Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 6th December 2016 commencing at 1000

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

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000	**PATIENT STORY**			
Board Business						
1.	**16/17/177**	**1015**	**Apologies**	Chair		--
2.	**16/17/178**	**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/179**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on; **1st November 16**	Read Minutes
4.	**16/17/180**	**1020**	**Matters Arising** - **Revised CBU Structure**	Chair M Barnaby	To discuss any matters arising from previous meetings and provide updates and review where appropriate To provide an update on progress	Verbal Verbal
5.	**16/17/181**	**1030**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**16/17/182**	**1040**	**External Environment/STP** **Progress against strategic themes** - **Community Services** - **Liverpool Women's** - **Reconfiguration Options** - **Global Health** - **Cardiac Services**	L Shepherd C McLaughlin J Stephens	To update the Board with regard to ongoing processes with the local health economy To provide an update on progress	Verbal Verbal Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
Inspiring Quality – Are we safe, are we caring and are we effective?						
7.	**16/17/183**	**1105**	**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.	**16/17/184**	**1110**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held in: November 2016	Read minutes
9.	**16/17/185**	**1115**	**Infection Prevention and Control**	H Gwilliams	To present the Quarter 2 report	Read report
Great Talented Teams						
10.	**16/17/186**	**1125**	**People Strategy Update** - **Workforce and Organisational key issues 12th October 2016**	M Swindell C Dove	To provide an update on the strategy and staff survey To receive the key issues report.	Read report/ Presentation Read report
Financial Growth, Safeguarding Core Business and Governance						
11.	**16/17/187**	**1145**	**Corporate Report**	J Stephens/ M Barnaby/ H Gwilliams/ M Swindell	To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of October 2016	Read report
12.	**16/17/188**	**1200**	**Draft Operational Plan 2017-19** **NHS Improvement Guidance for Operational and Activity Plans (for information)**	J Stephens	To present and discuss the draft narrative plan submitted to NHS Improvement on 24th November and seek comments prior to submission of the final plan on 23rd December	Read report
13.	**16/17/189**	**1215**	**Programme Assurance update** • **Clinical Quality Assurance**	J Gibson	To receive an update on programme assurance.	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
			Committee **-Our patients at the Centre : Improving Outpatients** • **Resource Assurance and Business Development** **-Developing our business** **-services in the community** **-supporting Frontline staff** • **Research, Education and Innovation Committee**	M Barnaby/ R Greer	To update the Board on progress to date.	Presentation
1230 – 1300 LUNCH						
14.	**16/17/190**	**1300**	**Integrated Assurance Report** **Including:** - **Integrated Governance Committee Assurance Report** - **Corporate Risk Register** - **Board Assurance Framework**	E Saunders	To receive the assurance report following the Integrated Governance Committee in November.	Read report
15.	**16/17/191**	**1310**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on: 4th November 2016.	Read minutes
16.	**16/17/192**	**1312**	**Research, Education and Innovation Committee**	I Quinlan	To receive and review the minutes from the meeting held on:7th July 2016	Read minutes

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
17.	**16/17/192**	**1315**	**Audit Committee: Chair's update**	S Igoe	To receive and review the minutes from the meeting held on: 22nd September 2016.	Read minutes
Patient Centred Services						
18.	**16/17/193**	**1320**	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
Any Other Business						
19.	**16/17/194**	**1330**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date and Time of Next Meeting: Tuesday 10th January 2017 at **10:00am, Institute in the Park, Large Meeting Room**						

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

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 1st November 2016, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr R Turnock	Medical Director	(RT)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Dame J Williams	Non-Executive Director	(JW)
In Attendance:	Ms L Dunn	Director of Marketing and Communications	(LD)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs M Swindell	Director of HR & OD	(MS)
	Mrs C McLaughlin	CBU Director	(CMCL)
	Dr M Ryan	CBU Director	(MR)
	Mr D Powell	Development Director	(DP)
	Mr C Duncan	CBU Director	CD)
	Mrs K Critchley	Committee Administrator	(JT)
Observing:	Mr M Jones	Consultant Surgeon/Staff Governor	(MJ)
Apologies:	Professor M Beresford		

Staff Story:
The Board welcomed Val Unsworth and Mandy Kelly to the meeting. They both spoke with great passion about the Bereavement Service and the practical and emotional support provided to families following the death of a child. The service operates 24/7, 365 days a year. In addition to this valuable service, the team also provide support to staff and training both within Alder Hey and outside of the hospital. They provided a very moving example of one case they had worked on in the last year. They also offered Board members the opportunity to visit the service and see their work first hand.

The Board thanked Val and Mandy for attending and sharing the important and valued work undertaken by the team.

16/17/142 Declarations of Interest
None declared.

16/17/143 Minutes of the previous meetings held on 4th October 2016
The Board received and reviewed the Minutes from the meeting held on 4th October 2016.

Resolved:
The Board **approved** the Minutes of the 4th October 2016 as a correct record of proceedings.

16/17/144 Matters Arising and Board Action list

Revised CBU Structure
MB gave a verbal update on progress with the CBU restructure. She said that MR had resigned from the position of CBU Director to take up the position of Medical Director with UC24. Steps were being taken to recruit to this post. An external appointment had been made to the post of Associate Chief of Operations (Medicine). Will Weston, currently Divisional General Manager at RLBUHT, will take up the position in January. Interviews were scheduled for the Director of Clinical Effectiveness and Transformation position. Each CBU Director was in the process of finalising structures and MB was optimistic these would be confirmed by December. CMcL had been appointed interim Director – Community Services.

Freedom to Speak Up
SI provided feedback following attendance at a national event. It had been borne out that the Trust's approach of using existing structures/roles to enable staff to raise issues and to provide support was appropriate. SI would now begin to draw together a communications and implementation plan with support from Executive and other colleagues including Kerry Turner, LiA Lead for the Trust.

16/17/145 Key Issues/Reflections:
Alder Centre – DP briefed the Board on an application for LIBOR funding. If successful, this funding would support the re-development of the Alder Centre.

Liverpool Community Services Tender – LS was pleased to report that the two non-core paediatric services, ie SaLT and Community Matrons, had both been awarded to Alder Hey.

16/17/146 External Environment/STP/Progress Against Strategic Themes
STP – LS confirmed that the STP had been submitted to NHSE on 21 October. That had been preceded by a workshop attended by representatives of health and social care organisations across Cheshire and Merseyside where there had been a stocktake on the current position and discussions on next steps. Work streams would now focus on driving forward with:

- Demand management and prevention at scale
- Reducing variation and improving quality – supporting hospital reconfiguration
- Reducing costs through back office collaborative productivity
- Reducing costs and improving quality through clinical support services collaboration.

Alder Hey would be represented within these work streams and the Operational Deliver Board would be focussing on the STP and implications for Alder Hey each month.

Children's Community Services - LS and CMcL briefed the Board on the Strategy presented at the Children's Transformation Board meeting. They were concerned that the strategy did not clearly articulate commissioning intentions or an implementation plan. It was also the view that Alder Hey should be leading on Paediatric Services across Cheshire and Merseyside. Therefore, it was **agreed** that the Board would have a half-day workshop on Children's Community Services.

Liverpool Community Health (core Paediatric Services) - Bridgewater NHS FT – JS said that the outcome of the tender was not yet known. However, Alder Hey would continue to work with Bridgewater on the development of community services.

Liverpool Women's Hospital - Alder Hey's response on the factual accuracy of the pre-consultation business case 'Review of Services Provided by Liverpool Women's NHS Foundation Trust' was tabled. This set out the view that the options do not fully explore all the real risks for women and babies, nor provide the opportunity to develop a world class service for the future. Therefore, Alder Hey could not support progression to public consultation with the options presented. It was **agreed** that Executive Directors would continue to develop an option that achieves keeping mothers and babies together at the start of a child's life.

Global Health – LD briefed on progress with the Partnership between Alder Hey and Al Jalilah Hospital in Dubai. The Chairman had been invited to a ceremony on 8 December where there would be formal signing of a 6-month consultancy agreement. JS confirmed that an internal group had been established to address operationalisation of agreements and to assess the potential of longer term commitments.

Cardiac Services – LS confirmed that a meeting with clinical colleagues in Manchester had taken place. Public consultation would now commence on 12 December.

16/17/147 Serious Incidents Report

HG presented the report. There had been an incident of a Grade 3 pressure sore under a cannula site reported in September. The RCA process had commenced. She reassured the Board that all national standards were being achieved (and enhanced) in respect of pressure sore prevention.

Resolved

The Board received the Serious Incident Report for September noting one new pressure sore, three ongoing investigations and one new safeguarding issue.

16/17/148 Clinical Quality Assurance Committee: Chair's Update

The Board received the Minutes from the meeting held in October 2016.

RT updated the Board on the commitment and progress made on implementation of protocols on the early identification and treatment of Sepsis. This was being closely monitored by CQAC.

Resolved
The Board received the Minutes of the meeting held in October and a verbal update from the meeting.

16/17/149 Mortality Report – Quarters 1 and 2

RT presented the Mortality Report for Quarters 1 and 2. In response to concerns expressed by LS, discussion took place on the content of the report and the Sequential Probability Ratio Test results. RT described how scores were calibrated and said there was no cause for concern. He said that reviews were undertaken in a timely manner at departmental level but difficulties were being encountered in achieving HMRG reviews within 4 months. The reasons for this had been identified and discussions were taking place amongst the group about the most effective way of catching up with a view to addressing the issues promptly.

Resolved
The Board received and noted the content of the Quarters 1 and 2 reports.

RT agreed to bring proposals to the next Board meeting on how the HMRG reviews could be undertaken within the 4 month timescale and how the backlog could be addressed.

16/17/150 People Strategy

Staff Survey – MS confirmed that the staff survey had been distributed with a 22% response rate to date. Reminders would be issued.

LiA – It was noted that the Pass It On event was scheduled for 14th November where the next cohort of teams would be confirmed.

Guardian of Safe Working – It was reported that interviews had been scheduled.

Apprenticeship Levy – It was noted that work was being progressed on the Apprenticeship scheme to provide training within the Trust. The value of this was in the region of £750k.

Recruitment Services – MS reported that MIAA had undertaken a review of recruitment processes and had given significant assurance. Positive feedback had been forthcoming from recruiting managers about the services provided. It was noted that recruitment services were being looked at collaboratively across the C&M STP footprint.

Payroll – MS briefed the Board on an issue with HMRC which had affected 300 Trusts across the country – including Alder Hey. She gave an assurance that any staff affected would receive pay corrections tomorrow.

Minutes of the Workforce and Organisational Development Group meeting held on 5th September

The Board received and noted the notes of the WOD meeting held on 5th September

Resolved:
The Board received and noted the minutes of the meeting held on 5th September.

16/17/151 Corporate Report

JS presented the financial results for Quarter 2 ending 30th September 2016. He explained that the plans have been updated to reflect the agreement to the control total for 2016/17. In terms of performance, the Trust actual financial results at the end of quarter 2 were in line with the revised plan. The financial position for control total purposes is an actual deficit is £4.3m. The overall deficit after taking into account government grants, impairments and gains/(losses) on asset disposals is £3m which is better than plan by £0.6m. This is due to the non-recurring benefit of gains on the disposal of fixed assets. The Trust is forecasting to deliver the year end control total of £0.2m deficit. There is circa £2.1m unresolved financial risk to achieving this target but weekly meetings are ongoing with Clinical Business Units to agree and implement plans to mitigate this risk. Trust Board and the Resources and Business Development Committee will be appraised of progress each month and a stocktake of the financial forecast will be undertaken at the end of Q3. The aim though is to put all efforts into achieving this year's plan.

Operational Performance – HG was pleased to report that ED performance had been sustained through Q1 and Q2 and that the Trust's ED was in the top 6% across the country. CAMHS waiting times were reducing in line with plans. Productivity had improved against all standards. Gaps in junior doctors' rotas still require ongoing management and solution.

HG was pleased to report that the number of medication errors reaching patients had been significantly reduced. There had been an excellent response rate to the Friends and Family Test. 4 out of 5 targets had been achieved in the in-patient survey. HG described improvements to coding currently being made. It was anticipated that this would enable an increase in Play Specialists. There had been one MRSA bacteraemia reported in September. A post infection review had been undertaken and an action plan developed. Acute re-admission of patients with long-term conditions remains low.

JW gave her initial reflections on the format of the corporate report and agreed to discuss with ES.

Resolved:
a) The Board noted the Corporate Report for Month 6.

16/17/152 Strengthening Financial Performance and Accountability in 2016/17 – Next Steps

The Board received a letter from NHSI, setting out next steps and actions ahead of Quarter 2 in respect of stabilising NHS finances and kick-starting expenditure reduction in 2016/17.

Resolved:
That the letter be received and noted.

16/17/153 Programme Assurance Update

Joe Gibson, Programme Director, attended for this item. He gave an update on the Programme Assurance Framework. He drew particular attention to the summary of Developing our Workforce which was currently rated red. He said that behind the overall rating, of the 15 projects – 8 were rated green, 1 red and 6 black. Future reports would contain details around the position of each of those projects. During the next month there would be a focus around issues with EPR. JG was pleased to report significant progress with the Developing the Park, Community Estate and Facilities work stream.

Resolved:
That the Board note the Programme Assurance Update.

16/17/154 Integrated Assurance Report – Board Assurance Framework

ES presented the October update report.

The Board was briefed on an unforeseen issue with sterilisation of endoscopy equipment which had impacted activity. The Operational Delivery Board had discussed and agreed an interim solution. Consideration was being given to a longer term sustainable solution. DP was in the process of discussing the financial implications with Laing O'Rourke.

Resolved
a. That the BAF be received and noted.
b. That a report be submitted to IGC in November on a sustainable solution to endoscope decontamination (MB).

16/17/155 Resources and Business Development Committee

The Board received and noted the Minutes from the RABD meeting held on 28 September.

Resolved
That the Minutes of the RABD meeting held on 28 September be noted.

16/17/156 Alder Hey in the Park

DP reported on progress.

Demolition - Preparation had begun for demolition of the old hospital which would commence in March 2017.

Residential - Stage 2 dialogue was ongoing with 3 shortlisted bidders. The preferred bidder to be selected in January 2017. Board Members were

encouraged to attend the bidder presentations. CD emphasised that community values must be at the core of the selection criteria.

Park – Engagement with local groups/stakeholders and exploring various funding options continues. DP described a vision for a Community Enterprise Co. Discussions were underway with the City Council regarding Heads of Terms.

Corporate Offices – Research & Education Phase II - DP briefed the Board on the residual gap on the R&E scheme. It was agreed that IG/SI, DH and DP would meet to review the position in detail.

Resolved:
That the Board receive and note the update report.

16/17/157 Strategy for Children's Service

Jane Lunt and Alison Williams from Liverpool CCG were welcomed to the meeting. They presented the Strategic Framework for a new model of Integrated Children and Family Services for North Merseyside. They described how the CCG, LA and Alder Hey had worked together to develop the framework which would now shape mobilisation of plans and service delivery A key priority would be to develop the clinical blueprint to address the needs of the population. They referenced the alignment to the work undertaken by the Children's and Maternity Vanguard.

Discussion took place on next steps towards delivery of the vision for an integrated children's and family services model. AW and JL agreed that next steps would be to translate the strategy/vision into reality. The governance arrangements for this would be provided through the Children's Transformation Board. The AH Board was keen that implementation of the Strategy be accelerated and there was concern that the complexity of design would be difficult for families to navigate/access services.

In conclusion, DH reaffirmed Alder Hey's support for the strategy and asked that the CCG ensure that Providers be at the forefront of driving the strategy forward. Next steps would be the development of an implementation plan.

Resolved:
That the Board support the vision for an Integrated Children's and Family Services model.

16/17/158 Hackathon Competition

DP introduced two out of the top-three prize winners at the recent Hackathon. Both teams presented their innovative ideas:

- #BEU – An app encouraging teenage girls to remain involved in sport
- Team Omega – A self-management tool for stress

DP said that a commercial structure was being explored that would allow these ideas to be developed.

16/17/159 Any Other Business

No further business was discussed.

Date and Time of next meeting: Tuesday 6th December, at 10:00am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th December 2016

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

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1. Background:

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

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

Safeguarding children cases reported through StEIS are included in this report. 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 Committee (CQAC).

2. SIRI performance data:

	SIRI (General)												
	2015/16								2016/17				
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**
New	2	2	1	1	3	1	2	1	2	0	1	1	2
Open	3	3	3	5	6	7	6	3	2	4	2	3	3
Closed	1	0	2	1	0	2	2	5	2	0	2	0	1
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**
New	0	0	0	1	2	0	0	0	1	0	1	1	2
Open	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Total closed	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

3. Recommendations:

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

New SIRI Incidents reported between the period 01/10/2016 to 31/10/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
RCA 207 2016/17 StEIS 2016/27276	19/10/2016	Surgery	Approximately 800 patients not sent follow-up appointment due to being placed on a queue that was not visible.	Tony Rigby, Deputy Director of Risk & Governance	Information gathering stage.	Yes	N/A (no patient harm at this stage).
RCA 208 2016/17 **Internal**	29/10/2016	Surgery	Patient intubated on ward during resuscitation, delay in emergency alarm being raised and in following resuscitation protocol.	Pete Murphy, Consultant Anaesthetist	Information gathering stage.	Internal	N/A (no patient harm).

New Safeguarding investigations reported 01/10/2016 to 31/10/2016: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2016/26992	12/10/2016	Integrated Community	SUDiC – Patient transferred from Countess of Chester following attempted hanging, pronounced brain stem dead on the 11/10/2016.	Safeguarding Team	For information only	Yes	Yes

StEIS 2016/28107	26/10/2016	Integrated Community	SUDiC – Patient was brought to ED following an RTC, patient was on a push bike and knocked over by a car. Patient sadly died of his injuries.	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 204 2016/17 StEIS 2016/25024	21/09/2016	SCACC	Grade 3 pressure ulcer under cannula.	Dianne Topping, Senior Nurse	RCA panel meeting held, report in the process of being written.	Yes	Yes
RCA 199 2016/17 **Internal**	18/08/2016	SCACC	Unavailability of neuro equipment for emergency procedure.	Lisa Westley, Theatre Clinical Lead	RCA report in final quality check stage.	Internal	N/A (no patient harm).
RCA 190 2016/17 StEIS 2016/14784	31/05/2016	ICS	Delayed transition of a 17.5 year old CAMHS patient.	Lindsey Marlton, Service Manager, CAMHS	Multi-agency RCA. Meeting held between Alder Hey and Liverpool CCG in November 2016. Incident to form part of the development of the complex needs pathway; Liverpool CCG to liaise with Complex Needs Pathway Lead, await confirmation of final decision by Liverpool CCG.	Yes	Duty of Candour process not led by Alder Hey.

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

SIRI incidents closed since last report						
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Outcome**	**Duty of Candour/Being open policy Implemented**
RCA 182 2016/17 **Internal**	02/06/2016	SCACC	Overdose of potassium in CVVH bag.	Sue Tickle, Sister, Critical Care	Final report sent out November 2016.	Yes

Safeguarding investigations closed since last report
Nil

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 16th November 2016,
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland (Chair)	Non-Executive Director	AM
	Mags Barnaby	Interim Chief Operating Officer	MB
	Pauline Brown	Director of Nursing	PB
	Jeannie France-Hayhurst	Non- Executive Director	JFH
	Hilda Gwilliams	Chief Nurse	HG
	Steve Igoe	Non-Executive Director	SI
	Erica Saunders	Director of Corporate Affairs	ES
	Jonathan Stephens	Director of Finance/Deputy CEO	JS
	Melissa Swindell	Interim Director of HR	MS
In Attendance:	Adam Bateman	General Manager Surgery	AB
	Christian Duncan	Director of Surgery CBU	CD
	Jacqui Flynn	Associate Chief of Operations	JF
	Joe Gibson	External Programme	JG
	Rachel Greer	Associate Chief of Operations of Clinical Effectiveness and Service Transformation	RG
	Dan Grimes	Associate Chief of Operations	DG
	Julie Hughes		JH
	Phil O'Connor	Deputy Director of Nursing	PO'C
	Matthew Peak	Director of Research	MP
	Tony Rigby	General Manager, Quality Strategy	TR
	Mary Ryan	Director of Medicine CBU	MR
	Julie Tsao	Committee Administrator	
Agenda item: 93	Stephane Paulus	Consultant in Infectious Diseases	
93	Gerri Sefton	Advanced Nurse Practitioner PICU and PEWS	
93	Enitan Carrol	Consultant in Paediatric Infectious Diseases	
97	Joann Kiernan	Senior Lecturer- Learning Disabilities	
97	Lakshmi Ramasubramanian	Consultant in Child Psychiatry	

16/17/90 Apologies:

Sue Brown	Project Manager and Decontamination Lead	SB
Mark Caswell	Consultant Paediatrics	MC
Richard Cooke	DIPC	RC
Janette Richardson	Programme Manager	JR
Paul Newland	CD Clinical Support CBU/CoBiochemis	PN
Louise Shepherd	Chief Executive	LS
Lachlan Stark	Head of Planning and Performance	LS
Rick Turnock	Medical Director	RT

16/17/91 Declarations of Interest
None declared.

16/17/92 Minutes of the previous meeting held on 17 October 2016
Resolved:
CQAC approved the minutes of the last meeting held on 17th October 2016.

16/17/93 Matters Arising and Action list
Sepsis 6 Implementation update
The Chair welcomed Stephane Paulus, Gerri Sefton and Enitan Carol to the meeting to provide an overview of progress against the implementation of Sepsis 6.

Enitan Carrol had been involved in producing new NICE guidelines on Sepsis. These guidelines had been developed following a published Parliamentary Ombudsman report in 2013 on failings in care of patients. The Sepsis CQUIN had also been developed following the report.

Enitan Carrol provided an overview of Sepsis highlighting the difficulty of diagnosing sepsis and the continued high risk of mortality with any delays of administrating the correct antibiotics.

The pathways for Sepsis are dependent upon whether the patient is in A&E Department or are an inpatient within a ward. Whilst both pathways are complex further difficulties were noted with the inpatient/ward pathway.

A discussion was held on the training available including the process to be implemented on 'Think Sepsis'. Gerri Sefton reported on the in-house R.E.S.P.O.N.D training developed 5 years ago. The training has been evaluated highly from other providers and may be used as a national training programme.

A business case had been developed in June however as there had been a number of changes since that date it was agreed for a further version to be developed. Sections within the business case that wouldn't change included the recommendation to have a specialist sepsis nurse onwards, to review out of hours processes and to report against the newly developed CQUIN.

Once Sepsis 6 had been implemented it was recognised that it would be required to remain a priority going forward for the Trust. Stephane noted the implementation and ongoing identification of Sepsis was a national issue.

The chair thanked Stephane Paulus, Gerri Sefton and Enitan Carol for their detailed presentation on Sepsis.

Resolved:
a) Stephane Paulus and Hilda Gwilliams agreed to present the revised Sepsis Business case to an Executive meeting.
b) CQAC requested to receive regular Sepsis updates going forward.

Winter plans
Dan Grimes provided an update on progress. This included the established weekly forward planning meetings, standardisation of the bronchiolitis pathways in ED, EDU and IP areas.

The proposal presented at the last meeting included implementing a nurse facilitated discharge that should be in place. The process is taking longer than originally planned and was being reviewed to resolve implications.

One of the main concerns was capacity identified had not become available. Hilda Gwilliams agreed to action temporary staffing cover outside of the meeting with immediate effect.

Installation of Infection, prevention, control screens had not been completed due to a delay with manufactures.

Resolved:
CQAC noted progress being made to ensure winter plans stay in-line with proposals.

Mazar's report

Erica Saunders reported that a meeting had taken place but that the leads from the HMRG had not attended. She informed the Committee that concerns raised at the last Board meeting with regard to the mortality report had also been considered and that a number of immediate actions had been agreed, as follows:

- The issue of the release of original sets of case notes to be resolved and the process to be underwritten by the Medical Director and/or Director of Corporate Affairs/SIRO;
- Rick Turnock to discuss the use of SPA time with CBU directors, with a view to enabling a larger number of consultants to join the HMRG;
- Rick Turnock to invite the HMRG chair and former chair to attend the January Board meeting.

All other items on the action log had either been completed or had been included on the agenda.

16/17/94 Programme Assurance
Improving Outpatients

Rachel Greer gave an update of improvements and ongoing challenges within the 5 areas of Improving Outpatients.

Booking and Scheduling
Lack of leadership had been identified within the team, interviews were being held for a senior role next week. Standard Operating procedures had been reviewed and were due to implemented with a training programme.

Environment
A number of adjustments had been made to enhance patient experience. Following a play specialist review Alder Hey Charity would now be contacted to request funding for toys to improve patient's visit.

Medical Records
A helpful A4 guide on Medical Records had been developed. Scanning of patients records had improved to be completed by the next day. Challenges included identifying a secure and suitable location to further improve scanning of patient records to on the day.

Patient Flow, Communication and Experience
In-touch (self-service check in for appointments) had seen a vast improvement in the use of the equipment and the data being collected. 60% of patients were now being seen within 10 minutes from their arrival.

Patients/families had fed back on the number of appointment letters they were receiving regarding one appointment. This had been due to an error on the system, the error had now been corrected reducing costs to the Trusts and improving patient experience.

Workforce
As outpatients have a large vast workforce communication across all departments had been an issue. Rachel Greer went through the new and strengthened processes in place to improve this. Communicating the improvements and next steps for all 5 areas was currently being looked into.

The Chair thanked Rachel and the teams for the changes in places and the impact this will have on patients and staff.

Resolved:
a) CQAC received an update on programme assurance.

b) Rachel Greer agreed to present an update on the Improving Outpatients projects at the November CQAC.

16/1795 Infection Control report

As a number of actions had made progress against them since the report had been written it was agreed a revised report would be presented at the next CQAC on 13th December 2016

Resolved:

a) A revised report would be presented at the December CQAC.

16/17/96 Complaints report quarter 2

The Trust received 17 formal complaints during this period. One of the complaints had been withdrawn. Compared to last year Q2 there had been a reduction in complaints.

Parents who own specially adapted vehicles that are too high to fit into the Multi storey car park have previously contacted the PALS team to liaise with the Car parking attendant. This facility is no longer available and is causing parents to miss appointments. As there is no current solution for this Mags Barnaby agreed to action this with David Powell outside of the meeting.

A discussion was held on a previous process in place for Non-Executive Directors to review complaints. It was requested this process was re-instated.

Resolved:

a) Mags Barnaby and David Powell to provide a solution for parking specially adapted vehicles.

b) The process for Non-Executive Directors to review complaints to be re-instated.

16/17/97 Leaning Disability

Joann Kiernan and Lakshmi Ramasubramanian provided an update on progress of Learning Disability across the Trust since the last update to CQAC earlier in the year.

Improvements included:

- The recruitment of Dr Joann Kiernan to drive change and move forward.
- Training on learning and disability and mental health awareness had been provided to over a 100 frontline staff.
- An increase of Leaning and Disability Champions with most areas represented across the site.

Going forward a wristband to (or other means of identification) indicate a patient has a learning disability was being looked into.

Erica Saunders said a newly elected governor has shown interest in becoming a member of the Leaning and Development Steering Group, Joann Kiernan agreed to forward future dates to Julie Tsao for forwarding.

Resolved:

The Chair thanked Joann Kiernan and Lakshmi Ramasubramanian for informing CQAC of the recent achievements and actions going forward.

16/17/98 Corporate report – Quality Metrics

Patient Safety

Reported pressure ulcers are higher than 2015 - this is associated with improved recognition and reporting since the appointment of a dedicated tissue viability nurse.

There has been one Serious Incident reported in September associated with a grade 3 pressure ulcer, and there have been no Never Events in month.
Clinical incidents resulting in harm remains ahead of target, in particular incidents resulting in moderate harm or higher are significantly lower than 2015.

Patient Experience
The weakest element on the data capture set relates to play, a business case has been developed and currently following due process. Once approved this will enable the wards and departments to deliver a fit for purpose service.

Clinical Effectiveness
There was 1 MRSA bacteraemia reported in September. This was associated with a line insertion. A Post Infection Review has been undertaken and an action plan developed. Acute readmissions of patients with long term conditions remains low compared to the period April to June. There may be a seasonal variation effect. This measure continues to be monitored monthly to establish a baseline for improvement.

Resolved:
CQAC received an update on Month 6 of the Corporate report, quality pages.

16/17/99 NIHR from Alder Hey/University of Liverpool for a Patient Safety Translational Research Centre

Following submission for funding over a 5 year period to joint host the Patient Safety Translational Research Centre with Liverpool University, an invitation to interview stages on 13th December had been received.

Matthew Peak gave a presentation on aim of this research centre with the resources required and the strong integration within Alder Hey required for this to be successful.

A mock interview panel was to be held on 7th December. CQAC members who would be able to provide support especially in relation to safety insight were invited to attend. Matthew Peak agreed to email the date to Julie Tsao for circulation.

Resolved:
The Chair thanked Matthew Peak for the presentation.

16/17/100 Board Assurance Framework

Resolved:
CQAC received the monthly report.

16/17/101 CQC Action plan

CQC Action plan was received. CQAC noted they were only required to review action plan 1. The next CQC Engagement meeting was due to be held next week.

Hilda Gwilliams highlighted the risk in relation to cleaning was now amber and was in progress.

16/17/102 Clinical Quality Steering Group

As Gail Hewitt had now left the Trust Phil O'Connor had been appointed as Chair of the CQSG.

Key issues report October 2016
The sharing of information between and throughout CBUs was under review.

A review to ensure the 'clima-cool' system was running sufficiently was in place.

16/17/103 Committee Membership

Resolved:

As Louise Shepherd, Chief Executive was chairing the North West Sustainable Transformation Plan it was agreed this role would be taken off CQAC membership until further notice.

16/17/104 Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville

The most recent report had been circulated for information.

16/17/105 Any other business

No Further business was reported

Date and Time of next meeting: - Tuesday 13th December 2016 at 10am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

DIPC REPORT QUARTER 2 (Jul-Sept) 2016-17

KEY MESSAGES – Exception Reporting

This report provides the Board with current challenges for delivery of the Infection Prevention & Control Strategy & Delivery Plan 2016-17. Although 17% of objectives have not been achieved being red or amber it is important to note that out of a total of 79 delivery plan objectives, 14/27 (52%) objectives due end of Q2 have been actioned, with remaining 65% due by end of Q3 and Q4 with many actions already in progress (Please see Table 1 below). Further in depth information on actions is available in the DIPC Delivery plan

Table 1: Objectives RAG rating Q2

No. of objectives Q2	Red Q2	Amber Q2	Green Q2	Blue (due by end of Q3 or Q4)
79	13% (10)	4% (3)	18% (14)	65% (52)

Therefore, CQAC are asked on behalf of the Trust Board to note the following areas of concern that require action **or are currently not on track/ challenging to deliver** within agreed timescales:

Table 2: Infection Prevention & Control Strategy & Delivery Plan 2016-17 – exception reporting Q2

Objectives No:	Current situation	Action required/progress	Risk Reg No
No 1 - Responsive cleaning service	The current cleaning service is non- compliant with Health & Social Act due to lack of robust cleaning schedules, policy and Standard operating procedures	Appointing to Domestic Services Manager	638
No - 2 Implementation of water safety plan	Risk of Pseudomonas HAI from water in augmented care areas still remains as does the risk of Legionella infection due to inability to control cold water temperature	Water Safety Group in process of resolving, FM meeting with Interserve. Independent external review undertaken and plans in place to resolve once cause identified actions agreed. Mitigation in place to reduce risks.	640
No 4 - Sepsis – Implementation of the SEPSIS 6	Sepsis recognition Establishment of a steering group and developments to improve sepsis recognition on 1C (neonatal surgical unit)	Report to Trust Board Q3	NICE NG51 July 2016 CQUIN
No 5 - IPC service development Sub objective 14	Insufficient quality control audits on ANTT	To be addressed by Vascular Access Team	
No 6 - Reduction in Health Care associated infection	Poor compliance with CPE screening for internal hospital transfers / hospital in previous 12 months	Training and education continued.	969

Sub objective 10	MRSA Bacteraemia on ward 3C Lessons learnt-implications Trust wide	To address via governance structures. To add objective to delivery plan	
No 7 - Compliance with Health & Social Care act 2008 Sub objective 3 Sub objective 5	Preparation for winter season particularly in relation to Isolation Screens/signage etc.	Meetings with Winter Planning Lead and Interserve to progress.	
	Inadequate assurance on IPC MT compliance	Meeting held with L&D to address and review training compliance/new ways of delivering MT>	639
No 9 - Reducing the risk of Infection due	Currently issues with assurance in relation to IPC practices within Theatres	Working with new Theatre Matron and IPC Link Practitioner.	970 NICE QS 49 Quality Contract
No 9 Decontamination	Incomplete assurance on the decontamination of reusable medical devices.	Decontamination Lead and Medical Devices Safety Officer working with IPCT to resolve.	641 656
No 10- Staff engagement in IPC	Inadequate IPC signage across clinical areas	Improved signage ordered	
	MRSA Bacteraemia on ward 3C Lessons learnt-implications Trust wide	Lessons to be shared via internal governance structures.	
No 11- Reducing the risk of HAI due to infectious disease Sub objective 1-3	Immunisation strategy within the Trust needs addressing in particular in relation to long term conditions and flu campaign.	Meeting held with PHE Immunisation Lead, Medical Director and Chief nurse to review.	635
Additional objective Identified as part of external review	Lack of DIPC representation on Trust board	DIPC is a corporate wide role and as such should be represented on Trust Board	

INCIDENTS QTR 2

Date	Meeting Subject
02/08/2016	Arjo Bath Update meeting
01/09/2016	RSV on 1C
01/09/2016	Recognition of Sepsis
22/09/2016	Post infection Review MRSA bacteraemia 3C

Minutes available on request

SUPPORTING INFORMATION

- PIR Document/Action list for the PIR to follow
- DIPC Delivery plan 2016-17
- Agenda & Minutes from IPCC October 2016 to follow.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
6th December 2016

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update October 2016
Background Papers:	Employee Temperature Check for October 2016
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	The Committee is asked to note the contents of the report.
Link to: **Trust's Strategic Direction Strategic Objectives**	Great Talented Teams
Resource Impact:	None

Section 1 - Engagement

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

People Support and Engagement

Listening into Action – The 'Pass It On' event took place in November, and was well attended with staff from both existing clinical LiA teams, and members of the new teams. It was an inspiring and motivational day, with stories of change generated which we can share more widely with staff across the Trust.

Development of Leaders

We successfully launched the Leadership and Management Induction in November, as part of the wider offer for leadership and management development. We are delighted to have been awarded a £2000 grant from the North West Leadership Academy to support Talent Management and Succession Planning. We will be working up the plans of how we will deploy these funds to support the newly created divisions during December 2016.

Improving communication and hearing the employee voice

In the October Temperature Check, the Staff Friends and Family scores for place to work and place for treatment were 60% and 92% respectively, an increase on previous months. From January 2017, in line with the refreshed People Strategy, there will be a new look Temperature Check which will be aligned with the questions on the Listening into Action Pulse check – a simpler set of questions which take seconds to answer, and map to results we will taking throughout the year as part of the LiA work.

Staff Survey

At the time of writing this report, the response rate to the survey was 37%. Department and CBU response rates have been communicated regularly, with a real push on supporting staff to complete their surveys. The closing date is the 2nd December. We expect to receive the initial results in late December, early January.

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.

Bank and Agency

NHSI have recently provided direction to NHSP with regards a requirement to include the NHSP fees into the overall charges for agency workers. Unfortunately, this has increased the number of NHSI cap breaches that the Trust is required to disclose to NHSI. Meetings have taken place with NHSP in November to review the changes and how to address this going forward, with some positive steps identified to reducing the fee.

Junior Doctors

Work progresses with aligning rotas to the new contract, and will be recruiting to the Guardian of Safe Working role in November. JDAT (Junior Doctors Action Team) have visited the Trust to review rotas. They have returned their findings in a summary report and appropriate action will be taken. We have already started to review rotas, in line with the report recommendations. The A&E rotas flagged as non-compliant last month have been monitored and found to be compliant.

Quality & Risk Management

Formal consultation concluded 19th September 2016 to integrate and devolve risk and governance systems directly with CBU's. Implementation date is confirmed as 1st December 2016.

Hotel Services

Two organisational change processes commenced on 8th September 2016 proposing that staffing levels for restaurant chefs and catering assistants are reduced at the weekend to reflect the income/cost challenges within that area directly as a result of lower footfall at the weekend. A reduced service has been proposed involving provision of hot food and other snacks. The consultation process completed on 10th October 2016 with no amendments to the original proposals. At present further individual discussions with staff are in abeyance whilst Hotel Service Senior Management review the overall income/cost budget and resourcing implications

Consideration is being given to an independent Cleaning Review report which has assessed the current domestics operation within the Trust and proposed a number of actions to potentially be implemented, of which initial informal discussions have commenced with both Trust staffside and union regional officials. A project plan is being developed based on the report to deliver the recommendations within an appropriate timescale. As part of the project plan, a Patient Services Manager (Domestics) has been appointed and is to commence duties early in the New Year.

Education, Learning and Development

An application has been made to the skills funding agency to establish Alder Hey as an employer provider for apprenticeships from April 2017. As we are already an accredited centre this will enable us to maximise the use of the apprenticeship levy in 2017 as each apprenticeship delivered by the centre will attract funding back into the Trust. The full apprenticeship strategy will be presented to workforce and organisational development in December 2016 outlining key deliverables over the next five years.

The National Skills Academy for Health (formerly skills for health) has adopted most of the standards from the Alder Hey Paediatric Support Vocational Qualification as the basis for the first national paediatric apprenticeship trailblazer standard.

As part of the development of internal education programmes our awarding organisation, CACHE, has agreed to endorse and quality assure any stand-alone CPD learning programmes should they not require academic credit. This will ensure that staff receive accreditation and certification of quality assured learning of the highest standard. Similarly there is opportunity to develop online learning for colleagues in Dubai through the CACHE international delivery arm, should this be required as part of their future training needs analysis.

A stock take of essential (mandatory) training is underway, with the aim of identifying risks and putting plans in place to realise improvements in the current position; this is following the Trust's commitment to the NW Streamlining project, which is driving efficiencies through the many processes supporting NHS employee's recruitment journey.

Section 3 - Structure & Systems

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

Effective Policies

MASS – the MASS scheme has closed, with Executive review panels scheduled to take place during December 16.

Employee Relations Activity

There are currently 6 formal cases ongoing (including 2 appeals). The HR Advisors are working well with Investigating Officers to ensure that investigations are concluded in a timely manner. In addition to formal cases, HR continues to advise managers on managing behaviours within their teams on an informal basis.

A settlement has been reached regarding the non-medical Employment Tribunal hearing in relation to a claim of constructive unfair dismissal. This was approved via the formal mechanisms.

Two Early Conciliation Claims relating to concerns of non payment of expected income (pre-Employment Tribunal) have been received in respect of two Agency workers (joint claim against the Trust and the Agency provider) which are currently being assessed and considered in association with ACAS, the Agency Provider and the two Agency workers with deadlines in each case of 30th November 2016 and 15th December 2016.

Corporate Report

The HR KPI's in the October Corporate Report are:

- 5.8% sickness, which is 0.7% up from last month
- We hit 100% Corporate Induction for the first time in October
- PDRs up to 73.3%
- Mandatory training is 75.4%

Actions to address shortfalls are being addressed by members of the HR & L&D team.

Section 4 - Health & Wellbeing

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

Promoting positive attendance

The Trust's reported absence rate for October 2016 is 5.8%, which has increased from the previous month.

We continue to focus on highlighting the importance of effectively managing sickness in line with the existing policy and putting in place a framework of additional management information and improving the current policy with updated training. The HR team continue to meet weekly and monthly with General Managers, operational service leads and CBU management teams to review absence statistics/trends/hotspots and trigger information; to review and report on outstanding actions to support improved absence rates, to deliver focussed masterclass absence training and to provide one-to-one coaching in difficult and complex absence case work.

Leading in Equality & Diversity

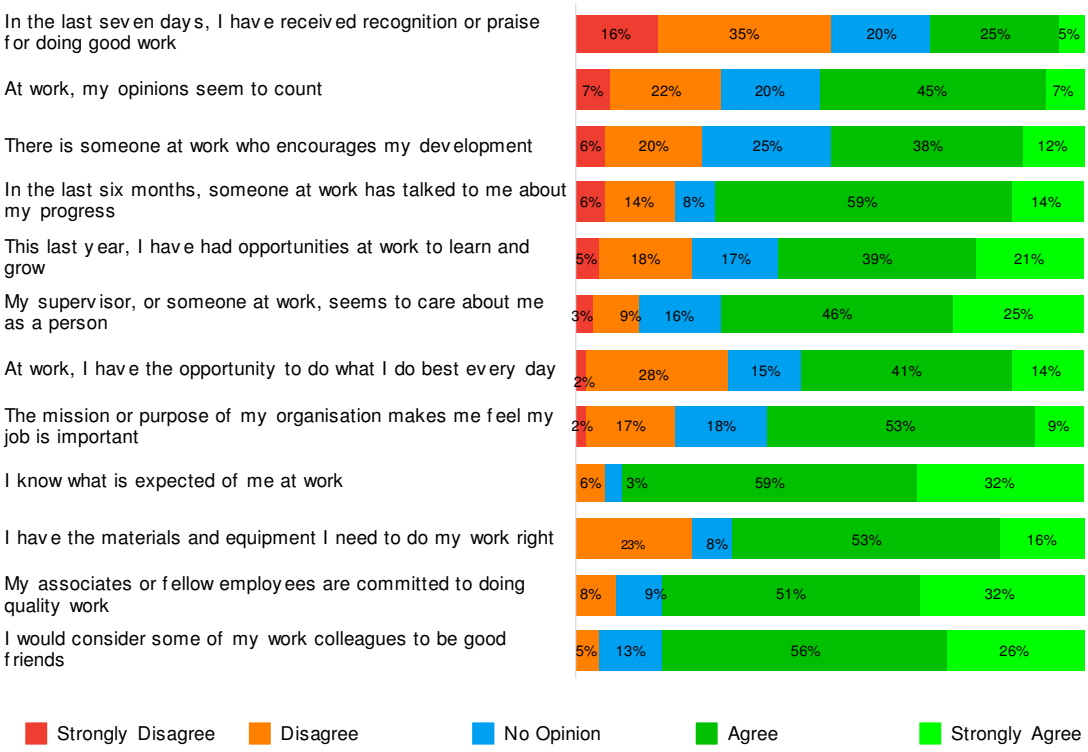
The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce, which includes a review of recruitment and selection processes, working closely with local communities to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities. An update report on progress will be presented to the WOD committee in December 16.

Summary of monthly Employee Temperature Check for: October

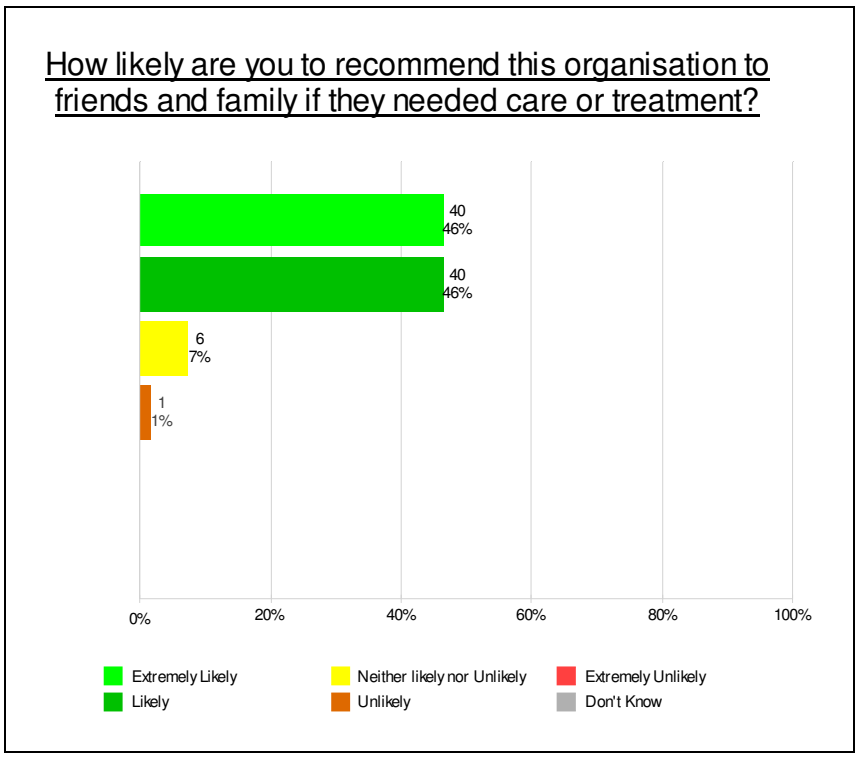
The percentage of staff who were in Overall agreement with the 12 questions for **October** was **65%**.

The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work.** This question recorded an overall Disagreement score of **51%**.

Rating Scale for 12 questions



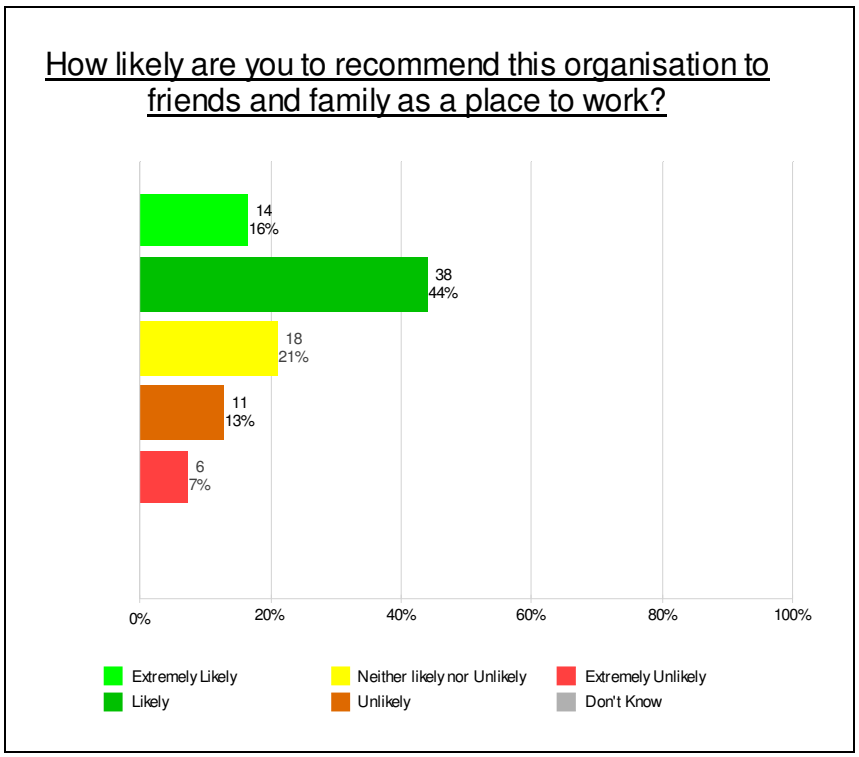
Overall Engagement for 12 questions



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

My Great Grandson had an operation at Alder Hey and his treatment was first class
HARD WORK AND FRIENDLY
Because clinical care / clinical staff in this hospital are amazing and very professional.
I am aware of the committment shown by our staff
THE NURSING STAFF ARE TOTALLY FOCUSSED IN THEIR CARE AND ATTENTION TO THE PATIENTS' WELFARE
Alder Hey is a lovely new Hospital
Its a great hospital. Staff really care for there patients and work extremely hard.
The care children receive is excellent.
Overall I am of the opinion that Alder Hey is one of the best paediatric hospitals.
Staff always provide the best service possible
Quality of care
It is the only local children's hospital. My friends have attended with their children and given me good feedback
I have every confidence in the clinical expertise of our teams
The clinicians are
People within the organisation work hard to deliver high quality care
v good treatment on the whole is provided--
Awareness of the good work in this Trust

What is the main reason for the answers you have chosen?
The care the nurses on our unit provide is exceptional.
It would depend on the specialty. I am also a regular user of AH services and am incredibly frustrated that the process of getting an outpatient appointment and the experience we have when attending gets worse with each appointment, when we actually get to see someone we are usually satisfied with the clinical care. As a member of staff here I cannot believe that I feel compelled to find alternative providers for my child's care.
Clinical expertise and high quality of care
Alder hey is a lovely place and have dedicated staff
staff strive to give the best care they possibly can
It is a good hospital with a lot of willing and caring staff
It is the only Children's Hospital in the area
I don't think the children receive the best possible service. We are isolated with poor facilities for children who are often here for long duration.
Its the best hospital in the country for the care and well being of children
Best service
I feel that although the trust is very short staffed and morale is low, the staff here are very dedicated to the care we provide. this needs to be praised more often. we are given feedback for things done wrong but not all the good we do.
hardworking friendly staff, excellent clean environment, competant professional workers
KNOWLEDGEABLE, EXPERIENCED, TRUSTWORTHY STAFF.
high standard of care
The environment in which we see patients is not particularly helpful for the work being undertaken. In contrast staff providing care continue to be dedicated and strive to provide the best care they can
I feel distanced from the hospital acute services
EXCELLENT HOSPITAL
god quality of care
Best childrens hospital in the country
good reputation, caring staff
We care and we do a good job treating children in ED
Good quality of care on critical care.
The high quality of care provided.
We do provide good quality patient focused care, even though this is really hard at times
Expert staff who are child and family focused and put patients first
devoted care
Most of my friends and family have already received care and treatment from the organisation and were pleased with the level of care in which they received.



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

It would depend on where in the organisation you were working
GOOD PLACE TO WORK.
Everyone has a different opinion depending on their role, their department and their managers.
A CLICHE I KNOW - BUT TOO MANY CHIEFS AND NON PRODUCTIVE MANAGERIAL STAFF WITH OTHER AGENDAS
Its a friendly place to work
This organisation is a lovely place to work but there is a lot of negative feeling about issues with the building, computer system (Meditech) and poor promotion prospects for many staff.
Friendly staff and friendly atmosphere. I enjoy my role within the Trust.
Unsettling that some staff appear unhappy and are leaving (luckily not in our department)
Job satisfaction, opportunities for training and professional development
I like working for the trust.
The staff culture of this Trust needs to change. There is a lot of negativity, inaction and lack of responsibility from staff across the board. this needs to be challenged and managed more effectively rather than just accepted as the norm for Alder Hey.
Staff in my professional group are not valued in this organisation
Alder Hey feels very business-like nowadays. There appears to me to be a reduction in clinical staff but there appears to be an abundance of managers??? Staff morale I believe amongst clinicians is very low--feel like we are never listened to

What is the main reason for the answers you have chosen?
Throughout the challenges faced by us over the past few years I have always believed that this is a great place to work. Unfortunately, it feels like there are 2 Alder Heys at the moment. The broken one that causes so much frustration and increased work and pressure to provide the most basic elements of care and services and the one that is reported at senior level, much of which is unrecognisable to those of us working in the cyclone of on going issues that are not being resolved and, it feels, acknowledged.
Colleagues are friendly
same as above
Financial constraints are vey high in all NHS organisations but this hospital is the more patient focused.
Cannot comment on other departments as I only work in the one area, but I would not recommend the place I work to others.
It is a really friendly environment to work in and a lot of opportunities to go further in your career if you wanted to
I do feel that staff need more support and praise. this will boost morale. as mentioned previously there needs to be more support for progression, such as the band 6 pathways that some other trusts have in place for staff.
same as above
EXCELLENT LEARNING. BUT NOT SO GOOD IF THEY WANT TO PROGRESS BAND
feel like I work within a close team , delivering a high standard of care ,in a family friendly environment
The demands on staff within an unsuitable environment, together with lack of opportunities to grow and develop.
JOB SECURITY
Unsupported staff, dictatorial leadership,
Welcoming and friendly staff and fantastic building
nice friendly staff where I work, interesting and complex variety of patients
Difficult on shift when staff do not work as hard as others and workload is placed on you. I become annoyed that my senior colleagues do not have as many skills as I do as a band 5, and I am supposed to go to them for help and support. I find that staff are not always helpful and instead of having updates on skills, back out of treating children and other staff pick up the workload
Good team work and supportive
Enjoyable. Challenging. Varied. Stimulating.
Most of the people I am working with clinically are really motivated to look after patients as well as they possibly can.
I love working at Alder Hey - committed to quality care and improvement - great talented staff
Care given by staff to patients is exceptional and I would not hesitate to bring my own child. Would not recommend to others considering a job here as the top tier management staff do not seem to care about what we are doing or try and support us in our work. Constantly being put down and told to 'put up and make do'.
I enjoy my job

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

I feel valued as a member of staff and supported by my manager and other colleagues.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 4th December 2016

Workforce & Organisational Development Committee (WOD) – Chairs Note

1. Purpose of the Report

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

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 12th October 2016; the minutes of the meeting will be submitted to the January 2017 Board for noting.

- The Committee received the Programme Assurance Summary for September 2016 and **agreed** the content for progression.
- The Committee received the 'Plan on a Page' for the following: AHP – Therapies, Specialist Nursing, Job Planning and **agreed** the content for progression.
- The Committee received a 'Refreshed' People Strategy Presentation and **approved** the content for progression.
- The Committee received a report outlining the procedures in place for the Staff Survey distribution to the Trust and **noted** the content.
- The Committee received the HR Policy Update outlining best practice in policy development and **endorsed** the content.
- The Committee received the Health & Safety Minutes for 10th June 2016 and **noted** the content.
- The Committee received a progress report on latest developments of Listening into Action **noted** the success of the scheme.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee received the Staff Travel & Subsistence Policy and **ratified** the policy.
- The Committee received the Equality Analysis for the Subsistence Policy and **approved** the content.

3. Recommendations

It is recommended that the Board note the contents of the Chairs Update relating to the key issues from the Workforce and Organisational Development Committee held on 12th October 2016.

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Corporate Report

Oct 2016

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

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Executive Summary

Oct 2016

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

ED performance sustained despite increased volumes. Activity has improved against the same period last year, all access standards achieved, volume of longest waiting patients continues to reduce, DQ group established to target key areas of concern that skew data, CAMHS waiting times reducing in line with plans. Diagnostic standard achieved despite decontamination challenges. CBU structures finalised and in place.

Challenges

Activity (spells) up against the same period last year however still behind plan with significant underperformance noted within surgery. Further plans for mitigation are being developed at CBU level however there remain a number of challenged specialties plus 57% of cancelled Ops for non-clinical reasons (n12) due to critical care capacity that the CBU teams are working with. Decontamination impact reducing activity in dependant specialties which may jeopardise the Diagnostic Standard. DQ issues still require constant validation but being managed through DQ & OP improvement groups. Winter pressures starting to develop across the hospital requiring the winter plan & Trust to respond.

Patient Centred Services

Adverse movement noted due to CAMHS & Estates. all other indicators static. CAMHS deterioration due to increase in new DNA rates & Estates due to cleanliness in scores. The team are working to improve this. Whilst access standards have been achieved the overall performance has declined. Elective activity & productivity reduced due to impact of 2 separate half terms in-month. Decontamination issue has affected scope capacity and subsequent access although standard achieved.

Excellence in Quality

All clinical effectiveness targets for October have been achieved. In terms of patient safety Never Events and serious incidents requiring investigation are reflective of last years numbers. Readmissions to PICU are up on last year and that may be because of increased pressure on PICU beds. The additional 4 beds worth of capacity opening on critical care from 1st December will hopefully help to address this issue. We have made significant progress in reducing the numbers of clinical incidents resulting in moderate, severe harm or deaths and so far we have reduced these numbers by 66% compared to last year. Pressure ulcers of a grade 2 or above have increased but again this may well be because we are recognising and reporting more because of the influence of our Tissue Viability Nurse Specialist. We are reviewing the pressure ulcer reporting levels based on national guidelines.

Financial, Growth & Mandatory Framework

"At the end of October the Trust is reporting a trading deficit position of £3.8m which is £0.3m behind plan. The Trust is forecasting a trading deficit of £0.2m in line with plan at the end of the financial year. This forecast relates to the position as at month 6, as approved by the Board and submitted to NHS Improvement. Income is ahead of plan by £1.4 to date. Elective activity is behind plan in the month by 12% and outpatient activity is behind plan by 4%.
Pay budgets are £1.4m overspent to date relating to use of agency staffing. The Trust is on track with the CIP target to date. Cash in the Bank is £6.5m. Monitor Use of Resources rating of 3 in line with plan."

Great Talented Teams

Sickness absence has increased since last month up, to 5.8%; this is 1.3% over the required target. Mandatory training compliance has increased slightly to 75%, and Corporate Induction attendance has reached the 100% compliance point for the first time in twelve months. Medical appraisal compliance is at 11%. General PDR rates are now at 73%, up 22% following the closure of the completion window.

Leading Metrics

Oct 2016

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Sep 2016	Oct 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	96.3 %	95.0 %	▼	
RTT: 90% Admitted within 18 weeks		88.9 %	88.1 %	▼	
RTT: 95% Non-Admitted within 18 weeks		87.5 %	86.7 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.1 %	▲	
Diagnostics: Numbers waiting over 6 weeks		0	3	▲	
Average LoS - Elective (Days)		2.5	3.0	▲	
Average LoS - Non-Elective (Days)		1.7	1.7	▲	
Daycase Rate	0.0 %	65.7 %	66.6 %	▲	
Theatre Utilisation - % of Session Utilised	90.0 %	87.7 %	85.2 %	▼	
28 Day Breaches	0.0	5	4	▼	
Clinic Session Utilisation	90.0 %	83.5 %	85.7 %	▲	
DNA Rate	12.0 %	10.1 %	9.4 %	▼	
Cancelled Operations - Non Clinical - On Same Day		16	21	▲	

Excellence in Quality

Metric Name	Goal	Sep 2016	Oct 2016	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	90.0 %	93.0 %	97.3 %	▲	
IP Survey: % Treated with respect	90.0 %	100.0 %	99.7 %	▼	
IP Survey: % Know their planned date of discharge	60.0 %	71.2 %	71.6 %	▲	
IP Survey: % Know who is in charge of their care	90.0 %	92.7 %	92.4 %	▼	
IP Survey: % Patients involved in play and learning	65.0 %	31.0 %	55.9 %	▲	
Pressure Ulcers (Grade 2 and above)	11.0	16	18	▼	
Total Infections (YTD)	65.0	51	60	▼	
Medication errors resulting in harm (YTD)	46.0	29	35	▲	
Clinical Incidents resulting in harm (YTD)	394.0	301	371	▲	

Great and Talented Teams

Metric Name	Goal	Sep 2016	Oct 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	85.5 %	100.0 %	▲	
PDR	90.0 %	69.3 %	73.3 %	▲	
Medical Appraisal	100.0 %	5.1 %	11.0 %	▲	
Sickness	4.5 %	5.1 %	5.7 %	▲	
Mandatory Training	90.0 %	74.1 %	75.4 %	▲	
Staff Survey (Recommend Place to Work)		55.4 %	59.8 %	▲	
Actual vs Planned Establishment (%)		91.8 %	87.0 %	▼	
Temporary Spend ('000s)		969	894	▼	

Financial, Growth and Mandatory Framework

Metric Name	Sep 2016	Oct 2016	Last 12 Months
CIP In Month Variance ('000s)	42	157	
Monitor Risk Ratings (YTD)	2	3	
Normalised I & E surplus/(deficit) In Month ('000s)	2235	341	
Capital Expenditure YTD % Variance	-14.2 %	-21.0 %	
Cash in Bank (£M)	4.5	6.5	

Exceptions

Oct 2016

Alder Hey Children's NHS
NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
DNA Rate	13.4%	11.8%	12.8%	12.0%	12.6%	14.6%	12.9%	12.5%	12.6%	13.0%	13.4%	10.1%	9.4%	
Corporate Induction	80.9%	91.7%	96.8%	85.7%	72.2%	87.1%	64.3%	94.2%	96.2%	97.1%	65.4%	85.5%	100.0%	
Monitor Risk Ratings (YTD)	2	2	2	2	2	2	1	2	2	2	2	2	3	
Staff Survey (Recommend Place to Work)	54.1%	54.1%	38.3%	52.7%	46.9%	44.2%	27.8%	43.6%	50.5%	48.5%	45.1%	55.4%	59.8%	
Cash in Bank (£M)	17.0	16.6	18.2	17.4	17.8	10.6	6.9	7.9	7.0	4.2	2.9	4.5	6.5	

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

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	91.0%	87.9%	86.1%	86.6%	84.9%	85.7%	89.6%	87.8%	87.9%	87.3%	88.8%	87.5%	86.7%	
Average LoS - Elective (Days)	2.8	3.0	3.1	2.8	2.8	3.0	2.8	3.1	2.8	2.9	3.0	2.5	3.0	
Theatre Utilisation - % of Session Utilised	75.3%	79.8%	74.7%	78.8%	81.6%	83.8%	84.9%	85.0%	87.7%	84.6%	86.1%	87.7%	85.2%	
CIP In Month Variance ('000s)	-212	-451	-465	-457	-585	-368	-179	-107	-97	191	96	42	157	
IP Survey: % Received information enabling choices about their care	95.6%	97.3%	90.7%	96.0%	96.1%	93.7%	95.2%	94.2%	97.4%	190.3%	99.1%	93.0%	97.3%	

Challenge (Top 5 based on % change)

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
28 Day Breaches	2	2	10	4	5	7	7	11	3	4	3	5	4	
Clinic Session Utilisation	64.0%	74.8%	78.4%	83.3%	81.6%	82.9%	84.6%	84.7%	85.1%	83.8%	83.1%	83.5%	85.7%	
Sickness	4.6%	5.6%	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	5.1%	5.7%	
Pressure Ulcers (Grade 2 and above)	11	13	13	15	22	24	3	6	8	9	11	16	18	
Mandatory Training	77.2%	84.0%	83.7%	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	76.6%	74.1%	75.4%	

Patient Safety

Oct 2016

Alder Hey Children's NHS Foundation Trust

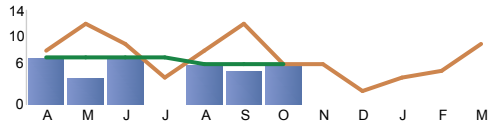
Summary

Medication errors resulting in harm are significantly lower than the 15/16. Grade 2 and above pressure ulcers are up slightly on last year however improved reporting and the heightened awareness of staff since the recruitment of our Tissue Viability Nurse Specialist may account for this. Readmissions to PICU are double the numbers of last year and may be a result of increased pressure on PICU beds. Hopefully the additional 4 beds across critical care from the beginning of December will help with this indicator. Clinical incidents resulting in severe harm or death are significantly down.

16/17 15/16 Threshold

Medication Errors

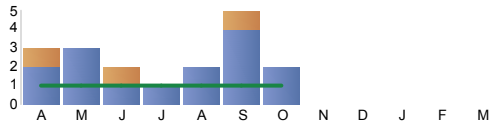
Medication errors resulting in harm (YTD) 35 (goal: 46.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	7	11	18	18	24	29	35					
15/16	8	20	29	33	41	53	59	65	67	71	76	85

Pressure Ulcers

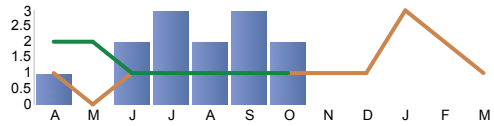
Pressure Ulcers (Grade 2 and above) 18 (goal: 11.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	6	8	9	11	16	18					
15/16	2	3	5	7	8	8	11	13	13	15	22	24

Readmissions to PICU within 48 hrs

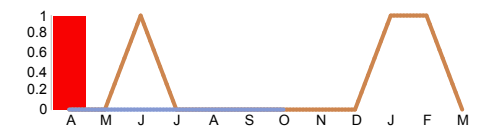
Readmissions to PICU within 48 hrs (YTD) 13 (goal: 9.0)



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

Never Events

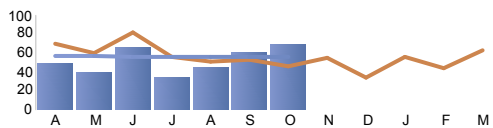
Never Events 0 (goal: 0.0)



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

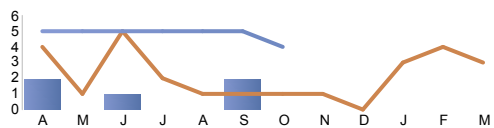
Incidents

Clinical Incidents resulting in harm (YTD) 371 (goal: 394.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	50	91	158	193	239	301	371					
15/16	70	130	212	268	319	372	418	473	507	563	607	670

Clinical Incidents resulting in moderate, severe harm or death (YTD) 5 (goal: 34.0)



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

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 1

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	2	3	4	4	5	6	7					
15/16	1	1	4	4	5	7	8	8	10	11	13	15

Patient Experience

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

Formal complaints received in October = 2 compared to 8 in the same time period last year.
Early response to dealing with concerns continues to be well received and effective
There has been an improvement in the number of respondents who are aware of their discharge date and are involved in play and learning.
There has been a reduced percentage of favourable FFT responses in Mental Health and Outpatient areas but increase in all other areas.
Further efforts are required to increase the number of FFT responses in community and mental health areas.

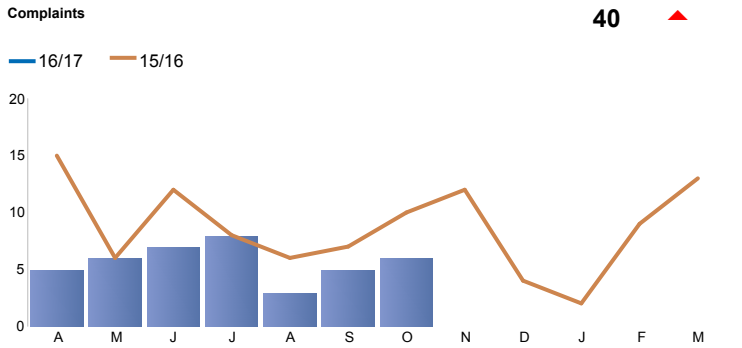
Inpatient Survey

Metric Name	Goal	Sep 2016	Oct 2016	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	92.7 %	92.4 %	▼	
% Patients involved in play and learning	65.0 %	31.0 %	55.9 %	▲	
% Know their planned date of discharge	60.0 %	71.2 %	71.6 %	▲	
% Received information enabling choices about their care	90.0 %	93.0 %	97.3 %	▲	
% Treated with respect	90.0 %	100.0 %	99.7 %	▼	

Friends and Family

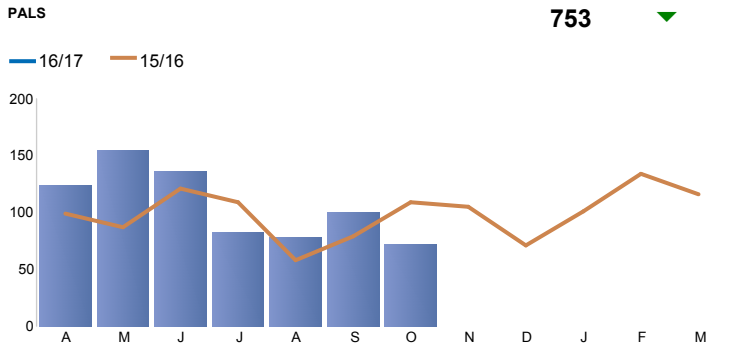
Metric Name	Required Responses	Number of Responses	Sep 2016	Oct 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	250	155	94.2 %	94.2 %	▲	
Community - % Recommend the Trust	29	4	80.0 %	100.0 %	▲	
Inpatients - % Recommend the Trust	300	107	93.6 %	96.3 %	▲	
Mental Health - % Recommend the Trust	27	10	90.5 %	80.0 %	▼	
Outpatients - % Recommend the Trust	400	408	92.1 %	90.4 %	▼	

Complaints



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	5	11	18	26	29	34	40					
15/16	15	21	33	41	47	54	64	76	80	82	91	104

PALS



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	125	280	417	500	579	680	753					
15/16	99	186	307	416	474	553	662	767	838	939	1,073	1,189

Clinical Effectiveness

Oct 2016

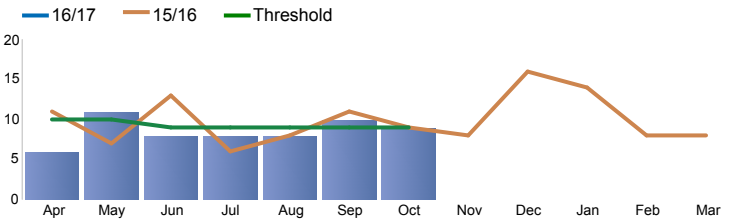
Alder Hey Children's NHS Foundation Trust

Summary

Acute readmissions of patients with long term conditions continues to be low in comparison to the earlier part of the year. This measure continues to be closely monitored in order to develop a baseline by which improvement measures can be established.

Infections

Total Infections (YTD) 60 (goal: 65.0)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	6	17	25	33	41	51	60					
15/16	11	18	31	37	45	56	65	73	89	103	111	119

Total Infections (YTD) 60 (goal: 65.0)

Hospital Acquired Organisms - MRSA (BSI) (YTD) 1 (goal: 0.0)

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

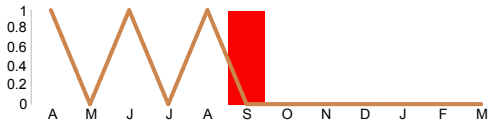
Outbreak Infections (YTD) 4

Cluster Infections (YTD) 0

Legend

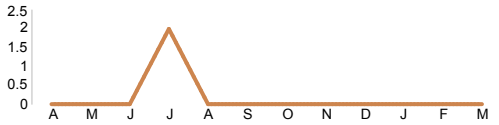
16/17
15/16
Threshold

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



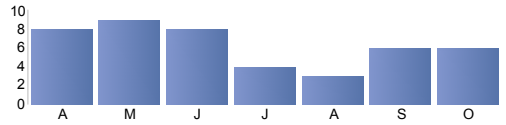
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0	0	1	1					
15/16	1	1	2	2	3	3	3	3	3	3	3	3

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



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

Acute readmissions of patients with long term conditions within 28 days 44 (Est. Baseline)



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct
16/17	8	17	25	29	32	38	44

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) 0 (Est. Baseline)

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

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

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

Access

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway, cancer and diagnostic standards achieved; admitted and non admitted standards failed in line with national guidance and produced as a reference point. 1 potential 2 week wait breach being validated. Bed occupancy increasing in line with elective activity and has increased against the same period last year. NEL demand has also started to increase.GP referrals into the hospital have increased from the previous month and Choose & Book availability has matched this as capacity becomes available. No patients have been waitng greater than 52 weeks in line with national guidance.

18 Weeks

RTT: 90% Admitted within 18 weeks 88.1 %

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
91.5%	86.0%	88.1%	87.6%	88.1%

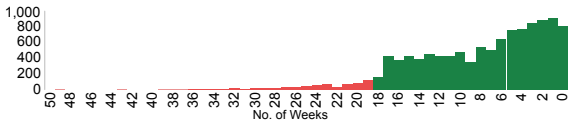
RTT: 95% Non-Admitted within 18 weeks 86.7 %

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
88.3%	85.7%	88.4%	87.9%	86.7%

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

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

Open Pathways Weekly Profile Oct 2016



0-18 Wks	19-36 Wks	36-51 Wks
10,733	776	65

Cancer

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

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

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

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

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

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

Diagnostics

Diagnostics: % Completed Within 6 Weeks 99.3 % *(goal: 99.0 %)*

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
99.7%	99.9%	100.0%	99.9%	99.3%

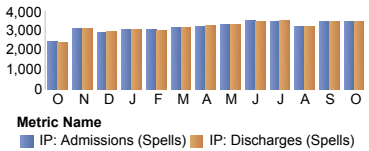
Waiting Times Failed 1

Waiting Times Passed 5

Number of Diagnostics

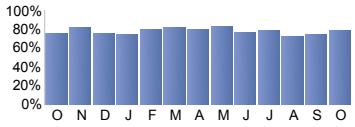
409

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 79.5 %



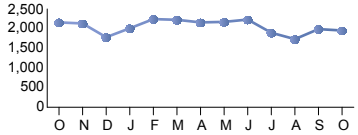
Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
79.0%	79.8%	81.0%	76.6%	79.5%

Provider

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

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
99.6%	93.7%	96.9%	97.5%	97.6%

Referrals Received (GP)



Emergency Department

Oct 2016

Alder Hey Children's NHS Foundation Trust

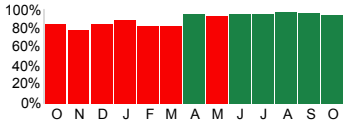
Summary

Trust achieved 95% target for patients waiting >4hours and also achieved the 95 centile of total time in department of 240 minutes.
Attendances performed at 2% above predicted levels with on predictor levels of admissions from the department.
The trust failed to achieve the 60 minute time to treat with an in month result of 86 minutes (median).
Key risk to performance has been flow into IP beds and UC24 GP sickness. Key actions to mitigate include increased bed capacity on EDU, direct GP referral lounge on EDU and medical patients accepted to ward 3C to reduce outliers.

ED

ED: 95% Treated within 4 Hours

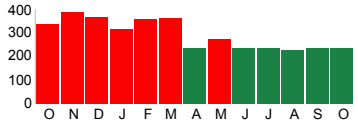
95.0 % (goal: 95.0 %)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
82.8%	84.5%	95.0%	96.6%	95.0%

ED: Total Time in ED (95th Percentile)

240.0 mins (goal: 240.0 mins)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
1,101.4	1,046.0	754.0	705.0	240.0

ED: Longest Wait Time (Hrs)

10.6 (goal: 0.0)

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
44.6	35.7	31.8	27.6	10.6

ED: Number Treated Over 4 Hours

261

ED to Inpatient Conversion Rate

17.5 %

Oct 2016

ED

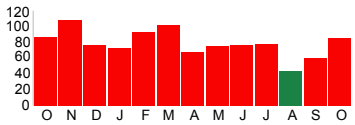
ED: 15 minute 'Time to Initial Assessment' (95th Percentile)

0

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

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

86.0 mins (goal: 60.0 mins)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
273.0	270.0	221.0	184.0	86.0

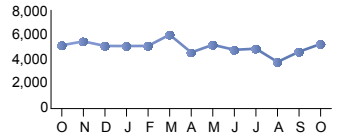
ED: Percentage Left without being seen

2.7 %

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
6.5%	5.9%	3.1%	2.2%	2.7%

ED: Number of Attendances

5257 Oct 2016



Ambulance Services

Ambulance: Acute Compliance

81.1 % (goal: 85.0 %)

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
82.8%	85.9%	88.9%	86.5%	81.1%

Ambulance: Average Notification to Handover Time (mins)

4.2 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

1

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
7.0	16.0	14.0	16.0	1.0

Ambulance: Patients Waiting between 45 and 60 minutes

3

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

Productivity & Efficiency

Oct 2016

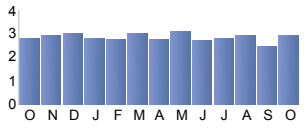
Alder Hey Children's NHS Foundation Trust

Summary

2 half terms in-month have affected theatre productivity due to reduced sessions with more complex cases. Reduced levels of D/C activity have affected length of stay but increased bed utilisation. Cancelled Ops have increased with significant element of this (57%) being down to no Crit Care capacity which the surgical CBU are addressing. OP utilisation has increased with increased bookings to available slots and DNA rates have reduced which is likely due to cashing up of clinics so CBU's are currently validating. Overall activity against the same period last year has increased.

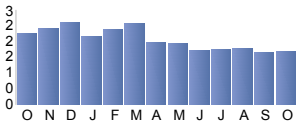
Length of Stay

Average LoS - Elective (Days) 3.0 ▲



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

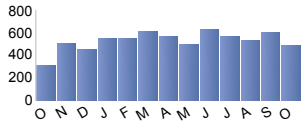
Average LoS - Non-Elective (Days) 1.7 ▲



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
2.5	2.4	1.9	1.8	1.7

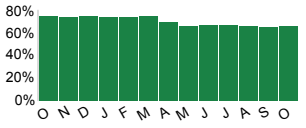
Day Case Rate

Daycases (K1/SDCPREOP) 496 ▼



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
1,300	1,738	1,715	1,722	496

Daycase Rate 66.6 % ▲ *(goal: 0.0 %)*



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
75.0%	74.6%	68.0%	66.5%	66.6%

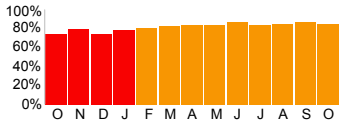
Bed Refusals

Bed Refusals 0 – *(goal: 0.0)*

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

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 85.2 % ▼ *(goal: 90.0 %)*



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
76.8%	81.4%	85.9%	86.2%	85.2%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 2.6 % ▲ *(goal: 0.8 %)*

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
2.8%	3.0%	2.6%	2.6%	2.8%

Cancelled Operations - Non Clinical - On Same Day 21 ▲

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
61	90	74	50	21

28 Day Breaches 4 ▼ *(goal: 0.0)*

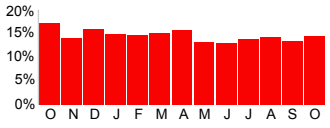
Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
14	16	21	12	4

Outpatients

Clinic Session Utilisation * 85.7 % ▲ *(goal: 90.0 %)*

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
72.8%	82.6%	84.8%	83.5%	85.7%

OP Appointments Cancelled by Hospital % 14.6 % ▲ *(goal: 5.0 %)*



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
15.8%	15.0%	14.0%	13.9%	14.6%

DNA Rate 9.4 % ▼ *(goal: 12.0 %)*

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
12.6%	13.1%	12.7%	12.1%	9.4%

OP: New/Follow Up 2.3 ▼

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

Facilities

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

Audit compliance is 100%. Very high risks areas have scored 97% which is slightly below the National Standard's target. High risk areas are 94% which again is slightly below the National Standard of 95%. Significant areas are 93% which is above the National Standard of 85% but has dropped fairly significantly from last month.. There were no low risk areas due for audit this month and so I have recorded the score from the previous month as a score of 100% or 0% would have been misleading.

Facilities

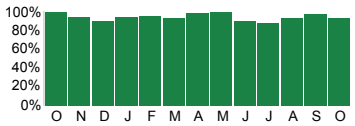
Cleanliness Performance VH — 97.0 % (goal: 98.0 %)

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
96.3%	96.5%	96.8%	97.5%	97.0%

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

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
97.0%	94.8%	94.4%	94.4%	94.0%

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



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
95.0%	94.6%	96.2%	93.0%	93.0%

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

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
96.0%	100.0%	88.2%	98.2%	100.0%

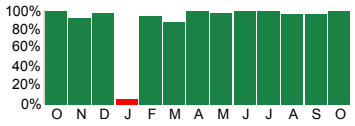
Facilities

Audit Compliance — 100.0 % (goal: 85.0 %)

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

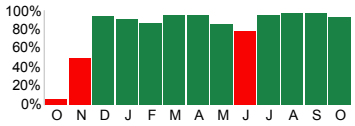
Facilities - Other

Routine Maintenance Resolution — 100.0 % (goal: 85.0 %)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
95.6%	67.3%	98.8%	97.4%	100.0%

PPM% — 93.3 % (goal: 85.0 %)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
30.8%	92.6%	89.4%	97.8%	93.3%

CAMHS

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

Continued robust management of waiting times from referral to assessment and assessment to treatment. 100% new referrals being seen for assessment within 6 weeks. All cases being managed within an 18 week RTT.

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 0.0

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

CAMHS: Avg Wait to Partnership Appt (Weeks) 0.0

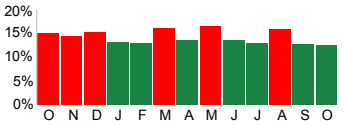
Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
17.4	26.9	25.9	6.0	0.0

DNA Rates

CAMHS: DNA Rate - New 11.2 % ▲ *(goal: 10.0 %)*

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
18.6%	20.5%	15.1%	13.2%	11.2%

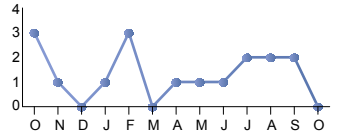
CAMHS: DNA Rate - Follow Up 12.8 % ▼ *(goal: 14.0 %)*



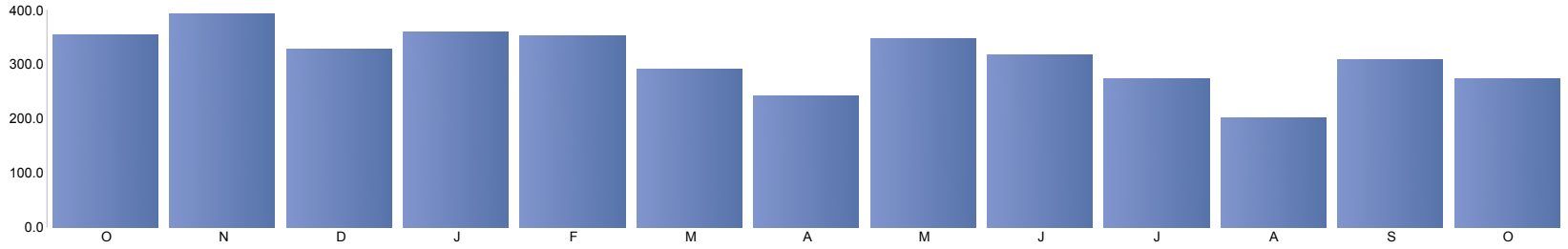
Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
15.1%	14.2%	14.8%	14.0%	12.8%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 0 ▼



CAMHS: Referrals Received



External Regulation

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and as at the end of October have been placed in segment 2 under the new NHS Improvement Single Oversight framework.

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor Oct 2016

Metric Name	Goal	Sep 16	Oct 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	96.3 %	95.0 %	▼
RTT: 90% Admitted within 18 weeks		88.9 %	88.1 %	▼
RTT: 95% Non-Admitted within 18 weeks		87.5 %	86.7 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.1 %	▲
Monitor Risk Ratings (YTD)	3.0	2	3	▲
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	–
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
91.5%	86.0%	88.1%	87.6%	88.1%

RTT: 95% Non-Admitted within 18 weeks

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
88.3%	85.7%	88.4%	87.9%	86.7%

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

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

Monitor - All Cancers

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

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

All Cancers: 31 day wait referral to treament

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

All Cancers: 31 day wait until subsequent treatments

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

Monitor - A&E 4 Hour Target

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
82.8%	84.5%	95.0%	96.6%	95.0%

Monitor - C difficile

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

Monitor - Data Completeness

No Data Available

Workforce

Oct 2016

Alder Hey Children's NHS Foundation Trust

Summary

Sickness absence has increased since last month up, to 5.8%; this is 1.3% over the required target. Mandatory training compliance has increased slightly to 75%, and Corporate Induction attendance has reached the 100% compliance point for the first time in twelve months. Medical appraisal compliance is at 11%. General PDR rates are now at 73%, up 22% following the closure of the completion window.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Last 12 Months
Add Prof Scientific and Technic	4.3%	4.1%	4.5%	4.2%	2.0%	2.4%	2.9%	2.2%	4.1%	3.9%	5.5%	5.8%	
Additional Clinical Services	8.8%	7.6%	7.0%	6.7%	7.6%	7.0%	6.3%	5.8%	4.8%	5.1%	6.3%	7.5%	
Administrative and Clerical	4.6%	4.7%	4.2%	4.6%	4.0%	4.5%	4.1%	4.3%	4.9%	4.7%	5.2%	5.6%	
Allied Health Professionals	2.3%	2.4%	3.6%	2.4%	2.7%	2.6%	1.8%	3.0%	3.6%	2.2%	3.4%	3.5%	
Estates and Ancillary	7.6%	9.4%	8.6%	9.0%	7.5%	7.6%	10.0%	9.4%	10.3%	8.5%	7.4%	8.0%	
Healthcare Scientists	1.3%	2.0%	2.2%	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	1.4%	2.8%	2.6%	
Medical and Dental	1.7%	1.5%	1.8%	1.9%	2.0%	1.5%	1.4%	1.9%	2.6%	2.9%	2.8%	4.0%	
Nursing and Midwifery Registered	6.8%	6.5%	7.4%	7.6%	7.1%	6.7%	5.3%	4.7%	4.8%	5.4%	5.1%	5.7%	
Trust	5.6%	5.5%	5.7%	5.8%	5.4%	5.2%	4.8%	4.5%	4.8%	4.8%	5.1%	5.7%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Last 12 Months
Add Prof Scientific and Technic	174	174	177	179	180	185	189	190	191	193	196	199	
Additional Clinical Services	346	348	359	360	360	355	354	353	355	362	374	372	
Administrative and Clerical	534	531	529	531	524	535	535	543	545	549	559	566	
Allied Health Professionals	127	127	126	126	127	126	126	126	127	126	125	126	
Estates and Ancillary	172	173	172	173	172	188	190	190	191	191	192	192	
Healthcare Scientists	102	100	100	99	100	101	100	103	104	103	105	105	
Medical and Dental	231	235	237	230	235	236	238	238	235	240	249	245	
Nursing and Midwifery Registered	947	945	948	952	947	937	944	943	938	938	972	971	

Staff in Post Headcount (rolling 12 Months)

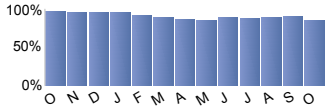
Staff Group	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Last 12 Months
Add Prof Scientific and Technic	195	196	197	198	200	205	209	210	211	214	217	221	
Additional Clinical Services	410	411	422	423	425	420	420	417	417	424	436	436	
Administrative and Clerical	625	622	619	623	614	626	626	635	637	643	655	662	
Allied Health Professionals	156	156	155	155	156	155	156	155	156	155	154	155	
Estates and Ancillary	214	213	211	211	210	237	239	239	240	240	241	241	
Healthcare Scientists	113	111	111	110	111	111	110	113	114	112	114	114	
Medical and Dental	268	271	274	269	275	275	277	275	273	278	287	284	
Nursing and Midwifery Registered	1,073	1,070	1,073	1,077	1,070	1,060	1,066	1,067	1,063	1,063	1,097	1,098	

Finance

Temporary Spend ('000s) 894

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
3	3	3	3	1

Actual vs Planned Establishment (%) 87.0 %



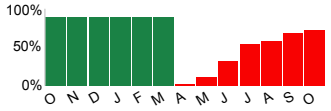
Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
97.7%	93.4%	88.7%	90.9%	87.0%

Appraisals

Medical Appraisal 11.0 % (goal: 100.0 %)

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
97.1%	90.5%	32.7%	5.2%	11.0%

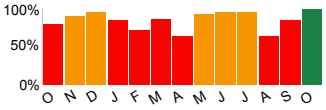
PDR 73.3 % (goal: 90.0 %)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
90.1%	90.1%	14.8%	62.7%	73.3%

Training

Corporate Induction 100.0 % (goal: 100.0 %)



Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
88.2%	83.5%	86.8%	81.5%	100.0%

Mandatory Training 75.4 % (goal: 90.0 %)

Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
81.7%	82.8%	81.4%	76.1%	75.4%

Health and Safety

RIDDOR 0

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

Performance by CBU

Oct 2016

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	77.4%	85.8%	86.9%
Convenience and Choice: Slot Availability	100.0%	97.7%	97.4%
DNA Rate (Followup Appts)	11.7%	8.6%	7.7%
DNA Rate (New Appts)	15.2%	13.1%	8.6%
Normalised I & E surplus/(deficit) In Month ('000s)	355	332	1,806
Referrals Received (GP)	305	649	998
Temporary Spend ('000s)	37	230	529
Theatre Utilisation - % of Session Utilised		81.8%	85.8%

Patient

Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)		3.8	2.7
Average LoS - Non-Elective (Days)		1.3	2.7
Cancelled Operations - Non Clinical - On Same Day	0	1	15
Daycases (K1/SDCPREOP)	0	53	438
Diagnostics: % Completed Within 6 Weeks		76.9%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	57	38	82
OP Appointments Cancelled by Hospital %	13.6%	14.8%	14.7%
RTT: 90% Admitted within 18 weeks		89.6%	87.9%
RTT: 92% Waiting within 18 weeks (open Pathways)	82.5%	95.1%	92.1%
RTT: 95% Non-Admitted within 18 weeks	77.4%	88.6%	87.0%

Quality

Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores		95.8%	95.1%
Hospital Acquired Organisms - C.difficile	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0
Medication Errors (Incidents)	25	169	300

Workforce

Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction	100.0%	100.0%	100.0%
Mandatory Training	71.1%	76.9%	75.3%
PDR	82.1%	79.7%	63.4%
Sickness	8.0%	5.1%	6.2%

CBU Performance - Community

Oct 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

CAMHS (Sefton and Liverpool) are both operating within a 12 week pathway. The assessment to primary/specialist wait has risen in Sefton this is due to a reduction in partnerships in October and November due to long term sickness, maternity leave and IAPT training Interviews to support this took place on the 31 October 2016.

Community Paediatrics

Work continues to revalidate the PTL, this has seen an significant decrease of patients waiting over 52 weeks from 30 to 5 (week commenting 14/11.

The ASD trajectory remains on target for the 31 March 2017

Support Required

none

Operational

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	73.3%	71.6%	73.2%	75.0%	67.2%	78.8%	76.2%	75.5%	74.3%	75.7%	76.1%	73.1%	77.4%	
DNA Rate (New Appts)	18.6%	15.3%	18.2%	18.3%	17.9%	17.7%	16.1%	14.1%	15.2%	15.5%	15.3%	10.1%	15.2%	
DNA Rate (Followup Appts)	15.0%	13.6%	15.5%	14.0%	14.4%	15.1%	13.8%	16.5%	13.8%	13.3%	15.9%	12.9%	11.7%	
Convenience and Choice: Slot Availability		100.0%	100.0%	100.0%	98.8%	87.2%	85.3%	95.7%			92.1%	100.0%	100.0%	
Referrals Received (GP)	342	378	283	305	350	313	282	344	315	261	201	311	305	
Temporary Spend ('000s)	120	126	123	92	196	106	117	116	88	85	149	144	37	
Normalised I & E surplus/(deficit) In Month ('000s)	477	474	531	454	625	383	233	200	317	280	371	244	355	

Patient

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	87.7%	76.4%	79.5%	74.1%	83.0%	64.1%	77.0%	61.1%	74.2%	77.1%	80.9%	87.5%	77.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.3%	87.5%	91.8%	89.6%	87.3%	88.0%	87.2%	88.9%	87.1%	91.5%	89.6%	88.5%	82.5%	
Average LoS - Elective (Days)														
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	46	33	1	3	0	6	1	1	3	12	18	29	57	
Daycases (K1/SDCPREOP)	0	0	0	0	0	1	0	0	2	0	2	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 %	12.8%	14.7%	14.5%	12.0%	12.5%	13.5%	15.1%	12.0%	14.0%	11.4%	13.2%	13.0%	13.6%	
Diagnostics: % Completed Within 6 Weeks				100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%			

Quality

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Medication Errors (Incidents)	14	17	18	19	21	22	5	6	12	13	20	21	25	
Cleanliness Scores														
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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Corporate Induction	81.8%	100.0%	100.0%	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	60.0%	86.7%	100.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	68.3%	77.1%	82.1%	
Sickness	7.0%	7.6%	5.1%	4.9%	5.4%	5.0%	5.1%	4.8%	5.7%	5.9%	5.5%	6.3%	8.0%	
Mandatory Training	76.2%	79.1%	76.6%	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	75.4%	73.2%	71.1%	

CBU Performance - Medicine (Part 1)

Oct 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised	67.3%	80.0%	78.0%	72.7%	75.3%	77.1%	80.6%	78.8%	79.9%	79.4%	79.0%	86.5%	81.8%	
Clinic Session Utilisation	64.8%	76.7%	78.2%	82.1%	80.1%	81.8%	81.6%	81.3%	83.7%	82.8%	81.3%	83.9%	85.8%	
DNA Rate (New Appts)	15.3%	13.1%	13.9%	11.6%	13.9%	14.2%	11.7%	12.9%	13.6%	14.5%	17.2%	13.2%	13.1%	
DNA Rate (Followup Appts)	14.6%	12.1%	14.9%	13.5%	15.4%	17.2%	16.8%	15.3%	14.6%	15.6%	15.6%	10.1%	8.6%	
Convenience and Choice: Slot Availability		100.0%	100.0%	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	93.7%	99.4%	97.7%	
Referrals Received (GP)	674	645	626	702	760	768	731	739	757	604	565	625	649	
Temporary Spend ('000s)	292	245	245	219	201	307	243	392	231	245	273	272	230	
Normalised I & E surplus/(deficit) In Month ('000s)	-126	322	200	470	-41	160	-388	-12	575	-709	-325	540	332	

Patient

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	95.2%	96.7%	95.8%	100.0%	89.6%	
RTT: 95% Non-Admitted within 18 weeks	92.7%	91.0%	87.1%	88.4%	89.3%	88.5%	91.3%	88.7%	88.4%	86.8%	86.4%	85.4%	88.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	95.3%	96.6%	96.3%	97.1%	97.5%	98.0%	97.2%	96.6%	95.6%	94.3%	93.3%	93.2%	95.1%	
Average LoS - Elective (Days)	3.69	3.89	3.37	4.16	3.04	3.58	2.95	3.22	2.31	2.84	3.32	2.94	3.76	
Average LoS - Non-Elective (Days)	2.17	2.05	2.24	1.99	1.82	2.22	1.39	1.47	1.25	1.28	1.28	1.29	1.27	
Hospital Initiated Clinic Cancellations < 6 weeks notice	22	8	3	0	3	6	4	2	0	32	14	27	38	
Daycases (K1/SDCPREOP)	33	74	77	76	76	73	78	52	89	56	68	86	53	
Cancelled Operations - Non Clinical - On Same Day	2	2	1	1	3	3	4	2	1	1	1	4	1	
OP Appointments Cancelled by Hospital %	17.3%	12.7%	14.1%	12.0%	13.6%	13.4%	14.8%	12.9%	12.7%	15.1%	14.9%	13.6%	14.8%	
Diagnostics: % Completed Within 6 Weeks	98.6%	100.0%	99.6%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	76.9%	

Quality

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
Medication Errors (Incidents)	173	213	243	265	300	349	31	55	77	93	115	147	169	
Cleanliness Scores		96.8%	97.5%	94.5%	97.0%	96.0%	97.8%	98.3%	95.0%	94.2%	95.0%	96.5%	95.8%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	1	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Last 12 Months
Corporate Induction	81.8%	85.7%	91.7%	70.0%	50.0%	83.3%	83.3%	85.7%	100.0%	100.0%	69.2%	80.0%	100.0%	
PDR	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	1.7%	15.2%	37.3%	75.1%	78.9%	81.6%	79.7%	
Sickness	3.4%	4.8%	4.9%	5.4%	5.7%	5.5%	5.5%	5.0%	4.4%	4.5%	4.6%	5.0%	5.1%	
Mandatory Training	80.7%	87.1%	87.2%	87.0%	86.0%	85.9%	85.5%	86.2%	85.0%	83.1%	80.1%	76.6%	76.9%	

CBU Performance - Medicine (Part 2)

Oct 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Patient

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	93.0%	96.0%	97.9%	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	91.0%	89.0%	96.0%	
Imaging - % Reporting Turnaround Times - ED	76.0%	72.0%	100.0%	91.0%	92.0%	91.0%	83.0%	65.0%	88.0%	93.0%	89.0%	89.0%	88.0%	
Imaging - % Reporting Turnaround Times - Inpatients	93.0%	81.0%	83.0%	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	84.0%	85.0%	87.0%	
Imaging - % Reporting Turnaround Times - Outpatients	96.0%	97.0%	98.0%	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	97.0%	89.0%	93.0%	
Imaging - Waiting Times - MRI % under 6 weeks	100.0%	95.0%	96.0%	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	94.0%	90.0%	88.0%	
Imaging - Waiting Times - CT % under 1 week	87.9%	88.0%	96.0%	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	92.0%	90.0%	86.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	96.1%	95.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	94.0%	95.0%	95.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	99.6%	92.0%	85.0%	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	89.0%	88.0%	86.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	100.0%	88.0%	91.0%	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	81.0%	91.0%	85.0%	
BME - High Risk Equipment PPM Compliance	87.0%	89.0%	87.0%	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	90.0%	90.0%	90.4%	
BME - Low Risk Equipment PPM Compliance	75.0%	76.0%	78.0%	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	80.0%	78.0%	77.0%	
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%	99.8%	
Pharmacy - Dispensing for Out Patients - Routine	63.0%	59.0%	87.0%	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%	64.0%	44.0%	45.0%	
Pharmacy - Dispensing for Out Patients - Complex		100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	71.9%	75.1%	79.6%	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%	90.5%	90.0%	91.3%	90.2%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	98.8%	98.5%	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%	100.0%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	90.9%	100.0%	81.0%	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%	82.0%	83.0%	100.0%	94.7%	

CBU Performance - Surgery

Oct 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	76.6%	79.7%	74.1%	79.9%	82.8%	84.9%	85.7%	85.8%	89.0%	85.3%	87.2%	88.0%	85.8%	
Clinic Session Utilisation	61.5%	74.0%	79.2%	85.4%	84.9%	84.4%	87.5%	88.4%	87.4%	85.7%	85.1%	85.0%	86.9%	
DNA Rate (New Appts)	11.4%	12.0%	12.4%	11.2%	10.4%	12.7%	10.8%	10.3%	10.9%	11.0%	11.5%	9.1%	8.6%	
DNA Rate (Followup Appts)	10.6%	9.6%	9.3%	9.1%	10.1%	13.1%	11.0%	10.0%	11.2%	11.7%	11.3%	8.7%	7.7%	
Convenience and Choice: Slot Availability		99.5%	99.0%	96.9%	93.2%	95.3%	97.4%	96.7%	98.3%	95.4%	99.6%	99.1%	97.4%	
Referrals Received (GP)	1,141	1,107	872	1,001	1,132	1,143	1,145	1,088	1,158	1,030	966	1,051	998	
Temporary Spend ('000s)	379	405	405	450	419	625	502	520	474	529	436	453	529	
Normalised I & E surplus/(deficit) In Month ('000s)	532	1,434	1,558	1,506	1,527	2,951	1,252	1,888	2,106	2,725	1,992	1,921	1,806	

Patient

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	85.8%	100.0%	82.3%	84.5%	82.6%	87.6%	87.5%	85.5%	87.0%	86.2%	85.4%	87.7%	87.9%	
RTT: 95% Non-Admitted within 18 weeks	90.6%	87.1%	86.5%	87.9%	82.6%	85.7%	90.1%	90.3%	89.5%	88.8%	90.8%	88.7%	87.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	91.1%	91.1%	91.0%	90.9%	91.4%	90.7%	90.7%	90.9%	91.3%	91.2%	91.9%	92.0%	92.1%	
Average LoS - Elective (Days)	2.34	2.47	2.71	2.49	2.64	2.75	2.72	3.04	2.91	2.88	2.86	2.36	2.71	
Average LoS - Non-Elective (Days)	2.30	3.02	3.10	2.34	3.30	3.10	2.91	2.81	2.85	2.85	2.58	2.37	2.68	
Hospital Initiated Clinic Cancellations < 6 weeks notice	10	52	40	39	65	25	30	11	27	24	45	56	82	
Daycases (K1/SDCPREOP)	289	435	386	473	483	532	494	445	540	518	463	515	438	
Cancelled Operations - Non Clinical - On Same Day	15	32	9	18	21	21	26	26	15	19	13	12	15	
OP Appointments Cancelled by Hospital %	19.6%	14.8%	18.1%	18.0%	16.4%	17.2%	16.8%	14.0%	13.0%	14.1%	14.3%	13.8%	14.7%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Medication Errors (Incidents)	211	250	289	314	354	396	54	94	151	188	237	269	300	
Cleanliness Scores		98.0%	94.2%	95.8%	93.1%	96.3%	96.6%	95.6%	93.7%	95.1%	96.6%	96.6%	95.1%	
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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Last 12 Months
Corporate Induction	88.9%	88.9%	100.0%	92.9%	57.1%	100.0%	60.0%	100.0%	88.9%	100.0%	64.0%	85.7%	100.0%	
PDR	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	5.6%	16.1%	38.4%	48.4%	51.4%	64.2%	63.4%	
Sickness	5.8%	6.4%	6.3%	6.5%	6.0%	5.8%	5.2%	4.3%	3.9%	4.5%	5.1%	5.6%	6.2%	
Mandatory Training	80.8%	88.4%	87.9%	87.2%	86.5%	86.3%	86.4%	87.5%	87.3%	83.7%	78.5%	75.0%	75.3%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended October 2016

	In Month			Year to Date			Full Year		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Forecast £'000	Variance £'000
Clinical Income									
Elective	3,747	3,475	(272)	24,832	24,092	(740)	42,982	42,398	(583)
Non Elective	2,331	2,032	(299)	15,862	15,120	(742)	26,512	25,750	(762)
Outpatients	2,537	2,548	11	16,199	16,276	77	28,190	27,658	(531)
A&E	451	465	14	3,113	2,867	(247)	5,310	5,356	46
Critical Care	1,965	2,163	198	13,568	14,286	717	23,739	24,179	440
Non PbR Drugs & Devices	1,558	1,591	32	10,893	11,356	463	18,665	19,897	1,232
Excess Bed Days	405	318	(87)	2,793	2,804	11	4,765	4,619	(146)
CQUIN	245	270	25	1,716	1,764	48	2,942	3,079	137
Contract Sanctions	0	(34)	(34)	0	(110)	(110)	0	(153)	(153)
Private Patients	15	19	4	103	171	68	176	244	68
Other Clinical Income	3,347	3,592	245	20,789	23,236	2,447	37,524	40,963	3,439
Non Clinical Income									
Other Non Clinical Income	1,912	1,699	(213)	11,973	11,421	(552)	21,661	22,378	717
Total Income	**18,513**	**18,138**	**(375)**	**121,842**	**123,282**	**1,440**	**212,465**	**216,367**	**3,903**
Expenditure									
Pay Costs	(11,294)	(11,190)	104	(79,244)	(80,625)	(1,381)	(134,684)	(137,896)	(3,212)
Drugs	(1,409)	(1,634)	(225)	(9,695)	(11,299)	(1,604)	(16,555)	(18,820)	(2,266)
Clinical Supplies	(1,415)	(1,418)	(2)	(9,743)	(10,059)	(315)	(16,695)	(17,279)	(584)
Other Non Pay	(1,889)	(2,190)	(301)	(14,957)	(14,020)	937	(24,729)	(23,003)	1,726
PFI service costs	(299)	(75)	224	(2,067)	(1,785)	282	(3,526)	(3,439)	87
Total Expenditure	**(16,307)**	**(16,507)**	**(200)**	**(115,706)**	**(117,788)**	**(2,082)**	**(196,188)**	**(200,437)**	**(4,249)**
EBITDA	**2,207**	**1,632**	**(575)**	**6,136**	**5,494**	**(642)**	**16,277**	**15,930**	**(347)**
PDC Dividend	(97)	(81)	16	(677)	(568)	109	(1,161)	(1,087)	75
Depreciation	(531)	(260)	271	(3,671)	(3,251)	420	(6,333)	(5,698)	635
Finance Income	1	1	0	6	20	14	15	22	7
Interest Expense (non-PFI/LIFT)	(90)	(101)	(10)	(585)	(609)	(24)	(1,042)	(1,114)	(72)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(4,664)	(4,812)	(148)	(7,995)	(8,249)	(254)
MASS/Restructuring	0	0	0	0	(48)	(48)	0	(48)	(48)
Trading Surplus / (Deficit)	**824**	**503**	**(320)**	**(3,455)**	**(3,775)**	**(320)**	**(240)**	**(243)**	**(4)**
One-off normalising items									
Government Grants/Donated Income	73	6	(68)	1,710	1,689	(21)	2,352	2,895	543
Depreciation on Donated Assets	(173)	(159)	13	(1,128)	(1,021)	107	(1,990)	(1,826)	164
Normalised Surplus/(Deficit)	**724**	**350**	**(375)**	**(2,873)**	**(3,107)**	**(233)**	**122**	**826**	**704**
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,097)	(177)
Gains/(Losses) on asset disposals	0	0	0	0	431	431	0	431	431
Reported Surplus/(Deficit)	**724**	**350**	**(375)**	**(2,873)**	**(2,676)**	**198**	**(1,798)**	**(840)**	**958**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	18,513	18,138	(375)	121,842	123,282	1,440	212,465	216,367	3,903
Expenditure £000	(17,690)	(17,635)	55	(125,297)	(127,009)	(1,712)	(196,188)	(200,437)	(3,858)
Normalised Surplus/(Deficit) £000	724	350	(375)	(2,873)	(3,107)	(233)	122	826	704
Trading Surplus/(Deficit) £000**	824	503	(320)	(3,455)	(3,775)	(320)	(240)	(243)	(4)
** Control Total									
WTE	2,958	2,980	(22)	2,958	2,980	(22)			
CIP £000	698	855	157	2,727	2,944	218	7,200	6,785	(415)
Cash £000	1,245	6,546	5,301	1,245	6,546	5,301			
CAPEX FCT £000	649	205	444	5,167	4,084	1,084	10,689	8,833	1,856
Use of Resources Risk Rating	3	3	0	3	3	0	3	3	0

Activity Volumes	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	2,422	1,957	(465)	15,471	14,316	(1,155)	26,950	24,907	(2,043)
Non Elective	1,367	1,387	20	9,438	8,999	(439)	16,071	14,657	(1,414)
Outpatients	17,952	16,787	(1,165)	114,372	112,756	(1,616)	199,463	187,056	(12,407)
A&E	4,746	5,252	506	32,768	33,014	246	55,899	59,152	3,253

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

POTENTIAL

	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	**260**	**1**	**259**	**1,318**	**449**	**869**	**2,270**	**2,792**	**2,082**	**710**
RESEARCH & EDUCATION	**0**	**12**	**(12)**	**0**	**267**	**(267)**	**0**	**0**	**267**	**(267)**
ESTATES TOTAL CAPITAL	**260**	**13**	**247**	**1,318**	**716**	**602**	**2,270**	**2,792**	**2,349**	**443**
NETWORKING, INFRASTRUCTURE & OTHER IT	31	(27)	58	409	157	252	440	440	425	15
ELECTRONIC PATIENT RECORD	58	69	(10)	408	182	226	700	700	400	300
IM & T TOTAL CAPITAL	**90**	**41**	**48**	**817**	**339**	**478**	**1,140**	**1,140**	**825**	**315**
MEDICAL EQUIPMENT	129	15	114	1,819	1,565	254	2,761	2,761	2,691	70
NON-MEDICAL EQUIPMENT	0	70	(70)	0	1,053	(1,053)	0	0	1,401	(1,401)
CHILDRENS HEALTH PARK	130	69	60	932	317	615	3,514	3,514	1,092	2,422
ALDER HEY IN THE PARK TOTAL	**259**	**155**	**104**	**2,751**	**2,936**	**(185)**	**6,275**	**6,275**	**5,183**	**1,092**
OTHER	40	(4)	44	281	94	188	482	482	476	6
OTHER	**40**	**(4)**	**44**	**281**	**94**	**188**	**482**	**482**	**476**	**6**
CAPITAL PROGRAMME 16/17	***649***	***205***	***444***	***5,167***	***4,084***	***1,084***	***10,167***	***10,689***	***8,833***	***1,856***

CAPITAL EXPENDITURE SUMMARY **Oct 16**

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
Surgery CBU	Audiology	Outpatient New	765	561	-204	£72,590	£44,898	-£27,691	-£8,323	-£19,368	
		Outpatient Follow-up	262	314	52	£24,761	£29,582	£4,820	-£95	£4,915	
		OP Procedure	1	2	1	£155	£227	£71	-£3	£75	
	Audiology Total		**1,029**	**877**	**-152**	**£97,506**	**£74,707**	**-£22,800**	**-£8,421**	**-£14,378**	
	Burns Care	Daycase	0	4	4	£154	£8,745	£8,590	£1,897	£6,694	
		Elective	7	3	-4	£18,177	£12,373	-£5,804	£4,760	-£10,563	
		Non Elective	28	29	1	£71,518	£69,641	-£1,878	-£3,884	£2,006	
		Outpatient New	34	26	-8	£6,689	£5,152	-£1,537	£10	-£1,547	
		Outpatient Follow-up	94	61	-33	£10,688	£6,973	-£3,715	£11	-£3,726	
		Ward Attender	4	27	23	£509	£3,086	£2,577	£0	£2,577	
		Ward Based Outpatient	12	9	-3	£1,419	£1,029	-£390	-£0	-£390	
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17	
	Burns Care Total		**180**	**159**	**-21**	**£109,172**	**£106,999**	**-£2,173**	**£2,794**	**-£4,967**	
	Cardiac Surgery	Elective	20	22	2	£257,451	£233,919	-£23,532	-£48,352	£24,820	Includes £50k estimated flex/freeze benefit
		Non Elective	15	15	0	£294,921	£97,880	-£197,040	-£192,572	-£4,469	
		Excess Bed Days	66	102	36	£29,397	£46,942	£17,544	£1,358	£16,187	
		Outpatient New	10	11	1	£6,930	£7,920	£990	-£0	£990	
		Outpatient Follow-up	31	38	7	£21,988	£27,360	£5,371	-£0	£5,371	
		Ward Attender	0	2	2	£0	£1,440	£1,440	£0	£1,440	
	Cardiac Surgery Total		**141**	**190**	**49**	**£610,687**	**£415,460**	**-£195,227**	**-£239,567**	**£44,339**	
	Cardiology	Daycase	24	16	-8	£65,269	£52,244	-£13,026	£8,551	-£21,577	
		Elective	26	23	-3	£102,162	£86,193	-£15,968	-£4,434	-£11,534	
		Non Elective	9	16	7	£43,361	£61,858	£18,497	-£13,141	£31,637	
		Excess Bed Days	18	60	42	£7,131	£19,215	£12,084	-£5,075	£17,158	
		Outpatient New	179	196	17	£42,769	£46,673	£3,904	-£53	£3,957	
		Outpatient Follow-up	440	561	121	£58,190	£72,920	£14,731	-£1,193	£15,924	
		Ward Attender	12	12	0	£1,551	£1,560	£9	-£25	£34	
		Ward Based Outpatient	32	11	-21	£4,170	£1,430	-£2,740	-£23	-£2,717	
	Cardiology Total		**740**	**895**	**155**	**£324,603**	**£342,093**	**£17,490**	**-£15,393**	**£32,883**	
	Dentistry	Daycase	108	108	0	£62,465	£60,427	-£2,038	-£2,148	£110	
		Elective	12	2	-10	£7,581	£1,173	-£6,408	-£72	-£6,337	
		Non Elective	1	0	-1	£1,239	£0	-£1,239	£0	-£1,239	
		Excess Bed Days	1	0	-1	£334	£0	-£334	£0	-£334	
		Outpatient New	126	143	17	£4,513	£5,087	£574	-£36	£609	
		Outpatient Follow-up	161	134	-27	£5,738	£4,766	-£971	-£7	-£964	
		OP Procedure	34	21	-13	£5,440	£3,303	-£2,138	-£84	-£2,054	
	Dentistry Total		**443**	**408**	**-35**	**£87,310**	**£74,755**	**-£12,555**	**-£2,347**	**-£10,208**	
	ENT	Daycase	121	91	-30	£137,678	£106,226	-£31,452	£2,881	-£34,333	
		Elective	102	70	-32	£144,620	£120,079	-£24,540	£21,128	-£45,668	
		Non Elective	24	26	2	£36,705	£35,886	-£819	-£4,687	£3,868	
		Excess Bed Days	29	0	-29	£11,551	£0	-£11,551	£0	-£11,551	
		Outpatient New	382	449	67	£42,285	£49,958	£7,673	£247	£7,426	
		Outpatient Follow-up	550	404	-146	£37,566	£27,727	-£9,839	£145	-£9,984	
		Ward Attender	0	0	0	£18	£0	-£18	£0	-£18	
		Ward Based Outpatient	5	0	-5	£359	£0	-£359	£0	-£359	
		OP Procedure	189	211	22	£24,757	£26,945	£2,188	-£688	£2,876	
	ENT Total		**1,403**	**1,251**	**-152**	**£435,539**	**£366,822**	**-£68,717**	**£19,027**	**-£87,744**	
	Epilepsy	Outpatient New	12	8	-4	£2,766	£1,772	-£994	-£4	-£990	
		Outpatient Follow-up	29	9	-20	£5,288	£1,591	-£3,697	-£55	-£3,643	
	Epilepsy Total		**41**	**17**	**-24**	**£8,055**	**£3,363**	**-£4,692**	**-£59**	**-£4,633**	
	Gynaecology	Daycase	1	4	3	£1,118	£3,358	£2,240	-£134	£2,374	
		Elective	1	1	0	£702	£2,720	£2,018	£1,524	£494	
		Outpatient New	26	25	-1	£3,696	£3,588	-£108	-£4	-£104	
		Outpatient Follow-up	42	50	8	£3,987	£4,627	£641	-£72	£713	
		Ward Attender	0	0	0	£13	£0	-£13	£0	-£13	
		OP Procedure	0	0	0	£16	£0	-£16	£0	-£16	
	Gynaecology Total		**70**	**80**	**10**	**£9,531**	**£14,293**	**£4,762**	**£1,314**	**£3,448**	
	Intensive Care	Elective	0	1	1	£896	£1,548	£652	-£479	£1,132	
		Non Elective	16	15	-1	£37,159	£42,560	£5,401	£8,689	-£3,288	
		Excess Bed Days	32	0	-32	£12,282	£0	-£12,282	£0	-£12,282	
		Outpatient New	10	15	5	£7,078	£11,058	£3,980	-£12	£3,993	
		Outpatient Follow-up	37	98	61	£26,093	£71,510	£45,417	£2,655	£42,762	
		Ward Based Outpatient	5	9	4	£3,369	£6,635	£3,266	£394	£2,873	
		PICU	508	579	71	£908,529	£991,070	£82,541	£0	£82,541	
		HDU	416	402	-14	£500,086	£533,529	£33,443	£0	£33,443	
		Cardiac HDU	256	233	-23	£250,398	£187,799	-£62,599	£0	-£62,599	
		Cardiac ECMO	5	8	3	£16,824	£24,838	£8,014	£0	£8,014	
		Respiratory ECMO	8	0	-8	£49,740	£0	-£49,740	£0	-£49,740	
		OP Procedure	1	0	-1	£61	£0	-£61	£0	-£61	
	Intensive Care Total		**1,293**	**1,360**	**67**	**£1,812,514**	**£1,870,548**	**£58,034**	**£11,247**	**£46,787**	
	Maxillo-Facial	Outpatient New	79	102	23	£11,332	£13,838	£2,506	-£796	£3,302	
		Outpatient Follow-up	156	62	-94	£22,617	£10,062	-£12,555	£1,078	-£13,632	
		Ward Attender	0	0	0	£20	£0	-£20	£0	-£20	
		OP Procedure	0	0	0	£47	£0	-£47	£0	-£47	
	Maxillo-Facial Total		**235**	**164**	**-71**	**£34,015**	**£23,900**	**-£10,115**	**£281**	**-£10,396**	
	Neurosurgery	Daycase	1	0	-1	£782	£0	-£782	£0	-£782	
		Elective	19	28	9	£116,428	£139,651	£23,223	-£32,761	£55,984	
		Non Elective	31	24	-7	£196,402	£127,807	-£68,595	-£23,792	-£44,803	
		Excess Bed Days	74	43	-31	£24,675	£14,715	-£9,960	£307	-£10,268	
		Outpatient New	72	71	-1	£6,441	£6,318	-£123	-£64	-£58	
		Outpatient Follow-up	198	162	-36	£17,272	£14,416	-£2,856	£258	-£3,114	
		Ward Attender	43	12	-31	£3,818	£1,068	-£2,751	£0	-£2,751	
		Ward Based Outpatient	0	12	12	£12	£1,068	£1,056	£0	£1,056	
		Neuro HDU	146	161	15	£142,626	£183,275	£40,649	£0	£40,649	
		OP Procedure	0	0	0	£31	£0	-£31	£0	-£31	
	Neurosurgery Total		**583**	**513**	**-70**	**£508,488**	**£488,318**	**-£20,169**	**-£56,051**	**£35,882**	
	Ophthalmology	Daycase	45	28	-17	£40,182	£21,041	-£19,141	-£3,820	-£15,321	
		Elective	10	3	-7	£13,785	£5,960	-£7,825	£1,769	-£9,594	
		Non Elective	2	1	-1	£2,357	£725	-£1,632	-£704	-£928	
		Excess Bed Days	7	0	-7	£2,405	£0	-£2,405	£0	-£2,405	
		Outpatient New	331	292	-39	£50,281	£44,571	-£5,711	£214	-£5,924	
		Outpatient Follow-up	1,233	979	-254	£123,013	£92,186	-£30,827	-£5,470	-£25,356	
		Ward Based Outpatient	2	0	-2	£242	£0	-£242	£0	-£242	
		OP Procedure	0	6	6	£70	£680	£610	-£357	£967	
	Ophthalmology Total		**1,630**	**1,309**	**-321**	**£232,335**	**£165,162**	**-£67,173**	**-£8,370**	**-£58,803**	
	Oral Surgery	Daycase	37	39	2	£31,584	£30,471	-£1,113	-£2,893	£1,780	
		Elective	16	9	-7	£35,935	£29,522	-£6,412	£9,910	-£16,322	
		Non Elective	13	6	-7	£13,912	£8,544	-£5,369	£2,031	-£7,400	
		Excess Bed Days	2	0	-2	£1,167	£0	-£1,167	£0	-£1,167	
	Oral Surgery Total		**68**	**54**	**-14**	**£82,597**	**£68,537**	**-£14,060**	**£9,047**	**-£23,108**	
	Orthodontics	Daycase	0	0	0	£97	£0	-£97	£0	-£97	
		Outpatient New	6	13	7	£930	£2,095	£1,165	-£6	£1,171	
		Outpatient Follow-up	18	86	68	£1,512	£7,156	£5,644	£0	£5,644	
		OP Procedure	15	19	4	£1,859	£2,496	£637	£72	£565	
	Orthodontics Total		**39**	**118**	**79**	**£4,398**	**£11,747**	**£7,349**	**£66**	**£7,283**	
	Paediatric Surgery	Daycase	127	96	-31	£149,295	£112,885	-£36,410	£146	-£36,556	
		Elective	51	44	-7	£217,877	£158,322	-£59,554	-£28,528	-£31,027	
		Non Elective	126	142	16	£492,142	£328,873	-£163,268	-£224,915	£61,647	
		Excess Bed Days	256	49	-207	£101,059	£20,347	-£80,712	£993	-£81,705	
		Outpatient New	205	188	-17	£36,281	£33,234	-£3,047	-£44	-£3,003	
		Outpatient Follow-up	322	343	21	£37,311	£39,268	£1,957	-£416	£2,374	
		Ward Attender	79	92	13	£9,102	£10,524	£1,422	-£121	£1,543	
		Ward Based Outpatient	34	1	-33	£3,965	£114	-£3,851	-£1	-£3,850	
		Neonatal HDU	155	240	85	£110,046	£110,046	-£0	-£60,257	£60,257	
		OP Procedure	0	1	1	£15	£108	£93	-£6	£99	
	Paediatric Surgery Total		**1,356**	**1,196**	**-160**	**£1,157,094**	**£813,723**	**-£343,371**	**-£313,148**	**-£30,223**	
	Plastic Surgery	Daycase	71	63	-8	£72,801	£63,095	-£9,706	-£1,685	-£8,021	
		Elective	27	6	-21	£40,680	£12,736	-£27,943	£3,637	-£31,580	
		Non Elective	105	59	-46	£129,354	£78,174	-£51,180	£5,426	-£56,606	
		Excess Bed Days	4	0	-4	£862	£0	-£862	£0	-£862	
		Outpatient New	254	190	-64	£36,162	£27,305	-£8,857	£263	-£9,121	
		Outpatient Follow-up	479	390	-89	£53,041	£42,582	-£10,459	-£585	-£9,874	
		Ward Attender	3	16	13	£300	£1,747	£1,447	-£33	£1,480	
		Ward Based Outpatient	11	6	-5	£1,216	£655	-£561	-£12	-£548	
		OP Procedure	71	96	25	£8,486	£12,419	£3,933	£941	£2,992	
	Plastic Surgery Total		**1,024**	**826**	**-198**	**£342,902**	**£238,713**	**-£104,188**	**£7,952**	**-£112,141**	
	Spinal Surgery	Daycase	0	1	1	£658	£4,899	£4,241	£3,241	£1,000	
		Elective	14	10	-4	£378,988	£281,280	-£97,708	£17,170	-£114,877	
		Outpatient New	23	53	30	£3,950	£8,928	£4,978	-£23	£5,001	
		Outpatient Follow-up	81	86	5	£8,593	£8,853	£261	-£290	£550	
	Spinal Surgery Total		**119**	**150**	**31**	**£392,188**	**£303,960**	**-£88,228**	**£20,099**	**-£108,327**	
	Trauma And Orthopaed	Daycase	47	35	-12	£68,394	£50,192	-£18,202	-£1,143	-£17,059	
		Elective	68	43	-25	£256,641	£152,305	-£104,336	-£8,904	-£95,432	
		Non Elective	66	56	-10	£165,205	£131,941	-£33,264	-£8,331	-£24,933	
		Excess Bed Days	37	19	-18	£12,705	£5,596	-£7,109	-£859	-£6,250	
		Outpatient New	798	721	-77	£120,280	£108,712	-£11,568	£26	-£11,594	

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Trauma And Orthopaed	Outpatient Follow-up	1,186	1,521	335	£119,756	£151,575	£31,819	-£1,975	£33,793	Activity high due to physio activity recorded under this spec
		Ward Attender	0	1	1	£27	£98	£71	-£3	£74	
		OP Procedure	46	149	103	£8,053	£38,475	£30,422	£12,321	£18,101	Activity high due to fracture clinic coding
		Gait New	23	22	-1	£27,497	£25,784	-£1,713	-£31	-£1,682	
		Gait Follow-Up	19	25	6	£22,350	£29,300	£6,950	£70	£6,880	
	Trauma And Orthopaedics Total		**2,291**	**2,592**	**301**	**£800,909**	**£693,978**	**-£106,931**	**-£8,829**	**-£98,101**	
	Urology	Daycase	155	196	41	£145,236	£203,107	£57,870	£19,656	£38,214	
		Elective	14	23	10	£52,745	£80,074	£27,329	-£9,788	£37,117	
		Non Elective	3	2	-1	£11,153	£7,474	-£3,679	£443	-£4,122	
		Excess Bed Days	6	4	-2	£2,403	£1,725	-£678	£63	-£742	
		Outpatient New	113	107	-6	£20,437	£19,249	-£1,188	-£22	-£1,167	
		Outpatient Follow-up	237	246	9	£36,039	£36,836	£797	-£638	£1,434	
		Ward Attender	4	5	1	£555	£749	£194	-£13	£207	
		Ward Based Outpatient	0	1	1	£62	£150	£88	-£3	£91	
		OP Procedure	0	0	0	£23	£0	-£23	£0	-£23	
	Urology Total		**532**	**584**	**52**	**£268,654**	**£349,363**	**£80,708**	**£9,700**	**£71,009**	
Surgery CBU Total			13,219	12,743	-476	**£7,318,498**	**£6,426,441**	**-£892,056**	**-£570,658**	**-£321,399**	
Medicine CBU	Accident & Emergency	A&E Attendance	4,746	5,252	506	£450,845	£469,111	£18,266	-£29,821	£48,086	
		Daycase	0	0	0	£159	£0	-£159	£0	-£159	
		Elective	0	0	0	£175	£0	-£175	£0	-£175	
		Non Elective	493	374	-119	£226,461	£277,982	£51,520	£106,241	-£54,721	
		Excess Bed Days	7	5	-2	£2,394	£2,156	-£238	£342	-£580	
		Outpatient New	228	173	-55	£76,901	£58,412	-£18,489	£107	-£18,597	
		Outpatient Follow-up	24	10	-14	£8,109	£3,376	-£4,733	-£0	-£4,733	
		Ward Attender	1	0	-1	£182	£0	-£182	£0	-£182	
	Accident & Emergency Total		**5,499**	**5,814**	**315**	**£765,227**	**£811,037**	**£45,809**	**£76,870**	**-£31,061**	
	Allergy	Outpatient New	69	48	-21	£15,816	£11,081	-£4,734	£28	-£4,762	
		Outpatient Follow-up	77	77	0	£10,859	£10,866	£7	-£0	£7	
		Ward Attender	0	1	1	£49	£140	£91	-£1	£92	
		Ward Based Outpatient	0	0	0	£33	£0	-£33	£0	-£33	
		OP Procedure	0	2	2	£51	£216	£165	-£37	£202	
	Allergy Total		**147**	**128**	**-19**	**£26,808**	**£22,304**	**-£4,504**	**-£10**	**-£4,494**	
	Dermatology	Daycase	2	1	-1	£1,312	£854	-£458	£222	-£680	
		Outpatient New	183	167	-16	£24,810	£22,575	-£2,235	-£25	-£2,210	
		Outpatient Follow-up	601	620	19	£59,248	£60,603	£1,355	-£491	£1,846	
		Ward Attender	1	0	-1	£66	£0	-£66	£0	-£66	
		Ward Based Outpatient	9	2	-7	£864	£196	-£669	-£2	-£667	
		OP Procedure	98	43	-55	£11,231	£4,907	-£6,324	-£36	-£6,287	
	Dermatology Total		**894**	**833**	**-61**	**£97,532**	**£89,135**	**-£8,397**	**-£332**	**-£8,064**	
	Diabetes	Outpatient New	33	2	-31	£6,948	£422	-£6,525	-£3	-£6,523	
		Outpatient Follow-up	3	13	10	£314	£1,284	£971	-£132	£1,103	
		Ward Based Outpatient	0	0	0	£44	£0	-£44	£0	-£44	
	Diabetes Total		**36**	**15**	**-21**	**£7,305**	**£1,706**	**-£5,599**	**-£135**	**-£5,464**	
	Endocrinology	Daycase	101	92	-9	£105,704	£100,580	-£5,124	£4,583	-£9,707	
		Elective	8	6	-2	£11,728	£6,739	-£4,989	-£1,849	-£3,141	
		Non Elective	3	1	-2	£4,010	£992	-£3,017	-£587	-£2,430	
		Excess Bed Days	14	0	-14	£5,166	£0	-£5,166	£0	-£5,166	
		Outpatient New	72	65	-7	£28,706	£26,023	-£2,683	-£68	-£2,615	
		Outpatient Follow-up	399	319	-80	£77,182	£63,242	-£13,940	£1,550	-£15,490	
		Ward Attender	18	21	3	£3,471	£4,062	£591	£1	£591	
		Ward Based Outpatient	36	69	33	£6,994	£13,346	£6,352	£2	£6,351	
	Endocrinology Total		**651**	**573**	**-78**	**£242,961**	**£214,984**	**-£27,977**	**£3,631**	**-£31,608**	
	Gastroenterology	Daycase	142	124	-18	£156,321	£135,944	-£20,377	-£188	-£20,189	
		Elective	45	16	-29	£86,124	£25,874	-£60,250	-£4,782	-£55,468	
		Non Elective	11	10	-1	£29,593	£46,475	£16,883	£20,079	-£3,197	
		Excess Bed Days	187	44	-143	£73,993	£14,495	-£59,498	-£2,891	-£56,608	
		Outpatient New	112	79	-33	£29,756	£21,112	-£8,644	£158	-£8,802	
		Outpatient Follow-up	301	166	-135	£47,829	£25,893	-£21,936	-£479	-£21,457	
		Ward Attender	7	15	8	£1,047	£2,340	£1,293	-£35	£1,328	
		Ward Based Outpatient	229	66	-163	£36,281	£10,295	-£25,986	-£156	-£25,830	
	Gastroenterology Total		**1,035**	**520**	**-515**	**£460,943**	**£282,428**	**-£178,515**	**£11,707**	**-£190,222**	
	Haematology	Daycase	26	30	4	£31,412	£44,690	£13,278	£8,555	£4,722	
		DCHEMO	0	40	40	£0	£13,287	£13,287	£0	£13,287	
		Elective	3	3	0	£22,854	£21,739	-£1,116	£804	-£1,920	
		Non Elective	17	14	-3	£51,829	£17,556	-£34,273	-£24,485	-£9,788	
		Excess Bed Days	4	0	-4	£1,799	£0	-£1,799	£0	-£1,799	
		Outpatient New	24	10	-14	£10,981	£4,531	-£6,450	-£50	-£6,400	
		Outpatient Follow-up	167	33	-134	£36,339	£7,173	-£29,166	-£29	-£29,137	
		Ward Attender	87	199	112	£18,996	£42,630	£23,634	-£804	£24,438	
		Ward Based Outpatient	0	0	0	£29	£0	-£29	£0	-£29	
		OP Procedure	0	0	0	£17	£0	-£17	£0	-£17	
	Haematology Total		**329**	**329**	**0**	**£174,257**	**£151,606**	**-£22,651**	**-£16,009**	**-£6,642**	
	Immunology	Outpatient New	14	17	3	£3,231	£3,925	£693	£10	£683	
		Outpatient Follow-up	10	33	23	£1,448	£4,873	£3,425	£216	£3,209	
		Ward Attender	5	18	13	£650	£2,527	£1,877	-£13	£1,890	
		Ward Based Outpatient	18	27	9	£2,555	£3,791	£1,235	-£20	£1,255	
	Immunology Total		**47**	**95**	**48**	**£7,885**	**£15,115**	**£7,230**	**£193**	**£7,037**	
	Metabolic Disease	Outpatient New	5	5	0	£2,107	£1,920	-£187	£0	-£187	
		Outpatient Follow-up	33	32	-1	£12,712	£12,288	-£424	£0	-£424	
	Metabolic Disease Total		**39**	**37**	**-2**	**£14,819**	**£14,208**	**-£611**	**£0**	**-£611**	
	Nephrology	Daycase	104	29	-75	£67,209	£25,662	-£41,547	£6,958	-£48,505	
		Elective	34	10	-24	£21,841	£22,529	£688	£16,162	-£15,475	
		Non Elective	4	4	0	£7,629	£3,792	-£3,837	-£3,723	-£114	
		Excess Bed Days	18	17	-1	£6,676	£9,393	£2,717	£3,010	-£293	
		Outpatient New	17	31	14	£2,044	£3,659	£1,615	£0	£1,615	
		Outpatient Follow-up	138	132	-6	£16,284	£15,581	-£702	-£0	-£702	
		Ward Attender	87	79	-8	£10,321	£9,325	-£996	-£0	-£996	
		Ward Based Outpatient	62	54	-8	£7,343	£6,374	-£968	£0	-£968	
	Nephrology Total		**465**	**356**	**-109**	**£139,346**	**£96,316**	**-£43,031**	**£22,407**	**-£65,438**	
	Neurology	Daycase	9	7	-2	£10,653	£8,224	-£2,428	£177	-£2,605	
		Elective	7	10	3	£14,131	£33,870	£19,739	£12,760	£6,978	
		Non Elective	9	5	-4	£17,123	£9,807	-£7,316	-£115	-£7,202	
		Excess Bed Days	56	6	-50	£22,676	£1,771	-£20,905	-£660	-£20,245	
		Outpatient New	99	97	-2	£27,491	£26,889	-£602	-£96	-£506	
		Outpatient Follow-up	287	246	-41	£78,361	£68,194	-£10,167	£946	-£11,113	
		Ward Attender	2	10	8	£673	£2,772	£2,099	£0	£2,099	
		Ward Based Outpatient	26	9	-17	£7,257	£2,495	-£4,762	£0	-£4,762	
	Neurology Total		**495**	**390**	**-105**	**£178,365**	**£154,023**	**-£24,343**	**£13,013**	**-£37,355**	
	Oncology	Daycase	195	75	-120	£148,624	£81,963	-£66,660	£24,813	-£91,474	
		DCHEMO	152	86	-66	£50,652	£28,567	-£22,084	-£124	-£21,960	
		Elective	29	26	-3	£176,491	£150,078	-£26,413	-£8,181	-£18,232	
		Non Elective	37	49	12	£94,274	£115,216	£20,942	-£8,596	£29,538	
		Excess Bed Days	31	4	-27	£14,097	£1,965	-£12,133	£147	-£12,280	
		Outpatient New	11	10	-1	£2,877	£2,589	-£287	-£0	-£287	
		Outpatient Follow-up	275	252	-23	£71,092	£65,253	-£5,839	£169	-£6,009	
		Ward Attender	15	23	8	£3,938	£5,956	£2,018	£15	£2,002	
		Ward Based Outpatient	20	4	-16	£5,158	£1,036	-£4,122	£3	-£4,125	
	Oncology Total		**766**	**529**	**-237**	**£567,203**	**£452,623**	**-£114,580**	**£8,247**	**-£122,827**	
	Paediatrics	Daycase	34	29	-5	£28,766	£16,613	-£12,152	-£7,633	-£4,519	
		Elective	14	3	-11	£16,170	£6,094	-£10,076	£2,731	-£12,807	
		Non Elective	282	396	114	£320,226	£421,124	£100,898	-£27,894	£128,793	
		Excess Bed Days	71	165	94	£26,516	£68,389	£41,873	£7,085	£34,788	
		Outpatient New	339	409	70	£78,088	£94,417	£16,330	£235	£16,095	
		Outpatient Follow-up	465	436	-29	£65,575	£61,206	-£4,369	-£320	-£4,048	
		Ward Attender	20	3	-17	£2,761	£421	-£2,340	-£2	-£2,338	
		Ward Based Outpatient	179	14	-165	£25,192	£1,965	-£23,227	-£10	-£23,216	
		OP Procedure	0	0	0	£34	£0	-£34	£0	-£34	
	Paediatrics Total		**1,405**	**1,455**	**50**	**£563,327**	**£670,230**	**£106,904**	**-£25,809**	**£132,713**	
	Radiology	Daycase	119	121	2	£120,499	£183,895	£63,397	£61,077	£2,319	
		Elective	15	7	-8	£25,730	£11,520	-£14,210	-£128	-£14,081	
		Non Elective	3	2	-1	£19,421	£9,344	-£10,077	-£3,963	-£6,114	
		Excess Bed Days	64	1	-63	£26,237	£314	-£25,923	-£93	-£25,830	
	Radiology Total		**201**	**131**	**-70**	**£191,888**	**£205,074**	**£13,187**	**£56,893**	**-£43,706**	
	Respiratory Medicine	Daycase	11	58	47	£10,742	£44,867	£34,125	-£12,524	£46,649	
		Elective	5	5	0	£12,899	£11,000	-£1,899	-£886	-£1,013	
		Non Elective	67	139	72	£62,580	£137,571	£74,990	£6,921	£68,069	
		Excess Bed Days	52	110	58	£16,353	£44,919	£28,566	£10,033	£18,533	
		Outpatient New	83	58	-25	£24,616	£17,245	-£7,371	-£16	-£7,355	
		Outpatient Follow-up	279	261	-18	£41,912	£41,676	-£236	£2,477	-£2,713	
		Ward Attender	1	1	0	£142	£157	£15	£7	£8	
		Ward Based Outpatient	150	119	-31	£22,499	£18,685	-£3,814	£841	-£4,655	
		OP Procedure	152	85	-67	£21,977	£14,584	-£7,393	£2,284	-£9,677	
	Respiratory Medicine Total		**799**	**836**	**37**	**£213,722**	**£330,704**	**£116,982**	**£9,137**	**£107,845**	
	Rheumatology	Daycase	188	187	-1	£157,858	£151,341	-£6,517	-£5,368	-£1,149	
		Elective	22	4	-18	£22,293	£4,635	-£17,658	£570	-£18,228	
		Non Elective	2	2	0	£1,530	£2,317	£787	£308	£479	

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
Medicine CBU	Rheumatology	Excess Bed Days	11	13	2	£4,323	£3,893	-£429	-£1,096	£667	
		Outpatient New	61	74	13	£9,142	£10,978	£1,836	-£163	£1,999	
		Outpatient Follow-up	184	193	9	£27,691	£29,025	£1,334	-£32	£1,366	
		Ward Attender	28	17	-11	£4,160	£2,557	-£1,603	£0	-£1,603	
		Ward Based Outpatient	13	4	-9	£2,029	£602	-£1,428	£0	-£1,428	
		OP Procedure	0	1	1	£16	£107	£91	-£12	£103	
	Rheumatology Total		**509**	**495**	**-14**	**£229,043**	**£205,455**	**-£23,587**	**-£5,794**	**-£17,794**	
	Sleep Studies	Elective	27	19	-8	£49,285	£31,508	-£17,776	-£3,173	-£14,603	
	Sleep Studies Total		**27**	**19**	**-8**	**£49,285**	**£31,508**	**-£17,776**	**-£3,173**	**-£14,603**	
Medicine CBU Total			**13,342**	**12,555**	**-787**	**£3,929,915**	**£3,748,456**	**-£181,458**	**£150,837**	**-£332,295**	Note that physio income is within T&O (Surgery)
Community CBU	CAMHS	Elective	0	0	0	£262	£0	-£262	£0	-£262	
		Outpatient New	212	225	13	£0	£0	£0	£0	£0	
		Outpatient Follow-up	1,058	1,331	273	£14,762	£5,872	-£8,890	-£12,707	£3,817	
	CAMHS Total		**1,270**	**1,556**	**286**	**£15,024**	**£5,872**	**-£9,152**	**-£12,707**	**£3,554**	
	Community Medicine	Outpatient New	402	256	-146	£32,499	£8,113	-£24,385	-£12,558	-£11,827	
		Outpatient Follow-up	792	534	-258	£4,833	£2,009	-£2,824	-£1,251	-£1,574	
		Ward Attender	0	4	4	£0	£0	£0	£0	£0	
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0	
		OP Procedure	0	0	0	£15	£0	-£15	£0	-£15	
	Community Medicine Total		**1,195**	**794**	**-401**	**£37,348**	**£10,122**	**-£27,225**	**-£13,809**	**-£13,416**	
Community CBU Total			**2,465**	**2,350**	**-115**	**£52,372**	**£15,994**	**-£36,377**	**-£26,516**	**-£9,862**	
Grand Total			**29,026**	**27,648**	**-1,378**	**£11,300,784**	**£10,190,892**	**-£1,109,892**	**-£446,337**	**-£663,555**	

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
Surgery CBU	Audiology	Outpatient New	4,875	3,130	-1,745	£462,477	£288,491	-£173,986	-£8,450	-£165,536	
		Outpatient Follow-up	1,669	2,149	480	£157,757	£202,629	£44,873	-£473	£45,345	
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95	
		OP Procedure	9	18	9	£989	£2,220	£1,231	£148	£1,082	
	Audiology Total		**6,553**	**5,298**	**-1,255**	**£621,223**	**£493,435**	**-£127,788**	**-£8,774**	**-£119,014**	
	Burns Care	Daycase	1	38	37	£982	£72,489	£71,507	£7,433	£64,074	
		Elective	46	7	-39	£115,810	£26,353	-£89,457	£8,588	-£98,044	
		Non Elective	195	151	-44	£493,806	£371,364	-£122,442	-£11,470	-£110,973	
		Outpatient New	215	121	-94	£42,617	£23,641	-£18,976	-£289	-£18,688	
		Outpatient Follow-up	597	467	-130	£68,094	£53,383	-£14,711	£83	-£14,794	
		Ward Attender	28	205	177	£3,243	£23,434	£20,191	£0	£20,191	
		Ward Based Outpatient	79	29	-50	£9,041	£3,315	-£5,726	-£0	-£5,726	
		OP Procedure	1	1	0	£107	£112	£5	-£13	£18	
	Burns Care Total		**1,161**	**1,019**	**-142**	**£733,699**	**£574,091**	**-£159,609**	**£4,334**	**-£163,942**	
	Cardiac Surgery	Elective	193	178	-15	£2,479,157	£2,058,785	-£420,372	-£225,044	-£195,328	Includes £50k estimated flex/freeze benefit
		Non Elective	90	72	-18	£1,748,021	£1,115,513	-£632,509	-£278,657	-£353,852	
		Excess Bed Days	460	868	408	£205,781	£388,179	£182,398	£267	£182,131	
		Outpatient New	61	76	15	£44,152	£54,719	£10,567	-£0	£10,567	
		Outpatient Follow-up	195	146	-49	£140,091	£102,959	-£37,132	-£2,160	-£34,972	
		Ward Attender	0	10	10	£0	£7,200	£7,200	£0	£7,200	
	Cardiac Surgery Total		**1,000**	**1,350**	**350**	**£4,617,203**	**£3,727,354**	**-£889,849**	**-£505,594**	**-£384,255**	
	Cardiology	Daycase	143	133	-10	£391,555	£414,536	£22,981	£51,340	-£28,359	
		Elective	149	128	-21	£586,459	£512,841	-£73,618	£8,480	-£82,098	
		Non Elective	77	82	5	£358,794	£299,403	-£59,391	-£84,966	£25,574	
		Excess Bed Days	122	262	140	£49,236	£93,339	£44,103	-£12,723	£56,827	
		Outpatient New	1,143	1,069	-74	£272,487	£254,560	-£17,927	-£289	-£17,638	
		Outpatient Follow-up	2,806	3,341	535	£370,733	£434,273	£63,539	-£7,105	£70,645	
		Ward Attender	75	74	-1	£9,878	£9,619	-£259	-£155	-£105	
		Ward Based Outpatient	201	60	-141	£26,570	£7,799	-£18,770	-£125	-£18,645	
		OP Procedure	0	1	1	£0	£108	£108	£0	£108	
	Cardiology Total		**4,716**	**5,150**	**434**	**£2,065,713**	**£2,026,479**	**-£39,235**	**-£45,543**	**£6,309**	
	Dentistry	Daycase	687	677	-10	£397,969	£391,693	-£6,276	-£558	-£5,719	
		Elective	78	9	-69	£48,299	£5,738	-£42,561	£138	-£42,699	
		Non Elective	8	2	-6	£8,555	£1,959	-£6,596	-£211	-£6,385	
		Excess Bed Days	8	0	-8	£2,308	£0	-£2,308	£0	-£2,308	
		Outpatient New	803	740	-63	£28,753	£26,322	-£2,431	-£186	-£2,245	
		Outpatient Follow-up	1,026	734	-292	£36,554	£26,108	-£10,446	-£37	-£10,409	
		Ward Attender	0	1	1	£0	£36	£36	£0	£36	
		OP Procedure	215	195	-20	£34,662	£31,376	-£3,286	-£74	-£3,212	
	Dentistry Total		**2,824**	**2,358**	**-466**	**£557,101**	**£483,231**	**-£73,870**	**-£928**	**-£72,942**	
	ENT	Daycase	772	676	-96	£877,164	£741,698	-£135,466	-£26,009	-£109,457	
		Elective	652	541	-111	£921,388	£796,736	-£124,652	£31,983	-£156,635	
		Non Elective	162	184	22	£253,436	£248,287	-£5,149	-£38,845	£33,696	
		Excess Bed Days	199	232	33	£79,753	£107,529	£27,776	£14,689	£13,087	
		Outpatient New	2,433	1,935	-498	£269,403	£215,552	-£53,850	£1,319	-£55,169	
		Outpatient Follow-up	3,506	2,411	-1,095	£239,335	£165,577	-£73,757	£974	-£74,732	
		Ward Attender	2	2	0	£117	£137	£20	£1	£19	
		Ward Based Outpatient	34	0	-34	£2,289	£0	-£2,289	£0	-£2,289	
		OP Procedure	1,204	1,878	674	£157,728	£239,960	£82,232	-£5,983	£88,215	
	ENT Total		**8,964**	**7,859**	**-1,105**	**£2,800,612**	**£2,515,477**	**-£285,135**	**-£21,871**	**-£263,264**	
	Epilepsy	Outpatient New	79	66	-13	£17,623	£14,618	-£3,005	-£35	-£2,970	
		Outpatient Follow-up	184	131	-53	£33,693	£23,158	-£10,535	-£797	-£9,739	
	Epilepsy Total		**264**	**197**	**-67**	**£51,316**	**£37,776**	**-£13,540**	**-£832**	**-£12,709**	
	Gynaecology	Daycase	8	14	6	£7,123	£11,163	£4,039	-£1,060	£5,099	
		Elective	4	11	7	£4,472	£15,956	£11,484	£2,797	£8,686	
		Outpatient New	164	185	21	£23,546	£26,548	£3,002	-£28	£3,029	
		Outpatient Follow-up	270	297	27	£25,400	£27,487	£2,086	-£430	£2,517	
		Ward Attender	1	0	-1	£81	£0	-£81	£0	-£81	
		OP Procedure	1	0	-1	£103	£0	-£103	£0	-£103	
	Gynaecology Total		**448**	**507**	**59**	**£60,725**	**£81,153**	**£20,427**	**£1,280**	**£19,148**	
	Intensive Care	Elective	3	4	1	£5,709	£6,337	£628	-£1,774	£2,402	
		Non Elective	114	98	-16	£256,568	£444,086	£187,518	£222,796	-£35,278	
		Excess Bed Days	206	146	-60	£78,251	£59,968	-£18,283	£4,565	-£22,849	
		Outpatient New	61	115	54	£45,095	£84,780	£39,685	-£94	£39,779	
		Outpatient Follow-up	237	637	400	£166,241	£468,872	£302,631	£21,314	£281,317	
		Ward Based Outpatient	31	9	-22	£21,461	£6,635	-£14,826	£394	-£15,220	
		OP Procedure	3	6	3	£385	£649	£263	-£24	£287	
		PICU	3,557	3,847	290	£6,359,701	£6,684,999	£325,298	£0	£325,298	
		HDU	2,910	2,617	-293	£3,500,602	£3,571,266	£70,664	£0	£70,664	
		Cardiac HDU	1,792	1,649	-143	£1,752,786	£1,315,553	-£437,233	£0	-£437,233	
		Cardiac ECMO	33	131	98	£117,768	£307,954	£190,186	£0	£190,186	
		Respiratory ECMO	53	52	-1	£348,180	£327,233	-£20,947	£0	-£20,947	
	Intensive Care Total		**8,999**	**9,311**	**312**	**£12,652,749**	**£13,278,332**	**£625,583**	**£247,177**	**£378,406**	
	Maxillo-Facial	Outpatient New	503	434	-69	£72,199	£59,339	-£12,860	-£2,930	-£9,930	
		Outpatient Follow-up	994	408	-586	£144,093	£61,231	-£82,862	£2,109	-£84,971	
		Ward Attender	1	1	0	£125	£133	£8	-£13	£20	
		OP Procedure	2	11	9	£297	£1,379	£1,082	-£519	£1,601	
	Maxillo-Facial Total		**1,500**	**854**	**-646**	**£216,714**	**£122,082**	**-£94,632**	**-£1,352**	**-£93,280**	
	Neurosurgery	Daycase	7	6	-1	£4,981	£3,964	-£1,017	-£127	-£890	
		Elective	120	174	54	£741,777	£929,930	£188,153	-£141,490	£329,643	
		Non Elective	215	179	-36	£1,356,075	£1,115,296	-£240,779	-£15,377	-£225,402	
		Excess Bed Days	508	485	-23	£170,371	£162,854	-£7,517	£352	-£7,870	
		Outpatient New	456	437	-19	£41,035	£38,889	-£2,147	-£394	-£1,752	
		Outpatient Follow-up	1,259	1,147	-112	£110,044	£102,072	-£7,972	£1,830	-£9,802	
		Ward Attender	273	260	-13	£24,328	£23,137	-£1,190	£0	-£1,190	
		Ward Based Outpatient	1	31	30	£77	£2,759	£2,682	£0	£2,682	
		OP Procedure	2	0	-2	£196	£0	-£196	£0	-£196	
		Neuro HDU	1,022	1,271	249	£998,385	£1,208,953	£210,568	£0	£210,568	
	Neurosurgery Total		**3,865**	**3,990**	**125**	**£3,447,269**	**£3,587,854**	**£140,584**	**-£155,206**	**£295,790**	
	Ophthalmology	Daycase	288	172	-116	£256,004	£138,681	-£117,323	-£14,039	-£103,284	
		Elective	63	35	-28	£87,826	£54,030	-£33,796	£5,135	-£38,931	
		Non Elective	11	5	-6	£16,273	£4,792	-£11,482	-£2,352	-£9,130	
		Excess Bed Days	46	0	-46	£16,607	£0	-£16,607	£0	-£16,607	
		Outpatient New	2,109	2,049	-60	£320,348	£321,218	£870	£9,960	-£9,090	
		Outpatient Follow-up	7,857	6,206	-1,651	£783,727	£641,663	-£142,063	£22,607	-£164,671	
		Ward Attender	0	1	1	£0	£85	£85	£0	£85	
		Ward Based Outpatient	15	3	-12	£1,542	£256	-£1,286	-£43	-£1,243	
		OP Procedure	3	56	53	£446	£6,595	£6,149	-£3,086	£9,235	
	Ophthalmology Total		**10,392**	**8,527**	**-1,865**	**£1,482,772**	**£1,167,320**	**-£315,453**	**£18,182**	**-£333,635**	
	Oral Surgery	Daycase	235	205	-30	£201,225	£186,609	-£14,616	£11,232	-£25,848	
		Elective	105	83	-22	£228,943	£260,665	£31,723	£79,792	-£48,069	
		Non Elective	88	57	-31	£96,057	£72,988	-£23,069	£11,119	-£34,189	
		Excess Bed Days	15	3	-12	£8,054	£1,249	-£6,805	-£399	-£6,406	
	Oral Surgery Total		**443**	**348**	**-95**	**£534,280**	**£521,512**	**-£12,768**	**£101,745**	**-£114,513**	
	Orthodontics	Daycase	1	1	0	£618	£522	-£96	-£555	£459	
		Non Elective	0	1	1	£0	£980	£980	£0	£980	
		Outpatient New	37	34	-3	£5,928	£5,642	-£286	£147	-£433	
		Outpatient Follow-up	116	229	113	£9,633	£18,996	£9,363	-£59	£9,422	
		OP Procedure	93	168	75	£11,844	£22,334	£10,490	£902	£9,588	
	Orthodontics Total		**246**	**433**	**187**	**£28,023**	**£48,474**	**£20,451**	**£436**	**£20,016**	
	Paediatric Surgery	Daycase	810	786	-24	£951,177	£947,269	-£3,907	£24,219	-£28,127	
		Elective	327	296	-31	£1,388,117	£1,141,436	-£246,681	-£115,554	-£131,127	
		Non Elective	871	986	115	£3,398,038	£2,927,465	-£470,573	-£917,856	£447,283	
		Excess Bed Days	1,767	502	-1,265	£697,771	£186,955	-£510,816	-£11,321	-£499,495	
		Outpatient New	1,306	1,264	-42	£231,153	£223,446	-£7,707	-£299	-£7,408	
		Outpatient Follow-up	2,055	2,073	18	£237,714	£237,332	-£382	-£2,512	£2,131	
		Ward Attender	501	605	104	£57,987	£69,206	£11,219	-£793	£12,011	
		Ward Based Outpatient	218	53	-165	£25,264	£6,063	-£19,201	-£69	-£19,132	
		OP Procedure	1	2	1	£98	£286	£188	£58	£130	
		Neonatal HDU	1,086	1,681	595	£770,325	£770,325	-£0	-£422,506	£422,505	
	Paediatric Surgery Total		**8,941**	**8,248**	**-693**	**£7,757,643**	**£6,509,782**	**-£1,247,861**	**-£1,446,633**	**£198,772**	
	Plastic Surgery	Daycase	451	538	87	£463,823	£528,368	£64,544	-£24,835	£89,380	
		Elective	171	42	-129	£259,175	£72,903	-£186,272	£9,205	-£195,477	
		Non Elective	724	559	-165	£893,134	£743,318	-£149,817	£54,068	-£203,884	
		Excess Bed Days	26	36	10	£5,953	£12,154	£6,201	£3,995	£2,206	
		Outpatient New	1,619	1,625	6	£230,393	£233,396	£3,003	£2,121	£882	
		Outpatient Follow-up	3,053	2,838	-215	£337,933	£309,869	-£28,064	-£4,259	-£23,805	
		Ward Attender	17	91	74	£1,912	£9,936	£8,024	-£186	£8,210	
		Ward Based Outpatient	70	20	-50	£7,745	£2,184	-£5,562	-£41	-£5,521	
		OP Procedure	452	712	260	£54,063	£88,312	£34,249	£3,186	£31,063	
	Plastic Surgery Total		**6,583**	**6,461**	**-122**	**£2,254,133**	**£2,000,440**	**-£253,693**	**£43,254**	**-£296,947**	
	Spinal Surgery	Daycase	3	5	2	£4,191	£11,689	£7,498	£3,402	£4,096	
		Elective	91	77	-14	£2,414,572	£2,302,147	-£112,425	£268,498	-£380,923	
		Non Elective	0	3	3	£0	£20,403	£20,403	£0	£20,403	
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795	
		Outpatient New	149	304	155	£25,166	£51,211	£26,046	-£130	£26,175	

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Spinal Surgery	Outpatient Follow-up	515	526	11	£54,746	£54,047	-£699	-£1,874	£1,175	
	Spinal Surgery Total		**758**	**1,112**	**354**	**£2,498,674**	**£2,500,290**	**£1,616**	**£269,896**	**-£268,280**	
	Trauma And Orthopa	Daycase	297	288	-9	£435,747	£441,315	£5,567	£18,900	-£13,332	
		Elective	436	376	-60	£1,635,090	£1,696,661	£61,572	£287,016	-£225,445	
		Non Elective	455	424	-31	£1,140,672	£1,062,816	-£77,856	£756	-£78,612	
		Excess Bed Days	258	167	-91	£87,722	£57,745	-£29,978	£1,009	-£30,987	
		Outpatient New	5,084	4,563	-521	£766,319	£688,010	-£78,309	£166	-£78,475	
		Outpatient Follow-up	7,558	9,443	1,885	£762,978	£939,649	£176,671	-£13,649	£190,320	Activity high due to physio activity recorded under this spec
		Ward Attender	2	11	9	£174	£880	£706	-£231	£937	
		Ward Based Outpatient	0	2	2	£0	£196	£196	£0	£196	
		OP Procedure	292	1,892	1,600	£51,305	£492,805	£441,499	£160,702	£280,797	Activity high due to fracture clinic coding
		Gait New	149	172	23	£175,190	£201,584	£26,394	-£246	£26,640	
		Gait Follow-Up	122	151	29	£142,394	£176,972	£34,578	£423	£34,155	
	Trauma And Orthopaedics Total		**14,653**	**17,489**	**2,836**	**£5,197,591**	**£5,758,632**	**£561,041**	**£454,847**	**£106,194**	
	Urology	Daycase	989	1,420	431	£925,317	£1,370,729	£445,412	£41,649	£403,763	
		Elective	86	128	42	£336,045	£435,854	£99,809	-£64,247	£164,057	
		Non Elective	22	24	2	£77,005	£76,285	-£720	-£8,080	£7,360	
		Excess Bed Days	40	9	-31	£16,594	£3,618	-£12,976	-£121	-£12,856	
		Outpatient New	723	735	12	£130,208	£132,224	£2,015	-£148	£2,163	
		Outpatient Follow-up	1,507	1,660	153	£229,610	£248,569	£18,959	-£4,302	£23,261	
		Ward Attender	23	30	7	£3,536	£4,493	£957	-£78	£1,034	
		Ward Based Outpatient	3	39	36	£393	£5,840	£5,447	-£101	£5,548	
		OP Procedure	1	0	-1	£148	£0	-£148	£0	-£148	
	Urology Total		**3,393**	**4,045**	**652**	**£1,718,857**	**£2,277,612**	**£558,755**	**-£35,429**	**£594,183**	
Surgery CBU Total			**85,703**	**84,556**	**-1,147**	**£49,296,299**	**£47,711,324**	**-£1,584,975**	**-£1,081,011**	**-£503,964**	
Medicine CBU	Accident & Emergenc	Daycase	1	1	0	£1,013	£1,294	£281	£579	-£298	
		Elective	1	0	-1	£1,115	£0	-£1,115	£0	-£1,115	
		Non Elective	3,405	2,725	-680	£1,563,624	£1,887,675	£324,051	£636,357	-£312,306	
		Excess Bed Days	46	38	-8	£16,532	£15,465	-£1,067	£1,678	-£2,745	
		Outpatient New	1,454	1,201	-253	£489,946	£405,506	-£84,440	£744	-£85,184	
		Outpatient Follow-up	153	67	-86	£51,666	£22,622	-£29,045	-£0	-£29,045	
		Ward Attender	3	0	-3	£1,161	£0	-£1,161	£0	-£1,161	
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338	
		OP Procedure	0	1	1	£0	£134	£134	£0	£134	
		A&E Attendance	32,768	33,014	246	£3,112,900	£2,873,099	-£239,801	-£263,175	£23,374	
	Accident & Emergency Total		**37,831**	**37,048**	**-783**	**£5,237,958**	**£5,206,133**	**-£31,825**	**£376,183**	**-£408,007**	
	Allergy	Outpatient New	438	399	-39	£100,762	£91,854	-£8,908	-£26	-£8,882	
		Outpatient Follow-up	490	523	33	£69,185	£73,680	£4,494	-£126	£4,621	
		Ward Attender	2	2	0	£314	£281	-£33	-£1	-£32	
		Ward Based Outpatient	1	1	0	£209	£140	-£69	-£1	-£68	
		OP Procedure	3	12	9	£327	£1,299	£972	-£221	£1,193	
	Allergy Total		**934**	**937**	**3**	**£170,798**	**£167,254**	**-£3,544**	**-£376**	**-£3,168**	
	Dermatology	Daycase	13	2	-11	£8,356	£1,444	-£6,912	£180	-£7,092	
		Outpatient New	1,168	1,029	-139	£158,068	£139,102	-£18,966	-£153	-£18,813	
		Outpatient Follow-up	3,831	3,946	115	£377,477	£386,227	£8,750	-£2,610	£11,360	
		Ward Attender	4	0	-4	£424	£0	-£424	£0	-£424	
		Ward Based Outpatient	56	31	-25	£5,506	£2,933	-£2,574	-£122	-£2,452	
		OP Procedure	622	533	-89	£71,553	£61,160	-£10,394	-£116	-£10,278	
	Dermatology Total		**5,695**	**5,541**	**-154**	**£621,385**	**£590,866**	**-£30,519**	**-£2,821**	**-£27,698**	
	Diabetes	Outpatient New	208	61	-147	£44,264	£12,877	-£31,388	-£86	-£31,302	
		Outpatient Follow-up	18	131	113	£1,998	£12,941	£10,943	-£1,332	£12,275	
		Ward Based Outpatient	3	0	-3	£281	£0	-£281	£0	-£281	
	Diabetes Total		**229**	**192**	**-37**	**£46,544**	**£25,818**	**-£20,726**	**-£1,418**	**-£19,308**	
	Endocrinology	Daycase	645	607	-38	£673,455	£657,468	-£15,987	£24,096	-£40,082	
		Elective	52	37	-15	£74,723	£50,099	-£24,624	-£2,858	-£21,767	
		Non Elective	18	10	-8	£27,684	£28,527	£843	£12,732	-£11,889	
		Excess Bed Days	97	28	-69	£35,668	£10,889	-£24,779	£569	-£25,348	
		Outpatient New	456	394	-62	£182,889	£157,737	-£25,152	-£415	-£24,738	
		Outpatient Follow-up	2,543	1,959	-584	£491,738	£387,357	-£104,381	£8,502	-£112,883	
		Ward Attender	114	121	7	£22,112	£23,404	£1,292	£3	£1,289	
		Ward Based Outpatient	230	676	446	£44,556	£130,752	£86,196	£18	£86,178	
	Endocrinology Total		**4,155**	**3,832**	**-323**	**£1,552,825**	**£1,446,233**	**-£106,592**	**£42,647**	**-£149,239**	
	Gastroenterology	Daycase	907	822	-85	£995,936	£934,055	-£61,881	£31,635	-£93,516	
		Elective	286	220	-66	£548,705	£406,113	-£142,592	-£15,401	-£127,191	
		Non Elective	77	60	-17	£204,325	£171,911	-£32,413	£13,536	-£45,949	
		Excess Bed Days	1,293	456	-837	£510,894	£176,550	-£334,344	-£3,626	-£330,718	
		Outpatient New	715	577	-138	£189,580	£154,200	-£35,380	£1,153	-£36,533	
		Outpatient Follow-up	1,918	1,457	-461	£304,721	£227,262	-£77,459	-£4,201	-£73,258	
		Ward Attender	42	126	84	£6,670	£19,655	£12,984	-£298	£13,282	
		Ward Based Outpatient	1,460	557	-903	£231,150	£86,886	-£144,263	-£1,316	-£142,948	
	Gastroenterology Total		**6,699**	**4,275**	**-2,424**	**£2,991,980**	**£2,176,633**	**-£815,347**	**£21,483**	**-£836,830**	
	Haematology	Daycase	166	144	-22	£200,132	£156,347	-£43,785	-£17,100	-£26,685	
		DCHEMO	0	186	186	£0	£61,785	£61,785	£0	£61,785	
		Elective	21	16	-5	£145,609	£72,352	-£73,256	-£39,300	-£33,956	
		Non Elective	119	108	-11	£357,856	£166,547	-£191,309	-£157,770	-£33,539	
		Excess Bed Days	29	33	4	£12,420	£10,347	-£2,073	-£3,963	£1,890	
		Outpatient New	153	153	0	£69,961	£72,041	£2,079	£1,958	£121	
		Outpatient Follow-up	1,061	336	-725	£231,521	£74,544	-£156,977	£1,212	-£158,189	
		Ward Attender	554	1,111	557	£121,023	£237,998	£116,976	-£4,489	£121,465	
		Ward Based Outpatient	1	1	0	£188	£214	£27	-£4	£31	
		OP Procedure	1	0	-1	£107	£0	-£107	£0	-£107	
	Haematology Total		**2,105**	**2,088**	**-17**	**£1,138,817**	**£852,176**	**-£286,641**	**-£219,456**	**-£67,185**	
	Immunology	Outpatient New	89	131	42	£20,588	£30,310	£9,722	£144	£9,578	
		Outpatient Follow-up	65	228	163	£9,225	£32,991	£23,767	£816	£22,951	
		Ward Attender	29	150	121	£4,144	£21,059	£16,914	-£110	£17,024	
		Ward Based Outpatient	115	363	248	£16,281	£50,962	£34,681	-£265	£34,946	
	Immunology Total		**300**	**872**	**572**	**£50,238**	**£135,322**	**£85,084**	**£585**	**£84,499**	
	Metabolic Disease	Outpatient New	35	33	-2	£13,424	£12,672	-£752	£0	-£753	
		Outpatient Follow-up	211	196	-15	£80,986	£75,264	-£5,722	£2	-£5,725	
		Ward Based Outpatient	0	12	12	£0	£4,608	£4,608	£0	£4,608	
	Metabolic Disease Total		**246**	**241**	**-5**	**£94,411**	**£92,544**	**-£1,867**	**£2**	**-£1,869**	
	Nephrology	Daycase	664	536	-128	£428,196	£455,018	£26,822	£109,323	-£82,501	
		Elective	219	65	-154	£139,151	£98,638	-£40,512	£57,257	-£97,770	
		Non Elective	28	31	3	£52,678	£53,939	£1,261	-£4,304	£5,565	
		Excess Bed Days	123	94	-29	£46,096	£41,462	-£4,634	£6,166	-£10,800	
		Outpatient New	110	169	59	£13,023	£19,831	£6,808	-£118	£6,926	
		Outpatient Follow-up	879	1,003	124	£103,745	£118,394	£14,650	-£1	£14,651	
		Ward Attender	557	530	-27	£65,756	£62,561	-£3,195	-£0	-£3,195	
		Ward Based Outpatient	396	420	24	£46,780	£49,577	£2,797	£0	£2,797	
	Nephrology Total		**2,976**	**2,848**	**-128**	**£895,424**	**£899,420**	**£3,996**	**£168,323**	**-£164,327**	
	Neurology	Daycase	59	65	6	£67,869	£73,899	£6,029	-£825	£6,855	
		Elective	43	53	10	£90,031	£111,478	£21,447	-£403	£21,849	
		Non Elective	60	62	2	£118,229	£197,539	£79,310	£74,511	£4,799	
		Excess Bed Days	386	1,522	1,136	£156,571	£577,147	£420,577	-£39,713	£460,290	
		Outpatient New	630	691	61	£175,150	£191,275	£16,124	-£959	£17,084	
		Outpatient Follow-up	1,826	1,608	-218	£499,246	£445,754	-£53,492	£6,184	-£59,676	
		Ward Attender	15	90	75	£4,290	£24,949	£20,659	£0	£20,659	
		Ward Based Outpatient	167	84	-83	£46,232	£23,286	-£22,946	-£0	-£22,946	
	Neurology Total		**3,186**	**4,175**	**989**	**£1,157,617**	**£1,645,326**	**£487,709**	**£38,795**	**£448,914**	
	Oncology	Daycase	1,243	653	-590	£946,900	£765,820	-£181,080	£268,230	-£449,311	
		DCHEMO	967	979	12	£322,707	£325,204	£2,497	-£1,409	£3,906	
		Elective	185	212	27	£1,124,445	£1,216,477	£92,033	-£73,943	£165,976	
		Non Elective	258	380	122	£650,927	£845,483	£194,556	-£114,693	£309,249	
		Excess Bed Days	214	424	210	£97,337	£179,763	£82,425	-£12,857	£95,282	
		Outpatient New	71	46	-25	£18,328	£11,911	-£6,417	-£0	-£6,417	
		Outpatient Follow-up	1,754	1,970	216	£452,936	£509,853	£56,917	£1,065	£55,852	
		Ward Attender	97	373	276	£25,089	£96,585	£71,496	£251	£71,245	
		Ward Based Outpatient	127	60	-67	£32,860	£15,536	-£17,323	£40	-£17,364	
	Oncology Total		**4,915**	**5,097**	**182**	**£3,671,529**	**£3,966,632**	**£295,103**	**£66,684**	**£228,419**	
	Paediatrics	Daycase	219	154	-65	£183,269	£94,654	-£88,614	-£34,102	-£54,512	
		Elective	92	21	-71	£103,020	£49,040	-£53,980	£25,500	-£79,480	
		Non Elective	1,950	2,256	306	£2,211,028	£2,463,546	£252,519	-£94,496	£347,015	
		Excess Bed Days	455	685	230	£168,933	£241,090	£72,156	-£13,412	£85,569	
		Outpatient New	2,160	2,189	29	£497,506	£505,330	£7,823	£1,256	£6,567	
		Outpatient Follow-up	2,961	2,885	-76	£417,786	£404,158	-£13,628	-£2,962	-£10,666	
		Ward Attender	125	43	-82	£17,591	£6,037	-£11,554	-£31	-£11,523	
		Ward Based Outpatient	1,137	378	-759	£160,502	£53,067	-£107,435	-£276	-£107,159	
		OP Procedure	2	0	-2	£218	£0	-£218	£0	-£218	
	Paediatrics Total		**9,101**	**8,611**	**-490**	**£3,759,852**	**£3,816,923**	**£57,071**	**-£118,524**	**£175,595**	
	Radiology	Daycase	756	844	88	£767,712	£1,287,171	£519,459	£430,489	£88,969	
		DCHEMO	0	1	1	£0	£332	£332	£0	£332	
		Elective	99	42	-57	£163,929	£70,899	-£93,030	£1,008	-£94,038	
		Non Elective	20	14	-6	£134,095	£141,211	£7,116	£48,060	-£40,944	
		Excess Bed Days	445	141	-304	£181,158	£48,363	-£132,795	-£9,098	-£123,696	
	Radiology Total		**1,320**	**1,042**	**-278**	**£1,246,895**	**£1,547,977**	**£301,082**	**£470,458**	**-£169,376**	
	Respiratory Medicine	Daycase	69	147	78	£68,437	£154,756	£86,320	£9,301	£77,018	

Year-to-date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Respiratory Medicine	Elective	35	11	-24	£82,183	£17,670	-£64,512	-£8,480	-£56,033	
		Non Elective	460	515	55	£432,093	£555,157	£123,065	£71,096	£51,969	
		Excess Bed Days	356	839	483	£112,914	£308,368	£195,455	£42,281	£153,174	
		Outpatient New	527	427	-100	£156,834	£126,771	-£30,063	-£306	-£29,757	
		Outpatient Follow-up	1,778	1,566	-212	£267,027	£248,882	-£18,145	£13,688	-£31,833	
		Ward Attender	6	27	21	£902	£4,083	£3,180	£34	£3,146	
		Ward Based Outpatient	956	868	-88	£143,346	£136,293	-£7,053	£6,136	-£13,189	
		OP Procedure	968	604	-364	£140,020	£103,633	-£36,387	£16,229	-£52,616	
	Respiratory Medicine Total		**5,154**	**5,004**	**-150**	**£1,403,755**	**£1,655,613**	**£251,859**	**£149,980**	**£101,879**	
	Rheumatology	Daycase	1,200	1,278	78	£1,005,732	£1,006,472	£740	-£64,515	£65,255	
		Elective	140	34	-106	£142,033	£82,651	-£59,382	£48,095	-£107,477	
		Non Elective	11	7	-4	£10,564	£10,145	-£419	£3,114	-£3,532	
		Excess Bed Days	78	136	58	£29,845	£47,658	£17,812	-£4,541	£22,354	
		Outpatient New	387	383	-4	£58,246	£57,449	-£797	-£213	-£584	
		Outpatient Follow-up	1,172	1,131	-41	£176,424	£169,790	-£6,634	-£488	-£6,146	
		Ward Attender	176	104	-72	£26,504	£15,641	-£10,863	£0	-£10,863	
		Ward Based Outpatient	86	102	16	£12,929	£15,340	£2,411	£0	£2,411	
		OP Procedure	1	2	1	£103	£107	£4	-£132	£136	
	Rheumatology Total		**3,250**	**3,177**	**-73**	**£1,462,379**	**£1,405,253**	**-£57,127**	**-£18,680**	**-£38,447**	
	Sleep Studies	Elective	172	137	-35	£313,997	£215,724	-£98,273	-£34,350	-£63,924	
		Non Elective	0	4	4	£0	£13,288	£13,288	£0	£13,288	
		Excess Bed Days	0	40	40	£0	£12,229	£12,229	£0	£12,229	
	Sleep Studies Total		**172**	**181**	**9**	**£313,997**	**£241,240**	**-£72,757**	**-£34,350**	**-£38,407**	
Medicine CBU Total			**88,266**	**85,161**	**-3,105**	**£25,816,402**	**£25,871,361**	**£54,959**	**£939,516**	**-£884,557**	Note that physio income is within T&O (Surgery)
Community CBU	CAMHS	Elective	2	0	-2	£1,672	£0	-£1,672	£0	-£1,672	
		Outpatient New	1,352	1,722	370	£0	£427	£427	£427	£0	
		Outpatient Follow-up	6,738	10,438	3,700	£94,049	£78,905	-£15,144	-£66,792	£51,649	
	CAMHS Total		**8,092**	**12,160**	**4,068**	**£95,721**	**£79,332**	**-£16,389**	**-£66,365**	**£49,976**	
	Community Medicine	Daycase	0	1	1	£0	£862	£862	£0	£862	
		Outpatient New	2,564	1,929	-635	£207,053	£91,382	-£115,671	-£64,382	-£51,289	
		Outpatient Follow-up	5,045	3,855	-1,190	£30,794	£29,848	-£946	£6,315	-£7,262	
		Ward Attender	0	14	14	£0	£0	£0	£0	£0	
		Ward Based Outpatient	6	0	-6	£0	£0	£0	£0	£0	
		OP Procedure	1	0	-1	£98	£0	-£98	£0	-£98	
	Community Medicine Total		**7,616**	**5,799**	**-1,817**	**£237,945**	**£122,092**	**-£115,853**	**-£58,067**	**-£57,786**	
Community CBU Total			**15,707**	**17,959**	**2,252**	**£333,666**	**£201,424**	**-£132,242**	**-£124,432**	**-£7,810**	
Grand Total			**189,677**	**187,676**	**-2,001**	**£75,446,367**	**£73,784,109**	**-£1,662,258**	**-£265,927**	**-£1,396,330**	

NHS Improvement

Technical guidance for NHS planning 2017/18 and 2018/19

Annex F: NHS Improvement guidance for operational and activity plans

September 2016

About NHS Improvement

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

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

Contents

1. How to use this guidance

This technical document is Annex F of *Technical guidance for NHS planning 2017/18 and 2018/19*,[1] which supports the main planning guidance *Operational planning and contracting guidance 2017/18 and 2018/19*[2] (published 22 September 2016). It should not be read in isolation, but alongside and in the context of, those joint planning guidance documents.

It is detailed guidance for all NHS trusts and NHS foundation trusts on their 2017/18 – 2018/19 operational plans only. It outlines our objectives and requirements for provider plans, our view of what operational plans should contain, and our approach to the review of, and response to, those plans.

Throughout the document we refer to NHS trusts and NHS foundation trusts collectively as 'trusts', except where we specifically make separate reference to either group.

2. Objectives for providers' 2017/18 to 2018/19 operational plans

Operational planning and contracting guidance 2017/18 and 2018/19 is the main planning document setting out the planning assumptions and priorities for the NHS for the coming two years. It builds on the sustainability and transformation plans (STPs) produced by local health and care systems and takes forward implementation of the Five Year Forward View.

As highlighted in the financial reset and the publication of *Strengthening financial performance and accountability in 2016/17*, the STPs for each footprint are the key starting point for two-year, organisation-level operational plans for 2017/18 and 2018/19, with collaborative actions across local health and care systems.

The joint planning guidance will help each STP area move swiftly from submitting its STP in October to agreeing two-year operational plans and contracts that will underpin delivery in 2017/18 and 2018/19. The aim is to provide certainty and stability for a two-year planning and contracting cycle and enable operational planning and contracting to be completed by 23 December 2016 (collections will close on 30 December) with submission of final operational plans and signing of contracts. Moving into 2017, organisations will then be able to focus single-mindedly on delivery of the next two years of their STPs, building on the solid financial foundation created through joint actions in 2016.

Providers as a whole, irrespective of their NHS trust or NHS foundation trust status, currently face significant financial, operational and clinical challenges, as well as opportunities for improvement. It is therefore important for NHS Improvement to

[1] www.england.nhs.uk/planning-guidance
[2] www.england.nhs.uk/planning-guidance

share a defined set of objectives for providers that will address these challenges and opportunities.

The quality standards for patient services are clearly set out in the NHS Constitution[3] and in the fundamental quality and safety standards published by the Care Quality Commission (CQC).[4] These quality standards continue to define the expectations for provider services. The NHS Constitution and CQC standards are available in *Guidance for providers on meeting the regulations*.

For providers to achieve and maintain high quality services, those services also need to be underpinned by affordable and sustainable financial plans. Building on the joint financial improvement actions in 2016/17, a key focus of the two-year planning round will be to achieve break-even or better for the provider sector in each of the two years, after deployment of the £1.8 billion Sustainability and Transformation Fund (STF) in each year.

Technical guidance for NHS planning 2017/18 and 2018/19 sets out the arrangements for NHS commissioners and providers to submit operational plans for 2017/18 to 2018/19. This annex outlines our requirements for the 2017/18 to 2018/19 operational plans. We will release more detail of the templates to be used for submissions on 1 November 2016.

NHS Improvement's overarching objectives for 2017/18 to 2018/19 planning

All providers will have robust, integrated operational plans for 2017/18 - 2018/19 that demonstrate the delivery of safe, high quality services that meet NHS Constitution standards or delivery of recovery milestones within available resources.

Provider actions to improve efficiency will result in at least a break-even position for the provider sector in each of the two years, after deployment of the Sustainability and Transformation Fund.

3. Requirements of operational plans

In line with the overarching objectives for operational planning above and underpinned by the expectations for the NHS summarised in the main planning guidance, NHS Improvement expects the following from providers' operational plans for 2017/18 to 2018/19:

- operational plans must be realistic and deliverable:

[3] www.gov.uk/government/publications/the-nhs-constitution-for-england
[4] www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf

- based on reasonable assumptions for activity, that the provider has sufficient capacity to deliver
- supported by contracts with commissioners, signed by 23 December 2016, that reflect this level of activity and balance risk appropriately
- underpinned by coherent and well-modelled financial projections
- supported by agreed contingency plans wherever risks across local health system plans have been jointly identified.

- Operational plans must also be stretching, representing the maximum that each provider can reasonably be expected to deliver:
  - providers must agree and then deliver financial control totals for 2017/18 and 2018/19 as a condition of receiving their STF funding. Delivering (or exceeding) control totals will enable the service to return to at least a break-even financial position in aggregate in both years, and will form a core part of the new financial oversight regime, the Single Oversight Framework that NHS Improvement is putting in place this year (the STF guidance published on 30 September will provide more detail)
  - acute non-specialised providers should take advantage of the opportunities identified in the Carter review for improved productivity[5]
  - providers should continue to apply the rules on agency spend[6] introduced by NHS Improvement and restrictions on the growth of their paybill. Information is available in the guidance on Rules for all agency staff working in the NHS
  - where they have not already done so, providers should take advantage of extra efficiency opportunities in consolidating back office and pathology services
  - providers should engage with commissioners to ensure alignment with local adoption of the RightCare programme
  - actions should be taken to make better use of the NHS estate.
- Providers' capital plans should be consistent with their clinical strategy, and clearly provide for the delivery of safe, productive services with business cases that demonstrate affordability and value for money. They should:

[5] www.gov.uk/government/publications/productivity-in-nhs-hospitals
[6] www.gov.uk/guidance/rules-for-all-agency-staff-working-in-the-nhs

- demonstrate that the highest priority schemes are being assessed and taken forward
- continue to ensure that they look to their own internally generated capital resource to fund repayment of existing and new borrowing related to capital investment
- be aware that Department of Health (DH) financing is likely to be available only in pre-agreed and very exceptional cases
- continue to procure capital assets more efficiently, maximise and accelerate disposals and extend asset lives
- highlight where capital investment plans support opportunities for improved productivity identified by Lord Carter's review
- where applicable, also clearly demonstrate which schemes are above their delegated limits.

- Operational plans should be consistent with sustainability and transformation plans:
  - the position of each provider (on finance, activity and workforce) should be consistent with the STP footprint financial plan for 2017/18 and 2018/19 to be submitted in October 2016 and with the system control for that STP area
  - the aggregate of all operational plans in a footprint will need to reconcile with the STP position
  - they should reflect the strategic intent of the STP and the organisational impact of the three to five issues critical to their locality.
- Operational plans should demonstrate improvement in the delivery of core access standards as set out in the NHS Constitution and national planning guidance (A&E and ambulance response times, referral to treatment, cancer, mental health and the transformation of care for people with learning disabilities):
  - Payment of a proportion of the general element of the STF is conditional on providers in 2017/18 and 2018/19 either delivering the NHS Constitution standards for operational performance or (where providers do not achieve those standards by March 2017 based on current performance trajectories) agreeing and delivering new performance trajectories
  - the STF guidance published on 30 September 2016 will provide more details.

- Providers must be assured that the individual activity, workforce and finance elements of their plans are cross-checked and internally consistent.
- In relation to quality and workforce, it will be important that providers can demonstrate:
    - development and implementation of an affordable plan to make improvements in quality, particularly for providers in special measures
    - application of a robust quality improvement methodology
    - a plan for achieving the four priority standards for seven-day hospital services in an affordable way
    - the application and monitoring of an effective quality impact assessment (QIA) approach for all cost improvement programmes (CIPs)
    - workforce productivity, particularly through effective use of e-rostering and less reliance on agency staffing
    - triangulation of quality, workforce and finance indicators.

In short, provider operational plans must:

- provide for a reasonable and realistic level of activity
- demonstrate the capacity to meet this
- provide adequate assurance on the robustness of workforce plans and the approach to quality
- be stretching from a financial perspective: planning to deliver (or exceed) the financial control total agreed with NHS Improvement, thus qualifying the provider for receipt of STF; taking full advantage of efficiency opportunities (including those identified by the Carter review and the agency rules)
- demonstrate improvement in the delivery of core access and NHS Constitution standards (or, if applicable, performance improvement trajectories)
- contain affordable, value-for-money capital plans that are consistent with the clinical strategy and clearly demonstrate the delivery of safe, productive services
- be aligned with commissioner plans, and underpinned by contracts that balance risk appropriately
- be consistent with and reflect the strategic intent of STPs, including the specific service changes, quality improvements and increased productivity and efficiency identified in the STPs, and with the system control total for the STP area
- be internally consistent between activity, workforce and finance plans.

3.1. The Sustainability and Transformation Fund

Part of the process of managing an aggregate bottom-line position of break-even or better for the service in 2017/18 to 2018/19 is understanding the impact of a range of known factors at individual provider level and agreeing robust plans that include the deployment of the STF and a control total by providers for 2017/18 and 2018/19.

We have reviewed the approach to the STF for 2017/18 to 2018/19 in the light of experiences in 2016/17 and made changes to reflect this.

We have developed an impact assessment model for a range of known factors at an individual provider level. Based on this work we have allocated individual providers an indicative share of the STF and a provisional control total for 2017/18 and 2018/19. These are being communicated in a letter to each provider on 30 September 2016.

As in 2016/17, the payment of STF will depend on providers meeting their financial control totals and meeting the core access standards. The provision of assurance statements, and (where necessary) the agreement of performance improvement trajectories, will be required from trusts for 2017/18 and 2018/19.

As in 2016/17, where a provider:

- is granted funding from the general element of the STF and agrees an annual financial control total with NHS Improvement and
- with regard to its performance against key national quality standards either agrees performance improvement trajectories with NHS Improvement and NHS England, and/or provides NHS Improvement with assurance statements

then the operation of certain financial sanctions under the NHS Standard Contract will continue to be suspended for both 2017/18 and 2018/19.

The suspension is described in Service Condition 36.37A and General Condition 9.26 of the Contract and in the executive summary of the Contract Technical Guidance. The standards and sanctions affected are:

- those covering 4-hour A&E waits, RTT 18-week incomplete pathways and 62-day cancer waits (for which providers will either have to submit an assurance statement to NHS Improvement, confirming their commitment to deliver the national standard in full on an ongoing basis or will have to agree with NHS Improvement and NHS England a monthly performance improvement trajectory, setting out their commitment to improving their performance, over time, towards the level required by the national standard) and

- those covering 12-hour trolley waits, RTT 52-week waits, 6-week diagnostic waits, other cancer waits, ambulance response times (Red1, Red 2, other Category A) and ambulance handover standards (affecting both A&E and ambulance providers), for which providers will have to submit an assurance statement to NHS Improvement, confirming their commitment to deliver the national standard in full on an ongoing basis.

If, during the two-year period of the contract, revised national standards are introduced for ambulance response times (following completion of the ongoing pilots), NHS Improvement and NHS England may also decide to require specific performance improvement trajectories on the new standards from the relevant providers.

Detailed guidance for the STF in 2017/18 and 2018/19 will be published on 30 September 2016.

4. Summary of operational plan submissions

Our two-year operational plan collections are designed to enable us to test delivery of the requirements articulated in section 3 above.

Table 1 below summarises the plan submission requirements, identifying what needs to be submitted, where and when.

This year, for both NHS trusts and NHS foundation trusts, the operational plan submissions will include:

- contract tracker returns: updated and submitted throughout the contracting timetable in accordance with the weekly submission schedule detailed in Annex G to *Technical guidance for NHS planning 2017/18 and 2018/19*
- a finance return
- an activity return through the Portal (for draft plan and final plan):
    - this will contain annualised activity data for the 2016/17 forecast out-turn (pre-populated) and 2017/18 to 2018/19 operational plan, supporting the alignment process of provider−commissioner activity plans
    - for both NHS trusts and NHS foundation trusts this submission is required of acute and specialist trusts only
    - NHS mental health, community and ambulance trusts do not need to submit activity returns
- a workforce return
- a triangulation return:

- a linked file detailing the required triangulation checks between finance, activity and workforce plans
- review of alignment between financial plan revenue and contract revenue
- an operational plan narrative (maximum 16 pages), which should take forward the local health and care system's STP and outline the provider's approach to activity, quality, workforce and financial planning for 2017/18 to 2018/19. See section 5 for further details
- as described in Section 3, assurance statements from all NHS trusts and foundation trusts, and, where necessary, agreed improvement trajectories (applies to a sub-set of NHS trusts and foundation trusts only). Submissions should be made in accordance with the national planning timetable and should be emailed to NHSI.returns@nhs.net

Providers' draft, two-year operational plans for 2017/18 to 2018/19 should be submitted to NHS Improvement by midday on Thursday, 24 November 2016.

Providers' final, two-year operational plans for 2017/18 to 2018/19 should be submitted to NHS Improvement by noon on 23 December 2016 (collections will close on the 30 December). The final operational plan should include updated versions of:

- finance return
- activity return (acute and specialist providers only)
- workforce return
- triangulation return
- the operational plan narrative
- assurance statements and, where necessary, improvement trajectories.

Note on planning templates: In light of the alignment of NHS foundation trust and NHS trust planning requirements, we have made changes to the operational plan templates. We will issue detailed template guidance on 1 November 2016.

Table 1: NHS Improvement plan submission requirements

Submission requirement	Technical Guidance Reference	Deadlines	Submission details
Operational plan narrative	Annex F	24 November (noon) and 23 December*	Through online portal
Financial plan	To be published 1 November	24 November (noon) and 23 December*	Through online portal
Activity plan	Annex F	24 November (noon) and 23 December*	Through online portal
Workforce plan	To be published 1 November	24 November (noon) and 23 December*	Through online portal
Contract tracker	Annex G	Weekly from 21 November to 30 January	Via a provider return on UNIFY2
Triangulation form	Annex F	24 November (noon) and 23 December*	Through online portal
Assurance statements, and where necessary agreed improvement trajectories (selected providers only), for selected national standards	Annex F / NHS Standard Contract	24 November (noon) and 23 December*	NHSI.returns@nhs.net

* The submission deadline for final operating plans is 23 December, and collections close on 30 December

5. Operational plan narrative (both draft and final plans)

As outlined above in section 4, as part of their draft and final operational plans, all providers are required to submit an operational plan narrative that supports the finance, activity and workforce returns. This narrative should address NHS Improvement's key requirements of provider plans, as set out in section 3.

The supporting narrative submitted at 24 November, although 'draft', should represent a full account of the operational plan as at that date.

Although there is no template for the narrative element of operational plans, we set out below what the plans need to demonstrate. We recommend providers use this structure as far as possible to help with the consistency of plans.

5.1. Structure, format and length

Based on the guide below, the operational plan narrative should not be longer than 16 pages. Quality is far more important than quantity: we want to be able to understand each plan. A provider's inability to summarise its plan coherently and concisely will itself be considered as part of the assessment of risk.

It should be easy for us to reconcile the content in the written narrative with data in the finance, activity and workforce templates.

Activity planning (maximum 2 pages)

A fundamental requirement of the 2017/18 to 2018/19 operational planning round is for providers and commissioners to have realistic and aligned activity plans. It is therefore essential they work together transparently to promote robust demand and capacity planning.

To help support this process, the national Demand and Capacity Programme has provided regional training events to more than 1,000 attendees and will continue to provide one-day events up to early December 2016. These focus on the principles and practice of demand and capacity modelling for elective care and include content for commissioners around the general principles of external assurance of provider demand and capacity workstreams. In response to feedback from previous events, there will also be two specific one-day events in November focused on the NHS Improvement Intensive Support Team demand and capacity models. More information will be shared on the Demand and Capacity events in due course.

In the operational plan narrative, therefore, providers should support their activity returns with a written assessment of activity over the next year, based on robust demand and capacity modelling and lessons from previous years' winter and system resilience planning.

They should provide assurance to NHS Improvement that:

- the activity plans for 2017/18 to 2018/19 are based on outputs from:
    - the demand and capacity approach for 2016/17
    - demand and capacity modelling tools that have been jointly prepared and agreed with commissioners
- activity returns are underpinned by agreed planning assumptions, with explanation about how these assumptions compare with expected growth rates in 2016/17
- they have sufficient capacity to deliver the level of activity that has been agreed with commissioners, indicating plans for using the independent sector to deliver activity, highlighting volumes and type of activity if possible

- activity plans are sufficient to deliver, or achieve recovery milestones for, all key operational standards, in particular accident and emergency (A&E), referral to treatment (RTT), incomplete, cancer, diagnostics and mental health waiting times. They should also refer to any explicit plans agreed with commissioners around:
    - extra capacity as part of winter resilience plans, for instance extra escalation beds
    - arrangements for managing unplanned changes in demand.

Quality planning (maximum 4 pages)

Quality standards for patient services are clearly set out in the NHS Constitution and in the CQC quality and safety standards. They continue to define the expectations for the services of providers.

To meet these standards, providers should have a series of quality priorities for the next two years set out in a quality improvement plan. This plan needs to be underpinned by the local STP, the provider quality account, the needs of the local population and national planning guidance. To create these priorities providers need to consider:

- national and local commissioning priorities
- the provider's quality goals, as defined by its strategy and quality account, and any key milestones and performance indicators attached to them
- an outline of existing quality concerns (from internal intelligence, CQC, the quality account or other parties) and plans to address them
- key risks to quality and how these will be managed.

For the 2017/18 to2018/19 operational plan narrative, providers should self-assess and outline their approach to quality in a narrative split into four sections:

1. Approach to quality governance
2. Summary of the quality improvement plan (including compliance with national quality priorities)
3. Summary of the quality impact assessment process
4. Summary of triangulation of quality with workforce and finance.

We will use this narrative to seek assurance that the approach to quality is sound and robust. Where appropriate, we may ask individual providers for more information, such as their detailed quality improvement plan.

We suggested the following content for each section.

Section 1: Approach to quality improvement

Providers should outline their approach to quality improvement including:

- a named executive lead for quality improvement
- a description of the organisation-wide improvement approach to achieving a good or outstanding CQC rating (or maintain an outstanding rating) including the governance processes underpinning this
- details of the quality improvement governance system, from the ward to the board, with details of how assurance and progress against the plan are monitored
- how quality improvement capacity and capability will be built in the organisation to implement and sustain change
- measures being used to demonstrate and evidence the impact of the investment in quality improvement.

Section 2: Summary of the quality improvement plan (including compliance with national quality priorities)

Providers should detail their quality improvement plans in relation to local and national initiatives to be implemented in the next two-year period, including (but not limited to):

- national clinical audits
- the four priority standards for seven-day hospital services
- safe staffing
- care hours per patient day
- mental health standards(Early Intervention in Psychosis and Improving Access to Psychological Therapies)
- actions from the Better Births review
- improving the quality of mortality review and Serious Incident investigation and subsequent learning and action
- anti-microbial resistance
- infection prevention and control
- falls

- sepsis
- pressure ulcers
- end of life care
- patient experience
- national CQUINs
- confirmation that the provider's quality priorities are consistent with STPs.

Section 3: Summary of quality impact assessment process

Each provider should have an effective QIA process for service developments and efficiency plans in line with National Quality Board (NQB) guidance (examples include 7-day services and CIPs). This section should include:

- a description of the governance structure surrounding scheme creation, acceptance and monitoring of implementation and its impact (whether positive or negative)
- a description of this governance structure that clearly articulates:
    - how frontline/business unit-level clinicians are creating schemes and what challenge there is regarding potential risks and acceptance of schemes
    - the QIA process and whether this is assessed against the three core quality domains (safety, effectiveness and experience) or the wider five CQC domains (safe, effective, responsive, caring and well led), allowing insight into staff impact
    - how schemes received executive sign-off by the medical and nursing directors (including an articulation of whether all schemes are seen, or whether there is a risk-based process to sign off such as monetary value, risk score, etc)
- identification of key performance metrics aligned to specific schemes to facilitate early sight of potential impact on the quality of care.

It is important that providers have clear monitoring mechanisms for initiatives so that they can identify when care is being compromised. The provider board needs clear visibility of these monitoring arrangements. In this section providers should articulate:

- how appropriate baseline data have been recorded before implementation of the change, including the duration of this data, eg to capture seasonal variations

- where the provider does not define specific metrics but use generic quality measures, how they interrogate and challenge poor performance to make sure the efficiency plans do not drive any deterioration
- how the board receives oversight of any potential cumulative impact of several schemes on a particular pathway, service, team or professional group.

This is particularly important for providers experiencing transactions, mergers or in special measures.

Section 4: Summary of triangulation of quality with workforce and finance

We expect each provider to triangulate intelligence, for example quality, workforce and financial indicators, on at least a six-monthly basis. In this section, they should outline:

- their approach to triangulation
- the key indicators used in this process
- how the board intends to use this information.

They should also give assurance that this information will be used to improve the quality of care and enhance productivity.

Workforce planning (maximum 2 pages)

To support the numeric workforce plan providers must demonstrate the following in their operational plan narratives:

- articulation of a workforce planning methodology linked to the strategic aims of the provider, informed by financial and service objectives and contributing to the integrated operational plan
- an underpinning workforce strategy developed with staff involvement (also linked to clinical and wider STP strategies)
- a robust governance process to offer assurance and approval and act as a means of assessing performance against plan in year
- well-modelled alignment with both financial and service activity plans to ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients
- achievement of workforce efficiency, capitalising on collaboration opportunities to increase workforce productivity within STPs and inform subsequent CIP development (taking into account any impact on quality and safety, with ongoing measurement to identify adverse outcomes and ensure effective mitigating actions where necessary.)

- detail the required workforce transformation and support to the current workforce, underpinned by new care models and redesigned pathways (responding to known supply issues), detailing specific staff group issues
- plans for any new workforce initiatives agreed with partners and funded specifically for 2017/18 to 2018/19 as part of the Five Year Forward View demonstrating the following:
    - a link with the STP approach to workforce resourcing and how this will be supported through the operational plan
    - how a balance in workforce supply and demand will be achieved
    - the right skill mix, maximising the potential of current skills and providing the workforce with developmental opportunities
    - underpinning strategies to manage agency and locum use including spend avoidance. (Approaches may include, but are not limited to, strengthening bank staffing arrangements and utilisation of the flexible workforce by developing shared banks with other providers in the STP footprint. Providers should also consider the effective use of technology including e-rostering and job planning systems to enable more effective rota management and staff utilisation, focused on flexibility around patient need.)
- activity to support delivery of workforce plans in conjunction with local workforce advisory boards
- engagement with commissioners to ensure alignment with the future workforce strategy of their local health system
- affordable plans for implementing the four priority standards for seven-day hospital services by March 2018 for providers in the second tranche of roll-out and by March 2020 for providers not in the first or second tranches.

Operational plans should consider the impact of legislative changes and policy developments including (but not limited to) the opportunities identified in the Carter review for improved productivity, changes to the apprenticeship levy from April 2017, the supply of staff from Europe and beyond, the immigration health surcharge and changes to NHS nursing and allied health professional bursaries, all of which should be taken into account in development of the workforce plan.

Financial planning (maximum 6 pages)

Strengthening financial performance and accountability in 2016/17 established the clear expectation that the provider sector will achieve financial run rate balance in aggregate by the start of 2017/18. Delivery of this expectation will require providers'

plans to be stretching from a financial perspective, delivering (or improving on) the financial control totals agreed with NHS Improvement, implementing transformational change through the STPs, and taking full advantage of efficiency opportunities to ensure that the control totals for 2017/18 and 2018/19 can be delivered.

Capital resources are constrained and will require prioritisation, so plans should only include schemes that are essential to the provision of safe, sustainable services, are affordable and offer value for money. Plans should be underpinned by robust financial forecasts and modelling and should be consistent with the strategic intent of the STP.

We therefore recommend providers divide their financial narratives as follows:

1. Financial forecasts and modelling
2. Efficiency savings for 2017/18 to 2018/19
3. Capital planning.

Section 1: Financial forecasts and modelling

Provider plans and priorities for quality, workforce and activity should align with the financial forecasts in their draft and final operational plans. The operational plan narrative should clearly set out how they make sure their plans are internally consistent.

To help providers demonstrate their plans are internally consistent we will make available for mandatory submission a triangulation file that will include both reconciliation points and reasonableness tests between the differing elements of the operational plan.

The plans will comprise two-year financial projections based on robust local modelling and reasonable planning assumptions aligned with national expectations and local circumstances.

The forecasts should also be supported by clear financial commentary in the operational plan narrative.

Collectively the financial forecasts and commentary should explain how the control totals will be delivered and outline the key movements that bridge 2016/17 forecasts and plans for 2017/18 and 2018/19 and also clearly set out:

- the financial impact of the planning assumptions set out in *Technical Guidance for NHS planning 2017/18 and 2018/19* plus the impact of the 2017/18 and 2018/19 national tariff (including the changes associated with the introduction of HRG4+), NHS Standard Contract and Commissioning for Quality and Innovation (CQUIN) guidance; the narrative should also highlight any significant deviations from national assumptions

- the impact of activity changes, relating to underlying demand, quality, efficiency programmes, and the impact of other commissioning intentions
- other key movements, including other changes in income expectations, revenue impact of any capital plans, or in-year non-recurrent income or expenditure
- the impact of initiatives, such as, but not limited to, CIPs, revenue-generation schemes, service developments and transactions
- the STF contingent on delivery of the control total (receipt of which should only be included in plans where providers have both agreed their financial control totals and submitted assurance statements-and, if applicable, agreed performance improvement trajectories- in relation to selected national standards).

The narrative financial commentary should address:

- the assumptions underpinning these drivers
- the impact of these drivers on the overall financial forecasts: in particular on performance against the Single Oversight Framework finance metrics
- the outcomes of any sensitivity analysis.

Operational plans will be developed before a final 2016/17 year-end financial position is known so providers should use a projected year-end outturn for 2016/17 based on the most up-to-date and relevant information available. For the 24 November submission the forecast outturn position used should agree with the Month 6 returns and for the 23 December return (collections will close on 30 December) this should be updated to agree with the Month 7 position.

Section 2: Efficiency savings for 2017/18 to 2018/19

All providers should ensure they have a robust efficiency savings plan to enable them to deliver the control totals set for 2017/18 and 2018/19 by NHS Improvement.

To achieve this they should focus on the development and delivery of robust multi-year savings plans focusing primarily on cost reduction but also reflecting a growth in contribution from commercial income. Operational plan narratives should outline broad plans for operational efficiency including, but not limited to, opportunities identified in the Carter review and agency rules.

The efficiency plans should also reflect savings arising from collaboration and consolidation plans in the STP processes and any opportunities identified through the commissioner-led programme.

In operational plan narratives providers should set out their approach to identifying, quality assuring and monitoring delivery of efficiency savings.

Lord Carter's provider operational productivity work programme

Lord Carter's review *Operational productivity and performance in English NHS acute hospitals: unwarranted variation* set out productivity and efficiency opportunities totalling £5 billion in workforce, hospital pharmacy and medicines, pathology and imaging, procurement, estates and facilities, corporate and administration and through optimising the patient pathway. NHS acute providers should continue to develop plans that cover the themes and recommendations in the Carter review and fully use the benchmarking data and best practice information in the Model Hospital when developing their efficiency plans.

Acute provider efficiency plans should maximise the opportunities identified in the Purchasing Price Index Benchmarking tool, ensuring all acute providers are taking steps to ensure that they are getting the best possible price for commonly procured items.

We will monitor acute provider progress against delivering the opportunities identified within the Carter review on an ongoing basis. Lord Carter and the NHS Improvement Operational Productivity Directorate are currently reviewing the operational productivity and performance of the mental health and community sectors. The work on these reviews will start in autumn. In advance of the publication of the outcome of these reviews, non-acute providers should consider the broad themes within the acute hospital Carter review that are applicable to them.

Agency rules

Providers should outline how they will continue to make effective use of the agency rules and what they will do to ensure they will be able to contain spend within their annual agency ceiling.

Procurement

Acute provider efficiency plans should maximise the opportunities identified in the Purchasing Price Index Benchmarking tool, ensuring all acute providers are working collaboratively to get the best possible NHS price for commonly procured items.

We are working with the NHS Business Services Authority, the Department of Health Commercial Team and a number of providers (including groups like the Shelford Group) to implement a range of nationally mandated products. Providers will be expected to support the development and implementation of universal use of these products.

Providers will need to ensure that progress against their procurement transformation plans implementing the Carter procurement recommendations is consistent with delivering the metrics in full and on time.

Section 3: Capital planning

Providers should explain in their narratives how their proposed capital investments are consistent with their clinical strategies and how they demonstrate the delivery of safe, productive services.

Given the constrained level of capital resource identified in the Spending Review from 2016/17 to 2020/21, they should also demonstrate that the highest priority schemes are being assessed and taken forward.

Where they are required to submit business cases for NHS Improvement, DH or HM Treasury approval providers should present robust strategic, economic, commercial, management and financial cases including clear links between the investment case and activity and financial projections as well as workforce and productivity assumptions.

They will also need to follow the key business case documentation requirements which may require the approval of strategic outline cases, outline business cases and full business cases.

Finally, providers should outline how they plan to make better use of the NHS estate. This may include alternative methods of securing assets, maximising and accelerating disposals and extending asset lives.

Link to the local sustainability and transformation plan (maximum 2 pages)

Significant progress on transformation is expected through 2017/18 to 2018/19 operational plans so all providers are expected to reflect the implementation of the local health and care system's STP. See *Operational planning and contracting guidance 2017/18 and 2018/19* for more details.

Although we acknowledge that local health and care systems will be at very different stages of their strategic development, providers should briefly articulate the following in their operational plan narratives:

- how the vision for their local STP is being taken forward through the operational plan, including the provider's own role
- how the three to five critical transformational programmes articulated in the local STP affect the provider's individual, organisational operational plan (for instance, setting out the most locally critical milestones for accelerating progress in 2017/18 to 2018/19 and the key improvements in finance/activity/ workforce/quality these programmes are planned to deliver).

Membership and elections (NHS foundation trusts only) (maximum 1 page)

For 2017/18 NHS foundation trusts should provide a high-level narrative on memberships and elections, including:

- governor elections in previous years and plans for the coming 12 months
- examples of governor recruitment, training and development, and activities to facilitate engagement between governors, members and the public
- membership strategy and efforts to engage a diverse range of members from across the constituency over past years, and plans for the next 12 months.

Any NHS foundation trusts that did not have NHS foundation trust status as at 1 April 2016 should also detail the activities of their shadow council of governors and members.

Note on publication of providers' operational plan narratives

NHS Improvement and providers have a mutual duty of candour and transparency. This is particularly important in the spirit of 'open book' planning encouraged for 2017/18 to 2018/19. It is therefore appropriate to make providers' final operational plans accessible to the widest possible audience.

We are therefore asking providers to prepare a separate version of the final operational plan narrative in January 2017 suitable for external communication that can then be published online on provider websites. This separate document should be written for a wide audience and exclude any commercially sensitive information, but must be consistent with the full version.

6. NHS Improvement review of providers' operational plans

6.1. Key criteria on which plans will be assessed

In reviewing providers' operational plans for 2017/18 to 2018/19, we will seek assurance that all providers have plans that meet the requirements in section 3.

Therefore, while recognising the statutory differences between NHS trusts and NHS foundation trusts, we will seek to:

- assess all provider plans against these shared criteria
- be consistent in our responses to common risk and plan characteristics – rather than to NHS trust or NHS foundation trust status.

6.2. Methodology for review of draft operational plans

Regional teams from NHS Improvement will work with providers to support the preparation of plans. First, we will engage with STP areas as we move from the 16

September submission through to the STP submission on 21 October. Secondly, we will work with STPs and providers to ensure that operational plans are consistent with and reflect the strategic intent of the STP.

Before the submission of draft operational plans, regional teams from NHS Improvement will work with providers to support the preparation of plans.

Timing of draft plan review

NHS Improvement will undertake a risk-based review of the draft operational plans for all providers during November and December 2016.

We will do most of the review work in this period so that:

- feedback offered to providers on their draft plans can be incorporated into providers' final operational plans for 2017/18 to 2018/19
- we can focus more effectively on monitoring and supporting delivery of those plans from April 2017 onwards.

Desk-based review work

Central and regional teams will do some desk-based review for all draft plans as part of the assurance process. This is likely to include review of the:

- operational plan narrative against NHS Improvement's requirements of provider plans (see section 3)
- key assumptions underpinning the financial projections, together with an application of tests to each provider's own financial projections
- activity plans to seek assurance on the robustness of demand and capacity planning
- provider's assurances on quality and workforce to identify any areas for further follow-up
- several areas of joint risk assessment between NHS Improvement and NHS England, in recognition of the need for alignment and the impact of local health and care system interactions on individual organisations (see the joint assurance process outlined in *Operational planning and contracting guidance 2017/18 and 2018/19*.

Interactions with providers

The draft plan review process in November and December will often combine desk-based work with face-to-face discussions between providers and their NHS Improvement regional teams.

Methodology for review of final operational plans

We will conduct a high-level review of providers' final operational plans following the 23 December submission (collections will close on 30 December).

This will largely entail corroboration of the material movements we expect to see based on the discussions and feedback to the provider after the STP submissions but we will also identify and follow up on unexpected movements.

We will consider the implications for providers of their final operational plans and monitor their delivery during 2017/18 through the routine oversight and assurance processes.

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

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

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Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

Change Programme (work stream reports attached for reference)

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

1. The assurance framework, by means of the dashboard, continues to show that the evidence of leading indicators of project success points to some continuing weaknesses in the compliance with programme management standards. The role of Executive Sponsors being to assure the Board of project delivery, they are requested to exploit the assurance ratings to increase confidence in delivery by unblocking issues and supporting project teams.
2. The Internal Recovery Programme, integrated with the change programme, continues to provide a disciplined weekly forum where the achievement of goals is robustly managed and teams supported; however, it is important to recognise that there remains a significant degree of forecast risk, which has been passed to CBU Leadership Teams to resolve in full in order to achieve control.

J Stephens 29 Nov 16

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

1. This Board reports integrates the assurance reporting received (from the work streams) by REI on 10 Nov, CQAC on 16 Nov 16 and R&BD on 30 Nov 16. The relevant report from the most recent RE&I sub-Committee has previously been reported to Board.
2. The 6-month review on the performance and results of the new assurance framework – commissioned by the Audit Committee from the External Programme Assurance – was reported to the Audit Committee on 24 Nov 16 where all recommendations were accepted.
3. The shortfall in the planned level of CIP attributed to the work streams in the programme continues to be actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework).
4. The planning process for FY17/18 needs to integrate the lessons learnt from the past years change programme activity.

J Gibson 29 Nov 16

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

The Month 7 CIP performance across the Trust reported an over achievement of £157k in October, the in year forecast is £6.7m against £7.2m target . CBUs are tasked with resolving a £1.5m recurrent CiP gap in order to achieve the recurrent budget by 31st March 2017.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Our Patients at the Centre

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

Overall this work stream is forecasting £978,984 in year, which is slightly less than the financial target of £1,046,875 at £67,891. However, the gap for the full year target is £394,777.

A number of initiatives have been delivered within each of the projects within this work stream and teams should prepare details of benefits delivered to date, in addition to providing proposals for future delivery of outstanding improvements (via updated PIDs) in line with 17/18 planning arrangements.

The Improving Outpatients project is currently rated red overall. Whilst there are some delays against delivery dates in the original PID/milestone plan, some aspects of the project have currently been put on hold to enable resolution of unexpected issues - in particular with regard to the Patient Flow and Booking and Scheduling work streams. Confirmation of high level milestones should be provided via the Steering Group for approval by the sub-Committee, to enable close monitoring of improvements/deliverables, prompt escalation of issues and ongoing assurance reporting.

Jonathan Stephens - 7 November 2016

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

With a focus on the long-running project to **Improve Outpatients**, a presentation to CQAC of the benefits realised to date – particularly from the patient experience but also quality outcomes and financial perspective – would be a useful stock-take and deepen the understanding of the progress made and challenges remaining.

The number of delays in milestone plans across the **work stream** needs to be explained and the Committee should seek to know whether any issues need Executive Sponsors to unblock the path of the projects.

The number of amber ratings on the **Improving Flow** project is of concern given the pivotal role of this work during the Winter period.

J Gibson 14 Nov 16

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	7 November 2016
Workstream Name	Our Patients at the Centre	Executive Sponsor	Mags Barnaby/ Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
3.0 Our Patients at the Centre 16/17 £1m and 17/18 £2m													
CQA 3.1	Implementing New Quality Strategy	To implement a Quality Strategy characterised by a strong Clinical Cabinet with strong clinical leadership to deliver improvements in patient safety, patient experience and clinical effectiveness	Hilda Gwilliams										Steering Group information on Sharepoint. Benefits defined in PID. Milestone Plan broadly up-to-date. Comms/Engagement tracker available and information available on Sharepoint. Risk Log up-to-date. QIA/EA complete. **Last updated 19 October 2016**
CQA 3.2	Best Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction	Mags Barnaby										SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan requires updating and shows delays. Comms /Engagement plan developed - requires updating. Risk log requires review. **Last updated 26 September 2016 - currently checked out**
CQA 3.3	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	Mags Barnaby/ Hilda Gwilliams										PID/scope and Team have now been confirmed. Targets/benefits tracker created, details of metrics required for all workstreams. Milestone Plans available for each workstream which require updating - some delays evidenced. linking to risks identified. Evidence of comms activities required for each workstream. Risk log requires review. **Last updated 3 November 2016**
CQA 3.4	Complex Care Made Simple	The aim of this project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs	Mags Barnaby										Steering Group notes available. Benefits tracker has been created and is updated regularly. Detailed plan is available, delays evidenced and Rehab position to be clarified. Comms tracker available and parent rep on SG. Risk Log. **Last updated 28 October 2016**
CQA 3.5	Improving Flow	The aim of the project is to provide the most efficient and effective means of supporting patient flow across the organization	Hilda Gwilliams										Project Team meeting papers available (May). PID complete with full details of benefits - tracking process commenced. Milestone Plan to be reviewed to confirm future actions required. Evidence of stakeholder engagement/comms required. Evidence of review of Risk Log required. EA/QIA complete **Last updated 19 October 2016**
CQA 3.6	Clinical Support Services	Resolve the potentially conflicting priorities of making efficiencies whilst continuing to provide a flexible approach to supporting clinical services, maintaining a focus on delivering high quality services to patients	Mags Barnaby										Project ratings have been removed as confirmation has been received that this will form part of Internal Recovery/CIP.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Best Operative Care	G/A	£505,304	£572,872	£67,568	
Improving Outpatients	G/A	£156,250	£136,744	(£19,506)	
Complex Care Made Simple	A	£291,571	£194,368	(£97,203)	
Clinical Support Services	G/A	£93,750	£75,000	(£18,750)	
Total		£1,046,875	£978,984	(£67,891)	

Alder Hey Children's NHS
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Programme Assurance Summary
Developing Our Business

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

The forecast for International Clinical Business remains ahead of plan at £201k against the target of £112k relating to the Al Jalila Partnership; this over-performance of £89k may in part mitigate the overall work stream which remains below the annual target by £783k due to under-performance in Strategic Partnerships and CBU Business Development slippage.

Looking ahead, the new CBU structures will progress the strategic partnerships (Alder Hey @) and business development as part of 17/18 business planning.

Jonathan Stephens – 23 November 2016

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

Strategic Partnerships and CBU Business Development are forecast to achieve just 37% of the target; the CIP contribution for FY17/18 will need to be established on a firmer footing.

The team managing the International Clinical Business project, and the stakeholders who help facilitate the initiative, should be commended on maintaining a forecast that is significantly ahead of the target.

Joe Gibson 23 Nov 16

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

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

Sub-Committee	RABD	Report Date	21 November 2016
Workstream Name	Developing Our Business	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 2.1	Strategic Partnerships	To grow and strengthen existing partnerships, as well as to look for new opportunities as a means to improve the quality of care across the region	Jonathan Stephens										M&BD Group action notes available. Benefits to be confirmed (WHH) and tracking established for non-financial benefits. Plan shows some gaps, delays and some milestones need revised dates. Evidence required of stakeholder engagement. Risk log to be reviewed. QIA/EA complete. **Last updated 13 October 2016**
R&BD 2.2	International Clinical Business and Non-NHS Patient Services	The aim of the project is to grow existing operations and brand name beyond the domestic region by increasing our international footprint	Jonathan Stephens										M&BD Group actions available. Benefits defined, tracking process to be developed. Milestone Plan shows some delays. Comms/Engagement evidence available. Risk Log requires review. EA/QIA complete. **Last updated 21 October 2016**
R&BD 2.3	Other Business Development	CBU Business Development Plans	Jonathan Stephens										Financial tracking information now available. Programme Assurance information/details to be reviewed end of June 2016.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	R	£114,600	£39,019	(£75,581)	
International Clinical Business	G/A	£112,000	£201,868	£89,868	
CBU Business Development	R	£1,273,400	£475,594	(£797,805)	
Total		£1,500,000	£716,481	(£783,518)	

Alder Hey Children's NHS
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Programme Assurance Summary
New Services in Communities

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

"Existing Community Services – Quality Improvement" is the only project in this work stream with a financial target and overall the deterioration reported in September has remained static at £53,333.

The current status of the project should now be confirmed following the recent CBU changes as outlined by the Workstream Lead in last month's RABD update.

It should be noted that there is a recurrent gap on this project which must be resolved by the end of March 2017.

Jonathan Stephens – 23 November 2016

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

The current weakness in assurance on this project is demonstrated by the fact that no updates to the SharePoint system – tracking project documentation – have been made for over two months, since 21 September. The Executive Sponsor should direct the project team to rectify this assurance gap without delay.

Joe Gibson 23 Nov 16

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

Existing Community Services Update (to be completed by Executive Sponsor)

Work Stream Summary:

The **Transitional Delivery Project Team (Lift & Shift);**

- Project team meetings being held bi-weekly.
- MIAA due diligence meetings also being held bi-weekly.
- Leads have been identified for Estates, HR, IM&T, Quality and Performance to inform MIAA of information required.
- Requests for information from LCH have been sent via MIAA and responses are awaited. Anticipated response time is 25th November 16. Once received gaps in information will be prioritised and considered to ensure that it does not hinder Alder Heys decision.
- A detailed project plan will be developed to ensure the transition of services can be completed in time for 1st April 2017.
- Meeting to be held with Director of Finance for LCH and Alder Hey within next two weeks.

LCH Core Bundle (Bridgewater Bid) – anticipated announcement of winning bid expected 30th November.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Transitional Delivery Project	N/A	
Developing a Partnership Model	More detailed review of model requirements that can be delivered by Alder Hey	Yes

Milestones for Next Month:

Project	Key tasks to be delivered in month
Transitional Delivery Project	MIAA to complete due diligence in order to inform Alder Hey decision on transfer of services

Issues for Escalation to Sub-Committee:

No Executive Sponsor Identified.

Programme Assurance Framework

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	21 November 2016
Workstream Name	New Services in Communities	Executive Sponsor	TBC/Mags Barnaby

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 4.2	Existing Community Services - Quality Improvement	To deliver quality improvement of existing services within the ICS CBU, specifically in the following services: Child & Adolescent Mental Health Services (CAMHS), Neurodisability and General Paediatrics'	Mags Barnaby										No evidence of recent project meetings. PID contains details of benefits, tracking/evidence under development. Milestone Plan updated, shows some delays. Comms/ Eng Plan to be updated and evidence provided where possible. Risk Log up-to-date. **Last updated 21 September 2016**

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

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Programme Assurance Summary
Supporting Front Line Staff

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

The overall performance trend for the work stream continues as last month, with the financial forecast at £1,099k above target, largely driven by Coding/Capture.

The Facilities Project is currently under review, in line with 17/18 planning.

Jonathan Stephens – 23 November 2016

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

This work stream is generating the bulk of the benefits from the CIP programme in FY16/17 and all involved need to focus on delivering all that is in the current forecasts.

Projects falling short of target should re-double efforts in year.

Lessons learnt need to inform the CIP for FY 17/18.

Joe Gibson 23 Nov 16

Programme Assurance Framework

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

Alder Hey Children's NHS Foundation Trust

Sub-Committee	RABD	Report Date	21 November 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens/Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD 7.1	Procurement	Deliver best in class purchasing. Action the team 10 point plan to ensure service delivered to CBUs is high standard, with great customer service and releases £1m	Jonathan Stephens										Steeering Group meeting notes available. Benefits tracked via Financial Tracker. Detailed workplan is available on Sharepoint - updated recently. Stakeholder Engagement plan/information regularly updated . Risk log up-to-date. QIA/EA signed off by Execs. **Last updated 10 October 2016**
R&BD 7.2	Coding & Data Capture	To deliver best in class coding service that improves the depth of doing. To ensure the trust is getting paid for activity it delivers; to educate and train end users and clinicians to capture all activity	Jonathan Stephens										Project Team notes available for July, Steering Group notes available. Targets & benefits detailed in PID, tracking/visibility required of non-financial benefits. Detailed Milestone Plan available which is broadly on track (delay with Play Specialists). Engagement matrix available, requires updating. Risk Log needs to be reviewed. EA/QIA complete. **Last updated 17 October 2016**
R&BD 7.3	Medicines Optimisation	Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines. It requires a holistic approach, an enhanced level of patient centred professionalism	Rick Turnock										Steering Group meeting notes available. PID complete. Tracking of non-financial benefits available. Workplan is updated regularly. Evidence of Comms/Engagement activities available on SharePoint. Risk Log reviewed. QIA/EA signed off by Execs. **Last updated: 11 November 2016**
R&BD 7.4	Facilities	The project aims to review all Facilities Services to ensure that all services are maximising quality at the lowest cost resulting in a CIP contribution of £500k	Hilda Gwilliams										Steering Group meeting notes available. Milestone plan shows some tasks outstanding/with significant delays. Risk Log currently checked out (last update visible March/June). QIA/EA signed off by Execs. **Last updated: 9 November 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	G/A	£1,018,000	£1,002,584	(£15,416)	
Coding & Data Capture	G	£900,000	£2,475,006	£1,575,006	
Medicines Optimisation	A	£500,004	£275,442	(£224,562)	
Facilities	A	£500,000	£264,516	(£235,484)	
Total		£2,918,004	£4,017,548	£1,099,545	

Alder Hey Children's NHS
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Programme Assurance Framework

Innovation Machine Update (to be completed by Executive Sponsor)

Work Stream Summary:

- **Innovation Enterprise is still progressing – see attached paper.**
- **New health and wellbeing work stream has been established.**
- **All agreements have been signed with Nova Ltd and Deepbridge Capital to form the "Innovation Factory", the factory is tasked with bringing ideas through development and then ultimately commercialisation. There are four projects moving through the factory as of now with more expected over the next few month. Off the back of the signed agreements, Alder hey will receive £50,000 for "Innovation Hub Services".**
- **ERDF project started on the 1st September 2016.**

Project	Key tasks delivered in month	Milestones on Track (Y/N)
ERDF Project	Project started.	Y
ERDF Project	Appoint Innovation Manager.	Y
Innovation Factory	Sign all agreements.	Y
Park Hackathon	Hold the first Alder Hey Health and Wellbeing Hackathon	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
LJMU Sensor JV	Start formal discussions and hold scoping workshop.
Health and Wellbeing	Progress Hackathon winning solutions.
ERDF Project	Appoint to Innovation team.

Issues for Escalation to Sub-Committee:

No issues to escalate.

Alder Hey Children's NHS
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Programme Assurance Summary
Research, Education & Innovation

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

The PID for Digital Hospital is almost complete and the team will arrange for approval by the sub-Committee at the earliest opportunity. All other project documentation requires to be fully developed, in line with the detail contained within the PID.

There is little evidence available within the Innovation Machine project documentation and the team should address this at the earliest opportunity.

Three of the projects within this work stream are reported on via the Financial Tracker and there is currently a NIL forecast against a target of £400k, confirmation of actions should be agreed by the sub-Committee.

Claire Liddy - 28 October 2016

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

The sub-Committee will need to consider whether there is any possibility of the work stream achieving, or contributing towards, the financial target of some £400k in FY 16/17; notwithstanding that decision, the work stream will want to understated the reasons for the lack of contribution thus far in year and ensure that the planning and estimates for FY17/18 are underpinned with whatever new actions are necessary.

The Executive Sponsor should direct actions to improve the project assurance ratings.

Joe Gibson 28 Oct 16

Alder Hey Children's NHS
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Programme Assurance Framework
Research, Education & Innovation Update (to be completed by Assurance Team)

Sub-Committee	RE & I	Report Date	25 October 2016
Workstream Name	Research, Education & Innovation	Executive Sponsor	David Powell, Rick Turnock, Louise Dunn, Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
5.0 Research Education & Innovation 16/17 £400k and 17/18 £900k													
RE&I 5.1	Digital Hospital	Create & deploy application to allow state of the art interaction to achieve tech integration with IBM Watson cognitive computing platform provided by Hartree as part of government funded deployment	David Powell/ Rick Turnock		🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	Project manager now in post and meeting structure in place.. The PID is almost complete - some details to be confirmed. Milestone Plan to be fully developed and tasks marked as complete or missed. Evidence and details of comms/ stakeholder engagement required. Risks Log available. EA/QIA complete. **Last Updated 19 October 2016**
RE&I 5.2a	The Innovation Machine	The development directorate is seeking to restructure its team to enable fluid exploration, creation, and commercialisation of technology products through the innovation team	David Powell/ Rick Turnock		🟡	🟢	🟡	🟡	🟡	🟢	🟢	🟢	Team meeting notes/actions available to August. PID complete. Benefits tracker commenced, evidence required where possible. Milestone plan shows some delays. Comms/Engagement tracker available, evidence to be provided. Risk log up-to-date. EA/QIA complete. **Last updated 3 October 2016**
RE&I 5.2b	Innovation Income Generation		David Powell/ Rick Turnock										Will be tracked via Financial Tracker. Details will be available at the end of July
RE&I 5.3	Commercial Research Offers	The aim of the project is to	Louise Dunn										Executive Sponsor advises that the date for commencement of project dependent upon discussions at the RE&I sub-Committee and Executive Team.
RE&I 5.4	The Alder Hey Academy	The aim of the project is to	Melissa Swindell										PID to be available at the end of January 2017

Financial Reporting:

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Innovation Machine	B	100,000	0	(100,000)	
Commercial Research	B	100,000	0	(100,000)	
The Alder Hey Academy	B	200,000	0	(200,000)	
Total	B	400,000	0	(400,000)	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday 6 December 2016

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

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors – 6 December 2016

Assurance Report from the Integrated Governance Committee

(15 November 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 15 November 2016. It also provides the quarterly report of the corporate risk register.

2. Recommendation

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

3. Key Points of Assurance and any associated gaps

- **Fire Safety Training**

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

  - Evacuation drill for clinical area/s: Planning meetings have commenced with clinical/continuity leads and a date for the evacuation of critical care is planned in November; should winter pressures allow. A fire drill exercise is also planned in Pharmacy w/c 28.11.16.
  - Medical gas isolation valve box labelling: Reassurance was provided that Interserve (Medical Gas Authorised person) have completed labelling. Nominated nursing staff received a medical gas training update 8 November 2016.
  - System / Software Updates: Costings are awaited for the re-programme of the Hercules software and relocation/duplicate system of the system to switchboard to provide visual/ease of identification of alarm call. Fire alarm to be re-programmed to allow CRF unit to use Progressive Horizontal Evacuation Strategy.
  - Evacuation of the CHP Atrium: Televisions in the atrium are to be used to display evacuation information; confirmation is awaited from IM&T regarding installation of the programme.
  - Inappropriate storage of beds/cots: This was highlighted to the committee as an additional risk and has been logged on the Trust Risk Register (ID: 1103) with actions to identify an appropriate area to house beds.

- **Risk Management Improvement Plan**

  Progress since the September meeting was highlighted with the majority of the improvement actions identified in the Plan now implemented.

  - **Ongoing support to business units in embedding risk management:** The consultation period for the devolved quality & governance structures is now complete. There were no significant issues raised through the consultation 1:1s with the Chief Nurse. Job descriptions for Heads of Quality have been circulated and an implementation / induction timetable is currently being implemented.
  - **Develop Risk Management Maturity Model (with MIAA):** The MIAA audit of local Risk and Governance systems and processes will commence in January 2017. The new CBU structures will be more embedded at that point with the Heads of Quality, and local Quality Improvement Teams established and able to begin to address local deficiencies in the management of risk registers. A small core team will remain to provide specialist advice in terms of Ulysses training. A specific training session will be provided for the Heads of Quality, and any other locally identified staff that may require this.
  - **Risk Management Strategy review**: The revised Risk Management Strategy will adopt the principles of the Risk Management Maturity Model that will move the Trust towards being recognised as a 'risk enabled' organisation, driving a culture of proactive risk management at all levels throughout the organisation. Work is ongoing to complete the strategy document which will be shared widely for comment prior to approval.
  - **Changes to Ulysses:** Samples of the Trust's Risk Assessment templates have been sent to Ulysses and we are currently awaiting feedback regarding the optimal way of building these within Ulysses. Further developments in Ulysses will be considered in conjunction with the requirements of the CBUs and their Heads of Quality. Following the restructuring of CBUs across the Trust, there is a need to realign the Ulysses structures to reflect the changes. This has been delayed slightly whilst final decisions are made about the CBU in which a number of functions sit. It is intended to complete this work as quickly as possible in the early December.

4. Risk Registers

- **CBU Risk Register Drill Down Report – Medicine**
  - The Committee was due to receive the Risk Register 'Drill Down' Report from the Medical CBU, however that the newly appointed Heads of Quality (*dedicated resource within the devolved model*) are not commencing in post until 1 December, it was therefore agreed this item would be deferred until the January meeting.

    The report template was reviewed and welcomed by IGC as a mechanism to provide more robust assurance with regards to: the number of risks within the CBU, risks worsening, getting better, closed within a 6-month period, worrying trends and what is being done to reduce the risks. The report would also be used as the tool to challenge CBUs on risks with unclosed actions if deadlines are missed.

- **Corporate Risk Register (CRR)**

The following diagram gives a high level view of the corporate risk register following the November IGC meeting: (the full CRR document is included as Appendix A)

Alder Hey Children's NHS
NHS Foundation Trust

Corporate Risk Register - Overview at 25 November 2016

1102: Lack of sepsis recognition (S)

883: Failure to manage OP pathways in accordance with waiting time priotities (S)

640: Risk of hospital acquired infection due to Pseudomonas in water supply in the child health park (S)

3: Shortfall of junior medical staff (S) 572: Sponsorship and Governance Regime (S)

278: Burns Unit (S) 725: Compliance with H&S Regulations in relation to Manual Handling (S)

571: Defining benefits for the Programme (S) 721: Delivering Operational Activity (S)

604: Case Note availability (S) 722: Negative patient experience due to short notice cancellations (S)

949: Data Quality: degradation of DQ due to system and process issues. (S)

815: Inability to meet the 4 hour target within ED (S) 723: Utilisation of clinics, wards and theatres (S)

524: Compliance with mental health standards (S) 201: Sickness & absence levels (S)

399: Employee relations / Staff Partnership working (S) 720: Junior doctors - staffing levels (B)

56: Research financial model (S) 936: CIP Delivery 16/17 (S) 724: RTT performance (S)

172: Mandatory training compliance (W) 500: Workforce engagement and support (W)

1062: Obtaining Capital funding for future site developments. (S) 1091: Reduction in Tariff from 2017-19 (B)

867: Lack of Autoclaving facility in Microbiology (S) 573: Clinical Engagement on EPR (B)

718: Nurse staffing levels and associated recruitment (B)

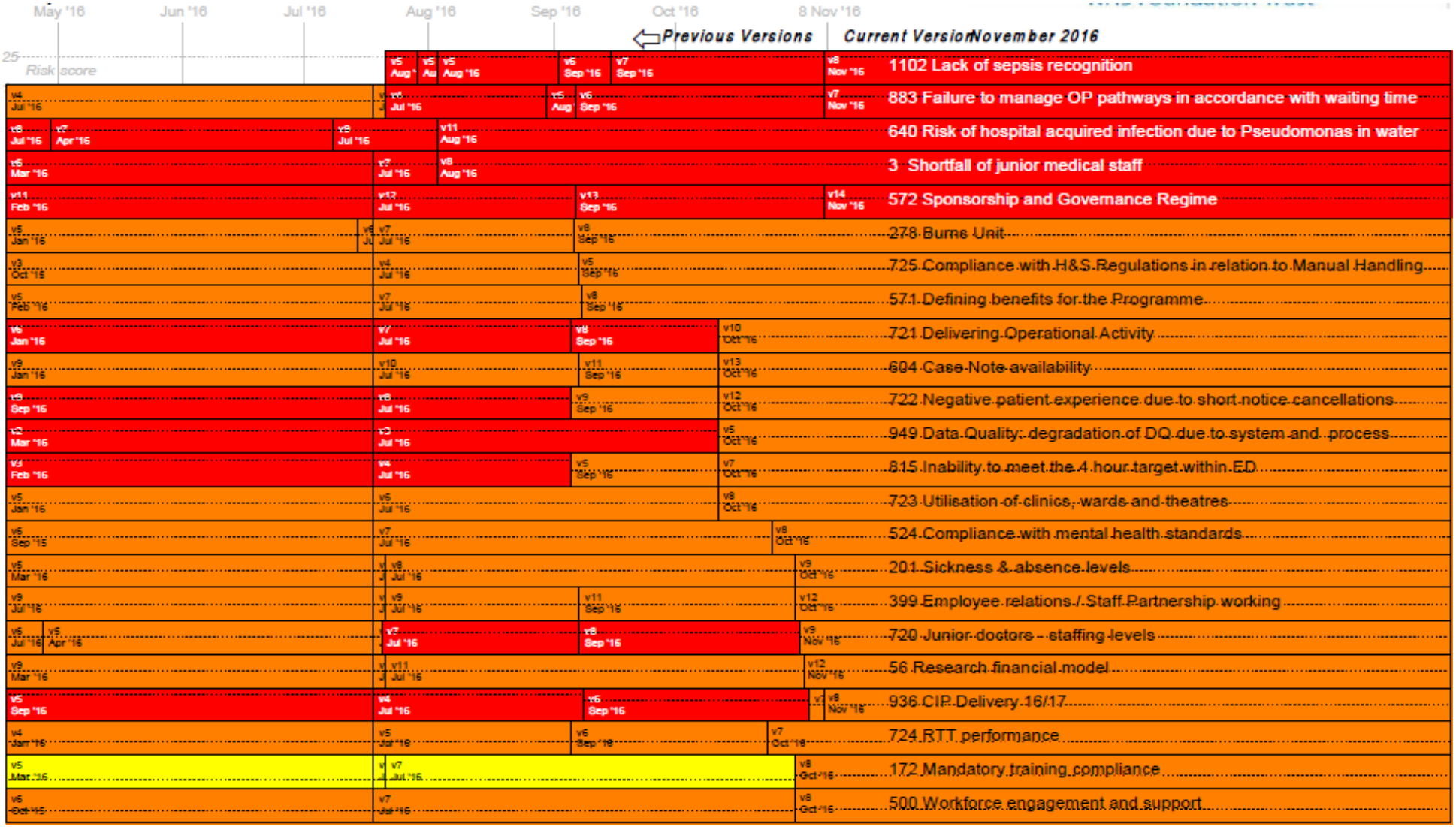
The table below provides an overview of which risks were considered for escalation / de-escalation / closure at the meeting.

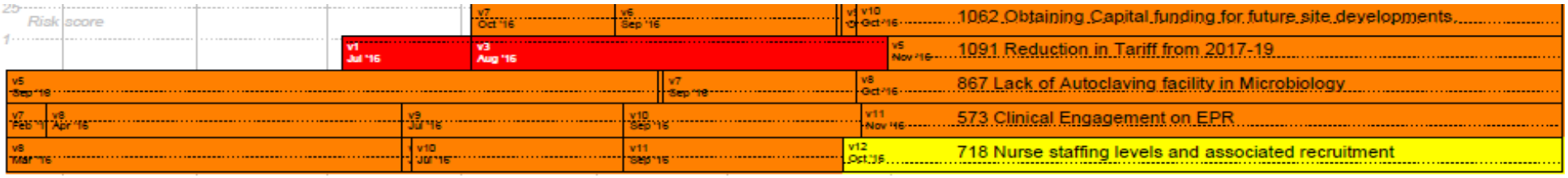
CRR Risks presented for escalation this meeting	Decision
1. Respiratory Evening Service **Risks escalated at the meeting = 0**	Not escalated
Risks presented for closure / de-escalation	**Decision**
None	n/a

Analysis of corporate risk register current set of open risks by Trend	
Risk getting worse = 2	**Mandatory training compliance** **Workforce engagement & support**
Risks getting better = 4	**Junior Doctors - staffing levels** **Reduction in tariff from 2017-19** **Clinical engagement on EPR** **Nurse staffing levels & associated recruitment**
Risks closed = 0	
Risks remaining static = the rest	

Risk movements since the last IGC meeting (not reflected on the heliview)
None

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




25
Risk score
1
1062 Obtaining Capital funding for future site developments
1091 Reduction in Tariff from 2017-19
867 Lack of Autoclaving facility in Microbiology
573 Clinical Engagement on EPR
718 Nurse staffing levels and associated recruitment

- **CHP - Post Occupation Risk Register**

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

Alder Hey Children's NHS
NHS Foundation Trust

CHP - Post Occupation Risk Register - Overview at 25 November 2016		
835: R&E Build (Institute in the Park) (S)	825: Internal Balconies (S)	826: Central Staircases (S)
837: Skylights (Steven Gerrard Garden) (S)	829: Floor Finishes (S)	

The five remaining risks on the CHP post occupation register have remained static pending appointment of an external reviewer. IGC were advised that the Trusts Appointments Panel had met with 2 applicants; however, the successful applicant later declared an interest and was unable to continue. Following this, further external reviewers had been identified but have not been through the Trust panel process. It was therefore recommended to appoint the external reviewer who had been through the Trust panel appointment process

IGC approved to appoint the external reviewer who had been subject to the Trust panel appointment process; a full risk assessment to ensure this option does not present any risks to the Trust will be undertaken.

5. Assurance reports from Sub Committees and Groups:

- **Emergency Preparedness**
  - The Trust's **Winter Plan** has been finalised and a weekly 'Capacity and Demand Forward Look' meeting is in place, chaired by the Medicine CBU Associate Chief of Operations. A 1st and 2nd On Call meeting has been established which will share beneficial on-call learning and feed into Policies and Plans.
  - A meeting is being organised with the Chief Nurse, Medical Director and Emergency Preparedness Manager to resolve the gap relating to the **Chemical, Biological, Radiological, and Nuclear Emergencies Lead.**
  - The issue regarding the Interserve **Building Management Alarm System** not being linked to the Interserve Shift Engineer paging system remains unresolved.
  - A **major incident exercise** was held on 3 October 2016 testing application of procedures. Points of learning from the exercise are being taken forward and acted upon.

- **'Exercise in the Dark'** to be conducted in order to test the hospitals power failure contingency arrangements. This is a requirement in line with HTM guidance.
- There is **no fridge/freezer contingency** available in the event of a local power failure in Pathology or Pharmacy. The CBU are to consider back up arrangements going forward including support from Institute in the Park, as long as this complies with CPA accreditation. In addition, the possibility of Interserve adding the fridge/freezer supply to the UPS bank is being explored.
- Three incidents had occurred during September & October including a CT Intermittent Scanner Fault, Generator Switchback to Mains Failure and IM&T Network Outage. Debrief meetings have been held for each and learning outcomes acted upon.

- **Health & Safety**
  - **A Rapid Corrosion and Failure CAS Alert** was received regarding Carbon Steel Press Fit Pipes for Water Heating Systems. Pipework had been sent for analysis and a report is awaited from LOR. Interserve/SPV confirmed that these pipes are throughout the CHP; a response is awaited from Interserve on how they will manage this in line with the Alert. Assurance is being sought that installations are proactively checked for signs of corrosion and that a series of actions are in place to help prevent future issues.
  - Water Safety: **flushing compliance** is at 90% and being monitored by the Health & Safety Team.
  - **Cold water temperatures** within CHP continue to exceed 20° causing concern regarding Legionella and water safety risks. The two draft Hydrop Audit reports for the interim and retained estate were circulated at the meeting. Recommendations and actions would be monitored via the Water Safety Committee. The committee requested a report on progress against actions to the next meeting (January 2017).
  - **Electrical Isolation Incident** (Hybrid Theatre, TH6). The Committee noted this incident and will receive the Root Cause Analysis (RCA) report the January 2017 meeting.

- **Infection Control (14 September 2016 meeting)**
  - The 2016/17 Infection Prevention and Control Strategy & **Delivery Plan** report was received and progress against actions to Q2 was noted.
  - Implementation of **Sepsis 6** is being monitored through the Clinical Quality Assurance Committee.
- **Information Governance (IG) (19 October 2016 meeting)**
  - **"Significant assurance"** achieved from MIAA in the IG stock take review
  - **Demolition of the old site** is commencing and IG are liaising with the Site Manager to ensure any paperwork is retained for review.
  - Compliance rates for **IG training** will remain a focus over the upcoming months due to expiration of the "Big Move" Workbook.
- **Clinical Records & Data Quality (27 October 2016 meeting)**
  - Funding agreed for the **scanning** of external & loose **documentation.**
  - New **Task and Finish Group** established with the aim of **improving** the current access to **clinical information** via **Image Now,** this will meet bi-weekly and will support both the Medical Records OPD Improvement group and the Clinical Records Committee.

- A new updated **Anaesthetic Chart** that now includes a marker to help the document to be easily identified on ImageNow was **ratified** by the group.
- **Process** for adding late additions to community held clinics **reviewed.**
- A key issue regarding Lack of clarity for the other departments in the Trust what the **Records Department's responsibilities** are for non-centralised clinical records remains; this is logged on the Medical Specialties **Risk Register** (ID 934).

- **Building Services Team**
  - Point of use filters in augmented care areas are due to be removed imminently due the majority of **water samples** showing three clear weeks of **negative** tests.
  - **Endoscopy Washers** (AER) have been **decommissioned** due to continuing failure of water tests. IFM and the Trust's Authorised Engineer (AE) are working on a solution that will bring the units back in to use w/c 13th November. A letter has been sent to the Special Purpose Vehicle informing them of the Trust intent to deduct the outsourcing cost from the Unitary Payment.
  - End of line **water temperatures** are to be **reviewed** by an independent company. Increased flush is required and further information is awaited from our AE for water as well as the Water Safety Group (WSG)
  - The **Hydro pool** is to be **investigated** due to a high count of bacteria.

6. Review of the BAF

- The diagram below gives a high level view of the BAF as updated at 30 November 2016.

Alder Hey Children's NHS
NHS Foundation Trust

BAF Risk Register - Overview at 30 November 2016

3.1: Financial Environment (W)

3.2: Business Development and Growth. (S) 2.3: IT Strategic Development (S)

3.3: Developing the Paediatric Service Offer (S) 4.1: Workforce Sustainability & Capability (S) 4.2: Staff Engagement (S)

4.3: Workforce Diversity & Inclusion (S) 2.1: New Hospital Environment (S)

2.2: Failure to fully realise the Trust's Vision for the Park (S) 5.1: Research, Education & Innovation (S)

1.1: Maintain care quality in a cost constrained environment (S)

1.2: Mandatory & compliance standards (S)

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

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
(15-16 references given in brackets where different)		Current	Target	Last	Now
STRATEGIC PILLAR: Excellence in Quality					
1.1 HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 MB	**Mandatory & Compliance Standards**	5-1	3-2	**WORSE**	STATIC
STRATEGIC PILLAR: Patient Centred Services					
2.1 (1.3) DP	**New Hospital Environment**	4-2	4-1	STATIC	STATIC
2.2 (2.1) DP	**Failure to fully realise the Trust's Vision for the Park**	4-2	4-1	**BETTER**	STATIC
2.3 (6.2) JS	**IT Strategic Development**	3-4	3-2	STATIC	STATIC
STRATEGIC PILLAR: Growing our Services & Safeguarding Core Business					
3.1 (5.1) JS	**Financial Environment**	5-4	4-2	STATIC	**WORSE**
3.2 (6.1) JS	**Business Development & Growth**	4-3	4-2	STATIC	STATIC
3.3 (6.3) RT	**Developing the Paediatric Service Offer**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: Great Talented Teams					
4.1 MS	**Workforce Sustainability & Capability**	4-3	4-1	STATIC	STATIC
4.2 MS	**Staff Engagement**	3-3	3-2	STATIC	STATIC
4.3 MS	**Workforce Diversity & Inclusion**	3-3	3-1	STATIC	STATIC
STRATEGIC PILLAR: International Innovation, Research & Education					
5.1 DP	**Research, Education & Innovation**	4-2	4-1	**BETTER**	STATIC

- **Changes since November 2016 Board meeting**

The diagram above shows that the majority of risks on the BAF remained static with the exception of Financial Environment.

External risks

- ***Business development and growth (JS)***
  Contract signed with Al Jalila for first phase of consultancy support - working on more long term arrangement for phase 2. Team mobilising delivery of phase 1. Stock cardiac - meeting to sort transport arrangements prior to change in patient referrals - unlikely to result in increase in activity in 2016/17 but opportunity for 17/18.

- ***Mandatory and compliance standards (MB)***
  Trust sustained stronger performance and compliance whilst financial risks continue to be a challenge; close monitoring continues to ensure delivery of financial plan. Endoscopy equipment decontamination service temporarily provided by the Countess of Chester Hospital; short term adverse impact on elective activity and performance.

- ***Developing the Paediatric Service Offer (RT)***
  Neonatal T& F output should improve risk rating

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  Ongoing recruitment in place & confirmation from CCG funding for complex patient requiring 1:1 care approved resulting in additional 5.2WTE registered nurses.

- ***New Hospital Environment (DP)***
  Deal with Project Co. conformed. Action Plans for water temperatures and theatre floors tbc.

- ***Financial Environment (JS)***
  Risk profile increased from 16 to 20 based on actual results for October (M7) where performance and run rate £0.3m off track overall. In addition further financial risks to achieving year end control target raised by CBUs including a deterioration in forecast performance on both activity delivery and cost control. Risk gap now £3.7m with circa £1m mitigation identified. All tactical savings schemes initiated and achievement of control total essential. Therefore CBUs issued with individual financial control totals with the requirement to present plans to mitigate full £3.7m risk and provide assurance on activity delivery over the remaining 4 months of the year. First update feedback from CBUs due Monday 5th December. Review forecast based on Q3.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Business Case with LCC for consideration. £1.3 received as government grant for Alder Centre.

- ***IT Strategic Development (JS)***
  Trust shortlisted and joining due diligence process. Invited to attend presentation to GDE panel on 21 December 2017. Will become regular board update one formally approved by NHSE/ DH. IM&T Strategy will be finalised thereafter.

- ***Workforce Sustainability & Capability (MS)***
  Nurse Agency spend remains low. Working with NHSP to reduce further the other areas of concern. Apprenticeship Strategy in development. Talent Management £2k grant secured from NW Leadership Academy.

- ***Staff Engagement (MS)***
  Staff Survey 37% response rate (29/11/16). LiA 'Pass It On' event successful. Review of formal staff recognition scheme underway.

- ***Workforce Diversity & Inclusion (MS)***
  Task and Finish Group continue to progress actions

- ***Research, Education & Innovation (DP)***
  Interim Commercial Post appointed to explore issues.

Full BAF document is included as Appendix B.

7. Policies ratified:

No Policies were submitted to the November IGC for ratification.

Erica Saunders
Director of Corporate Affairs
December 2016

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Lack of sepsis recognition
Ref: 1102	Risk Owner: Richard Turnock	Originating BU / Programme: Business Support		
Reporting Committee: CQAC		Where Risk Managed: Corporate		
Internal	Link to Quality AimsCQAC			
Strategic Objective: Excellence In Quality			Current IxL 5-4	Target Residual - Appetite for Risk 5-1 / Trend: STATIC

Description	Causes	Consequences
Lack of recognition of a child with sepsis	Lack of education	Death of a child

Existing Set of Controls	
• Trust's Antimicrobial guidelines	• Actions of the Antimicrobial Stewardship Group
• Pharmacy guidelines regarding the administration of iv antibiotics within 1 hour of prescription	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Appointment of lead for implementation of Paediatric Sepsis 6	Richard Turnock	01/08/2016	
establishment of multidisciplinary group to implement paediatric sepsis 6	Stephane Paulus	01/09/2016	
Development of standardised process for the management of sepsis using the paediatric sepsis 6.	Stephane Paulus	29/07/2016	
awareness of paediatric sepsis 6 included in IPC mandatory training for clinical staff	Josephine Keward	28/06/2016	

Date Last Reviewed	Review Details
07/11/2016	Introduction of Sepsis 6 on 1C after establishment of steering group

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Failure to manage OP pathways in accordance with waiting time priotities
Ref: 883	Risk Owner: Rachel Greer	Originating BU / Programme: Integrated	
Reporting Committee: IGC		Where Risk Managed: Corporate	
Internal	Link to Quality AimsIGC		
Strategic Objective: Patient Centred Services		Current IxL 4-4	Target Residual - Appetite for Risk 4-2 / Trend: STATIC

Description	Causes	Consequences
Data quality issues affecting information on PtL used to manage patient wait times	Failure to manage patient pathways in accordance with SOPs and lack of capacity to ensure timely follow up/review.	Patients not receiving timely OPD appointments, lost to follow up, missing outcome information to support management plan

Existing Set of Controls

• flag corporately and work with team to address issues local service teams to constantly review ptl	• Improving outpatient project - booking and scheduling workstream in place to review SOPs/Training for staff
• Regular validation of patients waiting by CBU teams to identify patients at risk	• Trust wide data quality committee established to monitor and deliver improvements in data quality

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Review of all individual SOPs to ensure fit for purpose	Mandy Burns	31/12/2016	A number of SOPS have been reviewed and a SOP sign off day planned wk commencing 21/11/16
Proposal to review booking process including recommendation to change current partial booking system to be presented to Improving OP Steering Group	Mandy Burns	31/07/2016	
Data quality monitoring report developed to enable regular monitoring of compliance with processes	Mandy Burns	30/09/2016	
Booking and scheduling work stream in Improving Outpatients programme developed clear project objectives and milestone plan	Mandy Burns	31/12/2016	Monitored at IOP Steering Group and assurance through CQAC
Booking and scheduling (10 week) task and finish group established under COO	Margaret Barnaby	15/01/2017	

Date Last Reviewed	Review Details
06/09/2016	Review as part of IOP risk register

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Risk of hospital acquired infection due to Pseudomonas in water supply in the child health park
Ref: 640	Risk Owner: Richard Cooke	Originating BU / Programme: Business Support		
Reporting Committee:		Where Risk Managed: Corporate		Changed from Ward/Department level on 03/08/2016
Internal	Link to Quality Aims			
Strategic Objective: Excellence In Quality			Current IxL 5-3	Target Residual - Appetite for Risk 5-1 / Trend: STATIC

Description	Causes	Consequences
Pseudomonas from the water supply can colonise water outlets if taps aren't maintained , cleaned properly and patient wash water is appropriately discarded into hand wash basins. High risk patients using this water can then become colonised and develop infection	Inadequate flushing of outlets Incorrect cleaning of water outlets Incorrect disposal of waste water in hand washing sinks. Inadequate sampling to ensure water of known satisfactory quality	Risk of Health care associated infection and subsequent morbidity or mortality in high risk vulnerable patients

Existing Set of Controls

• For direct contact with patients water of known quality is used.	• Ice isn't provided for patients
• In critical care patients washed with disinfectant wipes (octenisan)	• Bedside equipment cleaned with disinfectant wipes.
• SOP for sink cleaning	• No water features present
• servicing of TMV and associated components undertaken by Interserve.	• Accurate records of water systems available
• staff installing, removing and replacing outlets and pipework are suitably trained to prevent contamination of outlet and water system.	• Flushing of outlets daily

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Standard operating procedure for cleaning sinks revised since move into CHP and training undertaken by Domestic supervisors.	Carol Zanin	31/05/2016	SOP produced. Training in SOP under way
Water sampling undertaken in all patient areas	Richard Cooke	04/11/2015	Sampling has only been undertaken on 1C neo, 3B, 3C and critical care and theatre 8
Disinfection of colonised outlets using the SOP from the water safety plan to be undertaken by Interserve	Bill Foster	29/04/2016	Disinfection undertaken for outlets found to be colonised. This hasn't all been successful . plan to fit PALL water filters on clinical outlets
Risk assessment for all patient areas to be undertaken by IPCT	Josephine Keward	29/04/2016	risk assessment completed for 3B
Patient wash water to disposed off down sluice hopper/ toilet not HWB	Josephine Keward	29/04/2016	Wards disposing of wash water down sluice hopper or toilets
sterile water or saline used for medical devices	Josephine Keward	29/04/2016	Complete
Drug preparation and aseptic procedures occur away from water outlets	Josephine Keward	29/04/2016	Accessed in ward areas and compliant
All outlets to be properly labelled so can be easily identified for sampling	Bill Foster	29/04/2016	No action by Interserve

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Date Last Reviewed	Review Details
07/11/2016	No progress with sampling non augmented care areas. POU filters still present in PICU and Theatres. Work being undertaken by Interserve to replace contaminated tap components

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17	Risk Title: Shortfall of junior medical staff
Ref: 3	Risk Owner: Melissa Swindell	Originating BU / Programme: Medical
Reporting Committee: WOD	Where Risk Managed: Corporate	
Internal	Link to Quality AimsWOD	
Strategic Objective: Great Talented Teams		

Current IxL	Target Residual - Appetite for Risk	Trend: STATIC
3-5	3-3	

Description	Causes	Consequences
The reduced number of registrars across the medical specialties CBU means there is a risk that service delivery could be adversely affected.	Cause: High level of gaps in registrar level rotation across deanery with some teams anticipating gaps in grid training posts. Consequence: Highliy likely to affect service delivery for inpatients and outpatients. Failure to support on call rota leading to reliance on locum doctors.	Consequence: will affect service delivery for inpatients and outpatients. Failure to support on call rota. Risk to delivery of activity. Also increase cost due to reliance on locums.

Existing Set of Controls

• "Share registrars across teams. Review rotas and working hours. Seek support from other staff/specialties across the Trust Work with Deanery to recruit to vacant posts"	• New medical on-call model implemented post hospital move (1st and 2nd on-call medical registrar) increases intensity of on-call impacting on elective throughput.
• Potential to appoint clinical fellows to support rota gaps has been discussed but not progressed.	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Develop business case for 5th Gastroenterology Consultant	Anthony Rigby	14/09/2014	For progress...refer to separate Risk number 491
Risk owner changed to DG - Risk to be updated at CBU R&G 8/1/2016	Amanda Rivers	05/02/2016	
Risk score reviewed and highlighted for corporate escalation in line with new junior doctor rotation.	Dan Grimes	14/03/2016	

Date Last Reviewed	Review Details
23/03/2016	escalated to CRR

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Sponsorship and Governance Regime		
Ref: 572	Risk Owner: Erica Saunders	Originating BU / Programme: Business Support			
Reporting Committee: CQAC		Where Risk Managed: Corporate			
Internal	Link to Quality AimsCQAC				
Strategic Objective: Excellence In Quality			Current IxL 5-3	Target Residual - Appetite for Risk 5-1	Trend: STATIC

Description	Causes	Consequences
Lack of application of the sponsorship and governance regime of the Programme - in its entirety - resulting in insufficient tempo, sub-optimal performance and consequent impact on hospital and community services	Adoption of the programme assurance protocols and programme board/Steering Group	Insufficient tempo, sub-optimal performance and consequent impact on hospital and community services.

Existing Set of Controls

• Clear accountabilities established from SRO and Executive Sponsors for workstreams through to Corporate Leads. A highly effective "Programme Board" has been established to direct events, make timely decisions and support the workstreams (expediting actions and unblocking issues).

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ongoing monitoring by Project Teams/Steering Group/Programme Board. See comments re controls.	Louise Shepherd	30/09/2016	Continuing tight governance, assurance and grip on the extensive, and ongoing, programme of change at Alder Hey. Programme Board performance is good.
Refocus of programme is currently underway by Executive Team	Louise Shepherd	23/11/2015	Change Programme now established with progress tracked at Trust Board sub-committees and by exception at the weekly Executive Team Meeting.

Date Last Reviewed	Review Details
07/11/2016	Risk remains static. Outcome of MIAA review of Change Programme Assurance Framework to be reviewed by Audit Committee (NOV).

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Burns Unit		
Ref: 278	Risk Owner: Rachel Greer	Originating BU / Programme:			
Reporting Committee: CQAC		Where Risk Managed: Corporate			
Internal	Link to Quality AimsCQAC				
Strategic Objective: Growing Our Services & Safeguarding Core Business			Current IxL 4-3	Target Residual - Appetite for Risk 4-2	Trend: STATIC

Description	Causes	Consequences
Risk of loss of Burns Centre status as a result of National Peer Review. (Previous Excel Risk ID 15)	Failure to achieve Paediatric Burns standards specifically related to Junior doctor OOH cover, low activity/occupancy,consultant on-call, access to play staff on the ward.	Impact on patient care and organisational reputation if loss of Burns Centre status.

Existing Set of Controls

• CBU action plan in place to address these concerns.	• Plastics Consultant appointed that will support and strengthen the burns service . Consultant started in post April 2013

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Work with RMCH to develop an action plan on how the Burns service will function in the future	Rachel Greer	31/05/2013 31/08/2016	Meeting with colleagues in South Manchester to review potential opportunities
review current burns service against service speicification	Sian Falder	31/07/2015	Review of burns service during Q2 15/16 in light of burns national peer review visit in October 2015
Action plan agreed with Exec Team. Consultant recruitment agreed and in progress	Christian Duncan	30/09/2016	
Peer review completed and action plan commenced	Sian Falder	31/10/2016	
Participation in Northern Burn Care network through representatives	Christian Duncan	31/03/2017	

Date Last Reviewed	Review Details
07/01/2016	Alder Hey had a review of its service as a reflection against the National Burns Standards and received no Serious Concerns. We are in the process of responding to some of the gaps identified by providing additional information. We are also developing our consultant on call rota further with the appointment of a new laser consultant and the development of a case for an Upper Limb consultant

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Compliance with H&S Regulations in relation to Manual Handling
Ref: 725	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support	
Reporting Committee: H&S		Where Risk Managed: Corporate	
External	Link to Quality AimsH&S		
Strategic Objective: Excellence In Quality			Current IxL 4-3 / Target Residual - Appetite for Risk 4-1 / Trend: STATIC

Description	Causes	Consequences
Breach of Manual Handling Operations Regulations	- levels of training compliance not meeting Trust target of 90% - Non release of the 79 Manual Handling Key Trainers resulting in non-compliance of their training , therefore leading to training not being carried out in local areas	- Enforcement Action/Prosecution by HSE - Increased risk of injuries to staff - Increased risk of Employer Liability Claims

Existing Set of Controls

• Manual Handling Policy	• Mandatory Training in Manual Handling

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Health & Safety Team delivering practical manual handling training across the organisation.	Amanda Kinsella	30/09/2015	From February 2015, 130 staff trained = 22% of staff trained. Progress with training ongoing. At end of May 2015, approximately 500 staff trained, difficulty obtaining data from OLM so unclear as to how many staff remain outstanding, approx. 400. H&S Team compiling lists of staff for completeness to produce final training schedule in order to achieve compliance for September 15.
Secondment one day a week of Manual Handling Key Trainer to Health & Safety Team from Neuro CBU for 6 months to deliver practical patient manual handling training.	Amanda Kinsella	30/09/2015	Secondment started on 18th March, 2015 and finishes on 31st July 2015, as member of staff required back on Neuro.
Individual has been identified to work alongside the H&S Team for an initial period of 12 months to provide MH training to staff. Commenced September 2016.	Amanda Kinsella	01/09/2016	
H&S Adviser will be allocated to focus their time (3 days per week) on MH which will include training, risk assessment, supporting staff, reviewing incidents and claims.	Amanda Kinsella	07/09/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Defining benefits for the Programme		
Ref: 571	Risk Owner: Jonathan Stephens	Originating BU / Programme: Business Support			
Reporting Committee: CQAC		Where Risk Managed: Corporate			
Internal	Link to Quality AimsCQAC				
Strategic Objective: Growing Our Services & Safeguarding Core Business			Current IxL 4-3	Target Residual - Appetite for Risk 4-1	Trend: STATIC

Description	Causes	Consequences
Failure to realise the ambition expressed in the Blueprint (Programme Definition Document) due to lack of definition, and subsequent delivery, of benefits for patients, families and staff	Lack of definition, and subsequent delivery, of benefits for patients, families and staff	The opportunities to make improvements to patient outcomes and experience, created by the investment in facilities, HWWWITF and EPR, will not be fully realised unless SMART metrics to drive benefits are fully defined and realised.

Existing Set of Controls

• Establishment of clear Vision, Blueprint and Benefits of the Programme as a whole. Production of a Benefits Realisation Plan linking the project benefits to overall Programme KPIs. Benefits realisation planning has now been given priority and Programme Board will focus on the issue from August 2015

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ongoing monitoring by Project Teams/Steering Group/Programme Board.	Louise Shepherd	04/09/2016	The benefits profile on SharePoint is being reviewed to provide the July Programme Board with a status of benefits with metrics already defined; this will enable the PB to identify any clear gaps to be filled.
Review of change programme assurance framework and sub committee working to be undertaken in October / November on behalf of the Audit Committee.	Jonathan Stephens	30/11/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Delivering Operational Activity		
Ref: 721	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsRABD				
Strategic Objective: Excellence In Quality			Current IxL 3-4	Target Residual - Appetite for Risk 3-2	Trend: STATIC

Description	Causes	Consequences
There is a risk that the Trust fails to deliver the levels of activity expected under the various contracts with commissioners	- CBUs encounter operational problems - singularly and collectively in terms of capacity (beds, theatre slots, clinic sessions) and the most appropriate resources required to provide that capacity - Lack of available, trained workforce to ensure all physical capacity utilised - Impact of industrial strike action - Sustained above average sickness and absence levels affect all parts of the Trust - System & Operational consequences of post go live being realised and subsequently managed	- Clinical and financial targets not achieved - Increased scrutiny from commissioners and regulators - Spiralling effect of increased pressure through dealing with backlogs to deliver the activity - Pressure to achieve 18 week incomplete pathway target - Booking and scheduling processes are not supporting timely addition to waiting lists - INTouch is not supporting check in activity onto Meditech 6. This means that patient activity is not tracked losing income and potentially recording patients as DNA - EPPF process is not being followed meaning patient outcomes are not being recorded. This means that 18 week pathways remain open skewing waiting list size, incomplete pathway waits and generating cost as teams are required to validate later in the process -

Existing Set of Controls	
• On-going daily, weekly, monthly monitoring of activity across CBUs.	• Performance management systems and processes established.
• Additional resources for Transformation team	• Monitor activity through COGNOS activity reports
• Weekly Exec performance reviews	• Recovery plans where activity off target
• Comprehensive Winter Plan implemented for delivery of activity & achievement of RTT	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ensure operationalisation of EPR delivers in a manner that allows successful 18 week management	Margaret Barnaby	/ /	Corporate DQ group to be established Weekly EPCS committee established to manage ongoing MT6 issues
Ensure execution of all agreed collective actions for improvement in operational productivity	Lachlan Stark	/ /	Ongoing
Exec Activity review & remedial plan discussion	Margaret Barnaby	/ /	weekly meeting to review activity against plan
Daily activity published through COGNOS	Margaret Barnaby	/ /	Ongoing. System operational publishing activity against original plan

Weekly Winter Planning Meeting to look at forecast	Dan Grimes	12/10/2016	

Date Last Reviewed	Review Details
11/01/2016	risk updated

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Case Note availability		
Ref: 604	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support				
Reporting Committee: RABD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD					
Strategic Objective: Patient Centred Services				Current IxL 4-3	Target Residual - Appetite for Risk 3-2	Trend: STATIC

Description	Causes	Consequences
There is a risk that case notes are not available or in a suitable format for clinicians in clinic	- The notes are not available within the ImageNow system. - The notes are not in the location that they are tracked to within the case note tracking system. - Lack of process for scanning external & loose correspondence sent to medical records.	This can cause delays to patient care and could potentially mean that key clinical information is not available at the point of care

Existing Set of Controls	
• Set of KPIs agreed and currently being measured	• High level project plan and milestones in place. Project team in place
• Scanning Quality Control process established QA process for all scanning (internal and external) in place and occurring.	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ensure clear Policies and audit process for returning of paper-lite notes and outstanding Buff notes to HRL	Mandy Burns	12/10/2016	
Process for retrospective bookmarking of scanned noted to be agreed and resourced	Margaret Barnaby	12/10/2016	
Proposal for real-time scanning of purple notes together with proposal for scanning outstanding notes to go to Execs 20 Oct 2016	Margaret Barnaby	12/10/2016	
Review of staffing resource to deliver all elements of digitisation project and sustainability of electronic health records	Margaret Barnaby	12/10/2016	

Date Last Reviewed	Review Details
11/01/2016	risk updated

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Negative patient experience due to short notice cancellations		
Ref: 722	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support			
Reporting Committee: RABD	Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD				
Strategic Objective: Excellence In Quality			Current IxL 4-3	Target Residual - Appetite for Risk 5-2	Trend: STATIC

Description	Causes	Consequences
There is a risk that last minute cancellations impacts negatively on patient experience, clinical care and disrupts the flow of patients through the hospital.	-Theatre and ward staffing -Bed closures -Emergency Theatre usage and utilisation	Increased number of complaints and general lower levels of good patient experience

Existing Set of Controls

• Weekly scheduling meeting - service managers and theatre staff	• Performance meetings at CBU and Trust level
• Implementation of real time ADT	• PRAID team in place utilising SRG monies
• Workforce Strategy and associated plans approved by Ops Board	• 2016/17 Winter Plan agreed to minimise risk of elective cancellations
• Winter Planning Meeting in place led by Dan Grimes	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Implementation of plans to facilitate improved discharge of patients with complex needs	Dan Grimes	30/11/2015	
Recruitment plans for ward staff and theatres including an International Strategy	Melissa Swindell	/ /	Nurse Staffing almost at full establishment

Date Last Reviewed	Review Details
11/01/2016	risk updated

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Data Quality: degradation of DQ due to system and process issues.
Ref: 949	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support		
Reporting Committee: IGC		Where Risk Managed: Corporate		
Internal	Link to Quality AimsIGC			
Strategic Objective: Patient Centred Services			Current IxL 3-4	Target Residual - Appetite for Risk 2-2 / Trend: STATIC

Description	Causes	Consequences
Data Quality: degradation of DQ due to system and process issues. Increasing evidence that poor data quality is impacting on our ability to deliver a quality clinical and business service.	multiple to include poor processes, lack of compliance, system issues, lack of understanding of impact, failure to follow SOPs	clinical, business, financial, operational impact in delivery of services

Existing Set of Controls	
• Ad-hoc review underway of DQ governance structure	• Data Quality Steering Group established (reporting to Board via IGC)
• Base line assessment against data quality standards now complete	• Data Quality Dashboard in place to track progress
• Data Quality Strategy approved	• Managerial & Clinical DQ Lead (or champion) for each business area in place (all are members of the DQ Steering Group and expected to liaise with relevant CBU Board, or equivalent Group)

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Take forward key DQ controls and maintain strategic focus for 2016/17	Margaret Barnaby	12/10/2016	
Team now looking to mitigate and reduce gaps in data quality standards	Elaine Morgan	12/10/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Inability to meet the 4 hour target within ED		
Ref: 815	Risk Owner: Margaret Barnaby	Originating BU / Programme: Integrated			
Reporting Committee: Board		Where Risk Managed: Corporate			
Internal	Link to Quality AimsBoard				
Strategic Objective: Excellence In Quality			Current IxL 4-3	Target Residual - Appetite for Risk 4-2	Trend: STATIC

Description	Causes	Consequences
There is a risk that the 4 hour target will not be met within the CHP	Loss of ability to book into an observation area within ED Process changed required with layout of a new department Limited bed availability at times.	National target not met

Existing Set of Controls	
• EDU has 11 beds for ED to admit into over the winter. EDM tracker available in patient flow Hub to enable visibility of status of ED	• Alder Hey now part of the Liverpool ED Group to ensure ED improvements are implemented
• Breach activity report distributed to GM's and service managers on a weekly basis	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Breach activity report to be distributed to GM's and service managers on a weekly basis	Amanda Turton	17/11/2015	ongoing
work ongoing with CCG re GP on site and use of primatry care facilities outsude Trust	Kate Brizell	08/05/2016	ongoing

Date Last Reviewed	Review Details
11/03/2016	update GP progress ongoing work re aed signage weekly meeting monitoring progress

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Utilisation of clinics, wards and theatres		
Ref: 723	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsRABD				
Strategic Objective: Excellence In Quality			Current IxL 4-3	Target Residual - Appetite for Risk 3-2	Trend: STATIC

Description	Causes	Consequences
There is a risk that the utilisation of clinics, wards and Theatres isn't as effective as it should be	-Clinics cancelled with less than 6 weeks' notice -Patients do not attend (DNA) -Patient and Hospital short notice cancellations -Long stay patients stay longer than expected -Delayed discharges/ transfers -Staffing levels/ scheduled activity -Excess bed days -Theatre late starts, overruns -Sessions cancelled -No clear policy for transfer of care to/from a local authority -Booking system unable to support complex pathway patients or capacity constrained specialties	-Quality of patient experience suffers leading to increased number of complaints -Increased time spent on managing utilisation issues - "crisis management" -Fall in income from Commissioners -Possible additional scrutiny by Commissioners, NHSE and regulators -Wasted capacity -Management of queues of patients

Existing Set of Controls	
• Utilisation reports	• Text reminders service and partial booking
• Performance management meetings at CBU and Trust level	• Discharge planning including EDD
• Theatre utilisation group and list planning	• Policy and controls for cancellations of clinical activity with less than 6 weeks' notice
• Trust access policy	• Weekly TUG meeting refreshed and refocused by new Theatre Manager
• Implementation of real time ADT	• Appointment of Head of Performance & Planning to manage performance related issues
• OPD clinic template review for all consultants	• MT6 OP data quality review process
• OPDQ group in place to identify & resolve system issues	• Visibility of clinic utilisation through business information system (InfoFox) regularly reviewed as part of CBU performance and reported weekly at WWT Group and CBU Performance Review Meetings

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Development of real time business intelligence system	Jonathan Stephens	/ /	Ongoing
Scheduling work commenced looking at maximising available capacity	Margaret Barnaby	/ /	Ongoing
OPDQ group in place to identify system issues	Margaret Barnaby	17/08/2015	To continue with the group post go-live
Develop in-session utilisation of clinics	Richard Turnock	31/12/2015	Needs to be scoped in context of Meditech v6 functionality. Theatre user Group to be relaunched which will identify operational efficiencies

Phase 2 HWWITF projects to be developed to maximise benefits of CHP	Hilda Gwilliams	31/12/2015	Project Plans for Improving Outpatients & Improving Flow workstreams developed and performance managed at CQAC
Deliver actions agreed with medical staff re Theatre efficiencies including start times, session lengths and capacity.	Rachel Greer	31/12/2015	Work ongoing to align theatre and medical staff.

Date Last Reviewed	Review Details
11/01/2016	risk updated

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register		2016--17	Risk Title: Compliance with mental health standards
Ref: 524	Risk Owner: Jacqueline Flynn	Originating BU / Programme: Integrated	
Reporting Committee: CQAC		Where Risk Managed: Corporate	
Internal	Link to Quality AimsCQAC		
Strategic Objective: Excellence In Quality			Current IxL 4-3 / Target Residual - Appetite for Risk 1-3 / Trend: STATIC

Description	Causes	Consequences
The Trust was granted mental health staus in 2013 and yet the Trust has failed to intergarte the CAMHS statutorty and mandatory trining requirements into its own programme. This means we have staff caring for acute mental health patients witjout formal training and could be in breach of our policies which we submitted to the CQC around compliance.. failure to implement CAMHS training including roll out of Approach training across the Trust following CQC compliance and mental health registration	Staff are caring for CAMHS patients without any formal training, training in part delivered by DJU team compromising their own operational delivery. Trust has not integrated the training into its own mandatory and statutory training programme	Possibility of losing accreditation as a MH Trust

Existing Set of Controls	
• meeting arranged to discuss way forward with L and D Director	• Discussed at CQAC and follow-up meeting agreed with Gill Core (Exec) to discuss options with Edge Hill Uni
• some training in isolation	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Looking to develop e learning module and reader with POC and learning and development.	Stephen Earnshaw	30/09/2014	
Meeting arranged with Melissa Swindell after previous meeting with Pat Tyrer failed to move anything forward	Stephen Earnshaw	28/03/2014	
Updated training needs in RM40 Suicide prevention policy	Stephen Earnshaw	14/09/2014	
employed an LD nurse and RMN on 4C extended hours of work of SPA team by April 16 weekend in call from SPA team to attend 4C to review weekend CAMHS patients	Andrew Williams	04/04/2016	
Three staff now trained to deliver Mental Heath first aid training . All new nursing recruits in April (37 staff) trained. Annual training programme to be planned .	Brigid Doyle	25/10/2016	

Date Last Reviewed	Review Details
11/03/2016	added info re extended hours of work by SPA team from aPRIL Also new LD nurse and RMN on 4C plans ongoing to address the training element but this needs to be a corporate solution via L and D team

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Sickness & absence levels		
Ref: 201	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal Monitoring	Link to Quality AimsRABD				
Strategic Objective: Great Talented Teams			Current IxL 4-3	Target Residual - Appetite for Risk 3-3	Trend: STATIC

Description	Causes	Consequences
Required reduction in sickness absence not achieved	Trust policy to effectively manage sickness absence rates not properly implemented.	High levels of sickness absence has a detrimental impact on service; team effectiveness, increased cost of absence to the organisation.

Existing Set of Controls

• All managers accountable for adherance to the process set out in policy for managing sickness. Regular monitoring by CBU Boards. Monitored through Corporate Report and CBU Performance meetings. Reports to WOD.	• Report in corporate report, monthly CBU reviews with HR. Targeted OH interventions. Local BI reporting via MSS
• Reports to WOD.	• Resources to be identified for the management of workforce health and wellbeing. Occupational Health identifying options to support the Trust's health and wellbeing agenda for staff.
• Occupational Health Provider, Team Prevent established with focused work on H&WB and sickness absence	• Team Prevent Contract renegotiated. KPIs being reviewed and enhanced.
• Increased focus on the effective management of sickness absence at CBU level.	• Sickness Absence Policy HR Business Partners and HR Advisors to provide additional coaching, workshops, training sessions.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Early Intervention Service delivered by Team prevent to support early OH referral for staff with stress, msk and surgery	Melissa Swindell	02/02/2015	Delivered and on-going - subject to quarterly monitoring
Supportive interventions to be identified between HR and CBUs/Heads of Department	Melissa Swindell	03/05/2016	
Increase attention on wellbeing through change in Team Prevent's focus, establish Trust Health and Wellbeing Steering group	Fleur Flanagan	01/12/2016	Plan in place to establish an enabler team with LiA
Monitoring effectiveness of Sickness Absence Policy	Fleur Flanagan	31/01/2017	
Additional support to be provided to aid managers with implementation of Policy	Fleur Flanagan	03/04/2017	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Employee relations / Staff Partnership working		
Ref: 399	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support				
Reporting Committee: WOD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsWOD					
Strategic Objective: Great Talented Teams				Current IxL 4-3	Target Residual - Appetite for Risk 3-2	Trend: STATIC

Description	Causes	Consequences
Risk to workforce engagement and staff satisfaction due to poor industrial/team relations and effective communication	low levels of staff engagement poor management communication poor staff survey results non compliance with policies and procedures failure to engage effectively with staff and staff side representatives	Lack of effective communication Increase in sickness absence Increase in grievance cases Increased turnover Difficulty to recruit to key roles

Existing Set of Controls	
• Local negotiation/consultation forums are in place and operating regularly with Executive level input and attendance	• Formal Consultation over business changes
• Local staff satisfaction measures and CBU action plans	• New reps involved in consultation, Reps released from duties.
• JCNC and TPF to be reviewed.	• HR Business Partners to support managers in effective commnication of workforce issues, ensuring appropriate consultation and negotiation with staff side.
• On-going liaison with Staff Side	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Formal written communication with FTOs	Melissa Swindell	31/12/2016	Recent strike action suspended. Planning meetings underway in response to future planned action Chaired by COO
CBU Managers agreed to regular meetings	Fleur Flanagan	29/05/2015	CBU attendance to be encouraged
Partnership Agreement & Framework being reviewed	Fleur Flanagan	27/01/2017	ongoing

Date Last Reviewed	Review Details
07/01/2013	Partnership discussions are progressing with the Director of HR and representatives from staff side, with the aim of agreeing a new partnerhsip agreement in early 2013.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Junior doctors - staffing levels
Ref: 720	Risk Owner: Richard Turnock	Originating BU / Programme: Business Support	
Reporting Committee: CQAC		Where Risk Managed: Corporate	
Internal	Link to Quality AimsCQAC		
Strategic Objective: Great Talented Teams			Current IxL 4-3 / Target Residual - Appetite for Risk 4-3 / Trend: BETTER

Description	Causes	Consequences
There is a risk of insufficient junior doctors being available to cover duties required in clinics, wards and Theatres.	_National difficulties in recruitment to paediatric specialties _Short term - maternity leave and program short of doctors- now resolved _Medium term - probably improving with STP? _Long term difficulty in attracting junior doctors to work with children	_Short term - junior doctors not available when required - increasing workloads and pressures on other staff _Medium term - junior doctors leave to find alternative opportunities _Long term - difficult to sustain a realistic working model

Existing Set of Controls	
• Constant monitoring of national/local situation through liaison with HEE/CBU reporting	• Visibility of junior staffing levels as part of overall Trust workforce planning

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Need to scope likely short falls through CBU monitoring		17/08/2015	2x SCPs in development
Implement PACE Team		17/08/2015	SAAT plans approved Modified SAAT plans approved
Develop in house training programmes for alternative practitioners - e.g. ANP etc development, Surgical Care Practitioners with partner HEIs		17/08/2015	Not possible until nurse staffing levels permit capacity to release staff for training. Outline discussions have been held with Edge Hill plus JMU and proposal being developed.

Date Last Reviewed	Review Details
01/11/2016	situation improved but may deteriorate in future

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Research financial model		
Ref: 56	Risk Owner: Charlotte Orton	Originating BU / Programme: Business Support			
Reporting Committee: CQAC		Where Risk Managed: Corporate			
Internal	Link to Quality AimsCQAC				
Strategic Objective: International Innovation, Research & Education			Current IxL 3-4	Target Residual - Appetite for Risk 3-1	Trend: STATIC

Description	Causes	Consequences
Unsustainable internal financial model for research	Finance department overheads on expenditure.	Overheads exceed available income preventing expansion of research and creating a financial defecit

Existing Set of Controls	
• Levying of overhead charge on research monies is detrimental to future research growth. Recurrent cost pressure on provision of basic Reseach Management & Governance function.	• Ongoing discussions with new Director of Finance to address issue of overhead charge against RBU.
• Agreed that a fixed overhead target will be set at the beginning of the financial year based on the Trust calculated figure of what the RBU costs as an overhead. Once the overhead target is reached any surplus monies will be retained by the RBU and reinvested in research	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Meet with Finance to discuss options and agree implementation plan	Mathew Peak	20/06/2014	Draft finance model prepared for initial discussion Aim to complete by June 2015

Date Last Reviewed	Review Details
02/11/2016	Risk remains static. CRBU team met with Finance Director and the Business Case was finalised (26/9/2016). He is pleased with the work we have carried out so far. Jonathan Stephens has requested an additional piece of work around scoping and horizon scanning commercial research opportunities globally for Alder Hey. The CRBU team hope to have completed this by the end of 2016. No further updates.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: CIP Delivery 16/17		
Ref: 936	Risk Owner: Jonathan Stephens	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsRABD				
Strategic Objective: Growing Our Services & Safeguarding Core Business			Current IxL 4-3	Target Residual - Appetite for Risk 3-4	Trend: STATIC

Description	Causes	Consequences
Non delivery of CIP target of £7.2m, £5m gap.	Lack of deliverable schemes	Trust will not balance its budget

Existing Set of Controls

• 1. Weekly Reviews at Execs
2. PMO Assurance Methodology
3. External Programme assurance extended for 12 months

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
focus on workforce schemes to bridge recurrent gap of £2.5m	Melissa Swindell	30/12/2016	improved CIP forecast in year to £6.2m (improvement on in year £5.2m planning assumption). Focus on in year gap to £7.2m target of £1m and recurrent gap of £1.8m against recurrent target of £9.5m

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: RTT performance
Ref: 724	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support	
Reporting Committee: RABD	Where Risk Managed: Corporate		
Internal	Link to Quality AimsRABD		
Strategic Objective: Excellence In Quality			Current IxL 3-3 / Target Residual - Appetite for Risk 3-2 / Trend: STATIC

Description	Causes	Consequences
There is a risk of not meeting key performance targets in relation to Referral to Treatment (RTT), 18 weeks waiting times.	_Ineffective managing of stages of treatment across: Admitted pathways; Non admitted pathways; Open pathways _Capacity issues _Available workforce: Theatre sessions; Clinic sessions; Bed usage _Increase in demand beyond current rates and those agree within annual contract _Ineffective management of 18 week pathways PCO's listing patients in a non-chronological wrong order	-Quality of patient experience and care suffers -Increased time spent on managing performance issues -Possible additional scrutiny and fines by Commissioners, NHSE and regulators

Existing Set of Controls

• Performance management meetings at CBU and Trust level	• Trust wide action plan to address data validation, data quality and administration of 18 week pathways
• Completion of IST action plan	• Implementation of real time ADT
• Revised Patient Access Policy now published and operational to provide platform for discharging DNA's	• New SOP's developed for MT6

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Capacity and demand assessment at each service line level to deal with 'steady state' and reduce backlog in agreed timescales	Margaret Barnaby	/ /	Ongoing
Recruitment to agree workforce complement	Hilda Gwilliams	/ /	Ongoing
Reduce sickness absence	Melissa Swindell	/ /	Ongoing
Completion of booking and scheduling action plan	Margaret Barnaby	30/11/2015	Reports monthly to PMG, weekly task and finish group. Revised action plan submitted to PMG in Dec for monitoring and assurance. Review of all SOP and processes underway by new manager following failure to process internal referrals Initial under 6 weeks actions completed. Ongoing work required on full action plan for booking and scheduling due to delayed deployment of MTV6 and move to CHP.
Improve hospital flow and discharge planning	Margaret Barnaby	/ /	Ongoing. Bid to spec com for support with hospital discharge co-ordinator
Implement revised DNA process within updated Patient Access Policy	Margaret Barnaby	30/09/2015	Currently an active item being tracked through PMG CBU's to present PA policy at Boards

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Date Last Reviewed	Review Details
11/01/2016	risk updated

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Mandatory training compliance
Ref: 172	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support	
Reporting Committee: WOD	Where Risk Managed: Corporate		
Internal Monitoring	Link to Quality AimsWOD		
Strategic Objective: Excellence In Quality			Current IxL 3-3 / Target Residual - Appetite for Risk 3-1 / Trend: WORSE

Description	Causes	Consequences
Mandatory training target not achieved in all subject areas	Staff not attending mandatory training or completing training requirements as per Workbooks/elearning relevant to their role. Difficulties in releasing staff to undertake training in work time Essential for HR to clarify for Trust managers how compliance data can be accessed and monitored, and where accountability for compliance lies Essential for HR to gain internal assurance of OLM data quality	Non compliant with Trust targets and causing potential safety issues with staff not having received the basic minimum training requirements.

Existing Set of Controls

• monthly corporate reporting	• Policy in place but needs review
• Mandatory training workbooks provide an alternative method for completing training, rather than in the classroom	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Specific intervention in practical Manual Handling	Fleur Flanagan	31/01/2017	Gap analysis underway
Mandatory Training Database under review	Melissa Swindell	30/04/2015	Data cleansed and period between programmes adjusted on a risk basis
Improve compliance to agreed rates through various methods across all relevant subjects	Fleur Flanagan	31/01/2017	E-learning package being explored; currently working with IT re suitable software package
Local reports to be provided to CBUs	Fleur Flanagan	31/10/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Workforce engagement and support		
Ref: 500	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support				
Reporting Committee: RABD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD					
Strategic Objective: Great Talented Teams				Current IxL 3-3	Target Residual - Appetite for Risk 3-2	Trend: WORSE

Description	Causes	Consequences
Low levels of engagement can impact on patient quality, service delivery and excellence and staff satisfaction and morale	Poor communication, management, organisational change, reduction in resources.	Low morale, high absence rates, apathy, increased stress levels, lower productivy, low levels of efficiency, non-achievement of strategic aims, key risk to operational delivery.

Existing Set of Controls	
• Staff Survey and local temperature checks to measure satisfaction on an annual (SS) and quarterly (TC) basis reported to Board	• TPF and JCNC
• Trust wide engagement improvement plans through LiA methodology	• working on developing new approach to staff health and wellbeing with our OH providers
• Monthly reporting to Board regarding engagement, values and communications.	• Bi-monthly WOD reporting to Board
• roll out of values implementation plan	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Focused 2016 Staff Survey Action Plan	Melissa Swindell	30/04/2015	Agreed at Ops Board. Steering Group to be established
LiA methodology implementation	Melissa Swindell	31/03/2017	

Date Last Reviewed	Review Details
17/03/2014	Reviewed risk and aligned risk ratings with the BAF.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Obtaining Capital funding for future site developments.
Ref: 1062	Risk Owner: David Powell	Originating BU / Programme: Business Support	
Reporting Committee: Board		Where Risk Managed: Corporate	
Internal	Link to Quality AimsBoard		
Strategic Objective: Patient Centred Services			Current IxL 3-3 / Target Residual - Appetite for Risk 3-3 / Trend: STATIC

Description	Causes	Consequences
Obtaining adequate funding to develop the site	Lack of developer interest / land values / charity bids not succeeding / targets being underachieved	Reduce scope of master plan development within park

Existing Set of Controls	
• Alternative functional designs developed for different funding levels	• Procurement governed by OJEU & reported through to RABD and Board.
• Commercial Advisor Team in place	• Joint Venture with LCC to optimise value & minimise total costs

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Reduction in Tariff from 2017-19		
Ref: 1091	Risk Owner: Laurence Murphy	Originating BU / Programme: Business Support			
Reporting Committee: RABD	Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD				
Strategic Objective: Growing Our Services & Safeguarding Core Business			Current IxL 3-3	Target Residual - Appetite for Risk 2-4	Trend: BETTER

Description	Causes	Consequences
Reduction in income received by the Trust from 17-18 onwards	Movement from HRG4 to HRG4+ and a possible reduction in Paediatric Specialty top up may lead in a reduction in income received by the Trust	Not meeting financial targets

Existing Set of Controls	
• Optimise benefits of HRG4+ Benchmark with UKCHA Trusts Work with NHS pricing team this is a 4 year transition total value £9.5m	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Optimise benefits of HRG4+ Benchmark with UKCHA Trusts Work with NHS pricing team this is a 4 year transition total value £9.5m	Laurence Murphy	04/07/2016	Latest impact assessment on draft 2017-2019 tariffs is indicating that there will NOT be a negative outcome . Guidance suggests that there will a reduction from 2019/2020 .

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Lack of Autoclaving facility in Microbiology		
Ref: 867	Risk Owner: Christine Gerrard	Originating BU / Programme: Clinical Support				
Reporting Committee:		Where Risk Managed: Corporate				
Internal	Link to Quality Aims					
Strategic Objective: Excellence In Quality				Current IxL 2-4	Target Residual - Appetite for Risk 2-2	Trend: STATIC

Description	Causes	Consequences
HSE inspection has identified the lack of an autoclave as a H&S risk for disposal of waste from the CL3 laboratory	Full laboratory requirements not requested in the specification when ordered.	We are unable to dispose of Blood culture bottles containg HG3 orgainisms. This is a requirement of HSE and failure to correct this may result in closure of the CL3 facility.

Existing Set of Controls		
	Actions to Reduce Risk to Target Residual Rating	

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review

Date Last Reviewed	Review Details
31/10/2016	Still unable to autoclave blood culture bottles. A box of bottles was requested by Steelco for factory testing during the W/C 17/10/16

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Clinical Engagement on EPR		
Ref: 573	Risk Owner: Richard Turnock	Originating BU / Programme: Business Support				
Reporting Committee: RABD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD					
Strategic Objective: Patient Centred Services				Current IxL 4-2	Target Residual - Appetite for Risk 4-2	Trend: BETTER

Description	Causes	Consequences
Organisation unable to deploy and/or realise the full benefits of the new Meditech EPR due to lack of engagement across the organisation; this would reduce the benefits to clinicians and patients in terms of patient experience and clinical effectiveness	Due to lack of engagement across the organisation	Reduce the benefits to clinicians and patients in terms of patient experience and clinical effectiveness

Existing Set of Controls	
• Sufficient clinical capacity to be created to allow credible engagement with the complexity of EPR. A comprehensive EPR communications and engagement plan to be delivered. Phase 1 issues to be worked through systematically; in particular training and capability gaps to be addressed.	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
There has been strengthening of the in-house teams to support change but the risk of limited clinical engagement is high	Richard Turnock	04/04/2017	Though we are supporting a role to provide clinical support there is a concern about the resilience beyond this role as it does not seem that there any other clinicians with dedicated time to support this.

Date Last Reviewed	Review Details
01/11/2016	improved situation

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Nurse staffing levels and associated recruitment
Ref: 718	Risk Owner: Hilda Gwilliams	Originating BU / Programme: Business Support		
Reporting Committee: CQAC		Where Risk Managed: Corporate		
Internal	Link to Quality AimsCQAC			
Strategic Objective: Great Talented Teams			Current IxL 3-2	Target Residual - Appetite for Risk 3-1 / Trend: BETTER

Description	Causes	Consequences
There is a risk of insufficient qualified nurses being available to cover duties required in clinics, wards and Theatres.	_Maternity leave (main contributing factor; comparative analysis shows equivalent to -40WTEs at any one time) _Short term sickness and absence _Medium term inefficiencies to develop nursing staff capability and capacity _Long term difficulty in attracting, developing and keeping suitably experienced and qualified nurses to work with children and at AH	Short term - experienced nurses not available when required - increasing workloads and pressures on other staff _Medium term - experienced nurses leave to find alternative opportunities _Long term - difficult to sustain a realistic working mode

Existing Set of Controls	
• Agreed levels of staffing to meet national guidance.	• Finances agreed by Board
• Recruitment process in place.	• SoP in place for escalation of skill mix / staffing / bed closure
• Introduced temporary staffing procedure requiring senior authorisation for any emergency support from NHSP	• Robust sickness and absence policy overseen by HR
• Monitoring of incidents/ complaints where staffing levels are a factor: observing for trends and themes	• Themes and trends reviewed weekly by RMT and when evident discussed at weekly meeting of harm: these include incidents/ near misses relating to reduced nurse staffing levels.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Continue to work closely with HEI's and have undertaken successful national and international recruitment during March 16 enabling the Trust to fill all vacancies and build resilience within the nursing pool.	Hilda Gwilliams	03/10/2016	Quarterly meetings on-going. Continue to perform well in relation to recruitment from HEI's
Review impact of temporary workforce arrangements	Hilda Gwilliams	30/12/2016	Weekly monitoring reports received from NHSP demonstrating significant reduction in bank use and almost zero usage on agency
monitor bed closures resulting from nurse staffing issues	Hilda Gwilliams	12/12/2016	Audit to be undertaken in Nov 2016
monitor lost theatre sessions due to nurse staffing issues	Hilda Gwilliams	05/12/2016	Audit to be undertaken in Nov 2016
Recruitment programme on-going	Hilda Gwilliams	01/03/2017	40 WTEs commenced October 2016. Interviewing for pool nurses November 2016.

Date Last Reviewed	Review Details
20/07/2016	No change in risk rating: additional actions to reduce risk to target identified

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Excellence In Quality		Risk Title: Maintain care quality in a cost constrained environment		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Hilda Gwilliams	**Type:** Internal, Known		Current IxL: 4-2	Target IxL: 4-2	Trend: STATIC

Risk Description	
Failure to maintain appropriate levels of care quality in a cost constrained environment	
Existing Control Measures	
• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality Report performance against quality aims scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report.
• Refresh of CQAC to provide a more performance focussed approach	• Changes to ESR to underpin workforce information -
• New Change Programme established - associated workstreams subject to sub-committee assurance reporting	• Robust risk & governance processes from Ward to Board, linked to NHSI Single Oversight Framework
• Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign	• External review on IPCC issues to eradicate reportable HAIs
• "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC)	• Quarterly 'themes' report from Weekly Meeting of Harm to CQSG
Assurance Evidence	**Gaps in Controls/Assurance**
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally 45 new nurses recruited, commenced in September 2016 Further national open recruitment exercise in September 2016	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static. Roll out of support structure for Sepsis 6 yet to be fully implemented
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Quality reporting redesigned in line with Quality Strategy and corporate aims. New report scheduled to be received at Board	Chief Nurse & Deputy Head of Information continuing to refine data
Successfully implement all Change Programme workstreams to improve efficiency and flow	Alder Hey Board Assurance Committees operating to revised Terms of Reference
Roll out PFCC model for all appropriate services	Links to patient experience domain - further work awaited
Continue to maintain nurse staffing pool	Ongoing
Support structure for Sepsis 6 to be fully implemented	Presentation of proposed approach to Sepsis 6 presented to CQAC; plan to be brought back to Exec Team to finalise
Executive Lead's Assessment	
SEPT 2016: Forty five newly recruited nurses commenced in September 2016, Plus a further round of national open recruitment has taken place in September. OCT 2016: Five places for ANP development - process for recruitment completed. NOV 2016: On-going recruitment in place & confirmation from CCG funding for complex patient requiring 1:1 care approved resulting in additional 5.2WTE registered nurses. Sepsis 6 to be key focus in the next month to ensure full roll out completed.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Excellence In Quality	Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective				
Exec Lead: Margaret Barnaby	**Type:** Internal, Known	Current IxL: 5-1	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver on all mandatory and compliance standards due to lack of engagement with internal throughput plans and targets

Existing Control Measures

• New Operational Delivery Group (July 2016) to take action to resolve non-compliance relating to performance. Reporting to RBD	• Performance Review Group meeting monthly with CBU Dashboards under development for implementation in Sept
• CBU Performance Meetings - now strengthened as of May 2016 and meeting regularly each month	• Regulatory status with: Monitor, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through RBD, CQAC, WOD & CQSG and then through to Board
• Run Rate Task & Finish Group completed. Actions resulted in improved productivity in July and August, the closure of 4 IP beds that were not needed to support activity and improved staffing planned for PICU/HDU	• Early Warning indicators now in place
• Due to sickness absence of a consultant in Gastroenterology and the recent resignation of another consultant in the same specialty, maintenance of the RTT waiting times standard is at increased risk	

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG, CQAC & Board. Monthly reporting to the Board via the Corporate Report. Monitor / NHSI governance risk rating Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board A&E Target Recovery Plan	Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances - discussions on-going with commissioners. Quarter 1 Performance delivered, Quarter 2 Performance on track. Winter Planning to support elective and emergency activity advanced. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration Assurance required to underpin CBU reporting on CQC standards 'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting Work with CCG to manage demand & develop / fully utilise existing capacity across PC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Review bed capacity and staffing model for seasonal variation	2017/18 Winter Plan now approved and in place
Implement devolved governance structure (quality governance teams within CBUs)	1 December 2016 implementation

Executive Lead's Assessment

SEPT 2016: Following a detailed review in August there is no further update for September.
OCT 2016:Forecast activity and performance plan in place, subject to any unforeseen issues. Endoscopy equipment sterilisation equipment/process has failed on Friday 21st October, and business recovery plans in place which may adversely affect endoscopic activity and performance for up to 12 weeks.
NOV 2016: Trust sustained stronger performance and compliance whilst financial risks continue to be a challenge; close monitoring continues to ensure delivery of financial plan. Endoscopy equipment decontamination service temporarily provided by the Countess of Chester Hospital; short term adverse impact on elective activity and performance.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Patient Centred Services		Risk Title: New Hospital Environment		
Related CQC Themes: Safe, Effective, Well Led					
Exec Lead: David Powell	**Type:** Internal, Known		Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to deliver world class healthcare due to constraints of new environment	
Existing Control Measures	
• Regular Fix-It Team reports to Execs, CQAC & IGC	• Interserve Reports & representation at Health & Safety Committee
• Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards	• Fix-It Team governed by a Steering Group (meets monthly)
• Joint Energy Committee to monitor performance & compliance	• Joint Water Committee to monitor performance & compliance
Assurance Evidence	**Gaps in Controls/Assurance**
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly. Further meeting arranged to review energy performance	Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Producing report to Trust Board on closure of issues	
Executive Lead's Assessment	
SEPT 2016: Risk remains static. Further meeting arranged to review energy performance. OCT 2016: Aim is to clear rump of residual commissioning issues through deal with Proj. Co.; to be confirmed in November 2016. NOV 2016: Deal with Project Co. conformed. Action Plans for water temperatures and theatre floors tbc.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Patient Centred Services		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description

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

Existing Control Measures

• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	

Assurance Evidence	Gaps in Controls/Assurance
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Broaden stakeholder engagement	Produced & circulated newsletter. Held 2 meetings of Shadow Board
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	Meeting held with LCC Team. Heads of Terms under review
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Review of income opportunities under way

Executive Lead's Assessment

SEPT 2016: Meeting arranged with LCC to discuss park Heads of Terms.
OCT 2016: Risk improved: meeting held with LCC - updated Business Case presented & discussed.
NOV 2016: Business Case with LCC for consideration. £1.3 received as government grant for Alder Centre.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Patient Centred Services		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Jonathan Stephens	**Type:** Internal, Known		Current IxL: 3-4	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare

Existing Control Measures

• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Investment in IM&T Team (2016/17 budget)

Assurance Evidence	Gaps in Controls/Assurance
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews	IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016 - Strategy update deferred pending consultation with new restructure CBU leadership teams and outcome of Global Digital Excellence bid.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
MEDITECH 6 update planned July 2016 to resolve a number of current operational user issues	
Conclude the review of IM&T Infrastructure	
IM&T Strategy development & approval	Draft for October 2016
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	

Executive Lead's Assessment

SEPT 2016: Trust confirmation of bid success due mid October - favourable feedback received.
OCT 2016: Trust met financial control total for Q2 so awaiting update re next steps for progressing Global Digital Excellence proposal. Meeting in London 21 October - verbal update for Board 1 November. I&MT strategy refresh will be finalised once next steps confirmed.
NOV 2016: Trust shortlisted and joining due diligence process. Invited to attend presentation to GDE panel on 21 December 2017. Will become regular board update one formally approved by NHSE/ DH. IM&T Strategy will be finalised thereafter.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Growing Our Services & Safeguarding Core Business	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** Internal, Known	Current IxL: 5-4	Target IxL: 4-2	Trend: WORSE

Risk Description

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

Existing Control Measures

• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Capital Planning Review Group
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	• COO Task & Finish Group targeted at increasing activity in line with planned levels
• CIP subject to programme assessment and sub-committee performance management	

Assurance Evidence	Gaps in Controls/Assurance
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & specialty performance results	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP Based on month 7 run rate performance (£0.3m adrift in month overall from recovery profile) and update projections and risks reported by Clinical Business Units, heightened risk of failure to deliver target control. In order to address emerging risk CBU control targets issued to address risk profile gap of circa £2.7m. (£3.7m gross but £1m mitigation identified).

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Focus on activity delivery	Recovery plans under development and review
Improve delivery of clinical business developments to meet local CCG outsome needs, e.g. as part of Healthy Liverpool, to achieve and exceed financial targets	COO task & finish group established; targeted at increasing activity in line with planned levels
Plans to address CIP shortfall - scheme PIDs to be complete by end of May - progressing against milestones agreed	Trust in discussions with NHSI re. formal approval of required £8m interim cash support

Executive Lead's Assessment

SEPT 2016: Trust has agreed control total with NHSI. Target surplus £0.8m. for the year. Trust will receive STF of £3.7m for the year. First 6 months share dependent on delivery of Q2 revised plan and profile. Trust plans will be update for Q2. Trust risk to manage to ensure delivery of overall year end control (including operational pressures) = £2.5m. Weekly internal recovery process on-going to address this. Note of original £5m internal pressures, circa £3.5m of recovery schemes identified and validated. Month 5 performance ahead of plan.
OCT 2016: control total revised £0.2m deficit - no net impact from that agreed by Board in September. Trust achieved revised plan for Q2 which means it will qualify for 6/12ths of £3.7m stf. This funding is reflected in the Q2 results. Plan = £4m deficit, actual = £4m deficit. Trust forecasting achievement of year end control target of £0.2m deficit (excluding impairments and grants). Current financial risk to address over the second half of the year to ensure delivery = £2.6m. Mitigation part of weekly internal recovery programme and the actions to address this risk focused on reducing overspending in facilities, nurse pay, energy and activity run rate improvement. At this stage risk rating unchanged. Stock take of forecast to be tracked monthly with update Q3.
NOV 2016: risk profile increased from 16 to 20 based on actual results for October (M7) where performance and run rate £0.3m off track overall. In addition further financial risks to achieving year end control target raised by CBUs including a deterioration in forecast performance on both activity delivery and cost control. Risk gap now £3.7m with circa £1m mitigation identified. All tactical savings schemes initiated and achievement of control total essential. Therefore CBUs issued with individual financial control totals with the requirement to present plans to mitigate full £3.7m risk and provide assurance on activity delivery over the remaining 4 months of the year. 1st update feedback from CBUs due Monday 5th December. Review fcast based on Q3.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Growing Our Services & Safeguarding Core Business	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

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

Existing Control Measures

• CBU Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 2016 Change Programme Projects (Strategic Partnerships & International Clinical Business and non NHS Patient Services)
• Five year plan agreed by Board and Governors in 2014	• Capacity Plan identifies beds and theatres required to deliver BD Plan.
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	

Assurance Evidence	Gaps in Controls/Assurance
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Workshop held in June to identofy options for bridging business development gap	Alternative schemes being developed. Report to RABD
Identify models and services to provide to non NHS patients / commercial offers	Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases

Executive Lead's Assessment

SEPT 2016: no major change, circa £100k additional contribution from international work in Q3/4 will reduce in year gap from £0.7m to £0.6m.
OCT 2016: no major change as at September - key actions: to establish regular flow of international patients to identified beds, progress relationship in Dubai and accelerate arrangements with Stoke.
NOV 2016: Contract signed with Al Jalila for first phase of consultancy support - working on more long term arrangement for phase 2. Team mobilising delivery of phase 1. Stock cardiac - meeting to sort transport arrangements prior to change in patient referrals - unlikely to result in increase in activity in 201617 but opportunity for 1718.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Richard Turnock		**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to maximise opportunities with regard to service reconfiguration

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Derogations secured in relation to specialist service specs.

Assurance Evidence	Gaps in Controls/Assurance
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level.Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pursue the community tender incorporating the public health offer	
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
progress neonatal T&F group under Spec Comm leadership	ToR & PID complete - next meeting date tbc

Executive Lead's Assessment

SEPT 2016:Cardiac service agreed but RAG rating amber.Improvement in middle grade provision for gen paeds.
OCT 2016:no significant change in risk
NOV 2016: Neonatal T& F output should improve risk rating

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Sustainability & Capability
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led			
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time

Existing Control Measures

• Compliance tracked through the corporate report and CBU dashboards	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• 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
• Permanent nurse staffing pool	• 'Developing our Workforce' workstream implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Low compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Education Governance group to support implementation, setting up in September, reporting through WOD
Build and sustain leadership capacity and capability	Leadership and management project has commenced, but has experienced slippage due to competing priorities
Sickness Policy refreshed	Implemented 1 July 2016
Develop our Education Strategy	
Task & Finish Group to review prior action failures and identify solution	Action Plan signed off at WOD
Review mandatory training programme - July 2016	Review still underway, to conclude by end Sept 2016
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support

Executive Lead's Assessment

SEPT 2016: HENW Workforce Planning submission completed. Notice given to nurse agency, PULSE, which should result in lower agency costs - this in response to successful cohort of nurses commencing employment. Workforce Steering Group continues to monitor workforce financial position.
Projects to review all workforce groups to commence October 16.
OCT 2016: nurse agency spend has seen a significant reduction across October- no breaches in 3 weeks over October. Initial discussion taken place with workforce group reps exploring opportunities for efficiencies across each work group.
NOV 2016: Nurse Agency spend remains low. Working with NHSP to reduce further the other areas of concern. Apprenticeship Strategy in development. Talent Management £2k grant secured from NW Leadership Academy.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description
Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures	
• Internal Communications Strategy.	• Refine Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Temperature Check Reports to Board (monthly)
• Values based PDR process	• People Starategy Reports to Board (monthly)
• Listening into Action methodology	• Staff surveys analysed and followed up (shows improvement)

Assurance Evidence	**Gaps in Controls/Assurance**
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Overarching Engagement Strategy Reward & Recognition

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Communications Strategy published	
Analysis of Staff Survey	Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	Remains in progress

Executive Lead's Assessment
SEPT 2016: LiA continues at pace, with the next 20 teams being identified to take forward their improvements. Preparation for the Staff Survey is underway, which launches on the 11th October. OCT 2016: Staff survey distributed to all staff; 20% response rate as of 26/10/16. LiA continues with increasing stories of change and quick wins being shared with staff. NOV 2016: Staff Survey 37% response rate (29/11/16). LiA pass it on event successful. Review of formal staff recognition scheme underway.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** Great Talented Teams		Risk Title: Workforce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description

Failure to proactively develop a future workforce that reflects the diversity of the local population

Existing Control Measures

• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	

Assurance Evidence	Gaps in Controls/Assurance
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards	Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Increase declaration rates with Equality Act 2010	Actioned, with all organisation reports reporting on protected characteristics where required
Work with partner organisations to develop effective BME recruitment strategy	Underway, and plan to be produced
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support

Executive Lead's Assessment

SEPT 2016: Deadlines for submission of EDS2 and WRES met. Task and Finish Group working together to identify proactive ways to increase diversity amongst the workforce. Agreed a pilot with Skills for Health to support 6 individuals currently without employment to have a work placement within Alder Hey.
OCT 2016: the 6 individuals have commenced their work placements with Skills for Health. The Trust has been given accreditation to deliver apprenticeships, so we will be exploring how we can use this to support the workforce diversity agenda.
NOV 2016: Task and Finish Group continue to progress actions

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** International Innovation, Research & Education	Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led				
Exec Lead: David Powell	**Type:** Internal, Known	Current IxL: 4-2	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to develop a cohesive approach to research, innovation & education.	
Existing Control Measures	
• Establishment of RIEC Steering Board	• Steering Board reporting through to Trust Board
• RABD review of contractual arrangements	• Programme assurance via regular Programme Board scrutiny
Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established Secured ERDF funding for Innovation Team	Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Educational Partnerships to be cemented	
Work with our charity colleagues to raise the profile of our research and innovation capability.	
Develop a robust commercial Education Business Model	
Appointment of commercial post to support implementation	
Executive Lead's Assessment	
SEPT 2016: Secured ERDF funding for Innovation Team. Risk remains static. OCT 2016: risk improved: contract agreed for innovation 'apps hopper'. Meetings with Edge Hill, LJMU & UoL to explore offering. NOV 2016: Interim Commercial Post appointed to explore issues.	

Alder Hey Children's NHS
NHS Foundation Trust

Resource and Business Development Committee
Minutes of the meeting held on **Friday 4th November 2016**, **at 9:30am,**
Room 5, Level 1

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Liddy	Deputy Director of Finance	CL
	Claire Dove	Non-Executive Director	CD
In Attendance:	Sue Brown	Project Manager and Decontamination Lead	SB
	Joe Gibson	External Programme	JG
	Laurence Murphy	Head of contracting	LM
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
	Rebecca Murphy	External Communications	RM
	Ellie Johnson	Committee Administrator	JT
	Joe Gibson	Programme Director	JG
	Graham Dixon	Head of Building	
Apologies:	Jonathan Stephens	Director of Finance	JS
	Claire Dove	Non-Executive Director	CD
	Hilda Gwilliams	Chief Nurse	HG
	Andy McColl	Business Development	AMc
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Louise Shepherd	Chief Executive	LS
	Peter Young	External IM&T Consultant	PY
	Rick Turnock	Medical Director	RT
	Christian Duncan	Director of Surgery	CD
	Mary Ryan	Director of Medicine	MR

16/17/126 Minutes of the previous meeting held on 28th September 2016

Resolved: RABD received and approved the minutes of the previous meeting subsequent to corrections.

16/17/127 Matters Arising and Action log

The actions for this meeting had been included as an item on the agenda. The action log was updated accordingly. Ref 16/17/118-MB gave assurance a solution has been found, £2500 of Charitable funds will be used to purchase remotes for the unusable TV's.

16/17/128 Finance report

For September the Trust is reporting a trading deficit of £4.2m inline with plan. Income is ahead of plan by £1.8m which is offset by expenditure which is overspent by £1.8m. The Trust's has agreed its control total of £0.2m deficit for 2016/17 with NHS Improvement. This means a movement of £6.1m from the original plan of £6.3m deficit. To deliver this improvement, the Trust will receive £3.7m of STF funding with the balance of £2.4m to be delivered from further improvement in the I&E trading positon. 30% of the STF funding is dependent on the Trust achieving 3 specific performance goals each Quarter; 1) RTT 18 weeks 2) A&E 4hours waits 3) Cancer 62 days. The Trust is on track to achieving these goals for Quarter 2. The Monitor risk rating is 2.

Pay Cash Control

At the end of month 04, cash in bank was £4.5m, £3.3m greater than plan, this positive variance relates to working capital balances.

The Trust has limited payment runs to one per week, 30 day payment terms are enforced and the Trust continues to closely manage cash, debtors and creditors on daily basis.

CL informed the Committee there is £74k of NHS debt between Alder Hey, Warrington and Halton Hospital, efforts to recover the cash have met with resistance so invoices have been escalated to the Director of Finance, Jonathan Stephens.
Ian Quinlan asked that we determine how much Alder Hey is owed by other NHS Trusts and include this in the next finance report.

The pay position is overspent in September by £1.2m. ICS, Med Specs and Facilities are the top problem areas for overspending on temporary spend. The staffing groups are overspending on nursing, admin and ancillary. The temporary spend is £0.9m, this figure is static so requires review from the senior finance team. The main focus for this Committee going forward is the £164k overspend in Ward based nursing which is a deterioration compared to previous months. However NHSI have given the Trust agency thresholds which have been achieved for the 2nd month.

MS updated RABD on two issues that arose from a NHSP mid-year review that took place on the 3rd November 2016.

1) **Contract charges**- there is the potential for the Trust to incur additional charges (circa £30k) via NHSP, due to bank and agency activity being above the agreed contract threshold. We will be monitoring this as part of contract monitoring review.

2) **NHSI Price cap** - NHSP has recently been instructed by NHSI that they must recalculate agency rates to include a proportion of the NHSP fee. This has implications for the Trust in that it increases the cost of all agency shifts, therefore inflating the rates seemingly paid, and pushing many of the existing 'under cap' shifts 'over cap'. We will investigate this through NHSI to confirm the actual position and report back at the next meeting.

The Month 6 CIP Performance across the Trust showed an overachievement of £0.8m (4%) in September. The largest variances to date are SCACC CBU (£0.428m behind target and CSS CBU (£0.514m behind target). The Trusts now needs to plan to £7.2m recurrently. **MB asked that we use the Monday's financial turnaround meetings to Assurance check recurrent CiP**

CL notified RABD that a new Oversight Framework has been introduced which will replace the Continuity of Service Risk Rating (CoSRR) from the 1st October 2016. The Trusts Shadow Metric is a 3.

The Trusts forecast cash position is £3.8m following the agreement of a "control total" with NHSI. Actions are in place to improve the cash position through working capital balances.

The group discussed the Trade Payable record for the Trust and agreed it is satisfactory that the Trust has paid 86% of invoices within 30 days from the year to September.

Resolved:
RABD received and noted the content of the Finance report for month 6.

16/17/129Internal Financial Recovery

Claire Liddy gave a presentation on the Trust's recovery plans noting at the end of month 6 there was a total of £3.1m of recovery to find, made up of £2.5m recovery and £0.64m SRG.

The Trust has identified 'Just Do It' Schemes to the value of £1.2m and validated schemes of £1.2m. There are 11 Non-validated schemes with £100k currently quantified and the remainder requiring quantification. The Trust is left with a £700k gap but has the opportunity to validate a further £1.7m of non-validate schemes, the finance department plan to firm up validation before the next RABD Committee.

Resolved:
a) RABD received an update and noted the content of the internal financial recovery plans.

16/17/130Budget Update and Tariff Impact

Claire Liddy presented the Budget and Tariff update to the RABD Committee, highlighting the following key figures:

Control totals (subj to CNST)

- 17/18 £0.13m surplus, 18/19 £2.239m
- General STF £4.4m, targeted STF £TBC
- Agency threshold £3.697m (as 16/17)

These figures are draft and subject to change after the presentation of revised CBU Business Plans on 9th November after which the CBU control totals will be individually set. The senior management team will support and encourage the CBU's to be creative and make changes by adopting a Dragons Den style approach to facilitate a free exchange of ideas

The NHSI Submission deadline is December 23rd therefore RABD has been moved to 21st December in order to receive and approve the final NHSI submission.

CL highlighted the Important Planning Assumptions for the Committee to be aware of within the 17/18 and 18/19 draft budget; RABD agreed further assurance is needed that the 16/17 Overspends/underachievement assumptions will cease.

The Trust is required to make £8m CIP target for 17/18 and a £5.6m CIP target for 18/19. The overspends in Theatres and the continued medical records costs are the reasons for the legacy of higher CIP in 17/18.

CiP/S&T is circa £8m requirement in 17/18 and £5.6m in 18/19. CL gave assurances that achievement of the key schemes is being managed closely by the senior management team.

The Trust needs a minimum £1.4m cash for 17/18 and 18/19.

The Trust has taken the decision to cap spending in Medical Equipment due to high new spend in 15/16 after the move to the new hospital, the Medical Equipment Replacement Programme will look at revising options to lease machines and spread the cost of Medical Equipment.

MS informed the Committee of a new high level apprentice levy scheme which means £600k tax will be applied to the Trust next year. Crude figures suggest we need 70 apprentices within year 1 and 2. Alder Hey should be working with the HCI's now while high level framework is being written for the schemes.

SB asked the Committee to consider outsourcing the Facilities department, giving Whiston hospital as an example of the positive improvements that can be made financially and to Health and Wellbeing. ES reminded the Committee that the Trust made attempts to outsource with OSI 3 years ago but the company felt unable to work with our facilities

team. RABD agreed the option can be worked up 6 months after the initial review currently underway.

Resolved:
a) RABD received and noted the content of the 2017/18 Budget update.
b) Agreed the option to outsource the facilities department can be worked up 6 months after the initial review currently underway.

16/17/131 Winter Plan

Margaret Barnaby presented the Winter Plan 2016 to the RABD Committee with a recommendation to approve it.

Resolved:
RABD APPROVED the Winter Plan 2016.

16/17/132 Nurse Staffing Review

This item was deferred to the next RABD Committee, 30th November 2016.

16/17/133Programme Assurance 'developing our business'

Developing our business Work-stream

The forecast for International Clinical Business remains ahead of plan, £178k against the target of £112k.

Joe Gibson provided an update on the 'Other Business Development' noting that the shortfall in financial contribution – now forecasting to deliver some 46% of target (previously 50%) - should continue to be a focus of the 'Internal Recovery Group'.

Resolved:
An update on the developing our business work-stream was received.

Services in Communities Work-stream

MB gave an update on the 'Existing Community Services- Quality Improvement' work stream, explaining that the indicators are false as the project has not been updated on SharePoint but project meetings are going ahead and Jacqui Flynn will update the project.
.

Resolved:
An update on Services in Communities Work-stream was received.

IM&CT and EPR

JG highlight the lack of assurance on both the 'EPR Development' and Community Infrastructure' projects as a concern to the Committee, evidence that the rating will improve should be required within the next month.

Resolved:
An update on the IM&CT and EPR work-stream was received.

Supporting Frontline Staff Work-stream

The overall performance trend for the work stream continues as last month, with the financial forecast at £743k above target, largely driven by Coding/Capture.

Resolved
RABD received an update on supporting Frontline Staff work-stream.

Developing the Park, Community Estate and Facilities
Rating for this project have really improved, Sue Brown has made a big difference to the work stream. The focus now should be on the PID for agile working due and achieving a green indicator.

16/17/134Monthly Debt Write Off
There was no Debt write off presented for the month of September 2016.

Resolved:
RABD noted the update.

16/17/135 Procurement Monitoring
Steve Begley presented a Procurement update to the RABD Committee and highlighted the following key points**:**

- Supplier Event - very successful and well attended event that resulted in some suppliers committing to not increasing inflation.
- Waste reduction "WARP IT'- AH have signed up to equipment swap system
- Give me 10 initiative - challenge the budget holder to save 10% from their non-pay spend.
- Procurement Work plan progress- 128 projects total, cost avoidance today equates to £478k.
- CIP savings update- £522,000 achieved in Month 6.

Resolved:
RABD noted the update.

16/17/102 Contract Income Monitoring
Laurence Murphy presented the Contract report for September 2016, and went through the 2016/17 main contract concerns as follows;

On the 13th September NHS England (NHSE) issued a formal Activity Query Notice to the Trust in accordance with service condition 29 of the national NHS contract regarding the over performance. We are explaining our performance to NHSE.

NHSE have rejected an Individual Funding Request for £185k for a high-cost burns patient based on 'exceptionality' citing that the level of over performance prevented them from agreeing additional funding. This issue was raised at the Board to Board with NHSE on 21st October who have agreed to reconsider this decision.

The audit commissioned by Liverpool CCG to review the recording & coding of the Emergency Decision Unit activity report back on the 19th October. The most significant observation was "not all of the patients were full admissions". The Trust is currently considering our response.

Liverpool CCG have confirmed a CQUIN sanction of £55k for quarter 1 which compares favourably with the Trust's prudent provision of £100k previously reported . It is noted that both the sepsis & learning difficulty initiatives are also likely to not be achieved in quarter 2

Resolved:
RABD noted the report indicating an income over performance of £1,441k (1.7%) cumulative to the 31st August, a description of any significant contract issues & the commencement of contract discussions for 2017/2019.

16/17/137 PFI Contract Monitoring report
Graeme Dixon presented the Building Services Monthly Report to the Committee and highlighted the following key points of concern for September 2016;

- Drainage issues have been resolved with no closures to areas.

- A spot check proved cleaning charts was not being signed off after cleaning. **MB agreed to raise this with HGw for investigation.**
- Defects - fortnightly meetings in place to monitor progress of these historical issues; aseptic suite, endoscopy washers and end of line water temperatures.
- Energy Usage - GD presented the Trust's Energy Usage Position Statement for October 2016 which indicates increased energy usage above contractual targets, the building services team are investigating the overspending with a view to making savings. Actions are in place with LiA to increase staff awareness of energy saving.
- Band 4 BST and H&S support - RABD did not approve the recommendation to approve this band 4 post and asked that the issue be picked up outside the Committee under the review of Estates.

Resolved:

a) RABD received an update on the PFI monitoring report.
b) RABD noted the contents of the Energy Usage Position Statement October 2016.
c) RABD did not approve the Band 4 BST and H&S role.

16/17/138Corporate Performance update

This item had been covered under the 16/17/128 Financial report.

Resolved:

RABD received and noted the content of the corporate report for month 5.

16/17/139Weekly waiting times update

The incomplete pathway cancer & diagnostic standards have all been achieved and in line with planning assumptions the admitted and non-admitted performance remains below the original 90 & 95% standards.

The incomplete performance for September is 92.1%.

Resolved:

RABD received the content of the weekly waiting times report.

16/17/140 Strengthening Financial Performance & Accountability in 2016/17

CL presented a letter from NHSI written 7 October 2016 concerning new rules for agency and interim staff, one being that central permission is now needed for interim staff paid over £750k a day. CL gave assurances the correct processes are in place to facilitate all requests and changes.

Resolved:

RABD received the content of the Strengthening Financial Performance & Accountability in 2016/17 letter from NHSI.

16/16/141 Board Assurance Framework

ES presented the BAF update and confirmed all risks were on track and no issue were to report.

Resolved:

RABD received and noted the content of the BAF update.

16/17/142 Monitor Quarterly Submission

Resolved:

RABD received and noted the content of the Monitor Quarterly Submission.

16/17/143 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the September report.

16/17/144 RABD Terms of Reference

ES asked the Committee to consider the following proposed changes to the TOR;

- Change quorate requirement for NEDS from 3 to 2 across all Committees
- Correct staff jobs and names
- Bring the language up to date
- Include more PFI oversight
- Change reporting between WOD and RABD

The group discussed the reductions of NEDS and agree to reduce to two but asked that three are still invited to Committees to get as many in attendance as possible.

Resolved:
RABD approved the proposed changes to the TOR.

16/17/145 External Communication Policy

Rebecca Murphy presented the policy and provided rationale behind the changes and new ideas. One key change is around the photography and consent in the atrium which is now being treated as a patient space. Education and signage are a key focus point and communications with staff.

The group discussed the policy and agreed education and signage is paramount. CL raised a contradiction between the change to photography consent and the Theatre Performance piece being built in the Atrium.

Resolved:
RABD APPROVED the contents of the External Communication Policy.

16/17/146 Any Other Business

SB reported that the new Alder Centre will be charitable paid for if the LIBOR grant is funded and the Alder Centre would raise he required F&F amount through other fund raising. i.e. there would be not cost impact to the Trust. .

16/17/146 Date and Time of the next meeting: Wednesday 30th November 16 at 9:30am, Level 1, Room 5.

Alder Hey Children's NHS
NHS Foundation Trust

Research, Education and Innovation Committee
Minutes of the meeting held on **Thursday 7th July 2016,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

Present:	Mr Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Dr Iain Hennessey	Director of Innovation	(IH)
	Ms Erica Saunders	Director of Corporate Affairs	(ES)
	Mrs Louise Shepherd	Chief Executive	(LS)
	Mr Jonathan Stephens	Director of Finance	(JS)
	Mrs Melissa Swindell	Interim Director of HR	(MS)
In Attendance:	Mr Tim Andrews	External Commercial Advisor	(TA)
	Mr Joe Gibson	External Programme Lead	(JG)
	Miss Abbey Gore	Innovation Coordinator	(AG)
	Dr Charlie Orton	Clinical Research Unit Senior Manager	(CO)
	Mr Peter Young	Chief Information Officer	(PY)
	Mrs Julie Tsao	Committee Administrator	(JT)
Apologies:	Prof Michael Beresford	Brough Chair, University of Liverpool	(MB)
	Ms Louise Dunn	Director of Marketing and Communications	(LD)
	Sir David Henshaw	Chairman	(DH)
	Mr Rafael Guerrero	Consultant Cardiac Services	(RG)
	Mr G Lamont	Director of Medical Education	(GL)
	Prof Matthew Peak	Director of Research	(MP)
	Mr David Powell	Development Director	(DP)
	Mrs Janette Richardson	Programme Manager	(JR)
	Mr Rick Turnock	Medical Director	(RT)

16/17/19 **Declarations of Interest**
No declarations were declared.

16/17/20 **Minutes of the previous meeting held on Thursday 12th May 2016**
Minutes of the previous meeting were agreed as a true and accurate record.

16/17/21 **Matters Arising**
All items for discussion were on the agenda.

16/17/22 **Committee Work-plan**
Resolved:
It was agreed this item would be deferred until the September meeting.

16/17/23 **Programme Initiation Document (PID) – Innovation Machine**
REIC went through the PID for Innovation Machine.

Ian Quinlan asked if any of the ideas in the Innovation Machine would have a timescale to be produced. Iain Hennessy advised that many of them would be produced within 6-12 months, anything over this timescale would no longer be pursued. For assurance purposes Iain Hennessey agreed to amend to include 6-12 months for a new product to be produced.

REIC went through the terms of reference. It was agreed the section under reporting would be amended to report into this committee.

The financial target for this project was £100k, REIC queried if this was likely to be achieved. 3-4 projects were close to be funded and it was advised that there would be further clarity on achieving the target in October or November.

Iain Hennessy had attended a number of events in different countries to give speeches on innovation. Sony had funded the cost of the travel however there hadn't been any payments consultancy services. Going forward payment would need to be agreed.

A discussion was held on joint working with other countries. It was noted that there was a government framework on countries the UK government trade with and this should be used going forward.

Resolved:
REIC approved the Innovation Machine PID subject to;
a) Including a short timescale of 6-12 months to be added to production of a new product.
b) Terms of reference – reporting to be amended to report into REIC.

16/17/24 **Standard Operating Procedure SOP– Cost Improvement Programme**
A SOP for the Cost Improvement Programme had been circulated for approval to ensure a standardised approach.

Resolved:
REIC approved the SOP Cost Improvement Programme.

16/17/25 **Programme Assurance – Research Education and Innovation Project**
The programme assurance for RE&I project was presented.

The Clinical Research Business Unit (CRBU) has a historic target for the contribution to Trust overheads of £477k which is required to be maintained on a recurring basis. For 2016/17 CIP there is an additional stretch financial target of £100k from growing commercial research. Further discussions to take place between MP/MWB/CO/JS regarding assessing the opportunity for growth in commercial research and how this fits with the research strategy investment aspirations. Charlie Orton reported commercial studies require experienced nurses to lead the study. The Executive Nurse has agreed that the CRBU can seek nurse secondments to support commercial research delivery, but this is proving difficult to implement operationally. Charlie Orton agreed to attend the financial turn-around meeting on a Monday morning to discuss further.

Commercial Education was awaiting confirmation of a lead role from the HR team and funding.

16/17/26 **The Apps Hopper/Innovation Factory**
As Alder Hey did not have the facilities to produce an apps hopper/Innovation factory, Nova had sent a proposal to commence a pilot using 12 ideas that had been selected. 6 ideas had already been chosen with a further 6 to be selected by the end of the month. The ideas had been generated from both the Trust and a recent Hackathon. 36 ideas would be chosen over the next 12 months.

REIC noted legal advice on several areas including liability would be required before agreement of a Joint Venture (JV). Weightman's Solicitors had been used previously by the Trust however for a Joint Venture it was queried whether DLP should be used.

Resolved:
REIC received an update on the Apps Hopper/Innovation Factory.

16/17/27 **John Moores Joint Venture**
Alder Hey and Liverpool John Moores University was to commence in a joint venture to develop sensor techonology including alarms to alert children before bed wetting implanted into a cannula dressing to indicate extravasation (liquid, be it drugs or fluids leaked under the skin).

Resolved:
REIC received an update on the Liverpool John Moores joint venture.

16/17/28 **Hackathon-Health Promotion**
The next Hackathon would be held at Alder Hey on Health and Wellbeing in mid-August. Confirmed attendance had been received from representatives from the CCG and primary care providers.

Resolved:
An update on the next Health promotion hackathon was received.

16/17/29 **Virtual Engineering translation to medicine**
A virtual walkthrough of a patient's journey was to be developed using engineering technologies used at Bentley.

Resolved:
An update on Virtual Engineering translation to medicine was received.

16/17/30 **Clinical Research Facility CRF Bid**
Charlie Orton reported on the current funding received from the National Institute for Health Research (CRF) for Early Translational research. The funding had been awarded in 2012 and would end in 2016. The bid for this research had reopened for a further 5 year contract starting in 2017, Charlie Orton went through the application previously circulated with the papers for the meeting.

An outcome was expected to be known at the end of September.

Resolved:
REIC received an update on the Clinical Research Facility Bid.

16/17/31 **Any Other Business**
IBM Project
Peter Young provided an update on the IBM project to create a digital hospital app. The project is to be put on hold until Alder Hey address the IBM Watson licence issue. Peter Young and Iain Hennessy agreed to discuss further outside of the meeting.

Date and Time of next meeting:
Thursday 8th September 2016, 1300, Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.

Audit Committee
Minutes of the meeting held on **Tuesday 22nd September 2016,**
Room 7, Mezzanine, Level 1

Present:	Mr S Igoe (Chair)	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
In Attendance:	Mr T Crowley	Manging Director MIAA	(TC)
	Mrs A Latham	Director, KPMG	(AL)
	Mrs M McMahon-Joseph	Senior Audit Manager	(MMc)
	Mrs E Saunders	Director of Corporate Affairs	(ES)
	Mr J Stephens	Director of Finance/Acting CEO	(JS)
	Mrs J Tsao	Corporate Administrator	(JT)
Apologies:			
	Mrs L Cobain	Assistant Director	(LC)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Miss E Kirby	Assistant Manager KPMG	(EK)
	Mrs V Martin	Counter Fraud Specialist	(VM)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Interim Director of HR	(MS)
	Mrs K Wheatcroft	Director of MIAA	(KW)

16/17/28 Minutes of the previous meeting held on 19th May 2016
Resolved:
The Committee approved the minutes of the previous meeting.

16/17/29 Matters Arising and Action list
There were no matters arising; the action list was updated accordingly.

16/17/30 Internal Audit Progress Report
The following two audits have been completed since the last Audit Committee:
Risk Management
Assurance Framework 2015/16 year end opinion

As the Trust was currently going through organisational change of 5 CBUs to 3 it had been agreed to defer the Risk Management audit from Quarter 2 to Quarter 4, once the transition had been completed.

Resolved:
Audit Committee received the content of the Internal Progress report.

16/17/31 MIAA Insight – Trust Assurance Framework reviews
Maria McMahon-Joesph presented the findings from the MIAA 2015/16 Trust Assurance Framework review across the 33 Trust's in MIAA client base. All Trust's fully met the assurance framework review.

A discussion was held on outstanding audits with no recent progress to them. It was agreed an update on these audits would be presented at the November Audit Committee.

The Chair noted the positive report and agreed to share at the October Board meeting.

Resolved
Audit Committee:

a) received the Trust assurance framework review.
b) agreed to share the report at the October Board meeting.
c) To receive an update on outstanding audits with no recent updates at the next Audit Committee on 24th November 2016.

16/17/32 MIAA Insight – Audit Committee update September 2016

Audit Committee received MIAA upcoming Events and Conferences.

Little interest had been received for the Public Health event on 14th October 2016, if no further interest was received this event would be cancelled.

Resolved:
MIAA Insight was received.

16/17/33 Anti-Fraud progress report

Virginia Martin reported on the Anti-Fraud, Bribery and Corruption E learning module that was currently unavailable due to IT issues that were being reviewed. Erica Saunders agreed to inform Melissa Swindell to see if there was another way of providing the module whilst it was unavailable electronically.

Three fraud cases were currently active, two intelligence fraud cases had been closed. Out of the two closed cases one of them had been found proven of fraud however as the monetary value was low it was not in the public interest to pursue this case. The second case no fraud had been proven due to a lack of information, as the informative was anonymous no further details could be requested.

Resolved:
Audit Committee:
a) received the Anti-Fraud progress report in its revised format.
b) Erica Saunders agreed to inform Melissa Swindell of the Anti-Fraud E leaning module unavailable electronically.

16/17/34 MIAA Changes to NHS Protect Briefing Paper

Resolved:
Following a NHS protect review a MIAA briefing paper on potential changes to their services was received.

16/17/35 Top 10 reports of Fraud

Audit Committee received the top ten areas of Fraud. As online fraud is the most common crime MIAA were holding a joint workshop with HR and Procurement.

Resolved:
The revised top 10 Fraud report was received.

16/17/36 Ownership Briefing report

Audit Committee received a briefing paper on the MIAA Management Board and its Board members:
Hosts, Royal Liverpool and Broadgreen University Hospitals NHS Trust
Liverpool Heart and Chest Hospital NHS Foundation Trust
Jonathan Stephens, Alder Hey Children's NHS Foundation Trust

Under risks the employment liability sits with the hosts. Current redundancy costs are estimated at £3.2m. If these were to fall due, in part or full, then the host would seek a

shared contribution with other Board members. The importance of quality as cost savings was noted.

Resolved:
Audit Committee received the content of the ownership briefing report.

16/17/37 Reports of economic crime in the NHS 2015/16 – All
16/17/38 Reports of economic crime in the NHS 2015/16 – Provider
Resolved:
Audit Committee received the reports for information.

16/17/39 KPMG Technical update
A discussion was held on the Sustainability Transformation Programme (STP). The chair provided assurance on regular STP updates received at the Trust Board.

Resolved:
Audit Committee received the content of the KPMG Technical report.

16/17/40 Monitor Quarterly submissions
Monitor quarter 1 submission along with the feedback received from NHS Improvement was noted.

NHS Improvement had published a Single Oversight Framework (SoF) that would come into effect from 1st October 2016, replacing the Monitor Risk Assessment Framework and the TDA Accountability Framework. (SoF) was an item on the agenda at the next Resource and Business Development Committee to ensure the corporate report and other internal assurance processes reflected the new framework.

Resolved:
Monitor Quarter 1 and NHS Improvement feedback was received.

16/17/41 Integrated Board Assurance report
Erica Saunders reported that the Integrated Governance Committee meeting held on 14th September had addressed a number of key operational risks. In addition, the Quality Assurance Officer had compiled a new summary report which showed the linkages between levels of risk at a glance; this was felt to be more relevant than the current heliviews in use and it had been agreed to use this format going forward. The report also provided an update on the Risk Management Improvement Plan with particular reference to the proposed devolution of the risk team into CBUs, which was due to be implemented shortly.

Resolved:
Audit Committee received and noted the content of the Integrated Board Assurance report.

16/17/42 Policy register report
The overall number of policies over review date has remained high since the move into the new hospital. Since July 2016 the Clinical Quality Steering Group have made significant progress to ensure policies have been reviewed and implemented within the timeframe.

A number of policies remained outside their review date with no recent progress made against them. It was agreed an update on these policies would be received at the November Audit Committee.

Resolved:
Audit Committee received the progressed policy register and requested an update on outstanding policies with no recent progress against them.

16/17/43 Wavier activity report

Audit Committee received and reviewed the losses and special payments for the period from 1st April 2016 – 14th September 2016. 35 waivers had been approved for the total amount of £ 2,179,851.32.

Resolved
Wavier activity report was received.

16/17/44 Review of losses and special payments

Resolved:
The Trust had 42 cases of losses and special payments with associated costs of £74k relating to the period April 2016 to August 2016.

16/17/45 Meeting Review

Audit Committee agreed the meeting had gone well and ran to time.

16/17/46 Any other business

No other business was reported.

Date and Time of next meeting: - Thursday 24th November 2016 at 1400, Room 7, Level 1 Mezzanine.

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT Site & Park Development	Date: 28/11/16 Report Number:				Period: November 2016 6																						SRO: David Powell Author: Chris McCall
Programme 2016/17	Sep-16				Oct-16					Nov-16					Dec-16				Jan-17					Feb-17				
Week Commencing	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	
Temporary Moves																											**Project completed**
Decommissioning & Demolition (Phase 1 & 2)																											All services isolated excluding power to Mulberry/NADRA. Hoardings completed. Transfer of IT services ongoing.
Residential																											Progressing on programme, bidders currently working up their Stage 2 bids for submission on 9th December.
Park																											Continue to liaise with local stakeholders - newsletter circulated. Bluebell blub planting took place on 24 & 25 November which was a huge success, with 3 local schools, a large number of the local community, patients and staff attending - all 1,000 blubs were planted.
Corporate Offices/Clinical on-site																											Produced PQQ, Design Brief, Memorandum of Understanding and draft ITPD documents. OJEU to be published Friday 2nd December.
Research & Education Phase II																											Following discussions with various partners, Trust has now secured £11.150m of funding. Discussions ongoing with Morgan Sindall to complete the updated pricing exercise - early indication is that the initial 2014 bid price will be increased by £1.1m due to inflation.
Community																											Contact made with LCC and requested provision of empty/surplus estate. Half day workshop arranged to pull together specifications/options to determine future locations based on the agreed model.
Agile Working																											Workshop held to determine level of scope of Agile working to be adopted and identify possible early pilot schemes. CBU Service/Departmental Managers were invited to the workshop in order to achieve a greater organisational buy in and understanding of Agile. A number of Agile practices have already been adopted within the Trust and further practices are being developed.
On-site Residual																											Scoping out/identifying all residual services ongoing.
Alder Centre																											LIBOR bid for £1.4m has been successful. OJEU/procurement documents in the process of being produced.

Issues for Escalation	
Decommissioning & Demolition	
Whole Programme slippage due to demolition pricing review and clearance of IM&T links Additional costs of IM&T links works from Virgin.	
On-Site Residual	
Currently no budget identified for residual estate	