Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 6th March 2018 commencing at 10:30am

Venue: Small Lecture Theatre, Institute in the Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
PATIENT STORY – (10:30am-10:45am)						
Board Business						
1.	**17/18/257**	**10:45**	**Apologies.**	Chair	To note.	Verbal
2.	**17/18/258**	**10:46**	**Declarations of Interest.**	All	Board Members to declare an interest in particular agenda items, if appropriate	Verbal
3.	**17/18/259**	**10:47**	**Minutes of the Previous Meeting.**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **6th February 2018**	Read Minutes
4.	**17/18/260**	**10:50**	**Matters Arising:** • **Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Verbal
5.	**17/18/261**	**10:55**	**Key Issues/Reflections.**	All	To reflect on key issues.	Verbal
Strategic Update						
6.	**17/18/262**	**11:05**	**Development of the Strategic Plan for 2020:** • **Research, Education and Innovation.**	D. Powell/ M. Beresford/ M. Swindell	To conclude the strategy planning discussion.	Read information provided
7.	**17/18/263**	**11:15**	**Draft Financial Plan 2018/19.**	J. Grinnell	For discussion and approval	Presentation
Growing Through External Partnerships						
8.	**17/18/264**	**11:25**	**Promotional Pack for Alder Hey.**	M. Flannagan/ J. Gibson/ A. May	For discussion and approval.	Pack to be presented on the day

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
9.	**17/18/265**	**11:30**	**Change Programme:** • **Growing Through External Partnerships.**	J. Grinnell	Executive Sponsor to provide an update on respective area/s of responsibility for the Change Programme.	Presentation
10.	**17/18/266**	**11:35**	**Liverpool Women's Reconfiguration Options/Neonatal.**	L. Shepherd	To receive an update.	Verbal
Delivery of outstanding care						
11.	**17/18/267**	**11:40**	**Quality Strategy Update:** **Clinical Quality Assurance Committee:** - **Key Issue report from the meeting that took place on the 21.2.18.** - **Approved minutes from the meeting that took place on the 17.1.18.**	A. Marsland	To receive and review the approved minutes from the meeting held on the 17.1.18.	Read report
12.	**17/18/268**	**11:45**	**Listening into Action:** • **Cardiology Department.** • **Outpatients Department.**	R. Guerrero C. Brindley/ M. Hargreaves	For information and discussion.	Presentations
13.	**17/18/269**	**12:05**	**Nursing Workforce Report.**	H. Gwilliams	To provide the required assurance that the Trust has safe nurse staffing levels across all in-patient and day case wards and appropriate systems in place to manage the demand for nursing staff.	Read Report
14.	**17/18/270**	**12:15**	**Serious Incidents Report.**	H. Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month.	Read Report
15.	**17/18/271**	**12:25**	**Infection Prevention and Control, Q3.**	V. Weston	To receive the quarterly report.	Read report
16.	**17/18/272**	**12:35**	**Complaints Report, Q3.**	H. Gwilliams	To receive the quarterly report.	Read report
12:45- 13:15 LUNCH						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
17.	**17/18/273**	**13:15**	**Alder Hey in the Park Site Development update.**	D. Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	Verbal
18.	**17/18/274**	**13:20**	**Change Programme:** • **Park, Community, Estate and Facilities.**	D. Powell	Executive Sponsor to provide an update on respective area/s of responsibility for the Change Programme.	Presentation
19.	**17/18/275**	**13:25**	**Change Programme:** • **Deliver Outstanding Care.**	H. Gwilliams/ S. Ryan	Executive Sponsors to provide an update on their respective areas of responsibility for the Change Programme.	Presentation
The best people doing their best work						
20.	**17/18/276**	**13:30**	**People Strategy Update:** - **Key Issue report from February's Workforce and Organisational Committee Meeting.** - **Approved Minutes from the Workforce and Organisational Committee Meeting that took place on the 12.12.17.** - **National Staff Survey Results for 2017 and Next Steps.**	M. Swindell	To provide an update on the strategy and staff survey.	Read reports
21.	**17/18/277**	**13:40**	**Change Programme:** • **The Best People Doing Their Best work.**	M. Swindell/ H. Gwiliams	Executive Sponsors to provide an update on their respective areas of responsibility for the Change Programme	Presentation
Strong Foundations						
22.	**17/18/278**	**13:45**	**Resources & Business Development Committee:** - **Chair's verbal update from the meeting that took place on the 5.3.18.**	I. Quinlan	To provide the key points from the meeting that took place on the 5th of March 2018.	Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
23.	**17/18/279**	**13:50**	**Programme Assurance update.**	J. Gibson	To receive an update.	Read Report
24.	**17/18/280**	**13:55**	**Change Programme:** • **Global Digital Exemplar.**	J. Grinnell/ S. Ryan	Executive Sponsors to provide an update on their respective areas of responsibility for the Change Programme.	Presentation
25.	**17/18/281**	**14:00**	**Corporate Report.**	J Grinnell/ A Bateman/ 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 January 2018.	Read report
26.	**17/18/282**	**14:10**	**GDPR Status Report.**	E. Saunders	To recognise the change of legislation and support the requirement to comply with the changes by 25th May 2018.	Read report
27.	**17/18/283**	**14:20**	**2017/18 Board Assurance Framework Report.**	E Saunders	To receive the February position relating to the Board Assurance Framework	Read report
Game Changing Research and Innovation						
28.	**17/18/284**	**14:30**	**Research Update:** • **Progressive muscle strengthening and fitness training for children with neuro-disabilities in a universal services setting.**	S. Clarke	To receive a presentation on recent research work that has taken place.	Presentation
29.	**17/18/285**	**14:40**	**Change Programme:** • **Game Changing Research and Innovation.**	D. Powell	Executive Sponsors to provide an update on their respective areas of responsibility for the Change Programme.	Presentation
30.	**17/18/286**	**14:50**	**Liverpool Health Partners/KPMG Update.**	M. Beresford	To update the Board on the current position.	Verbal
31.	**17/18/287**	**15:00**	**Global Digital Exemplar (GDE).**	P Young	To update the Board on the programme.	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
32.	**17/18/288**	**15:05**	**Research, Education and Innovation Committee:** - **Approved minutes from the meeting held on the 13.7.17.**	I. Quinlan	To receive the approved minutes from the meeting held on the 13th of July 2017.	Read minutes
33.	**17/18/289**	**15:10**	**Liaison Committee:** • **Approved minutes from the meeting that took place on the 16.1.18.**	D. Powell	To receive and review the approved minutes from the meeting held on the 16th of January 2018.	Read minutes
Any Other Business						
34.	**17/18/290**	**15:07**	**Any Other Business.**	All	To discuss any further business before the close of the meeting	Verbal
Date And Time Of Next Meeting (Part 1): Tuesday 10th April At **10:00am, Institute In The Park, Large Meeting Room**						

REGISTER OF TRUST SEAL
Lease for 27-37 South Road, Waterloo – Sefton Carers Centre

Confirmed Board of Directors Meeting

Minutes of the meeting held on: Tuesday the 6th February 2018 at 10:30am in The Small Lecture Theatre, Institute in the Park

Present:	Sir. D. Henshaw	Chairman (Chair)	(SDH)
	Mrs. C. Dove	Non-Executive Director	(CD)
	Mr. J. Grinnell	Director of Finance	(JG)
	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)
	Mrs. L. Shepherd	Chief Executive	(LS)
	Mrs. M. Swindell	Director of HR and OD	(MS)
	Dame J. Williams	Non-Executive Director	(JW)
In Attendance:	Prof M. Beresford	Assoc. Director of the Board	(MB)
	Mr. A. Bateman	Acting Chief Operating Officer	(AB)
	Mr. C. Duncan	Director of Surgery	(CD)
	Ms. S. Falder	Director of Clinical Effectiveness and Service Transformation	(SF)
	Mr. J. Gibson	Interim Programme Director	(JG)
	Mrs. D. Jones	Director of Strategy	(DJ)
	Mrs. C. McLaughlin	Director of Community Services	(CMc)
	Mrs. K. McKeown	Committee Administrator	(KMc)
	Ms. J. Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mr. D. Powell	Development Director	(DP)
Apologies	Mr. M. Flannagan	Director of Communications	(MF)
	Mrs. H. Gwilliams	Chief Nurse	(HG)
	Mr. A. Hughes	Director of Medicine	(AH)
	Mr. S. Ryan	Medical Director	(SR)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)

17/18/239 Apologies

The Chairman informed the Board that Dr. Ryan was unable to attend February's Trust Board due to being in court on Trust business and reported that Hilda Gwilliams and Erica Saunders had left the meeting due to the arrival of CQC on site.

17/18/240 Declaration of Interest

There were none to declare.

17/18/241 Minutes from the Previous Meeting

Resolved:

The Board received and approved the minutes from the meeting that was held on the 9th of January 2018.

17/18/242 **Matters Arising:**

Action Log

It was confirmed that February's agenda addresses all actions.

Booking and Scheduling Review Update

Adam Bateman provided an update following a review of the Booking and Scheduling system for Outpatients and Theatres. The Board was advised of the issues that the Trust is experiencing which includes poor patient experience arising from patients receiving multiple letters, raising patient expectations of access to appointments that may not be available. As a result of the review it was found that utilisation is below par and DNA figures need improving.

A discussion took place around the rolling out of a pilot and the required actions. It was reported that the Trust is going to liaise with a number of companies who specialise in system design, to acquire advice and support. Adam Bateman highlighted the importance of clarifying roles in order to eradicate any confusion between the central booking team and out-posted teams, and confirmed that the working group would address this.

Ian Quinlan queried the outpatient utilisation target of 90%. Adam Bateman explained that the Trust schedules appointments to full capacity (100% utilisation) but as a result of DNAs utilisation can reduce to 85%. Adam proposed a utilisation target of 90% to incorporate an improvement figure of 5%.

The Chairman suggested involving staff in the design of new systems and applying Listening into Action to support this work. It was agreed that a further update would be provided in three months.

17/18/242.1 **Action: AB**

Meditech Update

A number of meetings have taken place with Alder Hey's Sepsis team to discuss the issues being experienced, and a scheduled on-site meeting is taking place on the 6th of February with Meditech.

The Board was advised that a senior team from the Trust are going to work alongside Meditech to ensure that an alternative approach is taken to address the organisation's issues. It was agreed that the Board would be updated on a regular basis.

Christian Duncan informed the Board that Sepsis incidents are being monitored via Ulysses and confirmed that activity has reduced and progress is being made.

17/18/242.2 **Action: JG**

17/18/243 **Serious Incidents Report**
Resolved:
The Board received and noted the contents of the Serious Incidents report for December 2017.

17/18/244 **Clinical Quality Assurance Committee:**
Resolved:

- The Board received and noted the contents of the Chair's key issues update from the Clinical Quality Assurance Committee meeting that took place on the 17.01.18.
- The Board received and noted the approved minutes from the meeting that took place on the 15.12.17.

17/18/245 **Integrated Governance Committee**
Resolved:
The Board received and noted the approved minutes from the meeting that took place on the 1st of November 2017

17/18/246 **Corporate Report**

The Corporate Report for month 9, 2017/18 was submitted to the Board for assurance purposes. The following points were highlighted and discussed:

Financial, Growth and Mandatory Framework

- For the month of December the Trust is reporting a trading surplus of £0.08m, which is £0.2m ahead of plan, along with a £3m deficit YTD.
- The organisation has secured STF funding for Q3 and is working towards a £1m surplus for Q4.
- The gap against position is £1.8m and it was confirmed that work is taking place around activity in preparation for Q4. It was reported that there are a number of mitigations that could affect this position.
- Positive discussions are taking place with Wales and a number of CCG pressures are in the process of being closed down. Further work is also taking place around the Specialist Commissioning contract.
- It was reported that the figure for cash in the bank is £8.2m against a plan of £4m.

Operational

- The Board was advised that the level of sickness absence has increased during December to 5.9% for the Trust. It was reported that the ESR system went down nationally and since then managers have been unable to access the system to close down cases.
- The Board was informed that the Trust achieved 90% core mandatory training target in December**.**
- Adam Bateman reported that despite high levels of Emergency Department attendance with more complex and sicker children attending in December, the Trust has continued to deliver a robust Emergency Department performance. The Winter Plan continues and the Trust has delivered an elective plan with only 15 cancelled operations, which was a reduction from 42 in November 2017.
- The Trust has achieved diagnostic and incomplete pathway standards along with 2/3 of the cancer standards. It was reported that the organisation failed the two week waiting standard as one patient did not attend despite confirming attendance. Overall the Trust has seen a strong operational performance despite the winter and festive challenges.
- A discussion took place around the issues being experienced in the Cardiac department/Critical Care Unit as a result of high profile/long-stay patients

and the impact it is having on staff morale and finances. Cath McLaughlin reported on the recent work that has taken place to discharge patients to their home environment. As a result of this work 46 children have been discharged following an 18 month stay with the Trust. It was also reported that during the last two weeks a concerted effort has been made to step down patients from the Critical Care Unit, as a result of this the Trust has been able to move 3 out of 4 patients from this unit. The impact of this is to be considered from a financial/releasing hospital capacity perspective.

Resolved:
The Board noted the Corporate Report for Month 9.

17/18/247 2017/18 Board Assurance Framework Report

The Board was provided with an update on the Board Assurance Framework Report (BAF) for December 2017. It was confirmed that the BAF will require updating following completion of the Trust's Clinical and Sustainability Strategy.

Resolved:
The Board received and noted the content of December's BAF report.

17/18/248 Board Assurance Framework Policy

The Board Assurance Framework Policy was submitted to the Board for ratification following approval at the Integrated Governance Committee. The policy sets out the key structures, systems and processes by which the Board of Directors is assured that the Trust's strategic and operational objectives are being achieved through the effective management of strategic and operational risks.

Resolved:
The Board received and ratified the Board Assurance Framework Policy.

17/18/249 Resources and Business Development Committee:

The Board was provided with an overview of the key issues discussed at the Resources and Business Development Committee meeting that took place on the 29.1.18. Ian Quinlan drew attention to the risks associated with achieving the year-end financial targets, highlighting the organisation's positive position in relation to its cash balance to date.

Resolved
The Board received and noted the approved minutes from the meeting that took place on the 13.12.17.

17/18/250 Liaison Committee
Resolved:
The Board received and noted the approved minutes from the meeting that took place on the 18.12.17

17/18/251 Any Other Business

Corporate Report

A deep dive took place into month 9 after concerns were raised that the metrics in

the Corporate Report do not demonstrate performance across the Trust. Following the deep dive it was agreed to refresh the content and style of the Corporate Report from 2018/19 onwards.

John Grinnell submitted a change control document for month 9 which highlighted the metrics that will be impacted by change. It was reported that the change form has been signed off by each of the Executives in order to recast for month 9/10. John Grinnell confirmed that an updated report for month 9 will be circulated to Board members for comment.

17/18/242.2 **Action: All**

Date and Time of Next Meeting: Tuesday 6th March 2018, 10:00am-2:00pm, Small Lecture Theatre, Institute in the Park.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 6.2.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for March 2018							
9.1.18.	17/18/218.1	Matters Arising and Action Log	***Liverpool Health Partners/KPMG Update*** - A detailed update to be provided during March's Trust Board meeting.	Professor Michael Beresford	6.3.18		**1.3.18 -** This item has been included on March's Trust Board agenda. **ACTION COMPLETE**
9.1.18.	17/18/225.1	Staff Survey	Provide a further update on the 2017 Staff Survey during March's Trust Board meeting.	Melissa Swindell	6.3.18		**1.3.18 -** This item has been included on March's Trust Board agenda. **ACTION COMPLETE**
9.1.18.	17/18/226.1	Programme Assurance Update	Executive Sponsors to provoide an update on their respective areas of responsibility for the Change Programme.	Executive Sponsors	6.3.18		**1.3.18 -** This item has been included on March's Trust Board agenda. **ACTION COMPLETE**
6.2.18.	17/18/242.2	Matters Arising and Action Log	***Meditech Update*** - Provide a further update to the Trust Board in March 2018.	John Grinnell	6.3.18		**1.3.18** - A verbal update will be provided during March's Trust Board meeting.
6.2.18.	17/18/251.1	Any Other Business	***Corporate Report*** - Circulate the refresed Corporate Report for month 9 to the Trust Board. Board members to feedback any comments they may have to John Grinnell.	John Grinnell/ Trust Board	26.2.18		**1.3.18** - A verbal update will be provided during March's Trust Board meeting.
Actions for May 2018							
6.3.18.	17/18/242.1	Matters Arising and Action Log	***Booking and Scheduling Review Update*** - Provide a further update to the Trust Board in May 2018.	Adam Bateman	1.5.18		
Closed Actions							
5.12.17.	17/18/190.1	Key Issues Reflected	***Booking Schedule Review:*** Submit a progress report to the Trust Board in January 2018.	Adam Bateman	30.1.18		30.1.18 - This item has been included on February's Trust Board agenda. **ACTION COMPLETE**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 6.2.18

Alder Hey Children's NHS
NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
5.12.17.	17/18/191.1	Liverpool Health Partners/KPMG update	***Integrated approach to addressing the health of the population, by putting children at the centre:*** Discuss an approach prior to aligning the Divisions with the forthcoming partnership work.	Dr. Duncan/ Michael Berseford	05.01.18		**21.12.17:** An update will be provided during January's Trust Board meeting. **ACTION COMPLETE**
5.12.17.	17/18/196.1	Mortality Report Q2	Discuss the possibility of using narrative to support performance figures in the Mortality Report and look at linking in with other Children's Trusts to discuss the streamlining of weighting tools for performance data.	Dr. Ryan/ Louise Shepherd	05.01.18		**21.12.17:** SR spoke with Julie Grice who has recently spoken with the national Lead who regards AH's approach as leading and has asked for the Trust's documentation. AQUA are engaged and meeting with SR to plan a Board session. **ACTION COMPLETE**
5.12.17.	17/18/196.2	Mortality Report Q2	Liaise with the Coroner's office via letter to confirm the Coroner's expectations of the Trust.	Dr. Ryan	05.01.18		**21.12.17:** A meeting took place on the 4.12.17 and the Trust has followed up with a letter. **ACTION COMPLETE**
5.12.17.	17/18/197.1	Infection Prevention and Control Q2	*Launch of the Sure Washing Machine:* Discuss staff accountability and responsibility, following education.	Mags Barnaby/ Valya Weston	05.01.18		**21.12.17:** The Sure Wash machine is owned by the Hand hygiene company Gojo. Dates have been arranged for the company to come in and take the machine around the Trust. First date is the 18/01/2018. **ACTION COMPLETE**
5.12.17.	17/18/201.1	Listening into Action	Compile a list to reflect the changes that have been made as a result of Listening into Action.	Kerry Turner	02.01.18		**21.12.17:** An update was circulated to Board members on the 4.1.18. **ACTION COMPLETE**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 6.2.18

Alder Hey Children's NHS
NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
5.12.17.	17/18/202.1	Programme Assurance Update	***Change Programme Delivery:*** Provide an update during January's Trust Board on the outcome of the Exec Sponsor review meeting/Quality session.	Joe Gibson	02.01.18		**21.12.17:** This action has been included on January's Trust Board agenda. **ACTION COMPLETE**
5.12.17.	17/18/203.1	Patient Safety Report	***Recorded Levels of Harm:*** Include narrative or an alternative definition for severe harm, in the Patient Safety report.	Dr. Ryan/ Hilda Gwilliams	02.01.18		**21.12.17:**The incident detail has been enhanced with clear succinct narrative defining the impact and immediate action taken. **ACTION COMPLETE**
9.1.18.	17/18/220.1	Strategy Discussion/Stocktake and Priorities for 2018/19	A further strategy session is to take place on the 6.2.18.	Dani Jones	30.1.18		30.1.18 - A further session has been scheduled and will take place following February's Trust Board meeting. **ACTION COMPLETE**
9.1.18.	17/18/220.2	Strategy Discussion/Stocktake and Priorities for 2018/19	Provide focussed and measurable information in relation to the forthcoming strategy/priorities for 2018/19.	Exec Team	6.2.18		30.1.18 - This action will be discussed during February's strategy session. **ACTION COMPLETE**
9.1.18.	17/18/223.1	Clinical Quality Assurance Committee	Liaise with Meditech to try and resolve the issues relating to the collating of sepsis data.	John Grinnell	6.2.18		**6.2.18** - The Board was advised that a number of meetings have taken place with AH Sepsis Team to discuss the issues being experienced, and a scheduled on-site meeting is to take place on the 6.2.18 with Meditech. **ACTION CLOSED**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 6.2.18

Alder Hey Children's NHS
NHS Foundation Trust

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

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	Clinical Quality Assurance Committee
Paper Prepared by:	Anita Marsland
Subject/Title:	CQAC Key issues report
Background Papers:	None
Purpose of Paper:	To update Board of Directors.
Action/Decision Required:	To note the contents.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	
Resource Impact:	

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

6th March 2018

Clinical Quality Assurance Committee (CQAC) – Chairs Note

1. Purpose of the Report

The purpose of this report is to update the Board on the key issues raised at the CQAC held on 21st February 2018.

2. Key Issues

The following issues were raised and discussed at the Clinical Quality Assurance Committee on 21st February 2018; the minutes of the meeting will be submitted to the April 2018 Board for noting.

- Committee **received** Quality Improvement Programme update on Sepsis, Outpatients, Best in Operative Care, Best in Acute Care & Best in Community Care
- Committee **received** the Refreshed Month 9 Corporate Report
- Committee **received** GIFT presentation, together with the Ward Accreditation Programme
- Committee **received** Quality Improvement Programme Plans for 2018/19 – QI approach
- Committee **received** presentation regarding Operational Priorities 2018/19
- Committee **received** CQC Action Plan & Update
- Committee **received** CQC 2016 Children & Young People Inpatient & Day Case Survey
- Committee **received** Quarter 3 Complaints Report
- Committee **received** Quarter 3 Infection Control Report
- Committee **received** Quarter 3 Claims Report
- Committee **received** 2017 National Staff Survey results
- Committee **received** MHRA update, and the committee would continue to receive regular updates once available.
- Committee **received** Board Assurance Framework, and would continue to receive regular monthly updates at CQAC
- Committee **received** the Clinical Quality Steering Group key issues report and notes of previous meeting, and would continue to receive regular monthly key issues report, together with notes from CQSG at CQAC/
- The Committee **received** a Sepsis update, CQAC would continue to receive monthly updates.
- The Committee **received** and noted progress regarding Programme Assurance
- The Committee **received** Quality Metrics Corporate report update including Patient Experience, Clinical Effectiveness and Patient Safety.

3. Recommendations

It is recommended that the Board **note** the contents of the Chairs Update relating to the key issues from the Clinical Quality Assurance Committee Committee held on 21st February 2018.

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Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 17th January 2018
10.00 am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland	(Chair) Non-Executive Director
	Louise Shepherd	Chief Executive
	Steve Igoe	Non-Executive Director
	Jeannie France-Hayhurst	Non-Executive Director
	Adam Bateman	Acting Chief Operating Officer
	Pauline Brown	Director of Nursing
	Joe Gibson	Programme Director
	Steve Ryan	Interim Medical Director
	Erica Saunders	Director of Corporate Affairs
	John Grinnell	Director of Finance
	Tony Rigby	Deputy Director of Risk & Governance
	Melissa Swindell	Director of HR
	Dame Jo Williams	Non-Executive Director
	Sarah Stephenson	Head of Quality – Community
	Cathy Umbers	Associate Director of Nursing & Governance
	Julie Williams	Governor
	Denise Boyle	Associate Chief Nurse, Surgery
	Christian Duncan	Director, Surgical Division
	Cath McLaughlin	Director, Community Services Division
	Cathy Wardell	Associate Chief Nurse, Medicine

In Attendance

David Porter	Consultant Infection & Imunology, Sepsis Lead
James Ashworth	Sepsis Nurse
Rachel Greenwood-Bibby	Sepsis Nurse
Ann Kerr	Consultant, ED
Glenna Smith	General Manager - Medicine
Jill Preece	Governance Manager
Julie Creevy	Executive Assistant (Minutes)

17/18/103 Apologies:

Hilda Gwilliams	Chief Nurse
Lachlan Stark	Head of Planning and Performance
Matthew Peak	Director of Research
Tony Rigby	Deputy Director of Risk & Governance
Mark Peers	Public Governor
Cathy Wardell	Associate Chief Nurse
Will Weston	Associate Chief of Operations
Sarah Stephenson	Head of Quality
Anne Hyson	Head of Quality
Adrian Hughes	Director, Medicine Division

17/18/104 Declaration of Interest

None declared

17/18/105 Minutes of the previous meeting held on 15th December 2017

Resolved:

CQAC approved the minutes of the previous meeting held on 15th December 2017.

17/18/106 Matters Arising and Action Log

Inpatient Survey – CQAC noted that the CQC's 2016 Children and Young People's Inpatient and Daycase Survey would be presented at the February CQAC meeting.

17/18/31 *Quality Metrics*

Pauline Brown confirmed that significant progress had been made in relation to the work to revise the Corporate Report, which was being led by Lachlan Stark. A workshop had taken place, work streams agreed and project leads had been identified for each team, linked with subject matter experts. A meeting had taken place on the morning of 18th January 2018 to review format and style to ensure optimum clarity 'at a glance' across all of the metrics. A new member of staff was due to commence in post in the Business Intelligence team shortly, who would be focused on developing the BI system. The steering group is meeting regularly to ensure the project proceeds at pace, aiming to double run the new style corporate report, together with the existing report during March, with the new version 'live' by April 2018. PB emphasised the need for appropriate Divisional representatives at relevant steering group meetings. CQAC agreed that the objective needed to be broader with every ward and clinical department displaying key information on quality, flowing from the Trust's quality aims.

John Grinnell suggested it would be beneficial for CQAC to receive a 'mock up' of the new version for month 9 at its February meeting. Although there may be some challenges in terms of the timetable it was agreed to do this and to progress towards the agreed launch date of 1st April for the live revised report following the double running phase in February and March.

Action: New format report for month 9 to be presented at the next meeting.

Pauline Brown also reported that the 'Ward accreditation' programme would be presented at February CQAC meeting and that all wards had achieved 'Bronze' or 'Silver' award.

17/18/09 - Confidential Enquiries 2016/17 – complete.

17/18/44 – Clinical Audit support for audits within the Trust – meeting to be arranged with Steve Ryan.

17/18/75 – CQC Action Plan – complete.

17/18/78 – Complaints/shared learning proposal – meeting to be arranged.

17/18/78 – Complaints discussion at Ops Board - complete.

17/18/78 Devolved Governance Structure – completed.

17/18/79 – CQAC pre-meeting - complete.

17/18/80 – Quality Metrics – ES to invite Iain Hennessey to present the Alder Hey App at a future CQAC.

17/18/90 – Quality Assurance Visit dates to be reissued – complete.

17/18/82 – Melissa Swindell to address junior doctor training issues.

17/18/92 – CQAC to receive an update following Meditech meeting.

17/18/100 – CQSG meetings – Melissa Swindell to confirm HR representive for attendance at CQSG.

AM stated that the CQAC action log would continue to be circulated and asked for update/comments to be shared once in receipt as appropriate, in order to ensure the action log could be fully updated.

17/18/107 Complaints update - in the absence of Tony Rigby and Anne Hyson this item would be deferred to February meeting.

17/18/108 CQC Action Plan

Erica Saunders presented the updated CQC Action Plan. ES confirmed that staff continued to be fully engaged with delivery of the actions. Adjustments had been made with timeframes within the action plan, which had been justified by the action owners. The remaining amber actions from the 2015 action plan will be added to this action plan; the key item relates to system wide issues in terms of transition services. The service leads for Transition within the Trust would attend a future CQAC meeting to update on their work.

Action: Transition agenda item for March CQAC.

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SI suggested that it would be beneficial for the Assurance Committee Chairs to receive the section of the plan assigned to that committee for ease of reference and oversight.

Action: ES & PB to devise a summary for each committee Chair.

It was further suggested that it would be helpful to ensure that the outcomes are clearly identified where appropriate, recognising that some of the actions relate to areas of work which are cyclical in nature eg. mandatory training.

Action: Information with CQC action plan to be further refined within the outcome column.

The Chair thanked ES for her update.

2017/18 Quality Improvement

17/18/109 Programme Assurance/progress update – 2017/18 Quality Improvement Programe

Joe Gibson presented the Programme Assurance update, key issues as follows:

- The Programme Board update had been discussed at Trust Board on 9th January 2018 and an updated position statement from Executive sponsors would be provided to CQAC going forward.
- Concern was expressed regarding ratings, with the requirement to differentiate ratings in a complex setting, ensuring that when projects were not being delivered on time, any blocks could be identified and resolved.
- Any 'housekeeping' concerns needed to be addressed, with the requirement to focus energy on addressing the governance to aid delivery.
- Work is ongoing with Hannah Ainsworth with regard to equality analysis; Joe Gibson stated that an agreed QIA/EIA is critical. John Grinnell confirmed that commissioners are proposing a CIP meeting for the Trust to present CIP/QIA.

John Grinnell confirmed that during the January 2018 Programme Board meeting attention would be given to benefits realisation being included within each project with the aim for executive sponsors to provide a detailed update.

Louise Shepherd confirmed that the refresh of project benefits needed to be reported through CQAC in order for CQAC to review progress. She also referenced the work being done by the Executive Team to refine the Programme for next year which will need to be signed off by CQAC.

Project leads summarised progress as follows:

Sepsis

David Porter, Glenna Smith and James Ashworth presented the sepsis update, with key issues as follows:

- Antibiotic times remained stable, despite doubling of admission rates and high influenza rates resulting from winter pressures
- Training – the E- learning package close to completion
  - Issues are continuing regarding the complexity of sepsis cases given the Trust's position as a tertiary centre
- Meditech/informatics issues – difficulty in real time within Meditech
- Reduced use of pathway – standard documentation imminent
- Focus of sepsis nurses on stafety issues

- There is residual unpreventable morbidity/mortality risk due to the nature of the presentation of sepsis in children which is often highly complex
- Clinical judgement is key with each evolving scenario

David Porter and James Ashton then demonstrated the new monitoring app for sepsis to the Committee; this will be an invaluable tool going forward. David Porter requested that the Sepsis team be involved with upcoming discussions regarding the Meditech issues they were experiencing. John Grinnell agreed that he would follow this up with Peter Young to ensure that the Sepsis team are included on any engagement with Meditech.

Action: John Grinnell to raise engagement with Meditech with Peter Young.

The Chair thanked the sepsis team for their encouraging update which enabled CQAC to provide assurance to the Board.

Experience in Outpatients

Adam Bateman confirmed that good progress had been made to date, with new work streams identified:-

- A new work stream regarding 'Do clinicians feel great support'
- A further new work stream regarding 'Apps' geared at understanding how the patient feels
- A new work stream regarding ensuirng delivery of a 'brilliant booking system'; this will further drive improvements going forward.

Louise Shepherd commented that the Board had recognised the need to enhance leadership support within Outpatients and that the Executive Team was in the process of agreeing what this needed to include. CQAC acknowledged the work to date and further progress planned.

Best in Operative Care

Christian Duncan confirmed that this project had experienced some barriers to delivering the benefits in full; he reported that the Division had been dealing with short term challenges in theatres and anaesthetic shortfall; these were being addressed at the Divisional Board.

CQAC agreed that this was a robust project with significant engagement which had been clinically led, and highlighted that for next year there needed to be a recalibration with teams to address issues regarding flow, performance and productivity.

CQAC noted the active programme which was expected to stay on track and recognised that there had been some leadership challenges which had been addressed.

Primary Care Streaming

Adam Batemen confirmed that benefits had been devised and achieved in a slightly different way than originally anticipated and that a further offline discussion would be held to reframe this. Joe Gibson would mediate this

through to Programme Board, with outcomes reported to CQAC in due course.

Best in Community Care
Cath McLaughlin confirmed that a meeting had taken place in early January 2018 to discussion transformation opportunities in community, with a particular challenge around both mental health and Neurodevelopmental paediatric pathways. A key piece of work was required to respond to challenges relating to waiting times with further progress required. Work had commenced during November 2017 regarding complex patients with lengths of stay over 30 days. The team was currently working with senior nurses to focus on this group of patients and facilitate their discharge to a more appropriate setting.

Best in Acute Care
Steve Ryan confirmed that significant action had taken place with regards to resuscitation, with increased training, increase in the number of defibrillators, workflow with trolleys, with significant work taking place and a good degree of assurance.

The work undertaken by Adrian Hughes on models of care would make a significant difference once fully implemented; the concept requires working forward which is complex but is already underway.

Steve Ryan reported on a third element of the project relating to outreach development model for rapid response, which are nurse led with clinician support. This links to the safe at all times model for the deteriorating child, with a business case to be presented through the appropriate route. A working group had now been established to agree what this model will comprise with work ongoing during February to complete this.

7 Day Services
Progress had been made by Adam Bateman with regard to the scheduling element of this project, with a meeting with the 7 day service team at NHSE scheduled for late January 2018. There was further work to do with regard to recording; new specialty packages would deal with the reporting and recording issue to deliver this standard. Steve Ryan confirmed that there is still further work to do.

CQAC noted that there was a lot of positive work completed to date, with the need to refresh for 2018/19 and noted that the finance issues would be addressed outside of this meeting at next Programme Board.

The Chair thanked all of the project leads for their updates and commented that this contributed to deepening assurance levels.

17/18/110 2017/18 Corporate Report – Performance Against Key Quality Metrics

Pauline Brown presented the latest position:

Patient Experience

- Patient experience continued to improve overall with increase in percentages of 'patients engaged in play and learning' (76.7%). Key appointment of a new Play Manager had been made which will further improve co-ordination of this across the Trust.
- Friends and family responses were varied and team are continuing to focus on improved responses.
- Number of complaints was 12 in month, the highest it had been this year, with a further detailed update to be received at CQAC at February 2018 meeting.

Clinical Effectiveness

- There were 10 healthcare acquired infections in November, three of which were CLABSI infections including one MRSA bacteraemia.
- Total Healthcare acquired infections is 43 year to date, compared to 69 in the previous year.
- C Difficile infections remain at zero. Three patients with long term conditions had an acute readmission, which is now 46 year to date.
- There were 3 deaths in hospital in November, compared to 6 deaths in the same month in the previous year.
- Fifty seven surgical patients were discharged later than their planned date, an increase on the previous month. This equates to 3.8% of surgical procedures compared to 5.7% this time last year.
- Continued work regarding focus on ANTT.

Patient Safety

- Medication errors with harm remain low at 4 in month.
- Work continues to further improve reporting of all incidents whether or not they are associated with harm.
- There had been an increase in pressure ulcers – 4 pressure ulcers (Grade 2 and above) were reported in November. Targeted work continued regarding pressure ulcers with a dedicated pressure ulcer action plan, with a further deep dive within surgery division, with a deep dive to review given practice of in line suction which could potentially increase tension, with the need to ensure risk assessment in in place.
- Serious incidents continue to be fully investigated, with relevant action plans implemented to ensure scrutiny in a timely way.
- There was 1 readmission to PICU within 48 hours of discharge which is now 16 year to date compared to 14 in the previous year.

AM thanked PB for her update.

17/18/111 2017/18 Board Assurance Framework

Erica Saunders presented the Board Assurance Framework; she reported that a thorough review of existing controls would take place ahead of the year end and that the team would continue to ensure substantive reports flowed from the identified actions to provide CQAC with relevant assurance.

The Chair thanked ES for her update**.** .

17/18/112 Clinical Quality Steering Group key issues report

Phil O'Connor presented the Clinical Quality Steering Group key issues report, key issues as follows:-

CQAC received and noted the CQSG key issues report.

- There were no issues highlighted for CQAC to action.
  - CQUINS – continue to have a number of CQUINs that are off plan, 1 specialist and 2 local incorporating Paediatric Network care, Haemoglobinopathy network and Advice and Guidance.
  - Gap in corporate patient experience role – with aspects of role being addressed by Divisions, as well as Volunteer lead until the newly appointed Head of Quality for Suregery is in post.
  - CQC inpatient survey summary report – Tte Trust can demonstrate improvement from previous surveys and that the Trust is scoring consistently higher than other comparable children's trusts. Data needs to link in with the Family and Friends data and reported via the Divisional governance reports.
  - Discussion at CQSG had taken place regarding CQSG functionality and how busy the group was. As a result the timing of the meeting had been extended by one hour to ensure further rigour. The CQSG work plan had been reviewed with good attendance and engagement at CQSG meetings to date.
  - It was noted that there was currently no regular medical representation at CQSG meetings and this was being addressed.
  - CQAC agreed that the terms of reference, together with the work plan would be reviewed at CQAC to enable sign off. CQAC acknowledged the phenomenal work to date provided by CQSG members.

The Chair thanked PoC on behalf of CQAC for continued invaluable support provided by CQSG to date.

Discussion took place regarding Patient experience and specifically 'advocacy' with the requirement to revisit and identify what could have in place, to aid families as a place to go to when support is required, with the need to identify a patient lead role which is meaningful to patients and families. This would link to PLACE. CQAC agreed it would be beneficial to receive the PLACE report at March meeting, together with an update regarding 'advocacy' and next steps.

Christian Duncan stated that there would be benefit to escalating human factors training trust wide. Louise Shepherd concurred and stated that there was a quality refresh underway and that a cultural piece would be central to this.

17/18/113 Any Other Business

JFH queried whether given the significant agenda for CQAC there would be any opportunity to streamline the work plan. AM confirmed that CQAC terms of reference, together with CQAC work plan is reviewed annually and that this would be considered as part of the annual review.

CQAC noted that Research Division also needs to link in with CQAC work plan.

Erica Saunders requested PoC to correct information contained within the CQSG notes – 17/174 with regard to the policy around the supervision of visitors and people arriving at the hospital to give out Christmas presents. ES stated that there was a robust process around this and requested that the minute be reviewed and amended as appropriate to reflect what is in place.

Action: PoC to liaise with appropriate personnel in order to amend CQSG notes as appropriate.

17/18/114 Date and Time of Next meeting

10.00 am – Wednesday 21st February, Large meeting room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	Chief Nurse
Paper Prepared By:	Director of Nursing
Subject/Title:	Nursing Workforce Report
Background Papers:	• Safe, Sustainable and Productive Staffing: An improvement resource for children and young people's in-patient wards in acute hospitals: National Quality Board, November 2017 • Safe, Sustainable and Productive Staffing: An improvement resource for neonatal care: National Quality Board, November 2017 • How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time: National Quality Board, November 2013 • Hard Truths: The Journey to Putting Patients First: Department of Health, 2013 • Defining staffing levels for children and young people's services: RCN standards for clinical professionals and service managers: Royal College of Nursing, 2013 • Quality Standards for the Care of Critically Ill Children: Paediatric Intensive Care Society, December 2015 • Categories of Care: British Association for Perinatal Medicine 2011 • Safe staffing for nursing in adult inpatient wards in acute hospitals: National Institute for Clinical Excellence July 2014 • Safer Staffing: A Guide to Care Contact Time: NHS England 2014 • Single Oversight Framework: NHS Improvement September 2016 • Unwarranted variation: A review of operational productivity and performance in English NHS acute hospitals: Department of Health and Social Care, February 2016
Purpose of Paper:	This paper provides the required assurance that Alder Hey Children's Hospital has safe nurse staffing levels across all in-patient and day case wards and appropriate systems in place to manage the demand for nursing staff To inform the Board of proposed business cases to enable workforce improvements in 2018
Action/Decision Required:	The Board is asked to note: • The content of the report and assurance that appropriate information is being provided to meet national and local requirements • The information on safe staffing and the impact on quality of care

Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	• Provider of 1st choice • Deliver clinical excellence
Resource Impact:	

CONTENTS

1. EXECUTIVE SUMMARY

The aim of this paper is to provide assurance to the Trust Board of Directors that safe nurse staffing levels are being maintained across all in-patient and day case wards and appropriate systems are in place to manage the demand for nursing staff.

Since the previous annual Nurse Staffing Board report dated March 2017, the senior nursing leadership team have continued to work on the recommendations that were agreed. This report contains an updated position with regard to the nursing workforce and makes further recommendations for continued improvement.

Through effective implementation of the recruitment action plan, safe staffing levels have been sustained. Alder Hey has demonstrated significant success in this highly competitive regional and national market. In the past 12 months from January to December 2017, 114.68 WTE registered nurses have been recruited as a result of local and national campaigns.

There are 7.54 WTE Band 5 front line staff vacancies at January 2018, however this is due in the main to successful business cases and the positive impact of increased funded establishments on Wards 1C, 3A, 4A and PICU in 2017. Of note, the senior nursing team have supported the opening of an additional 11 beds as part of the Winter Plan, and these have been opened sustainably over winter. There are currently 551.83 WTE front line Band 5 staff employed against a funded establishment of 535.61 WTE. 47.73 WTE front line Band 5 staff are currently unavailable to work due to maternity and long term sick leave. Therefore due to the increased establishments, the opening of additional beds, and with continuing high levels of maternity leave and sickness, there is no additional resilience in the Nurse Pool, however 31 WTE Band 5 nurses were successfully recruited in January 2018 and are due to commence in post in April 2018.

Successful recruitment and increased resilience has made an impact and overall positive change in contributing to sickness levels and the reduction of agency expenditure. There has also been a continued reduction in the numbers of in patient beds closed due to staffing issues. To assist with winter pressures and ensure bed availability for sick children admitted through the Emergency Department, 4 additional beds have been open on Ward 3C and 3 additional beds in EDU from October 2017 in line with the Winter Plan.

An audit against the RCN standards has been repeated in February 2018 which demonstrates a significant improvement since February 2017, with 12 standards compliant and 3 standards partially compliant compared to 11 compliant, 3 partially compliant and 1 none compliant last year.

The Trust's mandated monthly submission of staffing levels to NHS Choices presented an overall fill rate of 97% registered staff and 100% unregistered staff planned inpatient staffing levels against actual staffing levels for the month of January 2018 against the nationally accepted level of 90%.

2. NATIONAL CONTEXT AND REGULATION

There are a number of tools available to determine safe staffing levels. The tools currently used at Alder Hey are Royal College of Nursing standards, nurse to patient ratio, skill mix review, patient acuity, Safer Nursing Care Tool, professional judgement and triangulation with nurse sensitive indicators.

Specific guidance for safe staffing levels in neonatal and paediatric settings is set in the main by the Royal College of Nursing (2013). An audit of the Trust's compliance against the 16 core standards conducted in February 2018 can be found in section 4.3, with the Trust fully compliant with 12 standards and partially compliant with 4 standards. This constitutes and improved position since the last annual Trust Board nurse staffing report.

Additional specialised guidance for staffing in paediatric intensive care and high dependency settings is set out by the Paediatric Intensive Care Society (PICS 2015). The British Association for Perinatal Medicine lay out standards for care of neonates (BAPM, 2011).

In November 2017, the National Quality Board published improvement tools specifically for the care of children and neonates: Safe, Sustainable and Productive Staffing: An improvement resource for children and young people's in-patient wards in acute hospitals / neonatal care. The improvement resources are based on the NQB's expectations of safe, effective, caring responsive and well led care, on a sustainable basis, that ensures the right staff with the right skills are in place the right place at the right time. The Trust is currently undertaking a review of all ward establishments in line with this new guidance and a report will be presented to Trust Board in six months time with the results of this review.

In line with Department of Health Hard Truths Commitments (2013), all Trusts are required to submit monthly staffing data. The Trust is compliant with submitting data to the public through NHS Choices and on the Alder Hey website (Section 4.2 and Appendix 1)

In 2000, the Department of Health proposed that every hospital should have Matrons who are accountable for a group of wards and are easily identifiable to patients, in order to improve the delivery of patient care and patient experience, and to provide strong clinical leadership and authority at ward and departmental level. Following the restructuring to the three larger Divisions in November 2016, and the successful introduction of the Theatre Matron role, the Trust has appointed to Matrons across the Medical, Surgical and Community Division following support and approval of the Trust Board in February 2017.

The Nursing and Midwifery Council (NMC) implemented Nurse Revalidation from April 2016, which requires all registered nurses to revalidate every 3 years to maintain their professional registration. The purpose of revalidation is to improve public protection ensuring nurses remain fit to practise throughout their careers. The Trust holds regular workshops to support and assist nurses to prepare for their revalidation. To date, all registered nurses due to revalidate have done so successfully.

The RCN's Principles of Nursing Practice states that 'Nurses and nursing staff must have up to date knowledge and skills and use these with intelligence, insight and understanding in line with the needs of each individual in their care'. New NMC standards for nurse training are due to be released by May 2018 and one of our local HEI's is an early adopter for the September 2018 cohort. The new standards will be very different with a clear focus on ensuring nurses clinical competence at the point of registration. Practice educators play an essential role in the development of a workforce that is able to deliver high quality, effective and safe care. The Trust currently has 2 WTE Practice Education Facilitators to support pre registration students, and Critical Care have an Education Team to support post registration learning and development. A paper has been written to propose the appointment of 6 Clinical Educators across the in-patient wards and a head of Nurse

Education funded through the income for all the funded pre-registered students that we accommodate.

Regionally, in July 2017, the Cheshire and Mersey (CM) Director's of Nursing presented a paper entitled 'Maximising the Collective Impact of Nurse Directors and Nursing within Cheshire and Merseyside' to the Local Workforce Advisory Board to consider and support a proposed programme of work to address some critical nursing workforce issues within CM. The intention and scope of the programme is designed to mobilise and maximise nursing leadership across CM and provide a platform for action which should align and deliver outcomes which will help support the ambitions of the CM STP and directly impact on the attraction and retention of a talented nursing workforce and safeguard future supply. Five areas of focus have been identified: nursing workforce intelligence and dashboard; quality clinical placements for students; development of a core CPD offer; towards zero vacancies; and shared services at pace. The Chief Nurse and Director of Nursing are actively involved in this project and workstreams.

3. SUMMARY OF ACHIEVEMENTS

The overall impact of the success of the recruitment, reduction in vacancies and other developments to support safe nurse staffing is as follows:

3.1: Recruitment

i. 114.68 WTE front line nursing staff recruited in the last 12 months.
ii. The development of a responsive recruitment culture with evidence of strong partnership between senior nurses and human resource staff, notably working together on two successful national recruitment days and a comprehensive induction programme for new nursing staff.

3.2: Safe staffing levels

i. Significant reduction month on month in the closure of beds to admissions due to nurse staffing levels.
ii. Reduction in cancelled operations for "staffing unavailable".
iii. Reduction in use of "agency rate" payment leading to significant savings (as outlined in section 5.9).
iv. 11 additional beds opened (4 on Ward 3C; 3 on EDU) and staffed sustainably during the winter.
v. Increase funding of the Nurse Pool from 20 WTE to 40 WTE.
vi. Increased funded establishment following business cases on Wards 1C, 3A and 4A for registered nurses, Ward 3A for unregistered nurses, and registered nurses on PICU to support ECMO.
vii. Comprehensive review of nurse staffing in Dewi Jones Unit undertaken (concludes April 2018).
viii. Agency staff secured from mid January 2018 to specifically care for 4 additional patients on Ward 4B to increase elective activity for the remainder of Q4.

3.3: Strong and effective leadership structure

i. Introduction of Matron structure across the three Divisions and successful recruitment to the majority of the posts. Robust recruitment plan in place for the 2 vacancies.
    - Medical Division:
        - Head of Acute Care
        - Matron for Complex Care
        - Matron for Oncology

        - Matron for Out Patients (to be recruited to)
    - Surgical Division:
        - Head of Critical Care (to be recruited to)
        - Matron for Theatre
        - Matron for Surgery
    - Community Division:
        - Matron for Inpatient CAMHS (due to commence in post March 2018)

ii. Introduction and recruitment of a specific HDU Ward manager to provide dedicated leadership

iii. Internal promotion and external recruitment to Band 6 and Band 7 posts

iv. Introduction and recruitment of a Play Manager to enhance and improve the play and recreation provision for children and young people

3.4: Educational developments

i. Increased number of places to train Advanced Nurse Practitioners secured and recruited to enhance nursing practice and assist in the reduction of Junior Doctors

ii. Partnership working with HEI to run a new training programme for individuals educated to Masters level to undertake a shortened course to become a registered Children's nurse. Cohort due to complete course in April 2018.

3.5: Quality metrics

i. Reviewed and enhanced monthly Safety Thermometer, which is a point of care survey designed to measure commonly occurring harms and support improvements in patient care and experience.

ii. Reviewed and enhanced Ward Accreditation scheme, a quality initiative where wards across the Trust are regularly inspected by an independent senior team of nurses and patient experience leads assessed against a range of measures based on the CQC KLOE's.

4. HOSPITAL NURSE STAFFING MODEL

4.1: Ward establishments

The Trust moved into the new Children's Health Park in October 2015 and the methodology adopted to set ward nursing establishments was a 'lift and shift' model in line with the acute bed reconfiguration. Although it was acknowledged by the senior nursing team that the larger wards would potentially afford economies of scale, these were offset by the increase of individual side rooms children are nursed in creating a challenge to the nursing model.

The staffing model is fundamentally based on achieving compliance with the national requirements as described in section 2. An audit of compliance against the RCN paediatric staffing standards is outlined in section 4.3.

Extensive work has been undertaken both pre and post move to achieve a planned safe staffing model and the agreement of individual ward establishments. A paper was presented to RABD Committee in November 2016, regarding the ward nurse staffing establishments following occupation of the new hospital. Following this a number of improvements have been made to ward establishments, most notably:

- Ward 4A: increase in funded establishment of 5.5 WTE registered nurses to enable consistent 1:2 nurse to patient ratio supernumery shift co-ordinator

- Ward 3A: increase in funded establishment of 2.6 WTE registered nurses to enable consistent supernumery shift co-ordinator
- Ward 1C: increase in funded establishment of 8 WTE Band 5 and Band 6 registered nurses to enable consistent supernumery shift co-ordinator during day shifts
- Ward 3A: increase in funded establishment and recruitment of 8 WTE unregistered nurses to provide additional support to registered nurses
- PICU: increase in funded establishment of 10.8 WTE Band 5 and Band 6 nurses to support ECMO activity

A review of all ward establishments is scheduled to take place from February to June 2018 in line with the new NQB improvement tools for neonatal and children's in patient care and the findings will be reported back to Trust Board in September 2018.

4.2: Safer staffing levels

It is a national requirement of all Trusts to publish their monthly nursing staffing levels to NHS Choices website (Unify). Safer staffing levels are the total planned number of hours worked by registered nurses and health care assistants measured against the total number of actual hours worked to produce a monthly fill rate as a percentage for day and night shifts on each ward. A monthly ward fill rate of 90% and over is considered acceptable nationally. Staffing levels are the head count on each shift and does not analyse skill mix or the impact of temporary staff on a shift.

Fill rates at January 2018 indicates a Trust fill rate for registered nurses of 97% registered staff (96% days and 98% nights), and 100% unregistered staff (94% days and 106% nights) planned inpatient staffing levels against actual staffing levels for the month.

Where the overall fill rates for Health Care Assistants is higher than 100%, the figures are due to specialling patients with higher acuity (as per section 5.7). Appendix 1 provides a full break down of staffing levels by ward for January 2018.

4.3: Compliance with RCN guidelines

An audit against the RCN standards has been repeated in February 2018 involving the Ward Managers, Matrons and Associate Chief Nurses for all in patient and day case wards (Appendix 2).

A previous audit of compliance against the core standards conducted in February 2017 demonstrated Trust compliance with 11 standards, partial compliance with 3 standards and no compliance with one standard as shown in the thermometer below:

The recent audit has demonstrated an improvement against the standards compared to February 2017 with one standard moving from a RAG rating of Red no compliance to Amber partial compliance following the appointment of Matrons, and a comprehensive review of resuscitation training incorporating identified service need for APLS trained nurses on each shift, as demonstrated in the Thermometer below:

Although 3 standards have remained partially compliant, there have been significant improvements in supernumery shift co-ordinators as detailed in Table 1. Appendix 3 demonstrates improved position across two Amber rated standards and two Green rated standards.

Table 1 below provides analysis against the standards, identifies existing challenges to compliance, and identifies actions to improve compliance:

Table 1: Core standards to be applied in services providing health care for children and young people		
Standard		**Compliance**
1	The shift supervisor in each clinical area will be supernumerary to ensure effective management, training and supervision of staff	**Partial**
	Improved position from 2016. PICU, HDU, Ward 4A and Ward 1C Neonatal (day only) already had funded establishment above the baseline bedside funded establishment for a supernumery shift co-ordinator. In 2017 funded establishment increased on Ward 1C Cardiac (day only) to enable supernumery shift co-ordinator. Additional funding now agreed for Ward 3A which will enable a supernumery co-ordinator 24 hours per day. Gaps exist on Wards 1C, 3B, 3C, 4B, Burns Unit, EDU and Medical Day Case All Ward Managers supernumery. All wards now benefit from presence of a supernumery Matron. All wards allocate a nurse to take charge and co-ordinate the shift. This model requires nurses on the shift to increase the number of patients they care for to facilitate a supernumery co-ordinator, or the co-ordinator cares for patients as well as taking charge of the ward	
2	Nurse specialists and advanced practitioners will not be included in the bedside establishment, except periodically where required to maintain skills, to teach and share expertise with ward and department-based staff	**Compliant**
	Fully compliant	
3	At least one nurse per shift in each clinical area (ward/department) will be trained in APLS/EPLS depending on the service need	**Compliant**
	Comprehensive review of resuscitation training needs analysis conducted in 2017. Identified that the services that need APLS trained staff on each shift are PICU, HDU, ED, Ward 1C, Ward 4A and Patient Flow team All other wards / registered nurses required to undertake PLS. Plan in place to achieve 90% compliance by March 2019 in line with CQC action plan	
4	There will be a minimum of 70:30 per cent registered to unregistered staff	**Compliant**
	Fully compliant. Ward 4B has a ratio of 50: 50 however that is a deliberate workforce configuration as the support staff are trained to care for children requiring long term ventilation	
5	A 25 per cent increase to the minimum establishment is required to cover annual leave, sickness and study leave	**Partial**
	Alder Hey provision is capped at 23% from 2013/14. The impact of this will continue to be monitored and evaluated between nursing and finance staff particularly the impact of the proposed Clinical Educator role	
6	There should be a minimum of two registered children's nurses at all times in all inpatient and day care areas	**Compliant**
	Fully compliant	
7	Nurses working with children and young people should be trained in children's nursing with additional training for specialist services or roles	**Compliant**
	Fully compliant	
8	Seventy per cent of nurses should have the specific training required for the	**Compliant**

	speciality, for example, children's intensive care, children's oncology, children's neurosurgery	
	Fully compliant. Specialist wards have locally or regionally delivered programmes to support staff development and expertise in their field as identified in their local Training Needs Analysis	
9	Support roles should be used to ensure that registered nurses are used effectively. Support roles are defined in the standards as a minimum of the following:	**Compliant**
	Supernumery Ward Manager: Fully compliant	
	Ward receptionist / ward clerk / admin support for ward staff: Fully compliant	
	Play Specialist: Fully compliant apart from PICU and HDU. Band 6 Play Manager post approved and appointed to in 2017	
	Housekeeper: Fully compliant. Burns Unit access PICU / HDU housekeeper	
10	Unregistered staff must have completed a course of training specific to the setting, and in the care of infants, children and young people and have undergone a period of competence assessment before carrying out care and delegated tasks	**Compliant**
	All new Health Care Assistants signed up to NHSP undertake Advanced Clinical Skills training. All HCA's on wards have assessment of competency in assigned skills	
11	The number of students on a shift should not exceed that agreed with the university for individual clinical areas	**Compliant**
	Fully compliant	
12	Patient dependency scoring should be used to provide an evidence base for daily adjustments in staffing levels	**Compliant**
	SCAMPS tool in place. Plan to review acuity tool in 2018	
13	Quality indicators should be monitored to provide an evidence base for adjustments in staffing levels.	**Compliant**
	Ward Managers / CBU representative attend daily Bed Meetings to inform of ward level patient acuity and requirement for additional staff. Data collected on bed meeting sitrep Monthly Safety Thermometer and Infection Control audit regularly conducted and ward dashboards completed. Ward Accreditation tool reviewed and piloted on all wards which incorporates all ward quality indicators. In line with Hard Truths Commitments daily staffing information displayed electronically to the public via screens	
14	Where services are provided to children there should be access to a senior children's nurse for advice at all times throughout the 24 hour period. The expectation is that this post would be at a minimum of band 8a dependent on the full scope and remit of the position in which case the post may be graded higher where the remit is greater. All post holders of matron positions in children's services must hold a registered children's nursing qualification	**Partial**
	Improved compliance to partial compliance in 2017 following successful implementation of the Matron role therefore consistent in hours Band 8A cover Business case for Acute Care Team (ACT) to support staff 24 hours per day	

	and respond to patients showing early signs of deterioration will be presented to the Operational Delivery Board in 2018 as outlined in section 4.5	
15	All staff working with babies, children and young people must comply with the Safeguarding children and young people: roles and competences for health care staff (2010). All staff must be able to access a named or designated safeguarding professional for advice at all times 24 hours a day	**Compliant**
	Fully compliant. Nursing and Medical staff on call	
16	Children, young people and young adults must receive age appropriate care from an appropriately skilled workforce in dedicated environments that meet their specific needs	**Compliant**
	Appropriately trained workforce and specially designed Children's Hospital	

Analysis has taken place to audit front line staffing against specific staffing guidance sections of the RCN guidelines not captured within the core principles.

A previous audit of compliance against the specific standards conducted in February 2017 demonstrated Trust compliance with 1 standard and partial compliance with 3 standards as shown in the thermometer below:

The audit of compliance against the specific standards in February 2018 demonstrated improved Trust compliance with 2 standards overall compliant and partial compliance with 2 standards, as a result of increased establishment on Wards 1C and 4A, as shown in the thermometer below. Appendix 2 demonstrates improved position across two Amber rated standards and 1 Green rated standard.

Table 2 below provides analysis against the standards, identifies existing challenges to compliance, and identifies actions to mitigate and improve compliance:

Table 2: Staffing principles within "Defining staffing levels for children and young people's services"		
Section		**Compliance**
Section 5: Neonatal services	Bedside, deliverable hands-on care: Special care 1:4 nurse: infant High dependency care 1:2 nurse: infant Intensive care 1:1 nurse: infant	**Compliant**
	Fully compliant. Neonates requiring intensive care are nursed on PICU, surgical and cardiac neonates requiring high dependency care are nursed on Ward 1C. Neonates on other wards are nursed 1:3 in line with standards in Section 7 below	
Section 6: Designated children's intensive care and children's high	PICU 6.7-7.06 WTE per bed dependent upon maternity leave included in calculation Bedside, deliverable hands-on care: Level 1: HDU 1:2 nurse: child Level 2: PICU or HDU cubicle patient: 1:1 nurse: child Level 3: PICU: 1:1.5 nurse: patient	**Partial**

dependency services	Level 4: 2:1 PICU: nurse: patient (ECMO)	
	Improved position in 2017 with current ratio now at 6.6 WTE per PICU bed compared to 6.4 WTE in 2016. Successful business case in 2017 to increase PICU establishment by 10.8 WTE (across Band 6 and Band 5 nurses) to support the delivery of ECMO All patients are nursed as per ratios set above unless not required for example a patient who is being transferred from PICU to a ward	
Section 7: General children's wards	Bedside, deliverable hands-on care: Children < 2 years of age 1:3 registered nurse: child, day and night Children > 2 years of age 1:4 registered nurse: child, day and night	**Partial**
	RCN standards no longer differentiate between the staffing ratio between day and night. Achieving compliance with this standard would require significant additional financial investment. The senior nurse leadership in conjunction with the ward managers and team leaders have agreed that there is reduction on "off ward" activity e.g. journeys to; radiology, theatre throughout the night and as such have proposed and agreed that the night staffing levels would be -1 to daytime Due to the economies of scale in the bigger new wards the night staffing level is increased from current levels but not the same as daytime levels. This staffing plan continues to be monitored and evaluated and all wards will have annual establishment review undertaken as per best practice guidelines. Ward 1C is compliant	
Section 8: Specialist children's wards	At least a third of patients on specialist wards (such as oncology, cardiac, neurosurgery) should be classed as requiring high dependency care, although in some ward areas this may be as high as 50 per cent. The relevant standards must be followed (1:2 registered nurse: child). The minimum standard for other children being 1:3 registered nurse: child	**Partial**
	There is a case to say that almost all of the in-patient wards at Alder Hey are specialist in nature Wards with dedicated HDU beds (Ward 1C and Ward 4A) are established for 1:2 ratio for commissioned HDU beds, and in addition Ward 4A provides 1:2 ratio for orthopaedic patients requiring a higher intensity of care Wards are not established for 1:3 ratio for remainder of patients. Achieving compliance with this standard would require significant additional financial investment Funded establishments increased on Wards 4A and 1C in 2017	

4.4: Recruitment and resilience

The senior nursing team have continued to undertake recruitment activities throughout 2017 and have recruited 114.68 WTE nurses between January to December 2017, demonstrating consistent and successful local and national recruitment. A recent recruitment event in February 2018 appointed a further 31 WT nursing staff who are due to commence in post in April 2018.

Table 3 shows actual number of starters per quarter in 2016/17 and Q1-Q3 for 2017/18.

Table 3: Actual starters in WTE												
Q1 2016/17			Q2 2016/17			Q3 2016/17			Q4 2016/17			Total
April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
	25	5.8	6		65.6		2		5.45	12.22	2.8	124.87

Q1 2017/18			Q2 2017/18			Q3 2017/18			Total
April	May	June	July	Aug	Sept	Oct	Nov	Dec	
2	22.35	2.61	2.51	1	49.67	10.15	3.92	0	94.21

There are 7.54 WTE Band 5 front line staff vacancies at January 2018, however this is due in the main to successful business cases and the positive impact of increased funded establishments on Wards 1C, 3A, 4A and PICU in 2017. Of note, the senior nursing team have supported the opening of an additional 11 beds as part of the Winter Plan through the Nurse Pool, and these have been opened sustainably over winter. There are currently 551.83 WTE front line Band 5 staff employed against a funded establishment of 535.61 WTE. Due to the increased establishments, the opening of additional beds, and with continuing high levels of maternity leave and sickness, there is no additional resilience in the Nurse Pool, however 31 WTE Band 5 nurses were successfully recruited in January 2018 and are due to commence in post in April 2018. This demonstrates sustained resilience to previous years in that the variance is linked to staff availability to work and not vacancies. This demonstrates the need to continue with robust recruitment drives in order to stay ahead.

The senior nursing team are currently working with the HEI's and the nursing students to better understand the changing requirements of newly qualified nurses. A Big Conversation listening and engagement event has been held with the current third year student nurses.

The Director of Human Resources and OD and the Director of Nursing attended a specific North West event in January 2018 which explored the challenges and opportunities to work together to successfully recruit to meet the changing needs and face of the nursing workforce

The Chief Nurse and the Director of Nursing are also involved in a Cheshire and Mersey project working towards zero vacancies within the region.

Appendix 4 provides analysis of all new starters in 2017 by ward.

4.5: Workforce developments in 2017

i. **Matron structure:** Following the restructuring to the three larger Divisions in November 2016, and the successful introduction of the Theatre Matron role, the Trust has appointed to Matrons across the Medical, Surgical and Community Division. There is a robust recruitment plan in place for the remaining two vacancies.

ii. **HDU Ward Manager:** Review of the senior nursing team across Critical Care reviewed and identified the need for a Ward manager for both PICU and HDU individually. HDU Ward Manager post successfully recruited to.

iii. **Advanced Nurse Practitioner trainees:** Increased number of places to 6 per year available and recruited to from September 2017 to enhance nursing practice and assist in the reduction of Junior Doctors

iv. **HEI Masters student nurses:** A cohort of 10 students commenced in the organisation in February 2016 taking part in a new training programme for individuals educated to Masters level to undertake a shortened course to become a registered Children's nurse. This cohort is due to qualify in April 2018 with a number of the nurses recruited to Alder Hey Nurse Pool.

v. **Nursing Associate role:** The nursing associate is a new health care role introduced by the Department of Health. The role is designed to bridge the gap between health care assistants and registered nurses by providing a route into nursing, enhancing the quality of hands-on care offered by the support workforce through defined and funded training and development, and strengthening the support available to nursing staff, releasing them to focus on higher level skills. Alder Hey has two trainee Nursing Associates.

vi. **Play Manager:** Following a successful business case to enhance and improve the play and recreation provision for children and young people, a Play Manager commenced in post in February 2018.

vii. **Utilisation of experience:** A number of the senior nursing team have or are due to retire. In order to retain their valuable skill set and experience, and to support the wider nursing workforce, a number of initiatives have been implemented, examples of which are highlighted below:

a. Succession planning in Surgical Day Case: Band 6 is undertaking the role of Ward Manager for one year under the supervision and coaching of current Ward Manager and will then be appointed as ward Manager
b. Ward Accreditation lead
c. Interim Head of Quality
d. Nurse Pool co-ordinator

4.6: Proposed workforce developments for 2018

i. **Clinical Educators:** New NMC standards for nurse training are due to be released by May 2018 and one of our local HEI's is an early adopter for the September 2018 cohort. The new standards will be very different with a clear focus on ensuring nurses clinical competence at the point of registration. Practice educators play an essential role in the development of a workforce that is able to deliver high quality, effective and safe care. The Trust currently has 2 WTE Practice Education Facilitators to support pre registration students, and Critical Care have an Education Team to support post registration learning and development. A paper has been written to propose the appointment of 6 Clinical Educators across the in-patient wards and a Head of Nurse Education funded through the income for all the funded pre-registered students that we accommodate. This will have a positive impact on our compliance with NMC and educational standards.

ii. **Acute Care Team (ACT):** Currently the medical out of hours team respond to deteriorating patients across the hospital. As medical staffing numbers become increasingly less, the on call team is often critically short. The most pressing problems are then dealt with first which can lead to a delay in attending patients showing early signs of deterioration. This then

contributes to delay in clinical review and treatment, which in turn can affect outcomes, increased lengths of hospital stay, unplanned admission to HDU or PICU, and increased morbidity and mortality. This, coupled with a reduction in paediatric trainees and increased in-patient acuity across the Trust, mean it is increasingly difficult to provide assurance that the hospital is safe at all times.

An early response team is proposed which would assist the medical workforce and the current senior nursing team to ensure that the highest quality of care is given 24 hours a day, 7 days a week. It is envisaged that the effects Trust wide will be increased safety and hospital productivity, including a reduction in the in length of hospital stay, and reduction HDU and PICU bed days from unplanned admission following in-patient deterioration. A business case has been prepared and will be presented to the Operational Delivery Board in 2018.

iii. **E-rostering:** A recommendation of the Carter Review is the implementation of e-rostering as a means of ensuring staff are deployed in the most productive way. E-rostering can save planning time, manage information on shift patterns (including individuals' preferred shift patterns), annual leave, sickness absence, staff skill mix and movement of staff between wards. This can enable managers to quickly build rosters to meet patient demand. There are currently three systems being used in the Trust to compile rosters electronically on PICU, for medical rotas, and a bespoke programme for anaesthetists. An e-roster Steering Group has been established in the Trust in January 2018 and a benefits realisation is underway by Allocate (an e-roster specialist). Once the benefits realisation has been completed the data will be used to evaluate the other E Roster systems and inform our next steps.

iv. **Maximising the Collective Impact of Nurse Directors and Nursing within Cheshire and Merseyside:** The intention and scope of the programme is to mobilise and maximise nursing leadership across CM and directly impact on the attraction and retention of a talented nursing workforce and safeguarding future supply. Five area of focus and workstreams have been identified: nursing workforce intelligence and dashboard; quality clinical placements for students; development of a core CPD offer; towards zero vacancies; and shared services at pace. The Chief Nurse and Director of Nursing are actively involved in this project and workstreams, particularly 'towards zero vacancies.

5. WORKFORCE CHALLENGES

5.1: Leavers

The average leaver rate per month in 2017/18 was 6.64 WTE per month compared to 6.28 WTE in 2016/17, therefore there is a small average increase. There has been a notable increase in leavers in Q3, and this was also identified in the previous year with an emerging theme of increased leavers during the winter months.

The senior nursing team is continuing to work with the HR department to implement electronic exit interviews to provide information regarding why staff are leaving. Teams are also conducting local face to face exit interviews, particularly in areas where the leaver rate is high, such as Critical Care and Dewi Jones Unit. To support the health and wellbeing of staff, a number of areas, have introduced staff wellbeing committees. A clear and comprehensive training strategy is also key to successful staff retention and the senior nurse team has set out a clear training needs analysis in each area to support staff development.

The Director of Nursing and the Associate Chief Nurse for Medicine Division attended an NHSI Masterclass in 2017 which supported the use of the above strategies to assist in staff retention. Appendix 5 provides analysis of all leavers in 2017 by ward. Table 4 shows actual leavers in 2016/17 and Q1 to Q3 for 2017/18:

Table 4: Actual leavers in WTE per Quarter									
	Q1 2016/17		Q2 2016/17		Q3 2016/17		Q4 2016/17		Total
	Actual	Mean per month	Actual	Mean per month	Actual	Mean per month	Actual	Mean per month	
Voluntary	9.13	3.04	11.65	3.8	19.53	6.51	19.61	6.64	
Involuntary	11.52		0.69		3		0.31		
Total	**20.65**		**12.34**		**22.53**		**19.92**		**75.44**

	Q1 2017/18		Q2 2017/18		Q3 2017/18		Total
	Actual	Mean per month	Actual	Mean per month	Actual	Mean per month	
Voluntary	20.5	6.83	14.54	4.84		8.25	
Involuntary							
Total	**20.5**		**14.54**		**24.75**		**59.79**

5.2: Age profile of nursing staff

Age profiling and the potential for retirement is an integral part of effective workforce planning, thus enabling predicted future requirements to be identified and factored into the Trust's recruitment strategy.

Any registered nurse in the pre-1995 NHS pension scheme is eligible for full retirement at the age of 55 and actuarially reduced retirement from the age of 50. The nursing age profile in Table 5 identifies 42 WTE front line nursing staff aged 55 and over who could retire with immediate effect. This is a reduction since the position reported in February 2017 from 59 WTE demonstrating that 17 staff have left or retired in the last year. There are a further 57 WTE (aged 51-55) achieving retirement age in the next 5 years. Information relating to retirement intention is only available through staff sharing information voluntarily, therefore this poses a risk to the organisation. In order to impact assess and mitigate the risk of future gaps in the nursing workforce, work will continue to seek staff intentions over the coming years.

Table 5: Age profile of front line nursing staff in 2017 in WTE										
Age range	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**
Number of staff	150.4	149.6	130.5	93.2	47.8	58.4	57.6	25.3	14.9	1.9

Although the purpose of this report is to focus on front line nursing staff, it can be seen from Table 6 below that a significant number of specialist nurses with specialist knowledge and skills are also eligible for full retirement, with 18.7 WTE who can retire immediately, and 16.6 WTE aged 51-55 years.

Table 6: Age profile of specialist nurses in 2017 in WTE										
Age range	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**
Number of staff	0	2.9	7.2	28.6	28.6	17.1	16.6	15.9	2.8	0

Effective succession planning is key, and there has been successful internal promotion to front line Band 6 and Band 7 nursing roles, including Ward Manager roles. Appendix 6 provides analysis of the age profile by Band and by ward.

5.3: Maternity leave

Maternity leave cover is not currently included within the calculated ward establishments for any of the wards. In 2015/16 the Trust Board acknowledged the significant maternity leave issue and the challenges upon the nursing workforce and agreed to establish a nursing pool of 20 WTE in order to improve resilience and optimise bed occupancy.

An analysis of ward staffing forecast templates has illustrated that in 2017/18 the trend is lower than in 2016/17 however is expected to rise again in Q4 2017/18. The actual maternity leave is per quarter is demonstrated in Table 7 below. The current maternity leave rate at January 2018 is 38 WTE (Appendix 3).

Table 7: Average maternity leave in WTE						
Q1 2016/17	**Q2 2016/17**	**Q3 2016/17**	**Q4 2016/17**	**Q1 2017/18**	**Q2 2017/18**	**Q3 2017/18**
42.6	41.61	44.34	45.02	36.82	35	31

It is evidenced that an average number of around 40 WTE represents a “normal” level of maternity leave at any one time across the ward nursing teams. Normally 60% of costs are recovered from central government across the duration of a period of maternity leave absence, the remaining 40% is the Trust’s internal challenge, which is valued in the region of £480,000 per annum. In 2017/18, in recognition of the average maternity leave figure of 40 WTE, the Chief Nurse and Director of Finance agreed to increase the funded Nurse Pool to 40 WTE. Appendix 7 provides analysis of all maternity leave in 2017 by ward.

5.4: Sickness

Long term sickness (LTS) reduced significantly in Q1 and Q2 2017/18 compared to the same period in 2016/17 as shown in Table 8 below, however this increased to 24.4 WTE in Q4. Current data provided by the Ward Managers indicates LTS has reduced again in January 2018, with 9.73 WTE currently off on LTS across the in-patient wards (Appendix 3). An initiative developed in the last year has enabled the Alder Hey spiritual team to provide additional help and support as appropriate to staff on long term sick to support other strategies such as Occupational Health reviews and counselling.

Short term sickness has reduced significantly over 2017/18 compared to the same period in 2016/17. It is felt that this is due to robust sickness management by managers supported by HR, and local staff support and wellbeing. However successful recruitment campaigns, associated improved staffing levels, and in turn increased individual resilience of staff, is also felt to be a positive contributory factor.

Table 8: Average sickness in WTE							
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
LTS	30.91	21.12	27.05	24.64	15.75	14.75	24.40
STS	20.81	12.48	14.18	10.77	6.77	8.01	12.93

5.5: Attrition rates of recruited staff

The Trust continues to experience a 30-35% attrition rate amongst new recruits with appointed nurses subsequently taking up employment elsewhere. This attrition rate compares with a reported figure of 50% attrition as the national average. The intelligence demonstrates the need to recruit over and above the number of staff known to be required at any given time.

5.6: Increasing patient acuity

Specialling refers to patients' acuity requiring 1:1 nurse to patient ratio of care, which is over and above all acute inpatient ward normal rostered shift pattern and funded establishment (excluding PICU and HDU). The vast majority of special shifts are utilised on surgical wards (3A and 4A), and medical wards (3C and 4B). An example of a typical patient requiring "special" 1:1 care for a period of time would be a child requiring non invasive ventilation stepping down from HDU to Ward 4B, which will be an area of focus in 2018.

5.7: Change to student nurse funding

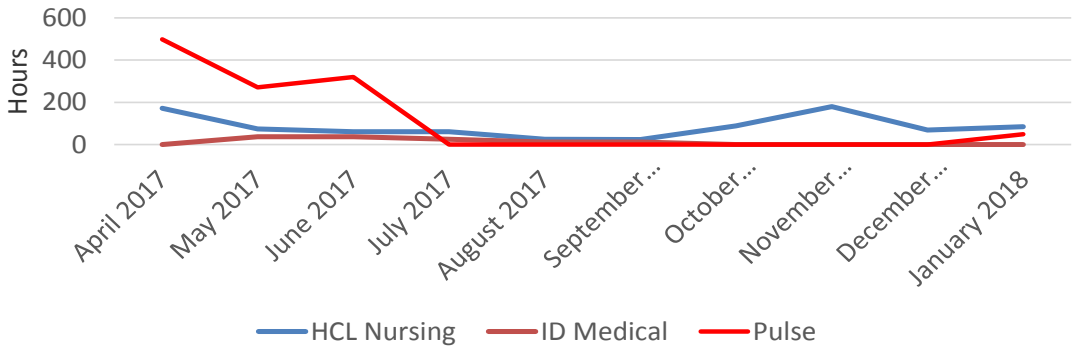
In July 2016, the Government confirmed the decision to replace NHS bursaries for nursing with student loans, and student nurses will be charged tuition fees from August 2017.

The full impact of this is not yet understood however there is a widely held view amongst senior nurses in the organisation, and at regional and national level, that the number of applicants to registered nurse training may decrease resulting in a reduced number of newly qualified staff to recruit from in three years time.

5.8: Temporary staffing: NHSP and agency

Wards and departments continue to use NHSP predominantly to fill staffing gaps such as short term sickness.

Use of nurse agency staff has continued to be low in 2017 as shown in the graph below, with virtually no agency used in summer months, with 0.2 WTE used in August 2017 which is the lowest ever rate.



Following the recruitment of a large number of nursing staff, Pulse agency were removed from the cascade in June 2017 as they refuse to negotiate on rates unlike other current agency suppliers.

There was a planned strategic decision to include Ward 3B and DJU on the agency cascade last year. This related to the requirement for registered mental health nurses to support one specific patient on Ward 3B, and to enable DJU to escalate if no NHSP staff were available during pressured periods.

In order to open a further 4 additional beds on Ward 4B to support elective activity in Q4, it was agreed with the Finance team that this would be supported through use of Pulse agency staff as they were able to supply a small number of nurses who could safely and sustainably staff these beds with the support of the ward team. This is temporary until the end of Q4.

6. RECOMMENDATIONS

A positive foundation has been built to support ongoing workforce management and further development. The senior nursing team will continue to implement planned developments, recruitment strategies, workforce reviews, and educational strategies. In addition, the team will respond to national and local developments and changes, and identify opportunities to transform and enable effective new ways of working.

The Trust Board is asked to support the following recommendations for further development:

a) Support involvement in 'Maximising the Collective Impact of Nurse Directors and Nursing within Cheshire and Merseyside' workstreams, particularly 'towards zero vacancies'.

b) Continue to monitor and evaluate staffing levels and review safety and effectiveness, with specific emphasis on night staffing levels and staffing levels in specialist areas as outlined in section 4.2.

c) Continue to work with medical colleagues to identify the impact and plan to address reduction on junior medical staff numbers / changes to medical staff roles.

d) Continue to work in partnership with HEI's in the evaluation and further development of new nursing and support roles.

e) Continue recruitment activities to ensure that low levels of nursing vacancies are maintained.

Appendix 1: Staffing Availability Report: January 2018

Ward	Speciality	Day registered			Day HCA			Night registered			Night HCA			Overall staffing		
		Planned	Actual	% Staffing	Planned	Actual	% Staffing	Planned	Actual	% Staffing	Planned	Actual	% Staffing	Req'd Hours	Actual Hours	% Staffing
Burns Unit	Burns	1069.5	1035	**97%**	0	0	**NA**	713	690	**97%**	0	0	**NA**	1782.5	1725	**97%**
DJU	Child & Adolescent Psychiatry	1095	1135	**104%**	1207.5	1085.5	**90%**	589	418	**71%**	171	342	**200%**	3062.5	2980.5	**97%**
1B	Critical Care ICU	8912.5	8579	**96%**	356.5	345	**97%**	9269	8671	**94%**	356.5	333.5	**94%**	18894.5	17928.5	**95%**
1B	Critical Care HDU	4991	4381.5	**88%**	356.5	322	**90%**	4991	4370	**88%**	356.5	230	**65%**	10695	9303.5	**87%**
1C	Cardiac & Neonatology	5347.5	5278.5	**99%**	356.5	322	**90%**	4634.5	4531	**98%**	356.5	356.5	**100%**	10695	10488	**98%**
3A	Surgical	3208.5	3162.5	**99%**	1426	1311	**92%**	2852	2829	**99%**	713	609.5	**85%**	8199.5	7912	**96%**
3B	Haematology & Oncology	2139	2093	**98%**	356.5	356.5	**100%**	2139	1955	**91%**	0	0	**NA**	4634.5	4404.5	**95%**
3C	Specialist Medical	3208.5	3197	**100%**	713	1069.5	**150%**	3208.5	3185.5	**99%**	356.5	1069.5	**300%**	7486.5	8521.5	**114%**
4A	Specialist Surgical	4634.5	4358.5	**94%**	713	655.5	**92%**	4634.5	4450.5	**96%**	356.5	322	**90%**	10338.5	9786.5	**95%**
4B	Neurology, Rehabilitation & TCU	1782.5	1725	**97%**	2139	2012.5	**94%**	1782.5	1759.5	**99%**	2495.5	2357.5	**94%**	8199.5	7854.5	**96%**
4C	General Paediatrics	3208.5	2955.5	**92%**	713	678.5	**95%**	3208.5	2863.5	**89%**	713	632.5	**89%**	7843	7130	**91%**
Total		39597	37900.5	**96%**	8337.5	8158	**98%**	38021.5	35723	**94%**	5875	6253	**106%**	91831	88034.5	**98.5%**

Total staffing required	91831	Total registered Nurses required	77618.5
Total actual staffing	88034.5	Total actual registered staff	73623.5
Total % staffing	**96%**	% Reg Nurses	**95%**

Appendix 2: RCN audit compliance by ward February 2018

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Sec 5	Sec 6	Sec 7	Sec 8
1C																				
3A																				
3B																				
3C																				
4A																				
4B																				
4C																				
PICU																				
HDU																				
Burns																				
EDU																				
MDC																				
SDC/ SAL																				
Renal																				
Trust overall RAG rating	↑	=	↑	=	=	=	=	=	=	=	=	↑	=	↑	=	=	=	↑	↑	↑

Key

Green:	Compliant
Amber:	Partial compliance
Red:	Non compliant
Blue:	Agreed workforce change
Grey:	Not applicable

↑: Improved position compared to 2016
↓: Deteriorating position compared to 2016
=: Static position compared to 2016

Appendix 3: Trust Front-line Nursing Workforce January 2018

Ward	Total funded establishment B5	Actual B5 establishment	+ / - Variance	Maternity Leave	Long Term Sickness	Secondments	(Vacancies)	(Nurse Pool)
1C Cardiac	47.95	50.55	**2.6**	0	0	0.92	1.57	**0**
1C Neo	18.65	17.49	**-1.16**	0	0	0	0	**0**
3A	38.05	43.26	**5.21**	4.37	0	0	1.84	**5.4**
3B	28.47	26.87	**-1.6**	1	0	1.6	1	**1**
3C	40.96	45.77	**4.81**	0	0		0	**0**
4A	60.5	54.41	**-6.09**	4.24	2	1	16.25	**11**
4B	25.57	27.14	**1.57**	3	0	0.2	4	**2**
4C	41.86	40.17	**-1.69**	3.76	1.53		5.9	**7.84**
PICU	108.87	112.75	**3.88**	11	2.2	0.6	0	**3**
HDU	55.95	62.43	**6.48**	5.83	0	0.4	4.38	**3**
Burns	13.14	13.02	**-0.12**	1.8	0	0	0	**2**
EDU & AED	37.82	37.57	**-0.25**	1	2	0	10	**10**
MDC	3.44	4.73	**1.29**	0	0	0.4	0.75	**0**
SDC	14.38	15.67	**1.29**	2	2		1	**4**
Total	**535.61**	**551.83**	**16.22**	**38.00**	**9.73**	**5.12**	**46.69**	**49.24**
	16.22 over funded est			**52.85 temporary unavailable**			**2.55**	

Appendix 4: New Band 5 staff commenced in post in 2017

Starters WTE 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
1C cardiac		1		1	5.92				3.92	2.92	0.92		**15.68**
1C Neo									3				**3**
3A													
3B													
3C									1				**1**
4A									0.3	0.31			**0.61**
4B									4				**4**
4C							0.3						**0.3**
BU										0.92			**0.92**
Crit Care	1.45	9.22	0.8			0.61	0.61		13	5	3		**33.69**
SDC		1	1		0.51		0.6						**3.11**
DJU					2		1						**3**
OPD													
ED									5				**5**
Pool	4	1	1	1	13.92	2		1	19.45	1			**44.37**
Total	**5.45**	**12.22**	**2.8**	**2**	**22.35**	**2.61**	**2.51**	**1**	**49.67**	**10.15**	**3.92**	**0**	**114.68**
Q total	**Q4: 20.47**			**Q1: 26.96**			**Q2: 53.18**			**Q3: 14.07**			

Appendix 5: Leavers in 2017

Leavers WTE 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
1C cardiac	1	1					0.92			1	2	0.92	**6.84**
1C Neo								1			0.92		**1.92**
3A			1.31	0.31	0.4								**2.02**
3B						1				0.61		0.92	**2.53**
3C				1	0.61			0.92	0.61				**3.14**
4A		0.77	1				1.68						**3.45**
4B										0.4			**0.4**
4C			1	1		1.12		0.61		0.61	0.92	1.92	**7.18**
BU						0.61							**0.61**
Crit Care	4.92	1	3.52	5.45	3	1	1	1	2	0.92	2.61	5	**31.42**
SDC		1				1							**2**
DJU			2	2									**4**
OPD									0.8				**0.8**
ED	0.4									1		2	**3.4**
Pool		1		2				1	3	1	1	1	**10**
Total	**6.32**	**4.77**	**8.83**	**11.76**	**4.01**	**4.73**	**3.6**	**4.53**	**6.41**	**5.54**	**7.45**	**11.76**	**79.71**
Q total	**Q4: 19.92**			**Q1: 20.5**			**Q2: 14.54**			**Q4: 24.75**			

Appendix 6: Age profile of staff

WARDS AND DEPARTMENTS

Age	21-25 yrs		26-30 yrs		31-35 yrs			36-40 yrs			41-45 yrs			46-50 yrs			51-55 yrs			56-60 yrs			61-65 yrs			66-70 yrs		Total
Band	B5	B6	B5	B6	B5	B6	B7	B5	B6	B7	B5	B6	B7+	B5	B6	B7	B5	B6	B7+	B5	B6	B7	B5	B6	B7	B5	B6	
1C Cardiac	13		13.76		6.84	1		3.2	2.76		0.77		1	0.92	1.92		1.92	0.92		0.92	0.92		1.69			0.31		51.85
1C Neo	8		3.92		0.69			2.61			1			1.92	0.33			2		1			0.85	3			1	26.32
3A	1		7.61		4.07	0.92		6.05	1	1	3.24			4.51	3.4		2.14		1	2								37.94
3B	1		8.76		6.29	2.61		3.35			1.53	1		0.92	0.61	1	0.75	1	1	1	0.92		0.75					32.49
3C	9		3		13.74	1		5.55	1		0.67	0.92		4.11	1.8		3.67	2.52		1.55			1.53					50.06
4A	9.45		5.3	1	13.07	2.45		3.45	1.8		1.92	0.92		2.67	3.52		1.92	2.45	1.69	1.23			0.31					53.15
4B	6		8.8	0.92	0.92	1.93		2.76	1.77		0.92	0.6		2.28			2.24	1		0.77			0.61					31.52
4C	12.46	0.5	7.53	2	7.29	3.53	1	4.69	1		0.61	1					0.95			0.31								42.87
BU	0.92		3.92		2.53	1.84		1				0.81					1			0.23		0.5	0.61					13.36
Crit Care	39.6		45.92	3	29.17	6.22		19.8	9.63		9.83	7.69	4.4	10.67	9.16	0.96	5.36	7.09	6.8	1.61	3.39	1.52	2.15	1.38				225.35
SDC	0.92		1	1	2.74	1		1.11			2.17			2	1		1			1	1							15.94
MDC			1		0.77			1.68	1					0.25			0.76											5.46
DJU	1		3		1.6	1		2			0.6										1							10.2
OPD					2			1.68			1			0.8			1.2			1.79								8.47
ED / EDU	6		10.65	3	4.33	2.85		3.97	1.54	1.26	2.85	0.8	0.92	1	0.8	1	2.73	1	1		2			0.65			0.6	48.95
Pool	40.76		14.53		5.56			4.92			0.67																	66.44
Renal	0.8				0.51	1												0.51										2.82
Bed Man									0.61	1					0.86			1	1		0.31	0.31			1.37			6.46
Total	**149.91**	**0.5**	**138.7**	**10.92**	**102.12**	**27.35**	**1**	**67.82**	**22.11**	**3.26**	**27.78**	**13.74**	**6.32**	**32.05**	**23.4**	**2.96**	**25.64**	**19.49**	**12.49**	**13.41**	**9.54**	**2.33**	**8.5**	**5.03**	**1.37**	**0.31**	**1.6**	**729.65**
	150.41		**149.62**		**130.47**			**93.19**			**47.84**			**58.41**			**57.62**			**25.28**			**14.9**			**1.91**		

THEATRE NURSING

Age	21-25 yrs		26-30 yrs		31-35 yrs			36-40 yrs			41-45 yrs			46-50 yrs			51-55 yrs			56-60 yrs			61-65 yrs			66-70 yrs		Total
Band	B5	B6	B5	B6	B5	B6	B7	B5	B6	B7	B5	B6	B7+	B5	B6	B7	B5	B6	B7+	B5	B6	B7	B5	B6	B7	B5	B6	
Th Recovery	1		2	1	1.75	1		1	1.72			2		1.48	1			1		1								**15.95**
Theatre all	2		6	4		1.51		2	4.69		4	1.68		5.44			4.88	3		1.37	0.51	0.6	0.51	2.27				**44.46**
Total	**3**		**8**	**5**	**1.75**	**2.51**		**3**	**6.41**		**4**	**3.68**		**6.92**	**1**		**4.88**	**4**		**2.37**	**0.51**	**0.6**	**0.51**	**2.27**				**60.41**
	3		**13**		**4.26**			**9.41**			**7.68**			**7.92**			**8.88**			**3.48**			**2.78**					

SPECIALIST NURSES / ANP's / CONSULTANT NURSES

Age	21-25 yrs		26-30 yrs		31-35 yrs			36-40 yrs			41-45 yrs			46-50 yrs			51-55 yrs			56-60 yrs			61-65 yrs			66-70 yrs		Total
Band	B5	B6	B6	B7	B6	B7	B8	B6	B7	B8	B6	B7	B8	B6	B7	B8	B6	B7	B8	B6	B7	B8	B6	B7	B8	B5	B6	
			2.96		4.21	2	1	11.9	11.68	5	4.49	13.55	10.6	3.55	10.89	2.67	2.7	4.56	9.32	3.92	8.52	3.48	0.4	1.88				**119.28**
Total			**2.96**		**7.21**			**28.58**			**28.64**			**17.11**			**16.58**			**15.92**			**2.78**					

COMMUNITY NURSING

Age	21-25 yrs		26-30 yrs		31-35 yrs			36-40 yrs			41-45 yrs			46-50 yrs			51-55 yrs			56-60 yrs			61-65 yrs			66-70 yrs		Total
Band	B5	B6	B5	B6	B5	B6	B7	B5	B6	B7	B5	B6	B7+	B6	B7	B8	B6	B7	B8	B5	B6	B7	B5	B6	B7	B5	B6	
Comm Matrons																1		1	0.6									**2.6**
Home Care						1	1		0.93			1				0.8	0.8											**5.53**
CCNT						2.53			1.72			2.96		2.42							1						0.36	**10.99**
Total						**3.53**	**1**		**2.65**			**3.96**		**2.42**		**1.8**	**0.8**	**1**	**0.6**		**1**							**19.12**
	0		**0**		**4.53**			**2.65**			**3.96**			**4.22**			**2.4**			**1**			**0**			**0.36**		

Appendix 7: Maternity leave in 2017

ML 2017	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1C cardiac	1.92	1.92	1.92	0.92	2.92	1	2.92	3.92	3.92	2	1	1
1C Neo												
3A	2.45	0.92	0.92			2.92	0.92	0.92	0.92	0.92	2.24	2.45
3B	4.33	2.71	2.21	1.6	1.6	1.6	0.6	0.6	0.6	0.5	0.5	0.5
3C	2.84	3.45	3.53	2.53	2.53	2.53	2.53	1.61	1.61			
4A	3.61	2.61	1.61	1.61	1.61	0.61						
4B		0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	3.52	3.72	3.72
4C	6.64	3.8	2.8	2.45	2.45	3.37	5.83	4.29	4.29	3.45	3.24	3.45
BU									0.81	1.62	1	0.81
Crit Care	20.87	19.87	16.01	15.04	15.35	14.51	9.52	12.44	12.44	13.13	12.98	13.9
SDC	2.8	2.8	1	1	1	2	2	4	4	2	2	2
MDC	1	2	2	3	2	2	2	1	1			
DJU	1	1										
OPD												
ED / EDU	2	2.97	2.97	3.97	3.97	3.97	3.97	3.97	3.97	1	1	1
Pool	1	1	1	1	2	2	1	1	1	1.8	1.8	1.8
Renal	1	1		1	1	1	1	1	1	1	1	1
Total	**51.46**	**46.85**	**36.77**	**34.92**	**37.23**	**38.31**	**33.09**	**35.55**	**36.36**	**30.94**	**30.48**	**31.63**
Q average	**Q4: 45.02**			**Q1: 36.82**			**Q2: 35**			**Q3: 31**		

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	Chief Nurse
Paper Prepared by:	Chief Nurse and Clinical Risk Manager
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	n/a

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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)											
	2016/17		2017/18									
Month	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
New	1	2	3	1	2	4	0	2	0	1	2	4
Open	1	2	2	4	4	6	8	5	3	1	1	3
Closed	0	0	2	1	0	1	2	3	4	2	1	0
Safeguarding												
Month	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
New	2	2	0	0	0	1	0	0	0	0	0	0
Open	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
Total closed	**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 01/01/2018 to 31/01/2018:								
Reference Number	**Date investigation started**	**Division**	**Incident Description**	**RCA Lead Investigator**	**72 hour review completed/ immediate actions taken and shared learning**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
StEIS 2018/2696	30/01/2018	Medicine	Patient's Consultant informed via Ormskirk Hospital of child's death on 22/01/2018. Patient diagnosed with congenital hyperinsulinism, Beckwith Weidemann Syndrome and Gastroesophageal Reflux Disease. Patient seen in outpatients by Consultant 13/12/2018, mother had issues with feeding and referral to Speech and Language Therapy Team (SALT) was made. No reports of choking episodes or difficulty swallowing. Although the referral stated urgent, the appointment did not occur. Following review of baby's	Jo Blair, Endocrinology Consultant and Joanne Kendrick, Ward Manager, 3C	Yes - Immediate actions taken: 1. SALT to call consultant regarding urgent status and clinical need for urgent referrals with an agreed time frame for all urgent/priority patients. To be escalated if no outpatient slots available within time period. 2. If appointment unobtainable, SALT to escalate to Service Lead appropriately. Lessons learned: SALT to call consultant regarding urgent status and clinical need for urgent referrals with an agreed time frame for all urgent/priority patients. To be escalated if no outpatient slots available within time period.	Information gathered, RCA panel meeting held 26/02/2018.	Yes	Duty of Candour completed.

			care, the Consultant reported the incident and decision taken that this was a serious incident that required further investigation.					
StEIS 2018/1590	18/01/2018	Surgery	Child transferred from Whiston Hospital on 23/10/2017 due to secondary scalding episode and trauma to buttock from a smashed ceramic mug. The patient was operated on 24/10/17 to repair laceration to buttock and was discharged on 27/10/17. Patient attended Emergency Department 27/12/2017, reviewed by surgical doctor who noted left sided foot drop. On review of case, it is felt that there was a missed laceration to the nerve in the buttock during initial investigation and surgery. If this was recognised during initial surgery, patient would not have had a	Sarah Wood, Consultant Surgeon and Dianne Topping, Senior Nurse	Yes - Lessons learned: 1. There needs to be further discussion with the clinical teams regarding consideration of the potential impact to nerves when presented with this nature of injury in the future. 2. There are opportunities to review the less major trauma patient pathway and an opportunity to implement a secondary/tertiary review policy. 3. Opportunities to review transfer of patient documentation for trauma patients between sites. 4. Review of communication/process for patients with an MDT team.	Information gathering commenced, including request for statements. RCA panel meeting to be arranged.	Yes	Duty of Candour completed.

			secondary nerve graft procedure.					
StEIS 2018/928	10/01/2018	Surgery	Grade 3 pressure ulcer to patient's scalp. Scalp peripheral venous long line (PVL) left in situ 18/12/2017, wound under the hub of scalp line 23/12/2017, redressed and cleaned, PVL left in situ for 13 days. Tissue viability referral made 04/01/18 due to skin being red and query petechial rash, reviewed by Burns Specialist on the 09/01/2018 and confirmed as grade 3 pressure ulcer.	Jayne Peters, High Dependency Unit Manager	Yes – immediate actions taken: 1.Safety alert to staff regarding monitoring and reporting of pressure ulcers and following pathway on pressure ulcer risk assessment bundle. 2.Raise at safety huddles and handover. Lessons learned: 1. Pressure ulcer risk assessment was completed and query Grade 2 ulcer identified on 23/12/17 but no referral to tissue viability, medical photography or completion of incident form. 2. Consideration should have been given to removing the peripheral line on 23/12 17 if possible/in best interests of child. 3. No evidence of escalation of concerns to	Information gathered, first RCA panel meeting held, second RCA panel meeting held, RCA report to be written.	Yes	Duty of Candour completed.

					Team leader or Coordinator on 23/12/17.			
StEIS 2018/99	02/01/2018	Surgery	Grade 3 pressure ulcer. Upon assessment of the patient, found the right nostril with the endotracheal tube (ETT) in situ had a grade 3 pressure ulcer.	Dianne Topping, Senior Nurse/Interim Head of Quality, Surgery	Yes – immediate actions taken: 1. Tissue viability team or lead with tissue viability to review vulnerable children on a regular basis, once initially reviewed or identified as a vulnerable patient. 2. Explore with Badger team the possibility of having Braden Q Score on the patient safety check on badger. 3. Develop a Standard Operational Plan for placement of ETT tubes, to include care and management. Lessons learned: 1. Tissue Viability Nurse reviewed patient on the 10/12/17 as child was described as marking easily, child placed on repose mattress and Aderma placed under all lines and devices to relieve pressure. Written referral made on the 13th December 2017. No mention of dressings to	Information gathered, RCA panel meeting held 12/02/2018, RCA report being written.	Yes	Duty of Candour completed.

					be placed under ETT tube by staff. 2. Weekly reviews from Tissue Viability Nurse would have been advised, cannot find any documentation of further visits from the specialist nurse to review the patient. 3. Nursing documentation all describe that the child marks easily and requires regular review between 4-6hrly and more frequent if deteriorates. Information documented at every shift for skin integrity and deterioration documentation is very good. 4. Braden Q is documented within Badger although not consistent, as not electronically processed. 5. ETT Tube changes - there is no documentation/guideline to be found to suggest changing tube more frequently however the child's condition and the fact that he was a Grade 3 intubation would have precluded an elective tube change or change of tapes securing the ETT. 4. Skin Bundle was completed every day			

					which includes a visual inspection of ETT site and recording of Braden Q.			

New Safeguarding investigations reported 01/01/2018 to 31/01/2018: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
Nil							

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**Division**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
StEIS 2017/31185	21/12/2017	Surgery	Pressure ulcer to left heel. Referral to plastics team following review by senior nurse with expert knowledge in relation to tissue viability. Confirmation received that this is a grade 3 pressure ulcer 21/12/2017.	Kelly Black, Surgical Matron	Information gathered, RCA panel meeting held 23/02/2018, RCA report being written.	Yes	Yes
StEIS 2017/30500	13/12/2017	Surgery	Unexpected death of neurosurgical patient.	Rachael Hanger, Theatre Matron and Simon	RCA panel postponed whilst independent medical expert is sought to	Yes	Yes

				Kenny, Consultant Surgeon	undertake a review of the case to inform the panel. CCG and family informed.		
StEIS 2017/27996	10/11/2017	Surgery	Patient transferred to the Trust on 11/07/17, at the time of the incident the patient was on the sepsis pathway. Patient had a blood gas taken on the 08/11/17 at 02:58, patient had a repeat blood gas was taken and temperature spiked at 04:15. Patient's saturations and heart rate subsequently dropped and arrest team called at 04:35. Concern raised that blood results not acted on in a timely manner.	James Ashton, Sepsis Nurse Specialist	Draft RCA report being written.	Yes	Yes

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

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

Safeguarding investigations closed since last report
Nil

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	Medical Director
Paper Prepared by:	Associate Director for Infection, Prevention and Control
Subject/Title:	Infection, Prevention and Control – Q3
Background Papers:	N/A
Purpose of Paper:	This report provides the Board with the challenges for delivery of the Infection Prevention & Control Work Plan 2017-18.
Action/Decision Required:	For noting
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	The Trust's objectives for 2017/18 have been linked in with 'Code of Practice' for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008 (revised 2015).
Resource Impact	n/a

Alder Hey Children's NHS
NHS Foundation Trust

IPC REPORT
Current Q3 2017-18
(1st April – 31st December 2017)

This report provides the Board with the challenges for delivery of the Infection Prevention & Control Work Plan 2017-18.

Table 1 shows the total number of hospital acquired bacteraemia each quarter.

Bacteraemia	Q1	Q2	Q3
MRSA	0	0	2 (PICU,3C)
MSSA	3 (HDU,PICU,3A)	4 (1C, 1C, 4B, PICU)	4 (3C, 2x3B, 4B)
E.coli	1 (1C)	1(PICU)	2 (1C,3C)
Klebsiella	1 (1C)	0	4 (3A, PICU 2x4B)
Pseudomonas	0	1 (HDU)	1 (PICU)
Outbreaks	0	0	3

Table 1: Hospital acquired bacteraemia 2017-18

Outbreaks Q3

November

- A measles outbreak, 16 cases identified all admitted from the community. 1 hospital acquired case (staff member).
- Norovirus outbreak on Ward 4A, 19 patients and 11 staff affected (no specimen confirmation).

December

- Norovirus outbreak on Ward 4B with 13 patients affected and 14 staff members. Ward closed from 13th – 18th December 2017. (2 patients were laboratory confirmed cases).

At the end of Q3 **71%** (58/82) of the total of deliverables have been completed. **28%** (23/82) of the total deliverables are in progress (amber). **1%** (1/82) classified as red. Please see table 2 below for RAG rating and table 3 shows the deliverables classified as red.

At the beginning of October 2017 a new objective was added, ***objective number 12 – Gram negative bacteraemia***. The objective includes 6 deliverables therefore taking the number of deliverables to 82 in total.

Reporting Period	No of objectives	No. of deliverables	Red	Amber	Green
Q1	11	76	8% (6)	39% (30)	53% (40)
Q2	11	76	3% (2)	34% (26)	63% (48)
Q3	12	82	1% (1)	28% (23)	71% (58)

Table 2: Deliverables RAG rating

Table 3: Current Red Objectives

Objective	Plan & Priority Activities 2017-18	Lead Member	Deliverable	Q1	Q2	Q3	*Comments*
IPC Staffing	IPC Doctor – Consultant Microbiologist	Dr Richard Cooke (RC)	RC retired July 2017, appoint new DIPC				***Q1*** *-* ***Q1*** *- Current IPC Dr to retire in July 17, position advertised but not filled.* ***Q2*** *- Current IPC Dr has retired, no IPC Dr in place (on risk register). Post currently being advertised as of 30/09/17.* ***Q3*** *- No appointment for Microbiology Consultant post.* ***Q4*** *– Discussions have taken place with DIPC/ID/Microbiology on how to take this forward.*

Infection Prevention & Control Annual Work Plan 2017-2018

The table below is the 'Code of Practice' for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008 (revised 2015). This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. This work programme below has been linked to these codes and to the Trust's Objectives 2017-2018.

Compliance criterion	What the registered provider will need to demonstrate
1.	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4.	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
5.	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of passing on the infection to other people.
6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7.	Provide or secure adequate isolation facilities.
8.	Secure adequate access to laboratory support as appropriate.
9.	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10.	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Alder Hey Children's NHS
NHS Foundation Trust

Infection Prevention & Control Annual Work Plan 2017/18

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
1. IPC Staffing								
IPC Code: 1,3,4,8,9 **Trust Values:** Excellence Togetherness	DIPC – Consultant Microbiologist Interim DIPC	Dr Richard Cooke (RC) Dr Steve Ryan (SR)	RC to retire July 2017, appoint new DIPC					***Q1*** *- Current DIPC to retire in July 17, position advertised but not filled.* ***Q2*** *- Current DIPC has now retired Dr Steve Ryan to take on post of Interim DIPC. Post to be revised and re advertised in September.* ***Q3*** *– No appointment for Microbiology Consultant post. Steve Ryan continues as Interim DIPC.* ***Q4***
	IPC Doctor – Consultant Microbiologist	Dr Richard Cooke (RC)	RC to retire July 2017, appoint new DIPC					***Q1*** *- Current IPC Dr to retire in July 17, position advertised but not filled.* ***Q2*** *- Current IPC Dr has retired, no IPC Dr in place (on risk register). Post currently being advertised as of 30/09/17.* ***Q3*** *- No appointment for Microbiology Consultant post.* ***Q4*** *– Discussions have taken place with DIPC/ID/Microbiology on how to take this forward.*
	Associate DIPC	Val Weston (VW)						
	Lead Nurse IPC	Jo Keward (JK)						
	IPC Specialist Nurse (Band 7)	Claire Oliver (CO)						
	0.4 Surgical site Specialist nurse(Band 7)	Lisa Moore (LM)						
	0.6 IPC Data Analyst (band 5)	Carly Quirk (CQ)						
	Clinical assistant (band 3)	Vickie Lam (VL)						

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	PA/Admin assistant (band 4)	Post Vacant						***Q1*** *- Associate DIPC in discussion with finance and Chief Nurse with regards to this post.* **Q2 -** *Admin hours have been sourced to assist with the flu campaign. Discussion ongoing with regard to permanent post.* **Q3** *– Post awaiting authorisation.* **Q4** *– PA/Administrator to be shared with sepsis team. Post authorised awaiting advertisement through HR.*
	Infection Prevention & Control Committee (IPCC) The IPC reports to the Board via the IPCC. The IPCC meets 6 times per year and is chaired by the DIPC. The Terms of Reference were reviewed and amended in December 2016.	DIPC						
2. *Surveillance*								
IPC Code: 1,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect Together	**Alert organisms** To maintain and alert staff to any potential risks from pathogenic organisms	Microbiology and IPC Team	To provide IPC advice and support in order to minimise the risks to patients, staff and visitors.					
	Mandatory Reporting It is mandatory requirement for the							

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	Trust to report a variety of pathogenic organisms/ infections to PHE for monitoring purposes							
	MRSA/ MSSA/VRE/E.coli Bacteraemia	Microbiology, IPC Team and a review panel	To identify, communicate and instigate investigations by the clinical teams for all Trust apportioned cases. All cases to be reviewed under the Post Infection Review (PIR) and Root Cause Analysis (RCA) processes, through a Review Panel and to disseminate lessons learned from the process and actions required and monitored.					***Q2*** *- Meeting held to review RCA documentation and process for ECOLI bacteraemia. Ongoing whole health economy meetings, following new guidance from NHS England, continue to discuss actions and way forward for ECOLI strategy – associate DIPC attending relevant meetings.* ***Q3*** *– Invited to North West Alliance next meeting 30th November 17. PIR bacteraemia process now in place.* ***Update:*** *Unable to attend due to pressures of measles and norovirus outbreaks.* ***Q4****- RCA Meetings – scheduled meetings cancelled as DIPC unavailable due to Trust priorities. Plans made to involve Medical and Surgical Directors in RCA reviews and to develop situation reports for discussion at Divisional Governance Meetings.*
	Clostridium difficile/PTP	Microbiology and IPC Team	To identify, communicate and instigate investigations by the clinical teams for all cases. All cases to be reviewed under the Post Infect Review (PIR) and Root Cause Analysis (RCA) processes, through a Review Panel and to disseminate lessons learned for the process and actions required and					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			monitored. To instigate an incident meeting with clinical team for all hospital acquired cases. Disseminate lessons learned for the process and actions required and monitored.					
	CPE	Microbiology and IPC Team	To instigate an incident meeting with clinical team for all hospital acquired cases. Disseminate lessons learned for the process and actions required and monitored.					***Q2*** *– Business case in development for rapid PCR testing, to improve identification of cases and speed up screening results, to be presented at the next IRG Meeting. Rapid testing will facilitate appropriate cubicle utilisation, improve patient flow and the winter planning process.* ***Q3*** *– Awaiting progress* ***Q4*** *-*
	Surgical Site Infection (SSI) for Orthopaedics (spinal, elective implants and k wires), Cardiac Surgery, Neurosurgery and plastics.	Microbiology, LM, Theatre safety board & clinical Review Panel	To assist in the collection and submitting of data for SSIs. To disseminate reports to the relevant clinical staff. To include data and reporting in the DIPC IPC report on a quarterly basis.					***Q4*** *– Business case to be revisited with Medical General Manager and Microbiology. CPE screening meeting has taken place. Process for notifying wards of failed screening swats devised and being trialled.*
			To support the clinical teams to take more ownership of their SSI data – through attendance at the SSI teaching sessions at Colindale London. To support the investigation and presentation of incidences of SSI through the RCA process at the					**Q1 –** To encourage greater ownership of surgical site infection data by specific teams. **Q2 –** *First SSI action plan meeting took place 21/08/2017. Second meeting to be held16/10/2017. Now incorporated into Theatre Safety Board.* **Q3 –** *Engagement from team has meant that no data was submitted for this quarter. Meeting to be arranged to*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			Review Panel meetings and to support the dissemination of lessons learned to the relevant staff and actions required and monitored.					*discuss a way forward (Cardiac)* **Q4** – *1.5 WTE surveillance assistants now employed to collect SSI data. Awaiting commencement.*
	Viruses	Microbiology & IPC Team	To provide data on HAI Influenza & RSV rates per 1000 bed days.					
			To support investigations into HAI Influenza and RSV cases and investigations into outbreaks with other respiratory viruses.					
			To provide predictions and provide commentary during the winter season on Respiratory viruses (in collaboration with the PHE) to assist in planning elective activity and patient flow.					
3. Hand Decontamination								
IPC Code: 1,2,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Development of new hand hygiene posters for all clinical areas to update the hand hygiene process by incorporating the washing of the wrist area.	Lead Infection Prevention & Control Nurse, IPC Team& link nurses	Development of new hand hygiene poster incorporating further steps of hand hygiene					**Q1** – *The need has been identified to update hand hygiene posters and work has begun on exploring how this can be done with hand hygiene company.* **Q2** – *Meetings continue whilst roll out of new hand hygiene products continues.* **Q3** – Hand hygiene posters now available and are in the process of being distributed.
	Introduction and dissemination of new hand hygiene posters	IPC Team & link nurses	New Hand Hygiene Posters to be distributed and displayed					**Q1** – *The need has been identified to update hand hygiene posters and work has begun on exploring how this can be done with hand hygiene company.* **Q2** - *Meetings continue whilst roll out of*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	for all clinical areas.							*new hand hygiene products continues.* **Q3 –** *Roll out commenced.* **Q4 –** Awaiting more stock from new hand hygiene company.
	Piloting and introduction of new hand hygiene audit technology incorporating PPE	Lead Infection Prevention & Control Nurse, IPC Team& link nurses	Pilot commenced on PICU/HDU feedback positive.					**Q1 –** *Regular feedback to ward staff and medics with current results and highlighting areas of improvement. Certificates for staff identified.* **Q2 –** *Plan to roll out successful pilot into other areas within the hospital.* **Q3 –** *Commencement of roll out to begin this quarter.* **Q4 -** *Sure wash training commenced. Awaiting introduction of new technology from new hand hygiene company.*
		CO	Capturing PPE usage and education to staff re usage on PICU/HDU.					**Q1 –** *Pilot capturing of PPE use to commence July 2017.* **Q2 –** *Awaiting trial of technology from outside company.* **Q3** *- Awaiting trial of technology from outside company.* **Q4 -** *Sure wash training commenced. Awaiting introduction of new technology from new hand hygiene company.*
	Introduction of non-compliance proforma	CO/AF/ST	Management of non-compliance with hand hygiene.					**Q1 –** *Pilot commenced on PICU* **Q2 –** *Non-compliance proforma now being used within PICU.*
	Introduction of new hand hygiene audit technology as part of monthly audit indicators	Lead Infection Prevention & Control Nurse, IPC Team& link nurses	Dissemination of new hand hygiene audit technology to link personnel through meetings and training					**Q1 –** *Dissemination to link personnel.* **Q2 -** *Agenda item at link nurse study day 30/10/17. Considering other hand hygiene app technology.* **Q3 –** *To commence roll out in other areas of the Trust. Areas to be identified.* **Q4 –** *Awaiting new technology from new hand hygiene company.*
	Introduction of hand hygiene technique assessment on an annual basis for all clinical staff.	IPC Team& link nurses IPC Team & IPC link nurses &	IPC Team to train link nurses, link nurses to assess staff. Ward manager responsible for ensuring that staff are trained and records are kept.					**Q1 –** *Training sessions have commenced further sessions planned for Q2.* **Q2 –** *Some areas commenced annual assessment. Will be incorporated in the ANTT annual assessment for trained staff.* **Q3 –** *Introduction of Sure Wash*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
		ward managers						*technology by new hand hygiene company.* **Q4** – *Sure wash assessments now taking place.*
	Hand hygiene awareness week	JK	Develop PID					**Q1** – *Development commenced.* **Q2** – *Hand hygiene summit held 19/10. Plan developed to involve patients and improve children's hand hygiene to include development of posters and films.* **Q3** – *Talks about a new hand hygiene patient initiative continue with hand hygiene company.* **Q4** – *Talks continue and trial areas identified.*
4. Policies								
IPC code 1,2,3,4,5,6,7,8,9 & 10 **Trust Values** Respect Excellence Innovation Togetherness Openness	Review and update IPC policies as required.	IPC Team	Monitored reviewed and updated as part of the IPCT meetings on a bi-weekly basis.					**Q1** – *To review policies for the year and develop policy programme.* **Q2**- *Policies reviewed and updated as necessary via IPC team meetings. During August IPCC meeting the following policies were approved ;Data & Surveillance Policy, Control of Aspergillus Policy and Urinary Catheter Policy. Remaining updated polices will be reviewed at Oct IPCC.* **Q3** – *CJD Policy, Packaging and handling of specimens policy, Linen Policy, ANTT policies and guidelines approved at October IPCC. Measles policy to be approved at December IPCC. Measles policy delayed due to discussions & comments to cleaning procedure.*
	To provide advice and support on IPC policies.	IPC Team						
	Participation in updating where IPC is an integral component of relevant policies.	EW	Provide an update of policy review dates					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
5. ANTT								
IPC Code: 1,2,3,4,5,6 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Monitor Trust wide compliance and increase compliance rates.	Sara Melville(SM) (IV team lead)	Provide updated compliance figures to the relevant care groups and for IPCC.					
			Include ANTT compliance scores in IV Newsletter and IPCC Report.					**Q1** – *To develop a system for monthly IV Newsletter for ANTT compliance.* **Q2** – *Compliance scores now included.*
	Update current ANTT Policy	SM/Associate DIPC/ CO/ ZB	Review new guidelines and update policy and procedures to reflect this.					**Q1** – *All new evidence based standards reviewed.* **Q2** – *Policy updated sent to IPC team for comment prior to approval at IPCC in October 2017.* **Q3** – *Now ratified.*
	Review role and responsibilities of Link Nurses.	SM/IV team	To review role and responsibilities of Link Nurses.					**Q1** – *To await review and update of current ANTT policy.* **Q2** – *Discussions have been commenced on the role and responsibilities of the link nurses in line with new ANTT policy.* **Q3** – *Now incorporated into key trainer role.* **Q4**
	Provide Key Trainer training.	SM	Key trainer training days are provided are provided 4 times per year.					**Q1** – *To develop key trainer programme. To await review and update of current ANTT policy.* **Q2** – *ANTT key trainer sessions are organised for 9th October, 3rd and22nd November and 4th December. We need to organise updates sessions quarterly for key trainers for next year.* **Q3** – *Key trainer dates set for 2018.*
	ANTT stickers for yearly compliance.	SM	ANTT stickers to be provided for all staff following ANTT training and compliance.					**Q1** – *Discussions have taken place with B Braun to provide ANTT stickers.* **Q2** –*ANTT Stickers from bbraun are on order and should arrive soon.* **Q3** – *Now being distributed*.
	Liaise with ANTT experts to review and refine	Associate DIPC/SM	Attend annual ANTT conference and to attend North West IV forum					**Q1** – *To attend ANTT conference and IV forum updates* **Q2** – *SM attended North West IV Forum*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	existing processes.		meetings.					*meeting at Alder Hey 26th September 2017.* **Q3** – *Next meeting 5th December.*
6. Training								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Respect Together Innovation	To ensure that IPC staff and kept updated with IPC evidence based practice.	Lead IPC Nurse	To ensure that a member IPC Team the North West Infection Prevention Society (IPS) meetings at least once per year.					**Q1** – *To ensure that a member of the IPC team attends IPS meetings at least once per year.* **Q2** – *Lead nurse to attend next IPS North West meeting at Whiston Hospital.* **Q3** – *Team unable to undertake due to demand on the service. However a member of the team did attend the annual IPS national conference.*
		Associate DIPC	To regularly attend local HCAI whole health economy meetings.					**Q1** – *Explore area in whole health economy where Alder Hey can participate.* **Q2** – *Associate DIPC has attended ECOLI bacteraemia meeting held at Liverpool CCG.*
		Associate DIPC/Lead IPC Nurse	To attend local and national IPC/relevant conferences as the service will allow					**Q1** **VW** has attended; *3M IV Global Leadership summit, EWMA and the 3M North West IV Forum – Speaker.* ***JK** has attended HIS Spring Meeting and Don't panic conference.* ***CO** has attended the 3M North West IV Forum* **Q2** – *Members of IPCT to attend IPS National conference. 3M North West IV Forum meeting to be held at Alder Hey September 2017.* *VW to attend CLABSI's National Round Table 22nd August 2017.* *VW is to present at All Wales Advancing Vascular Access and OPAT Conference.* *JK to attend Paediatric Infectious Diseases study Day, Manchester, September 2017.* *CO attending H&S Executive Mask fit testing course July 2017.* **Q3** - *VW presented at; 3M National IV Leadership Summit, National IPS IV Forum Conference, Oxford IV Therapy Day. LW*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								has attended One Together Study Day in Birmingham.
		Lead IPC Nurse	To attend Vaccinator training or undertake on line update					
	To ensure that Trust staff are kept updated with IPC evidence based practice: Please see plan below.							
	Induction	Lead Nurse IPC/CO	At least once per month					
	Mandatory	Lead Nurse IPC/CO	For all clinical staff yearly (monthly sessions) & work book Non-clinical 3 yearly – work book					***Q2**- Lead nurse has updated both clinical and non-clinical workbooks- August 2017.*
	ANTT Key Trainers	SM						**Q1** *– To develop key trainer programme. To await review and update of current ANTT policy.* **Q2** *–ANTT key trainer sessions are organised for 9th October, 3rd and 22nd November and 4th December.* **Q3** *– Training sessions scheduled for 2018.*
	Volunteer IPC Training	CO/VL	Quarterly					
	Hotels Services IPC training	VL	At least once per quarter					**Q1** *– Meetings have taken place with hotel services and a programme is to be developed for IPC training for all hotel services staff.* **Q2** *– Presentation developed and awaiting dates from Hotel Services Leads for delivery. Dates arranged to commence Oct 2017.* **Q3** *– Training has now commenced. Further training delays due to long term sickness.* **Q4**

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	Link Personnel	IPCT	Bi-monthly					
	Fit Testing Key Trainers	CO	Annually					**Q1** – *New IPC lead appointed attending training June 17.* **Q2** – *Fit testing training programme commenced.* **Q3** – *Fit testing continues as capacity allows.* **Q4**
	Flu vaccinator Training	Lead Nurse IPC	Annual (4 sessions per year)					***Q2*** – *Vaccinator update sessions commenced and will be completed end of September 2017.*
	Ad hoc training	IPCT	As required					
7. Audit								
IPC Code: 1,2,3,4,5,6,7,8 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	To provide assurance to the board and relevant committees of adherence to high quality IPC practices. IPC Audit programme Medical Divison 2017 Surgical divison audit programme Aug revis	Lead IPC Nurse/ IPC Specialist Nurse/IPC clinical assistant follow the audit plan The Audit programme is revised on a yearly basis. Further audits are undertaken by the IPC Team as set out in the work plan and as the service requires.	All findings are communicated to the relevant clinical staff and reported via the IPC monthly report and the IPCC. All lessons learnt are disseminated To the relevant staff and other agencies as Appropriate in a timely manner.					**Q1** – *Due to appointment of Associate DIPC (commenced May 17) audit programme temporarily delayed.* **Q2** – *New monthly spot check audits developed and trialled. Roll out to commence September 2017. IPC Leads for each division to attend risk and governance meetings to discuss results.* **Q3** – *Development of an IPC dashboard which will incorporate IPC monthly audits, domestic audits and estates and facilities audits. These will be commenced on a monthly basis and discussed at risk and governance meetings and IPCC.* **Q4** – *Dashboard to be rolled out January 2018.*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
8. Antimicrobial Prescribing								
IPC Code: 1,3,4,5,6,7 & 9 **Trust Values:** Excellence Openness Respect Together Innovation	Antimicrobial Stewardship (AMS) ward rounds	Antimicrobial Pharmacist	Appointment of replacement Antimicrobial Pharmacist					**Q1 –** *Interviews for the post taking place June 2017.* **Q2 –** *New Antimicrobial Pharmacist commenced September 2017.*
			AMS ward rounds (x3/week)					
	AMS Committee meetings		AMS Committee (meet at least quarterly)					
			Introduce mandatory AMS training package					**Q1 –** *Need for AMS training package to be developed.* **Q2 –** *Meeting to be arranged.* **Q3 –** *Associate DIPC to discuss with antimicrobial pharmacist and AMR lead for the Trust.* **Q4**
9. Communication								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Respect Together Innovation	IPC bi-monthly report	JK	IPC bi-monthly report disseminated to medical and nursing staff.					
	Communication with the Whole Health Economy	VW	To attend HCAI/IPC meetings across the local area.					**Q1 –** *Explore area in whole health economy where Alder Hey can participate.*
	Communication with other Trusts and agencies such as Public Health England (PHE)	IPCT	To attend local meetings. Communication and information gathering with other Trusts and agencies to assist in IPC investigations.					
	Update IPC intranet page	CQ/VL	To attend Trust Intranet training. VW to identify a lead to update intranet. This is a restriction presently due to the admin vacancy.					**Q1 –** *Not attended intranet training due to capacity in IPC (admin vacancy).* **Q2 –** *Lead established. Training completed intranet page currently being updated.* **Q3 –** *Intranet page updated and*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
								maintained
10.Information Technology								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Innovation Together	Enhance use of Meditech	JK/IPCT	Exploration of Meditech system with PA. Develop a plan of where we are now with our process uses Meditech and a plan of where we would like to be.					**Q1** – *First meeting has taken place in May 17. IPC Lead nurse and Team to map out requirements.* **Q2** - *Requirements now mapped out need to schedule next meeting.* **Q3** – *Discussion has taken place to develop an electronic alert system as part of this work. Awaiting development.* **Update:** *Test versions have been trialled. Discussions to progress continue.*
11.Interface with Relevant Groups								
IPC Code: 1,2,3,4,5,6,7,8,9 & 10 **Trust Values:** Excellence Openness Respect Together Innovation	IPC to attend and provide expert opinion for topics related to IPC.	IPCT						**Q1** – *Due to appointment of Associate DIPC (commenced May 17) audit programme temporarily delayed.*
	Escalate issues to DIPC as necessary.	Associate DIPC	Regular meetings with DIPC					**Q1** – *Weekly meetings with current DIPC. Further meetings going forward on a 2 weekly basis with new DIPC.* **Q2** – *2 weekly meeting continue between DIPC and Associate DIPC.*
	To review new equipment /environmental utilisation	IPCT	Ad hoc meetings as required.					**Q1** – *Meetings are attended as requested however at times IPC are not informed.* **Q2** – *IPCT now invited to new procurement meetings, building services and Interserve meetings.*
	Decontamination	Lead Nurse IPC Associate DIPC to attend as required.	To attend scheduled meetings. To provide expert advice and support as required.					
	Water Safety	Associate DIPC	To attend scheduled meetings.					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			To provide expert advice and support as required.					
	Health & Safety/IPC/Interserve & Building services	Associate DIPC/ Lead Nurse IPC	To attend scheduled meetings. To provide expert advice and support as required.					**Q1** – *Request to attend these meetings has been made awaiting date of first meeting.* **Q2** – *VW attends these meetings*
	Hotel services	Lead Nurse IPC Associate DIPC to attend when required.	To attend scheduled meetings. To provide expert advice and support as required.					
	Ward managers/matrons	Lead Nurse IPC Associate DIPC or IPCT to attend when required.	To attend scheduled meetings. To provide expert advice and support as required.					
	Health and safety	Lead Nurse IPC	To attend scheduled meetings. To provide expert advice and support as required.					**Q1** – *Due to appointment of Associate DIPC (commenced May 17) Lead Nurse has been unable to attend recently.* **Q2** – *JK attends these meetings*
	Integrated Governance Committee	DIPC/ Associate DIPC	To attend scheduled meetings. To provide expert advice and support as required.					
	Medical Devices Committee	DIPC/ CO	To attend scheduled meetings. To provide expert advice and support as required.					
	Trust quality meetings • ***CQAC*** • ***CQSG***	Associate DIPC Lead Nurse IPC to deputise. IPCT to attend ad	To attend scheduled meetings. To provide expert advice and support as required.					

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
	• ***CQPG***	hoc for training purposes.						
	Theatre Safety Board	LM/CO	To attend scheduled meetings. To provide expert advice and support as required.					
		Associate DIPC/ LM/CO	To assist in the introduction of the OneTogether programme.					***Q1*** *– To speak to relevant clinicians with regards to introduction of the OneTogether programme for surgery.* ***Q2*** *–Is included in SSI action plan.* ***Q3*** *– Staff have attended an update 23rd November 2017. Discussions nee to commence to implement the programme..* ***Q4*** *– Discussed at Surgical Division IPC Meeting January 2018.*
	Trust board	DIPC/ Associate DIPC	To attend scheduled meetings. To provide expert advice and support as required.					
12. Gram Negative Bacteraemia – Commenced Q3								
1,3,4,5,6,7,8 & 9 Excellence Innovation Respect Together Openness	Adherence with regards to gram negative bacteraemia targets	DIPC/ Associate DIPC	To attend whole health economy meetings to develop robust action plans to tackle gram negative bacteraemia reduction targets.					***Q3*** *– Associate DIPC has attended several meetings and is involved in developing whole health economy action plans across the Liverpool region.* ***Q4-*** *Unable to attend due January meeting due to work pressure.*
		IPC Data Analyst	Ecoli, Klebsella spp, Pseudomonas aeruginosa bacteraemia data is now to be inputted on the MESS data system. Also retrospective data from April 2017 needs to be inputted.					***Q3*** *– Retrospective data has now been added to the PHE data capture system and is entered ongoing on a monthly basis.*
		IPCT	PIR proforma to be developed for the					***Q3*** *– PIR developed and to be trialled* ***Q4*** *– PIR now being used by clinical teams.*

IPC Code & Trust Values	Plan & Priority Activities 2017-18	Lead Members	Deliverables	Q1	Q2	Q3	Q4	Comments
			new PIR review process.					
		DIPC/ Associate DIPC	PIR reviews to be commenced for all named gram negative bacteraemia.					***Q3*** *– To commence dates booked for reviews.* ***Q4*** *– Unable to progress due to the cancellation of meetings.*
		IPC Data Analyst	Trust wide situation reports to be developed to share lessons learnt.					***Q3 –*** *Situation reports in development.* ***Q4***
		Associate DIPC	PIR reviews to be shared across the whole health economy and NHSI.					***Q3*** *– Meetings arranged to discuss progress.* ***Q4***

Alder Hey Children's NHS
NHS Foundation Trust

Trust Wide Infection Prevention and Control Action Plans

Drawing from the evidence presented in the IPC Annual Report 2016/17, key themes have been identified to target for 2017/18. Trust wide Action Plans will be developed with other key stakeholders from the Trust to implement and progress these actions.

Key Themes	Infection Prevention and Control Lead	Other Specialist Nurses from the Service	Update
Methicillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia	Claire Oliver	Sara Melville (Lead Nurse –IV)	MSSA Bacteraemia Action Plan 2017-18 (
Surgical Site Infections (SSI)	Rachael Hanger	Lisa Moore (SSI Nurse Specialist)	
Environmental Cleanliness	Jo Keward	Vickie Lam (IPC Clinical assistant)	Environmental Cleanliness Action Pla
Prevention of pressure ulcers	Val Weston	New Tissue Viability Speciality Nurse when in post	Pressure Ulcer Action Plan 2017-18 V5 upda

These Actions Plans will be reviewed and monitored via the IPCC and the governance structures in each relevant division and progress communicated to the Trust Board.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

6th March 2018

Report of	Director of Nursing
Paper prepared by	Head of Quality – Division of Medicine Trust Complaints and PALS Lead
Subject/Title	Quarter 3 2017 – 2018 Complaints & PALS report
Background papers	N/A
Purpose of Paper	To receive the Current Complaints Performance report and update regarding previous concerns.
Action/Decision required	The Board / Group are asked to note the report.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Deliver **Clinical Excellence** in all of our services
Resource Impact	None

Quarter 3:- October 2017 – December 2017

Complaints summary

The Trust received 27 formal complaints during this period. One complaint from this quarter was subsequently withdrawn from the process at the complainants request after Trust lead contacted Mum with a full explanation relating to the issues Mum had raised – Mum happy to withdraw complaint based on explanation. 6 complaints started as an informal concern (PALS) within this reporting period.
As a result of the recent Divisional restructure it remains a manual extraction of data to provide benchmarking information for the Divisions.

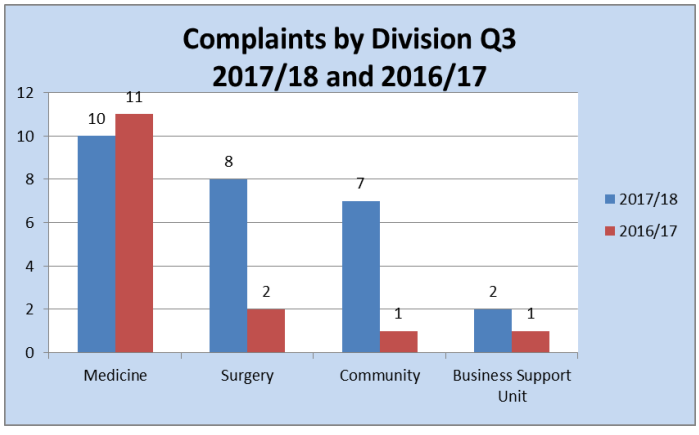
In 2016/17 Q3 the Trust received 13 formal complaints – this is therefore an increase of 107% in total number received in Q3 2017-18.

The main category of complaints received in this quarter is jointly shared between "Treatment/procedure" (41%) and "Communication/consent" (41%) . The only other category is "Access/Admission/Transfer/Discharge" at 18%

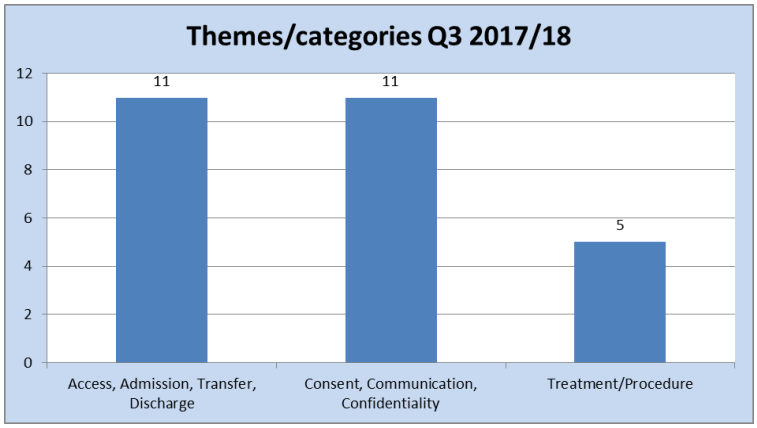
As reported previously the main complaint category relates to parents questioning whether the care their child has received is appropriate and clear lineation remains regarding communication issues that have lead to the first complaint category.

Complaints by Division in Quarter

The following graph demonstrates the amount of complaints received within each Division during Quarter 3 2017 – 18 and includes a comparison from the same time period in 2016/17. Due to the devolved Governance model this information has been manually extracted and includes the period of December 2017 when the Devolved Governance structure commenced.



Q3 themes and categories



The table above demonstrates the continued challenges faced regarding the diagnosis and treatment pathway made for children yet queried by parents/carers. This quarter again we see concerns raised relating to communication/consent and issues relating to access/admission arrangements.

Report against three day acknowledgement

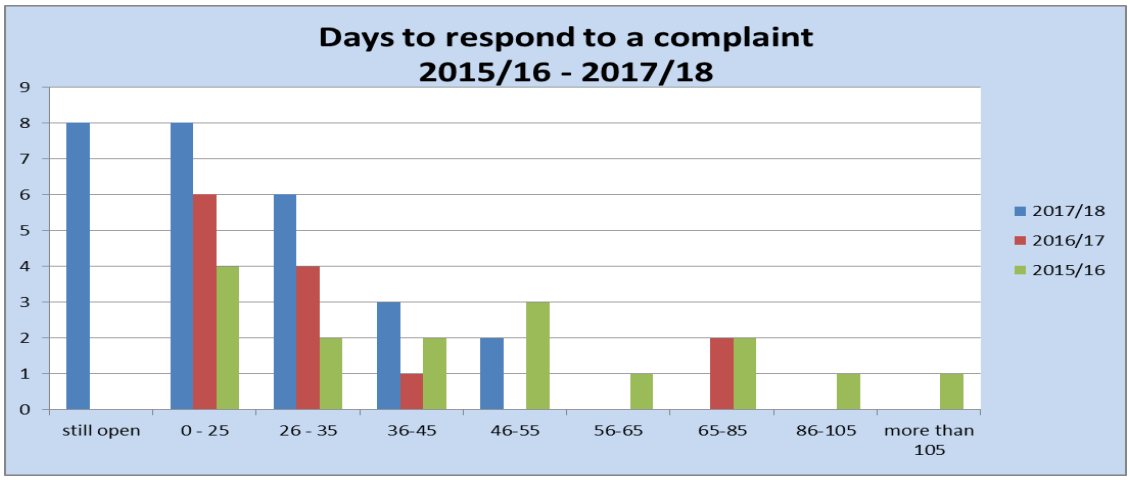
The Trust has three working days to formally acknowledge a complaint; this can be in an email or by phone. The Trust has a generic formal complaint acknowledgement letter that is sent out to the complainant; this includes a named contact for the complainant to contact should they require to do so (including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

In Q3 one complaint was not acknowledged until day 10 – this repeat complainant and also very complex. Decision waited from the decision whether this could be included in the ongoing complaint or should be treated as a new issue. The additional complaint with a 14 day delay was sent directly to the clinical area by Mum and delay in sending this to the Complaints team to be logged and acknowledge as per process.

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

Mersey Internal audit agency (MIAA) has requested in their latest review that we make alterations to the timeframes graph as depicted below.

The graph below now shows the timeframes the Trust has responded to a formal complaint from 2015 to present time. This information clearly shows that with all complaints, including where we have requested an extension our overall response timeframe is reducing.



Withdrawn complaints –
SO03251 – Mum raised her concerns formally relating to the results of her sons MRI being shared to her in a letter that she was only copied into. This complaint was logged between Community Paediatrics who made the request and wrote the letter to the GP and the Neurology team where the child had been referred to for a specialist opinion. Despite a call to Mum from a Service Manager who Mum confirmed to she did not have any concerns re Neurology, Mum advised she still wished the complainant to be pursued.

Trust Lead asked for assistance – on investigation the letter from the Community Paediatrician to the GP was a proactive approach to ensuring the child's GP was kept informed , however unsure if the Consultant had not realised that the Neurologist had scheduled to see the child in clinic to advise of the MRI results. The letter to GP cc'd to parents reached them before they attended for their clinic appointment.
Apologies offered for Mums experience and distress and Mum advised she was satisfied with this explanation and the complaint could be withdrawn. Summary letter of the conversation to Mum was sent out for Mums records.

Complaint outcome

14 complaints where upheld within this quarter and 2 where not upheld. 1 complaint was partially upheld and 9 complaints are still ongoing.
All complainants are fully up dated regarding any delays in response timeframes.

Upheld complaints from July 2016 are now uploaded onto the Trusts external facing web page- this is the link to access the web page. http://www.alderhey.nhs.uk/your-visit/

This information is taken from complaints that have been responded to within the previous calendar month. These are complaints upheld with actions required as part of the response. All complaints are logged onto the Trust action plan that is taken to the Clinical Quality Steering group for discussion and dissemination to the Divisions

Referrals to Parliamentary & Health Service Ombudsman

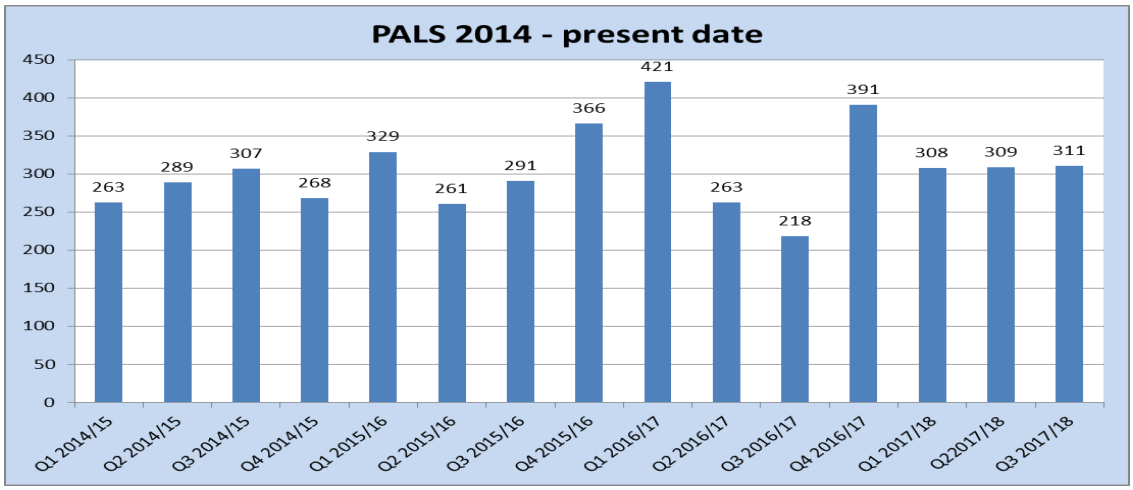
Contacted in Q2 to discuss another complaint – advised the Trust would request no further resolution appropriate and that the PHSO investigate as the next stage should the family request this. PHSO have now requested all records relating to the complaint and medical records also.

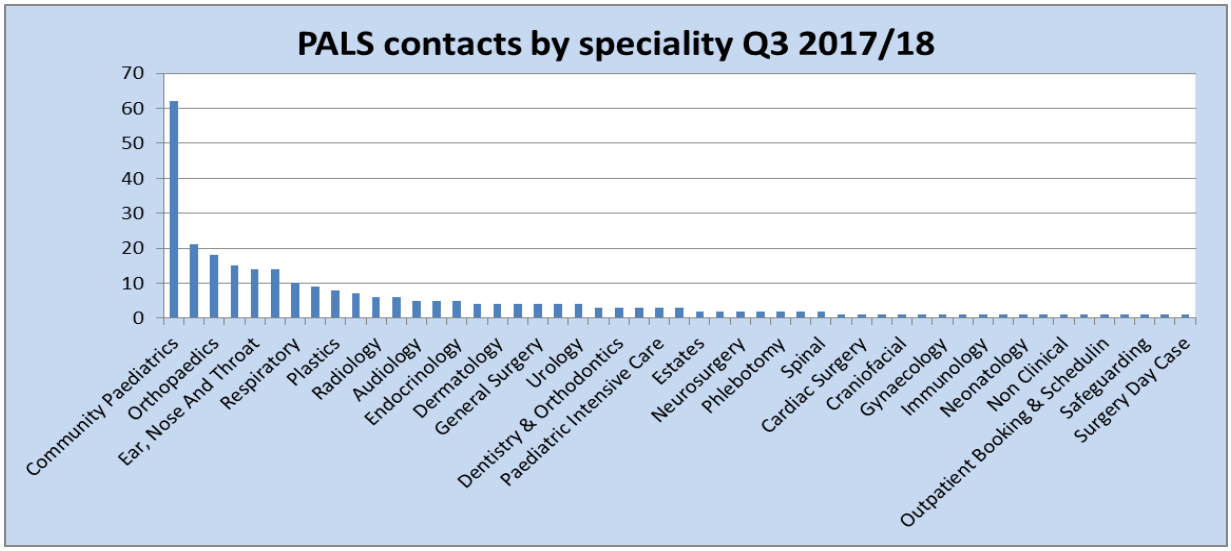
PALS summary

In Q3 2017 -2018 PALS contacts received have remained fairly static at 311 contacts (Q2 309). There are a number of contacts within PALS that are dealt with / assistance provided but are not formally logged on Ulysses. There are also some concerns that may take several hours to investigate with a variety of required communications.

The staff who work on the Concierge desk also assist in dealing with concerns – currently these are also not logged, however training has now been delivered to these staff and the concerns will be logged directly on to Ulysses enabling a wider appreciation of all of the issues we should be aware of.

Fig 3- PALS contacts from 2014/15 – Q3 2017/18
The table shows a steady number of contacts into the PALS team from April this year. No seasonal reductions have been observed as in previous years.

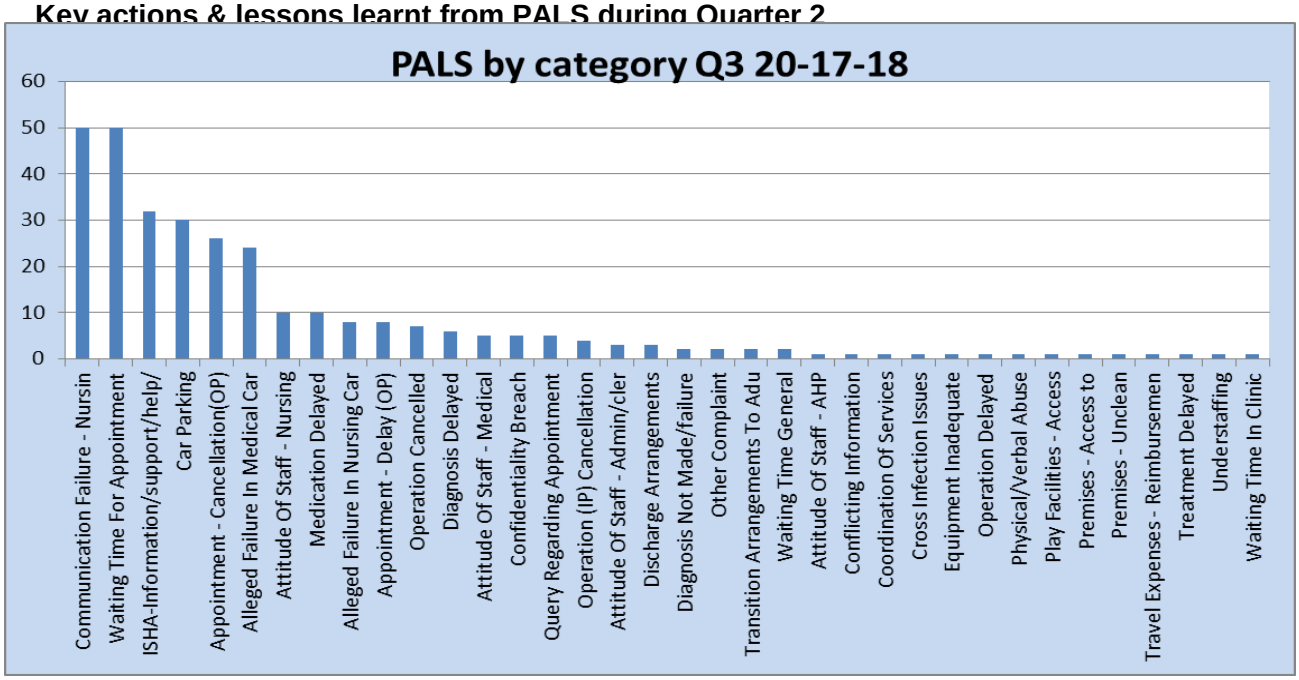


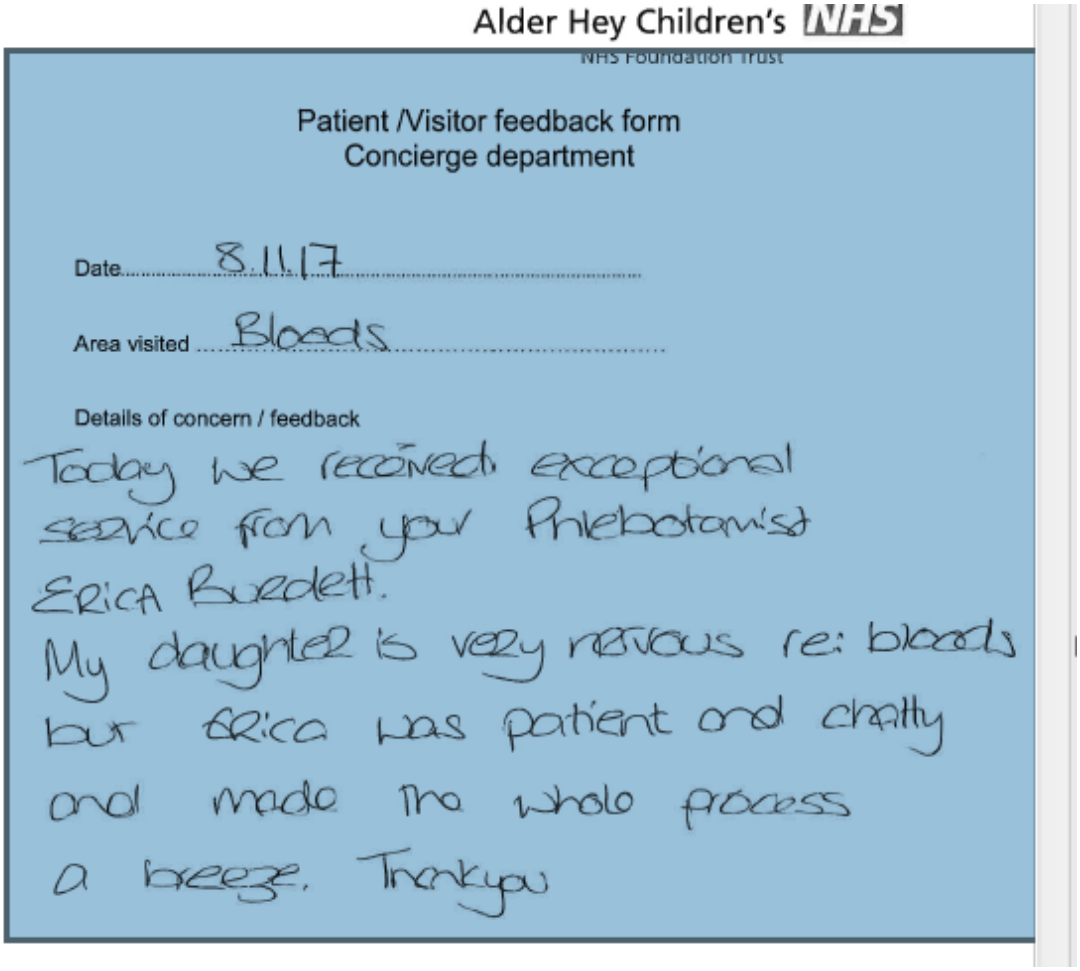


The table above clearly demonstrates the significant amount of PALS contacts received by Community Paediatrics within this quarter. Improvement work into these areas was highlighted by the Community Division ACO recently.

The table below shows the category of concerns raised in more detail than previous reports – this is to align the concern to a specific area. For example the 4th most common concern raised this quarter has been the increase in car park charges (despite that being from January 2018). Using the previous data extraction fields this would have been hidden in the main category of Environmental/structural issues – therefore it was felt this extraction request is more helpful in appreciating the specific issues. An action here is to interrogate the background fields of Ulysses and ensure the system provides the Trust with what we require from it in the Complaints and PALS module.

Key actions & lessons learnt from PALS during Quarter 2





Alder Hey Children's NHS
NHS Foundation Trust

Patient /Visitor feedback form
Concierge department

Date 8.11.17

Area visited Bloods

Details of concern / feedback

Today we received exceptional service from your Phlebotomist Erica Burdett.
My daughter is very nervous re: bloods but Erica was patient and chatty and made the whole process a breeze. Thankyou

A copy of a poem recently shared with our Oncology/Haematology team has been inserted below as an example of the impact our staff and services do make for children and their families – this was incorporated into a beautiful letter she wrote (she is only 9 years old). Whilst this report focusses on Complaints and PALS when we do not always get things right, please read this poem and see what a difference we do make.

Leukaemia and Me

I became poorly when I was just a little child
My Mum and Dad hoped that it was something very mild
We soon learned that this was not the case
The doctors said it was leukaemia I had to face
When I realised it made me very sad
I could tell that leukaemia was something very bad
Straight away I had to take pill after pill
This made my hair fall out and made me very ill
For about a year I wore a scarf upon my head
Too many nights were spent in hospital in bed
My treatment for leukaemia lasted two and a half years
Although I tried to be brave there were still many tears
Even though I was scared I knew that I would be alright
Because Mary came to visit me and speak to me at night
In the hospital I made a very special friend
Her name is Lucia and we were together until the end
We finished treatment 14th January 2015

My end of treatment party was the biggest celebration you've ever seen
My battle with leukaemia makes me very proud
I beat leukaemia I can shout out loud.

By Maisie
Age 9

END

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	Director of HR and OD
Paper Prepared by:	Director of HR and OD
Subject/Title:	Workforce and Organisational Development Committee
Background Papers:	None
Purpose of Paper:	To update the Board of Directors.
Action/Decision Required:	To note the contents.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	
Resource Impact:	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

6th March 2018

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update for Dec 2017/Jan 2018
Background Papers:	NHS 2017 Staff Survey
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	none
Link to: **Trust's Strategic Direction Strategic Objectives**	The Best People Doing their Best Work
Resource Impact:	None

1. Staff Engagement

Reward & Recognition

In response to the monthly Star Awards, Alder Hey had the first joint winners for November and the first team, Domestics on Ward 4A, win during December. January's selection are being collated from the nomination committee at the time of writing. All past and present winners continue to be displayed on the board in the Atrium.

The annual staff awards were held in January 2017 at the Titanic Hotel with a successful and well received outcome. The Titanic Hotel has been selected again for 8th February 2019 with the Reward & Recognition Team continuing to make the necessary preparations.

The Reward and Recognition Team are also in the preparation of celebrating 70 years of the NHS summer event alongside our Fab Change week. It is anticipated that we will use the park as our location for the celebrations.

Staff Survey

The National 2017 Staff Survey has now been shared with Trusts, with a national publication date of 6th March. It shows a very positive picture of improvement since the 2016 survey, with 18 of 32 key findings better than in 2016. In relation to our comparators, acute specialist Trusts, we are also showing some improvements since last year's survey, but as always new are focused on continuous improvements, and and our action plans will be addressing local and corporate areas.

Please see Staff Survey in Appendix A. A presentation will also be given to the Board to supplement this survey.

2. Workforce Sustainability and Capability

Education, Learning and Development

Apprenticeships

We have successfully appointed to the role of Apprenticeship Delivery Manager in January. Gerry Thomas has been appointed to the role and she is currently putting in place the implementation programme for the delivery of the apprenticeship programme to new and existing staff. The Trusts compliance visit with The Education and Skills Funding Agency (ESFA) took place 1st February and they confirmed all is in place to ensure the delivery of an effective apprenticeship programme. Week commencing 5th March is Apprenticeship week, which will see a week of activity that helps to promote and communicate the apprenticeship offer.

Mandatory Training

Detailed mandatory training reports by subject, department and team continue to be distributed across the Trust, with all managers expected to increase compliance with mandatory training in each of their teams, and hit the 90% compliance target by the 31st January 2018. We have seen a great deal of effort to increasing compliance, and all areas showed an increase month on month. The core mandatory training position at end of January 2018 was 89.37% however the updated figure (as of mid February) is 94.3% for core mandatory training and 89.98% on overall mandatory training. Specific subject matters

(i,e, clinical IPC) or particular staff groups (i.e medical staff) where compliance is lower continue to be targeted. A new Learning & Development Manager has been appointed and will commence in post at the end of April; a key objective within that role will focus not only on maintaining high levels of compliance but to also review the accessibility and quality of training, to further assist staff and managers in effectively engaging in training.

Workforce Diversity

The BME and Disability Networks continue to actively develop, and we remain sighted on our goals to increase the diversity of our workforce, agreeing a set of tactical actions with the Chair of the Workforce and Od Committee in December to practically move the agenda forward. A key strand of this will be a focus on apprenticeships.

Employee Consultations

Hotel Services

The Domestics organisational change process concluded mid-January 2018 with a successful implementation date of 5th February 2018. The porters and portering supervisor's consultation has been extended to explore any further options with full trade union engagement to bring about a satisfactory conclusion and it is anticipated that consultation closure will now take place at end of February 2018.

An external review has been commissioned to focus on the structures within the Catering Department, analysing the costs and potential opportunities that may be available. Following receipt of the report, expected during February/March 2018, it may be necessary to undertake an organisational change process.

Home Care Service/Complex Care – Community Division

The original Organisational Change of seven Band 3 HCA's has now concluded, with one fall out as potential redundancy following the LCH TUPE transfer. Confirmation of new posts issued and pay protection allocation instigated where appropriate.

Home care Service #2

As a result of a further patient decreasing this has necessitated a further 3 HCA's to undertake Organisational Change. Staff side have had the opportunity to review the paper and attend the formal consultation which is due to end at the end of February.

Crisis Care – Community Division

The competing pressures of planned and unplanned work streams upon the team have seen the necessity for unplanned work to be prioritised. The current Alder Hey model established is the Single Point of Access (SPA).Alder Hey has been successful in a bid for additional crisis care monies; based on the provision of an out of hours phone line and the extension of ward based assessments at weekends. This additional funding and refocus of provision provides the opportunity to create a dedicated team that will assist young people who are in crisis in addition to allowing young people, who have been admitted following self-harm to be safely discharged in a timely manner. A consultation document has been produced and staff side have had the opportunity to review the paper and the formal consultation is currently underway.

Theatres – Decontamination Services - Surgery Division

The consultation process within decontamination services concluded in December 2017 in relation to the review of structures and service delivery. The paper outlined a small-scale restructure within the team of 3 staff to realign activities. The proposed implementation date is planned for end of March 2018.

Employee Relations Activity

By the end of December the Trust's ER activity increased to 24 cases. There are 6 disciplinary cases; 4 Bullying and Harassment cases; 4 grievances; 3 final absence dismissal cases; 1 formal capability cases; 3 MHPS Capability cases and 3 Employment Tribunal (ET) cases.

Employment Tribunal Cases

- The ET Claim relating to unfair dismissal and wrongful dismissal, due to be heard on 7th, 8th 9th February has been postponed a second time, for final review to an on-going NMC investigation. A review hearing for the Trust is planned for 4th April 2018.

- The ET claim relating to constructive / unfair dismissal and disability discrimination will be heard at Tribunal on 26th 27th 28th Feb and 1st March.

- An ET Claim dated 10th October 2017 relating to disability discrimination and protected disclosure is scheduled to go ahead. Notification has now been confirmed of a hearing at Liverpool Employment Tribunal from Monday 12th November until Friday 30th November 2018 over three weeks. Key personnel have been requested to ensure diary availability.

Corporate Report

The HR KPIs in the January Corporate Report are:

- Sickness rates have increased to 6.3%
- PDR compliance increased to 87.3%
- Mandatory training compliance increased to 89.2%

Actions to address shortfalls are being addressed by members of the HR & L&D team with the management teams, with a specific focus on sickness absence. Ongoing ESR training and support has been provided to managers by the HR Team to ensure accuracy in recording, and the action plans for mandatory training have been implemented.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

15th February 2018

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 February 2018.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 15th February 2018; the minutes of the meeting will be submitted to the May 2018 Board for noting.

- The Committee approved the TOR for 2018.
- The Committee **noted** the recommendations for The Best People Doing Their Best Work – Programme Assurance.
- The committee **noted** the content of the presentation, previously endorsed at Strategy Trust Board relating to the People Strategy (by 2020 Alder Hey will improve the Health & Wellbeing of Children & Young People Throughout the World).
- The Committee **noted** the content of the Staff Survey 2017 from Quality Health Report.
- The Committee received a refreshed HR KPI's report and **approved** the content.
- The Committee received a report outlining an action plan for Employment & Health & Safety policies and **approved** the content.
- The Committee received a report outlining the latest developments for Mandatory Training and **noted** the significant progress made.
- The Committee received the workforce elements of the CQC Action Plan reflecting January 2018 position and **noted** the progress made.
- The Committee received a report outlining the latest developments to support Apprenticeships at the Trust and **noted** the progress made.
- The Committee received an update of the Workforce Leading Indicators and **noted** the content.
- The Committee received the Board Assurance Framework 2017-18 and **noted** the content.
- The Committee **ratified** the following policies and **approved** the accompanying EIA's:
  Equality Diversity & Human Rights Policy & EIA.
  Equality Analysis Policy & EIA.
  Alcohol & Substance Misuse Policy & EIA
  Mandatory Training Policy & EIA
  Induction Policy & EIA
  Personal Protective Equipment Policy
  Latex Policy
  COSHH
- The Committee **agreed** to defer to April 2018 WOD the Slips Trips & Falls Policy to allow time for update of appendices B & C.
- The Committee **approved** the Equality Analysis Template & Step-Wise Guide.
- The Committee **approved** the Quality Assessment Template & Step-Wise Guide.
- The Committee noted the content of the following Committee notes:
  JCNC – 29th November 2017
  Health & Safety Committee – 13th December 2017
  LNC – 21st November 2017

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 15th February 2018.

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Alder Hey Children's NHS
NHS Foundation Trust

ANNEX A

WORKFORCE & OD COMMITTEE
MINUTES FROM MEETING
12th December 2017

Present:	Ms C Dove	Non-Executive Director (Chair)	(CD)
	Mrs M Swindell	Director of HR & OD	(MKS)
In Attendance:	Mr J Gibson	External Programme Assurance (Part Attendance)	(JG)
	Mrs S Owen	Head of HR	(SO)
	Ms E. White	Care Pathways, Policies & Guidance	(EW)
	Mr M Flannagan	Director of Communications & Marketing	(MF)
	Mrs M Barnaby	COO (Part attendance)	(MB)
	Ms Cath Hill	Director AQUA (Observing)	
Apologies:	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Ms Dot Brannigan	Patient Governor (Parent & Carer)	(DB)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mr S Ryan	Medical Director	(SR)
	Ms H Ainsworth	Equality & Diversity Manager	(HA)
	Mrs K Turner	Trust LiA Lead	(KT)

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/49 Minutes of the Previous Meeting & Meeting Protocol	The Committee considered the minutes of the meeting held on 29th September 2017 and they were **approved** as an accurate record, subject to removal noted under apologies of Head of HR. The Committee considered the minutes of the last meeting held on 8th November 2017 and they were **approved** as an accurate record. The Trust has commissioned a well-led review as a mechanism for organisational readiness for future CQC inspections. This is being undertaken by MIAA and AQuA and Cath Hill was in attendance to observe the Committee. Introductions were made. It was noted that the Committee was not Quorate, the membership will be requested to send a deputy going forward. **Review Reporting Timetable for 2018-19** The Committee received an updated Reporting Timetable for consideration.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	The Committee **approved** the content of the Reporting Timetable for 2018-19. **Review of WOD Terms of Reference 2018** The Committee considered the Draft Terms of Reference for review. MKS outlined the updates made with particular reference made to the Duties section of the Terms of Reference. CD suggested that wording in the Duties section should be strengthened to demonstrate the impacts of going the 'extra mile/what it is that we do over and above for the benefit of staff. The two sections CD referenced for particular review where Equality & Diversity; Monitoring of Education, Training and Learning activities. MF to update the wording under duties for Internal/External Communications. The committee acknowledged that as the meeting was not quorate the TOR will be updated with proposed changes and issued with track changes, issued virtually to the membership for feedback, then returned to the next meeting for sign-off. It was agreed to update the Terms of Reference to include track changes.	Issue updated TOR to membership for approval	MKS	February 2018
17/50 Matters Arising, Actions	The Committee considered the following under matters arising: **17/20 Head of Planning and Performance revising Trust Key Performance Indicators** MKS advised that this wider piece of work has been held up due to a number of factors (Business Intelligence system/winter pressures). MKS proposed bringing the refreshed HR KPI's to the next Committee in February ahead of inclusion in the wider piece of work.	Present refreshed HR KPI's for approval	MKS	February 2018
17/51 Programme Assurance 'The Best People Doing Their Best Work'	**Programme Assurance Framework – December 2017** The Committee received a regular summary prepared by the Executive Sponsors of the Assurance Framework, External Programme Assessor and Assurance Team. The purpose of this assurance framework is to ensure the monitoring of robust processes for progression. All papers supporting Programme Assurance for the work stream 'The Best People Doing Their Best Work' are recorded as read prior to the meeting. JG advised that at Programme Board on 7th December further proposals for project initiation of 'AHP Review' and 'E-Rostering' were discussed. The AHP project is now scheduled to commence an initiation phase from April 2018 and E-rostering will be subject of a planning meeting in January 2018 with a view to agreeing a project launch date (Trust committed to trialling). Portering & Domestic services have seen delays down to delivery of outputs. JG said that the teams involved in this initiative should be commended as issues have been addressed and the project will be			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	implemented. MKS made reference to the 'Temporary Staffing' project and advised this project originally started off as managing high spend on temporary staff and has since morphed into the task of all temporary spend (gone back to tactical) and is progressed at the Workforce Sustainability Task & Finish Group/Financial Recovery Group. CD emphasised the importance of this project. The Committee **noted** the comments made.			
17/52	**LiA Update** In the absence of the Trust LiA Lead, MKS updated the Committee on the LiA presentation given to the Trust Board on 5th December 2017,outlining the organisations LiA journey to date. An overview of the work that has been completed/ongoing was presented. Following positive outcomes of LiA; from the establishment of a Disability Network to the appointment of a new Chair/Vice Chair for Staff Side, plus many more the Board have requested a break-down of the changes that have been made. The Committee **noted** the content of the presentation update.	LIA update	KT	February 2018
17/53 Progress Against the People Strategy	**Staff Survey** The Committee received a presentation on the Staff Survey position for December 2017. MKS advised that the closing response rate at 1st December overall was 54%. Sent to all staff at the Trust, this was the highest response to date. Administered by Quality Health, the raw data should be with the Trust by late December 17/early January 18. Full survey results will be received February/March 18. A breakdown of responses by Division/Staff Group/Banding was discussed, with particular attention brought to the Staff Group – Registered Nurses (1077 staff - 43% response rate). It was noted that focus/engagement with this group will be made to further improve response rates next year, with tactics progressed at the Staff Survey Strategy Group. MF raised an additional opportunity to support paperless surveys and see improved response rates i.e. permit the use of smart phones to complete surveys – MKS to have a conversation with the regulator as the Trust will be directed by their guidelines. MKS advised that the multi-disciplinary Staff Survey Strategy Group has been established to improve response rates and agree the strategy for responding to the feedback. MKS further added this is an opportunity to be creative about how we communicate the results with staff and use the data to work together to make changes to improve staff engagement. This approach will be discussed with the Strategy Group in December 17 and will be based on a number of key principles outlined in the presentation.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	Particular attention was brought to the communication of Staff Survey Results and the importance of the progression of any outcomes of analysis of the Staff Survey results. MKS suggested that it may be an ideal opportunity to have 'local conversations' with staff prior to the Performance Development Review 4 month window to support tighter/coherent processes and identify any' hotspots' for progression. The Committee were encouraged by the increase in response rates supported by and the positive input of the Comms/HR/LiA teams. It was noted there is a lot of work to do to delve deeper into the response to questions made. The Committee **noted** progress made.			
17/54	**Mandatory Training Update** The Committee received a report from the Acting Deputy Director of HR & OD outlining the latest progression made to support the Trusts target to achieve 90% compliance, for all mandatory training subjects by end of January 2018. SO advised that as of 30th November 2017 the Trust had achieved 80% which sees a 6% increase on last month. SO noted that as of the previous day (11.12.2017) the Trust have achieved 83%, all is moving in the right direction and work continues to support compliance. Mindful of winter pressures and the expiration of existing competencies, SO outlined the next steps in place to support achievement of 90% compliance. These include: • Issue of personalised individual emails to all staff who's compliance is less than 100% • Detailed reports to divisions and departments being issued monthly • Ongoing systems support from LCH to ensure there are no systems errors • Ongoing development of e-learning packages to increase the learning options for all mandatory training by making training as accessible and flexible as possible. MKS thanked SO and team for all their hard work. The Committee noted that they felt assured the correct process was in place to achieve the targets set. The Committee **noted** the progress made with mandatory training and supports the ongoing efforts to reach the target.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/55 Key Workforce Risks – Review of top Workforce Risks action planning against most significant risks	**Workforce Performance Monitoring** The Committee considered a regular report prepared by Director of HR & OD concerning the key risks relating to workforce monitoring for October 2017. The purpose of the report is to update on key targets/measures and advise of actions to support improvement. Key headlines are: Sickness absence up a fraction up from 5% to 5.8%. Return to work compliance has increased to 70.53% target 100%. Time to hire performance 110 days. Noted that there were 4 applicants that had a delayed start date, without these delays the performance would have been 88 days (target is 78 days – excluding notice period). The Committee explored sickness absence further, CD asked if sickness targets are adjusted seasonally. MKS confirmed the target has been set at 4.5% for the Trust for a while (based on previous activity). The Trust is hoping to stay at 5% over the winter months, HR are working more closely with managers to aid consistency of processes to support sickness. MB asked if there was any correlation between the Staff Survey results with areas of poor Staff Survey results/sickness. SO suggested we could look at the Wellbeing Strategy and the possibility of linking it into the Staff Survey. The Committee noted that the sickness absence financial estimate is difficult to cost due to a number of factors (ie. replacement of staff/lost productivity/cover for sickness/maternity leave). MB alluded to costs and suggested that managers who manage sickness would be better informed with the tools to help. MKS informed the Committee that the top reasons for absence are the same in all Trusts (stress, gastro etc.) and went on to outline the support that is available to staff at the Trust, (Alder Centre for on-sight counselling, physiological services, Team Prevent, 48 hour early interventions to name but a few). MKS suggested that we need to be clear about reminding people of the services available to support health & wellbeing at the Trust. MKS agreed to bring a more detailed report on sickness how the Trust manages these issues to the next Committee. The Committee **noted** the content of the report.	Detailed report on sickness management & costs	MKS	February 2018
17/56	**Board Assurance Framework 2017-18** The Committee received the Programme Assurance Framework (BAF) for October 2017/18 previously presented to December 2017 Board. The purpose of the report is to outline workforce risks under 'The Best People Doing Their Best Work' work stream (Risk Title: Workforce Sustainability & Capability) and to provide Board assurance on latest progress to support the risks. The papers are noted as read, the risk description related to the CQC themes Safe, Effective, Responsive, Well led are:			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	• Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time. • Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims. • Failure to proactively develop a future workforce that reflects the diversity of the local population. CD raised a number of recommendations/observations: • Apprenticeship pathway – discussions with University's to look at apprenticeship nursing. • Diversity – BME numbers have seen no increase since last year. MKS advised that that the BME Network was put in place 6 months ago and has recently met with the Vice Chair to support making a shift. The Committee **noted** the content of the Board Assurance Framework.			
17/57 Legislation, terms & conditions, employment policies/EIA's – review & ratification/approval	The Committee considered the following Policies and Equality Impact Assessments for approval. EW advised that the following policies will be taken to the Clinical Quality Steering Group (CQSG) for ratification. **Equality, Diversity & Human Rights Policy & EIA** EW gave a brief outline of updates to the policy relating to the workforce elements for Committee approval. Some minor legislative changes and minor editing to section 5 and 6 relating to recruitment and training arrangements. **Equality Analysis Policy & EIA** EW gave a brief outline of updates to the policy relating to the workforce elements for Committee Approval. Some minor legislative changes and editing to reflect organisational changes/intranet arrangements and clarification relating to assurance methods. The Committee **agreed** the policies would return after progression at CQSG due to be held on 20th December 2017. The Committee received the Equality & Quality Assessment & Equality Analysis templates and step-wise guides for information. The Chair wished the Committee a merry Xmas and a happy new year.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
17/58 AOB	None.			
Date of Next Meeting	**Thursday 15th February 2018, 2pm-4pm, Room 8, Mezzanine**			

Action List

Minute Reference	Action	Who	When	Status
Meeting Protocol				
	Terms of Reference			
17/49	• Issue virtual 2018 Terms of Reference to membership for approval	MKS	ASAP	
16/33 17/20 17/50	• Review of key performance indicators required against the workforce plan to ensure they reflect the workforce strategy. • Head of Planning & Performance revising Trust KPI's, Updated HR KPI's to be presented. • Present refreshed HR KPI's for approval ahead of inclusion in the wider Trust KPI's piece of work	MKS/CD MKS MKS	Work to be completed by April 2018 February 2018	
Programme Assurance 'Developing Our Workforce'				
	Programme Assurance/progress update			
17/21	• Feedback on outcomes of Change Programme Framework • Update on identified resource for Projects AHP, Temporary Staffing and E-Rostering	JG MKS	December 2017 December 2017	
People Strategy Overview & Progress Against Strategic Aims				
	People Strategy			
16/35,	• Present updated draft of the Refreshed People Strategy	MKS	February 2018	
	LiA			
16/38 17/52	• Present Communications Plan • LiA update	KT/Communications KT	December April 2018	
	Engagement			
15/08 16/02	• Develop Values in Procurement, values based recruitment – develop opportunities to incorporate into the Procurement processes/standards for contractors. Liaise with Deputy Director of Finance to progress to review employment opportunities.	MKS/CL	Ongoing	
	Equality & Diversity			
15/03	• Align E&D deliverables with people strategy	HA	Ongoing	Update at future meetings
17/13	• Equality Objectives Plan for 2017/18 – Quarterly Update required & Objectives to be reviewed every 6 months • Equality Metrics Report to be brought back to next Committee	HA HA/SM	1/4ly Update 6 monthly Review **April 2018**	
	Leadership & Management Development Strategy			
Key Workforce Risks – Review of Top Workforce Risks				
	Workforce Performance Monitoring			
17/55	Report on sickness management and costs	MKS	April 2018	
AOB				

2017 National NHS staff survey

Results from Alder Hey Children's NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2017 national NHS staff survey conducted in Alder Hey Children's NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3, 4, 6 and 7 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

In section 5 of this report, the data required for the Workforce Race Equality Standard (WRES) is presented.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

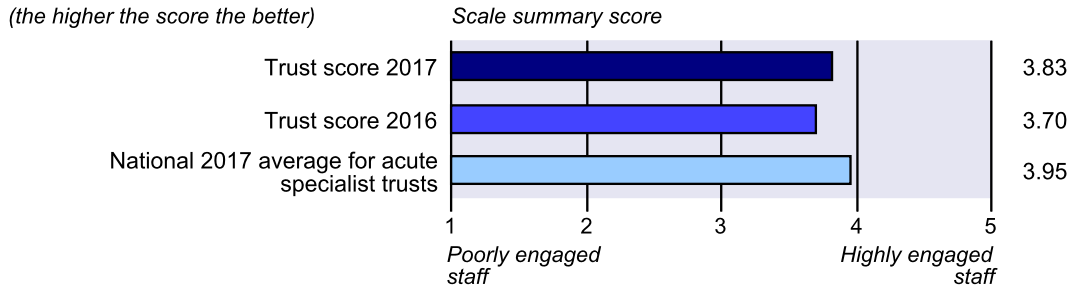
Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	78%	86%	72%
Q21b	"My organisation acts on concerns raised by patients / service users"	74%	81%	69%
Q21c	"I would recommend my organisation as a place to work"	64%	72%	53%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	84%	89%	81%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.92	4.16	3.76

2. Overall indicator of staff engagement for Alder Hey Children's NHS Foundation Trust

The figure below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.83 was below (worse than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all acute specialist trusts
OVERALL STAFF ENGAGEMENT	✓ Increase (better than 16)	! Below (worse than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	✓ Increase (better than 16)	! Below (worse than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	✓ Increase (better than 16)	! Below (worse than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	✓ Increase (better than 16)	! Below (worse than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2017 Key Findings for Alder Hey Children's NHS Foundation Trust

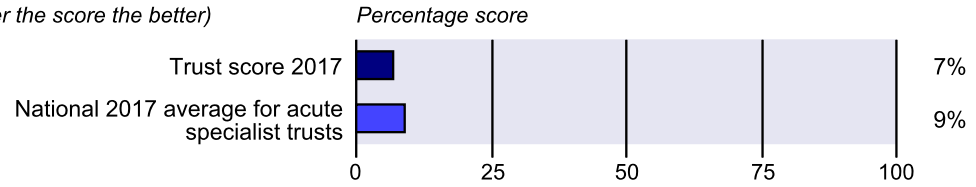
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares most favourably with other acute specialist trusts in England.

TOP FIVE RANKING SCORES

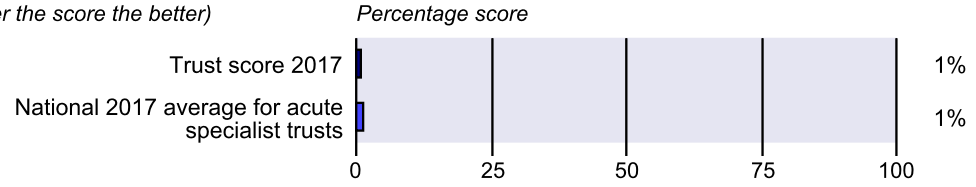
✓KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



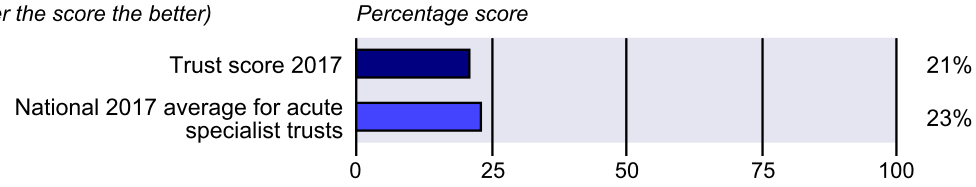
✓KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



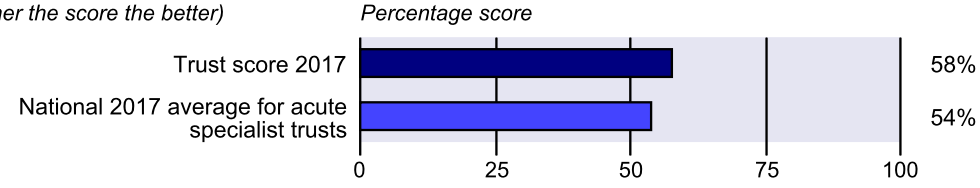
✓KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



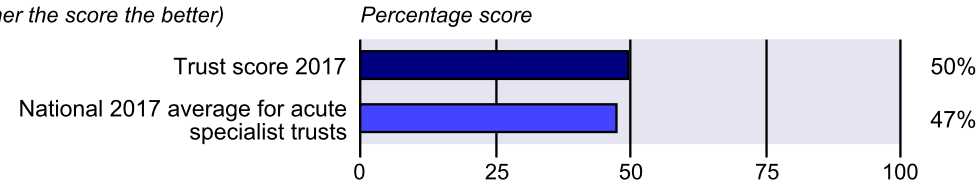
✓KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



✓KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



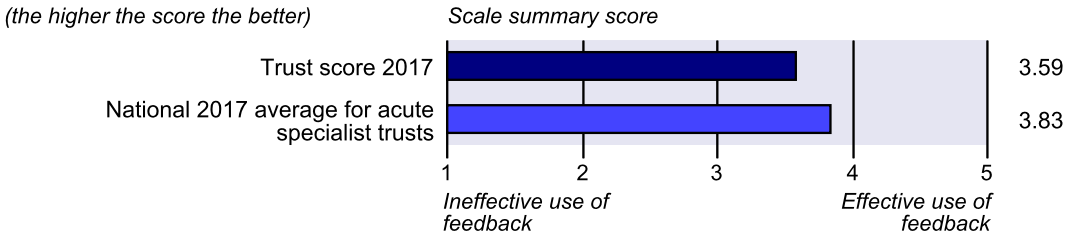
For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 16 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares least favourably with other acute specialist trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

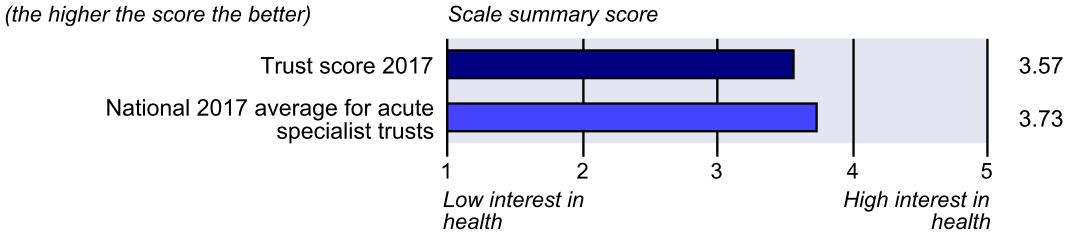
! KF32. Effective use of patient / service user feedback

(the higher the score the better)



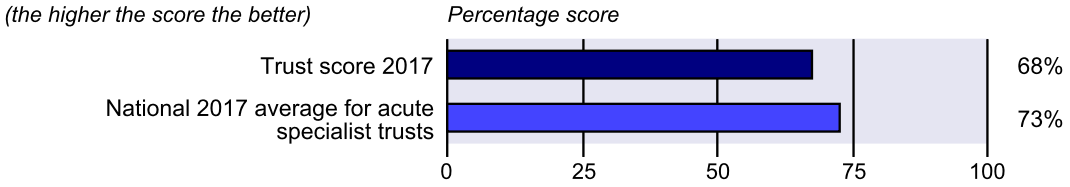
! KF19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)



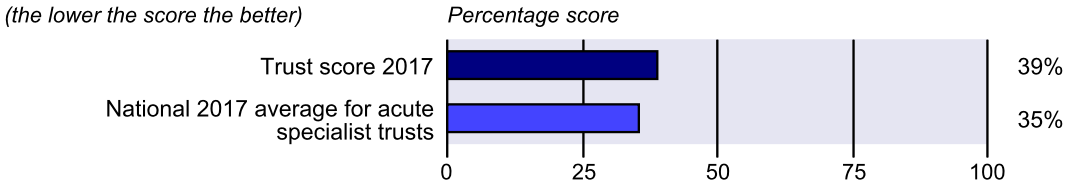
! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



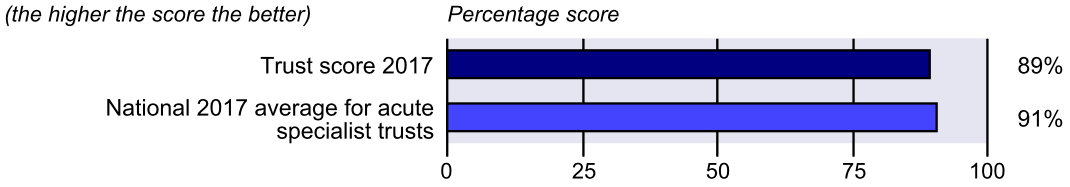
! KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



! KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 16 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 16. Further details about this can be found in the document ***Making sense of your staff survey data***.

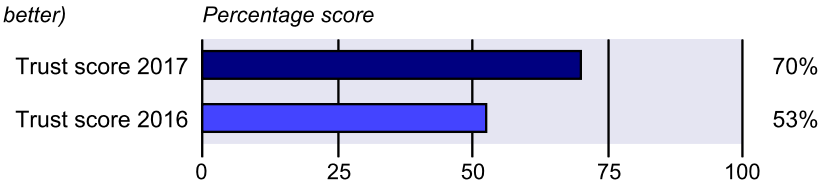
3.2 Largest Local Changes since the 2016 Survey

This page highlights the five Key Findings where staff experiences have improved at Alder Hey Children's NHS Foundation Trust since the 2016 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute specialist trusts in England, the scores for Key findings KF8, and KF10 are worse than average).

WHERE STAFF EXPERIENCE HAS IMPROVED

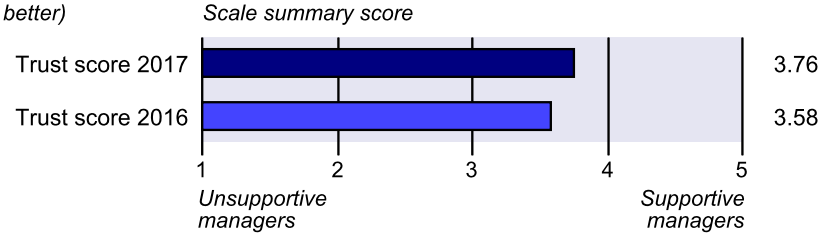
✓KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



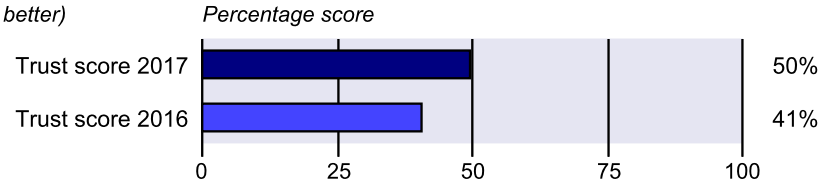
✓KF10. Support from immediate managers

(the higher the score the better)



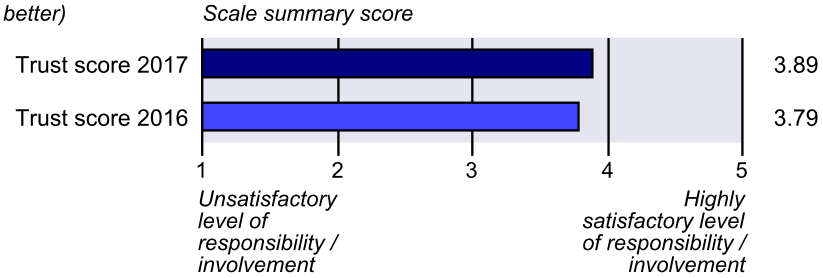
✓KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



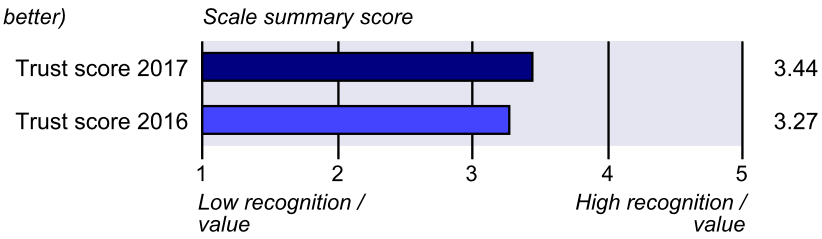
✓KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



✓KF5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



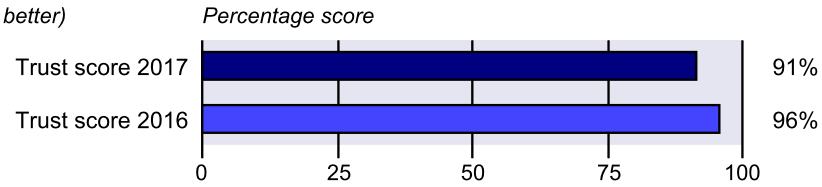
Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have improved the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the Key Finding that has deteriorated at Alder Hey Children's NHS Foundation Trust since the 2016 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

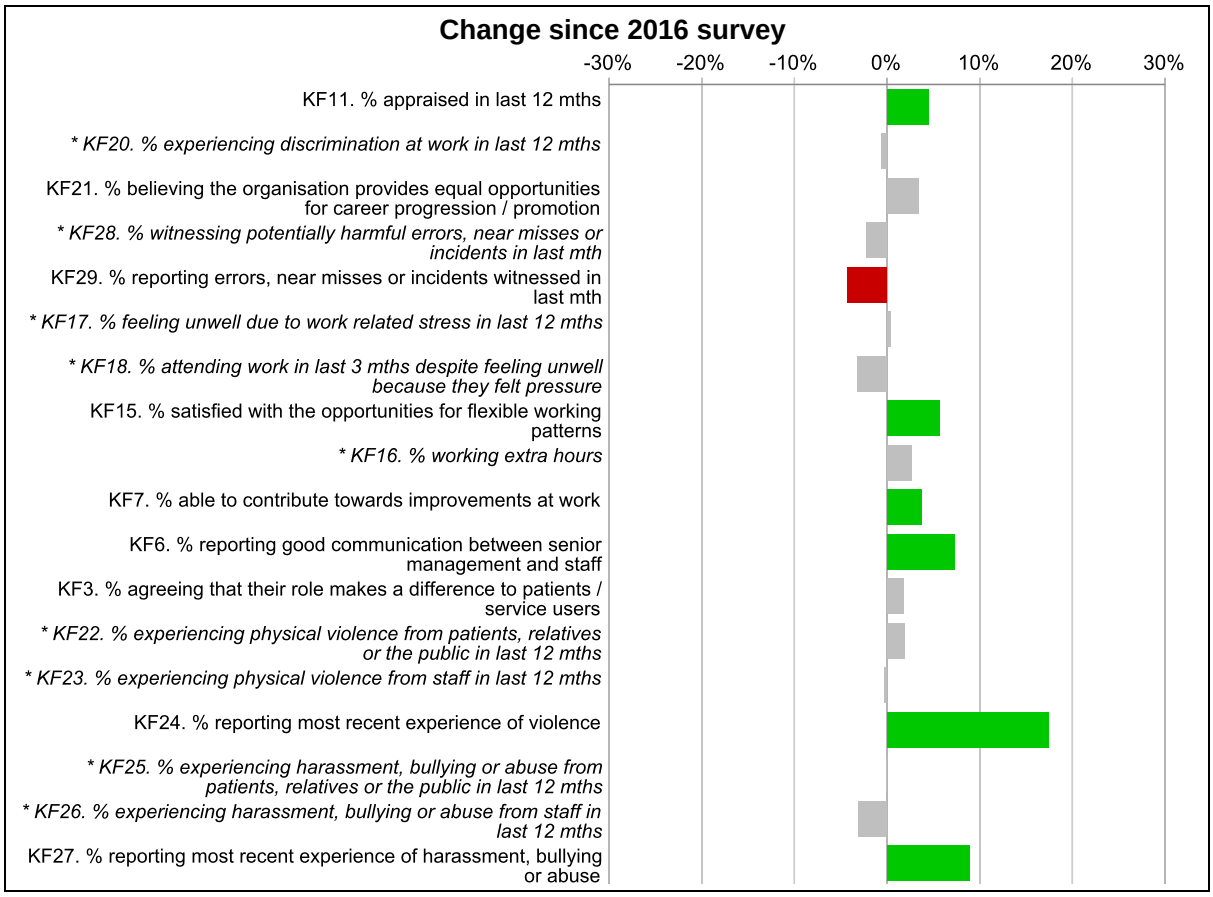
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

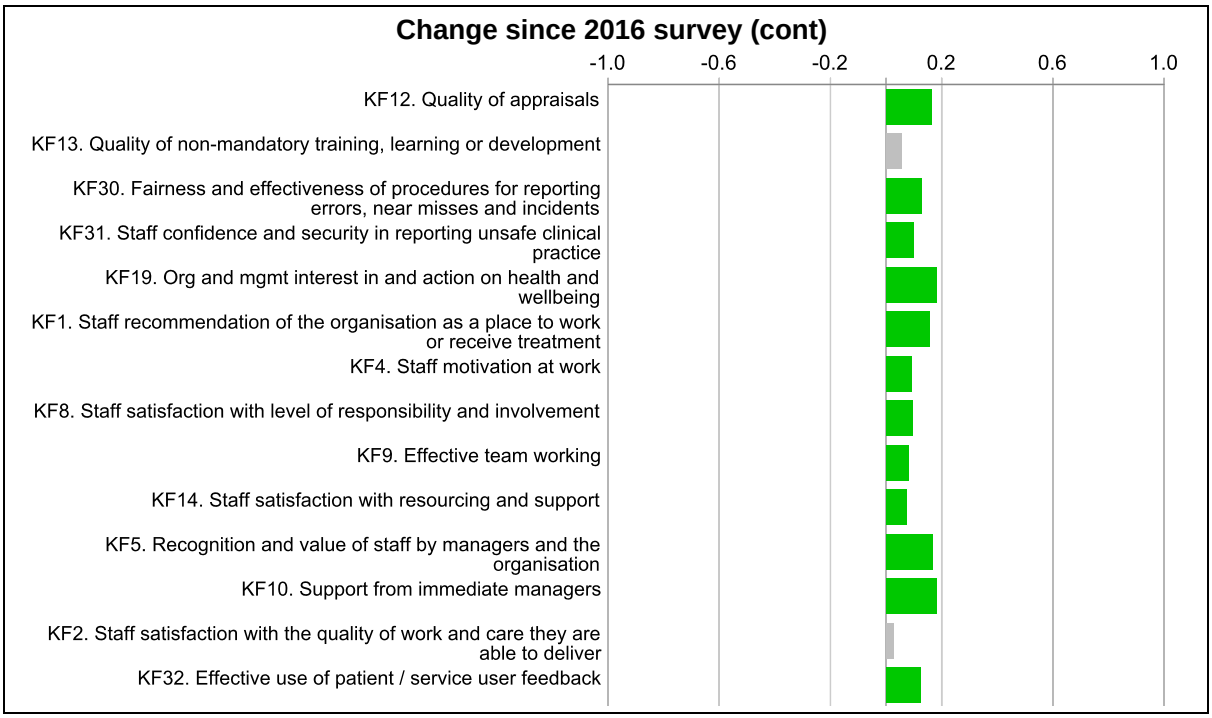
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

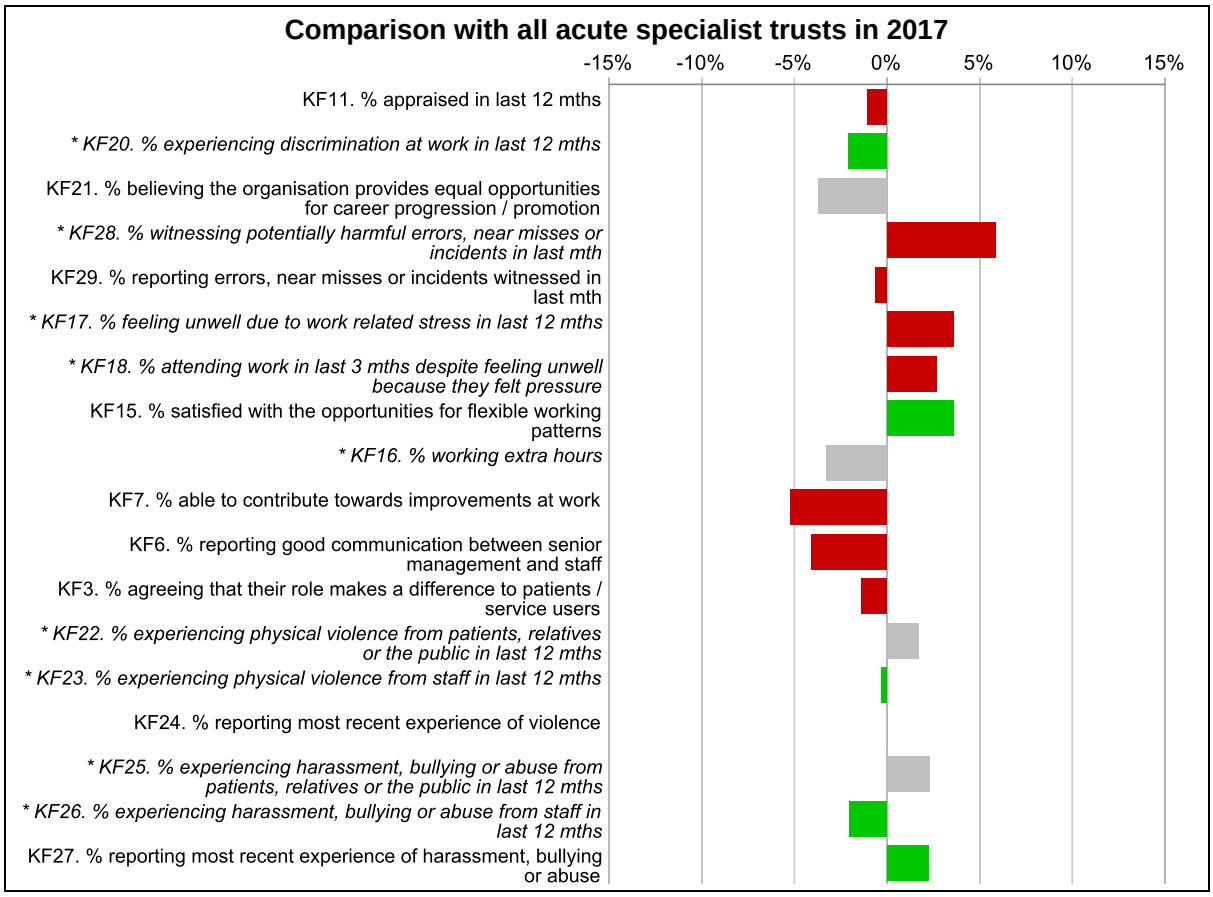
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

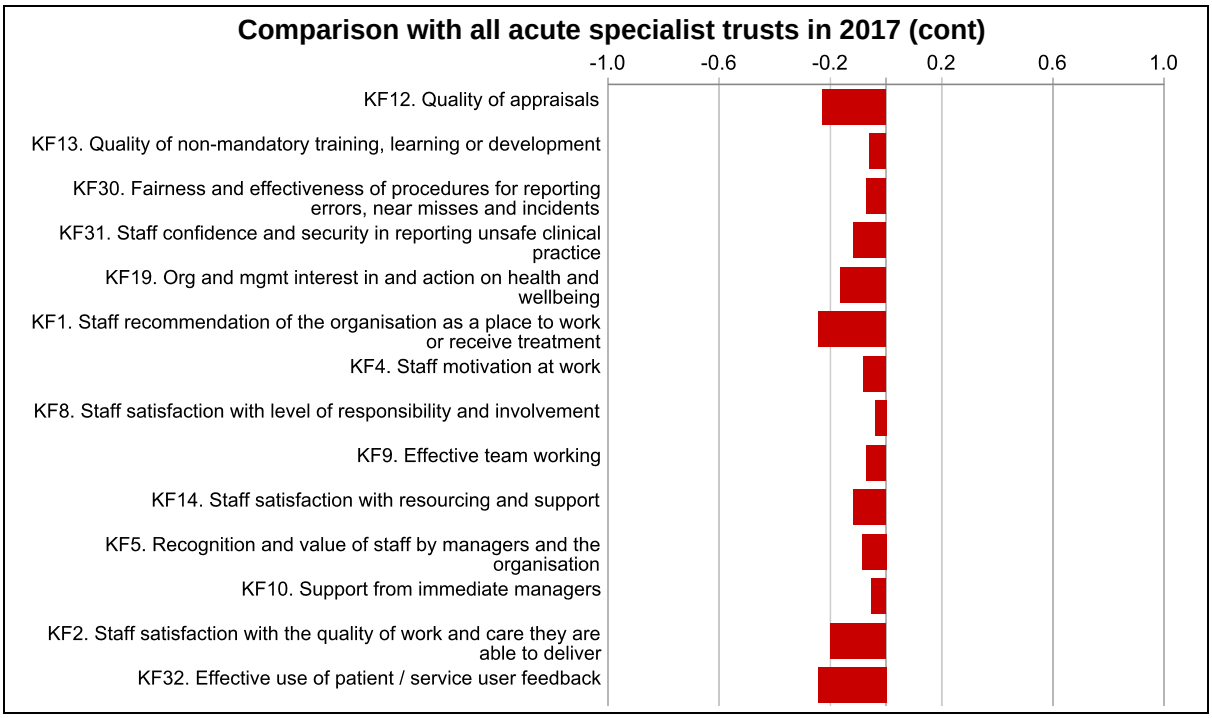
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.4. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2016.

! Red = Negative finding, e.g. worse than average, worse than 2016.

'Change since 2016 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2016 survey.

-- No comparison to the 2016 data is possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2016 survey	Ranking, compared with all acute specialist trusts in 2017
Appraisals & support for development		
KF11. % appraised in last 12 mths	✓ Increase (better than 16)	! Below (worse than) average
KF12. Quality of appraisals	✓ Increase (better than 16)	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	• No change	! Below (worse than) average
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	✓ Below (better than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	• Average
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in last mth	! Decrease (worse than 16)	! Below (worse than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	✓ Increase (better than 16)	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	✓ Increase (better than 16)	! Below (worse than) average
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	• No change	! Above (worse than) average
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health and wellbeing	✓ Increase (better than 16)	! Below (worse than) average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	✓ Increase (better than 16)	✓ Above (better than) average
* *KF16. % working extra hours*	• No change	• Average

3.4. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust (cont)

	Change since 2016 survey	Ranking, compared with all acute specialist trusts in 2017
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 16)	! Below (worse than) average
KF4. Staff motivation at work	✓ Increase (better than 16)	! Below (worse than) average
KF7. % able to contribute towards improvements at work	✓ Increase (better than 16)	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 16)	! Below (worse than) average
KF9. Effective team working	✓ Increase (better than 16)	! Below (worse than) average
KF14. Staff satisfaction with resourcing and support	✓ Increase (better than 16)	! Below (worse than) average
Managers		
KF5. Recognition and value of staff by managers and the organisation	✓ Increase (better than 16)	! Below (worse than) average
KF6. % reporting good communication between senior management and staff	✓ Increase (better than 16)	! Below (worse than) average
KF10. Support from immediate managers	✓ Increase (better than 16)	! Below (worse than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	! Below (worse than) average
KF32. Effective use of patient / service user feedback	✓ Increase (better than 16)	! Below (worse than) average
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	✓ Increase (better than 16)	• Average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 16)	✓ Above (better than) average

4. Key Findings for Alder Hey Children's NHS Foundation Trust

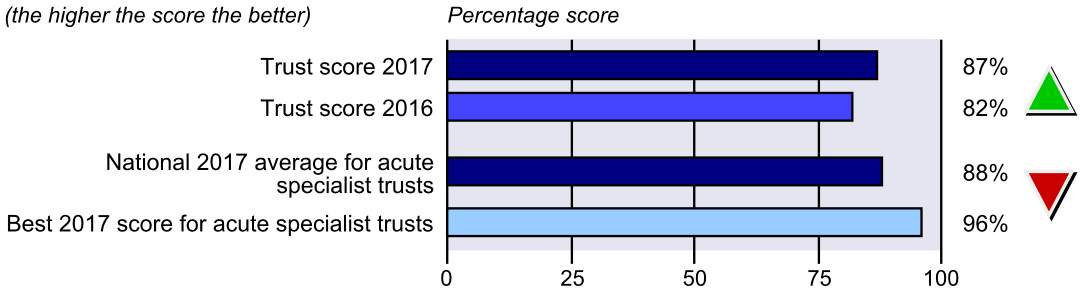
Alder Hey Children's NHS Foundation Trust had 1752 staff take part in this survey. This is a response rate of 54%[1] which is average for acute specialist trusts in England (53%), and compares with a response rate of 39% in this trust in the 2016 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2017 survey, and compares these to other acute specialist trusts in England and to the trust's performance in the 2016 survey. The findings are arranged under nine themes: appraisals and support for development, equality and diversity, errors and incidents, health and wellbeing, working patterns, job satisfaction, managers, patient care and experience , and violence, harassment and bullying.

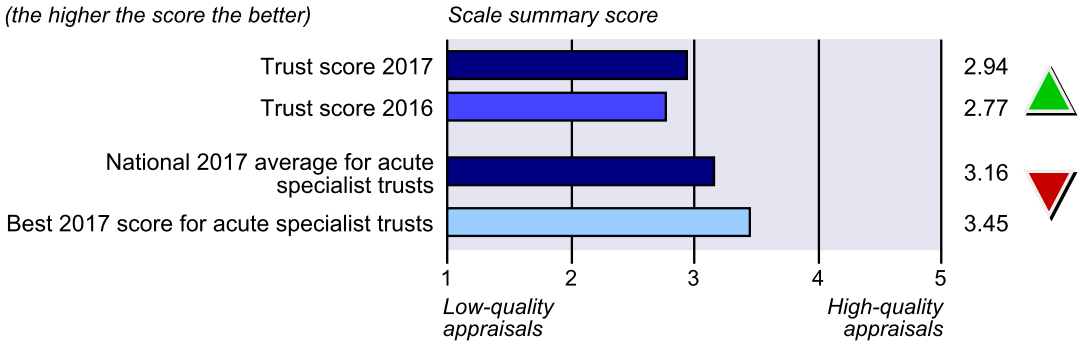
Positive findings are indicated with a green arrow (e.g. where the trust is better than average, or where the score has improved since 2016). Negative findings are highlighted with a red arrow (e.g. where the trust's score is worse than average, or where the score is not as good as 2016). An equals sign indicates that there has been no change.

Appraisals & support for development

KEY FINDING 11. Percentage of staff appraised in last 12 months

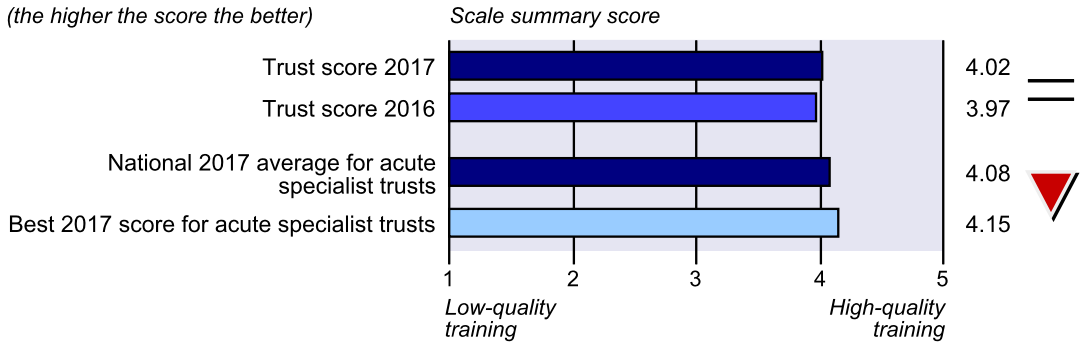


KEY FINDING 12. Quality of appraisals



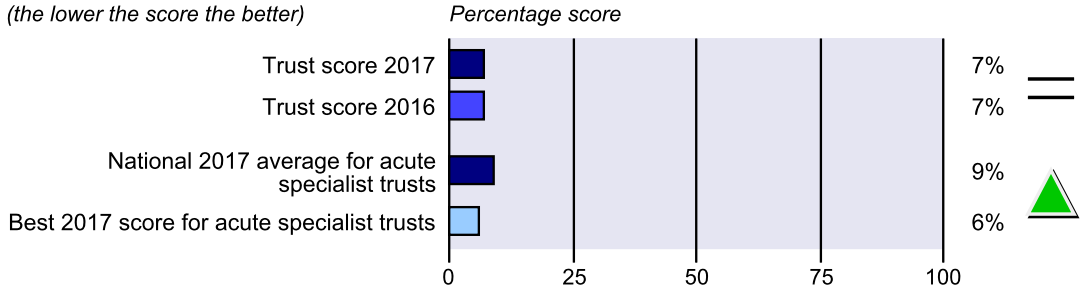
[1]Questionnaires were sent to all 3248 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

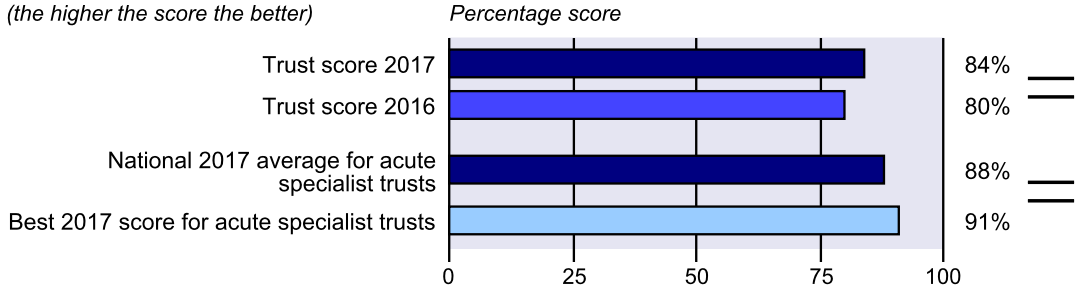


Equality & diversity

KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

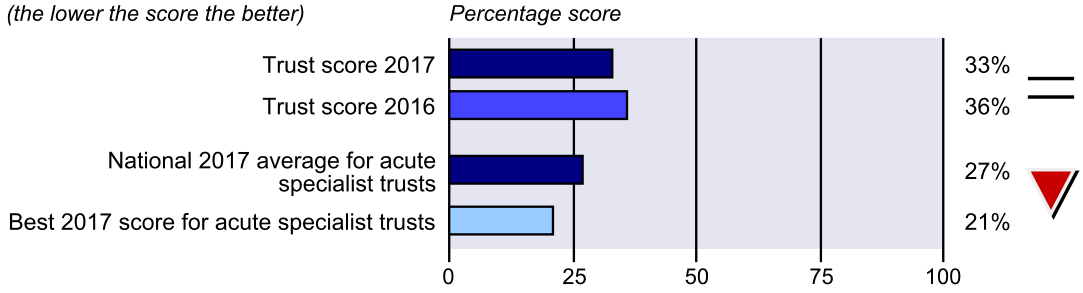


KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



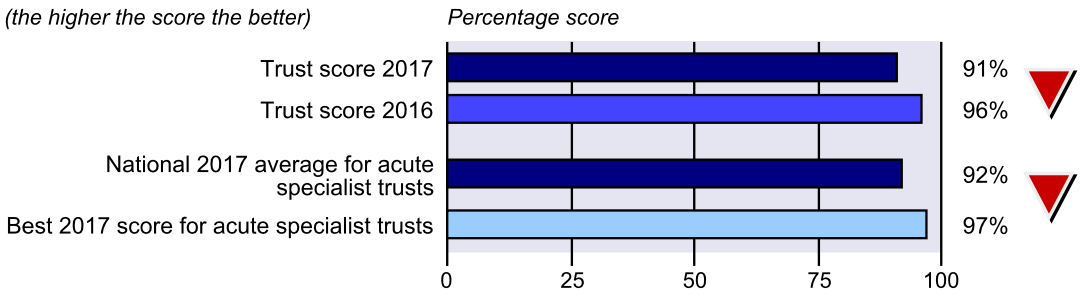
Errors & incidents

KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month



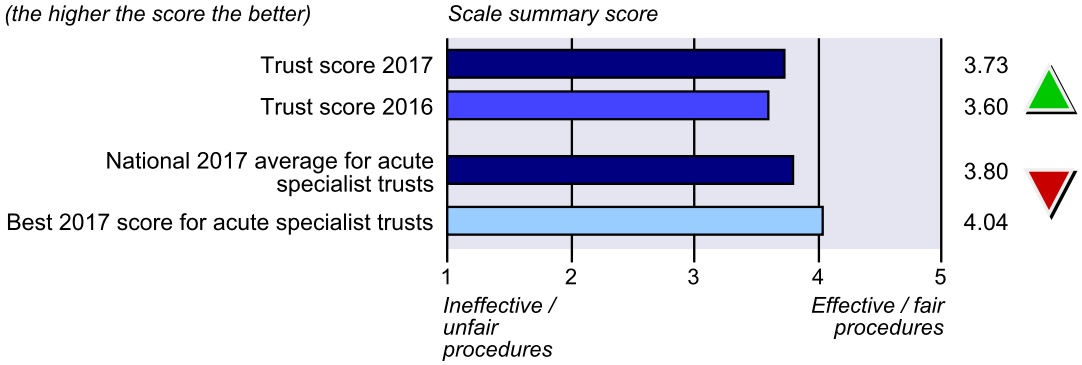
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



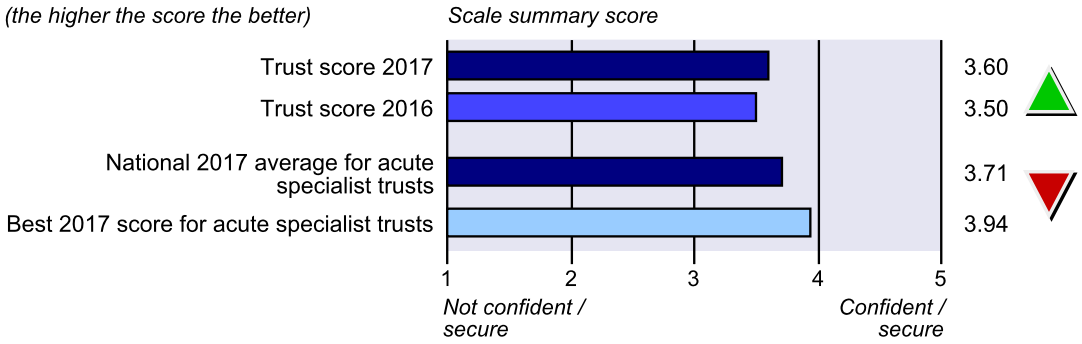
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

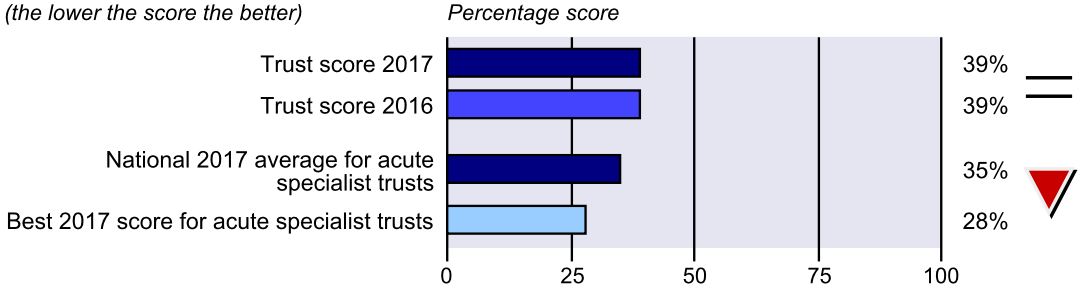
(the higher the score the better)



Health and wellbeing

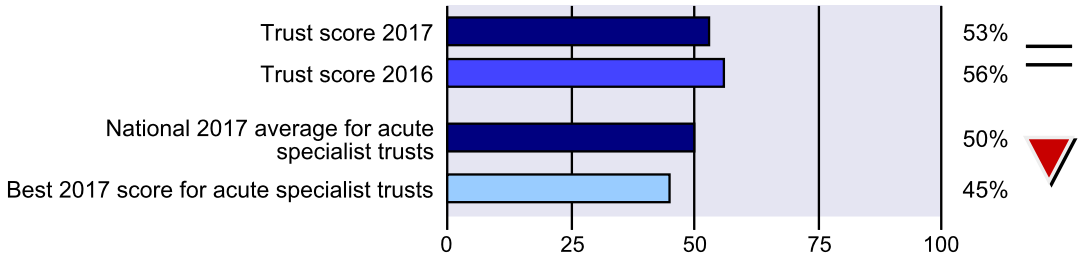
KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



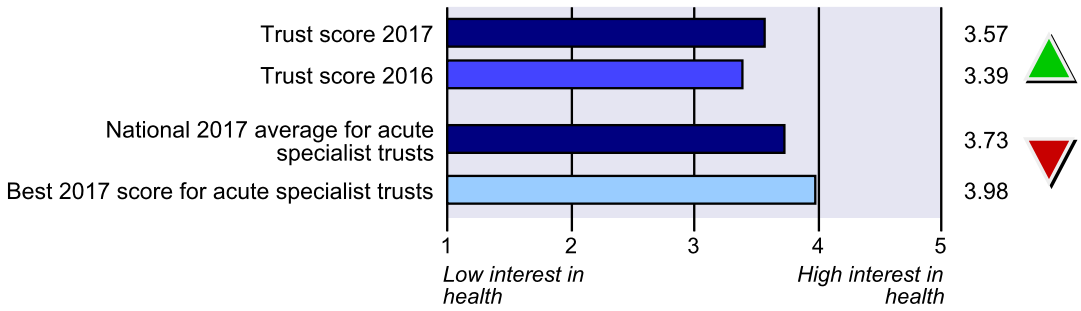
KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better) *Percentage score*



KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

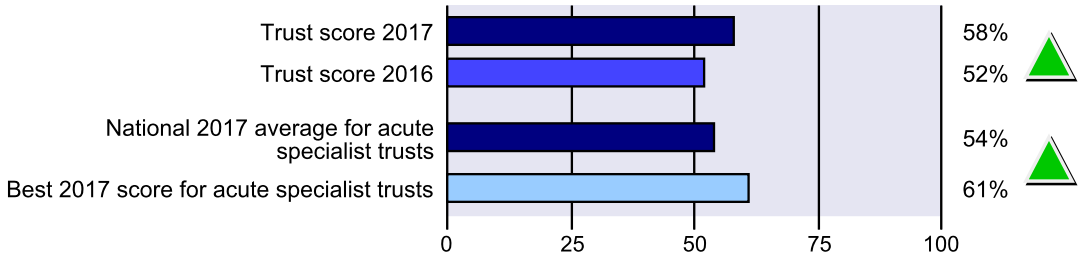
(the higher the score the better) *Scale summary score*



Working patterns

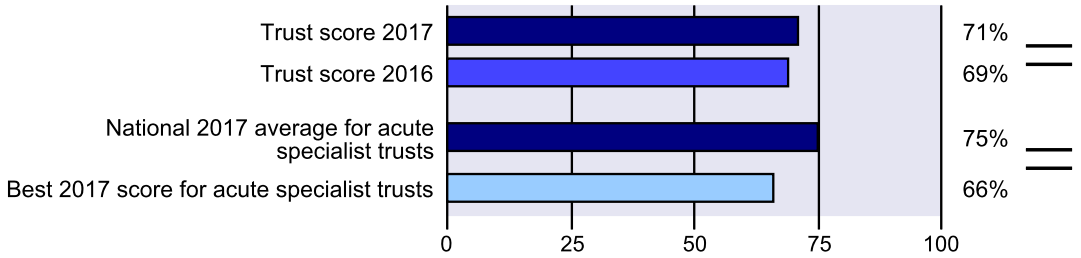
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better) *Percentage score*



KEY FINDING 16. Percentage of staff working extra hours

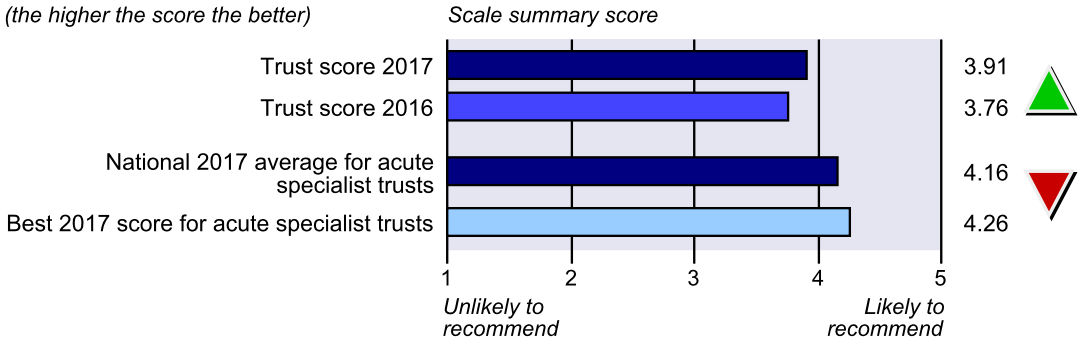
(the lower the score the better) *Percentage score*



Job satisfaction

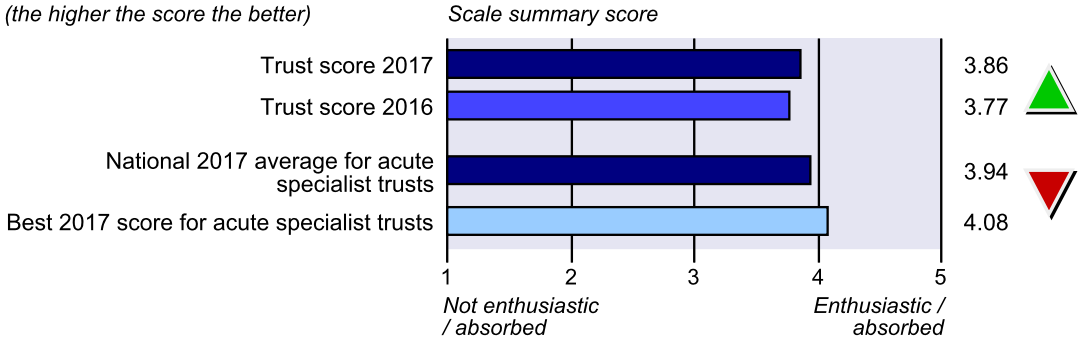
KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



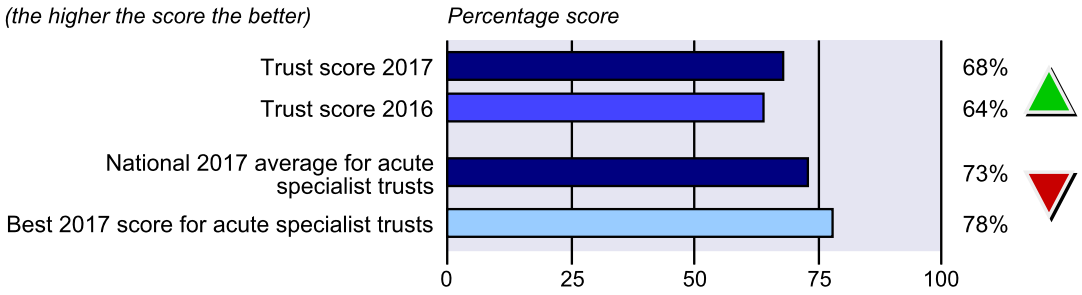
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



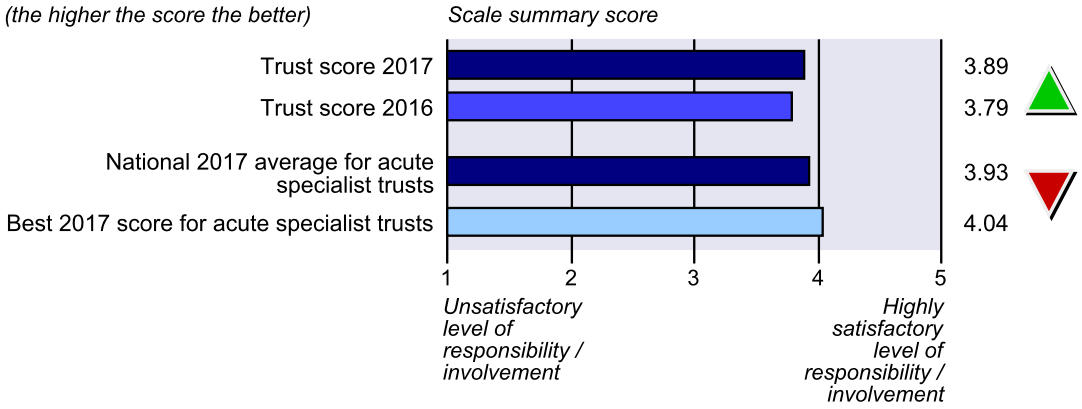
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



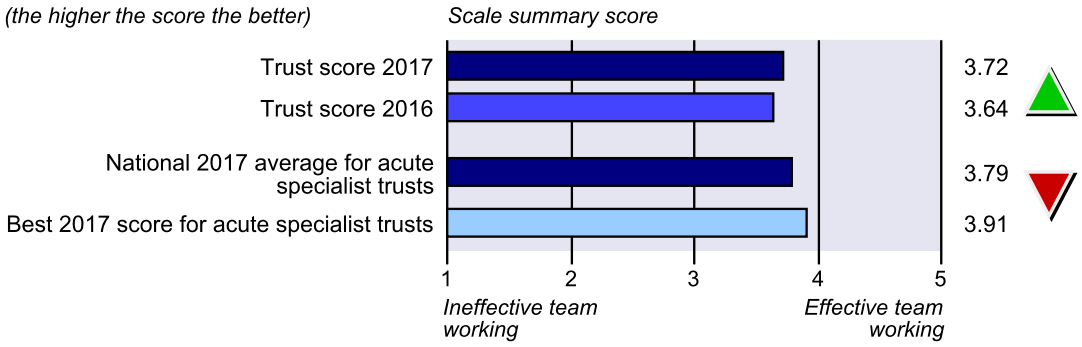
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



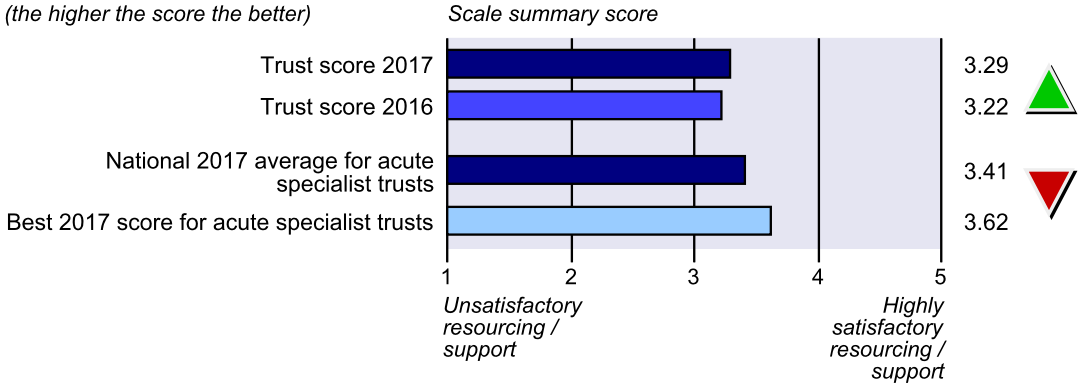
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

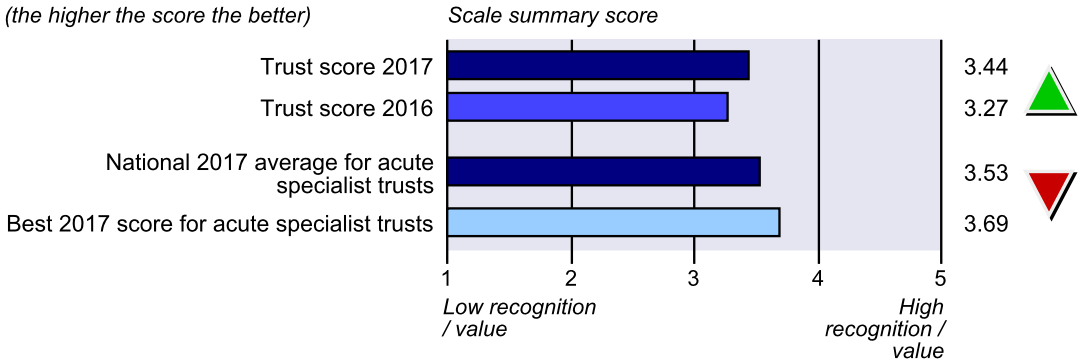
(the higher the score the better)



Managers

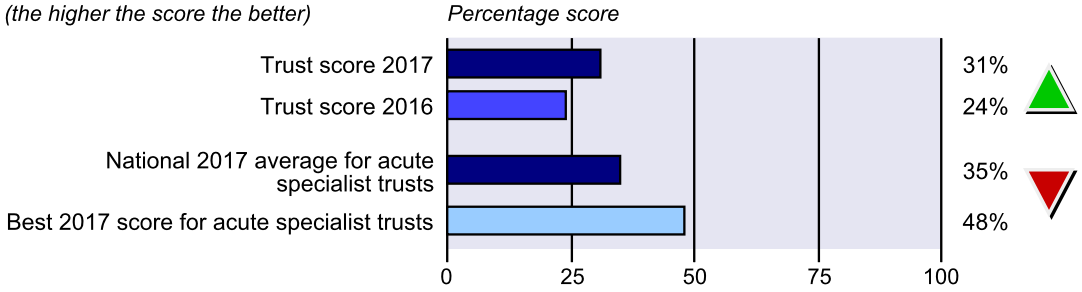
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)

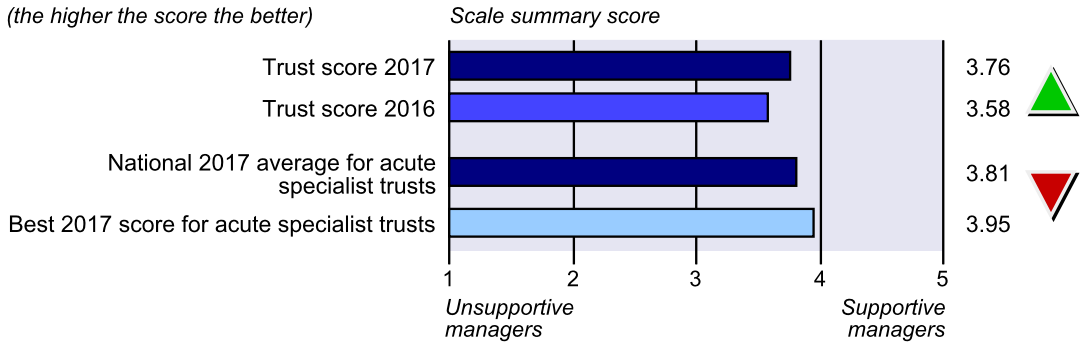


KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)

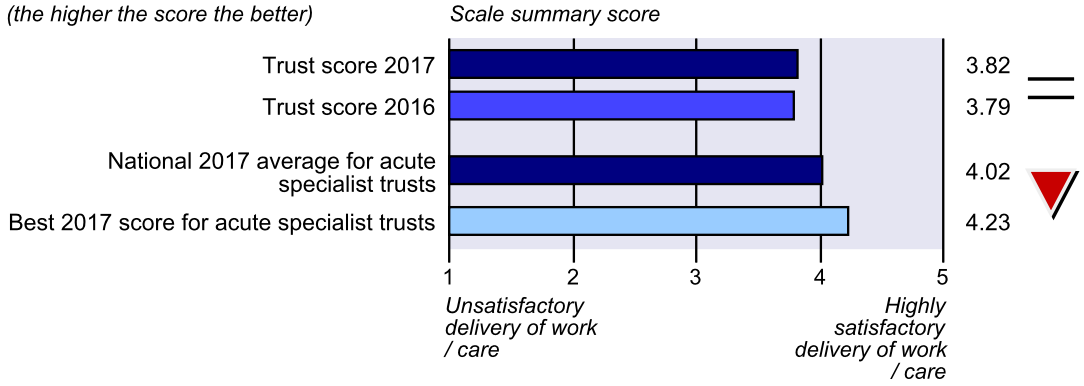


KEY FINDING 10. Support from immediate managers

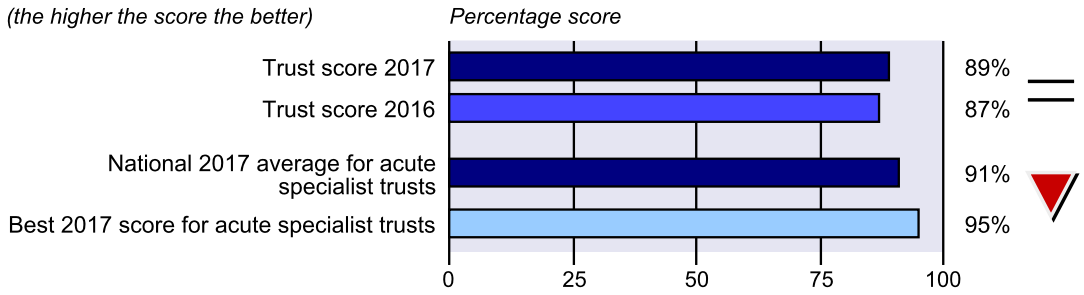


Patient care & experience

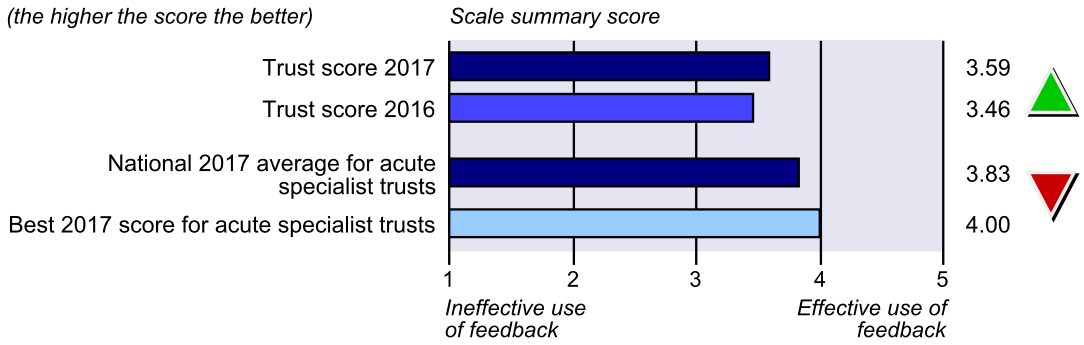
KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver



KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users



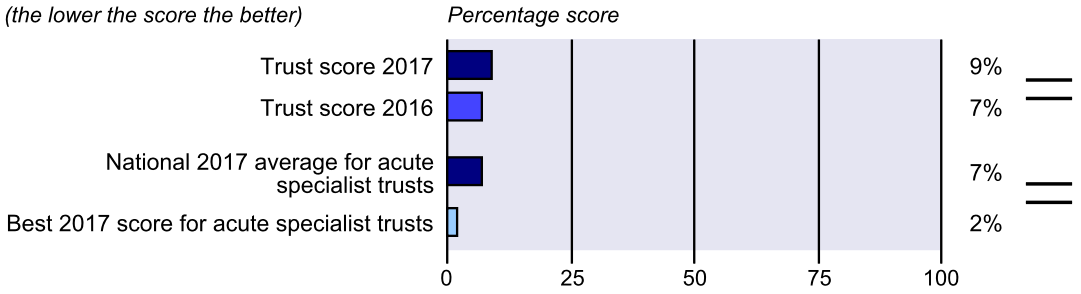
KEY FINDING 32. Effective use of patient / service user feedback



Violence, harassment & bullying

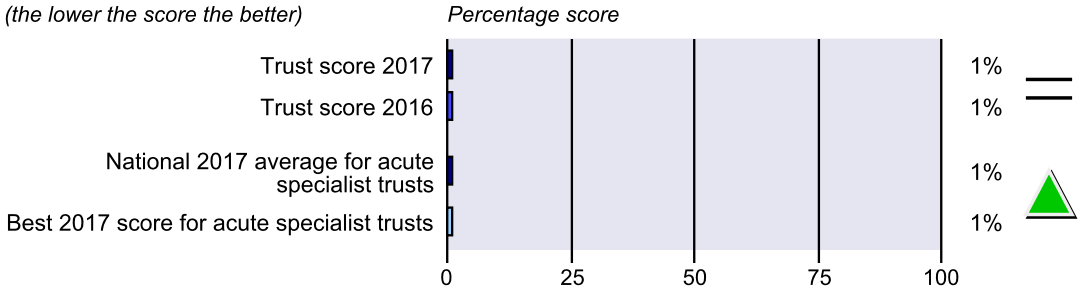
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



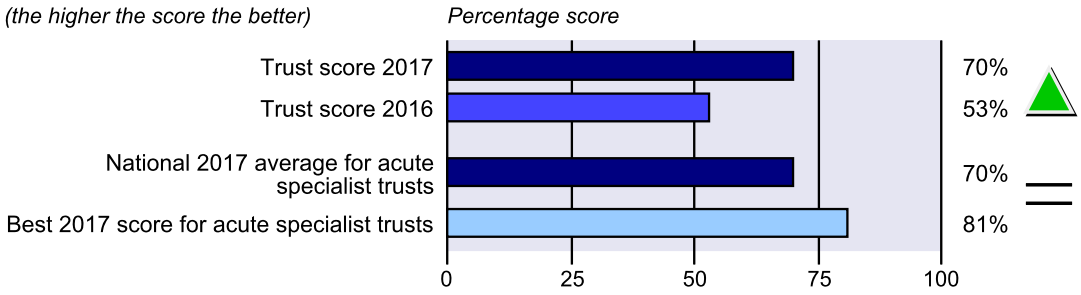
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



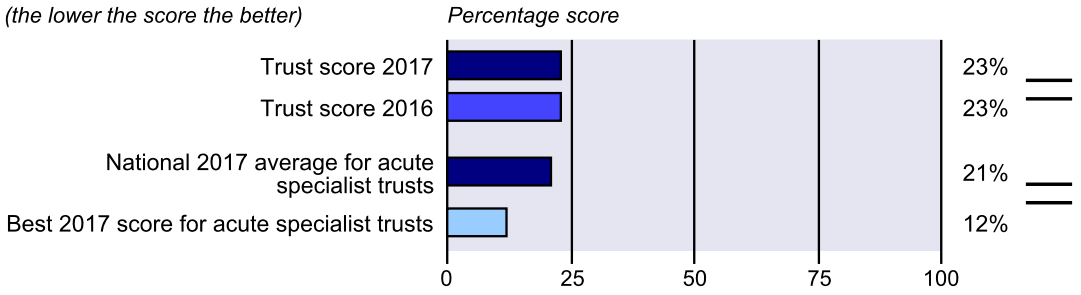
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



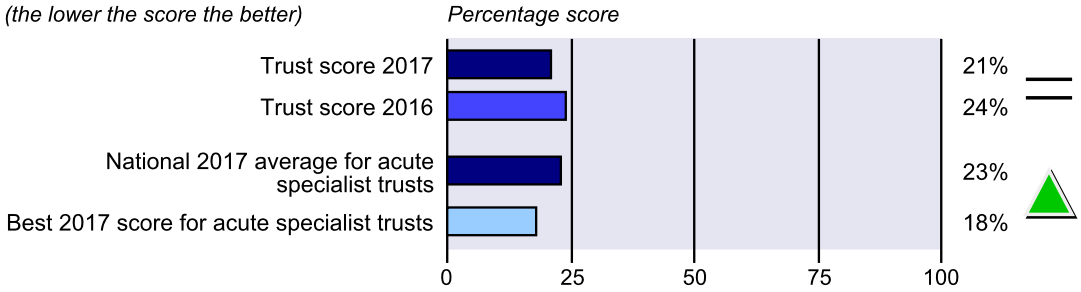
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



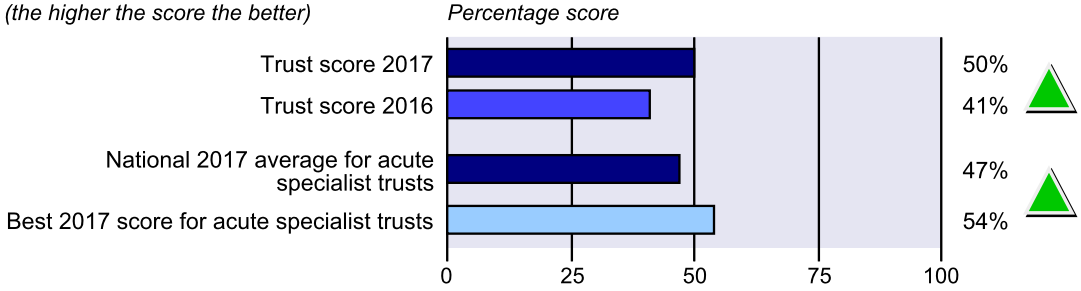
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24%	22%	24%
		BME	24%	17%	30%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	21%	22%	24%
		BME	28%	26%	30%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	85%	88%	81%
		BME	75%	75%	64%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	5%	6%	6%
		BME	11%	14%	18%

6. Key Findings by work group characteristics

Tables 6.1 to 6.4 show the Key Findings at Alder Hey Children's NHS Foundation Trust broken down by work group characteristics: occupational groups, staff groups, directorates and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 to 6.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Table 6.1: Key Findings for different occupational groups

	Adult / General Nurses	Mental Health Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Occupational Therapy	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Appraisals & support for development														
KF11. % appraised in last 12 mths	91	60	93	80	93	100	99	95	90	89	89	86	81	35
KF12. Quality of appraisals	3.31	-	2.88	2.60	2.91	2.94	3.36	3.38	2.99	3.41	2.71	2.82	3.39	2.30
KF13. Quality of non-mandatory training, learning or development	4.19	-	4.09	3.75	4.05	4.08	4.36	4.12	4.12	4.03	4.01	3.74	4.04	3.48
Equality & diversity														
* *KF20. % experiencing discrimination at work in last 12 mths*	20	13	9	10	10	0	1	5	6	4	6	7	2	4
KF21. % believing the organisation provides equal opportunities for career progression / promotion	75	-	88	64	91	92	94	89	86	80	88	77	86	77
Errors & incidents														
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	34	36	53	27	47	9	21	23	26	21	57	16	12	30
KF29. % reporting errors, near misses or incidents witnessed in last mth	100	-	96	91	95	-	88	-	96	82	85	78	82	85
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	4.09	3.20	3.81	3.60	3.66	3.84	3.92	4.04	3.69	3.92	3.77	3.52	3.72	3.49
KF31. Staff confidence and security in reporting unsafe clinical practice	3.87	2.96	3.61	3.48	3.63	3.39	3.78	3.64	3.68	3.96	3.51	3.53	3.56	3.46
Health and wellbeing														
* *KF17. % feeling unwell due to work related stress in last 12 mths*	40	60	37	47	37	45	27	36	42	45	43	39	32	36
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	47	60	55	54	37	50	51	41	51	57	62	53	48	54
KF19. Org and mgmt interest in and action on health and wellbeing	3.82	2.80	3.50	3.30	3.54	3.80	3.83	3.70	3.68	3.93	3.35	3.62	3.73	3.31
Working patterns														
KF15. % satisfied with the opportunities for flexible working patterns	69	43	58	47	48	73	60	24	68	77	40	58	75	40
* *KF16. % working extra hours*	91	80	78	45	90	77	67	86	75	80	79	56	72	65
Number of respondents	35	15	411	86	142	23	81	22	213	56	98	242	91	73

Due to low numbers of respondents, no scores are shown for the following occupational groups: Social Care Staff, Public Health / Health Improvement, Commissioning Staff and Emergency Care Assistant.

Table 6.1: Key Findings for different occupational groups (cont)

	Adult / General Nurses	Mental Health Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Occupational Therapy	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance / Ancillary
Job satisfaction														
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.31	3.13	3.88	3.91	3.95	3.97	4.37	4.39	3.81	4.30	3.76	3.82	4.07	3.86
KF4. Staff motivation at work	4.08	3.71	3.86	3.79	4.17	3.99	4.11	4.05	3.89	4.20	3.69	3.68	3.84	3.74
KF7. % able to contribute towards improvements at work	77	40	66	46	76	87	88	82	74	95	71	60	79	40
KF8. Staff satisfaction with level of responsibility and involvement	4.12	3.26	3.94	3.57	4.13	3.97	4.22	4.07	3.98	4.27	3.79	3.77	3.89	3.65
KF9. Effective team working	3.92	3.33	3.60	3.23	4.05	3.81	4.11	3.82	3.87	4.10	3.79	3.68	3.84	3.13
KF14. Staff satisfaction with resourcing and support	3.53	2.72	3.22	3.31	3.25	3.36	3.53	3.34	3.24	3.38	3.03	3.43	3.38	3.25
Managers														
KF5. Recognition and value of staff by managers and the organisation	3.83	2.67	3.33	3.18	3.60	3.64	3.70	3.70	3.56	3.90	3.25	3.40	3.71	3.14
KF6. % reporting good communication between senior management and staff	46	0	23	23	34	26	44	50	33	54	33	30	44	25
KF10. Support from immediate managers	4.08	3.23	3.63	3.41	3.90	3.80	4.07	3.82	3.98	4.08	3.65	3.78	4.01	3.25
Patient care & experience														
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.16	3.33	3.71	4.23	3.83	3.97	4.04	4.23	3.72	3.83	3.46	3.92	3.84	3.91
KF3. % agreeing that their role makes a difference to patients / service users	91	80	91	90	95	100	99	100	94	84	89	79	83	88
KF32. Effective use of patient / service user feedback	4.19	-	3.59	3.31	3.54	3.67	3.83	3.97	3.57	3.72	3.66	3.50	-	-
Violence, harassment & bullying														
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	14	20	22	23	1	4	11	18	6	0	1	2	0	3
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	0	1	1	0	0	0	5	0	0	1	1	0	1
KF24. % reporting most recent experience of violence	-	-	78	33	-	-	-	-	-	-	-	-	-	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	26	47	40	26	23	13	14	55	22	11	12	25	7	8
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	41	27	21	26	22	26	11	41	19	20	12	23	18	16
KF27. % reporting most recent experience of harassment, bullying or abuse	61	-	62	43	26	-	27	42	54	43	39	51	44	45
Overall staff engagement	4.15	3.34	3.81	3.65	4.00	3.99	4.20	4.10	3.85	4.32	3.73	3.68	3.96	3.59
Number of respondents	35	15	411	86	142	23	81	22	213	56	98	242	91	73

Due to low numbers of respondents, no scores are shown for the following occupational groups: Social Care Staff, Public Health / Health Improvement, Commissioning Staff and Emergency Care Assistant.

Table 6.2: Key Findings for different staff groups

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Appraisals & support for development								
KF11. % appraised in last 12 mths	93	85	87	92	36	87	93	92
KF12. Quality of appraisals	2.93	2.99	3.01	3.09	2.49	2.52	2.93	2.89
KF13. Quality of non-mandatory training, learning or development	4.06	4.01	3.88	4.27	3.44	3.96	4.06	4.09
Equality & diversity								
* *KF20. % experiencing discrimination at work in last 12 mths*	5	8	5	4	5	9	9	10
KF21. % believing the organisation provides equal opportunities for career progression / promotion	86	80	80	90	78	86	90	86
Errors & incidents								
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	43	19	14	22	30	55	50	52
KF29. % reporting errors, near misses or incidents witnessed in last mth	94	91	82	92	78	84	96	97
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.81	3.77	3.68	3.70	3.49	3.53	3.65	3.83
KF31. Staff confidence and security in reporting unsafe clinical practice	3.57	3.71	3.62	3.66	3.45	3.32	3.64	3.60
Health and wellbeing								
* *KF17. % feeling unwell due to work related stress in last 12 mths*	46	35	39	36	40	47	37	38
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	50	52	52	52	55	59	37	56
KF19. Org and mgmt interest in and action on health and wellbeing	3.52	3.54	3.71	3.80	3.31	3.27	3.52	3.49
Working patterns								
KF15. % satisfied with the opportunities for flexible working patterns	59	49	67	68	40	37	46	58
* *KF16. % working extra hours*	85	44	63	77	64	78	93	80
Number of respondents	151	186	493	185	85	59	141	452

Please note that the staff groups classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.2: Key Findings for different staff groups (cont)

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Job satisfaction								
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.76	3.99	3.95	4.05	3.86	3.68	3.94	3.89
KF4. Staff motivation at work	3.79	3.88	3.80	4.00	3.76	3.65	4.19	3.87
KF7. % able to contribute towards improvements at work	72	60	68	83	41	69	76	66
KF8. Staff satisfaction with level of responsibility and involvement	3.88	3.80	3.86	4.07	3.64	3.76	4.14	3.93
KF9. Effective team working	3.78	3.59	3.80	3.94	3.09	3.80	4.06	3.60
KF14. Staff satisfaction with resourcing and support	3.07	3.50	3.43	3.25	3.23	3.15	3.23	3.22
Managers								
KF5. Recognition and value of staff by managers and the organisation	3.48	3.42	3.56	3.64	3.15	3.05	3.58	3.33
KF6. % reporting good communication between senior management and staff	30	33	37	36	25	23	33	24
KF10. Support from immediate managers	3.80	3.74	3.89	4.00	3.23	3.58	3.89	3.64
Patient care & experience								
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.67	4.28	3.91	3.66	4.03	3.75	3.83	3.72
KF3. % agreeing that their role makes a difference to patients / service users	93	93	82	97	87	91	95	91
KF32. Effective use of patient / service user feedback	3.54	3.55	3.64	3.61	-	3.78	3.54	3.61
Violence, harassment & bullying								
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	13	1	7	4	0	1	21
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	1	1	1	3	2	0	1
KF24. % reporting most recent experience of violence	-	47	-	-	-	-	-	75
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	17	14	17	29	12	16	24	39
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	19	19	23	16	20	21	21	23
KF27. % reporting most recent experience of harassment, bullying or abuse	51	61	46	33	40	36	26	61
Overall staff engagement	3.78	3.81	3.84	4.00	3.59	3.68	4.00	3.82
Number of respondents	151	186	493	185	85	59	141	452

Please note that the staff groups classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.3: Key Findings for different directorates

	Alder Hey in the Park	Community	Corporate Other Department	Facilities	Finance & IMT	Human Resources	Medicine	Nursing & Quality	Research & Development	Surgery
Appraisals & support for development										
KF11. % appraised in last 12 mths	71	91	81	38	92	84	90	84	82	92
KF12. Quality of appraisals	2.53	3.12	3.79	2.46	3.27	3.23	2.87	3.47	2.76	2.82
KF13. Quality of non-mandatory training, learning or development	3.59	4.17	3.98	3.49	3.86	4.12	4.05	4.17	3.90	4.01
Equality & diversity										
* *KF20. % experiencing discrimination at work in last 12 mths*	0	6	0	5	2	2	7	3	8	11
KF21. % believing the organisation provides equal opportunities for career progression / promotion	100	89	100	73	87	85	85	86	77	80
Errors & incidents										
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	4	22	0	32	12	11	36	16	18	47
KF29. % reporting errors, near misses or incidents witnessed in last mth	-	93	-	79	82	-	93	-	-	94
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.72	3.79	4.28	3.50	3.68	3.84	3.72	3.83	3.55	3.73
KF31. Staff confidence and security in reporting unsafe clinical practice	3.65	3.76	4.23	3.50	3.52	3.85	3.54	3.75	3.53	3.56
Health and wellbeing										
* *KF17. % feeling unwell due to work related stress in last 12 mths*	42	38	15	43	34	42	40	30	45	39
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	58	49	46	58	46	63	55	42	55	51
KF19. Org and mgmt interest in and action on health and wellbeing	3.67	3.73	4.52	3.25	3.84	3.62	3.51	3.95	3.66	3.48
Working patterns										
KF15. % satisfied with the opportunities for flexible working patterns	70	64	88	33	78	64	53	82	82	55
* *KF16. % working extra hours*	67	66	79	69	63	61	73	66	50	79
Number of respondents	24	312	26	81	94	47	617	33	38	470

Please note that the directorates classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.3: Key Findings for different directorates (cont)

	Alder Hey in the Park	Community	Corporate Other Department	Facilities	Finance & IMT	Human Resources	Medicine	Nursing & Quality	Research & Development	Surgery
Job satisfaction										
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.06	3.87	4.51	3.82	4.11	3.95	3.91	3.94	3.97	3.89
KF4. Staff motivation at work	3.94	3.90	4.18	3.70	3.79	3.70	3.85	4.10	3.73	3.92
KF7. % able to contribute towards improvements at work	63	71	92	40	76	72	67	82	74	68
KF8. Staff satisfaction with level of responsibility and involvement	3.67	3.93	4.38	3.63	3.88	3.80	3.90	4.16	3.74	3.93
KF9. Effective team working	3.90	3.84	4.24	3.04	3.97	3.54	3.72	4.00	3.97	3.70
KF14. Staff satisfaction with resourcing and support	3.38	3.38	3.89	3.21	3.58	3.22	3.22	3.62	3.28	3.25
Managers										
KF5. Recognition and value of staff by managers and the organisation	3.59	3.57	4.13	3.10	3.72	3.50	3.40	3.92	3.60	3.35
KF6. % reporting good communication between senior management and staff	38	35	77	24	44	49	28	44	24	27
KF10. Support from immediate managers	3.69	3.93	4.44	3.21	4.06	3.80	3.77	4.11	3.57	3.66
Patient care & experience										
KF2. Staff satisfaction with the quality of work and care they are able to deliver	-	3.81	-	3.96	3.90	4.19	3.76	4.08	3.86	3.89
KF3. % agreeing that their role makes a difference to patients / service users	89	91	89	82	84	88	90	87	94	91
KF32. Effective use of patient / service user feedback	-	3.69	-	-	-	3.48	3.62	4.06	3.27	3.49
Violence, harassment & bullying										
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	0	9	0	3	0	0	10	0	0	14
* *KF23. % experiencing physical violence from staff in last 12 mths*	0	1	0	3	0	0	1	0	0	1
KF24. % reporting most recent experience of violence	-	81	-	-	-	-	81	-	-	56
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	0	25	4	15	5	0	27	15	3	32
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	13	18	8	23	13	24	20	27	32	24
KF27. % reporting most recent experience of harassment, bullying or abuse	-	58	-	35	15	73	47	36	64	50
Overall staff engagement	3.90	3.86	4.41	3.56	3.92	3.81	3.81	4.07	3.78	3.83
Number of respondents	24	312	26	81	94	47	617	33	38	470

Please note that the directorates classification was provided by Alder Hey Children's NHS Foundation Trust

Table 6.4: Key Findings for different work groups

	Full time / part time[a]	
	Full time	Part time
Appraisals & support for development		
KF11. % appraised in last 12 mths	88	87
KF12. Quality of appraisals	2.96	2.87
KF13. Quality of non-mandatory training, learning or development	4.03	4.05
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	7	6
KF21. % believing the organisation provides equal opportunities for career progression / promotion	84	87
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	35	25
KF29. % reporting errors, near misses or incidents witnessed in last mth	92	93
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.69
KF31. Staff confidence and security in reporting unsafe clinical practice	3.61	3.60
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	40	33
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	54	46
KF19. Org and mgmt interest in and action on health and wellbeing	3.57	3.61
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	57	63
* *KF16. % working extra hours*	75	58
Number of respondents	1349	352

[a] Full time is defined as staff contracted to work 30 hours or more a week

Table 6.4: Key Findings for different work groups (cont)

	Full time / part time[a]	
	Full time	Part time
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.92	3.89
KF4. Staff motivation at work	3.87	3.84
KF7. % able to contribute towards improvements at work	69	65
KF8. Staff satisfaction with level of responsibility and involvement	3.91	3.89
KF9. Effective team working	3.72	3.77
KF14. Staff satisfaction with resourcing and support	3.28	3.37
Managers		
KF5. Recognition and value of staff by managers and the organisation	3.45	3.45
KF6. % reporting good communication between senior management and staff	32	30
KF10. Support from immediate managers	3.76	3.79
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.85	3.77
KF3. % agreeing that their role makes a difference to patients / service users	90	89
KF32. Effective use of patient / service user feedback	3.58	3.67
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	8
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	0
KF24. % reporting most recent experience of violence	70	73
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	24	26
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	22	17
KF27. % reporting most recent experience of harassment, bullying or abuse	52	41
Overall staff engagement	3.85	3.79
Number of respondents	1349	352

[a] Full time is defined as staff contracted to work 30 hours or more a week

7. Key Findings by demographic groups

Tables 7.1 and 7.2 show the Key Findings at Alder Hey Children's NHS Foundation Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 7.1 and 7.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF11. % appraised in the last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have had appraisals.
- Please note that, unlike the overall trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

Table 7.1: Key Findings for different age groups

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Appraisals & support for development				
KF11. % appraised in last 12 mths	87	90	90	82
KF12. Quality of appraisals	3.24	2.87	2.92	2.89
KF13. Quality of non-mandatory training, learning or development	4.13	4.03	4.04	3.99
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	9	7	6	7
KF21. % believing the organisation provides equal opportunities for career progression / promotion	89	85	86	80
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	41	31	34	29
KF29. % reporting errors, near misses or incidents witnessed in last mth	96	91	92	91
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.85	3.77	3.72	3.65
KF31. Staff confidence and security in reporting unsafe clinical practice	3.75	3.62	3.59	3.57
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	35	39	40	39
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	51	57	50	50
KF19. Org and mgmt interest in and action on health and wellbeing	3.70	3.59	3.57	3.54
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	58	61	60	54
* *KF16. % working extra hours*	75	72	72	70
Number of respondents	268	430	467	537

Table 7.1: Key Findings for different age groups (cont)

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.08	3.91	3.86	3.91
KF4. Staff motivation at work	3.85	3.80	3.94	3.90
KF7. % able to contribute towards improvements at work	67	69	71	66
KF8. Staff satisfaction with level of responsibility and involvement	3.92	3.88	3.93	3.90
KF9. Effective team working	3.68	3.74	3.79	3.70
KF14. Staff satisfaction with resourcing and support	3.39	3.27	3.29	3.31
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.49	3.43	3.47	3.45
KF6. % reporting good communication between senior management and staff	35	30	33	31
KF10. Support from immediate managers	3.75	3.79	3.83	3.72
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.00	3.72	3.85	3.84
KF3. % agreeing that their role makes a difference to patients / service users	91	90	91	89
KF32. Effective use of patient / service user feedback	3.61	3.53	3.67	3.58
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	12	11	9	7
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	0	1	1
KF24. % reporting most recent experience of violence	77	70	78	52
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	26	23	26	23
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	16	17	24	24
KF27. % reporting most recent experience of harassment, bullying or abuse	59	47	48	50
Overall staff engagement	3.90	3.81	3.86	3.83
Number of respondents	268	430	467	537

Table 7.2: Key Findings for other demographic groups

	Gender				Disability		Ethnic background	
	Men	Women	Prefer to self-describe	Prefer not to say	Disabled	Not disabled	White	Black and minority ethnic
Appraisals & support for development								
KF11. % appraised in last 12 mths	80	89	-	93	86	88	87	89
KF12. Quality of appraisals	3.01	2.94	-	2.33	2.69	3.01	2.94	3.32
KF13. Quality of non-mandatory training, learning or development	3.95	4.06	-	4.16	4.06	4.04	4.03	4.16
Equality & diversity								
* *KF20. % experiencing discrimination at work in last 12 mths*	9	7	-	10	12	6	6	15
KF21. % believing the organisation provides equal opportunities for career progression / promotion	77	86	-	79	75	86	85	75
Errors & incidents								
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	36	32	-	40	40	31	33	32
KF29. % reporting errors, near misses or incidents witnessed in last mth	86	94	-	100	93	92	92	96
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.62	3.76	-	3.59	3.55	3.77	3.73	3.80
KF31. Staff confidence and security in reporting unsafe clinical practice	3.59	3.62	-	3.23	3.45	3.66	3.62	3.45
Health and wellbeing								
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	38	-	63	53	36	40	27
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	54	52	-	47	68	49	53	35
KF19. Org and mgmt interest in and action on health and wellbeing	3.52	3.61	-	3.02	3.46	3.62	3.59	3.52
Working patterns								
KF15. % satisfied with the opportunities for flexible working patterns	49	60	-	36	53	59	59	52
* *KF16. % working extra hours*	76	71	-	77	71	72	71	77
Number of respondents	297	1380	5	30	279	1402	1608	89

Table 7.2: Key Findings for other demographic groups (cont)

	Gender				Disability		Ethnic background	
	Men	Women	Prefer to self-describe	Prefer not to say	Disabled	Not disabled	White	Black and minority ethnic
Job satisfaction								
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.91	3.93	-	3.52	3.79	3.95	3.91	4.08
KF4. Staff motivation at work	3.86	3.89	-	3.48	3.65	3.92	3.86	4.13
KF7. % able to contribute towards improvements at work	73	68	-	47	62	70	68	67
KF8. Staff satisfaction with level of responsibility and involvement	3.92	3.91	-	3.49	3.72	3.95	3.91	3.93
KF9. Effective team working	3.73	3.74	-	3.62	3.60	3.77	3.72	3.85
KF14. Staff satisfaction with resourcing and support	3.24	3.32	-	2.85	3.13	3.34	3.30	3.42
Managers								
KF5. Recognition and value of staff by managers and the organisation	3.43	3.47	-	2.87	3.19	3.52	3.46	3.48
KF6. % reporting good communication between senior management and staff	31	32	-	13	23	33	32	31
KF10. Support from immediate managers	3.75	3.78	-	3.55	3.56	3.83	3.78	3.71
Patient care & experience								
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.84	3.84	-	3.57	3.73	3.86	3.82	4.02
KF3. % agreeing that their role makes a difference to patients / service users	90	90	-	87	88	90	90	98
KF32. Effective use of patient / service user feedback	3.48	3.61	-	-	3.48	3.62	3.59	3.66
Violence, harassment & bullying								
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	4	10	-	0	14	8	10	3
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	-	0	1	1	1	1
KF24. % reporting most recent experience of violence	50	71	-	-	56	76	70	-
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	17	26	-	10	35	21	24	24
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	23	21	-	30	32	19	21	28
KF27. % reporting most recent experience of harassment, bullying or abuse	38	52	-	-	45	51	50	52
Overall staff engagement	3.84	3.85	-	3.47	3.65	3.89	3.83	4.01
Number of respondents	297	1380	5	30	279	1402	1608	89

8. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 8.1, other work characteristics are shown in table 8.2, and demographic characteristics are shown in table 8.3.

Table 8.1: Occupational group of respondents

Occupational group	Number questionnaires returned	Percentage of survey respondents
Allied Health Professionals		
Occupational Therapy	23	1%
Physiotherapy	81	5%
Radiography	22	1%
Clinical Psychology	28	2%
Psychotherapy	15	1%
Arts Therapy	1	0%
Other qualified Allied Health Professionals	142	8%
Support to Allied Health Professionals	27	2%
Scientific and Technical / Healthcare Scientists		
Pharmacy	47	3%
Other qualified Scientific and Technical / Healthcare Scientists	43	3%
Support to Scientific and Technical / Healthcare Scientists	8	0%
Medical and Dental		
Medical / Dental - Consultant	118	7%
Medical / Dental - In Training	3	0%
Medical / Dental - Other	21	1%
Operational ambulance staff		
Emergency care practitioner	1	0%
Emergency care assistant	2	0%
Nurses, Midwives and Nursing Assistants		
Registered Nurses - Adult / General	35	2%
Registered Nurses - Mental Health	15	1%
Registered Nurses - Learning Disabilities	6	0%
Registered Nurses - Children	388	23%
Midwives	1	0%
Health Visitors	4	0%
Registered Nurses - District / Community	3	0%
Other Registered Nurses	9	1%
Nursing auxiliary / Nursing assistant / Healthcare assistant	86	5%
Social Care Staff		
Approved social workers / Social workers / Residential social workers	7	0%

Occupational group	Number questionnaires returned	Percentage of survey respondents
Other groups		
Public Health / Health Improvement	2	0%
Commissioning managers / support staff	2	0%
Admin and Clerical	242	14%
Central Functions / Corporate Services	91	5%
Maintenance / Ancillary	73	4%
General Management	56	3%
Other	75	4%
Did not specify	75	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.2: Work characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Full time / part time		
Full time	1349	79%
Part time	352	21%
Did not specify	51	
Length of time in organisation		
Less than a year	113	7%
Between 1 to 2 years	245	15%
Between 3 to 5 years	252	15%
Between 6 to 10 years	294	18%
Between 11 to 15 years	257	16%
Over 15 years	480	29%
Did not specify	111	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 8.3: Demographic characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Age group		
Between 16 and 30	268	16%
Between 31 and 40	430	25%
Between 41 and 50	467	27%
51 and over	537	32%
Did not specify	50	
Gender		
Male	297	17%
Female	1380	81%
Prefer to self-describe	5	0%
Prefer not to say	30	2%
Did not specify	40	
Ethnic background		
White	1608	95%
Black and minority ethnic	89	5%
Did not specify	55	
Disability		
Disabled	279	17%
Not disabled	1402	83%
Did not specify	71	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Appendix 1

Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for acute specialist trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for below and above average scores for each of the Key Findings for acute specialist trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an acute specialist trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an acute specialist trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

Table A1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

	Your trust		National scores for acute specialist trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for below average	Threshold for above average	Lowest score attained	Highest score attained
Response rate	54	-	53	46	54	36	62
Appraisals & support for development							
KF11. % appraised in last 12 mths	87	[85, 89]	88	87	90	70	96
KF12. Quality of appraisals	2.94	[2.87, 3.00]	3.16	3.07	3.30	2.93	3.45
KF13. Quality of non-mandatory training, learning or development	4.02	[3.98, 4.07]	4.08	4.05	4.10	3.89	4.15
Equality & diversity							
* *KF20. % experiencing discrimination at work in last 12 mths*	7	[6, 8]	9	8	10	6	16
KF21. % believing the organisation provides equal opportunities for career progression / promotion	84	[82, 86]	88	84	88	80	91
Errors & incidents							
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	33	[31, 36]	27	25	31	21	36
KF29. % reporting errors, near misses or incidents witnessed in last mth	91	[89, 94]	92	92	93	86	97
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.73	[3.69, 3.76]	3.80	3.77	3.88	3.68	4.04
KF31. Staff confidence and security in reporting unsafe clinical practice	3.60	[3.55, 3.64]	3.71	3.68	3.80	3.57	3.94
Health and wellbeing							
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	[37, 41]	35	33	36	28	40
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	53	[50, 55]	50	48	51	45	56
KF19. Org and mgmt interest in and action on health and wellbeing	3.57	[3.52, 3.61]	3.73	3.65	3.77	3.57	3.98
Working patterns							
KF15. % satisfied with the opportunities for flexible working patterns	58	[55, 60]	54	51	56	47	61
* *KF16. % working extra hours*	71	[69, 74]	75	71	75	66	76

Table A1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts (cont)

	Your trust		National scores for acute specialist trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for below average	Threshold for above average	Lowest score attained	Highest score attained
Job satisfaction							
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.91	[3.87, 3.95]	4.16	3.95	4.19	3.83	4.26
KF4. Staff motivation at work	3.86	[3.82, 3.90]	3.94	3.91	3.95	3.86	4.08
KF7. % able to contribute towards improvements at work	68	[65, 70]	73	70	75	68	78
KF8. Staff satisfaction with level of responsibility and involvement	3.89	[3.86, 3.92]	3.93	3.91	3.97	3.85	4.04
KF9. Effective team working	3.72	[3.68, 3.76]	3.79	3.76	3.82	3.69	3.91
KF14. Staff satisfaction with resourcing and support	3.29	[3.26, 3.33]	3.41	3.38	3.50	3.20	3.62
Managers							
KF5. Recognition and value of staff by managers and the organisation	3.44	[3.40, 3.48]	3.53	3.50	3.61	3.42	3.69
KF6. % reporting good communication between senior management and staff	31	[29, 34]	35	32	42	29	48
KF10. Support from immediate managers	3.76	[3.72, 3.80]	3.81	3.76	3.88	3.70	3.95
Patient care & experience							
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.82	[3.77, 3.87]	4.02	3.95	4.07	3.78	4.23
KF3. % agreeing that their role makes a difference to patients / service users	89	[88, 91]	91	90	92	89	95
KF32. Effective use of patient / service user feedback	3.59	[3.53, 3.64]	3.83	3.75	3.86	3.59	4.00
Violence, harassment & bullying							
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	[7, 10]	7	4	9	2	19
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	[0, 1]	1	1	1	1	3
KF24. % reporting most recent experience of violence	70	[62, 78]	70	69	72	54	81
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	[21, 25]	21	17	23	12	25
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	21	[19, 23]	23	22	26	18	30
KF27. % reporting most recent experience of harassment, bullying or abuse	50	[45, 54]	47	45	49	40	54

Appendix 2

Changes to the Key Findings since the 2015 and 2016 staff surveys

Technical notes:

- For most of the Key Findings presented in tables A2.1 and A2.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterisk and shown in italics, the lower the score the better.

- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.

- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.

- In certain cases a dash (-) appears in Table A2.2. This is either because the Key Finding was not calculated in previous years, or there have been changes in how the Key Finding has been calculated this year.

To enable comparison between years, scores from 2016 and 2015 have been re-calculated and re-weighted using the 2017 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

Table A2.1: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2016 survey

	Alder Hey Children's NHS Foundation Trust			
	2017 score	**2016 score**	**Change**	**Statistically significant?**
Response rate	54	39	15	N/A
Appraisals & support for development				
KF11. % appraised in last 12 mths	87	82	4	Yes
KF12. Quality of appraisals	2.94	2.77	0.17	Yes
KF13. Quality of non-mandatory training, learning or development	4.02	3.97	0.06	No
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	7	7	-1	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	84	80	3	No
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	33	36	-2	No
KF29. % reporting errors, near misses or incidents witnessed in last mth	91	96	-4	Yes
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.73	3.60	0.13	Yes
KF31. Staff confidence and security in reporting unsafe clinical practice	3.60	3.50	0.10	Yes
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	39	0	No
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	53	56	-3	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.57	3.39	0.18	Yes
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	58	52	6	Yes
* *KF16. % working extra hours*	71	69	3	No

Table A2.1: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2016 survey (cont)

	Alder Hey Children's NHS Foundation Trust			
	2017 score	**2016 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.91	3.76	0.16	Yes
KF4. Staff motivation at work	3.86	3.77	0.09	Yes
KF7. % able to contribute towards improvements at work	68	64	4	Yes
KF8. Staff satisfaction with level of responsibility and involvement	3.89	3.79	0.10	Yes
KF9. Effective team working	3.72	3.64	0.08	Yes
KF14. Staff satisfaction with resourcing and support	3.29	3.22	0.07	Yes
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.44	3.27	0.17	Yes
KF6. % reporting good communication between senior management and staff	31	24	7	Yes
KF10. Support from immediate managers	3.76	3.58	0.18	Yes
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.82	3.79	0.03	No
KF3. % agreeing that their role makes a difference to patients / service users	89	87	2	No
KF32. Effective use of patient / service user feedback	3.59	3.46	0.12	Yes
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	7	2	No
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	0	No
KF24. % reporting most recent experience of violence	70	53	17	Yes
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	23	0	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	21	24	-3	No
KF27. % reporting most recent experience of harassment, bullying or abuse	50	41	9	Yes

Table A2.2: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2015 survey

	Alder Hey Children's NHS Foundation Trust			
	2017 score	**2015 score**	**Change**	**Statistically significant?**
Response rate	54	35	18	-
Appraisals & support for development				
KF11. % appraised in last 12 mths	87	78	9	Yes
KF12. Quality of appraisals	2.94	2.73	0.21	Yes
KF13. Quality of non-mandatory training, learning or development	4.02	3.92	0.10	Yes
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	7	8	-1	No
KF21. % believing the organisation provides equal opportunities for career progression / promotion	84	82	2	No
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	33	40	-6	Yes
KF29. % reporting errors, near misses or incidents witnessed in last mth	91	93	-2	No
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.73	3.60	0.13	Yes
KF31. Staff confidence and security in reporting unsafe clinical practice	3.60	3.46	0.14	Yes
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	39	44	-5	Yes
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	53	54	-1	No
KF19. Org and mgmt interest in and action on health and wellbeing	3.57	3.35	0.22	Yes
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	58	50	7	Yes
* *KF16. % working extra hours*	71	70	2	No

Table A2.2: Changes in the Key Findings for Alder Hey Children's NHS Foundation Trust since 2015 survey (cont)

	Alder Hey Children's NHS Foundation Trust			
	2017 score	**2015 score**	**Change**	**Statistically significant?**
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.91	3.76	0.15	Yes
KF4. Staff motivation at work	3.86	3.72	0.14	Yes
KF7. % able to contribute towards improvements at work	68	61	6	Yes
KF8. Staff satisfaction with level of responsibility and involvement	3.89	3.79	0.10	Yes
KF9. Effective team working	3.72	3.56	0.16	Yes
KF14. Staff satisfaction with resourcing and support	3.29	3.13	0.16	Yes
Managers				
KF5. Recognition and value of staff by managers and the organisation	3.44	3.22	0.22	Yes
KF6. % reporting good communication between senior management and staff	31	26	5	Yes
KF10. Support from immediate managers	3.76	3.49	0.27	Yes
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	3.82	3.69	0.13	Yes
KF3. % agreeing that their role makes a difference to patients / service users	89	86	3	No
KF32. Effective use of patient / service user feedback	3.59	3.46	0.13	Yes
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	5	4	Yes
* *KF23. % experiencing physical violence from staff in last 12 mths*	1	1	-1	No
KF24. % reporting most recent experience of violence	70	70	0	No
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	23	24	0	No
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	21	24	-3	No
KF27. % reporting most recent experience of harassment, bullying or abuse	50	41	9	Yes

Appendix 3

Data tables: 2017 Key Findings and the responses to all survey questions

For each of the 32 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2017 survey response, the average (median) 2017 response for acute specialist trusts, and your trust's 2016 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 32 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2017 questionnaire.

Technical notes:

- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.
- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical acute specialist trust.
- The question data within this section excludes any non-specific responses ('Don't know'/'Can't remember').
- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: www.nhsstaffsurveys.com

Table A3.1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts

	Question number(s)	Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
Appraisals & support for development				
KF11. % appraised in last 12 mths	Q20a	87	88	83
KF12. Quality of appraisals	Q20b-d	2.95	3.15	2.78
KF13. Quality of non-mandatory training, learning or development	Q18b-d	4.04	4.07	3.97
Equality & diversity				
* *KF20. % experiencing discrimination at work in last 12 mths*	Q17a-b	7	9	8
KF21. % believing the organisation provides equal opportunities for career progression / promotion	Q16	84	87	81
Errors & incidents				
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	Q11a-b	33	26	37
KF29. % reporting errors, near misses or incidents witnessed in last mth	Q11c	92	92	96
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Q12a-d	3.73	3.80	3.61
KF31. Staff confidence and security in reporting unsafe clinical practice	Q13b-c	3.61	3.71	3.50
Health and wellbeing				
* *KF17. % feeling unwell due to work related stress in last 12 mths*	Q9c	39	35	39
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	Q9d-g	52	49	56
KF19. Org and mgmt interest in and action on health and wellbeing	Q7f, 9a	3.58	3.72	3.38
Working patterns				
KF15. % satisfied with the opportunities for flexible working patterns	Q5h	58	54	52
* *KF16. % working extra hours*	Q10b-c	72	73	70

Table A3.1: Key Findings for Alder Hey Children's NHS Foundation Trust benchmarked against other acute specialist trusts (cont)

	Question number(s)	Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
Job satisfaction				
KF1. Staff recommendation of the organisation as a place to work or receive treatment	Q21a, 21c-d	3.92	4.16	3.76
KF4. Staff motivation at work	Q2a-c	3.87	3.93	3.78
KF7. % able to contribute towards improvements at work	Q4a-b, 4d	68	73	65
KF8. Staff satisfaction with level of responsibility and involvement	Q3a-b, 4c, 5d-e	3.90	3.93	3.80
KF9. Effective team working	Q4h-j	3.73	3.78	3.65
KF14. Staff satisfaction with resourcing and support	Q4e-g, 5c	3.30	3.41	3.21
Managers				
KF5. Recognition and value of staff by managers and the organisation	Q5a, 5f, 7g	3.45	3.53	3.28
KF6. % reporting good communication between senior management and staff	Q8a-d	31	34	24
KF10. Support from immediate managers	Q5b, 7a-e	3.77	3.82	3.58
Patient care & experience				
KF2. Staff satisfaction with the quality of work and care they are able to deliver	Q3c, 6a, 6c	3.83	4.01	3.79
KF3. % agreeing that their role makes a difference to patients / service users	Q6b	90	90	88
KF32. Effective use of patient / service user feedback	Q21b, 22b-c	3.59	3.83	3.47
Violence, harassment & bullying				
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	Q14a	9	7	7
* *KF23. % experiencing physical violence from staff in last 12 mths*	Q14b-c	1	1	1
KF24. % reporting most recent experience of violence	Q14d	70	70	53
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	Q15a	24	22	24
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	Q15b-c	21	23	24
KF27. % reporting most recent experience of harassment, bullying or abuse	Q15d	50	48	40

Table A3.2: Survey questions benchmarked against other acute specialist trusts

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	Contact with patients			
Q1	% saying they have face-to-face contact with patients / service users as part of their job	85	82	83
	Staff motivation at work			
	% saying often or always to the following statements:			
Q2a	"I look forward to going to work"	55	58	50
Q2b	"I am enthusiastic about my job"	74	75	66
Q2c	"Time passes quickly when I am working"	76	78	73
	Job design			
	% agreeing / strongly agreeing with the following statements:			
Q3a	"I always know what my work responsibilities are"	86	88	84
Q3b	"I am trusted to do my job"	92	92	90
Q3c	"I am able to do my job to a standard I am personally pleased with"	75	82	73
	Opportunities to develop potential at work			
	% agreeing / strongly agreeing with the following statements:			
Q4a	"There are frequent opportunities for me to show initiative in my role"	72	75	68
Q4b	"I am able to make suggestions to improve the work of my team / department"	73	77	70
Q4c	"I am involved in deciding on changes introduced that affect my work area / team / department"	53	55	50
Q4d	"I am able to make improvements happen in my area of work"	55	59	50
Q4e	"I am able to meet all the conflicting demands on my time at work"	42	46	38
Q4f	"I have adequate materials, supplies and equipment to do my work"	54	64	49
Q4g	"There are enough staff at this organisation for me to do my job properly"	31	37	27
Q4h	"The team I work in has a set of shared objectives"	73	74	70
Q4i	"The team I work in often meets to discuss the team's effectiveness"	61	62	57
Q4j	"Team members have to communicate closely with each other to achieve the team's objectives"	79	80	76
	Staff job satisfaction			
	% satisfied or very satisfied with the following aspects of their job:			
Q5a	"The recognition I get for good work"	51	56	44
Q5b	"The support I get from my immediate manager"	68	71	59
Q5c	"The support I get from my work colleagues"	83	81	81
Q5d	"The amount of responsibility I am given"	75	76	72
Q5e	"The opportunities I have to use my skills"	73	72	66
Q5f	"The extent to which my organisation values my work"	42	48	34
Q5g	"My level of pay"	36	33	35
Q5h	"The opportunities for flexible working patterns"	58	54	52

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	Contribution to patient care			
	% agreeing / strongly agreeing with the following statements:			
Q6a	"I am satisfied with the quality of care I give to patients / service users"	80	87	79
Q6b	"I feel that my role makes a difference to patients / service users"	90	90	88
Q6c	"I am able to deliver the patient care I aspire to"	65	72	62
	Your managers			
	% agreeing / strongly agreeing with the following statements:			
Q7a	"My immediate manager encourages those who work for her/him to work as a team"	74	76	66
Q7b	"My immediate manager can be counted on to help me with a difficult task at work"	72	74	64
Q7c	"My immediate manager gives me clear feedback on my work"	58	64	51
Q7d	"My immediate manager asks for my opinion before making decisions that affect my work"	55	58	47
Q7e	"My immediate manager is supportive in a personal crisis"	78	77	71
Q7f	"My immediate manager takes a positive interest in my health and well-being"	70	70	62
Q7g	"My immediate manager values my work"	71	73	65
Q8a	"I know who the senior managers are here"	78	85	72
Q8b	"Communication between senior management and staff is effective"	37	40	28
Q8c	"Senior managers here try to involve staff in important decisions"	33	36	26
Q8d	"Senior managers act on staff feedback"	31	33	24
	Health and well-being			
Q9a	% saying their organisation definitely takes positive action on health and well-being	25	36	20
Q9b	% saying they have have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities	21	22	23
Q9c	% saying they have have felt unwell in the last 12 months as a result of work related stress	39	35	39
Q9d	% saying in the last three months they had gone to work despite not feeling well enough to perform their duties	55	53	59
	If attended work despite not feeling well enough (YES to Q9d), % saying they...			
Q9e	...had felt pressure from their manager to come to work	20	24	26
Q9f	...had felt pressure from their colleagues to come to work	19	19	22
Q9g	...had put themselves under pressure to come to work	93	92	94
	Working hours			
Q10a	% working part time (up to 29 hours a week)	21	15	19
Q10b	% working additional PAID hours	33	31	30
Q10c	% working additional UNPAID hours	58	61	59
	Witnessing and reporting errors, near misses and incidents			
Q11a	% witnessing errors, near misses or incidents in the last month that could have hurt staff	17	14	19
Q11b	% witnessing errors, near misses or incidents in the last month that could have hurt patients / service users	28	23	32
Q11c	If they witnessed an error, near miss or incident that could have hurt staff or patients / service users (YES to Q11a or YES to Q11b), % saying the last time this happened, either they or a colleague had reported it	95	96	98

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	Fairness and effectiveness of procedures for reporting errors, near misses or incidents			
	% agreeing / strongly agreeing with the following statements:			
Q12a	"My organisation treats staff who are involved in an error, near miss or incident fairly"	56	60	48
Q12b	"My organisation encourages us to report errors, near misses or incidents"	90	90	85
Q12c	"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"	67	73	58
Q12d	"We are given feedback about changes made in response to reported errors, near misses and incidents"	55	60	51
	Raising concerns about unsafe clinical practice			
Q13a	% saying if they were concerned about unsafe clinical practice they would know how to report it	91	95	91
	% agreeing / strongly agreeing with the following statements:			
Q13b	"I would feel secure raising concerns about unsafe clinical practice"	66	71	62
Q13c	"I am confident that the organisation would address my concern"	56	63	50
	Experiencing and reporting physical violence at work			
	% experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q14a	Never	91	93	93
Q14a	1 to 2 times	7	5	5
Q14a	3 to 5 times	1	1	1
Q14a	6 to 10 times	1	0	1
Q14a	More than 10 times	1	0	1
	% experiencing physical violence at work from managers in last 12 months...			
Q14b	Never	100	100	100
Q14b	1 to 2 times	0	0	0
Q14b	3 to 5 times	0	0	0
Q14b	6 to 10 times	0	0	0
Q14b	More than 10 times	0	0	0
	% experiencing physical violence at work from other colleagues in last 12 months...			
Q14c	Never	99	99	99
Q14c	1 to 2 times	0	1	1
Q14c	3 to 5 times	0	0	0
Q14c	6 to 10 times	0	0	0
Q14c	More than 10 times	0	0	0
Q14d	(If YES to Q14a, Q14b or Q14c) % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it	70	70	54
	Experiencing and reporting harassment, bullying and abuse at work			
	% experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q15a	Never	76	78	76
Q15a	1 to 2 times	16	14	15
Q15a	3 to 5 times	3	4	5
Q15a	6 to 10 times	2	1	2
Q15a	More than 10 times	3	1	2

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	% experiencing harassment, bullying or abuse at work from managers in last 12 months...			
Q15b	Never	90	87	88
Q15b	1 to 2 times	7	8	8
Q15b	3 to 5 times	2	3	3
Q15b	6 to 10 times	0	1	0
Q15b	More than 10 times	1	1	1
	% experiencing harassment, bullying or abuse at work from other colleagues in last 12 months...			
Q15c	Never	84	83	81
Q15c	1 to 2 times	12	12	12
Q15c	3 to 5 times	2	3	5
Q15c	6 to 10 times	1	1	1
Q15c	More than 10 times	1	1	1
Q15d	(If YES to Q15a, Q15b or Q15c) % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it	50	48	41
	Equal opportunities			
Q16	% saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	84	87	81
	Discrimination			
Q17a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	2	4	2
Q17b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	6	7	6
	% saying they had experienced discrimination on the grounds of:			
Q17c	Ethnic background	16	33	14
Q17c	Gender	13	17	26
Q17c	Religion	3	5	6
Q17c	Sexual orientation	4	4	4
Q17c	Disability	10	10	5
Q17c	Age	18	20	19
Q17c	Other reason(s)	57	32	54
	Job-relevant training, learning and development			
Q18a	% having received non-mandatory training, learning or development in the last 12 months	67	74	66
	% who had received training, learning and development in the last 12 months (YES to Q18a) agreeing / strongly agreeing with the following statements:			
Q18b	"It has helped me to do my job more effectively"	83	84	82
Q18c	"It has helped me stay up-to-date with professional requirements"	88	87	86
Q18d	"It has helped me to deliver a better patient / service user experience"	82	83	78
Q19	% who had received mandatory training in the last 12 months	89	98	82
	Appraisals			
Q20a	% saying they had received an appraisal or performance development review in the last 12 months	87	88	83

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	If (YES to Q20a) had received an appraisal or performance development review in the last 12 months:			
Q20b	% saying their appraisal or development review definitely helped them to improve how they do their job	17	21	15
Q20c	% saying their appraisal or development review definitely helped them agree clear objectives for their work	29	37	25
Q20d	% saying their appraisal or development review definitely made them feel their work was valued by the organisation	25	32	20
Q20e	% saying the values of their organisation were definitely discussed as part of the appraisal	44	35	31
Q20f	% saying their appraisal or development review had identified training, learning or development needs	66	66	63
	If (YES to Q20a) had received an appraisal or performance development review AND (YES to Q20f) training, learning or development needs identified as part of their appraisal or development review:			
Q20g	% saying their manager definitely supported them to receive training, learning or development	45	55	39
	Your organisation			
	% agreeing / strongly agreeing with the following statements:			
Q21a	"Care of patients / service users is my organisation's top priority"	78	86	72
Q21b	"My organisation acts on concerns raised by patients / service users"	74	81	69
Q21c	"I would recommend my organisation as a place to work"	64	72	53
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	84	89	81
	Patient / service user experience measures			
	% saying 'Yes'			
Q22a	"Is patient / service user experience feedback collected within your directorate / department?"	85	90	85
	If patient / service user feedback collected (YES to Q22a), % agreeing or strongly agreeing with the following statements:			
Q22b	"I receive regular updates on patient / service user experience feedback in my directorate / department"	55	64	47
Q22c	"Feedback from patients / service users is used to make informed decisions within my directorate / department"	50	60	46
	BACKGROUND DETAILS			
	Gender			
Q23a	Male	17	21	20
Q23a	Female	81	76	80
Q23a	Prefer to self-describe	0	0	0
Q23a	Prefer not to say	2	2	0
	Age group			
Q23b	Between 16 and 30	16	18	12
Q23b	Between 31 and 40	25	25	24
Q23b	Between 41 and 50	27	26	28
Q23b	51 and over	32	30	36
	Ethnic background			
Q24	White	95	89	95
Q24	Mixed	1	2	1
Q24	Asian / Asian British	3	8	3
Q24	Black / Black British	1	2	0
Q24	Chinese	0	0	0
Q24	Other	0	1	0

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	Sexuality			
Q25	Heterosexual (straight)	93	90	93
Q25	Gay Man	1	1	1
Q25	Gay Woman (lesbian)	1	1	1
Q25	Bisexual	0	1	0
Q25	Other	0	0	0
Q25	Preferred not to say	5	6	5
	Religion			
Q26	No religion	26	30	28
Q26	Christian	65	53	64
Q26	Buddhist	0	0	1
Q26	Hindu	1	2	1
Q26	Jewish	0	0	0
Q26	Muslim	1	2	1
Q26	Sikh	0	0	0
Q26	Other	1	1	1
Q26	Preferred not to say	4	6	4
	Disability			
Q27a	% saying they have a long-standing illness, health problem or disability	17	15	18
Q27b	If long-standing disability (YES to Q27a and if adjustments felt necessary), % saying their employer has made adequate adjustment(s) to enable them to carry out their work	73	74	58
	Length of time at the organisation (or its predecessors)			
Q28	Less than 1 year	7	10	7
Q28	1 to 2 years	15	16	13
Q28	3 to 5 years	15	20	10
Q28	6 to 10 years	18	19	18
Q28	11 to 15 years	16	14	18
Q28	More than 15 years	29	20	33

		Your Trust in 2017	Average (median) for acute specialist trusts	Your Trust in 2016
	Occupational group			
Q29	Registered Nurses and Midwives	27	25	27
Q29	Nursing or Healthcare Assistants	5	5	7
Q29	Medical and Dental	8	8	10
Q29	Allied Health Professionals	20	15	15
Q29	Scientific and Technical / Healthcare Scientists	6	9	10
Q29	Social Care staff	0	0	0
Q29	Emergency Care Practitioner	0	0	0
Q29	Paramedic	0	0	0
Q29	Emergency Care Assistant	0	0	0
Q29	Ambulance Technician	0	0	0
Q29	Ambulance Control Staff	0	0	0
Q29	Patient Transport Service	0	0	0
Q29	Public Health / Health Improvement	0	0	0
Q29	Commissioning staff	0	0	0
Q29	Admin and Clerical	14	18	15
Q29	Central Functions / Corporate Services	5	8	7
Q29	Maintenance / Ancillary	4	3	4
Q29	General Management	3	4	4
Q29	Other	4	4	3
	Team working			
Q30a	% working in a team	96	97	97
	(If YES to Q30a): Number of core members in their team			
Q30b	2-5	18	25	20
Q30b	6-9	19	21	21
Q30b	10-15	19	19	20
Q30b	More than 15	45	34	40

Appendix 4

Other NHS staff survey 2017 documentation

This report is one of several ways in which we present the results of the 2017 national NHS staff survey:

1) A separate summary report of the main 2017 survey results for Alder Hey Children's NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.

2) A national briefing document, describing the national Key Findings from the 2017 survey and making comparisons with previous years, will be available from www.nhsstaffsurveys.com in March 2018.

3) The document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com. This includes details about the calculation of Key Findings and the data weighting method used.

4) A series of detailed spreadsheets will be made available after publication via www.nhsstaffsurveys.com. In these detailed spreadsheets you will be able to find:
    - responses of staff in your trust to every core survey question
    - responses in every trust in England
    - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
    - the average responses for each major occupational and demographic group within the major trust types

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Report of:	External Programme Assurance
Paper Prepared by:	Joe Gibson, External Assurance and John Grinnell, Executive Sponsor
Subject/Title:	Programme Assurance Summary Change Programme
Background Papers:	Reports to the Trust Board as attached
Purpose of Paper:	To apprise the Board of the Assurance status of the change programme and the actions that have been requested of Executive Sponsors
Action/Decision Required:	For information
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	The change programme is fundamental to the Trust's strategic direction' and links to all strategic objectives.
Resource Impact:	Nil

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Change Programme

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

1. The assurance ratings continue to be addressed and the current positive trend now needs to be accelerated to underpin our plans for FY 18/19; the deployment of a programme and project manager as a supporting PMO has proved extremely successful and may need to be expanded to ensure delivery across the portfolio; in particular the 'partnerships', 'people 'and 'care' work programmes.
2. The Programme Board is gaining further traction in driving the programme and has invoked a disciplined approach to only initiating those projects that can demonstrate clear metrics so that measurable benefits can be assured.
3. The scope of the change programme for FY 18/19 is now being finalised with a focus on prioritisation of major programmes and phasing of project launch dates, hence the 'pipeline' projects that can seen on the attached scope. A key focus will be on benefits realisation and how these are tacked through committees and the Board.

J Grinnell 26 Feb 18

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

1. This Board report contains assurance reports submitted to the following sub-Cttes: **RE&I on 11 Jan 18, WOD on 15 Feb 18, CQAC on 21 Feb 18 and R&BD on 5 Mar 18.**
2. The scope of the programme and the contribution to CIP benefits continue to represent a key risk being significantly below target in many work streams; the range efficiency measures now being sought to offset this shortfall are subject to a robust weekly review of delivery at the 'Financial Recovery Board'.
3. The overall assurance ratings continue to show improvement and accelerating actions to improve the level of assurance further is entirely feasible; this needs to be driven by Executive Sponsors, Corporate Leads and their project teams.

Date	Green	Amber	Red
Dec 17	17%	63%	20%
Feb 18	25% ↑	61% ↓	14% ↓

J Gibson 26 Feb 18

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

See CIP status under separate cover in Board papers. In sum, the change programme contribution to CIP has seen a significant shortfall and efficiencies are having to be found in other areas.

Change Programme

PROPOSED PIPELINE 18/19

Trust Board

Alder Hey Children's NHS
NHS Foundation Trust

R&BD | WOD | CQAC | R&BD | R&BD

Programme Assurance Framework & Delivery Board

= Fully resourced

Growing Through External Partnerships
John SG

1. International Health & Non-NHS Patients
2. CHD Liverpool Partnership
3. Aseptics

The Best People Doing Their Best Work
Melissa/Hilda SG

1. Apprenticeships
2. Engagement & Communication
3. Portering
4. AHP Review
5. Temporary Staffing
6. e-Rostering

Deliver Outstanding Care
Hilda / Steve

1. Sepsis
2. Experience in Outpatients SG
3. Best in Operative Care
4. Best in Acute Care
- Medical Management of Complex Patients
- Deterorating Patients
5. Brilliant Booking & Scheduling
6. Comprehensive Mental Health
7. Best in Community Care
- LOS
- Neuro-development Paediatrics
8. Models of Care
9. Safer Bundle
10. Patient Flow

Global Digital Exemplar
John/Steve PB

1. Speciality Packages
2. Voice Recognition

RE&I

Park, Community Estate & Facilities *David*
SG

1. Decomm. & Demolition
2. R&E 2
3. Alder Centre
4. Park
5. Residential Devel.
6. International Design & Build Consultancy
7. Retained Estate
8. Neuro-Developmental Hub (TBC)

Game Changing Research & Innovation
David

1. The Academy
2. The Innovation Co
3. Implement New Apps for Alder Hey
4. Expand Commercial Research

Strong Foundations
John SG

1. Inventory Management
2. Collaborative Procurement
3. Energy

Listening into Action - *A staff-led process for the changes we need*

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Global Digital Exemplar

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

The comments relating 'Voice Recognition' below exemplify the need to ensure positive benefits realisation is at the heart of the GDE programme. As previously stated, benefits realisation of the opportunities offered by GDE needs to be managed within the operational divisions; resulting in tangible, measurable benefits, identified and delivered.

As previously stated, the key focus needs to be on the breath and depth of clinical engagement and maximising the discretionary effort that is brought to bear on the pathway analyses and re-design.

Claire Liddy, Director of Operational Finance – 20 February 2018

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

The continuing lack of evidenced financial contribution to the CIP programme remains a concern.

The GDE Programme Board continues to be an exemplar. The work stream continues to set and maintain high standards of documentary evidence to support the programme management assurance process. The latest position shows all 3 strategic level projects (it having been decided that the more granular work streams will be assured at the project level) have comprehensive evidence on SharePoint.

However, issues that require addressing are:

- the Speciality packages project plan appears to finish at the end of March 2018; therefore, that tab of the 'Project Controls' document needs to be updated.
- the 'Voice Recognition' project (see previous report) continues to be 'amber' rated; this is related to the issue surrounding the realisation of benefits – an operational issue for the Trust to resolve under the auspices of the programme governance.

Joe Gibson, External Programme Assessment – 20 February 2018

Programme Assurance Framework
Global Digital Exemplar (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	R&BD	Report Date	20 February 2018
Workstream Name	Global Digital Exemplar	Executive Sponsors	John Grinnell / Steve Ryan

Current Dashboard Rating:

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
GDE	Create exemplars that can inspire others by really showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness	Steve Ryan/ John Grinnell		●	●	●	●	●	●	●	●	Overall benefits profile and schedule has now been finalised. Further stakeholder evidence to be uploaded and register maintained. Risk protocols vis-à-vis national and Trust sytsems have been harmonised. **Last updated 19 January 2018.**
Speciality Packages	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Steve Ryan/ John Grinnell		●	●	●	●	●	●			Overall benefits profile and schedule still to be finalised. Project Plan tab of 'Project Controls' appeasr to cease in December 2017. Risk protocols vis-à-vis national and Trust sytsems are now harmonised and finalised. **Last updated 15 February 2018.** QIA/EA will be assured and assessed at project level.
Voice Recognition	Deploy voice recognition solution in Medisec and Meditech	Steve Ryan/ John Grinnell		●	●	●	●	●	●	●	●	PID and detailed project workbook on SharePoint. Details of financial benefits on separate document, these have not been realised as planned. Project Plan tab of 'Project Controls' appeasr to cease in December 2017. Comms/engagement activities detailed in PID, evidence required where possible. Risks detailed in workbook. EA/QIA has been signed and uploaded. **Last updated 8 February 2018.**

Financial Reporting: Refer to CIP update report

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Growing Through External Partnerships

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

Two of the projects – CHD Partnerships sand Aseptics – have further work to do in terms of identifying and measuring clear benefits of the work in hand.

The priority is for the rationale and goals for each project to be expressed in terms of measurable objectives. Executive Sponsors should continue to encourage project teams to strive for green rated assurance and delivery.

Claire Liddy, Director of Operational Finance – 20 February 2018

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

As stated in the previous update: the continuing shortfall in the financial contribution to the CIP programme is an issue albeit at this stage of the financial year there is little prospect of the recovery happening through these partnership propositions which are dependent – by definition – on external factors.

The ratings have improved since the last report. The aseptics project, in particular, has shown a noteworthy improvement in the evidence assuring project governance and progress.

The International project will be updated once the arrangements for the Department of International Child Health have been finalised.

Joe Gibson, External Programme Assessment – 20 February 2018

Sub-Committee	R&BD	Report Date	20 February 2018
Workstream Name	Growing Through External Partnerships	Executive Sponsor	John Grinnell

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Growing Through External Partnerships (Completed by Assurance Team)

Current Dashboard Rating:

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
International Health & Non-NHS Patients	Establish International service offer including: International Health Partnerships and non-NHS patients	John Grinnell										Steering Group meeting notes available to July 2017. PID complete. Milestone Plan last updated 15 January and shows some slippages hence the amber rating. Details/evidence of comms to be provided where possible, significant evidence of engagement now on SharePoint. Risks now on Ulysses. EA/QIA complete. **Last updated 15 February 2018.**
CHD Liverpool Partnership	The aim of this project is to deliver the potential Level One centre status for adult congenital heart disease across the NW/North Wales and Isle of Man; bringing together a partnership of 4 Liverpool providers.	Steve Ryan										PID on SharePoint, following NHSE decision on 30 Nov 17, project documentation will now be developed to provide a mobilisation plan. **Last updated 30 January 2017.**
Aseptics	Validate and commission aseptic unit. To provide internal service which reduces outsourcing to minimal levels. Take unit to licence to offer income generating opportunities.	John Grinnell										List of project team names avaibale (Sep 17) and notes of meetings to 9 Oct 17. Scope is decribed by the DRAFT Business Case Form on SharePoint: 'Proposal for Commissioning, Validation and Licensing of the Pharmacy Aseptic Services Unit'. Targets and benefits are now included on a separate tracker and realisation will commence in Apr 18. Gantt chart in place, with some missed milestones, but is being closely tracked. Some evidence of stakeholder engagement now uploaded. Audit of Aseptic Services has been uploaded to SharePoint. EA/QIA signed off. Evidence of meetings to September 2017. **Last updated 19 February 2018.**

Financial Reporting: Refer to CIP Update report

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Park, Community Estate and Facilities

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

As stated in previous assurance reports:

- The continuing 'block' on the Residential Development' project, and resulting financial risk, should be noted by Programme Board and R&BD Committee.
- The 'Neuro-Developmental Hub' project needs to be scoped in terms of rationale and objectives and the documentation posted on SharePoint.
- The work stream needs to bring the documentation to a standard that will attain green ratings for all projects

Claire Liddy, Director of Operational Finance – 20 February 2018

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

The work stream ratings have not improved since the January report: latest position shows 7 projects having commenced, with evidence on SharePoint and, of those: 1 green rated, 4 amber and 2 red. The Executive Sponsor should set a date by which all projects will be green rated.

Of the two red rated projects:
- 'Residential Development' is blocked due to circumstances beyond the control of the project team.
- 'Park', is red rated due to delays on the plan and lack of revised milestones for missed objectives.

The shortfall in financial contribution to the CIP remains the case; the Executive Sponsor should strive to improve this position.

Joe Gibson, External Programme Assessment – 20 February 2018

Sub-Committee	**R&BD**	**Report Date**	**20 February 2018**
Workstream Name	Park, Community Estate and Facilities.	**Executive Sponsor**	**David Powell**

Programme Assurance Framework
Park, Community Estate and Facilities (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Current Dashboard Rating:

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
Decommission & Demolition	The aim of the project is to move out from and make safe the old hospital ready for demolition	David Powell										PID available, however details of benefits requires review in line with revised/ updated dates. Milestone plan shows slippage (car park area; however, demolition now achieved). Details of communication/engagement activities to be confirmed and evidence provided where possible. Risks now on Ulysses, some require review. **Last updated 14 February 2018.**
R&E 2	The aim of the project is to complete Phase 2 of the RI & E building to a world class standard	David Powell										Team action notes available to 13 September. PID available, benefits to be confirmed. Milestone Plan shows some delays (tenancy agreements and D&B contract signatures) now over 4 months from original milestone date. Details of comms/engagement activities to be confirmed and evidence provided where possible. Issues Log uploaded, risks to be entered on Ulysses. EA/QIA completed and signed off. **Last updated 14 February 2018.**
Alder Centre	To plan, develop and construct the new Alder Centre within the park setting	David Powell										Steering Group meeting notes available. Scope/approach defined in PID (revised recently). Benefits defined in PID. Milestone Plan has been revised recently - shows procurement of contrator now some 5 months off track. Evidence of Comms/ Engagement activities. Risks to be confirmed on Ulysses. EA/QIA complete. **Last updated 14 February 2018.**
Park	To set up a JV with LCC & the local community to create a world class Springfield Park that complements & adds value to the New Alder Hey in the Park & the local area	David Powell										Updated PID on SharePoint - confirmation of updates required/approval at Steering Group. Benefits defined in PID, tracking/reporting of delivery required. Milestone plan shows multiple actions that have missed deadlines with extended delays and many with no revised milestones. Risks on Ulysses - need confirmation these are up to date. EA/QIA complete. **Last updated 14 February 2018.**
Residential Development	To create a high quality residential scheme that co-ordinates with the themes and activities within the wider park site	David Powell										Scope/approach and benefits defined in PID. Plan shows extended delays - now beyond 6 months - with planning permission and public consultation milestones missed; revised milestones are now showing on the plan. Evidence required of comms/engagement activities. Risks on Ulysses and require review (last review May 2017). EA/QIA complete. **Last updated 14 February 2018.**
International Design & Build Consultancy	To develop business in advising other health organisations - both nationally and internationally - with organisational new builds	David Powell										Work stream reports need to be augmented with evidence of notes/minutes of project meetings. Draft/outline PID on SharePoint. All project documentation to be fully developed including risk register. **Last updated 22 January 2018.**
Reprovision of Retained Estates	To re-provide a high standard of working accommodation for those teams and services currently lodged in interim facilities on the retained estate	David Powell										Some statistics available on numbers for whom estate/space is needed. A high level critical path has been uploaded as well as an option for external provision of space. Milestone plan shows numerous delays with an average of some 2 months. All project documentation to be fully developed. Important to have the 'people' aspects detailed on the plans for all departments (personal move plans, consultation, 'day in the life' etc as per hospital move). **Last updated 14 February 2018.**
Neuro-Developmental Hub (TBC)	This project is currently at the exploratory and feasability stage and will be rated once fully launched	David Powell										SOA' available. All project documentation awaiting strategic decision on strategy. **Last updated 20 September 2017.**

Financial Reporting:
Refer to CIP Update report

Programme Assurance Summary
Strong Foundations

Alder Hey Children's NHS
NHS Foundation Trust

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

Inventory Management and Procurement Projects should be pushing to add any final 'stretch' potential for their targets for CIP contribution in FY17/18.

The Energy project aims should now also be considering the potential for achieving greater savings at the earliest possible date (stretching targets).

Claire Liddy, Director of Operational Finance – 20 February 2018

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

Ratings for the two procurement projects remain green.

The Energy project has now also achieved a green rating and those standards of assurance and delivery now need to be maintained.

The Executive Sponsors should set a date by which all projects should complete planning and announce stretching financial targets for FY18/19.

Joe Gibson, External Programme Assessment – 20 February 2018

Programme Assurance Framework
Strong Foundations (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	R&BD	Report Date	20 February 2018
Workstream Name	Strong Foundations	Executive Sponsor	John Grinnell/ David Powell

Current Dashboard Rating:

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
Inventory Management	The Procurement CIP scheme is an annual project aimed at ensuring that best value is obtained in respect of the supply of all goods and services purchased by the Trust.	John Grinnell										Documentation relevant to this specific type of project now on SharePoint. Detailed POD available with precise metrics. Plan updated to November 17. Evidence of stakeholder engagement uploaded although this appears relatively narrow. EA/QIA now signed off. **Last updated 15 February 2018.**
Collaborative Procurement	The Procurement CIP scheme is an annual project aimed at ensuring that best value is obtained in respect of the supply of all goods and services purchased by the Trust.	John Grinnell										Documentation relevant to this specific type of project now on SharePoint. Evidence of stakeholder engagement now uploaded but not extensive. EA/QIA to be signed off. **Last updated 15 February 2018.**
Energy	To bring down energy cost and ensure budget forecast matches contractual target. Forecast budget for next 12 months for all fuels in line with contractual usage.Once the contractual target of 46.7 G has been achieved look at ways of reducing further by means of energy awareness for staff.	David Powell										Project documentation now available available on SharePoint. Precision required on benefits sought and delivered. More detail required in the project plan. Evidence provided concerning risks. EA/QIA to be signed off and scanned copy uploaded. **Last updated 8 February 2018.**

Financial Reporting: Refer to CIP Update report

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Delivering Outstanding Care

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

The latest forecast is savings of £638k which is ahead of the target of £587k by £51k.

Despite the improvements the executive sponsors are requested to review the saving potentials arising from these quality improvements as a matter of urgency, converting the opportunities into savings and further increasing the value of the overall forecast.

Claire Liddy, Director of Operational Finance – 12 Feb 18

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

Projects that are amber rated, as highlighted at Programme Board/Trust Board, are:

- 'Best in Operative Care' – not projected to achieve the planned benefits in the timescales and the plans need updating.
- 'Best in Community Care' – has commenced the upload of Initial documentation to SharePoint – further work required.
- 'Best in Acute Care' – still requires further evidence of assurance as reflected in the dashboard ratings and comments.
- 'Deteriorating Patient' – The 'Sepsis' project documentation is missing the 90% prescribing target by some margin.

The 'Outpatients' project had made significant efforts to improve assurance issues and has returned to a green assurance rating.

Joe Gibson, External Programme Assessment – 12 Feb 18

Programme Assurance Framework
Delivering Outstanding Care (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	12 Feb 18
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Hilda Gwilliams/Steve Ryan

Current Dashboard Rating (Pt 1):

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
1.0 Deliver Outstanding Care 17/18													
CQAC 1.2	Experience in Outpatients	The project will improve patient & staff experience; understand demand and capacity; improve flow and environment	Hilda Gwilliams		🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	SG documents available to January 2018. PID completed. Benefits defined - tracking/dashboard uploaded 5 Dec 17. Milestone Plans (Booking and Scheduling in particular) are currently up to date. Comms/ engagement activities, most recent evidence is the Dec 17 'Team Brief'. Risks available on Ulysses. **Last updated 7 February 2018.**
CQAC 1.3	Best in 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 rates	Christian Duncan		🟢	🟢	🔴	🔴	🟢	🟢	🟢	🟢	Steering Group notes available on SharePoint. PID available. Targets/benefits defined in PID, tracking shows that benefits are unlikely to be realised by the planned date. All areas (tabs) of the Milestone Plans to be fully defined/populated, for some workstreams this has not been done since Jun/Aug 18. Comms tracker available. Risks available on Ulysses. EA/QIA complete. **Last updated 30 January 2018.**
CQAC 1.7	Best in Community Care	The aim of this project is to ensure the development and sustainability of clinical pathways between hospital and home, that are child and family centric and both clinically and financially efficient, maximising whole system resources wherever possible.	Steve Ryan (Hilda Gwilliams)		🟡	🟡	🟡	🟡	🟡	🔴	🔴	🔴	Initial Project Documentation now uploaded to SharePoint. Further development required in all domains, with particular emphasis on 'Risks' and EA/QIA'. **Last updated 1 February 2018.**

Programme Assurance Framework
Delivering Outstanding Care (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	12 Feb 18
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Hilda Gwilliams/Steve Ryan

Current Dashboard Rating (Pt 2):

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
1.0 Deliver Outstanding Care 17/18													
CQAC 1.7	Best in Acute Care	To deliver the best/safest paediatric acute care in the world, as measured by low rates of mortality and harm, and high staff satisfaction. We will achieve this through a strategy centered on patient safety, excellence and staffing wellbeing. There are a number of workstreams underpinning this strategy:1. Resuscitation; 2. Deteriorating Parient; 3. Medical Management of Complex Surgical Patients.	Steve Ryan (Hilda Gwilliams)		🟢	🟡	🟡	🟡	🟡	🟡	🟢	🟢	Draft PID uploaded and incorporates the two following projects/workstreams: Deteriorating Patient/Sepsis; Medical Management of Complex Surgical Patients. The PID includes the scope with benefits information being posted by 'project'. The high level planning milestones in the PID now need to be turned into a Gantt Chart. Minutes/notes of meetings are present, as is identification of high level stakeholders. **Last updated 31 January 2018.**
CQAC 1.7.1	Deteriorating Patient (Sepsis)	This project will ensure prompt recognition and management of the deteriorating patient and implementation of the Sepsis Pathway	Hilda Gwilliams		🟢	🟢	🟡	🟡	🟡	🟢	🟢	🟢	Project implementation meeting notes available to December 2018. PID complete. Benefits defined, tracking/reporting of benefits has commenced. The key target, Time to Antibiotic Presecription from Diagnosis is against a threshold of 90%. Milestone Plan last updated on SharePoint 28 Nov but several missed milestones in evidence. Comms/ Engagement Plan available, evidence has been provided for certain activities. Risks to be updated on Ulysses. EA/QIA complete. **Last updated 6 February 2018.**

Programme Assurance Framework
Delivering Outstanding Care (Completed by Assurance Team)

Sub-Committee	CQAC	Report Date	12 Feb 18
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Hilda Gwilliams/Steve Ryan

Financial
Reporting: at Month 10

	Year to Date			In Year Forecast		
Workstream	Target £000's	Achieved (Posted) £000's	Gap £000's	Target £000's	Forecast £000's	Gap £000's
Deliver Outstanding Care	479	525	**46**	587	638	**51**
Growing Through External Partnerships	133	58	-75	159	69	-90
The Best People Doing Their Best Work	315	2	-312	402	50	-352
Game Changing Research and Innovation	187	104	-83	230	130	-100
Solid Foundations	95	0	-95	142	0	-142
Subtotal: Strategic Workstreams	**1,208**	**688**	-520	**1,520**	**887**	-633
Business as Usual	4,823	4,504	-319	6,480	5,543	-936
Unidentified	0	0	**0**	0	0	**0**
Grand Total	**6,032**	**5,193**	-839	**8,000**	**6,430**	-1,570

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Game Changing Research & Innovation

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

Some outline plans have been developed and are now being tracked with elements of implementation having commenced.

The latest forecast attributes savings of £130k, which is low, and not sufficient to meet the financial objective of this work stream which was set at £230k. The implementation of commercial growth plans needs to accelerate during quarter four, in order to deliver any further financial return on investment in 17/18 and also prepare the ground for an improved return in 18/19.

The executive sponsor is requested to review the saving potential as a matter of urgency.

Claire Liddy, Director of Operational Finance – 9 Jan 18

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

The comments remain as per the previous report: of the projects rated 'amber', each should now complete the suite of project documentation with detailed plans showing projected milestones over the next 12-24 months with dates linked to benefits realisation. At present the plans appear as snapshots of activity over the recent weeks and some weeks hence.

The project regarding the 'Expansion of Commercial Research' needs to be initiated with evidence uploaded to SharePoint.

Joe Gibson, External Programme Assurance 9 Jan 18

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

Game Changing Research & Innovation (to be completed by Assurance Team)

Sub-Committee	RE & I	Report Date	9 Jan 18
Workstream Name	Game Changing Research & Innovation	Executive Sponsor	David Powell, Michael Beresford

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG	An effective project team is in place	Scope and Approach is	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
6.0 Game Changing Research & Innovation 17/18 £TBC													
RE&I 6.1	The Academy	To set up the Alder Hey Academy to establish/consolidate Alder Hey as a leading international provider of Education	David Powell		🟡	🟢	🔴	🔴	🟡	🟢	🟢	🟢	Draft PID available. Action Notes from team meeting of 18 Oct 17 uploaded (further evidence expected in due course). Benefits defined in PID, tracking to commence. Milestone Plan shows multiple delays, (recruitment / venue / capacity) and deferred consideration at Strategic Board . Comms/ Engagement activities to be tracked with evidence provided where possible. Risks transferred to Ulysses and have been reviewed. EA/QIA signed by Execs. **Last updated 6 December 2017.**
RE&I 6.2	The Innovation Co	To set up Innovate Co. a subsidiary of the Trust charged with running the Trust's Innovation Machine	David Powell		🟢	🟡	🟡	🟡	🟡	🟡	🟢	🟢	Need to check where/if draft POD has been approved. Project team meeting minutes/notes to be uploaded. Milestone plan and risk log available; showing 3 months delay of agreement of 5 Year P&L projection. All project documentation to be fully developed in line with Programme Management standards. Risks now on Ulysses, to be reviewed regularly. EA/QIA completed and signed. **Last updated 15 November 2017.**
RE&I 6.3	Implement New Apps for Alder Hey	To set up the Acorn Partnership charged with creating a pipeline for developing the Innovation Machine's Apps	David Powell		🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	Draft PID on SharePoint. Benefits defined in PID, tracking has commenced. Milestones in PID and plan on Sharepoint require clarfication for both actions and dates; milestone plan shows some 5 month delay to SPV element of plans. Comms/Engagement activities are evidenced. Risks on Ulysses, to be reviewed regularly. EA/QIA has been completed and signed. **Last updated 20 December 2017.**
RE&I 6.4	Expand Commercial Research	To establish an increased portfolio of Commercial Research	David Powell/ Michael Beresford										Assurance requirements to be confirmed by the Programme Board, January 2018. **No evidence available on SharePoint.**

Financial Reporting: The financial status for the work stream - £100k shortfall against a £230k target - is as per month 7 CIP report.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

The best people doing their best work

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

The Programme Board has now agreed that the projects for 'AHP Review', 'e-Rostering' and 'Temporary Staffing' should be placed in the programme 'pipeline' until sufficient capacity and capability is in place to decide upon as credible launch date for each of the projects.

Project closure reports, including data on the benefits delivered, are awaited by the programme Board from the 'Domestics' and 'Specialist Nurse Review' projects.

The shortfall of £303k in financial contribution from the work stream has worsened by £15k since the last report and has been in that bracket for several months; the committee should discuss how this can be improved as a matter of urgency.

Claire Liddy, Director of Operational Finance 8 Feb 18

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

The overall ratings have deteriorated marginally due to the lack of evidence of progress on SharePoint for the 'Apprenticeships' and 'Engagement and Communication' projects; the plans for which have not been updated since September and November 2017 respectively. As such, the assurance is relatively weak for these projects. These shortfalls in assurance needs to be rectified so that there is a complete grip on the progress of the work stream.

As per the comments in the most recent assurance reports, the financial contribution is around 25% of target : '£99k is planned to deliver of the £402k target'. Therefore, the work stream is currently at significant risk of not implementing the quality and financial sustainability changes it aims to deliver.

Joe Gibson, External Programme Assurance 8 Feb 18

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	WOD	Report Date	8 February 2018
Workstream Name	The Best People Doing Their Best Work	Executive Sponsor	Hilda Gwilliams/ Melissa Swindell

Current Dashboard Rating:

3.0 The Best People Doing Their Best Work 17/18												
WOD 3.1a	Staff Engagement & Development - Apprenticeships	To operationalise the Apprenticeship Strategy and realise the benefits of apprentiseship qualitifcations following introduction of the Apprenticeship Levy.	Melissa Swindell									Reports to Workstream Steering Group. PID available, financial benefits to be completed. Milestone Plan available - shows significant slippage (Operational Plan and Financial Levy mapping) of btween 4-6 months; updated Sep 17. Comms/Engagement activities detailed in PID and Delivery Plan - evidence required where possible. Risks up-to-date on Ulysses. EA/QIA complete. **Last updated 28 November 2017**
WOD 3.1b	Staff Engagement & Development - Engagement & Communication	To create an environment which supports the 4 key enablers of engagement which are: Strong Strategic Narrative; Employee Voice; Organisational Integrity; and Engaging Managers	Melissa Swindell									Reports to Workstream Steering Group. Draft PID on SharePoint, to be finalised. Details of benefits, metrics and tracking to be finalised. Milestone Plan last updated Nov 17. Comms Plan within PID, activities to be tracked. Risks identified, to be entered onto Ulysses. EA/QIA to be finalised and signed in accordance with process. **Last updated 17 November 2017**
WOD 3.2a	Workforce Reviews - Specialist Nurse Review	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Hilda Gwilliams	**Awaiting Project Closure Report**								Reports to Workstream Steering Group not continuing, need uploading. PID on SharePoint. Benefits contained within PID, however financial benefits to be confirmed. Milestone Plan not updated since 26 Jun 17. Comms/engagement activities limited at present. Risks were up-to-date on Ulysses. EA/QIA complete. **Last updated 24 November 2017**
WOD 3.2c	Improving Portering Services Project	The aim of this project is to deliver an effective portering service which meets all KPIs agreed by the Trust relating to all portering tasks and to ensure that the department has the right resource at the right times throughout the working day and week .	Hilda Gwilliams									Team meetings and briefing notes available. PID available which contains benefits and metrics. Milestone Plan available, shows significant slippage of the overall end date, updated 21 November 2017. Evidence available of Comms/ Engagement activities. Risks captured on Risk Log and these require review. EA/QIA complete. **Last updated 8 February 2018.**
WOD 3.2d	Improving Domestic Services Project	The 3 key areas of weakness outlined in the recent review - Leadership, Systems and Processes and Technical Cleaning - will now form the basis of our 'Improving Domestic Services Project'. Each of these areas of weakness will become a work stream within the project and using recommendations outlined in the review, the aim will be to deliver an effective domestic service by working 'smarter not harder'.	Hilda Gwilliams	**Awaiting Project Closure Report**								Team meetings and breifing notes available. PID available which contains benefits and metrics. Milestone Plan available - shows completion (albeit with significant slippage of the overall end date) updated 6 February 2018. Evidence availbale of Comms/Engagement activities. Risks captured on Risk Log and reviewed 24 October 2017. EA/QIA complete. **Last updated 6 February 2018.**

Programme Assurance Framework
The Best People Doing Their Best Work (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	WOD	Report Date	8 February 2018
Workstream Name	The Best People Doing Their Best Work	Executive Sponsor	Hilda Gwilliams/Melissa Swindell

Financial
Reporting: at Month 10

	Year to Date			In Year Forecast		
Workstream	Target £000's	Achieved (Posted) £000's	Gap £000's	Target £000's	Forecast £000's	Gap £000's
Deliver Outstanding Care	479	525	**46**	587	638	**51**
Growing Through External Partnerships	133	58	**-75**	159	69	**-90**
The Best People Doing Their Best Work	315	2	**-312**	402	50	**-352**
Game Changing Research and Innovation	187	104	**-83**	230	130	**-100**
Solid Foundations	95	0	**-95**	142	0	**-142**
Subtotal: Strategic Workstreams	**1,208**	**688**	**-520**	**1,520**	**887**	**-633**
Business as Usual	4,823	4,504	**-319**	6,480	5,543	**-936**
Unidentified	0	0	**0**	0	0	**0**
Grand Total	**6,032**	**5,193**	**-839**	**8,000**	**6,430**	**-1,570**

Corporate Report

Jan 2018

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

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Executive Summary

Jan 2018

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
N	N	N	N	N	N	N	N	N	N

Highlights

Despite the continued high levels of ED attendance with more complex and sicker children attending we have continued to deliver robust ED performance at 93.6%. We have achieved diagnostic, incomplete pathway and cancer standards despite NHSE directives to cancel all elective activity and the implementation of our winter plan. We have maintained 15 cancelled ops and zero 28 day breaches and have continued to see robust operational performance despite the winter challenges.

Challenges

Significant challenges remain around the maintenance of flow and ED attendance. Despite the implementation of the Trust winter plan we have not achieved the 4hr standard despite implementation of the actions. Significant challenges remain with maintaining primary care streaming with 50% of shifts unfilled by UC24. Team are working to backfill with non-GP medical staff and APNP but gaps remain. Following confirmation that AH supported WIC activity be included within our denominator this decision (via ED Board) has now been reversed. A consequence of reducing EL IP activity is our 18 week backlog has increased which will require focus to reduce down post winter plan.

Patient Centred Services

Overall improvement noted in performance in metrics for January despite ongoing and challenging operational conditions. Continuing high levels of ED attendance have challenged the department however we have seen our ED performance reduce slightly to 93.6% and achievement of all of the NHSI core standards. Winter plan still operational within which plan has been maintained, cancellations on the day maintained (despite increased NEL admissions) and zero 28 day breaches. DNA rates remain with target and OP utilisation has increased.

Excellence in Quality

Both medication errors and hospital infections have maintained significant improvement compared to last year. However there were MRSA bacteraemia in month, both from the same patient. Two Grade 3 pressure ulcers were associated with medical devices and options are being explored to cushion the devices in attempt to reduce the associated pressure ulcers. Clinical incidents resulting in harm included 1 catastrophic, 1 major harm incident and 2 moderate harm incidents. This also impacted on the spike in SIRIs with 4 being declared in month.
We have seen a spike in complaints over the winter months, including 12 in January, alongside an increase in PALS attendances. Attention is being given to strengthening the management of complaints and early intervention to avoid issues escalating.
Sepsis metrics show 'patients receiving antibiotics within 60 minutes' as 60% and 74% for ED and inpatients respectively. A sepsis steering group is driving improvement in this area.

Financial, Growth & Mandatory Framework

For the month of January the Trust is reporting a trading surplus of £1.7m which is £0.2m ahead of plan.

Income is ahead of plan by £1.9k. Shortfalls in elective income (£0.5m) and outpatients (£0.1m) are offset by over performance in non elective activity (£0.5m). Elective activity is behind plan by 12%, non elective is ahead by 9% and outpatient activity is behind by 3%.

Pay budgets are 0.5m overspent for the month relating to use of temporary staffing and the impact of unachieved savings targets. The Trust is behind plan with the CIP target by £0.8m to date. Cash in the Bank is £6.7m. Monitor Use of Resources rating of 3 in line with plan.

Great Talented Teams

Sickness has seen an increase to 6.2% -there has been an increase in both short and long term sickness over the previous month. The PDR position remains the at 87.3%. The window for PDR's will open again in April and Managers will be requested to start effectively planning now for all PDR's (April to July 18) to ensure 90% compliance. Mandatory training has continued to see an increase this month reporting 89.2% which is just marginally below the target of 90%. However up to date HR reports show that we have exceeded the target of 90% which will be evidenced in next months corporate report.

Leading Metrics

Jan 2018

Alder Hey Children's NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Dec 2017	Jan 2018	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	94.1 %	93.6 %	▼	
RTT: 90% Admitted within 18 weeks		89.6 %	89.7 %	▲	
RTT: 95% Non-Admitted within 18 weeks		89.7 %	89.3 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.2 %	▲	
Diagnostics: Numbers waiting over 6 weeks		1	0	▼	
Average LoS - Elective (Days)		3.6	3.0	▼	
Average LoS - Non-Elective (Days)		2.0	2.1	▲	
Daycase Rate		74.2 %	72.6 %	▼	
Theatre Utilisation - % of Session Utilised	90.0 %	85.8 %	87.2 %	▲	
28 Day Breaches	0.0	5	0	▼	
Clinic Session Utilisation	90.0 %	82.9 %	85.3 %	▲	
DNA Rate	12.0 %	11.8 %	10.4 %	▼	
Cancelled Operations - Non Clinical - On Same Day		15	15	–	

Excellence in Quality

Metric Name	Goal	Dec 2017	Jan 2018	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	90.0 %	94.7 %	94.4 %	▼	
IP Survey: % Treated with respect	100.0 %	99.4 %	100.0 %	▲	
IP Survey: % Know their planned date of discharge	80.0 %	62.5 %	52.1 %	▼	
IP Survey: % Know who is in charge of their care	95.0 %	90.6 %	93.6 %	▲	
IP Survey: % Patients involved in play and learning	80.0 %	76.4 %	78.3 %	▲	
Pressure Ulcers (Grade 3 and above)		1	2	▲	
Total Infections (YTD)	67.0	58	61	▼	
Medication errors resulting in harm	6.0	3	2	▼	
Clinical Incidents resulting in minor harm & above		52	85	▲	

Great and Talented Teams

Metric Name	Goal	Dec 2017	Jan 2018	Trend	Last 12 Months
Corporate Induction	90.0 %	77.3 %			
PDR	90.0 %	87.3 %	87.3 %	–	
Medical Appraisal		13.6 %	24.0 %	▲	
Sickness	4.5 %	5.8 %	6.3 %	▲	
Mandatory Training	90.0 %	86.3 %	89.2 %	▲	
Staff Survey (Recommend Place to Work)		64.0 %	64.0 %	–	
Actual vs Planned Establishment (%)		92.8 %	93.2 %	▲	
Temporary Spend ('000s)		761	833	▲	

Financial, Growth and Mandatory Framework

Metric Name	Dec 2017	Jan 2018	Last 12 Months
CIP In Month Variance ('000s)	-149	54	
Monitor Risk Ratings (YTD)	3	3	
Trading Surplus/(Deficit)	88	1726	
Capital Expenditure YTD % Variance	-63.7 %	-57.2 %	
Cash in Bank (£M)	8.2	6.7	

Exceptions

Jan 2018

Alder Hey Children's NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
Medical Appraisal	57.2%	64.8%	87.0%	77.7%	77.7%	33.3%	79.2%	81.0%	8.0%	8.0%	11.6%	13.6%	24.0%	
CIP In Month Variance ('000s)	-373	-464	-183	-52	69	161	-72	37	5	-459	-433	-149	54	
Cancelled Operations - Non Clinical - On Same Day	17	29	31	7	57	19	31	15	48	26	40	15	15	
Total Infections (YTD)	84	93	104	6	9	13	15	20	26	36	49	58	61	
Medication errors resulting in harm	8	5	9	1	1	1	4	2	2	1	4	3	2	

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

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
RTT: 90% Admitted within 18 weeks	87.5%	88.9%	87.9%	89.6%	90.3%	88.8%	89.1%	89.0%	86.8%	89.2%	90.4%	89.6%	89.7%	
RTT: 95% Non-Admitted within 18 weeks	90.5%	86.7%	89.5%	90.2%	88.3%	88.7%	88.6%	89.5%	89.4%	90.3%	90.3%	89.7%	89.3%	
Average LoS - Elective (Days)	2.6	3.4	2.8	3.0	3.6	2.7	3.2	2.9	3.1	2.6	3.0	3.6	3.0	
IP Survey: % Received information enabling choices about their care	98.7%	96.0%	96.0%	94.1%	94.9%	94.7%	95.7%	92.1%	96.5%	96.1%	94.9%	94.7%	94.4%	
Trading Surplus/(Deficit)	535	470	5,972	-1,905	-448	-127	-270	-1,691	-456	317	1,296	88	1,726	

Challenge (Top 5 based on % change)

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
Bed Refusals	0	1	0	0	0	0	0	0	0	0	0	0	1	
Sickness	5.4%	5.3%	4.7%	4.5%	4.6%	4.6%	5.0%	4.9%	4.9%	5.4%	5.2%	5.8%	6.3%	
Deaths in Hospital	4.0	5.0	9.0	7.0	4.0	7.0	5.0	6.0	5.0	9.0	3.0	5.0	7.0	
IP Survey: % Know their planned date of discharge	78.7%	72.0%	75.7%	79.4%	69.1%	65.5%	64.0%	53.9%	65.0%	57.4%	61.9%	62.5%	52.1%	
Pressure Ulcers (Grade 3 and above)	0	0	1	0	1	0	2	0	0	0	0	1	2	

Patient Safety

Jan 2018

Alder Hey Children's NHS Foundation Trust

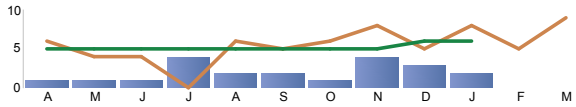
Summary

Two in month medication errors resulting in harm has maintained a significant improvement compared to last year which now stands at 21 year to date compared to 52 for the same period last year. There were 2x Grade 3 pressure ulcers which are associated with medical devices and are the subject of investigation. Options are being explored to cushion the devices in attempt to reduce the associated pressure ulcers. Clinical incidents resulting in harm was 84 in month, including 1 catastrophic, 1 major harm incident and 2 moderate harm incidents. This also impacted on the spike in SIRIs with 4 being declared in month. There was 1 readmission to PICU within 48 hrs of discharge.

17/18 16/17 Threshold

Medication Errors

Medication errors resulting in harm — 2 (goal: 6.0)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1	1	1	4	2	2	1	4	3	2		
16/17	6	4	4	0	6	5	6	8	5	8	5	9

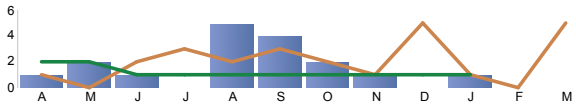
Pressure Ulcers

Pressure Ulcers (Grade 3 and above) — 2 (Est. Baseline)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	1	0	2	0	0	0	0	1	2		
16/17	1	0	1	0	0	1	0	0	1	0	0	1

Readmissions to PICU within 48 hrs

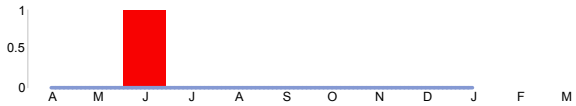
Readmissions to PICU within 48 hrs — 17 (goal: 12.0)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1	2	1	0	5	4	2	1	0	1		
16/17	1	0	2	3	2	3	2	1	5	1	0	5

Never Events

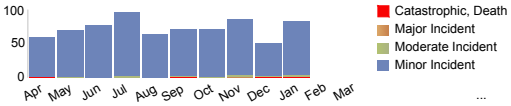
Never Events — 0 (goal: 0.0)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	1	0	0	0	0	0	0	0		
16/17	1	0	0	0	0	0	0	1	0	0	0	0

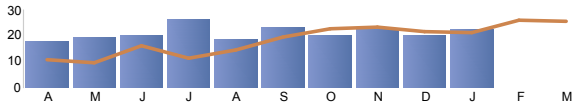
Incidents

Clinical Incidents resulting in minor harm & above — 85



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	60	71	78	97	65	73	72	88	52	85		
16/17	47	41	62	37	46	60	68	79	61	61	69	104

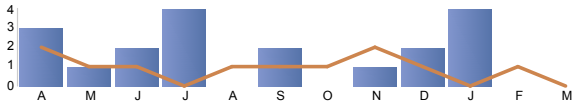
% of Total Clinical Incidents that resulted in Minor Harm & above — 22.7 %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	18	19	20	21	21	21	21	21	21	22		
16/17	11	10	12	12	12	13	14	16	16	17	17	18

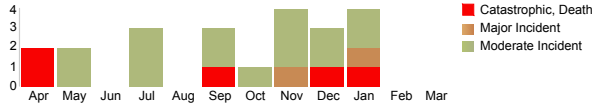
Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) — 4



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	1	2	4	0	2	0	1	2	4		
16/17	2	1	1	0	1	1	1	2	1	0	1	0

Clinical Incidents resulting in moderate harm, major/severe harm or death — 22



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	2	0	3	0	3	1	4	3	4		
16/17	2	0	1	0	0	2	0	1	1	2	2	1

Patient Experience

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

We have seen a spike in complaints over the winter months, with 12 being recorded in January. An increase in PALS attendances was also seen in month. Attention is being given to strengthening the management of complaints and early intervention to avoid issues being escalated. Further work is progressing to ensure we are capturing the Family & Friends feedback from patients in Community and in CAMHS. Most in-patient survey feedback is good, although 'patients knowing their planned date of discharge' has deteriorated in month.

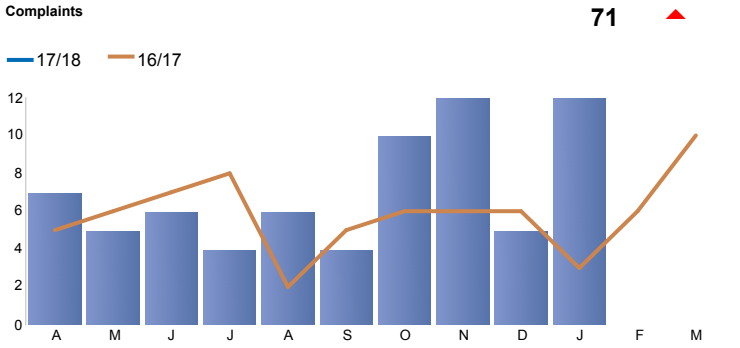
Inpatient Survey

Metric Name	Goal	Dec 2017	Jan 2018	Trend	Last 12 Months
% Know who is in charge of their care	95.0 %	90.6 %	93.6 %	▲	
% Patients involved in play and learning	80.0 %	76.4 %	78.3 %	▲	
% Know their planned date of discharge	80.0 %	62.5 %	52.1 %	▼	
% Received information enabling choices about their care	90.0 %	94.7 %	94.4 %	▼	
% Treated with respect	100.0 %	99.4 %	100.0 %	▲	

Friends and Family

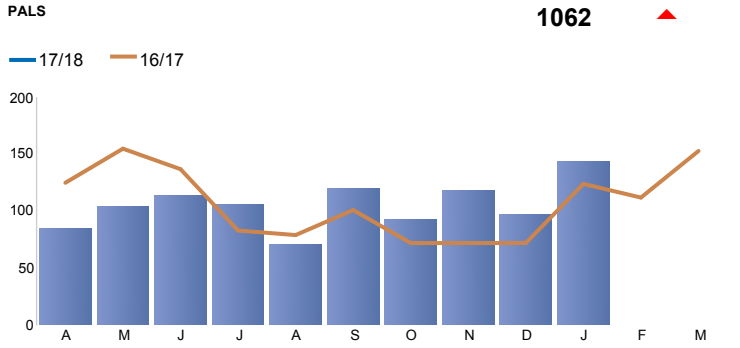
Metric Name	Goal	Number of Responses	Dec 2017	Jan 2018	Trend	Last 12 Months
A&E - % Recommend the Trust	87%	127	90.9 %	89.8 %	▼	
Community - % Recommend the Trust	96%	8	100.0 %	87.5 %	▼	
Inpatients - % Recommend the Trust	96%	599	97.3 %	97.3 %	▲	
Mental Health - % Recommend the Trust	88%	18	100.0 %	77.8 %	▼	
Outpatients - % Recommend the Trust	94%	483	97.7 %	96.1 %	▼	

Complaints



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	7	5	6	4	6	4	10	12	5	12		
16/17	5	6	7	8	2	5	6	6	6	3	6	10

PALS



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86	105	115	107	72	121	94	119	98	145		
16/17	125	155	137	83	79	101	72	72	72	124	112	153

Clinical Effectiveness

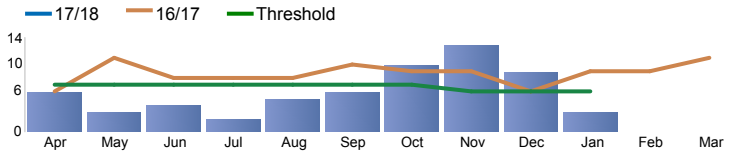
Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

There were 3 infections recorded in January, an improvement on each of the previous 4 months This maintains a downward trajectory compared to last year. There were 2 MRSA bacteraemia in month, both of which were in the same patient on separate occasions. There have been zero C. difficile infections for 14 consecutive months. Sepsis metrics are now being captured in the corporate report, with 'patients receiving antibiotics within 60 minutes' for ED being 60% and the same measure for inpatients being 74% in January. There were 7 in-hospital deaths this month compared to 4 in January last year.

Infections



YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6	9	13	15	20	26	36	49	58	61		
16/17	6	17	25	33	41	51	60	69	75	84	93	104

Total Infections (YTD)

61 ▼ *(goal: 67.0)*

Hospital Acquired Organisms - MRSA (BSI) (YTD)

4 ▲ *(goal: 0.0)*

Hospital Acquired Organisms - C.difficile (YTD)

0 – *(goal: 0.0)*

Outbreak Infections (YTD)

34 ▼

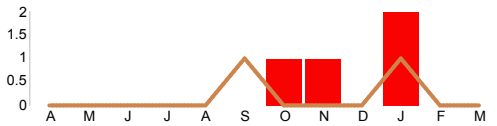
Cluster Infections (YTD)

0 –

Legend

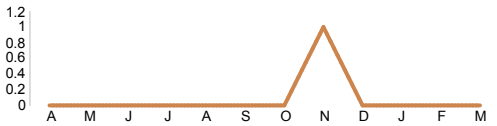
17/18
16/17
Threshold

Hospital Acquired Organisms - MRSA (BSI) 2 ▲ *(goal: 0.0)*



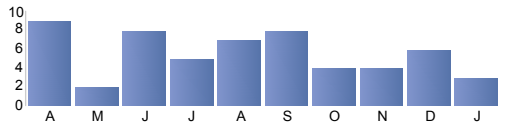
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	0	0	0	0	1	1	0	2		
16/17	0	0	0	0	0	1	0	0	0	1	0	0

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



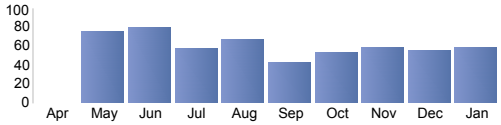
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	0	0	0	0	0	0	0	0	0		
16/17	0	0	0	0	0	0	0	1	0	0	0	0

Acute readmissions of patients with long term conditions within 28 days 56 *(Est. Baseline)*



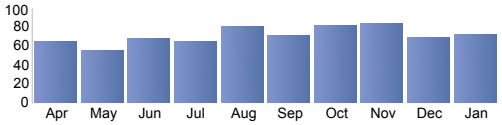
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
17/18	9	11	19	24	31	39	43	47	53	56

Sepsis: % Patients receiving antibiotic within 60 mins for ED



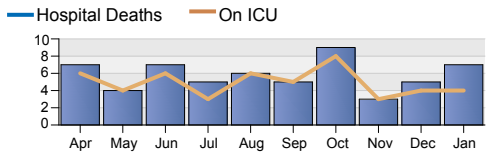
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
17/18		76.5%	80.8%	59.1%	68.8%	44.4%	54.5%	60.0%	57.1%	60.0%

Sepsis: % Patients receiving antibiotic within 60 mins for Inpatients



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17/18	66.7%	57.1%	69.6%	66.7%	82.6%	72.4%	83.7%	85.4%	70.3%

Mortality in Hospital



Deaths in Hospital

Actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	7	4	7	5	6	5	9	3	5	7		
16/17	7	8	6	6	8	2	7	6	8	4	5	9

Access

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete, diagnostic & cancer standards achieved for January. Winter plan remains active within which Daycase and Inpatient TCI's are being managed to maintain occupancy levels sufficient to support ED outflow. Ed attendance has been high (n+367) above plan resulting in a higher than planned level of NEL admissions. This knocks into the elective programme despite planning assumptions and results in cancellations. Hospital has remained operationally busy which is reflected in higher levels of occupancy. Choose & Book capacity available to meet referral demand.

18 Weeks

RTT: 90% Admitted within 18 weeks 89.7 % ▲

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
88.0%	89.5%	88.3%	89.7%	89.7%

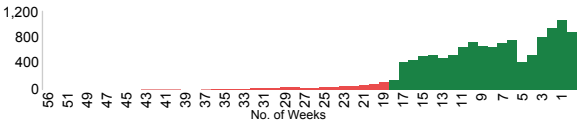
RTT: 95% Non-Admitted within 18 weeks 89.3 % ▼

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
88.9%	89.1%	89.2%	90.1%	89.3%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.2 % ▲ *(goal: 92.0 %)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
92.2%	92.1%	92.1%	92.1%	92.2%

Open Pathways Weekly Profile Jan 2018



0-18 Wks	19-36 Wks	36-51 Wks	52+ Wks
12,010	795	114	2

Cancer

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	100.0%	100.0%	97.5%	100.0%

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	96.4%	100.0%	96.3%	100.0%

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
99.8%	100.0%	100.0%	99.9%	100.0%

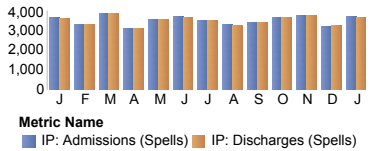
Waiting Times Failed 0 ▼

Waiting Times Passed 7 ▲

Number of Diagnostics

469

Admissions and Discharges



Bed Occupancy

Bed Occupancy (Funded Beds) 85.2 % ▲

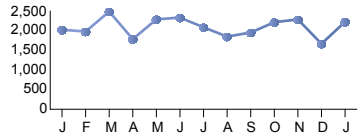
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
83.9%	79.8%	78.9%	81.4%	85.2%

Provider

Convenience and Choice: Slot Availability 98.2 % ▼ *(goal: 96.0 %)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
97.0%	98.0%	98.4%	98.8%	98.2%

Referrals Received (GP)



Emergency Department

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

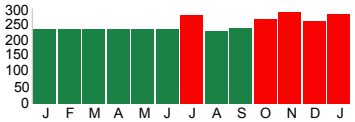
Attendances in month 300 above predicted and 230 above January 2017. The attendance pattern in January also did not follow usual patterns and this has carried over into February. There have been increased surges at unusual times which have been difficult to manage due to their unpredictable nature.

ED

ED: 95% Treated within 4 Hours — 93.6 % (goal: 95.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
96.7%	96.0%	95.3%	93.8%	93.6%

ED: Total Time in ED (95th Percentile) — 285.1 mins (goal: 240.0 mins)



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
714.0	717.0	753.0	824.4	285.1

ED: Longest Wait Time (Hrs) — 13.3 (goal: 0.0)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
30.6	61.3	28.5	33.6	13.3

ED: Number Treated Over 4 Hours

325

ED to Inpatient Conversion Rate

16.6 %

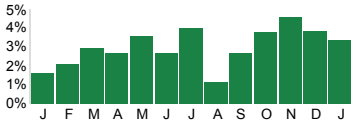
Jan 2018

ED

ED: 60 minute 'Time to Treat Decision' (Median) — 99.0 mins (goal: 60.0 mins)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
227.0	247.5	206.0	266.5	99.0

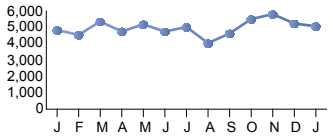
ED: Percentage Left without being seen — 3.4 % (goal: 5.0 %)



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
2.3%	3.0%	2.8%	4.1%	3.4%

ED: Number of Attendances

5060 Jan 2018

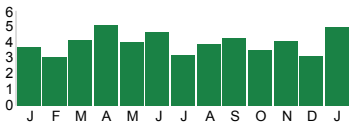


Ambulance Services

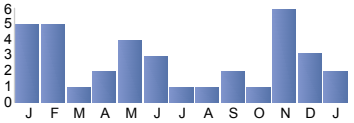
Ambulance: Acute Compliance — 81.7 % (goal: 85.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
90.1%	88.4%	84.2%	79.3%	81.7%

Ambulance: Average Notification to Handover Time (mins) — 5.0 mins (goal: 15.0 mins)



Ambulance: Patients Waiting between 30 and 45 minutes — 2



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
11.0	9.0	4.0	10.2	2.0

Ambulance: Patients Waiting between 45 and 60 minutes — 0

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
2.0	2.0	1.0	1.0	0.0

Productivity & Efficiency

Jan 2018

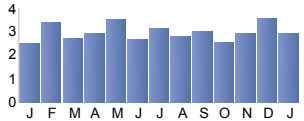
Alder Hey Children's NHS Foundation Trust

Summary

January continues with the winter plan in place and ongoing ED attendance & NEL challenges to manage. A reduced number of elective IP TCI's and increased numbers of DC patients is reflected through the metrics. the Winter plan supports flow with plateaued on the day cancellations and no 28 day breaches. ED attendance has increased (n+367) against plan but acuity has increased. Theatre utilisation has improved slightly with focus on daycase activity noted. OP cancellations and increased DNA's in line with seasonal variation.

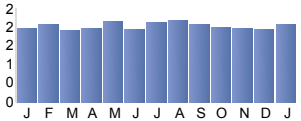
Length of Stay

Average LoS - Elective (Days) 3.0 ▼



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
2.9	3.1	3.0	3.0	3.0

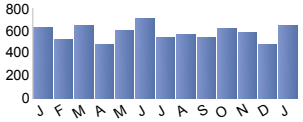
Average LoS - Non-Elective (Days) 2.1 ▲



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
2.0	2.1	2.1	2.0	2.1

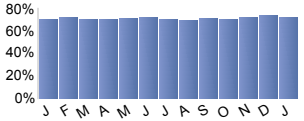
Day Case Rate

Daycases (K1/SDCPREOP) 656 ▲



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
1,820	1,819	1,674	1,724	656

Daycase Rate 72.6 % ▼



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
71.2%	71.9%	70.9%	72.5%	72.6%

Bed Refusals

Bed Refusals 1 ▲ *(goal: 0.0)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
1	0	0	0	1

Theatres / Surgery

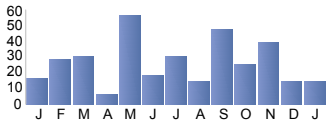
Theatre Utilisation - % of Session Utilised * 87.2 % ▲ *(goal: 90.0 %)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
86.8%	87.6%	86.7%	85.5%	87.2%

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
1.1%	1.2%	1.4%	1.1%	0.6%

Cancelled Operations - Non Clinical - On Same Day 15 –



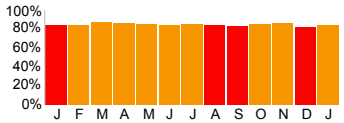
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
77	83	94	81	15

28 Day Breaches 0 ▼ *(goal: 0.0)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
9	11	10	18	0

Outpatients

Clinic Session Utilisation * 85.3 % ▲ *(goal: 90.0 %)*



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
85.8%	85.8%	84.8%	85.2%	85.3%

OP Appointments Cancelled by Hospital % 13.9 % ▼ *(goal: 5.0 %)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
14.7%	13.4%	13.1%	13.6%	13.9%

DNA Rate 10.4 % ▼ *(goal: 12.0 %)*

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
11.0%	11.8%	12.4%	11.4%	10.4%

OP: New/Follow Up 2.7 ▼

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
2.7	2.6	2.6	2.8	2.7

Facilities

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

During January due to 2 Supervisors having left the Department we were unable to complete the desired number of audits but will strive to increase this going forward

Facilities

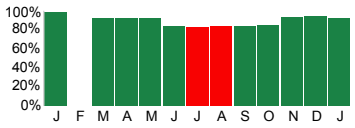
Cleanliness Performance VH 98.6 % (goal: 98.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
97.7%	99.7%	96.9%	98.2%	98.6%

Cleanliness Performance H 96.4 % (goal: 95.0 %)

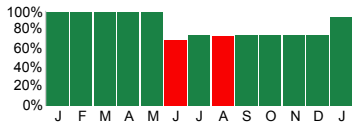
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
94.0%	94.6%	96.0%	96.3%	96.4%

Cleanliness Performance S 93.3 % (goal: 85.0 %)



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
96.5%	90.3%	84.6%	91.8%	93.3%

Cleanliness Performance L 94.0 % (goal: 75.0 %)



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	90.0%	75.1%	75.0%	94.0%

Facilities

Audit Compliance 75.0 % (goal: 85.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
40.0%	6.7%	21.7%	66.7%	75.0%

Facilities - Other

Routine Maintenance Resolution 97.1 % (goal: 85.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
96.6%	92.6%	95.7%	94.2%	97.1%

PPM% 98.3 % (goal: 85.0 %)

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
96.1%	94.8%	97.9%	97.5%	98.3%

CAMHS

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

Liverpool's position has improved due to vacancies being recruited. Trajectory should see further improvement into February as staff return from maternity leave. Sefton has seen its waits increase particularly around choice. A deep dive is to be undertaken into this part of the pathway. EDYS average wait is 3.8 weeks data was showing 3 breaches these are being fully validated

Waiting Times

CAMHS: Avg Wait to Partnership Appt (Weeks)- Liverpool Specialist 18.0

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
0.0	43.0	51.0	47.0	18.0

CAMHS: Avg Wait to Partnership Appt (Weeks)- Sefton Specialist 25.0

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
0.0	43.0	51.0	47.0	18.0

Eating Disorder Pathway

Routine EDYS Pathway Average Wait in Weeks 4

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
0.0	6.0	5.0	6.1	3.8

Urgent EDYS Pathway Average Wait in Weeks 1

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
0.0	1.0	0.1	2.2	1.0

DNA Rates

CAMHS: DNA Rate - New 10.4 % (goal: 10.0 %)

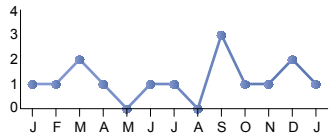
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
13.6%	13.9%	18.3%	11.6%	10.4%

CAMHS: DNA Rate - Follow Up 15.4 % (goal: 14.0 %)

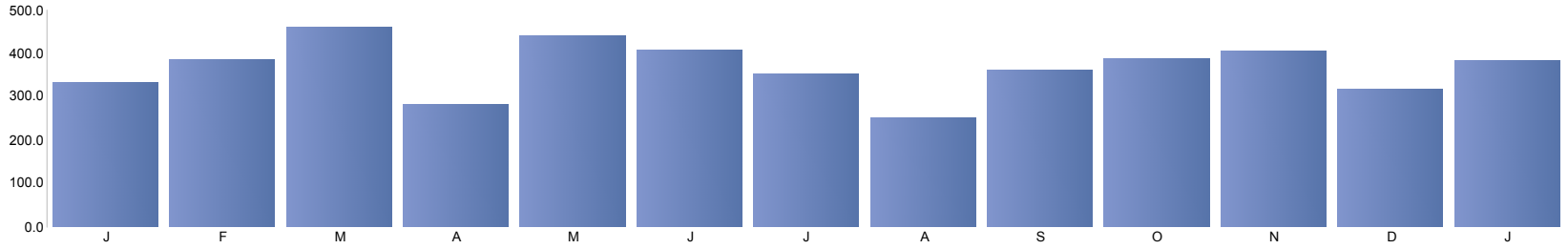
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
17.6%	17.7%	20.8%	16.3%	15.4%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 1



CAMHS: Referrals Received



External Regulation

Jan 2018

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 at the end of March continue to be placed in segment 2 under the NHS Improvement Single Oversight Framework.

NHSI - Governance Concern

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18
N	N	N	N	N	N	N	N	N	N

NHSI - Risk Rating

Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18
3	2	3	3	3	3	3	3	3	3	3	3

NHSI Jan 2018

Metric Name	Goal	Dec 17	Jan 18	Trend
ED: 95% Treated within 4 Hours	95.0 %	94.1 %	93.6 %	▼
RTT: 90% Admitted within 18 weeks		89.6 %	89.7 %	▲
RTT: 95% Non-Admitted within 18 weeks		89.7 %	89.3 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.2 %	▲
Monitor Risk Ratings (YTD)	2.0	3	3	–
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	93.3 %	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	–

NHSI - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
88.0%	89.5%	88.3%	89.7%	89.7%

RTT: 95% Non-Admitted within 18 weeks

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
88.9%	89.1%	89.2%	90.1%	89.3%

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
92.2%	92.1%	92.1%	92.1%	92.2%

NHSI - All Cancers

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

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	100.0%	100.0%	97.5%	100.0%

All Cancers: 31 day wait referral to treament

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	96.4%	100.0%	96.3%	100.0%

All Cancers: 31 day wait until subsequent treatments

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
100.0%	100.0%	100.0%	100.0%	100.0%

NHSI - A&E 4 Hour Target

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
96.7%	96.0%	95.3%	93.8%	93.6%

NHSI - C difficile

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
0	0	0	0	0

NHSI - Data Completeness

No Data Available

Workforce

Jan 2018

Alder Hey Children's NHS Foundation Trust

Summary

Sickness has seen an increase to 6.2% -there has been an increase in both short and long term sickness over the previous month. The PDR position remains the at 87.3%. The window for PDR's will open again in April and Managers will be requested to start effectively planning now for all PDR's (April to July 18) to ensure 90% compliance. Mandatory training has continued to see an increase this month reporting 89.2% which is just marginally below the target of 90%. However up to date HR reports show that we have exceeded the target of 90% which will be evidenced in next months corporate report.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Last 12 Months
Add Prof Scientific and Technic	5.9%	4.9%	3.6%	3.6%	3.9%	4.6%	4.2%	4.9%	2.8%	3.6%	4.7%	4.5%	
Additional Clinical Services	5.5%	5.6%	7.1%	7.4%	7.3%	7.7%	6.1%	6.1%	7.6%	8.0%	8.7%	8.2%	
Administrative and Clerical	5.0%	3.3%	2.8%	2.3%	2.4%	3.7%	4.4%	4.1%	4.2%	4.1%	4.6%	5.0%	
Allied Health Professionals	2.2%	3.5%	2.9%	3.2%	3.8%	3.2%	2.8%	2.7%	3.0%	2.4%	2.2%	3.7%	
Estates and Ancillary	7.4%	8.9%	10.7%	9.2%	9.2%	10.8%	14.7%	12.3%	13.2%	11.4%	10.2%	12.8%	
Healthcare Scientists	3.7%	2.3%	1.0%	3.3%	4.0%	4.6%	1.5%	2.9%	2.0%	3.2%	2.6%	1.8%	
Medical and Dental	2.4%	1.8%	1.2%	1.3%	1.3%	1.6%	1.6%	1.7%	2.4%	2.1%	2.9%	2.8%	
Nursing and Midwifery Registered	6.1%	5.5%	5.1%	5.4%	5.3%	5.0%	4.8%	5.0%	6.0%	5.7%	6.6%	7.4%	
Trust	5.2%	4.7%	4.5%	4.6%	4.6%	5.0%	4.9%	4.9%	5.4%	5.2%	5.8%	6.2%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Last 12 Months
Add Prof Scientific and Technic	197	201	197	199	201	200	197	199	199	196	197	198	
Additional Clinical Services	373	376	391	393	392	400	397	408	409	405	403	404	
Administrative and Clerical	589	586	612	622	619	625	627	625	623	626	627	634	
Allied Health Professionals	132	131	209	210	213	215	216	219	223	224	223	222	
Estates and Ancillary	189	189	187	185	184	184	183	182	182	180	180	180	
Healthcare Scientists	107	107	107	107	109	110	110	108	107	107	107	108	
Medical and Dental	246	243	244	243	247	241	248	249	251	247	247	251	
Nursing and Midwifery Registered	981	970	968	970	971	964	959	1,019	1,024	1,018	1,007	998	

Staff in Post Headcount (rolling 12 Months)

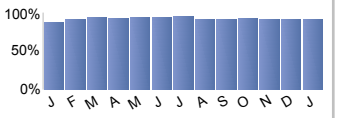
Staff Group	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Last 12 Months
Add Prof Scientific and Technic	217	221	218	220	223	223	219	220	219	216	218	220	
Additional Clinical Services	439	442	469	470	468	477	473	485	487	483	480	482	
Administrative and Clerical	679	673	701	710	709	714	715	712	710	712	713	717	
Allied Health Professionals	163	161	258	259	262	264	265	267	271	272	271	270	
Estates and Ancillary	236	236	234	231	231	230	229	228	228	226	226	227	
Healthcare Scientists	117	117	117	117	119	119	119	119	116	116	116	118	
Medical and Dental	287	284	286	286	289	284	290	293	294	292	291	294	
Nursing and Midwifery Registered	1,105	1,094	1,093	1,095	1,096	1,090	1,085	1,145	1,151	1,145	1,133	1,122	

Finance

Temporary Spend ('000s) 833 ▲

Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
3	3	3	3	1

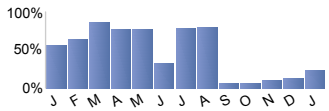
Actual vs Planned Establishment (%) 93.2 % ▲



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
92.2%	94.8%	94.3%	93.5%	93.2%

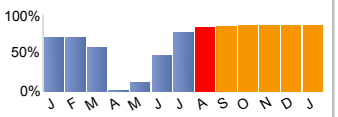
Appraisals

Medical Appraisal 24.0 % ▲



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
68.5%	76.9%	57.8%	11.1%	24.0%

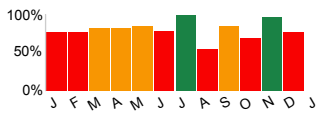
PDR 87.3 % (goal: 90.0 %) –



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
67.2%	21.0%	83.1%	87.2%	87.3%

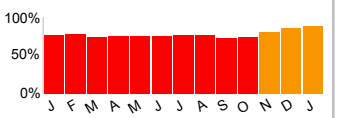
Training

Corporate Induction (goal: 90.0 %)



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
79.5%	82.6%	81.0%	80.6%	

Mandatory Training 89.2 % (goal: 90.0 %) ▲



Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
77.1%	76.1%	76.6%	80.9%	89.2%

Performance by CBU

Jan 2018

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	COMMUNITY	MEDICINE	SURGERY
Clinic Session Utilisation	73.9%	88.3%	85.7%
Convenience and Choice: Slot Availability	100.0%	99.7%	97.1%
DNA Rate (Followup Appts)	14.0%	8.6%	8.9%
DNA Rate (New Appts)	14.7%	11.3%	11.6%
Referrals Received (GP)	339	744	1,141
Temporary Spend ('000s)	146	211	408
Theatre Utilisation - % of Session Utilised		79.9%	88.2%
Trading Surplus/(Deficit)	211	1,176	2,524

Patient

Metric name	COMMUNITY	MEDICINE	SURGERY
Average LoS - Elective (Days)	20.0	3.6	2.6
Average LoS - Non-Elective (Days)		1.8	2.7
Cancelled Operations - Non Clinical - On Same Day	0	0	15
Daycases (K1/SDCPREOP)	0	58	590
Diagnostics: % Completed Within 6 Weeks		100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	10	26	24
OP Appointments Cancelled by Hospital %	12.6%	15.8%	13.0%
RTT: 90% Admitted within 18 weeks		83.2%	90.7%
RTT: 92% Waiting within 18 weeks (open Pathways)	97.3%	92.9%	91.4%
RTT: 95% Non-Admitted within 18 weeks	89.1%	80.6%	92.9%

Quality

Metric name	COMMUNITY	MEDICINE	SURGERY
Cleanliness Scores			97.7%
Hospital Acquired Organisms - C.difficile	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	2	0
Medication Errors (Incidents)	2	28	38

Workforce

Metric name	COMMUNITY	MEDICINE	SURGERY
Corporate Induction			
Mandatory Training	89.8%	88.9%	89.3%
PDR	90.4%	84.0%	89.5%
Sickness	5.8%	5.6%	6.4%

CBU Performance - Community

Jan 2018

Alder Hey Children's NHS Foundation Trust

Key Issues

Validation work into DNAs of both new and follow up appointments have seen a reduction in this metric. Work is on going to validate all CAMHS data sets to improve both corporate and CCG reporting.

Support Required

Support required to refresh key performance metrics for the Division.

Operational

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	75.9%	80.3%	83.0%	79.1%	81.9%	79.9%	79.2%	76.9%	80.2%	83.3%	80.6%	72.4%	73.9%	
DNA Rate (New Appts)	15.8%	12.0%	12.0%	15.9%	16.1%	19.2%	17.4%	18.3%	13.1%	15.8%	13.0%	14.6%	14.7%	
DNA Rate (Followup Appts)	16.7%	15.7%	13.3%	15.3%	14.6%	16.0%	15.3%	19.9%	17.6%	13.9%	13.7%	14.2%	14.0%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Referrals Received (GP)	269	336	385	230	387	324	321	232	331	405	394	270	339	
Temporary Spend ('000s)	77	72	150	67	103	116	146	169	195	141	167	131	146	
Trading Surplus/(Deficit)	410	256	442	343	414	299	224	145	263	284	271	247	211	

Patient

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	75.3%	73.1%	88.4%	87.9%	85.4%	91.8%	91.4%	93.1%	87.3%	87.9%	83.2%	90.0%	89.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.8%	93.1%	94.4%	94.0%	97.4%	94.3%	94.6%	96.5%	96.1%	96.3%	96.8%	97.3%	97.3%	
Average LoS - Elective (Days)									14.00				20.00	
Average LoS - Non-Elective (Days)														
Hospital Initiated Clinic Cancellations < 6 weeks notice	9	19	8	15	3	12	5	13	8	19	17	19	10	
Daycases (K1/SDCPREOP)	0	0	0	0	2	0	1	0	0	1	3	0	0	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	14.2%	20.3%	20.8%	23.1%	14.8%	19.0%	13.5%	17.3%	16.2%	15.2%	17.0%	17.3%	12.6%	
Diagnostics: % Completed Within 6 Weeks														

Quality

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Medication Errors (Incidents)	2	1	1	3	2	3	2	7	9	11	7	2	2	
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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Corporate Induction	87.5%	87.5%	100.0%	82.9%		88.9%	100.0%	57.1%	100.0%	33.3%	100.0%	100.0%		
PDR	77.2%	76.4%	67.0%	0.0%	5.7%	26.5%	71.0%	82.8%	87.4%	90.4%	88.8%	90.4%	90.4%	
Sickness	7.1%	6.9%	5.9%	5.1%	5.6%	5.7%	6.4%	6.2%	6.8%	5.6%	5.4%	6.5%	5.8%	
Mandatory Training	75.8%	78.0%	57.1%	57.1%	56.1%	55.2%	74.5%	75.3%	74.6%	75.1%	80.3%	86.7%	89.8%	

CBU Performance - Medicine (Part 1)

Jan 2018

Alder Hey Children's NHS Foundation Trust

Key Issues

Clinic Utilisation remains above 90% for the 3 month in a row and DNA rates for New reduced from a peak in December, and reduced to an lowest value for f/ups in the year. The Division had a good month financially with a trading surplus.

Sickness was high in month, which we are reviewing, but we saw our highest rate of compliance with mandatory training. We have had a 2 MRSA in month, but this is being investigated by our Associate Chief Nurse.

Support Required

Operational

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
Theatre Utilisation - % of Session Utilised	82.9%	79.1%	85.4%	81.1%	83.6%	84.6%	76.9%	81.8%	82.0%	81.5%	79.6%	82.5%	79.9%	
Clinic Session Utilisation	85.1%	86.5%	89.3%	86.6%	87.0%	84.9%	87.1%	87.0%	86.8%	87.2%	88.6%	86.8%	88.3%	
DNA Rate (New Appts)	14.1%	12.5%	10.0%	14.9%	12.6%	12.6%	12.9%	12.4%	10.5%	13.4%	10.6%	14.1%	11.3%	
DNA Rate (Followup Appts)	11.6%	11.9%	8.8%	12.1%	11.9%	10.5%	10.6%	11.4%	11.3%	11.2%	8.9%	10.0%	8.6%	
Convenience and Choice: Slot Availability	96.1%	86.5%	99.4%	98.0%	96.3%	100.0%	100.0%	98.0%	91.4%	99.4%	97.8%	100.0%	99.7%	
Referrals Received (GP)	681	594	821	577	747	792	729	636	635	724	758	563	744	
Temporary Spend ('000s)	499	341	302	290	322	222	323	326	250	186	242	207	211	
Trading Surplus/(Deficit)	74	-113	1,012	-298	108	-152	-390	-302	94	131	1,222	346	1,176	

Patient

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
RTT: 90% Admitted within 18 weeks	92.6%	100.0%	91.5%	96.4%		95.7%	90.5%	95.5%	100.0%	94.2%	92.7%	85.3%	83.2%	
RTT: 95% Non-Admitted within 18 weeks	92.4%	89.3%	90.9%	90.9%	86.2%	88.8%	89.1%	87.3%	86.8%	89.0%	90.1%	85.2%	80.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.9%	96.0%	94.8%	94.9%	94.5%	94.0%	93.6%	93.3%	94.2%	92.7%	91.2%	92.6%	92.9%	
Average LoS - Elective (Days)	3.64	3.22	3.20	3.50	3.40	2.94	3.07	2.90	3.06	2.89	3.33	4.05	3.56	
Average LoS - Non-Elective (Days)	1.44	1.69	1.57	1.62	1.60	1.51	1.65	1.49	1.63	1.39	1.41	1.50	1.75	
Hospital Initiated Clinic Cancellations < 6 weeks notice	41	37	27	20	18	23	17	16	21	32	30	41	26	
Daycases (K1/SDCPREOP)	68	63	70	58	70	103	70	71	63	76	74	49	58	
Cancelled Operations - Non Clinical - On Same Day	6	6	3	1	3	1	2	1	2	2	5	2	0	
OP Appointments Cancelled by Hospital %	15.0%	15.3%	14.4%	17.8%	11.5%	13.7%	14.8%	13.7%	13.6%	14.3%	13.5%	15.4%	15.8%	
Diagnostics: % Completed Within 6 Weeks	100.0%	99.7%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
Medication Errors (Incidents)	23	19	35	25	34	26	25	31	19	29	22	27	28	
Cleanliness Scores	96.8%	96.8%	99.0%		97.0%			96.0%	96.0%	97.6%	95.4%	97.8%		
Hospital Acquired Organisms - MRSA (BSI)	1	0	0	0	0	0	0	0	0	0	1	0	2	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Last 12 Months
Corporate Induction	75.0%	75.0%	68.8%		81.8%	61.5%	100.0%	50.0%	80.0%	70.0%	100.0%	70.0%		
PDR	76.7%	75.7%	69.7%	2.9%	15.4%	41.3%	73.8%	79.7%	82.2%	84.0%	85.0%	84.0%	84.0%	
Sickness	4.8%	5.2%	4.5%	4.0%	4.6%	4.1%	4.5%	3.8%	4.1%	5.0%	5.3%	5.2%	5.6%	
Mandatory Training	77.3%	79.2%	79.7%	80.1%	80.0%	80.5%	79.0%	78.3%	75.7%	77.3%	82.2%	86.6%	88.9%	

CBU Performance - Medicine (Part 2)

Jan 2018

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Turnaround times for imaging have improved significantly in all metrics. Imaging waiting lists a concern though, especially MR, CT, ultrasound and nuclear medicine. Detailed piece of work (capacity and demand) underway to analyse and rectify. Pathology turnaround times for urgent requests within one hour also a concern as there is a continuing trend of underperformance.

Support Required

Patient

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	96.0%	97.0%	87.0%	96.0%	91.0%	92.0%	90.0%	90.0%	86.0%	97.9%	88.4%	97.0%	99.0%	
Imaging - % Reporting Turnaround Times - ED	88.0%	93.0%	90.0%	80.0%	64.0%	76.0%	83.0%	82.0%	85.0%	96.7%	96.7%	78.0%	99.0%	
Imaging - % Reporting Turnaround Times - Inpatients	86.0%	89.0%	90.0%	78.0%	74.0%	79.0%	85.0%	85.0%	79.0%	97.8%	94.4%	78.0%	94.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	98.0%	94.0%	92.0%	90.0%	92.0%	98.0%	98.0%	92.0%	89.5%	90.0%	95.0%	96.0%	
Imaging - Waiting Times - MRI % under 6 weeks	92.0%	86.0%	85.0%	71.0%	81.0%	67.0%	68.0%	77.0%	79.0%	93.7%	96.8%	96.0%	73.0%	
Imaging - Waiting Times - CT % under 1 week	81.0%	77.0%	87.0%	95.0%	89.0%	87.0%	87.0%	89.0%	87.0%	93.3%	94.4%	84.0%	85.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	94.0%	92.0%	93.0%	93.0%	94.0%	93.0%	94.0%	92.0%	91.0%	98.9%	100.0%	91.0%	92.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	83.0%	81.0%	87.0%	84.0%	88.0%	90.0%	91.0%	90.0%	87.0%	95.6%	93.3%	85.0%	84.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	88.0%	84.0%	93.0%	88.0%	95.0%	89.0%	100.0%	93.0%	72.0%	100.0%	96.8%	83.0%	92.0%	
BME - High Risk Equipment PPM Compliance	91.0%	91.1%	88.0%	80.2%	91.7%	91.6%	91.2%	90.1%	84.6%	90.2%	90.1%	89.2%	87.6%	
BME - Low Risk Equipment PPM Compliance	81.0%	80.8%	79.0%	100.0%	82.0%	81.9%	80.4%	75.5%	74.6%	70.9%	76.0%	77.7%	80.4%	
BME - Equipment Pool - Equipment Availability	99.8%	100.0%	100.0%	91.4%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	55.0%	50.0%	45.0%	57.0%	37.0%	60.0%	65.0%	63.0%	57.0%	61.0%	60.0%	61.0%	58.0%	
Pharmacy - Dispensing for Out Patients - Complex	100.0%	98.0%	98.0%	98.0%	100.0%	100.0%	96.0%	97.0%	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%	63.0%	63.0%	63.0%	54.3%	54.5%	80.0%	90.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Pathology - % Turnaround times for urgent requests < 1 hr	87.5%	88.7%	87.9%	89.7%	89.9%	91.0%	88.1%	88.1%	91.0%	89.1%	87.4%	87.6%	87.7%	
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	
Reporting times for perinatal autopsies in 56 Calendar Days	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	
Blood Traceability Compliance	99.7%	98.8%	99.6%	99.4%	100.0%	100.0%	99.5%	99.8%	99.8%	99.2%	99.5%	100.0%	99.8%	

CBU Performance - Surgery

Jan 2018

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Theatre Utilisation - % of Session Utilised	87.2%	88.5%	87.1%	88.3%	87.9%	88.9%	87.7%	88.6%	87.3%	87.3%	85.2%	86.4%	88.2%	
Clinic Session Utilisation	85.4%	85.3%	88.0%	87.9%	86.0%	85.8%	86.2%	84.9%	83.1%	85.1%	86.9%	82.9%	85.7%	
DNA Rate (New Appts)	12.4%	11.9%	9.8%	10.3%	11.7%	12.4%	11.6%	12.6%	11.8%	12.3%	12.6%	12.6%	11.6%	
DNA Rate (Followup Appts)	8.8%	9.4%	8.3%	9.9%	10.1%	9.8%	10.6%	11.5%	11.3%	10.9%	9.1%	11.0%	8.9%	
Convenience and Choice: Slot Availability	100.0%	99.8%	95.3%	98.2%	99.5%	96.0%	99.0%	100.0%	100.0%	99.8%	97.4%	98.7%	97.1%	
Referrals Received (GP)	1,073	1,046	1,280	977	1,152	1,215	1,035	980	986	1,085	1,132	832	1,141	
Temporary Spend ('000s)	504	475	443	516	402	456	511	554	429	479	383	331	408	
Trading Surplus/(Deficit)	2,008	2,181	2,821	1,826	2,930	3,321	2,980	2,574	2,506	2,634	2,379	1,819	2,524	

Patient

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
RTT: 90% Admitted within 18 weeks	86.8%	87.0%	87.2%	86.9%	90.3%	87.8%	88.8%	87.8%	85.0%	88.0%	90.0%	90.5%	90.7%	
RTT: 95% Non-Admitted within 18 weeks	92.8%	88.1%	89.1%	90.1%	89.8%	88.2%	88.1%	90.2%	90.7%	91.2%	91.2%	91.6%	92.9%	
RTT: 92% Waiting within 18 weeks (open Pathways)	90.6%	90.6%	90.9%	90.9%	90.8%	91.3%	91.2%	91.2%	90.9%	91.6%	92.0%	91.3%	91.4%	
Average LoS - Elective (Days)	2.17	3.26	2.62	2.58	3.57	2.57	3.09	2.91	3.03	2.36	2.76	3.30	2.62	
Average LoS - Non-Elective (Days)	3.02	2.78	2.64	2.84	3.06	2.57	2.86	2.96	2.74	2.90	3.16	3.18	2.67	
Hospital Initiated Clinic Cancellations < 6 weeks notice	30	54	22	19	23	28	35	32	26	27	26	37	24	
Daycases (K1/SDCPREOP)	562	461	582	426	540	609	472	499	485	552	521	435	590	
Cancelled Operations - Non Clinical - On Same Day	11	23	28	6	54	18	29	14	46	24	35	13	15	
OP Appointments Cancelled by Hospital %	14.0%	14.2%	13.7%	13.2%	11.2%	12.7%	12.0%	12.8%	11.8%	12.3%	13.1%	13.2%	13.0%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	

Quality

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Medication Errors (Incidents)	29	34	47	40	56	49	42	55	32	30	46	25	38	
Cleanliness Scores	96.1%	96.1%	97.7%				97.6%	93.9%		95.5%	97.4%	98.3%	97.7%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	1	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Last 12 Months
Corporate Induction	71.4%	71.4%	94.1%		90.0%	100.0%	100.0%	60.0%	71.4%	85.0%	88.9%	77.8%		
PDR	63.4%	64.2%	45.1%	1.9%	11.2%	63.0%	87.6%	91.1%	90.1%	89.5%	88.1%	89.5%	89.5%	
Sickness	5.6%	4.9%	4.4%	4.5%	4.4%	4.7%	4.8%	4.6%	4.5%	5.0%	4.7%	5.9%	6.4%	
Mandatory Training	77.5%	78.7%	79.3%	80.6%	80.7%	81.5%	79.1%	77.0%	73.0%	73.8%	80.9%	85.8%	89.3%	

Alder Hey Children's NHS
NHS Foundation Trust

Data Protection legislation (GDPR and Data Protection Bill) – State of Readiness Report

1. Purpose

The purpose of this report is to brief the Board as to the actions taken to date to prepare the organisation for the introduction of the General Data Protection Regulation in May 2018.

2. Recommendations

The Board is asked to:

- Note the change to the legislation and support the steps required by the Trust to comply with the changes by 25th May 2018;
- Review the attached action plan, note the progress made to date and the residual actions to be taken.

3. Background

The Data Protection Bill, which adopts GDPR within UK law is due for its second reading on 5th March, followed by Royal assent in May. This follows a decision by the EU Commission to update the European Data Protection Directive to ensure that individuals' privacy is being adequately protected given advancing technologies. The EU General Data Protection Regulation (GDPR) was agreed by the EU parliament in April 2016. It is designed to harmonize data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way organisations across the region approach data privacy.

The UK government has confirmed that the decision to leave the EU will not affect the commencement of the GDPR. It will replace the current UK Data Protection Act. As the independent regulator of privacy rights, the Information Commissioners Office (ICO) will be instrumental in providing support and guidance to organisations as they implement this change.

4. Actions taken to date and further action required

A significant number of actions have already been taken to ensure that the Trust is compliant with GDPR, based on the preparation guidance developed by the ICO '*12 steps to take now'*. These are summarised in the attached table. The action plan has been regularly monitored through the Information Governance Steering Group. In addition, the chair of Integrated Governance Committee has requested that a further report be provided to the next meeting of the Committee on 14th March.

Erica Saunders
Director of Corporate Affairs

Step	ICO Requirement	Action taken so far	Further action required	Action
Step 1	**Awareness** You should make sure that decision makers and key people in your organisation are aware that the law is changing to the GDPR. They need to appreciate the impact this is likely to have.	• Communication of changes through relevant meetings. • Update papers submitted to IG Steering group / IGC • Communication of changes at IG mandatory training sessions • GDPR page on the staff intranet	• Escalate communication effort eg intranet front page, screen saver etc • Awareness sessions/workshops being scheduled with key staff members • Continue to update GDPR page on the staff intranet	IG Manager / Director of Corporate Affairs
Step 2	**Information you hold** You should document what personal data you hold, where it came from and who you share it with. You may need to organise an information audit.	• This has been identified in the ICO registration document • Data mapping in divisions underway.	• Complete data mapping with Divisional and corporate IG leads • Include GDPR in 2018/19 audit place	IG Manager / All areas
Step 3	**Communicating privacy information** You should review your current privacy notices and put a plan in place for making any necessary changes in time for GDPR implementation.	• Trust fair processing notice has been updated to identify legal basis for sharing, data collected, sharing partners and rights; this has been approved by the IG Steering Group • A fair processing notice for children has been drafted for review by the Children's Forum (this is not mandated but reflects Alder Hey approach)	• Implementation of updated privacy notices.	IG Manager
Step 4	**Individuals' rights** You should check your procedures to ensure they cover all the rights individuals have, including how you would delete personal data or provide data electronically and in a commonly used format.	• Revised section built in to Trust Confidentiality Policy to reference withdrawal of consent to share. • Proposed rectification of records process approved at IG Steering Group.	• Create SOP from paper presented for rectification of records and implement process • Clarify the position re: individual rights on profiling (AlderPlay) with the Charity	IG Manager / Access to Health Manager

Step 5	**Subject access requests** You should update your procedures and plan how you will handle requests within the new timescales and provide any additional information.	• Access to Health and HR Teams briefed as to changes required	• Complete review of current procedures / timescales for access to health to ensure provisions in place for changes.	Access to Health Manager/ HR Managers
Step 6	**Legal basis for processing personal data** You should look at the various types of data processing you carry out, identify your legal basis for carrying it out and document it.	• Legal basis has been identified. Article 6(1c) necessary for compliances with legal obligation.	• Review with Charity for Living Hospital compliance.	IG Manager
Step 7	**Consent** - You should review how you are seeking, obtaining and recording consent and whether you need to make any changes.	• No changes for healthcare. • Foundation Trust membership forms gained explicit consent	No further action.	IG Manager
Step 8	**Children** You should start thinking now about putting systems in place to verify individuals' ages and to gather parental or guardian consent for the data processing activity.	• No changes for healthcare	• Close off any issues relating to Alder Play app	IG Manager
Step 9	**Data breaches** You should make sure you have the right procedures in place to detect report and investigate a personal data breach.	• Processes already in place and established.	No further action	IG Manager
Step 10	**Data Protection by Design and Data Protection Impact Assessments** You should familiarise yourself now with the guidance the ICO has produced on Privacy Impact Assessments and work out how and when to implement them in your organisation.	• Already adopted within the Trust some years ago and now well established.	No further action	IG Manager

Step 11	**Data Protection Officers** You should designate a Data Protection Officer, if required, or someone to take responsibility for data protection compliance and assess where this role will sit within your organisation's structure and governance arrangements.	• DPO role already incorporated into IG Manager role • IG Manager attended and passed a GDPR Practitioner certification course in November 2017	Review of JD to ensure no conflict of interests exists.	IG Manager / Director of Corporate affairs
Step 12	**International** If your organisation operates internationally, you should determine which data protection supervisory authority you come under.	• This will remain as UK.	No further action	N/ A

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 6th March 2018

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, Governance Manager
Subject/Title	Board Assurance Framework Update (Feb 2018)
Background papers	Monthly BAF updates/reports
Purpose of Paper	To provide the Board with the BAF update report
Action/Decision required	The Board is asked to discuss and note the changes to the Board Assurance Framework – February position.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ The best people doing their best work ➢ Sustainability through external partnerships ➢ Game-changing research & innovation
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 Assurance Framework 2017/18

1. Purpose

This report is a summary of the current Board Assurance Framework (BAF) for review and discussion.

2. Review of the BAF

The diagram below gives a high level view of the current version, followed by a summary and a brief on the changes since the last Board meeting. The full document is included as Appendix A.

Alder Hey Children's NHS
NHS Foundation Trust

BAF Risk Register - Overview at 28 February 2018
2.4: Financial Environment (S)
2.3: IT Strategic Development (S) 2.2: Failure to fully realise the Trust's Vision for the Park (S)
3.2: Business Development and Growth. (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)
1.1: Failure to maintain appropriate levels of care quality in a cost constrained environment. (S)
5.1: Research, Education & Innovation (S)
1.2: Mandatory & compliance standards (S)

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 ES	**Mandatory & Compliance Standards**	5-1	3-1	STATIC	STATIC
STRATEGIC PILLAR: Strong Foundations					
2.2 DP	**Failure to fully realise the Trust's Vision for the Park**	4-3	4-2	STATIC	STATIC
2.3 JG	**IT Strategic Development**	3-4	3-3	STATIC	STATIC
2.4 JG	**Financial Environment**	5-4	4-4	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships					
3.2 MB	**Business Development & Growth**	4-3	4-2	STATIC	STATIC
3.3 MB	**Developing the Paediatric Service Offer**	4-3	4-2	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work					
4.1 MS	**Workforce Sustainability & Capability**	4-3	4-2	STATIC	STATIC
4.2 MS	**Staff Engagement**	3-3	3-1	STATIC	STATIC
4.3 MS	**Workforce Diversity & Inclusion**	3-3	3-1	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation					
5.1 DP	**Research, Education & Innovation**	4-2	4-1	STATIC	STATIC

Changes since February 2018 Board meeting

The diagram above shows that all risks on the BAF remained static.

External risks

- ***Business development and growth (MB)***
  Clinical and Sustainability Strategy for planned growth in provision of services and income shared at TB workshop in February 2018 and supported in principle. Clinical and Sustainability Strategy scheduled for Trust Board April 2018.

- ***Mandatory and compliance standards (ES)***
  ED plan for March agreed at Ops Board.

- ***Developing the Paediatric Service Offer (MB)***
  This is integral to the Trusts Clinical and Sustainability Strategy scheduled for Trust Board April 2018.

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  Working with John Moores University to develop new MSc programme.

- ***Financial Environment (JG)***
  Key risk to year end remains concluding commissioner contract over performance agreements and any further impact of the winter on our elective activity programme.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Plans underway to extend Park.

- ***IT Strategic Development (JG)***
  NHSE confirmed year end targets achieved and cashflows released. Significant progress on key projects achieved. VR rollout has met some challenges with a working group in place to establish a new timeline. Issues escalated with Meditech per recent Board discussions.

- ***Workforce Sustainability & Capability (MS)***
  Successful ESFA Inspection, meaning the Trust are in a position to deliver apprenticeships. Core Mandatory Training increased to 93%.

- ***Staff Engagement (MS)***
  Staff Survey communicated with staff, and actions in place to share bespoke details for teams to action plan

- ***Workforce Diversity & Inclusion (MS)***
  BME staff survey data being analysed for trends and hotspots.

- ***Research, Education & Innovation (DP)***
  Commercial agreements around innovation moving forward.

Erica Saunders
Director of Corporate Affairs
March 2018

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Delivery Of Outstanding Care	Risk Title: Failure to maintain appropriate levels of 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 completed for all planned changes	• Risk assessment and utilisation of risk registers in responding to risks.
• Quality section of Corporate Report performance managed at Clinical Quality Assurance Committee and Trust Board.	• Division and Corporate Dashboards in place and monitored consistently via performance framework
• Weekly Meeting of Harm monitors incidents, including lessons learned, immediate actions . Escalation process in place	• Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).
• Annual nursing workforce assurance report presented to Board, aligned to Nursing and Midwifery Council Standards.	• Continuous monitoring of professional re validation compliance for the workforce via Electronic Staff Record (ESR)
• Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	• Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework
• Quality Strategy 2016-2020 implemented to deliver safe and effective services, with measurable Quality Aims.	• Acute Provider Infection Prevention and Control framework implemented and monitored internally and externally via the Clinical Commissioning Group External review on Infection Prevention and Controlresulted in action plan to address issues identified and track improvements.
• Internal Nursing pool established and funded	• Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.
• Annual inpatient Patient Survey reports	

Assurance Evidence	Gaps in Controls/Assurance
Impact assessments monitored via the Performance Board Risk assessments etc. monitored via the Integrated Governance Committee Clinical Quality Assurance Committee and Trust Board Quality monitor the quality section of Corporate Report. Performance framework monitored via Performance Board Weekly meeting of Harm outcomes including lessons learned reviewed by Executive team and by exception the Trust Board. Quality Assurance Rounds available on Trust Governance and Assurance web page for viewing accessible for all staff and shared across divisions. Annual Nursing workforce report to Board, including fill rate compliance. Nursing re validation report via Clinical Quality Assurance Committee. Governance and Risk monitored via the Integrated Governance Committee Infection Prevention and Control 'Acute Providers Framework' reports are monitored via the Trust Board. Quality performance monitored via the Clinical Quality Performance Group (external monitoring via Clinical Commissioning Group) NRLS national reports (incidents) Annual CQC patient survey results - performance monitored via Trust Board.	National reduction in post graduate education training Budget. Reduced investment opportunity to respond to clinical development as a result of this reduction. Nursing maternity leave continues to rise - currently 10 WTE above the expected rise. Reduced student nurse higher education applications due to funding changes nationally.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
please work with the divisions HR Business Partners to reduce the sickness rate to the expected trust standard.	
Please ensure nursing educational budget is sufficient to meet post graduate nurse education and development requirements. Please advise of plan	
Please ensure the opportunity for development of non-registered staff to commence registered nurse training programme is implemented and funded.	

Executive Lead's Assessment

DECEMBER 2017: Exec comma cell now focusing on leading quality metrics as well as activity and performance.
JANUARY 2018: Nurse recruitment day successful, additional 31 WTE recruited. Advanced nurse practitioners, in training, funded by the Trust.
FEBRUARY 2018: working with John Moores University to develop new MSc programme

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Erica Saunders		**Type:** Internal, Known	Current IxL: 5-1	Target IxL: 3-1	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	• Emergency Planning & Resilience meetings in pace
• Divisional Executive Review Meetings taking place monthly with 'three at the top'	• Regulatory status with: NHSI, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and Divisional Dashboards.	• Risks to delivery addressed through Operational Board, RBD, CQAC, WOD, IGC & CQSG and then through to Board
• Early Warning indicators now in place	• Weekly performance meetings in place to track progress
• 6 weekly meetings with commissioners (CQPG)	• Divisional leadership structure to implement and embed clinically led services
• Weekly Exec Comm Cell overseeing key operational issues and blockages.	

Assurance Evidence	**Gaps in Controls/Assurance**
Regular reporting of delivery against compliance targets through assurance committees & 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 Compliance assessment against NHSI Provider Licence to Board Divisional/Executive performance reviews Exceptions discussed / resolved at Ops Board Quarterly Report to NHSI	Critical Care bed capacity Some areas remain fragile e.g. ED 4 hour target. Assurance required to underpin Divisional reporting on CQC standards 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**
Plans to ensure performance sustained across the year need to be embedded and maintained	Operational teams sighted on ensuring and maintaining flow across the hospital via weekly performance, bed meetings etc.
Review bed capacity and staffing model for seasonal variation	Winter Plan revised and widely shared, highlighting 'red weeks' and including seasonal capacity projections.
Ensure divisional governance embedded and working effectively to reflect ward to board reporting	All matron roles now filled; new Head of Quality for Surgery appointed.
ED plan for March approved at Operational Board in February based on additional medical shifts in ED, additional specialty doctor cover and to staff the four additional beds in ED.	

Executive Lead's Assessment

DECEMBER 2017: Forward plan for management of ED performance agreed by Exec Comm cell to end of calendar year, then review. Revised Single Oversight Framework taken through RBD; corporate report to be reviewed in light of updated NHSI metrics.
JANUARY 2018: ED performance on recovery trajectory to year end.
FEBRUARY 2018: ED plan for March agreed at Ops Board.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Strong Foundations		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-2	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
Approval of Business Case at LCC / Discuss park Heads of Terms with LCC	On hold-Dependent upon residential scheme (revised target date no April 2018)
Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available	Draft Business Case prepared. First grant application successful.
Develop a Planning Process Communication Strategy	Strategy presented. Action complete
Secure approval for plans to increase Park footprint	Consultation held with local residents regarding plans to expand Park

Executive Lead's Assessment

DECEMBER 2017: Options discussed with LCC
JANUARY 2018: Residential development is on hold whilst approach to housing is discussed with LCC. Plans are now in discussion to increase Park footprint and enhance existing areas.
FEBRUARY 2018: Plans underway to extend Park.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**Strategic Objective:** Strong Foundations		Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: John Grinnell		**Type:** Internal, Known	Current IxL: 3-4	Target IxL: 3-3	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)
• GDE Programme Board in place & fully resourced - Chaired by Medical Director	• Clinical Engagement in IT Roadmap

Assurance Evidence	Gaps in Controls/Assurance
Regular progress reports presented to RABD and Operational Board & Trust Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews NHSE tracking of GDE Programme	IM&T Strategy out of date - update work in progress to produce Roadmap Internal Programme Assurance Reports

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Conclude the review of IM&T Infrastructure	NHSE signed off latest milestones. Meditech joint meeting 6th Feb to prioritise improvements
IT Roundup to be concluded	Meeting held with Meditech to agree how we work more effectively going forward and have more onsite presence
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	Meeting with Meditech on 6th Feb to ensure new ways of working to better engage in clinical developments.
Engage with STP programme to progress interoperability	Interoperability Programme in place with clear timelines

Executive Lead's Assessment

DECEMBER 2017: Programme remains green rated with focus on ensuring clinical and operational benefits. NHSE cashflow now in agreement.
JANUARY 2018: Programme continues to be green. NHSE cashflow now in agreement
FEBRUARY 2018: NHSE confirmed year end targets achieved an cashflows released. Significant progress on key projects achieved. VR rollout has met some challenges with a working group in place to establish a new timeline. Issues escalated with Meditech per recent Board discussions.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 2.4	**Strategic Objective:** Strong Foundations	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 4-4	Target IxL: 4-3	Trend: STATIC

Risk Description

Failure to deliver Trust control total and Risk rating 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 Divisional Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Weekly meeting with divisions to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	• Financial Recovery Board in place
• 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 RABD. Specific Reports (i.e. NHSI Plan Review by RABD) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support divisional 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	Divisions improved financial control and effective recovery required in identified where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff Divisional recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP Recovery Plan still demonstrating £2M gap although mitigating close gap consolidated Conclude commissioner year-end discussions

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Conclude commissioner year end positions	
implement divisional recovery plan	
Focus on activity delivery	Recovery plans under development and review
Tracking actions from Financial Recovery Board	Activity tracking in place
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

DECEMBER 2017: Continued tracking of recovery through Financial Recovery Board with required improvement in Activity run rate, pay control and facilities spend during Q4 to ensure Trust meets control total. Current forecast as per Nov update.
JANUARY 2018: Financial recovery now showing £2M gap to control although mitigating actions to close gap progressing. Key risk is concluding commissioner year-end discussions
FEBRUARY 2018: Key risk to year end remains concluding commissioner contract overperformance agreements and any further impact of the winter on our elective activity programme.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Business Development and Growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Margaret Barnaby	**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

• Divisional 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 divisions 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
Development of the international agenda	
Operational Business Planning underway - to contain forecasts regarding growth opportunities	

Executive Lead's Assessment

DECEMBER 2017: Refresh workshop completed November; initial suite of 18/19 priorities agreed at Exec level; focus on sustainability and growth potential. Board discussion scheduled January 2018.
JANUARY 2018: Strategic refresh underway. Growth plan target for NHS planned growth and commercial ambition by 2020 under agreement at Board level; individual schemes under development through Business Planning cycle 18/19
FEBRUARY 2018: Clinical and Sustainability Strategy for planned growth in provision of services and income shared at TB workshop in February 2018 and supported in principle. Clinical and Sustainability Strategy scheduled for Trust Board April 2018.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Margaret Barnaby	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description
Failure to maximise opportunities with regard to service reconfiguration and potential loss of accreditation of key specialist services

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.	• Current derogations secured in relation to specialist service specs.
• Growing Through External Partnerships - Change Programme Workstream (All Projects)	• Change Programme - 7 Day Working Project
• The 'Out Of Hours' Group will steer a 6-month review of the shape of general paediatrics	

Assurance Evidence	**Gaps in Controls/Assurance**
Key developments monitored through Divisions 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**
Strengthening the paediatric workforce	Now part of Change Programme and 7 day service as Best in Acute Care led by Steve Ryan.
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
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
Agreement of key partnerships for sustainability 2018/19 +	
Delivery of a refreshed clinical and sustainability strategy	
Development of a single neonatal service business case across Alder Hey & LWH	Next stage business case to be finalised March 2018
CHD Liverpool partnership - development of Level 1 status for adult congenital heart disease across North West / NW / Wales and Isle of Man, bringing together a partnership across 4 Liverpool providers	

Executive Lead's Assessment
DECEMBER 2017: Exec confirmed priorities for 18/19 are inclusive of clinical network developments; discussion and ratification planned with Board January 2018. JANUARY 2018: key partnerships scheduled for Board away day 6 Feb 2018. FEBRUARY 2018: This is integral to the Trusts Clinical and Sustainability Strategy scheduled for Trust Board April 2018

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** The Best People Doing Their Best Work		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: 4-2	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 divisional dashboards	• Divisional Performance Meetings.
• Mandatory Training fully reviewed in 2017, and aligned competencies on ESR.	• Mandatory training records available online and mapped to Core Skills Framework
• Permanent nurse staffing pool	• 'Best People Doing our Best Work' Steering Group implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy
• Large-scale nurse recruitment event 4 times per year	• Training Needs Analysis linked to CPD requirements

Assurance Evidence	**Gaps in Controls/Assurance**
Regular reporting of delivery against compliance targets via corporate & divisional reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas. Not meeting compliance target in relation to mandatory training in specific areas Sickness Absence levels higher than target. No formalised Education Strategy

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
This risk has no actions in place.	

Executive Lead's Assessment

DECEMBER 2017: New Nurse recruitment fair scheduled for January 18. Core Mandatory Training increased to 86%.
JANUARY 2018: Nurse recruitment event successful. Core Mandatory training increased to 88%. Appointment of Apprenticeship Delivery Manager.
FEBRUARY 2018: Successful ESFA Inspection, meaning the Trust are in a position to deliver apprenticeships. Core Mandatory Training increased to 93%.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** The Best People Doing Their Best Work		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: 3-1	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 in development by new incumbent into Director of Communications role	• 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 (quarterly)	• Values based PDR process
• People Strategy Reports to Board (monthly)	• Listening into Action methodology
• Staff surveys analysed and followed up (shows improvement)	• Reward and recognition schemes in place: Annual Awards, Star of the Month and quarterly Long Service Recognition Event, Annual Fab Staff Change Week.

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Quarterly Engagement Temperature Check reported to the Board. Quarterly Engagement Temperature Check local data now sent to Divisions on a quarterly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	None recorded.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
This risk has no actions in place.	

Executive Lead's Assessment

DECEMBER 2017: Staff Survey closed 01/12/17 with 54% response rate. Initial results showing improvements across a number of areas.
JANUARY 2018: Plans are in place to communicate and share staff survey results with wider workforce, and a plan is developed for taking action on results. Annual Staff Awards held on the 19th January, recognising many staff for the excellent contribution.
FEBRUARY 2018: Staff Survey communicated with staff, and actions in place to share bespoke details for teams to action plan

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** The Best People Doing Their Best Work	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, and provide equal opportunities for career development and growth for existing staff.

Existing Control Measures

• Equality, Diversity & Human Rights Group	• WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.
• Workforce Plan established	• Staff Survey results analysed by protected characteristics, where possible and actions taken by E&D Lead.
• Workforce Planning Policy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	• BME Network established, sponsored by Director of HR & OD
• Disability Network established, sponsored by Director of HR & OD	• Actions taken in response to the WRES
• Action plan specifically in response to increasing the diversity of the workforce.	

Assurance Evidence	Gaps in Controls/Assurance
Monthly recruitment reports provided by HR to divisions Quarterly reports to the Board via WOD on diversity and inclusion issues 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 EDS Publication	LGBTQ Network not yet in place Comprehensive TNA needs further development

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Establish LGBTQ network	
Newly appointed L&D Manager to work with E&D Manager to develop TNA	

Executive Lead's Assessment

NOVEMBER 2017: Disability Network launched, with first meeting in November. Trust attendance at local jobs fairs.
DECEMBER 2017: A number of tactical actions have been agreed at a meeting with NED lead and BME Network reps to help progress the agenda.
JANUARY 2017: Staff Survey published, analysis of data underway
FEBRUARY 2018: BME staff survey data being analysed for trends and hotspots.

Board Assurance Framework 2017-18

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** Game-Changing Research And Innovation	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
• Digital Exemplar budget completed and reconciled	• Innovation Co budget in place

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 Innovation Board established	Lack of integration with other academic partners Commercial research offer not quantified Education Strategy needs to be refreshed Governance structure for Innovation Board to be agreed

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Educational Partnerships to be cemented	Academy Head appointed
Execute plan to increase research portfolio	Commercial research plan in implementation
Develop a robust Academy Business Model	Model in implementation
Establish pipeline structure for workstreams including finances (sensors, virtual reality, AI)	Heads of Terms agreed with Crucible. Acorn paperwork received for authorisation
Execute contract for RIE with back to back arrangements with the Charity and HEIs	LJMU Contract now agreed internally

Executive Lead's Assessment

DECEMBER 2017: Papers being finalised for agreement with Edge Hill and LJMU
JANUARY 2018: Academy and Innovation portfolios now moving forward. More focus now on increasing research portfolio.
FEBRUARY 2018: Commercial agreements around innovation moving forward

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th March 2018

Subject/Title	Global Digital Excellence (GDE) Programme Update
Paper prepared by	Peter Young, Chief Information Officer Jennifer Wood, GDE Programme Manager
Action/Decision required	The Trust Board is asked to note the updated progress towards participation in NHS England's GDE Programme and subsequent initiation of the Programme.
Background papers	N/A
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	IM&CT Strategy Significant contribution to the strategic objectives for:- - Clinical Excellence - Positive patient experience - Improving financial strength - World class facility

Introduction

This paper provides an update on the progress of the GDE Programme to date.

Project Delivery within February

Work is continuing to ensure Phase 3 milestones are met, namely:-.

Standard Documents

Meditech Standard Documents are now live across the Trust. Floorwalkers will continue to attend wards, handover and outpatients to ensure accurate use of the documents. A dedicated helpdesk number has been set up to ensure issues are rectified immediately.

Specialty Packages

The Phase 3 milestone is for six Specialty Packages, those already completed are:-

- Gynaecology
- Emergency Department
- Rheumatology
- Community Matrons
- Pre-Op
- Dietetics
- Transition

The below specialties are now with the Clinical teams for testing and feedback:-

- Pre-Op
- Tissue Viability
- Community Paeds (Phase 1-3)
- CAMH's
- Vascular Access and OPAT

The below are currently being developed within the IM&T Department

- Physio
- OT
- Chronic Pain
- Immunology & Infectious Diseases
- Patient Flow
- Gastro

Ten specialties are at Gateway one, the requirements gathering stage. A number of additional specialties have approached the GDE Team during the roll-out of Standard Documents and requested they enter Gateway one. The team are now engaging with these specialities and ensuring they commence on their specialty package journey.

Voice Recognition & Outpatient Review

The project team have completed a piece of work shadowing users to understand concerns with the system and other influencing factors. An Executive-led review has taken place with the decision to review technical and operational issues within outpatients at the same time as delivering bespoke use of Voice Recognition

An Action Log of issues has been devised and a discussion has taken place around the priorities of the project and areas to be targeted.

Interoperability Proof of Concept

The team are still working hard to ensure the delivery of the STP interoperability PoC by the end of March 18.

A clinical engagement workshop is due to be held on the 6th March 18. This will offer an opportunity to showcase the work completed to date, overview of the associated use cases and obtain feedback on areas for further improvement and consideration.

GDE Prescribing Projects (Continuous Infusions Pilot)

A Task and Finish group has been established. The continuous infusions functionality has been demonstrated reviewed and approved. The roll-out of this pilot was successfully completed as part of the Standard Document roll-out.

The group are now reviewing the roll-out of additional continuous infusion drugs and also the functionality associated with dose range checking.

Upcoming Deliverables

- STP Interoperability PoC – Due for delivery on the 31st March across seven Trusts
- Speciality Packages - Eighteen Speciality Packages to be completed by May
- Historic Date Migration - Task & Finish Group to be established to finalise information to be migrated.
- TCI to Theatre Pathway - Pathway re-design is underway and due to be piloted within General Surgery in February 2018.
- Haemonetics Blood Tracking Interface – Deployed

Summary of Key Benefits

Project	Aim	Measurement	Baseline Position	Improvement Target	Actual Progress to Target (current)
Fast User Switching	Improve efficiency when logging into systems in clinical areas – releasing time to care	Time taken to log into system (minutes) 4500 transactions per day	1:45 minutes	<0:10 minutes Dec-2017	100% Feb-2018
Fast User Switching	Improve staff experience: logging into systems in clinical areas	Positive response rate in user survey: 'Have you found it quicker to log on to the system?'	N/A	50% Mar-2018	61% Feb-2018
ED Specialty Package	Improve user experience in documenting clinical information	Positive response rate in user survey: 'Which format do you prefer – electronic or paper documentation?'	N/A Paper based	65% Mar-2018	83% Feb-2018

An update on headline benefits from within the GDE Programme will be delivered at each GDE programme Board.

Milestone Assurance

On the 16th January NHS Digital attended the Trust to complete its Milestone Three assurance testing process. The feedback was positive and as a result funding has been made available.

The NHS Digital Team will be returning to Alder Hey at the beginning of March to complete a review of the remaining projects which were due for delivery by the end of February.

Next Steps

- Continue working towards the delivery of Milestone four (May 2018).
- Continue to work with Specialties to identify target benefits and support the monitoring of these benefits throughout the project lifecycle.

Recommendations

The Trust Board is asked to:-

1. Note the progress with the GDE Programme and ongoing work to progress towards the four milestone, due 31st May 2018.

Peter Young

Chief Information Officer 27 February 2018

Research, Education and Innovation Committee
Confirmed Minutes of the meeting held on **Thursday 13th July 2017,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

Present:	Mr Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Mr Iain Hennessey	Director of Innovation - called in	(IH)
	Prof Matthew Peak	Director of Research	(MP)
	Ms Erica Saunders	Director of Corporate Affairs	(ES)
	Mrs Claire Liddy	Acting Director of Finance	(CL)
	Mrs Melissa Swindell	Director of HR	(MS)
In Attendance:	Mr Tim Andrews	External Commercial Advisor	(TA)
	Ms Emma Hughes	Innovation Team	(EH)
	Mrs Rachel Lea	Assoc. Director Development Commercial	(RL)
	Dr Charlie Orton	Clinical Research Unit Senior Manager	(CO)
	Mr Jason Taylor	Innovation Service General Manager	(JT)
	Mrs Julie Tsao	Committee Administrator	(JTs)
	Mrs Claire White	Trust Charity Chair	(CW)
Agenda item:	Amanda Rees	NIHR Alder Hey CRF Manager	(AR)
	Tricia Roberts	Alder Hey Application Lead	(TR)
Apologies:	Prof Michael Beresford	Brough Chair, University of Liverpool	(MB)
	Mr John Grinnell	Director of Finance	(JGr)
	Mr Joe Gibson	External Programme Lead	(JG)
	Mr Rafael Guerrero	Consultant Cardiac Services	(RG)
	Sir David Henshaw	Chairman	(DH)
	Mrs Catherine Kilcoyne	Commercial Project Manager	(CK)
	Mr G Lamont	Director of Medical Education	(GL)
	Mr David Powell	Development Director	(DP)
	Mr P Young	Chief Information Officer	(PY)

17/18/01 **Declarations of Interest**
No declarations were declared.

17/18/02 **Minutes of the previous meeting held on Thursday 19th January 2017**
Resolved:
The minutes from the previous meeting was approved.

17/18/04 **Matters Arising**
All items for discussion were listed on the agenda.

17/18/05 **Programme Assurance - Research, Education and Innovation**
Two out of the three projects for Innovation was marked as red. Rachel Lea advised the projects are further along however the papers for the meeting had been already been published. As an action it was agreed these projects would make good progress prior to the next meeting in September.
Action: JT/RL

The Research project had been marked as grey as there was uncertainty as to whether this was a project or business as usual. It was agreed confirmation of this would be received at the next meeting. Charlie Orton presented a summary of the 16/17 final research budget which confirmed that £160k commercial surplus was carried into 17/18 and available for investment in the Clinical Research Facility and Research Division.

Action: CO
Resolved:
REIC received the programme assurance report and the surplus income carried into the 17/18 research division budget.

17/18/06 **Board Assurance Framework**
REIC went through risk 5.1 Game-Changing Research and Innovation to ensure all information around governance and contracts had been included within the risk. Erica Saunders agreed to discuss this further with David Powell.
Action: ES/DP
Resolved:
REIC received the Board Assurance Framework.

17/18/07 **Research charity pump-priming models for increasing commercial research Capacity**
Matthew Peak gave an update on a new model of pump-priming by Charities to increase access to commercial trials for patients. Duchenne charities have invested £500k in Alder Hey and the Cystic Fibrosis Trust a smaller amount. The principle is to fund posts which will increase capacity for commercial trials which will then generate income to make the posts sustainable. The Trust's financial model for research needs to be sufficiently flexible to accommodate this. The risks and benefits of the models were presented. The key risk of the Medical Division proactively leading on job planning in the Neuromuscular Team was highlighted. REIC supported the models presented and it was agreed an update on the financial projections would be given at the November REIC.
Action: CO/AR
Resolved:
REIC received the latest position on increasing commercial research.

17/18/08 **Data returns on NIHR commercial income to organisations in 2016/17**
The NW Coast NIHR Clinical Research Network (CRN) invests c. £1m in Alder Hey to deliver academic research. It has produced guidance on the delivery of commercial trials. These should not be supported by NIHR CRN resources but should be supported by redistribution of income generated by commercial studies. The NWC CRN has asked for every Trust to provide its policy on redistribution of commercial income. The NWC CRN policy presents a risk to the Trust being able to generate its annual research contribution. Charlie Orton agreed to update REIC on progress going forward.
Action: CO
Resolved:
REIC noted the changes to NIHR requirements.

17/18/09 **Alder Hey Ventures**
The Trust Wholly owned Subsidiary Company (SPV), referred to from here on as 'Alder Hey Ventures Ltd', the primary purpose of this SPV will be to exploit the Trusts' Intellectual property largely related to but not limited to innovation.

Next steps in the commercialising and operationalising of 'Alder Hey Ventures Ltd' including governance, taxation, commercial and risk issues. It is proposed to utilise the advice of KPMG in a light touch capacity to provide the required Taxation, Commercial and Legal support to Alder Hey NHS Foundation Trust to ensure a robust process is followed that provides the required assurances around an SPV set up and governance.

The six phases outline plan had been included. An update would be received at the September Board with a final report presented at the November Board. KPMG have noted the timescale may need extending slightly however the dates within the paper are what the team are working towards. Claire White requested The Trust Charity Board is also updated.

Resolved:

REIC approved the recommendations below:

1. The committee is asked to note the content of this report and are requested to approve the scope of works by KPMG and associated draft time table included, to enable the trust to rapidly progress the commercialisation of Alder Hey Ventures Ltd.

2. A progress update will be taken to Trust Board in September 17 and a final report for approval in November 17.

17/18/10 **Innovation Service update**

Jason Taylor gave a presentation on the selection process of projects within the Innovation Hub. Current projects included; Acorn project developed to identify entrepreneurs, h:ours app developed to support Junior Doctors with remaining within their contracted hours and Bloom to support nurses with revalidation.

An update from the recent Hackathon event was received. 22 groups pitched ideas and may use going forward for different projects.

Iain Hennessey joined the meeting virtually and reported on the joint work in progress with Cadburys; children who are receiving chemotherapy treatments lose their taste buds during this period. Cadburys are looking to design chocolate with spices in so Children will be able to taste chocolate again. Iain noted that a lot Children receiving treatment are underweight so this will also help with increasing calories.

Tangle Teezers are developing a brush to dry hair without a hairdryer.

Tricia Roberts updated REIC on the Alder Hey app that has been developed between Alder Hey and the Charity to enable a personalised interaction between Alder Hey and the user to enhance the experience of care. The app is being developed by Ustwo and will be launched internally on 28th July. The full launch of the app is due to take place in October.

Resolved:

REIC received an update on Innovation.

17/18/11 **Alder Hey Academy**

Resolved:

An advert for a Head of Department for the Alder Hey Academy would be posted on NHS Jobs today.

16/17/58 **Any Other Business**

No other business was reported.

Date and Time of next meeting:
Thursday 14th September 2017, 1300, Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.

ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

Title	**Liaison Committee Meeting Minutes**	
Date / time	Tuesday 16th January 2018, 12:00	
Location	Exec Meeting Room, Level 2, Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool L12 2AP	
Present	**Trust:**	Rachel Lea (Associate Director of Development) **RL** David Powell (Development Director) **DP** Claire Liddy (Trust Representative) **CL** Chris Gildea (Building Services) **CG**
	Project Co Directors:	James Heath (John Laing Investments Ltd) **JH** Alan Travis (Explore Investments Ltd) **AT**
	Other Project Co Attendees:	Stuart Wilkinson – (Project Co Representative) **SW** Laura Joseph-Chamberlain– (Interserve FM) **LJC**
Apologies	Louise Shepherd (Trust CEO) **LS** Graeme Dixon (Trust Head of Building Services) **GD**	

Item	**Discussion**	**Action**
1.0	**Quorum** – the meeting was quorate as defined within clause 12.1 of the PA.	
2.0	**Previous Minutes dated 18th December 2017** – The previous minutes were accepted as an accurate record of the meeting. The status of the actions from the previous meeting were discussed as follows.	
2.1	(2.4) Generator Testing (Black Start) – LJC confirmed that this activity has been re-scheduled for 6th Feb 2018.	
2.2	(3.1) Pipework Corrosion – see item 3.2 below.	
2.3	(3.2) Green Roof – see item 3.3 below.	
2.4	(3.3) Energy – RL previously queried the energy implications associated with variations and it was agreed at the last meeting to address this at the energy meeting on 19th December. This item was not discussed during the January liaison committee meeting.	
3.0	**Key Issues / Hot Topics**	

3.1	Endoscope Washer Disinfectors – Trust Withheld Sum Disagreement: JH advised that Project Co were considering their position.	
3.2	Pipework Corrosion: SW advised that the remaining specialist consultant appointment documents were now in place and would be circulated for signature to the parties. WYG have commenced their review of the engineering design. The revised target date for issue of the final report is now anticipated to be mid-April 2018 and a revised programme, including pipework sampling for testing, will be confirmed at the next meeting. In the meantime, a review is to be undertaken based on the trends of previous leaks, to enable risks and any mitigations to be established ahead of the investigation report being issued. LJC advised that the number of pipework leaks had slowed down in comparison to the previous period.	**SW** **LJC / Trust**
3.3	Green Roof: SW advised that the key recommendation of the expert report relates to the upgrading of the irrigation system. Project Co has discussed the recommendations with LORC, who have agreed to undertake remedial works. Project Co is awaiting confirmation of LORC's proposals and anticipate completion of the works by Spring 2018.	**SW**
3.4	Energy: SW stated that Concept are targeting the issue of their draft report during w/c 22nd January 2018, as previously advised.	
3.5	Subcontractors: LJC advised as follows: • IFM are looking to move away from Schindlers as their lifts subcontractor by early February 2018; • Problems remain with Atlas' communication but planned and reactive responses are currently satisfactory; • DDC Dolphin would be removed from IFM's next update, as their performance has improved; and • Rigbys have been removed by IFM and replaced with another catering equipment subcontractor.	
3.6	CG advised of an outstanding camera bracket issue in the Aseptic Suite. SW advised that LORC are pursuing their subcontractor, Atlas, for a response.	

3.7	LJC advised that a laser level survey had been completed to the Zone 1 drainage system, which has identified no problems. IFM have commissioned a CCTV survey to identify if there are any other issues.	
3.8	CG advised that the Trust were investigating a potential issue with the ICU isolation rooms, which appears not to have been built to the same level of specification as the ward isolation rooms and may result in a Trust variation.	
3.9	Following reports of an issue with the end of lines cold water temperatures, LJC advised that the checks completed in Ward 3B confirmed that there is no "crossing" of the hot and cold pipework. One of the TMVs was identified as requiring adjustment.	
3.10	SW advised that the project was in a generally stable position with no major issues to report. All parties agreed that the project was operating well and had no issues to raise.	
4.0	**SFP Uplift**	
4.1	AT confirmed receipt of DP's email on 15th January 2018, in response to Project Co's offer to the Trust in December 2017. AT advised that the Trust's response does not achieve Project Co's objectives. As a result, it was agreed that there would be no further actions or discussions at the meeting.	
5.0	**Any Other Business**	
5.1	No issues raised.	
6.0	**Next Meeting**	
6.1	Wednesday 14th February 2018 at 14.00.	

ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

AGENDA

1. Quorum
2. Previous Meeting Minutes
   - 2.1 Accuracy & Approval
   - 2.2 Actions
3. Key Issues / Hot Topics
   - 3.1 Endoscope Washer Trust Withheld Sum Disagreement
   - 3.2 Pipework Corrosion
   - 3.3 Green Roof
   - 3.4 Energy
   - 3.5 Subcontractors
4. SFP Uplift
5. Any Other Business
6. Next Meeting