8) with £1m variance to plan taking cumulative adverse variance to plan £1.3m (£3.8m deficit v plan of £2.5m deficit). Forecast reviewed and maintained at outturn deficit of £3.7m based on CBU recovery plans however predicated on performance against plan over Q4. Forecast cash balance reduced from plan of £6m to £4m reflecting deterioration in financial position and capital expenditure pressures arising from new hospital move.
January 2016: no change in month
February 2016: January (month 10) financial results update : deficit of £4.9m, £1.9m behind plan as a result of an in month deterioration of £0.6m against plan due to lower than planned income and higher than plan pay costs. Currently forecast held at £3.7m which incorporates contingencies and stock count updates. However cash forecast end of year cash position falls from £4m to £3m as continued cash slippage in financial recovery is offset by non cash generating contingency. Fcast reflects CBU planned increase in elective and outpatient activity - risk circa £1m if no improvement. i.e. £4.7m deficit rather £3.7m deficit. continued focus on increasing planned activity and pay cost reduction. No improvement in risk score.

March 2016 update: Forecast year end underlying deficit revised downwards from £3.7m to £4.2m due to impact of revaluation of PFI and R&E building increasing dividend payments and depreciation and no improvement in pay costs and elective activity run rate. The latter in part impacted on by recent junior doctor strike action. Year end cash revised upwards to £8m due to slippage in cap ex spend and other timing issues. Note forward look risk score for 16/17 will result in increased risk of 20 due to current projections and cash pressures. This will be reflected in 2016/17 BAF update.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.1	**Strategic Objective:** Be the provider of first choice for children, young people and their families	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	• Specialist Commissioning contract values and CCG commissioned services contract values agreed and reflected in Trust plans agreed by the Board.
• Five year plan agreed by Board and Governors in 2014	• Review of the Specialist Commissioning Service Specification is in place.
• 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.	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Commissioning plans not yet sufficiently robust. Implications of new commissioning intentions not yet fully understood. Potential delay to cardiac growth following further review of national cardiac Safe & Sustainable Plan. Potential elective under performance due to cancelled sessions

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
15-16 tariff proposals under review and contract proposals being discussed	Tariff proposals issued and Trust approach agreed by Board in March 2015
Contracts agreed and signed	
Awaiting detailed planning guidance for 15-16 from NHS England	Planning guidance issued

Executive Lead's Assessment

April 2015: 2015/16 Contract negotiations with Commissioners ongoing with aim to conclude and agree early May 2015. CBUs signed of activity numbers in plans and associated profiles for the year ahead agreed. Plans factor in downtime and reduced levels associated with EPR go live and move to the new hospital. No issues contract disputes identified so far which would require mediation or arbitration and sign off likely early May 2015.
June 2015: Contracts signed with NHS England commissioners. Wales to be agreed but no issues to escalate. Increased risk of underperformance against contracts as a result of the change in EPR Go Live date. Work ongoing with CBUs to mitigate / recover July to March 2016.
August 2015: Currently under performing against specialist contracts so no contract issue from a commissioner perspective. Key action is to recover activity in line with plan. Meeting with Specialist Commissioners and CCG to discuss Trust case of need for investment of Rehabilitation services. Trust identifying key issues to be discussed with Commissioners for 2016/17.
September 2015: Currently under performing against specialist contracts so no contract issue from a commissioner perspective. Key action is to recover activity in line with plan. Meeting with Specialist Commissioners and CCG to discuss Trust case of need for investment of Rehabilitation services (Oct / Nov). Trust identifying key issues to be discussed with Commissioners for 2016/17.
October 2015: No change in terms of contracting position - emerging challenges are the tariff proposals for 2016/17 which if implemented have a gross negative financial impact of £9m (excluding any transition). Children's Alliance in correspondence with Monitor and pricing team in terms of challenging proposals before tariffs formally published for consultation in January 2016. Positive discussions continue with Commissioners regarding new Rehab model with a view to getting a definitive positon of way forward before Christmas 2015. Potential for marginal rates for specialist activity to be reintroduced in 2016/17 which would undermines strategic plan. If risk rating were to apply to 16/17 increase to 4x4. As with I&E plan need to recover activity from November onwards now in the new hospital so as not to undermine baseline activity for 16/17 contract.

December 2015 update: National guidance confirms no change to specialist children's tariff top ups for 16/17 and no introduction of a marginal rate for specialist services commissioned activity for 16/17. Specialist commissioned services also funded for growth in 16/17. However risk rating not changed as Trust underperformance remains a risk to establishing required base line contract values for 16/17 - contract negotiations will focus on the non recurrent nature of underperformance linked to new EPR and Hospital move. Awaiting response from specialist services commissioner regarding Acute Rehab model proposal.
February 2016: no change in month
March 2016: 2015/16 year end agreement reached with specialist commissioners which caps risk. Now in discussions regarding 2016/17 contract - no issues to escalate at this stage which are not reflected in 2016/17 plan. Rehab business case under review by commissioners. Risk rating will be reviewed in April 2016 once 16/17 contract negotiation's concluded.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.2	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: EPR Implementation		
Related CQC Themes: Safe, Caring, 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 successfully implement EPR in line with timescales and costs.

Existing Control Measures

• Key projects and progress tracked through the EPR Steering Group, Programme Board and the PMO.	• Clinical Advisory Group leading on clinical engagement.
• Forward Communications plan agreed and tracked at steering committee.	• Weekly data quality improvement plan performance monitoring.
• Revised clinical engagement model agreed and additional resource provided and medical director support	• Weekly EPR progress review with Executive Team with escalation of issues for support and resolution.

Assurance Evidence	Gaps in Controls/Assurance
PMO exception reporting to the Executive Team. PMO monthly reporting, including issues and challenges to the Board via the Programme Board Regular EPR reports presented to RBDC and SLT. MIAA providing project assurance role. Board agreed system design sign-off process EPR Steering committee review and external assurance from Meditech and Centennial Gateway review process	Insufficient clinical engagement / involvement in design. Data quality improvement required - evidence of improvement but further action being taken to ensure level of data cleansing required for go live achieved. Software issues to be resolved

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Further actions to improve clinical engagement and data quality improvement from Aug/ Sep 2014	Actions taken forward overseen by EPR steering Committee and project team supported by COO & Medical Director.
Internal comms exercise for the run up to go live	Communications now live with weekly updates, team brief, and training and departmental awareness sessions.
May 23rd 2015 Go-live plan	No change to go live as at 31st March 2015. Software issues critical for go live resolved to-date

Executive Lead's Assessment

March 2015: Key action: Progress through implementation readiness assessment gateway 1 (31st March) to be reviewed and approved by Executive team on 2nd April 2015. Significant effort in the creation and sign off of departmental and module standard operating procedures.
April 2015: EPR steering committee approved move through Gateway 2 (30th April project milestone) pending finalisation of patient safety report being reviewed by Clinical Lead and Director of Nursing which will be presented to Board on the 5th May 2015. At this stage still planning go-live 22nd/23rd May 2015. Key area of focus of remaining weeks is staff training.
June 2015: EPR went live in June as planned. Post go live update report provided to Board as part of Programme Assurance. Focus now on EPR changes required for new hospital configuration and move date. No change to risk rating to allow time for system to bed in.
August 2015: Implementation of Phase 2 Mv6 (changes required for new hospital) progressing to plan and risks being managed. Electronic Patient Care System Development Committee established which meets every Monday morning to discuss and address risks and issues being raised directly by system users, via CBUs, raise it change it and weekly meeting of harm. All issues reviewed and prioritisation for resolution agreed. Supporting Task and finish group structure agreed and established. Weekly communications update to staff. Risk rating not downgraded to reflect need to resolve issues being raised and while implementation of phase 2 progresses.
September 2015: Implementation of Phase 2 moves to the new hospital complete. Electronic Patient Care System Development Committee established which meets every Monday morning to discuss and address risks and issues being raised directly by system users, via CBUs, raise it change it and weekly meeting of harm. All issues reviewed and prioritisation for resolution agreed. Supporting Task and finish group structure agreed and established. Weekly communications update to staff. Risk rating not downgraded to reflect need to resolve issues being raised and while implementation of phase 2 progresses. Phase 3 Plan to be developed over November.
October 2015: No change, draft proposals for Phase 3 to be discussed over December
December 2015 No change
February 2016: Update proposals for "phase" to be discussed during March / April focus to-date has been resolving phase 1 and 2 go live issues.
March 2016 update: no change

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.3	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: Sustaining national designations for specialist services		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Risk to sustaining national designations for specialist services due to failure to meet all required standards.

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.
• Proactive recruitment of key Neuro role	• Resourcing of Cardiac Safe & Sustainable standards supported by SLT for 13/14.
• 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 RBDC. Review of compliance with final national specifications considered by Marketing and Business Development Group (July 2013).	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.

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.	CF service derogation issue requires resolution - proposal to review in April 2015

Executive Lead's Assessment

March 2015:
Derogations reduced from original total of 13 down to 3. Update to be reviewed by Performance Management Group in April and specialist commissioners discussions in April 2015.
April 2015 - No change
June 2015: Trust proposals for specialist rehab being discussed with Specialist Commissioners. Trust fully engaged with NHS Providers who are leading the process for future of cardiac services. Steering group established between AH and LWH to develop and agree joint model for Neonatal Services.
August 2015: National review process re cardiac services continues. Progress to agree longer term model for Neonates with Liverpool Women's and Commissioners stalled and needs moving on. Further exec to exec discussions required.
September 2015: National review process re cardiac services continues. Trust submitted the joint Liverpool Health Economy proposal for the provision of services on the 8th October 2015 - Regional and National panel review over October / November.
Business case being developed with LWH for the establishment of neonate costs at Alder Hey - target end of October 2015. Discussions with commissioners to take place from November. This represents short term solution and
Progress to agree longer term model for Neonates with Liverpool Women's and Commissioners stalled and needs moving on. Further exec to exec discussions required.
October / November 2015: Business case being prepared with LWH for the establishment of Neonate cots at Alder Hey to be presented to specialist commissioners (aim end of November). Trust working with LWH re long term model for Neonates. Regional and National panel review of all providers cardiac service proposals deferred to December at the earliest - so no further update.
December 2015 update: Positive feedback received re Liverpool cardiac services proposal and Trust working with partners with a view to delivering new service model from September 2016. Detailed plans to be discussed at Trust Board. Discussions continuing with LWH re neo natal surgery services.
January 2016: no change in month
February 2016: no change in month - Neonatal case still under development with LWH and national cardiac review process continues.
March 2016 : Neonatal business due for review by April - update May. Joint Liverpool Cardiac model business case to Boards in April for approval. NHSE still reviewing provider cardiac specification compliance submissions with further questions of clarification received so definitive decision not communicated by NHSE yet.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.4	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: Relationships with new Commissioners		
Related CQC Themes: Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

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

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
Contract / commissioner meetings held monthly. Monthly contract report to RBDC. Board receive regular reports via RBDC on development of relationships. Outputs from Healthy Liverpool meetings and minutes from Manchester Concordat to the Board via RBDC Aligned position with Liverpool CCG re children's element of Healthy Liverpool Specialist Commissioners agreed 14/15 contract activity and finance for Alder Hey due to be agreed for 15/16.	Longer term strategic commissioning plan for children (CCG and specialist) requires developments and agreement.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
In discussions with CCG re walk in centre support to new hospital and manage A&E / front door demand.	No progress / change in time for move date - potential elevated risk of higher A&E attendances in early months of occupation of new hospital
Trust to develop vision for community services integration and family centres	Stakeholder workshop 1st May - aim to agree family centre model. Project team agreed to work up detailed proposal and models over Q3/Q4.
Progress integration of all community services for Children and Young People	Trust engaged with CCG and LCH on future model. Awaiting outcome of NTDA review of options for services currently provided by Liverpool Community Health. Decision due 9/2015.
Progress cases for slow stream rehab and CDC	Target date July 2015, CDC case submitted awaiting outcome of CCG review during September 2015. Meeting with CCG and Specialist Commissioners being arranged to review Rehab business cases (Q3).

Executive Lead's Assessment

March 2015: No change
April 2015: - refer to actions required and progress
June 2015: Joint Alder Hey and LCC emerging vision for children and young people's community services agreed
Trust engaged with process reviewing future of LCH and shared vision with KPMG who are leading process on behalf of commissioners and NHSTDA
Positive engagement with other partners involved in developing family centres model including LWH, LCH and CCG.
August 2015: See update in progress section above.
September 2015: Process re future of Liverpool Community Health concluded and plan for the future provision of services agreed with service transfers / new provider arrangements in place by April 2017.
LCH children and Adults services grouped together into one Lot which presents a potential risk. Procurement and commissioning process to start 2016.
Trust liaising with partners re next steps strategy linking with development of family centre model.
CDC business case submitted in September but decision and review by CCG deferred - meeting planned in October / November with CCG to agree next steps. At this stage CCG not wanting to invest in new building but have indicated investment in the service is a priority.
CCG requested bid from Trust for support required in the immediate term (this winter) to manage emergency demand pressures and new A&E. This will include continuation of Alder Hey outreach services based in Smith down Rd walk in centre which were established over the move weekend.
October / November 2015: Following Board to Board meeting in November, CCG Governance arrangements for children's element of Health Liverpool programme to be strengthened and additional CCG clinical lead support to be established to help with taking forward the development of children's services across Liverpool with Alder Hey. Trust has agreed continuation of outreach services at Smith down road to help reduce pressure on A&E.
December 2015: no change
February 2016: no change
March 2016: Childrens Transformation Board established, jointly chaired by Alder Hey and CCG. Aim to develop, agree and drive forward Childrens services strategy for Liverpool. The outputs of which will factor into the Children's services element of the STP.

What keeps Trust Boards awake at night? (2015 Edition)

Foundation and NHS Trust Assurance Framework Benchmarking

The overall purpose of the insight is to enable individual Foundation Trusts and NHS Trusts to understand how key elements of their Assurance Frameworks compare with others.

1. Context

Good governance lies at the heart of all successful organisations and can help protect them from poor decisions and exposure to significant risks. An efficient and effective Assurance Framework is a fundamental component of good governance as it provides sufficient, continuous and reliable assurance on organisational stewardship and the management of the major risks to organisation success and delivery of improved cost effective services.

The insights provided below are from a detailed review of 43 Trust Assurance Frameworks across England (September 2015). Whilst it is recognised that there will be differences in Trust risk profiles, the analysis sets out some interesting comparisons and offers the opportunity to assess inclusions, omissions and risk scores at a local level. In addition, comparison is made to the MIAA benchmarking exercise carried out 12 months ago to consider key changes.

2. 'Top 10' Strategic Risk Themes

In grouping all the risks within the assurance framework, there was a clear 'top 10' in terms of the most frequent risk theme areas. The top 10 themes accounted for 70% of all risks documented within the assurance frameworks.

Of all the assurance frameworks

- Two had risks across all of the 'top 10' themes.
- Twenty five of the assurance frameworks (58%) covered at least seven of the 'top 10' risk themes.
- The majority of the assurance frameworks (thirty nine) identified one or more risks in at least five of the 'top 10' risk themes. The remaining four included at least three themes.

Themes three to six were very close in number, with the order almost interchangeable.

TOP 10 RISK THEMES

1. Transformation and Service Redesign
2. Staff Capacity and Capability
3. IMT, Data Quality and New System Implementation
4. Financial Duties, Continuity of Services and CIP
5. Performance Targets
6. Quality of Services
7. Regulatory Standards
8. Human Resources, Organisational Development and Employment Framework
9. Business Development and Growth
10. Estates (including H&S and Maintenance)

In comparison to our 2014 benchmarking exercise we can see that the top two themes of '*Transformation and Service Redesign'*, and '*Staff Capacity and Capability'* have become more prominent, replacing the previous top two of *'Quality of Services'* and *'IM&T, Data Quality and New System Implementation'*. The top four themes in 2015 clearly reflect the operating environment now faced, and it is fair to say that '*Quality of Services'* risks feature heavily as part of these risks as well as a standalone theme. Themes eight to ten were new to the top 10 replacing *'Capital Developments'*, *'Staff Engagement'* and *'Research and Development'*, with *'Business Development and Growth'* an interesting addition. Just outside the top 10 was *'Strategic Partnerships and Partnership Working'*, which also frequently featured as part of the risks in other themes.

Q: Does your Board Assurance Framework consider the breadth of these themes?

3. Overall Risk Profile

The overall risk profiles of the Trusts varied significantly in terms of numbers and risk scores.

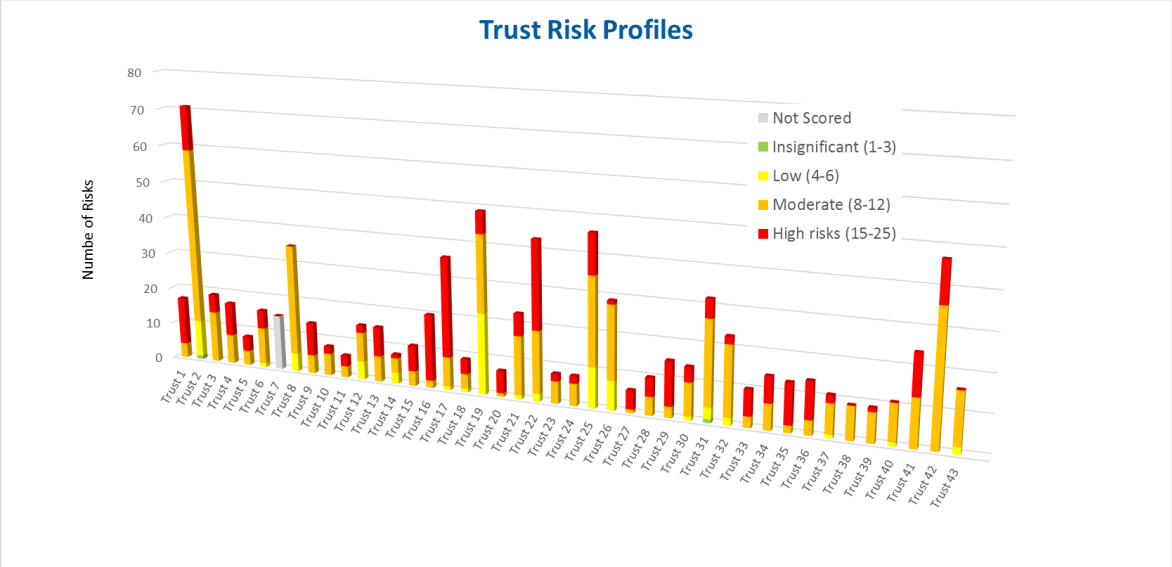


Figure 1 – Trust risk profiles as captured within their Assurance Frameworks

Only one Trust had an assurance framework without risk scores and very few had insignificant risks included on their assurance framework. The average number of risks was 19 (range 6-71).

Q: Have you considered the overall risk profile within your organisation and are the number of risks on the Board Assurance Framework manageable in terms of scrutiny and oversight?

4. High Risks

The highest risks (risk score 20-25) identified across the assurance framework covered a wide range of areas. There were 79 risks scored 20-25 and these have been combined and summarised below.

Table 1 – Highest risks within Trust Assurance Frameworks

Risk	Current Risk Score
18 week RTT target non-compliance	25
62-day cancer target	25
Emergency Department Quality Indicators	25
Delivery of performance targets and clinical quality standards	25
Financial performance sufficient to maintain resilience and sustainability	25
Financial plan delivery	25
Sub-optimal patient experience	25
Failure to ensure on-going compliance with terms of FT authorisation	25
New Local Authority commissioned model of care	25
A&E target non-compliance	20
Out of area levels	20
Failure of RTT & Diagnostic service targets	20
Bed occupancy rates	20
Breaching C.difficile thresholds	20
Monitor RAF targets and non-compliance with CQC standards	20
Local and National discharge metrics	20
National & Regional strategy to concentrate care in fewer centres of excellence	20
PFI costs	20
Safe and effective hospital move	20
Inability to effectively manage demand	20
Bed capacity to meet demand	20
Elective theatre capacity	20
Adult critical care capacity	20

Risk	Current Risk Score
Managing key contracts	20
Failure to reach agreement on year end contract/ future year value	20
Erosion of financial position	20
Financial Stability	20
Financial viability	20
Returning to a recurrent surplus within 2 years	20
Ability to secure working capital	20
Risks to income	20
CIP slippage	20
Agreeing a sustainable financial plan with commissioners	20
Financial plan delivery	20
Current and future years CIP targets	20
Liquidity ratio and capital servicing capacity	20
Inadequate financial controls	20
Identifying additional CIP	20
Developing financial plans for 2016/17	20
Environmental risks within the inpatient setting	20
Effective mortality reporting and monitoring	20
Delays in provision of blood products	20
Delays in discharging patients and transfers of care	20
Risk of harm to patients due to staff competency	20
Delivery of performance targets and clinical quality standards	20
Implementation of NICE guidelines	20
NTDA Accountability Framework: Quality & Governance Indicators/Access Metrics.	20
Financial and clinical viability	20
Inadequate nurse staffing levels	20
Recruitment	20
Medically viable services	20
Staff capacity	20

Risk	Current Risk Score
National changes to junior doctor development	20
Converting strategy into operational delivery across the health economy	20
Aligned pace of strategic transformation	20
Scale and pace of dis-investment from existing services	20
Public Health Commissioned Services reform	20
Loss of all or part of community services contract	20
Non-viability of other providers leading to a re-organisation of clinical services	20
Market share risks	20
Potential loss of key essential services	20

Of the highest risks, the greatest percentage (30%) were within the fourth highest risk theme of *'Financial Duties, Continuity of Services and CIP'*. A further 22% were in respect of *'Achieving Performance Targets'*, 13% related to *'Transformation and Service Redesign'*, with the rest spread across a range of themes. In our 2014 benchmarking the greatest percentage of highest scoring risks (20-25) were within *'Staff Capacity and Capability'*.

The twelve risks identified as 'Catastrophic' in terms of impact and 'Almost Certain' in terms of likelihood (i.e. 5x5) were within the themes of *'Achieving Performance Targets'*; *'Financial Duties, Continuity of Services and CIP'*; *'Transformation and Service Redesign'; 'Regulatory Standards'* and *'Patient Experience'*.

In terms of how the overall high risks (risk score 15-25) translated into the risk theme areas, all of the 'top 10' themes had a least one high risk. The 'top 10' themes collectively accounted for 80% of the high risks.

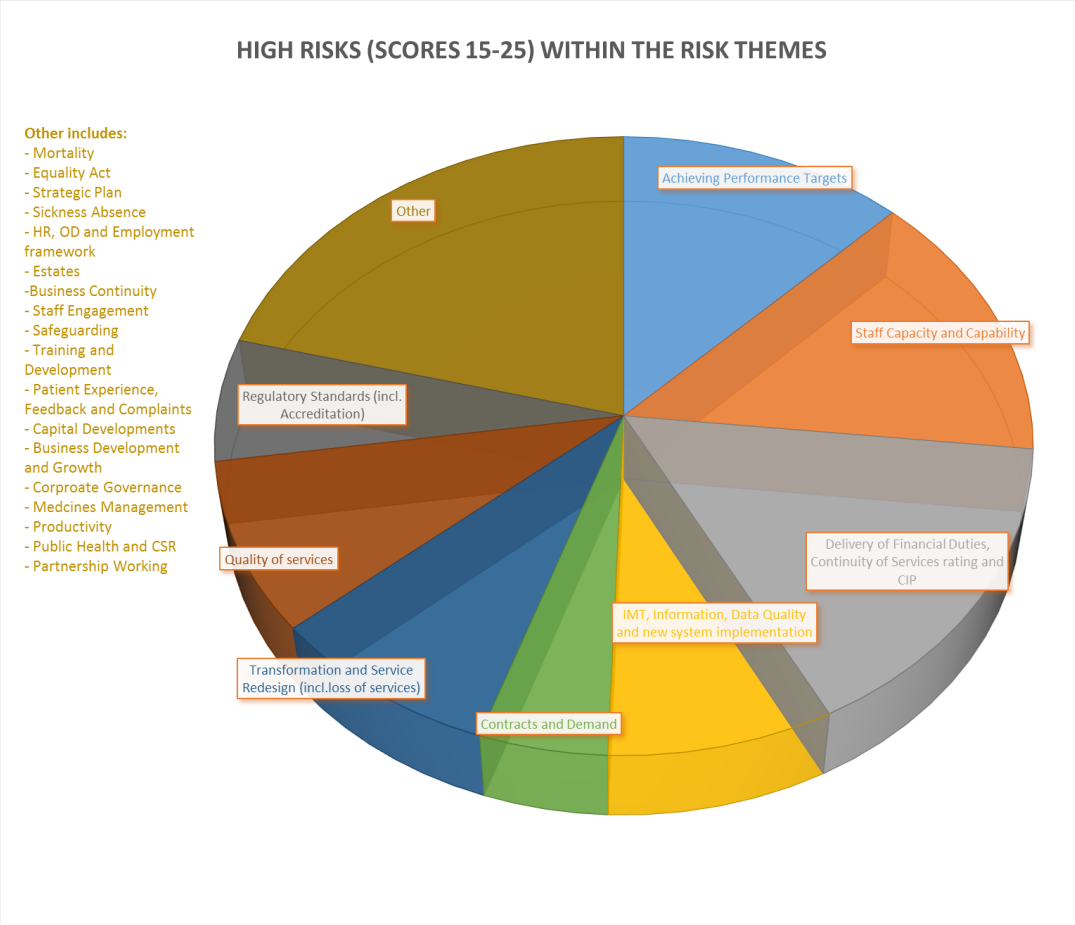


Figure 2 – Percentage of high risks within Trust Assurance Frameworks in relation to risk themes

The average number of high risks (risk score 15-25) in an assurance framework was 7 (the range being between 0-26), similar to our 2014 benchmarking exercise.

Q: Are there any high risks identified here that need to be considered by your organisation, ether in terms of omission within the Board Assurance Framework or in the current risk impact and likelihood scores?

5. Risks Facing Trusts

There were a wide variety of risks within many of the 'top 10' risk themes and the section below provides further narrative regarding each category and an overview of the risks identified within the assurance frameworks.

Transformation and Service Redesign (including loss of services)

Transformation and service redesign reflected both internal clinical pathway developments and the wider health economy developments. Risks in this theme appeared in 79% of the assurance frameworks. The highest risks related to decommissioning of services, scale and pace of transformation, and sustainability as a result of transformation. A wide range of moderate risks were identified covering specific services and pathways, alongside wider aspects of clinical agreement, patient centred care and ability to influence.

Transformation was Risk Theme 3 in our 2014 benchmarking exercise, recognised in 63% of the assurance frameworks reviewed. It isn't surprising that this risk is now the most featured, and alongside this the theme of strategic partnerships and partnership working (now Risk Theme 11 from number 17 in 2014) has continued to rise in 2015.

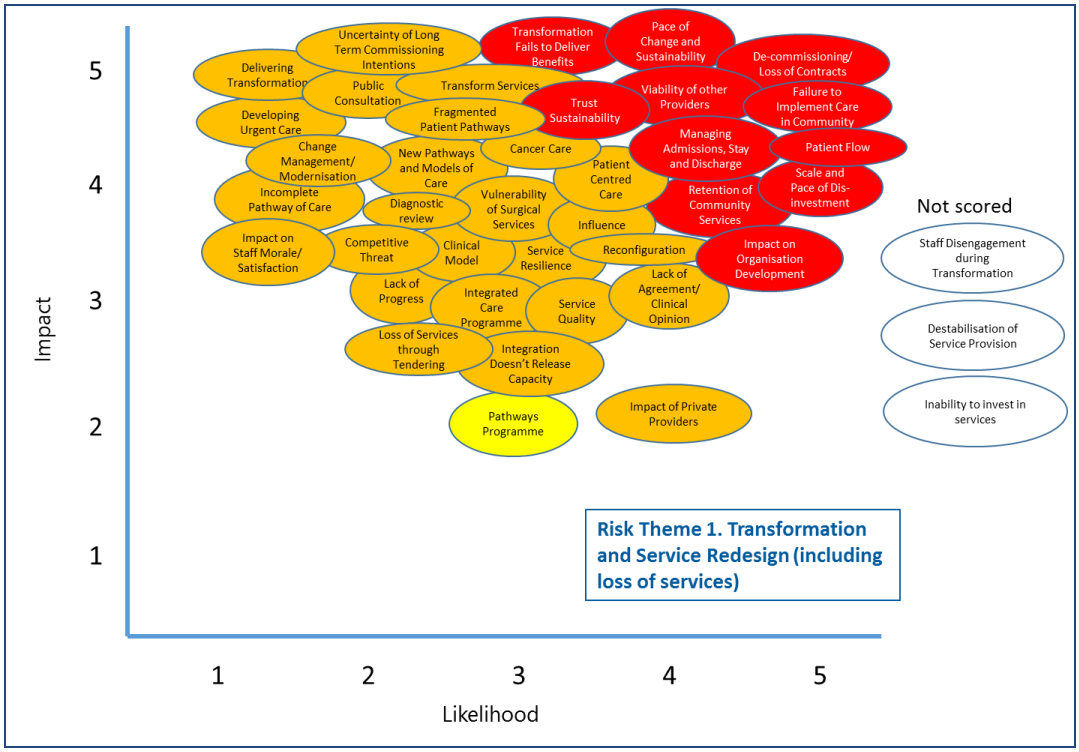


Figure 3 – Transformation and Service Redesign risks within Trust Assurance Frameworks

Staff Capacity and Capability (including leadership)

Staff capacity and capability remains a key focus for Trusts, with 88% of the assurance frameworks identifying at least one strategic risk in this area. The highest risks related to attracting, recruiting and retaining staff, capability, staffing levels and the labour market.

At the time of our 2014 benchmarking exercise, staff capacity and capability was firmly under the spotlight in terms of national issues, guidance and professional body publications and this was rightly reflected in local Board Assurance Frameworks with the greatest number of high risks (Risk Theme 4, with 88% of assurance frameworks identifying a risk in this area). The 2015 analysis adds to this picture with a wider range of high risks, specifically covering different segments of the workforce and reflecting local and national challenges in the workforce market. Leadership was escalated as a high risk and new risks included change management capacity. An interesting addition to the risks was that of the need for multi skilled staff to be able to work across traditional boundaries.

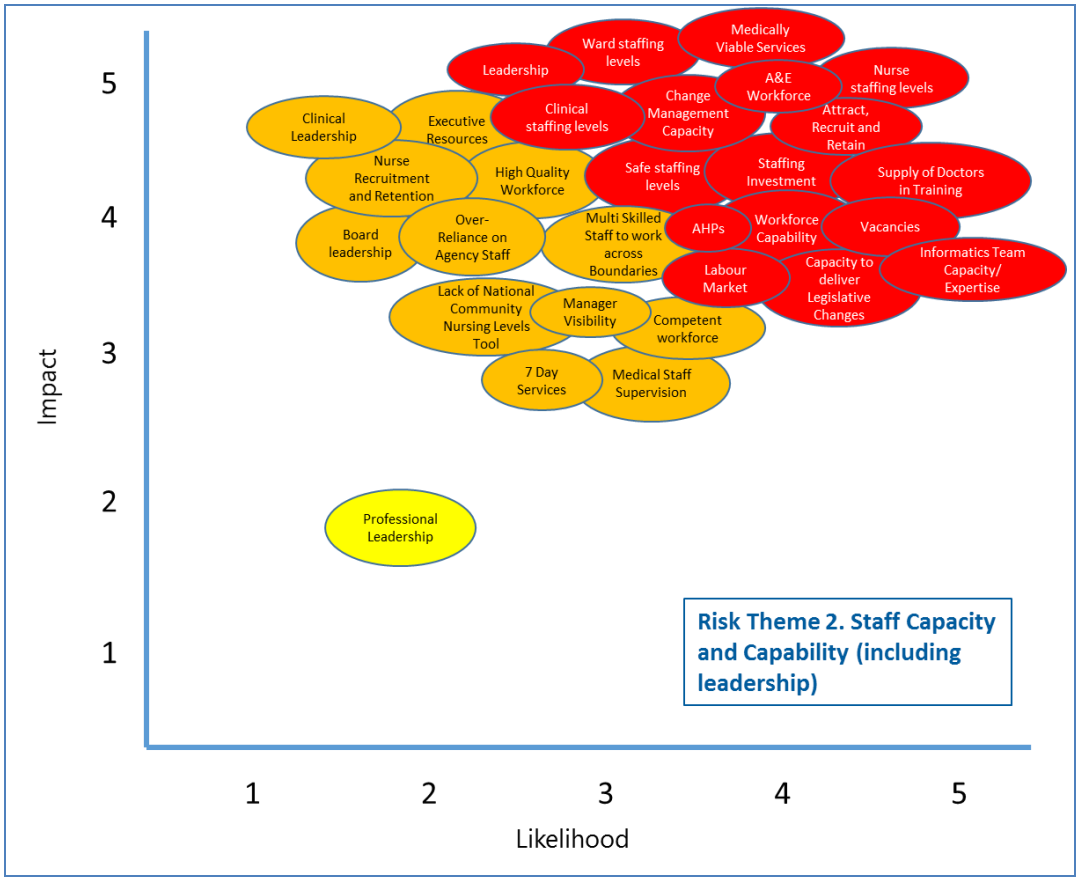


Figure 4 – Staff Capacity and Capability risks within Trust Assurance Frameworks

IMT, Data Quality and New System Implementation

IM&T, data quality and the implementation of new systems to support information requirements remains a challenge for provider organisations. 79% of the assurance frameworks identified at least one strategic risk in this area. The highest risks remained in terms of IT Infrastructure, information governance, availability of healthcare records, data quality and implementation of new electronic patient records systems, with a new risk to reflect the threat of cyber attack.

In our 2014 benchmarking exercise, IM&T was Risk Theme 2 and 94% of the assurance frameworks had at least one risk in this area. More high risks were identified in 2015 across a range of areas and in particular recognising the importance of the delivery of IM&T strategies, robust infrastructures and implementation of systems to enable the organisations to operate efficiently and effectively and enact service transformation.

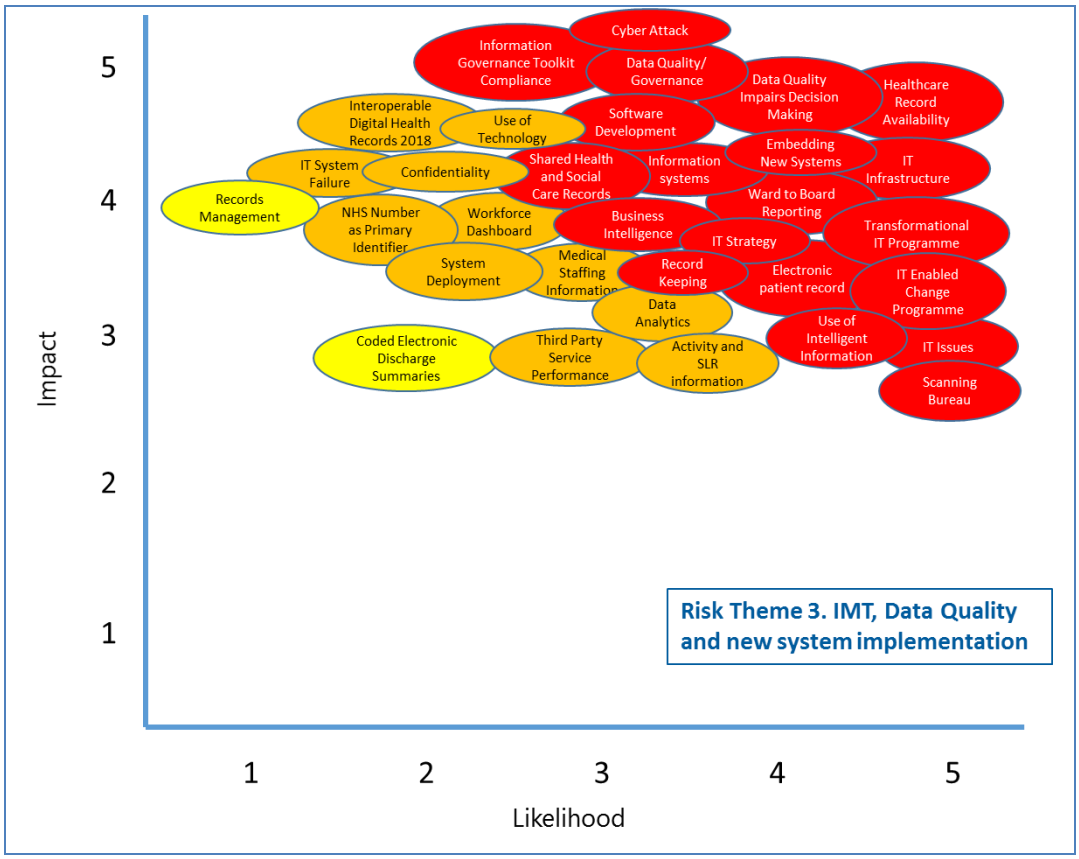


Figure 5 – IMT, Data Quality and new system implementation risks within Trust Assurance Frameworks

Delivering Financial Duties, Continuity of Services Rating and CIP

The financial challenges facing Trusts are well documented and were reflected in the majority of Assurance Frameworks reviewed. 95% of the assurance frameworks specifically identified at least one strategic risk in this area, with quite a lot of commonality in the wording of these risks. All risks were given a relatively High impact rating (either 4 or 5).

Delivering Financial Duties was Risk Theme 6 in our 2014 benchmarking exercise, with at least one risk identified in all of the assurance frameworks reviewed. Comparisons between 2014 and 2015 show the escalation of a number of risks to high, including delivery of cost improvement plans, and financial sustainability. New references were made to liquidity, cashflow, agreement of financial plans and income uncertainty. This is clearly reflective of the financial environment that Trusts are now operating in.

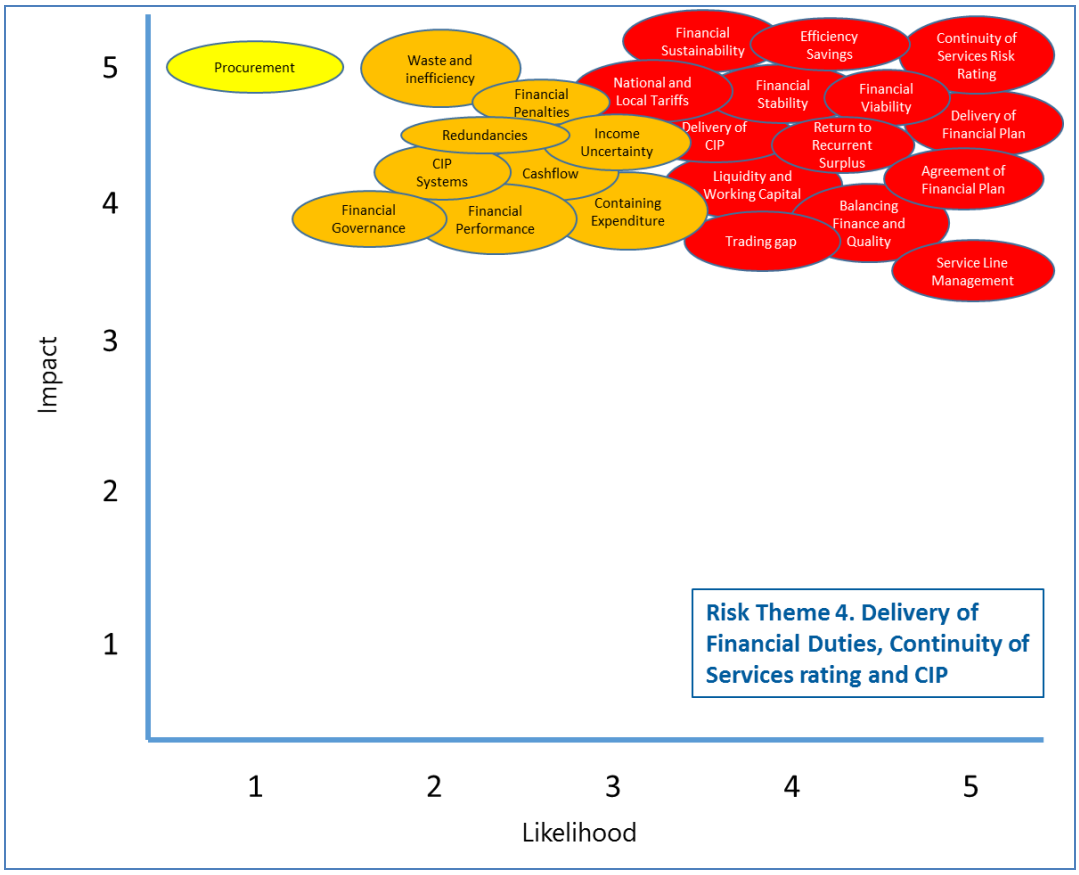


Figure 6 – Delivery of Financial Duties, Continuity of Services rating and CIP risks within Trust Assurance Frameworks

Achieving Performance Targets

National A&E, 18 weeks, infection control, and cancer targets were all recognised within the challenges facing Trusts. 60% of the assurance frameworks identified at least one strategic risk in this area. There were many common risk areas, with 64 risks condensed into just 17.

In our 2014 benchmarking exercise Achieving Performance Targets was also Risk Theme 5, featuring in 69% of the assurance frameworks. In 2015, a number of the performance related risks could be seen to have been amalgamated within regulatory compliance risks recognising the inter-dependency and consequences of the issues raised.

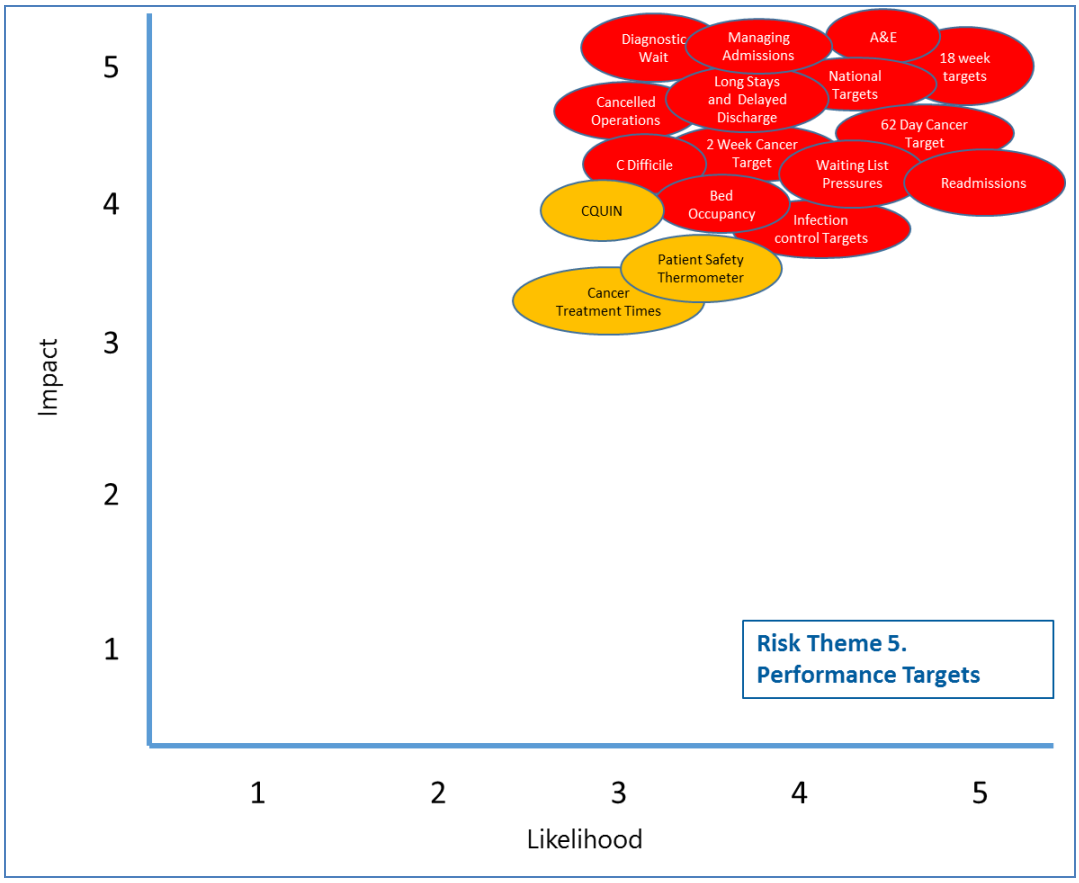


Figure 7 – Performance Targets risks within Trust Assurance Frameworks

Quality of Services

Quality of Services covered a plethora of areas within the assurance frameworks and reflected the challenges faced by Trusts in ensuring high quality of services, including patient safety and clinical effectiveness. 72% of the assurance frameworks identified at least one strategic risk in this area. Whilst identified in their own right as separate themes (not within the 'top 10'), there were also identified risks in respect of areas such as patient experience, safeguarding, cleanliness and mortality which would also be regarded as issues affecting quality of services.

Quality of Services featured in 81% of assurance frameworks and was Risk Theme 1 in our 2014 benchmarking exercise. There was a greater number of high rated risks in 2015, with new risks reflecting the Kirkup recommendations, and clinical variation, and some risks escalating from previous moderate risk ratings, including avoidable harm, and diminished quality as a result of cost savings.

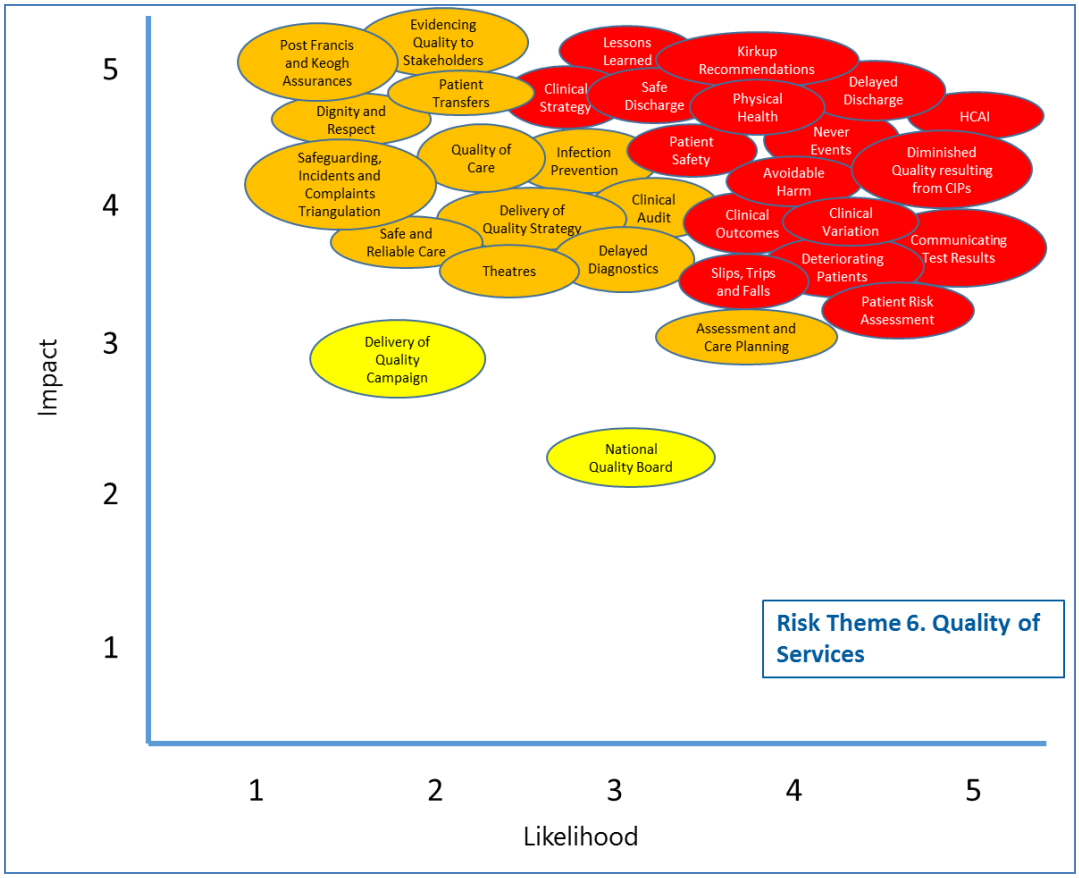


Figure 8 – Quality of Services risks within Trust Assurance Frameworks

Regulatory Standards (including Accreditation)

Regulatory standards is a fundamental area of Trust strategic objectives, with a clear focus on CQC and Monitor regulation whilst also recognising local service accreditations. 67% of the assurance frameworks identified at least one strategic risk categorised in this area. The highest risks related to regulatory action, Monitor Provider License, Trust Development Authority Accountability Framework, CQC and a range of local/ specialist accreditations.

Regulatory Standards was also Risk Theme 7 in our 2014 benchmarking exercise and featured in 81% of assurance frameworks. That said our 2015 exercise included a greater number of high rated risks (albeit within the same percentage across the exercise) and whilst some organisations had an all-encompassing risk for regulatory compliance, others were more specific including risks that had/were actually occurring (e.g. regulatory action, warning notices, special measures).

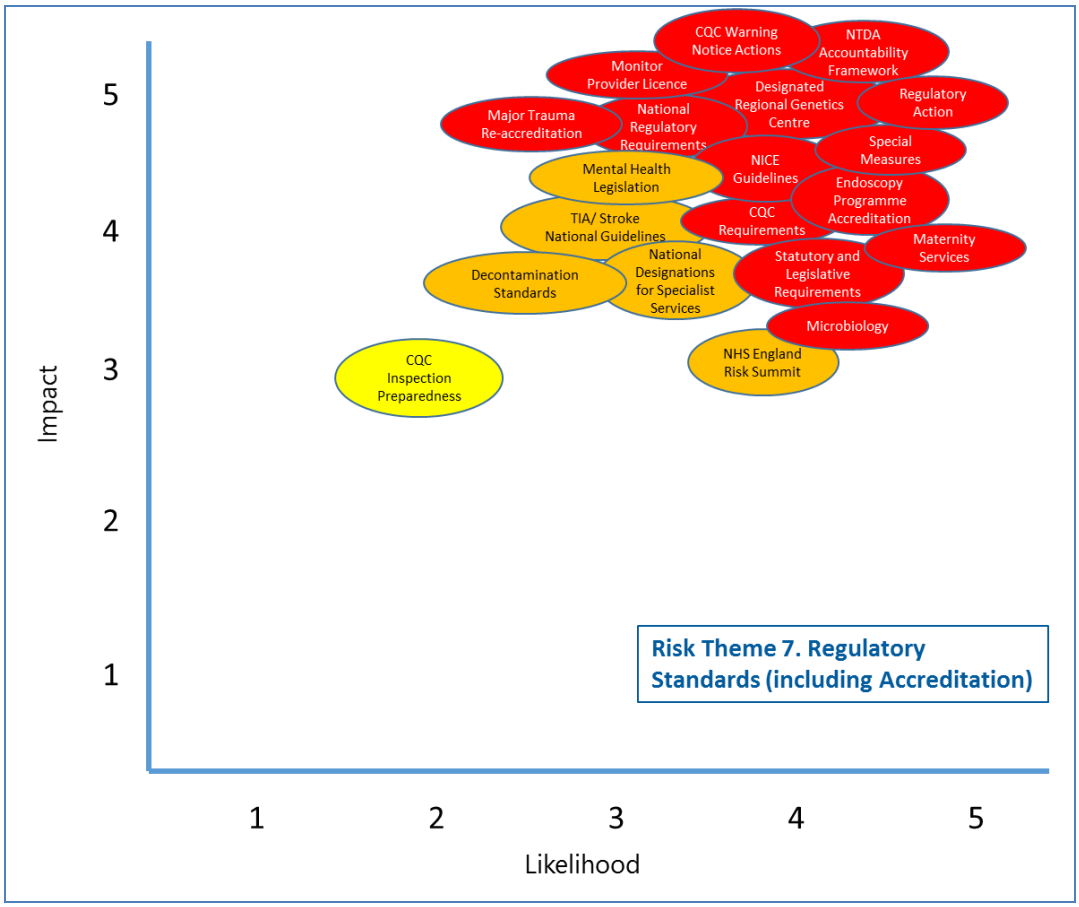


Figure 9 – Regulatory Standards risks within Trust Assurance Frameworks

Human Resources, Organisational Development and Employment Framework

44% of the assurance frameworks identified at least one strategic risk in this area. The highest risks related to workforce planning, and the development and implementation of leadership operating models/ frameworks. Broader themes of talent management, appraisal planning, staff welfare, succession planning and organisational development were also identified as risks. The risks identified within this area were closely linked to those relating to transformation, and staff capacity and capability areas, often expanding on the implications for the organisation and the practical arrangements needed at a corporate level to enable change.

This area was just outside the top 10 (at number 12) in our 2014 benchmarking exercise.

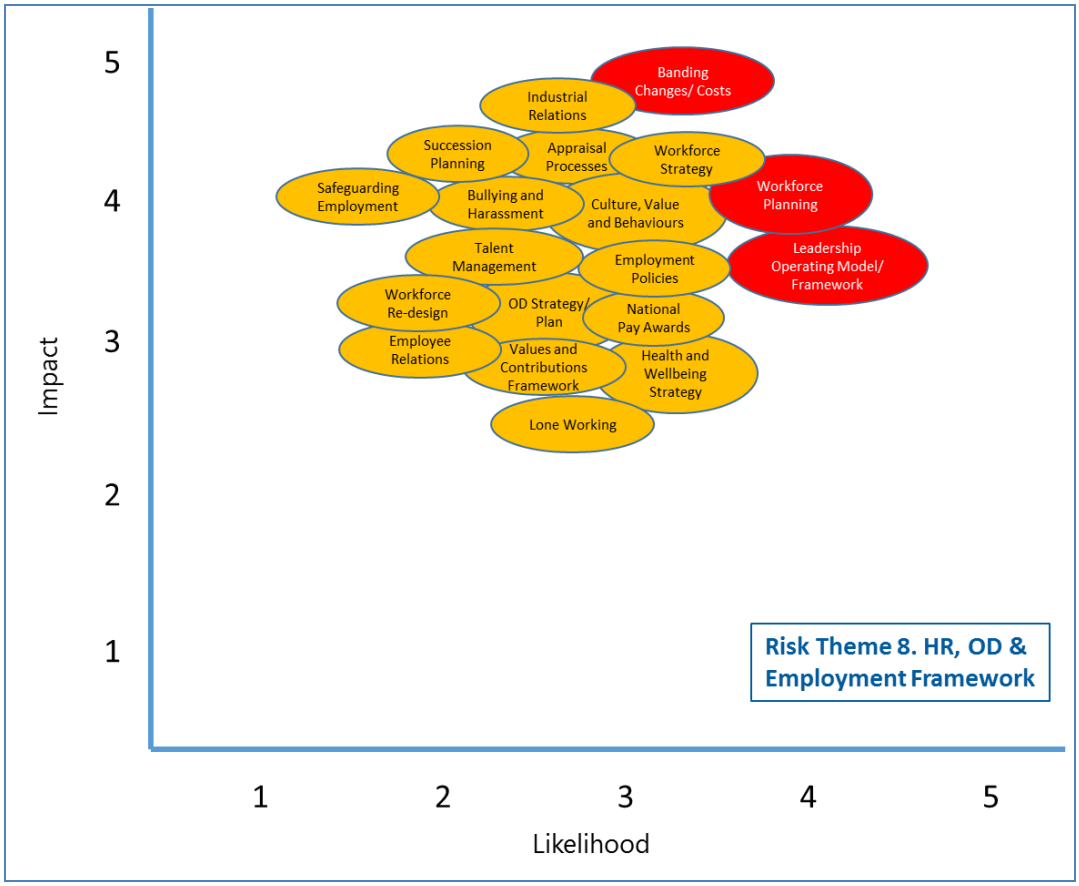


Figure 10 – HR, OD and Employment Framework risks within Trust Assurance Frameworks

Business Development and Growth

Business development and growth was a stronger feature of a number of organisations assurance frameworks, with 51% of the assurance frameworks identifying at least one strategic risk in this area. The high risks were in respect of being able to respond to market changes and opportunities, to position the organisation within the market and to maximise market advantage. A range of moderate risks were identified, including market understanding, commercial skills and expertise, investment, and national processes for transactions.

This area was just outside the top 10 (at number 13) in our 2014 benchmarking exercise. Whilst some aspects were captured loosely within transformation of services risks, it was clear from the analysis that the terminology now being used within organisations is more clearly defined as business development, opportunity and growth.

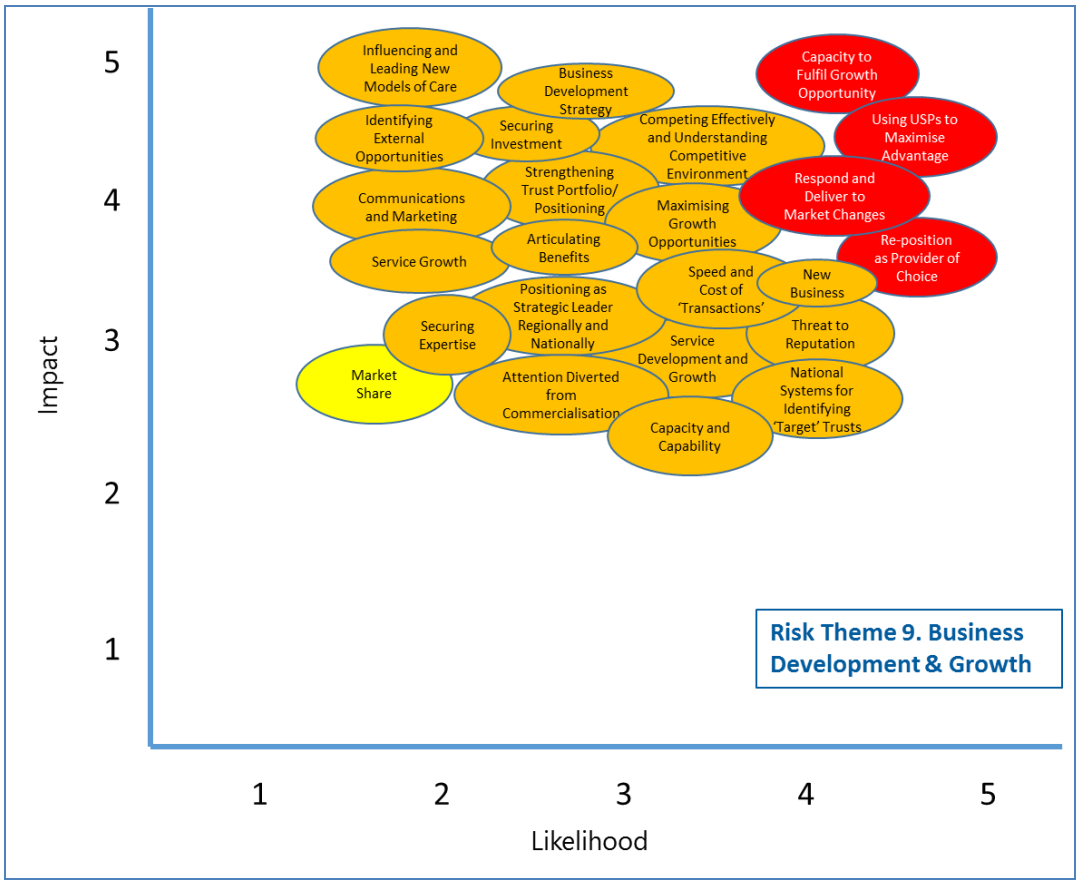


Figure 11 – Business Development and Growth risks within Trust Assurance Frameworks

Estates (including Health & Safety, and Maintenance)

Estates covered a wide range of areas as can be seen from the figure below. 49% of the assurance frameworks identified at least one strategic risk in this area. The high level risks identified included regulatory compliance, environmental risks, and estates strategy. Other risks included the challenges arising from shared premises, issues with estate infrastructure, utilisation and rationalisation, and more specific risks such as legionella.

This area was just outside the top 10 (at number 11) in the 2014 benchmarking exercise.

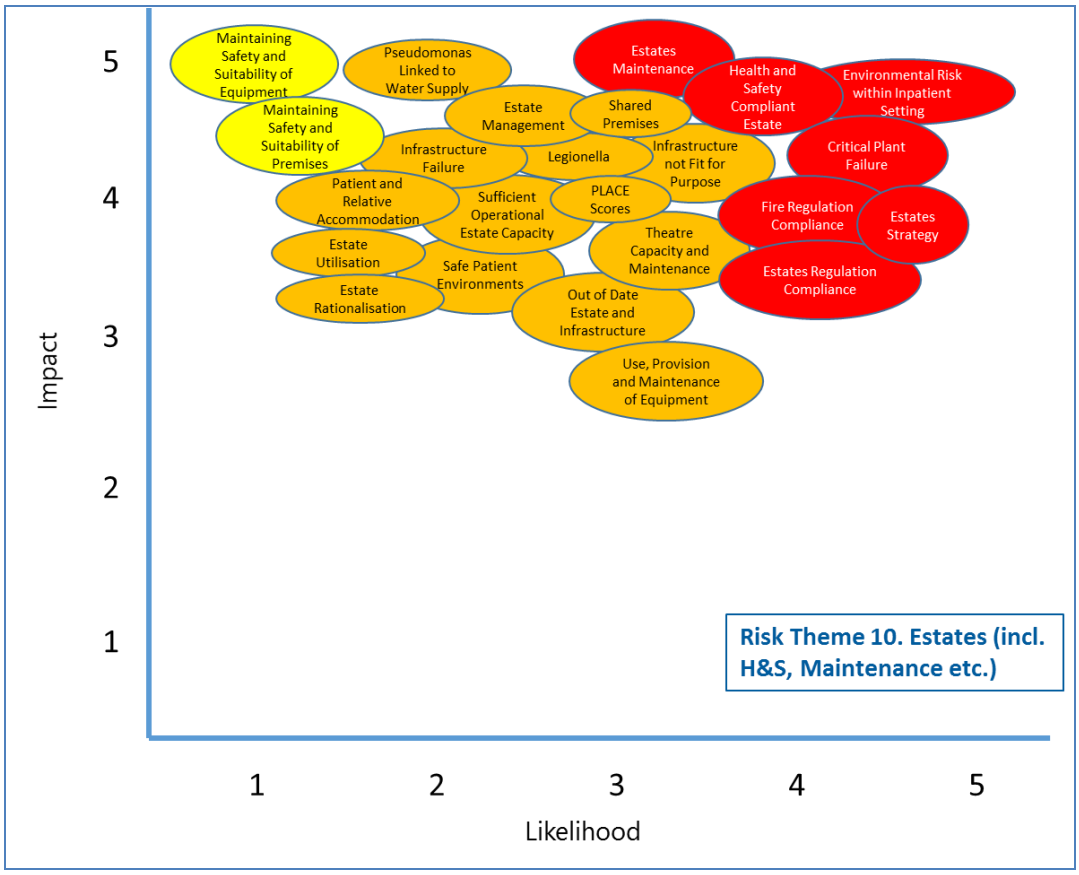


Figure 12 – Estates (including Health & Safety and Maintenance) risks within Trust Assurance Frameworks

Q: Do you recognise the types of risk identified within each of the risk themes and are these applicable to your organisation?

6. Risk Appetite and Target Risk Scores

Almost 50% of the Assurance Frameworks now included reference to risk appetite or target risk score. This reflects the focus on reduction and mitigation of risks, alongside the acceptance that there are inherent risks that will remain and need to be a continued focus for the Board. From the twenty Trusts with target risk scores, the table below summarises the number of current risk scores and the target risk scores.

Table 2 – Current Risk Scores and Target Risk Scores within Trust Assurance Frameworks

Risk	Current Risk Score (No.)	Target Risk Score (No.)
High (15-25)	143	15
Moderate (8-12)	186	190
Low (4-6)	10	116
Insignificant (1-3)	0	18
TOTAL	**339**	**339**

As would be expected the target risks scores are significantly lower overall with a move from one hundred and forty three High rated risks to just fifteen. That said there is a relatively high risk appetite, with Trusts recognising that a significant number of risks would remain within the moderate risk rating and this was generally a reflection of the impact remaining high but the likelihood element reducing.

Figure 13 shows the current risk profiles for each Trust and Figure 14 shows the target risk profiles.

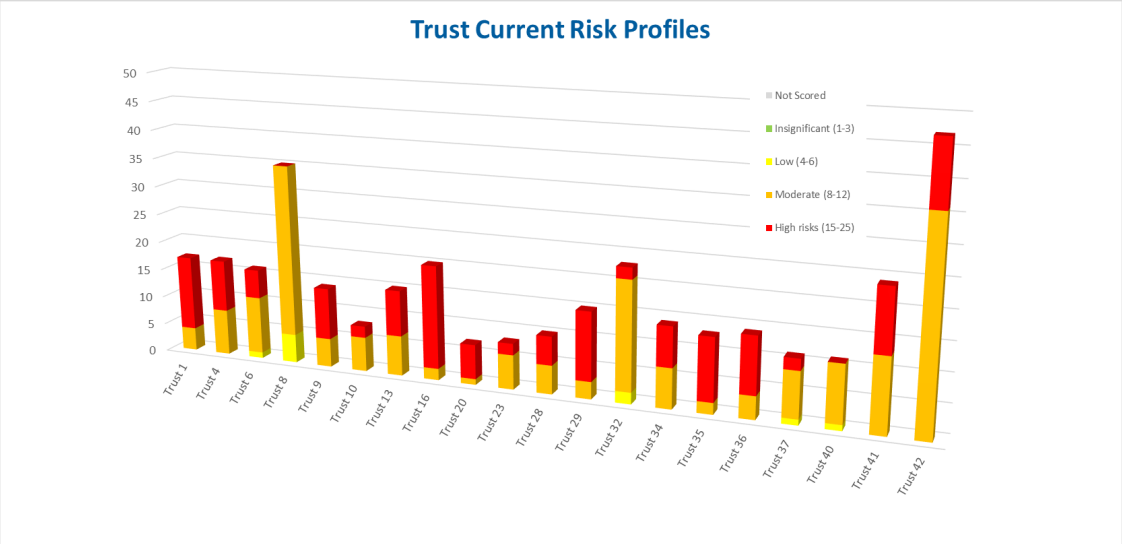


Figure 13 – Current Risk Profiles within Trust Assurance Frameworks

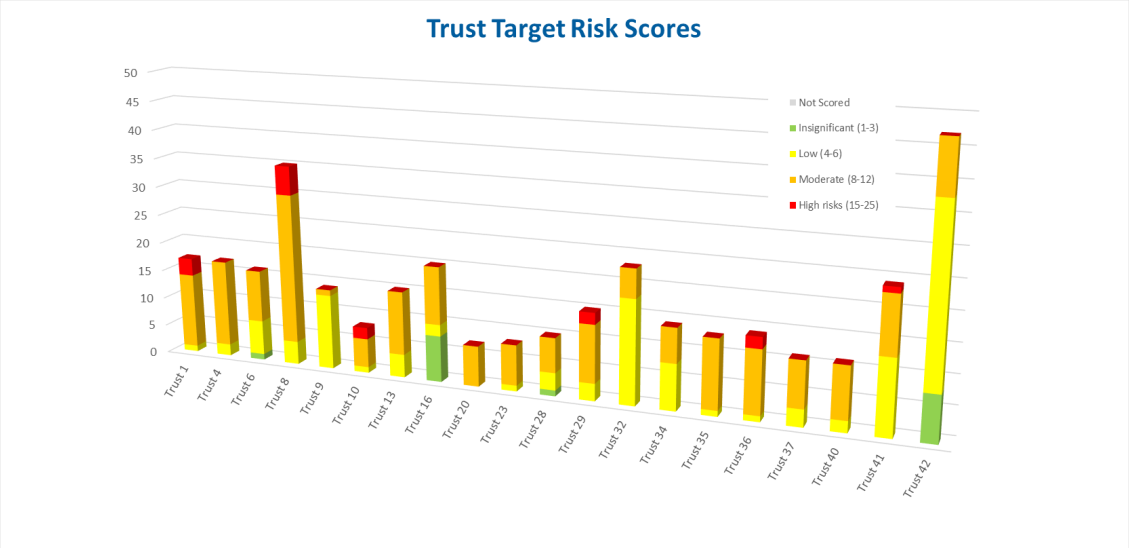


Figure 14 – Target Risk Profiles within Trust Assurance Frameworks

Q: Have you considered risk appetite and identified target risk levels within your organisation?

7. Other Observations

There were some general observations from the detailed review and analysis which are provided below. Overall it was clear that many Trusts had developed their Board Assurance Framework from the initial tabular format to a more sophisticated document, including changes over time and quick glance risk profiles. The table below covers common areas and divergence in terms of the structure and content of the assurance frameworks.

Structure	• A number of the assurance frameworks had a narrative covering paper or dashboard, with the best of these showing movement of risk, gap from target and a quick glance summary of the high risk profile such as a heat map. • The majority of assurance frameworks were structured with objectives, risks, controls, impact/ consequence and likelihood scores, assurances and gaps/actions. Additionally many included clear references to the movement of risk (increasing or decreasing risk scores) since the last period reported, and increasingly a target risk score/ risk appetite confirmation. • Some assurance frameworks had additional headings of risk source, risk register reference etc. • Risk owners or lead officers were also identified against each risk in some but not all cases. • The majority of assurance frameworks included risk scoring using a 5x5 matrix. Some had the basic impact/ consequence x likelihood whilst others included initial, current/ residual and target scores. One assurance framework had a third scoring dimension of 'control' and in this instance the impact, likelihood and control scores were merely added together to get an overall score. One assurance framework did not include risk scoring.
Objectives	• Some assurance frameworks used the strategic objectives as headings with risks identified under each, others cross referenced the risks to objective(s) and for some there was less clarity on which objective(s) the risk related to. Where risks were listed underneath objectives there was greater clarity, yet where the risks were cross referenced it was clear there was more flexibility (especially where one risk impacted more than one objective). • Where detailed, the average number of objectives was 7 (range of 4-27) compared with 7 (range 4-9) in the 2014 benchmarking exercise.

Risks	• The average number of risks was 19 (range 6-71) compared with 26 (range 7-68) in the 2014 benchmarking exercise. • With the exception of the assurance framework that didn't include scoring, all risks had been scored. • Some assurance frameworks used an overarching risk where others provided separate risks (e.g. Aspects of the CQC regulatory requirements or performance targets individually assessed). • Whilst approaches varied in terms of describing risks and the level of detail provided, overall the risk descriptions were clear.
Controls	• The descriptions and details of the controls varied significantly. In most of the assurance frameworks the controls had been kept to key control level, although in some it wasn't clear whether the controls listed really mitigated the risk described or whether every operational control in an area was listed without evaluation of what the key ones should be.
Assurances	• Identification and recording of assurances was the area for greatest development. • Assurances identified were not always clear in terms of scope, frequency and reporting to the Board (i.e. operational assurances without the clarity of route to the Board). • Assurance descriptions did not always confirm evidence based assurance (potentially providing reassurance rather than hard evidence).
Gaps/ Actions	• Some assurance frameworks regularly listed gaps/ actions and others had very few identified. • Many of the assurance frameworks had been developed to show progress against actions and demonstrate how this had influenced changes to risk scores.

In ensuring an effective Board Assurance Framework it is vital to consider the systems and processes underpinning the content and reporting. Key considerations include the relationship between the Assurance Framework, Corporate Risk Register and wider Risk Management processes; frequency of reporting to the Board; and the roles and responsibilities of other Board Committees (e.g. active sponsorship of risks and assurances).

Q: Does your Board Assurance Framework and the processes supporting it need further development and is there an agreed plan to take this forward?

The Insight provides information to support Trusts in understanding how key elements of their Assurance Framework compare with others. It is intended to prompt and inform discussions on this important aspect of Trust governance.

1. *Does your Board Assurance Framework consider the breadth of the risk themes?*
2. *Have you considered the overall risk profile within your organisation and are the number of risks on your Board Assurance Framework manageable in terms of scrutiny and oversight?*
3. *Are there any high risks identified that need to be considered by your organisation, ether in terms of omission within the Board Assurance Framework or in the current risk impact and likelihood scores?*
4. *Do you recognise the types of risk identified within each of the risk themes and are these applicable to your organisation?*
5. *Have you considered risk appetite and identified target risk levels within your organisation?*
6. *Does your Board Assurance Framework and the processes supporting it need further development and is there an agreed plan to take this forward?*

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

What are the top 10 risks for Trusts and how has the risk profile changed?

Our detailed review of Foundation Trust and Trust Assurance Frameworks (September 2015) shows an interesting comparison one year on.

'Transformation and service redesign' risks were the most frequent, reflecting both internal clinical pathway developments and the wider health economy developments, with the highest risks relating to decommissioning of services, scale and pace of transformation, and sustainability as a result of transformation.

'Business development and growth' was a stronger feature of a number of organisations' assurance frameworks, and whilst some aspects were captured loosely within transformation of services risks, it was clear from the analysis that the terminology now being used within organisations is more clearly defined as business development, opportunity and growth.

TRUST TOP 10 RISK THEMES 2014

1. Quality of Services
2. IMT, Data Quality & New System Implementation
3. Transformation & Service Redesign
4. Staff Capacity & Capability
5. Performance Targets
6. Financial Duties, Continuity of Services & CIP
7. Regulatory Standards
8. Capital Developments
9. Staff Engagement
10. Research & Funding

TRUST TOP 10 RISK THEMES 2015

1. Transformation & Service Redesign ↑
2. Staff Capacity & Capability ↑
3. IMT, Data Quality & New System Implementation ↓
4. Financial Duties, Continuity of Services & CIP ↑
5. Performance Targets ↔
6. Quality of Services ↓
7. Regulatory Standards ↔
8. Human Resources, Organisational Development and Employment Framework ↑
9. Business Development & Growth ↑
10. Estates (including H&S and Maintenance) ↑

Comparison of risk profiles from 2014 to 2015 showed the escalation of a number of risks, including delivery of cost improvement plans, financial sustainability, leadership, avoidable harm, regulatory action and diminished quality as a result of cost savings.

New references within assurance frameworks reflected the operating environment including liquidity, cashflow, agreement of financial plans income uncertainty, change management capacity, workforce planning, threat of cyber attack, and clinical variation. An interesting addition to the risks was that of the need for multi skilled staff to be able to work across traditional boundaries. *'Estates, Human Resources, OD and workforce frameworks'* were also new to the 'top 10' in 2015 with *'partnership working'* also climbing closer to the 'top 10'.

We have seen an increase in the number of Trusts using MIAA's expertise to facilitate the development of risk appetite and assurance mapping. We can also facilitate discussions at a local level regarding the detailed report to support reinvigoration of your assurance framework.

Alder Hey Children's NHS
NHS Foundation Trust

RESOURCES & BUSINESS DEVELOPMENT COMMITTEE

Minutes from the Meeting held on Tuesday 23rd February 2016

Present:	Mr I Quinlan	Non-Executive Director (Chair)	(IQ)
	Mr P Huggin	Non-Executive Director	(PH)
In Attendance:	Mrs J Adams	Chief Operating Officer	(JA)
	Ms L Dunn	Director of Marketing and Comms	(LD)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mr A McColl	Head of Business Development	(AMc)
	Mr L Murphy	Head of Contracting	(LM)
	Mrs T Patten	Associate Director of Strategic Development	(TP) (DP)
	Mr L Stark	Head of Planning and Performance	(LSt)
	Mrs M Swindell	Interim Director of HR	(MS)
	Mrs J Tsao	Committee Administrator/PA	(JT)
Apologies:	Mrs C Dove	Non-Executive Director	(CD)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr D Powell	Programme Director	(DP)
Agenda item: 150	Mr P Young	External IM&T Consultant	(PY)

Item No	Item	Key Discussion Points	Action	Owner	Time Scale
15/16/148	**Minutes of the Last Meeting**	The Committee considered the minutes of the last meeting held on 27th January 2016. Under Monitor Plan page 3 paragraph a number of the figures were incorrect. It was agreed this would be amended outside of the meeting. **Resolved**: Subject to the above amendment RABD Committee: approved the minutes as a correct record. The action list was updated accordingly.			
15/16/149	**Matters Arising**	As all items had been included on the agenda there were no matters arising.			
COMMITTEE GOVERNANCE					

15/16/150	**BAF Risk Review / Key Items & Risks to Operational**	**15/16 Cost Improvement Programme** The Cost Improvement Programme (CIP) update paper for the previous meeting had been circulated. As there were no main changes to CIP forecast the report was still valid. Table 1 included CIP forecast for 2015/16 that had failed to deliver. The total value of the programme is £6,152,761. Weekly CIP meetings lead by Jude Adams continued to take place to develop the 16/17 programme. **Resolved:** The RABD committee received and noted the content of the 2015/16 Cost Improvement update. **Implementation of EPR** **Resolved:** Rob Forde, Lead for the Implementation of EPR had left the Trust with little notice last week. Peter Young IM&T External Consultant agreed to provide an update to the Committee at the next meeting in March 2016. **Update report from Interim CIO** External IM&T Consultant, Peter Young gave a presentation on the IM&T review. The proposed IM&CT structure included a Head of Clinical systems training to support data quality issues and a Chief Information Officer to support delivery. Claire Liddy queried resources for proposed systems reporter. It was agreed this would be discussed further outside of the meeting. Meetings had been held with the Trust's IM&T Suppliers to discuss ongoing concerns and action plans for delivery to an agreed timescale. The RABD Committee queried the communication plan with clinicians and the Board. Peter Young agreed to present this item at the next Board meeting.			

DRAFT

		Resolved: The RABD Committee received the IM&T proposals and agreed for this item to be shared at the Board meeting in March 2016. **Strategic themes progress update** Therese Patten went through the revised change programme structure. The strategic themes research and education now fall into a separate workstream which reports progress to the Research, Education and Innovation Committee. The themes Developing our Business and Services in Communities will continue to report progress to Resources and Business Development Committee. Moving forward this will be in the form of PIDs where exceptions to expected progress will be highlighted. Therese Patten reported on the Trust Development Authority (TDA) transfer of Liverpool Community Health to another organisation. The services had been separated into two bundles. Liverpool and Sefton Community services. As Sefton Community services did not include Children's Health the Trust would only be interested in the Liverpool Community Children's services. Deadline for submission of interests in these services was Thursday 7th April 2016. A proposal to move forward on International/Non NHS Inpatient services would be presented at the Board meeting in March 2016. Therese Patten went through the in-country projects continuing to be explored. It was estimated to contribute a total forecast of £0.3 for two beds raising to £0.6m for four beds in year and £0.1mfor the in-country work (both FYE). **Resolved:** The RABD Committee noted the content and progress of the strategic themes.			

DRAFT

FINANCE AND PERFORMANCE					
15/16/151	**Monthly Debt Write Off**	**Resolved:** No Monthly debts write off was received for Month 11, February 2016.			
15/16/152	**Finance report**	Claire Liddy, Deputy Director of Finance presented the Month 10 Finance report. The Trust is reporting a deficit of £4.9m, £1.9m behind plan. Income is behind plan by £2.9m due to elective and OP activity. Pay is £3.6m overspent due to agency staff. The RABD Committee asked to see an action plan on reducing agency spend to be presented at the next meeting. **Resolved:** The RABD Committee received and noted the content of the month 10 Finance report.			
BUSINESS DEVELOPMENT					
15/16/153	**Contract Income Monitoring**	The Committee considered a report prepared by the Head of Contracting, Laurence Murphy regarding the Trust's performance versus contract plans. Activity based income was £900k below plan in January suggesting the CBU's underperformed the recovery plans in the month. Performance is continuing to be monitored weekly including a 'forward look' to ensure theatre & clinic bookings match the revised plans to the 31st March. A & E performance. Liverpool CCG are informally monitoring AHFT's recovery trajectory relating to the A&E 4 hour wait target. To date the Trust has been fined £200k for A&E breaches which the CCG will re-invest in AHFT if performance improves. The Trusts local NHS England contracts have approved a 2015/2016 year end position at an underperformance of £1.5. **Resolved:**			

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		The RABD Committee noted; An underperformance of £3.2m (2.1%) in income cumulative to 31st December, the favourable year end settlement with NHS England & progress regarding the 2016/2017 contract negotiations.			
15/16/154	**Marketing and Communications Activity report**	The Committee received the Marketing and Communications Activity Report for January 2016 prepared by the Head of Communication, Louise Dunn. Positive media drops back to 'normal' proportion post-Christmas coverage. A TV series called Ouch based on operations was filmed last year and aired in January 2016. A second series has been approved and filming is due to start in April 2016. **Resolved:** The RABD Committee noted and received the contents of the Marketing and Communications Activity report for January 2016.			
15/16/155	**Business Development Plan**	Head of Business Development, Andrew McColl reported business development plans were behind schedule. CBUs had been asked to provide an action plan and this would be presented at the next RABD meeting in March 2016. A decision from Vanguard regarding potential funding for Paediatrics Rehabilitation was awaited. It was anticipated a decision would be made in mid-March 2016. **Resolved:** The RABD Committee received and noted the key issues raised at the Marketing & Business Development Group meeting held on 3rd February 2016.			
15/16/156	**Programme Management Office**	**Resolved:** The RABD Committee noted and received the minutes of the Programme Board meeting held on 28th January 2016.			
15/16/157	**Corporate Performance Update and Financial**	**Resolved:** The RABD Committee received the Corporate report ending 31st January 2016.			

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	Summary	The RTT open pathways indicator has been achieved in month and validation work continues to ensure the backlog is an accurate record of waits. Focus remains on improving the 4 hour target. Monthly meetings have been scheduled with Liverpool CCG to support a whole economy approach to managing patient flow. During this period of 60% of patients attending A&E were green triaged patients. There had been a major incident to the A&E Department last Friday. Six Children had been hit by a car outside of a local school. There were no fatalities and the trauma teams had been excellent dealing with the incidents. Judith Adams reported on the new performance management arrangements linked to the Trust strategies and change programme. The new metrics would be available for the May committee detailing April performance. Lachlan Stark would present the monthly waiting times exception report.			
	Weekly waiting times update	**Resolved:** Head of Performance and Planning Lachlan Stark presented the February weekly waiting times report for information.			
	Date and Time of the Next Meeting	The next meeting of the Resources and Business Development Committee will be held on **Wednesday 30th March 2016** at **09:30am** Level 1, Room 5			

ACTION LOG 2015-16

Ref	Action	Owner	Timescale	Status
15/16/135	To present the draft CIP Plans for Finance and HR at the RABD meeting on 27th April 2016	MS	27th April 2016	
15/16/152	To present an action plan on agency spend	CL	30th March 2016	
15/16/155	To present a progress update on Business Development plans	AMc	30th March 2016	
15/16/157	Performance arrangements within the waiting times report to be presented at future meetings	LS	30th March 2016	
15/16/157	To agree if CBU General managers and clinical directors would be invited to future RBD meetings to provide assurance on the	ALL	30th March 2016	

Ref	Action	Owner	Timescale	Status
	top 10 performance metrics the committee needed to be sighted on.			

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