Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING
Tuesday 6th November 2018 commencing at 10:00
Venue: Large Meeting Room, Institute in the Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
PATIENT STORY (10.00 am-10.15am)						
1	**18/19/195**	**1015**	**Apologies**	Chair	To note apologies.	For noting
2	**18/19/196**	**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate.	For noting
3	**18/19/197**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on: **Tuesday 2nd October 2018**	Read Minutes
4	**18/19/198**	**1020**	**Matters Arising:** - **Mortality report** - **Action Log**	Chair C Duncan	To update the Board on the two cases with avoidable factors. To discuss any matters arising from previous meetings and provide updates and review where appropriate.	Read Attachment
5	**18/19/199**	**1025**	**Key Issues/Reflections**	All	Board to reflect on key issues.	Verbal
Strategy Update						
6	**18/19/200**	**1035**	**Strategic Plan Dashboard** - **Specialist Trust Alliances**	M Barnaby L Shepherd	To update the Board regarding the half year position against the Trust's strategic objectives	Presentation
Delivery of Outstanding Care						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
7	**18/19/201**	**1055**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month.	Read report
8	**18/19/202**	**1115**	**Global Digital Exemplar (GDE)**	P Young	To update the Board on the programme.	Read report
9	**18/19/203**	**1125**	**Alder Hey in the Park Site Development update** - **Campus update**	D Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	Read report
10	**18/19/204**	**1140**	**Clinical Quality Assurance Committee: Chair's update:** - **Chair's verbal update from the meeting that took place on the 17.10.18** - **Approved minutes from the meeting took place on the 19.09.18**	A Marsland	To receive the approved minutes from the 19.09.18	Read approved minutes
The Best People Doing Their Best Work						
11	**18/19/205**	**1150**	**People Strategy: including an update on the 2018 NHS Staff Survey:**	M Swindell	To provide an update	Read report
12	**18/19/206**	**1200**	**Freedom to Speak Up – Action Plan/Assurance Framework**	K Turner/ E Saunders/ M Swindell	To provide the Board with a more detailed action plan/assurance framework following the completion of the self-review tool	Read report
13	**18/19/207**	**1215**	**Process to appoint Trust Chair**	E Saunders	To brief the Board on process/proposed timescale. Board members invited to add comments to Job Description	Read report
Lunch (12:30-13:00)						
Sustainability Through External Partnerships						

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
14	**18/19/208**	**1300**	**Joint Neonatal Partnership – Alder Hey and Liverpool Women's Hospital.**	A Bateman	To update the Board on progress.	Read report
Game Changing Research and Innovation						
15	**18/19/209**	**1315**	**Register of shareholder interests**	J Grinnell	To provide a monthly report	Report
Strong Foundations						
16	**18/19/210**	**1330**	**Programme Assurance update:** - **Deliver Outstanding Care.** - **Growing External Partnerships.** - **Solid Foundations.** - **Park Community Estates and Facilities.**	J Grinnell	To receive an update on programme assurance including the 2018/19 change programme.	Read Report
17	**18/19/211**	**1340**	**Corporate Report.** - **Monthly update by Executive Leads.**	J Grinnell/ 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 September 2018	Read report
18	**18/19/212**	**1355**	**Board Assurance Framework**	Executive leads	To receive an update.	Read report
Any Other Business						
19	**18/19/213**	**1400**	**Any Other Business.**	All	To discuss any further business before the close of the meeting.	Verbal
Date And Time Of Next Meeting: Tuesday 4th December 2018 at 10:00am, Large Meeting Room, Institute in the Park.						

REGISTER OF TRUST SEAL
The Trust Seal was not used during the months of **October 2018**

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Minutes of the meeting held on **Tuesday 2nd October 2018 at 10:00am,**
Large Meeting Room, Institute in the Park

Present:	Sir D Henshaw	Chairman	(SDH)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Ms K Byrne	Non-Executive Director Designate	(KB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Vice Chair (Chair)	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Director of HR & OD	(MS)
	Dame J Williams	Non-Executive Director	(JW)
In Attendance:	Mrs M Barnaby	Interim Director of Strategy	(MB)
	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Ms L Cooper	Director of Community Services	(LC)
	Mr C Duncan	Director of Surgery	(ChrD)
	Ms S Falder	Director of Clinical Effectiveness and Service Transformation	(SF)
	Mr M Flannagan	Director of Communications	(MF)
	Mrs K McKeown	Committee Administrator (minutes)	(KMc)
	Ms J Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
Agenda item: 6	Prof M Peak	Director of Research	(MP)
9	Mr P Young	Chief Information Officer	(PY)
14	Ms C Cain	HR Business Partner	(CC)
14	Mr J Fitzpatrick	Internal Communications Manager	(JF)
Apologies:	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Dr A Hughes	Director of Medicine	(AH)
	Prof L Kenny	University of Liverpool	(PLK)

Patient Story

The parent of a patient who suffers from a rare brain condition was invited to October's Board to share her daughter's experience.

Gabriella's mum, Heidi, explained that Gabriella is eleven years of age with the mental capacity of a one year old. Gabriella has a complex disability but is generally medically well. Since starting puberty, Gabriella has experienced further symptoms which have become unmanageable at home. As a result of this Gabriella is a frequent patient on the Neuro ward at Alder Hey and has regular procedures to help manage her symptoms.

The Chief Executive asked Heidi about her views on the quality of the service that Gabriella has received during her various visits to the Trust. Heidi responded that staff on the Neuro ward were very supportive and knowledgeable and commended them for the care that they gave to Gabriella.

The Chief Executive asked if there was anything that could have been done differently to improve the family's experience. Heidi highlighted the lack of support for families with disabled children when having to wait on a surgical ward prior to allocation of a bed on their designated ward, and when checking into Alder Hey via A&E. Heidi also advised of the lack of disabled changing and washing facilities on surgical wards.

Heidi informed the Board of the difficulties that she experiences as a result of the disabled parking spaces not being big enough for a large vehicle to park and remove equipment with ease. Following discussion the Chairman confirmed that this matter would be addressed forthwith.
Action: HG

The Chairman queried the standard of the food that Gabriella received on the ward. Heidi reported that the food is fantastic and Gabriella is happy as all her needs are met.

Claire Dove pointed out how flustered she used to become when having to take her disabled child to A&E and felt that Gabriella's mum raised an important point in respect to her comment about the lack of support for families with disabled children when checking in via this route.

The Chairman thanked Heidi for taking the time to come to the meeting and share her experiences.

18/19/174 Apologies

The Chair welcomed the Trust's new Non-Executive Director, Kerry Byrne and noted the apologies received from Professor Louise Kenny and Jeannie France-Hayhurst.

18/19/175 Declarations of Interest

There were none to declare.

18/19/176 Minutes of the previous meetings held on 4th September 2018
Resolved:

The Board received and approved the minutes from the meeting held on 4th September 2018, pending the following amendment:

- Page 13, Date of the Next Meeting - should read 2nd October 2018.
- Page 2, Key Issues/Reflections, first paragraph - minute to be refined.

18/19/177 Matters Arising and Action Log

Action Log

18/19/147.1: *Position Statement for Complaints and PALS* – Discussions are due to take place with the Director of Communications to look at arranging regular meetings between the Trust and MPs. **ACTION CLOSED**

18/19/164.1: *Proposed Constitutional Change* - Following discussion it was agreed to approve the amendment to the constitution, as requested by NHS Improvement. The proposed changes will now be presented to the Council of Governors for approval at its meeting in early December.
ACTION CLOSED

18/19/178 Key Issues/Reflections

Anita Marsland informed the Board of the positive Quality Assurance round that took place at the Dewi Jones Unit. It was reported that staff were enthusiastic and the general feel on the unit was very positive. Anita Marsland expressed her thanks to all colleagues who had been part of the process.

18/19/179 Research Strategy

Professors Michael Beresford and Matthew Peak provided the Board with an outline of recent discussions that have taken place with Executive Directors and partners in order to support the refresh of the Research Strategy and to gain an understanding of Alder Hey's aspiration to be recognised for its world leading research.

A number of slides were presented to the Board to provide an update on the Research Strategy. The following topics were highlighted and discussed:

- Mission Statement.
- Children's Health and Wellbeing.
- Application by Liverpool City Council to become a 'Child Friendly City'.
- Research Strategy – comparison from 2005 to 2015.
- What it means to be 'World Class'.
- The leadership and talent required to progress this work.
- Infrastructure, integration and growth.
- Sustainability.
- Branding and Marketing.
- Governance and performance.
- Partnership between Alder Hey, University of Liverpool and Liverpool City Council.
- Funding streams.

Following discussion, Louise Shepherd highlighted further areas of work/opportunities that need to be addressed in order to support the next phase of the Trust's research and development:

(i) *Liverpool Health Partners* – Alder Hey to play a central role in the 'Starting Well, Living Well, Ageing Well' plan day, specifically working alongside Liverpool Women's Hospital to develop the Starting Well Theme.

(ii) *University of Liverpool*

(a) Submit a proposal to the University of Liverpool for the appointment of Chairs and associate teams in infection, public health and cardio vascular. These areas of work will be fully funded by the University.

(b) *Identify a suitable Chair in Paediatric Neurology* - fully funded role.

(c) *Star Researchers in other fields* – the University of Liverpool is prepared to share the cost for candidates to switch on a 50/50 basis.

(d) Create a strategic approach to build the Trust's Research Strategy for Children and submit it to the University of Liverpool by the middle of December.

Action: MP/MB/Execs

(iii) *Partnership with all Higher Education Institute stakeholders* – opportunity to develop planned strategy with colleagues and sponsor joint Academy lead role at Alder Hey. This role will link in with research and innovation.

A discussion took place around potential future applications for funding. The Chairman felt that it would be beneficial to look at the organisation's requirement for the next three years from a charitable funding perspective.

John Grinnell queried as to whether the organisation has the clinical resource to move forward with the Research Strategy. Matthew Peak highlighted the need for a cultural change across the organisation in order to progress this area of work. It is important that the Trust supports and nurtures the development of staff to enable them to become researchers/leaders. Christian Duncan highlighted the importance of getting the strategic element of this work right.

Jo Williams queried whether the Trust could put some pump priming in for a short period of time in order to progress the strategy. Louise Shepherd felt that the organisation should focus on cultural change first in order to be prepared for the kind of agenda required to achieve the organisation's ambitions around research.

Resolved:

The Board noted the update provided on the Research Strategy and suggested the recommendation made to progress it to the next phase.

18/19/180 Serious Incident Report

The Board received and noted the contents of the Serious Incidents report for August 2018. During this reporting period there were three serious incidents, including two never events along with two on-going serious incident investigations. The following points were highlighted and discussed:

*StEIS 2018/21325: Never Event (*Patient received the wrong implant) - fixation of left supracondylar humerus fracture. An investigation has taken place and following several discussions it was confirmed that the process is proceeding as per the Trust's protocol.

StEIS 2018/21324: Oral medication was given to a patient via the endotracheal tube which was mistaken for an orogastric tube. A full investigation took place and full Duty of Candour was applied including Duty of Candour letter. It was confirmed that actions have been taken to ensure that this type of incident doesn't happen again.

StEIS 2018/21323: Never Event (wrong site surgery) – removal of wrong tooth. It was reported that the letters requesting a change to the original management plan were viewed after the initial consultation and were not utilised as part of the preoperative planning leading to the incorrect tooth extraction. Christian Duncan asked as to whether an investigation had taken place to verify that the letter was actioned on the system appropriately. Hilda Gwilliams pointed out that systems were not linking in with each other at the time of the incident and confirmed that this issue has since been rectified by IT.

StEIS 2018/18741: This patient was treated at Alder Hey and discharged home on 26th April 2018. On 27th April the patient was admitted to Warrington Hospital with active bleeding from an unknown source. Due to subsequent rapid deterioration the patient passed away on 28th April. A review was undertaken by a consultant Haematologist independent to the case; which found the advice given prior to

discharge from Alder Hey was correct and followed the most up to date UK guidance. There was no lapse in care identified and it was confirmed that death was related to co-morbidities and the patient's condition.

Louise Shepherd referred to the minutes from the last meeting where it was noted that there were three never events and pointed out that one never event had been downgraded to a serious incident following a review by the CCG. Hilda Gwilliams informed the Board that the organisation had received good feedback from the CCG who had reviewed all three of the Never Events and confirmed that one did not meet the criteria. It was reported that the CCG had thanked the Trust and commended the clinicians involved in the incident for their openness and transparency.

Resolved
The Board received August's Serious Incident Report and noted the new/closed incidents and the progress in the management of open incidents.

18/19/181 Mortality Report, Q1

The Board received the Mortality Report for Quarter 1 (*April 2018 to June 2018*) and noted the contents. The following points were highlighted and discussed:

- Christian Duncan felt that the overall report offers assurance and pointed out that between September 2017 and October 2017 of the 13 deaths recorded, 11 of them belonged to the 'Death inevitable on PICU admission' group in retrospect.
- It was reported that a comparison with national markers indicates that Alder Hey has a higher mortality level than the average NHS performance. However Alder Hey's Standardised Paediatric Mortality Index (*SPMI*) is similar to hospitals with the same level of complex patients and workload.
- The Hospital Mortality Review Group (*HMRG*) has reviewed 17 of the 32 recorded deaths and it was confirmed that work is taking place to evaluate any changes that are necessary to the current process following the release of the paediatric version of the national Learning from Deaths guidance.
- The Board was advised that since the previous mortality report there have been 5 cases where there have been differing views between the service group review and HMRG review.
- Louise Shepherd pointed out that the data states that there were two deaths where there were potentially avoidable factors and asked that this be looked into in order to understand the issues in more detail so that the organisation and partners can learn from this.

18/19/181.1 Action: CD

18/19/182 Global Digital Examplar

The Board was provided with an update on the progress of the Trust's Global Digital Exemplar (GDE) programme. The following points were highlighted and discussed:

- It was reported that the Trust has received confirmation that milestone 4 has been approved.
- The Trust continues to demonstrate progress against its GDE commitments and a there is a plan in place for the recruitment of a Programme Manager.
- Alder Hey hosted an international visit from around the globe from which the feedback was very positive.
- The Chairman pointed out that the Secretary of State for Health and Social Care, Matt Hancock, will be officially opening phase 2 of the Institute in the Park on 22nd January 2019 and felt that it would be beneficial to arrange for

the Secretary of State to spend some time with the GDE team so that they can showcase the Trust's GDE Programme.

18/19/182.1 Action: PY/MF

Resolved:

The Board noted the update provided on the GDE Programme.

18/19/183 Alder Hey in the Park Site Development Update

The Board was provided with an update on the Alder Hey in the Park Site Development. David Powell informed the Board of the outcome of the Friends of Springfield Park Committee meeting. It was reported that the existing Chair of the committee is to remain in office for another term and a young person has been voted in as Vice Chair.

The Board discussed the plan of action in preparation for the forthcoming discussion with Project Co scheduled for the afternoon of 2nd October during the private part of Trust business.

Resolved:

The Board noted the Alder Hey in the Park Site Development update.

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18/19/184 Clinical Quality Assurance Committee

The Board noted Anita Marsland's verbal update from the Clinical Quality Assurance Committee that took place on 19th September. Anita Marsland advised of the presentation that the Committee received about a respiratory initiative that was led by Dr Ian Sinha and members of his MDT. It was felt that it would be beneficial for the Board to view this presentation.

Resolved:

The Board received and noted the approved minutes from the Clinical Quality Assurance Committee meeting that took place on 19th September.

18/19/185 Integrated Governance Committee

The Board noted Erica Saunders' verbal update from the Integrated Governance Committee meeting that took place on 12th September. The Board was advised that a detailed discussion took place during the meeting on the operational health and safety issues being experienced across the hospital and update was provided on the progress being made to address these matters. It was confirmed that John Grinnell will take over the Chair role for an interim period.

Resolved:
The Board received and noted the approved minutes from the Integrated Governance Committee meeting that took place on 12th September.

18/19/186 People Strategy Update

The Board received and noted the contents of the People Strategy report for August 2018. The following points were highlighted and discussed:

- *2018/19 NHS Staff Survey* - The Trust has had an 18% response rate to date. Communications are circulated on a weekly basis to divisions and departments and screen savers have been uploaded onto desk tops as a reminder. The organisation receives official response rates on a weekly basis but the Trust is able to access information as and when required. The Board was advised that the staff survey is open until the end of November.
- It was reported that sickness rates decreased slightly in August to 4.98% and core mandatory training compliance is at 89%.
- PDR compliance at the end of August was 82%. The latest report as of 24th September shows compliance at 86%. It was reported that work is taking place to address one or two hotspots.
- The Board noted Claire Dove's verbal update from the Workforce and Organisation Development Committee meeting that took place on 5th September. Claire Dove highlighted the importance of tackling sickness absence in the organisation and confirmed that this area of work is being looked at by the Workforce and Organisational Development Committee and the Resources and Business Development Committee. It was reported that the Workforce and Organisation Development Committee is also looking at apprenticeships from a diversity perspective.

Resolved:

The Board received and noted:

- The People Strategy update for August 2018.
- The approved minutes from the Workforce and Organisational Development Committee meeting that took place on 26th September.

18/19/187 Listening into Action

Chris Cain and Joe Fitzpatrick informed the Board of the work that is taking place to reinvigorate the Trust's 'Reward and Recognition' programme.

Attention was drawn to the 'FAB Staff Week' event that is due to commence on 15th October through to the 19th. A number of activities will take place during the week and the organisation is going to revisit FAB Pledges and capture Quality Improvements. It was reported that the Trust will conduct a mini event for staff in the community following the initial event at the hospital.

The Board was advised of the aims to improve the experience of employee retirement with the support of a task and finish group dedicated to reviewing the process.

A review of the monthly process for ongoing staff recognition has been initiated and it has also been agreed that the Trust should hold an annual Staff Awards event which will take place on 8th February 2019 at the Titanic Hotel.

The Board was informed that the Reward and Recognition team (R&R) are looking to reinvigorate thank you cards across the organisation and it was reported that the Trust Social Committee is now aligned with the R&R team.

18/19/188 Joint Neonatal Partnership

Adam Bateman informed the Board of the joint appointment of a programme manager with Liverpool Women's. It was reported that good relationships are being built and a workshop has been scheduled to take place on 11th October.

Louise Shepherd highlighted the importance of addressing the estates element of the partnership as well as the governance arrangements. It is necessary to be clear on staffing levels and have a clear line of responsibility in the event of an incident. Adam Bateman confirmed that these areas of work will be discussed by the governance workstream.

Resolved:

The Board noted the update provided on the Joint Neonatal Partnership.

18/19/189 Governance Arrangements for Innovation

As part of the innovation reset process the governance of Alder Hey innovation activity has been reviewed and strengthened to ensure a robust and best practice assurance and process, with suitable Executive Director and Non-Executive Director oversight and scrutiny.

Claire Liddy presented a number of slides to highlight the scope of the reset along with the process/timeframe for engaging, reviewing and reporting gaps.

Attention was drawn to the more structured governance arrangements that are in place and the competitor analysis that was conducted which confirmed that there are at least four other hubs across England. As a result of these findings a decision will need to be made as to whether the Trust should compete or collaborate. This will inform the next steps piece of work.

The Board was advised of the high level reset findings, the top seven IRR priorities, the funding strategy and the emerging recommendations.

Following discussion, it was agreed that that the Trust needs to make a return on its investments to ensure sustainability and exploit its strengths including branding, artificial intelligence, etc. Attention was also drawn to the importance of working with Clinical Divisions to embed innovation into the organisation's healthcare provision.

Claire Dove highlighted the importance of encouraging young people to become innovators. Claire Liddy advised that work is taking place to promote the role of 'Health Entrepreneur' for teenagers who are interested in becoming innovators. Claire Dove suggested inviting pupils in from the various schools in order to talent scout, and offered her support with this area of work.

18/19/189.1 Action: CL/CD

Jo Minford asked for thoughts on how to encourage women to participate in innovation. Claire Dove agreed to discuss this matter with Jo Minford.

18/19/189.2 Action: JM/CD

18/19/191 Programme Assurance Update

The Board received and noted the update on the assurance status of the change programme for August 2018.

John Grinnell advised that a number of key projects have dipped this month in the assurance ratings but felt that concerns were minimal following a discussion at Programme Board.

It was reported that the Programme Board is focussing on benefits at the present time and the great work that has been conducted over the last month in respect to the strategy for mental health in the community, was highlighted.

Work is also taking place to address the Academy Project as it is suffering from what appears to be a hiatus in project management. The Chairman queried as to whether the change programme was on track. John Grinnell reported that it is progressing. Ian Quinlan reiterated John Grinnell's comments and felt that it is important for Executive Sponsors to share the reasons why a project has been risk rated as red.

Resolved:

The Board received and noted the update on the assurance status of the change programme for August 2018.

18/19/192 Corporate Report

The in-month financial performance was £400k behind plan largely driven by cost overspend on temporary staff spend and high non pay costs which are being further investigated. John Grinnell advised the Board that this has put pressure on the Trust's forecast positon.

The organisation's cash balance is £21.5m following payment of 2017/18 STF bonus monies. It was reported that the Trust is behind on capital spend. John Grinnell informed the Board of the discussion that took place during September's Resources and Business Development Committee in respect to the organisation's current capital plan. It was agreed that the 10 year Capital Plan would be submitted to the Trust Board during November's meeting.

18/19/192.1 Action: JG

A discussion took place around the Trust's forecast position and the organisation's direction. John Grinnell pointed out that the four key aspects of focus required are delivering the organisation's cost improvement programme, meeting the control total, managing the winter and investing in capacity. The Board was advised that the divisional forecasts are £2.5m adrift for meeting the control total and it was agreed to submit the position statement on Divisions for month 6 during November's meeting.

18/19/192.2 Action: JG

John Grinnell advised of the Trust's over performance in respect to Specialist Commissioner contracts and Welsh Commissioner contracts. It was reported that an Exec to Exec meeting is due to take place with Specialist Commissioners. Following discussion it was agreed to submit a half year view of the contracts that are over performing.

18/19/192.3 Action: JG

Resolved:

The Board received and noted the contents of the Corporate Report for month 5.

18/19/193 Board Assurance Framework (BAF)

The Board received the BAF update for September 2018. The following points were highlighted and discussed:

- The BAF is subject to monthly scrutiny by the assurance committees that feed into the Board to ensure that strategic risks are mitigated as far as possible

and any emerging gaps in control identified and substantive reports submitted to the relevant committee as required.

- The Trust is starting to build up a picture in respect of strategic partnerships and the external environment; Mags Barnaby had presented a scoping exercise to Resources and Business Development Committee.

Resolved:

The Board received and noted the content of the BAF update.

18/19/194 Any Other Business

There was none to discuss.

Date and Time of next meeting: Tuesday 6th November 2018, 10:00am, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for November 2018							
02.10.18		Patient Story	Issues were raised on disabled car parking spaces being too small for larger vehicles	H Gwilliams	06.11.18		
02.10.18	18/19/181.1	Mortality report Q1	Lessons learnt to be shared on the 2 avoidable deaths	C Duncan	06.11.18		
02.10.18	18/19/189.1	Governance Arrangements for Innovation	To invite pupils from various schools to promote innovation	C Liddy/ C Dove	06.11.18		
02.10.18	18/19/189.2	Governance Arrangements for Innovation	To discuss further options to encourage women to participate in innovation	J Minford/C Dove	06.11.18		
02.10.18	18/19/192.1	Corporate report	To present the 10 year Capital Plan	J Grinnell	06.11.18		On agenda
02.10.18	18/19/192.2	Corporate report	To submit the position statement on divisions for month 6 during November's meeting	J Grinnell	06.11.18		06.11.18 Will include the 6 month position and forecast as part of the financial update on the board agenda.
1.5.18.		Patient Story.	*Oncology Ward* - Look into the funding via the Charity to convert a bathroom into a breakout space for children aged between 7-12.	Jo Williams/ Jeannie France-Hayhurst	6.11.18		27.9.18 - It was confirmed that there would be a significant financial cost to turn decommissioned rooms into anything other than storage rooms. The working group is looking into this matter and an update will be provided in November.
1.5.18.	18/19/47.1	Arts Programme and Next Steps.	Discussion to take place between Vicky Charnock and Michael Beresford around the possibility of a work experience programme being devised between the University of Liverpool and Alder Hey to support the Active Arts for Health Programme.	Vicky Charnock/ Michael Beresford	6.11.18		27.9.18 - Vicky Charnock is in the process of contacting Michael Beresford regarding this matter. An update will be provided on the 6.11.18.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
3.7.18	18/19/120.1	Freedom to Speak Up Guidance	Incorporate timelines and metrics against actions in reports.	Kerry Turner	6.11.18		On agenda
3.7.18	18/19/120.2	Freedom to Speak Up Guidance	Conduct a piece of work to look at Freedom to Speak Up as a whole to ensure that the Trust is robust in its approach and reporting processes are fit for purpose.	Kerry Turner	6.11.18		On agenda
4.9.18.	18/19/155.1	Listening into Action	Liaise with the charity to see if they are able to offer support with funding for the 'Harvey's Gang' Initiative.	Jo Williams/ Tracey Shackleton	6.11.18.		18.8.18 - An update will be provided on the 2.10.18.
Actions for December 2018							
4.9.18.	18/19/148.1	Infection, Prevention and Control Report, Q1	Liaise with the Governance Department when developing the Isolation App.	Valya Weston	4.12.18.		27.9.18 - An update will be provided during December's Trust Board meeting on the 4.12.18.
4.9.18.	18/19/148.2	Infection, Prevention and Control Report, Q1	Include additional narrative in the report to provide the Board with assurance on actions and progress.	Valya Weston	4.12.18.		27.9.18 - An update will be provided during December's Trust Board meeting on the
3.7.18	18/19/103.1	Quality Improvement Update	Submit the draft Inspiring Quality business case to the Trust Board in October.	Adam Bateman/ Sian Falder/ Jo Minford	6.11.18		

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
3.7.18	18/19/118.1	Listening into Action	*Disability Network Groups* - Provide an update to the Trust Board in November 2018.	Chairs of the Network Groups	6.11.18.		01.11.18 - Deferred to the December meeting.
Actions for January 2019							
			Matt Hancock, Secretary of State for Health and Social Care is opening the RE2 Bulding on 22.01.18 a session with the GDE team is to be organised	Mark Flannagan/ Peter Young	08.01.19		
Actions for March 2019							
4.9.18.	18/19/154.1	2018 Annual Report for the Framework of Quality Assurance for Responsible Officers and Revalidation	Liaise with Melissa Swindell, Medical HR and the Medical Education Team to look at resolving the issue around the management/inputting of data relating to new recruits.	Graham Lamont	5.3.19.		27.9.18 - An update will be provided during March's Trust Board meeting on the 5.3.19.
4.9.18.	18/19/154.2	2018 Annual Report for the Framework of Quality Assurance for Responsible Officers and Revalidation	Discuss the possibility of accessing/triangulating information relating to complaints, incidents and PALS concerns to enable doctors to use this data as part of the reflective element of the appraisal process.	Graham Lamont	5.3.19.		27.9.18 - An update will be provided during March's Trust Board meeting on the 5.3.19.
COMPLETED ACTIONS							
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 on the 1.5.18.	Adam Bateman	1.5.18.		**10.4.18** - This action has been included on May's Trust Board agenda. **ACTION CLOSED**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
6.3.18.	17/18/263.1	Draft Financial Plan 2018/19	Present the final version of the 2018/19 Financial Plan to the Trust Board on the 22.5.18.	John Grinnell	22.5.18.		**10.4.18** - This action will be addressed via the NHSI Operational Plan for 2018-19. **ACTION CLOSED**
6.3.18.	17/18/275.2	Change Programme.	***Delivering Outstanding Care*** - Review the support being received by clinicians in the Outpatients	Hilda Gwilliams.	22.5.18.		16.8.18 - Following a three day audit the level of
10.4.18.	18/19/22.1	New Pay Deal.	Feedback to be provided on the new pay deal report following discussion at the Workforce Organisational Development Committee.	Melissa Swindell	22.5.18.		**3.7.18 -** An update was provided during July's Trust Board. **ACTION COMPLETE**
1.5.18.	18/19/46.1	Joint Neonatal Partnership - AH & LWH.	The Board will be provided with a further update on the Joint Neonatal Partnership on the 22.5.18.	Louise Shepherd	22.5.18.		**22.5.18 -** This item has been included on July's agenda. **ACTION COMPLETE**
22.5.18	18/19/75.1	Key Issues	*Quality Summit* - Provide an update to the Board on the agreed process for implementing the Quality Summit learning to support the delivery of quality improvements.	Sian Falder/ Jo Minford	3.7.18.		**3.7.18 -** An update was provided during July's Trust Board. **ACTION COMPLETE**
22.5.18	18/19/75.2	Key Issues	Discuss the issues with the national NHS structure in more detail, outside of the meeting.	Sir David Henshaw/ Mags Barnaby	3.7.18.		16.8.18 - An initial discussion took place around integrated care going forward. **ACTION COMPLETE**
22.5.18	18/19/82.1	GDE	Provide a more granular report on the details of the patient portal during July's meeting.	Peter Young	4.9.18.		**3.7.18 -** An update was provided during July's Trust Board. **ACTION COMPLETE**
22.5.18	18/19/82.2	GDE	Liaise with Mark Flannagan to discuss the showcasing of the patient portal outside of the organisation.	Peter Young	3.7.18.		18.8.18 - Joe Fitzpatrick is liaising with Peter Young regarding this matter. **ACTION COMPLETE**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
22.5.18	18/19/83.1	People Strategy Update	Submit the action plan for the diversity agenda, during July's meeting.	Melissa Swindell	3.7.18.		**22.5.18** - This action has been included on July's agenda. **ACTION COMPLETE**
22.5.18	18/19/85.1	Freedom to Speak Up	Submit the completed self-review tool for Freedom to Speak Up, during July's Trust Board.	Erica Saunders	3.7.18.		**22.5.18** - This action has been included on July's agenda. **ACTION COMPLETE**
22.5.18	18/19/90.1	Board Assurance Framework	Circulate the outcome of the discussion at May's IGC in respect to the pipe corrosion risk and the water contamination risk.	Adam Bateman/ David Powell	3.7.18		3.7.18 - An update was provided on the 3.7.18 during part 2 of the Trust Board meeting. **ACTION COMPLETE**
22.5.18	18/19/91.1	CQC Action Plan	Submit an exception report during July's meeting.	Erica Saunders	3.7.18.		**22.5.18** - This action has been included on July's agenda. **ACTION COMPLETE**
22.5.18	18/19/93.1	Research Education and Innovation Committee	Meeting to be scheduled in order to discuss a way forward for the Research, Education and Innovation Committee.	Ian Quinlan/ Sir David Henshaw/ Louise Shepherd	2.10.18.		27.9.18 - This action has been superseded by the work taking place to address Research, Education and Innovation. **ACTION CLOSED**
22.5.18	18/19/94.1	Any Other Business	*Trust Board Documentation* - Include page numbers on the agenda for each item.	Karen McKeown	3.7.18.		**22.5.18** - July's Board pack will include page numbers on the agenda for each item. **ACTION COMPLETE**
3.7.18	18/19/107.1	Matters Arising	Update the action log outside of the meeting and circulate it to Board members.	Karen McKeown	4.9.18		16.8.18 - **ACTION COMPLETE**
3.7.18	18/19/108.1	Key Issues/ reflections	*New Pay Deal* - Provide an update on the mechanism for applying increments.	Melissa Swindell	4.9.18.		16.8.18 -This action has been included on September's agenda. **ACTION COMPLETE**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
3.7.18	18/19/115.1	CQAC	Arrange for Matthew Peak to meet with the Non-Executive Directors to explain the issues being experienced by the Trust from a research perspective.	Karen McKeown	4.9.18.		18.8.18 - A meeting took place on the 24.7.18. **ACTION COMPLETE**
3.7.18	18/19/117.1	People Strategy Update	Circulate the 'Wellbeing at Work' presentation to Board members.	Melissa Swindell	4.9.18.		16.8.18 - **ACTION COMPLETE**
3.7.18	18/19/121.1	Joint Neonatal Partnership	Confirm as to whether a Non-Executive Director from Alder Hey should sit on the Joint Board for the Neonatal Partnership.	Adam Bateman	4.9.18.		16.8.18 - This has been built into the MOU. **ACTION COMPLETE**
3.7.18	18/19/122.1	Provider Alliance Plan	*Children's Transformation Plan* - Include Finance when scoping out investment for 2019/20.	Mags Barnaby/ Julie Heywood.	4.9.18.		18.8.18 - This request has been actioned. **ACTION COMPLETE**
3.7.18	18/19/122.2	Provider Alliance Plan	Discuss the governance element of the Children's Transformation Plan with colleagues outside of the meeting.	Mags Barnaby	4.9.18.		18.8.18 - The governance element of the Children's Transformation Plan was discussed with the Exec Team and the Divine 9. **ACTION COMPLETE**
4.9.18.	18/19/144.1	Key Issues/Reflections	Board to receive the proposal for the Specialist Trust Alliance.	Louise Shepherd	2.10.18		27.9.18 - This item has been included on October's Trust Board agenda. **ACTION CLOSED**
4.9.18.	18/19/147.1	Position Statement for Complaints and PALS	Arrange for regular meetings to take place between the Trust and MPs.	Louise Shepherd	2.10.18		27.9.18 - An update will be provided on the 2.10.18. **ACTION CLOSED**
4.9.18.	18/19/149.1	Alder Hey in the Park Site Development Update.	Provide an update on the submitted estimates for the Alder Centre.	David Powell	2.10.18		27.9.18 - This item will be included in October's update. **ACTION CLOSED**
4.9.18.	18/19/150.1	CQAC	Amend the minutes from the meeting that took place on the 20.6.18 to reflect Louise Shepherds apologies.	Anita Marsland	2.10.18		27.9.18 - This action has been addressed. **ACTION CLOSED**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following the meeting on the 4.9.18

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
4.9.18.	18/19/153.1	NHS Staff Survey	Look at potential hotspots that may affect the outcome of the 2018 NHS Staff Survey and discuss this matter at Execs.	Melissa Swindell	6.11.18		27.9.18 - This action will be addressed on the 4.10.18 and an update will be provided during November's Trust Board meeting.- MS Confirmed this item has been actioned prior to the meeting. **ACTION CLOSED**
10.4.18.	18/19/11.1	Mortality Report	Discuss possible ways to see if the benchmarking of performance indicators can produce more meaningful data/statistics, for example, using alternative peer groups when benchmarking.	CQAC/ Steve Ryan	2.10.18.		27.9.18 - This action is in the process of being addressed. An update will be provided on the 2.10.18. **ACTION CLOSED**
3.7.18.	18/19/113.1	GDE	Look into the possibility of arranging time on the agenda of other Trust Boards to promote Alder Hey's GDE programme.	Sir David Henshaw	2.10.18.		18.8.18 - An update will be provided on the 2.10.18. **ACTION CLOSED**
4.9.18.	18/19/157.1	Register of Shareholder Interest	Submit the following questions to the Innovation Board and feedback on the outcome: How many companies will become subsidiaries? - Do we have to have an overarching company for each app? - Is there a possibility of reputational damage as a result of companies using the Alder Hey brand?	John Grinnell/ Claire Liddy	2.10.18		18.8.18 - An update will be provided on the 2.10.18. **ACTION CLOSED**

Status	
Overdue	
On Track	
Closed	

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th November 2018

Report of:	Chief Nurse
Paper Prepared by:	Chief Nurse and Trust Risk Manager
Subject/Title:	Duty of Candour and Incident Management, including all incident investigations of moderate harm or above and Never Events
Background Papers:	Seven Steps to Patient Safety. National Patient Safety Agency 2004. Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. Revised Never Events Policy and Framework (NHSI 2018) Never Events List 2018 Incident Investigation reports.
Purpose of Paper:	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.
Action/Decision Required:	Note and approve current assurance position.
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:

NHS England published a revised 'Serious Incident Framework' in 2015, and an updated 'Never Events Policy and Framework' and updated 'Never Event' list in January 2018. The NHS England Serious Incident Framework (2015) defines the fundamental purpose of patient safety investigation, i.e. to learn from incidents, not to apportion blame (except in specific defined circumstances such as criminal activity, repeated same/similar errors) whilst identifying a system-based method for conducting investigations (root cause analysis).

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, sets specific requirements for registered organisations such as Alder Hey NHS Foundation Trust, about the incidents that must be reported to the CQC. The Trust has a responsibility to report to the CQC serious incidents and Never Events, that relate to patient safety/patient harm. In addition, the Trust has a statutory duty to apply Duty of candour for all moderate and above harm incidents, and Never Events.

In November 2014 a statutory Duty of Candour was introduced for all Secondary care providers registered with CQC in England as set out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The introduction of Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of a regulated activity. In April 2015 this became law for all providers and the CQC guidance requires Trusts to achieve a verbal Duty of Candour for moderate harm and above incidents within 10 working days. This should be followed up with a written Duty of Candour in a suitable timeframe.

There are three levels of investigation identified within the NHS, where regulation 20 applies, as follows:

- Level 1 (60 working days to complete) – This is a concise Internal Investigation, suitable for less complex incidents usually at moderate harm level (meaning short term harm), and managed by individuals or a small group.

- Level 2 (60 working days to complete) – This level of investigation is conducted for all severe or catastrophic/death harm incidents. This is a comprehensive Internal Investigation, requiring management by a multidisciplinary team, involving experts and reportable to the Strategic Executive Information System (StEIS), which is accessible to the CCG, CQC and Department of Health.

- Level 3 (6 months to complete) – This is an independent investigation, externally conducted, where the integrity of the organisation has the potential to be challenged.

Current position

Table 1 shows the Trust's 2018/19 performance for serious incidents requiring investigation (SIRI). All SIRI investigations are monitored via the monthly performance assurance meetings with individual Divisions, focusing on the management of investigations, including lessons learned and assurance of progress with actions for improvement. In addition, a bi -monthly report of progress with actions, from SIRI investigations is presented to the Clinical Quality Steering Group, with exceptions reported to Clinical Quality Assurance Committee.

During this reporting period there were no serious incidents. There were no safeguarding incidents reported.

Table 2 shows the cumulative position; four ongoing serious incident investigations in total, which comply with external requirements, including the regulatory requirement for duty of candour.

Table 3 shows the Trust had two moderate harm incidents during this reporting period, and the management of this investigation is compliant with external requirements, including the regulatory requirement for duty of candour.

Table 4 shows the closed SIRIs for this reporting period.

Table 1 Serious Incidents requiring investigation (SIRI) performance data:

	SIRI (General)												
	2017/18					2018/19							
Month	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**
New	2	0	1	2	4	0	0	0	1	1	1	1	0
Open	5	3	1	1	3	3	3	3	2	3	2	2	4
Closed	3	4	2	1	0	4	0	0	0	0	2	1	1
Safeguarding													
Month	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**
New	0	0	0	0	0	0	0	0	0	0	0	0	0
Open	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Never Events													
Month	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**
New	0	0	0	0	0	0	0	0	0	0	0	2	0
Open	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Position													
													4

Table 2 Ongoing serious incidents requiring investigation (cumulative):

On-going SIRI incident investigations							
Reference Number	**Date investigation started**	**Division**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour applied**
StEIS 2018/21325	31/08/2018	Surgery	**Never Event** (wrong implant) – Fixation of left supracondylar humerus fracture. Incident: 1.6mm wires taken in error rather than 2mm wires.	Paula Clements, Theatre Matron and Chris Talbot, Trauma and Orthopaedic Consultant	Information gathering undertaken; RCA panel held 04/10/2018.	Yes	Yes – including Duty of Candour letter.

			Stable fixation achieved utilising 1 x 1.6mm and 1 x 2mm wire. Clinical decision made not to replace 1.6mm wire following check regarding stabilisation of joint. No harm to the patient.				
StEIS 2018/21324	31/08/2018	Surgery	Incident: Oral medication given via endotracheal tube which was mistaken for an orogastric tube. No harm to the patient.	Dianne Topping, Senior Nurse	RCA panel held 25/09/2018; draft report written and circulated to panel members for review.	Yes	Yes – including Duty of Candour letter.
StEIS 2018/21323	31/08/2018	Surgery	**Never Event** (wrong site surgery) Incident: removal of wrong tooth. Patient seen in theatre for dental extractions as part of orthodontic treatment plan. Prior to the theatre date, she was seen in clinic for assessment/consent. The agreed treatment plan was confirmed when clerking prior to theatre. Initial plan was extraction of upper 4/4 and lower 5/5 + surgical removal of supernumerary tooth. While on the waiting list for theatre, patient saw a community dentist for restoration of UL6 under	Kate Holian, General Manager Surgical Division, Dr Madhavi Seshu, Consultant Orthodontist	Information gathering undertaken; RCA panel held 12/10/2018.	Yes	Yes – including Duty of Candour letter.

			sedation. Her community dentist thought her UL6 had poor prognosis and queried with the orthodontist whether the UL6 was one of the teeth to be removed as a part of the orthodontic treatment plan before finishing final restoration. The Orthodontist then reviewed the treatment plan and sent a letter to the Trust requesting this change (to remove heavily restored UL6 instead of sound UL4). An outpatient appointment was booked in September after this letter was received by the Trust however the patient was listed and scheduled for theatre in July. After the theatre procedure was finished and the patient was in recovery, it was incidentally noticed that there were further letters from the orthodontist requesting the change in the treatment plan. The letters requesting a change to the original management plan were				

			sent after the patient was first seen for consultation and were not utilised as part of the preoperative planning leading to incorrect tooth extraction.				
StEIS 2018/15654	25/06/2018	Surgery	The patient with an antenatal diagnosis of Hypoplastic Left Heart Syndrome (HLHS), Mitral Atresia, Ventricular Septal Defect and Hypoplastic Arch with Coarctation, born at 40 weeks of gestation in Burnley; was transferred to Ward 1C on day one of life. The patient was transferred to theatre on the 15/06/2018 for a Norwood-Sano procedure and had an uneventful post-procedure recovery in the Paediatric Intensive Care Unit (PICU). The patient transferred from PICU to Ward 1C on 20/6/2018 at 19.00, 5 days post op Norwood-Sano procedure. The patient was clerked in by the SHO at 21.30 to do bloods, stop the Milrinone and take the Central Venous Line	Ian Street, ENT Consultant Surgeon and Jan Taylor, Sister.	The draft RCA report has been through the initial quality check stage x2; further work required.	Yes	Yes - including Duty of Candour letter.

			(CVL) out (due to the swollen leg). During the evening patient started to deteriorate (Paediatric Early Warning - PEW score 7 at 1.00 am) and the patient was reviewed at 1.30am by the cardiac registrar and an appropriate clinical plan was initiated; the patient made small improvements and the PEW score improved from 7 to 6. At 5.00am, the patient began to deteriorate again (PEW 7) and by 7.00am the PEW was recorded as 9. The SHO was bleeped – the SHO spoke with the registrar; clinical plan outlined. The cardiac registrar reviewed the patient at 8.30am. The patient's temperature spiked and advice was taken from the Infectious Diseases (ID) Consultant by the ST2 doctor on the ward round. The patient then had a full septic screen, including a lumbar				

			puncture (LP). Shortly following the LP, the patient became apnoeic and lost cardiac output. An arrest call was made at 9.58am. The patient was intubated on the ward and transferred to PICU; the patient was in Pulseless Electrical Activity (PEA) on arrival to PICU and put on Extracorporeal Membrane Oxygenation (ECMO).				

Table 3 Moderate harm incidents:

	Duty of Candour (excluding SIRIs)							
Reference Number	**Date investigation started**	**Type of investigation**	**Division**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour applied**
31188	20/09/2018	RCA Level 1	Medicine	Incident: Delay in treatment. Patient had a seizure for approximately 1 hour before rescue medication was administered.	Chris Bedson, Ward 4A Manager and Nina Swiderska, Consultant	Investigation underway.	Yes	Yes – including Duty of Candour letter.
30968	14/09/2018	RCA Level 1	Medicine	Incident: Patient injury. Patient reported to have pain and not moving their	Lesley Taylor, Outpatient Matron	Investigation underway.	Yes	Yes – including Duty of Candour letter.

				left leg in the morning. It was identified that the patient has a buckle fracture of the left distal femur. Background medical issues include peritoneal dialysis and renal bone disease. The patient is non-ambulant. No event reported that might have caused the fracture.				

Table 4 Closed SIRIs:

Reference Number	Date investigation started	Division	Incident Description	Lead Investigator	Progress	60 working day compliance	Duty of Candour applied
StEIS 2018/18741	30/07/2018	Medicine	Patient treated at Alder Hey was discharged 26/04/2018 at 1700 and was admitted to Warrington Hospital on 27/04/2018 at 00:13. The patient was admitted with active bleeding from an unknown source. Escalation, treatment and blood products given and patient stabilised and admitted to children's ward. Subsequent deterioration and patient died on 28/04/2018 at 0400.	Andrew Riordan, Infectious Diseases Consultant and Jeanette White, Matron for Cancer Services and Laboratory Medicine	Agreement from the CCG to stand incident down from StEIS following the independent review undertaken, which identified no lapses in care; to be managed via the formal complaints process.	Yes	Yes

END

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board
6 November 2018

Subject/Title	Global Digital Excellence (GDE) Programme Update
Paper prepared by	Peter Young, Chief Information Officer Cathy Fox, Programme Director for Digital Kerry Morgan, GDE Programme Manager
Action/Decision required	The Board is asked to note the updated progress of the Trusts GDE Programme the achievement of Milestone Four and the commencement of Milestone 5
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

1.0 Executive Summary

The purpose of this paper is to provide the Board with an update on the progress of the Trusts Global Digital Exemplar (GDE) Programme; the achievement of Milestone 4 and the commencement of Milestone 5.

2.0 Update of Progress

Since the previous update to the Board on 2 October 2018 The Trust continues to ensure phase five milestones are achieved; primary areas of work include:

Statement of Planned Benefits

The Statement of Planned Benefits for the GDE Programme has been updated and submitted to NHS Digital for review. The Trust facilitated a national WebEx for NHS Digital and all GDE sites explaining our approach to benefits management. We received positive feedback on our practical and pragmatic approach to benefits.

Share2Care – Regional Interoperability

Progress is well underway with transitioning the portal into live. All 7 sites are connected to the platform with 6 Trusts technically live. A deployment schedule has been developed for clinical go-live across all 7 Trusts. Connectivity with the LPRES platform (Lancashire & South Cumbria STP) has been successfully tested.

Benefits baseline: Pre-implementation survey undertaken. Findings identified that 0% of clinicians are able to access clinical information they need easily; 0% are satisfied with the current process for accessing clinical information from other Trusts. Time taken to collate information from other Trusts ranges from hours to days.

Patient Portal

The Trust has aligned with NHS England and NHS Digital to progress the NHS App into secondary care paediatrics. This in line with the national strategy and will overcome the information governance concerns in relation to patient registration and consent. We are hosting a workshop with the App developers and NHS Digital in November to discuss use cases, workflows and interfacing the App to the e-Xchange clinical portal.

Benefits baseline: Information is not readily available to patients; average turnaround time from submitting a Patient Access Request to receiving their record is 21 calendar days. Average PALS and Complaints relating to communication failures, conflicting information and query regarding appointments is 72 per quarter.

3.0 Summary of Key Benefits

Project	Aim	Measurement	Baseline Position	Improvement Target	Actual Progress to Target (current)
Booking & Scheduling	Improve efficiency in dictating rejection letters	Time taken to dictate letter	Average: 3.5 minutes per letter	Eliminate dictation: 0 minutes	Achieved Sep-18
Booking & Scheduling	Improve efficiency in transcription of rejection letters	Time taken to transcribe rejection letters	Average 7 minutes per letter	Eliminate transcription: 0 minutes	Achieved Sep-18
Gynaecology Specialty Package	Improve clinician experience	Staff survey positive responses	58%	80%	93% Sep-18

4.0 Milestone Assurance

The next assurance testing has been arranged for 9th January 2019. Work is underway to provide NHS Digital with all Project Documentation.

5.0 Next deliverables

Work will now commence with the next tranche. By January 2019 Milestone 5 will deliver:

- HIMSS assessment – 11th December 2018
- Medical records electronic document production - patient summary report including 18 further specialities
- Observation device integration - Phillips
- Bedside medication verification - Pilot
- Review Paediatric Portal pilot
- Patient Portal phase one - Limited to complex patients
- Complete a total of 33 Speciality Package deployment
- GS1 Barcode deployment - Patient ID's & Pharmacy
- Deployment of MESH - National Requirement
- PDS Connectivity
- API/FHIR Interfacing - Wirral & Royal - Proof of concept

6.0 Recommendations

The Board are asked note the progress of the Trusts GDE Programme; the finalisation of Milestone 4 and on-going progress towards Milestone 5.

Peter Young
Chief Information Officer

30 October 2018

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT **Site & Park Development**																														**SRO: David Powell** **Author: Sue Brown**
Programme 2018/19	**Aug-18**				**Sep-18**				**Oct-18**					**Nov-18**				**Dec-18**				**Jan-19**					**Feb-19**				
Week Commencing	**7**	**14**	**21**	**28**	**4**	**11**	**18**	**25**	**2**	**9**	**16**	**23**	**30**	**6**	**13**	**20**	**27**	**4**	**11**	**18**	**25**	**1**	**8**	**15**	**22**	**29**	**5**	**12**	**19**	**26**	
The Park																															Plans submitted for planning permission for the early reinstatement of the first phase of park near Oncology, there have been some objections from the public which may now delay the planned work, the team are continuing to work on the overall design while awaiting the outcome. Meetings continue with universities to consider the development of an outside research lab in Springfield park utilising the space and park users for environmental and health and well being research within university semester subjects. Looking ahead dates have been agreed and set to host a Nature Conference in October 2019. Five benches have recently been installed to the park and the design of the woodland walk continues to progress.
Future Site Development																															Alder Hey and the Council continue to review options for the residual Alder Hey site.
New Schemes: Institute Phase II																															Following Building completion & handover in August , a number of corporate services have now successfully moved from the residual estate to the Institute phase II. Agile working has been integral to the move and staff are adjusting well to the change at this stage. University lease agreements still remain unsigned, however are close to final agreement. Universities are preparing for occupancy across various dates between now and January 2019.
New Schemes:The Alder Centre																															Following the high cost within building tender returns; discussions and regular meetings have continued with architects AHMM and possible building partners to reduce building costs to match available funding. RABD approved plan to appoint Whitefield and Brown as the construction contactor based on a final cost of £1.988M which is funded via a LIBOR bid and charitable monies .Pre-start site meeting is on the 6th November with expected ground break within the month.
New Schemes: Community Cluster																															The Community Building and Dewi Jones Unit have been undergoing an affordability exercise market test following creeping building costs nationally, this exercise is due to complete week commencing 5th November . Stage three development of 1:50 room layouts and data sheets has commenced. Planning permission has been submitted to LCC.Ground levels are being adjusted by demolition contractor in readiness for under croft parking and commencement on site in spring of 2019
Site Clearance-Demolition Phase 2																															Programme planned to commence February 2019
Site Clearance-relocation of on-site services/corporate teams																															The agreed corporate services moved as per plan over the month of September and October. Planning for further onsite relocations specifically for the community services who will eventually move into the newly planned Community Cluster developments in 2021 are progressing at the current time. the aim is to move staff and CAMHS services into the current Neurology building . RABID approved a final settlement with the current owner for the neuro building. Additional long term planning will be required for a number of other services including Medical Records, Transcription, Scheduling and Booking, estates and the development team. Ongoing progress on the police station refurbishment will allow a move for IM&T in January 2019.
Site Clearance: Temporary car park																															Plans drawn up and planning submission submitted for temporary car park and new park phase 1. Planners are currently reviewing , following some objections from the local residents (37 objections received).

Developing a World Class Park and Supporting the Endeavour for Liverpool to Become a Child Friendly City

The History

Springfield Park has a rich and interesting history but had been allowed to fall into a state of disrepair. The park had become full of undergrowth, trees in need of extensive maintenance and spaces and dark corners that encourage antisocial behaviour such as drug use and vandalism.

The Opportunity

The intention is to develop Springfield Park to become an innovative, vibrant and safe community asset. In particular, the co-location with Alder Hey allows the opportunity to create a child-friendly environment that provides a beacon with which to lead the campaign to improve child health in Liverpool.

Our additional intentions are to; create a focal point for East Liverpool, building on the already established neighbourhood, nurture local Small and Medium Enterprises and build upon stakeholder's skills and education.

In Summer 2015 a major consultation exercise was held in the Park and the results of this exercise are being used to steer the development.

The Team

Alder Hey has been working with local colleges and schools to consider the first steps in creating the new park. As a result of this a team of children and young people have mobilised and become involved and could be a great resource for building on the vision. There are also enthusiasts from within the local community and a number of people with specialist expertise who have become involved.

The next step is to build this into a broad alliance that can take forward the development and tie it into the healthy Liverpool agenda.

Barriers

The development of the Park has been tied into proposals to develop residual land on the Alder Hey site and this is causing friction and delay.

Park Themes

The Park will be themed to maximise its impact. The proposed themes are: Grow your own produce and healthy living; sport for all; events and festivals and interactive play.

Growing Produce and Healthy Living: This theme exploits the fact that the hospital is unique within the NHS in that it has individual ward based kitchens (as opposed to a central production kitchen) that allow the production and serving of fresh meals to order for children and parents. The Park will be developed to provide a series of gardens with opportunities for Alder Hey patients the local community to become involved in the growing of sustainable and healthy food which will be used to service the ward based kitchens. Additional uses for the produce could be markets and festivals and potential food outlets/restaurants based in the Park. The hospital will use its charitable connections with celebrity chefs and local businesses to help promote this initiative and keep it vibrant and active. The Trust is planning a Dragon's Den in January 2019 that will invite local community caterers/food vendors to come and make proposals as to how they might engage with the development.

Sport for All: The Park will be developed to provide well maintained state of the art sports facilities designed to be both able bodied and disability friendly. The facilities will allow for a range of sporting activities and events aimed at encouraging participation in sport and fitness for Alder Hey patients and the wider community. We will utilise our charitable links with local sportspeople, sports associations and football clubs to generate interest and enthusiasm. The emphasis will be on making sport and fitness as accessible as possible encouraging the participation of children of all interests and abilities. The hire of our facilities for sporting events would provide an income stream for the park.

Events and Festivals: The Park will stage a series of rolling events and festivals aimed at promoting, Alder Hey and bringing life and activity into the Park. The events will aim to complement the overarching Park themes with for example, food markets and festivals, sporting events, art exhibitions and performances such concerts, children's choirs and orchestras. The main aim of the theme will be to bring as much activity and buzz to the location as possible putting it on par with equivalent parks in the Liverpool such as Sefton Park. Managed well, the hire of the park for events and festival would provide a reliable income stream for the park.

Play and Activity: There will be a world-class play installation in the Park that will draw children from the local area and beyond. The play installation will reflect Alder Hey's appetite for innovation, incorporating play with physical exercise and digital interaction. The objective is to have the most notable play installation in the UK.

Environmental Benefits

The development of the park is intended to have environmental benefits.

It will increase biodiversity. We will develop the park as to create wildlife expansion areas and corridors which will improve and protect core plant and animal biodiversity. This will have great benefit our local environment and provide fantastic educational opportunities for our park visitors.

It will help to improve local air quality. We will double the number of trees re-introducing local species in to the park such as the Alder Tree. The increased amount vegetation will play an important role in influencing urban air quality, and in mediating some of the negative effects of pollutants.

It will help to decrease carbon emissions. The three main community areas and shopping areas surrounding the park will be linked with accessible and safe pathways encouraging walking and cycling between locations rather than short car journey's.

Ownership and Management

The plan is to re-visit the transfer arrangements of the Park to LCC and explore the options for establishing a community sponsored/owned Park.

The idea would be to establish a governing Board including:

- Local Councillors;
- Local residents;
- Local Schools;
- Parents and patients of Alder Hey
- Park specialists

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 19th September 2018
10.00 am, Large Lecture Theatre, Institute in the Park

Present:	Anita Marsland	(Chair) Non-Executive Director
	Hilda Gwilliams	Chief Nurse
	Dame Jo Williams	Non-Executive Director
	Jeannie France-Hayhurst	Non-Executive Director
	Lisa Cooper	Director of Children & Young People Community & Mental Health
	Steve Ryan	Interim Medical Director
	Tony Rigby	Deputy Director of Risk & Governance
	Erica Saunders	Director of Corporate Affairs
	Pauline Brown	Director of Nursing
	Steve Igoe	Non-Executive Director
	Adrian Hughes	Director, Medicine Division
	Christian Duncan	Director, Surgical Division
	Adam Bateman	Chief Operating Officer
	Mark Flannagan	Director of Communications
	Julie Williams	Governor
	Matthew Peak	Director of Research
	Denise Boyle	Associate Chief Nurse, Surgery
	Anne Hyson	Head of Quality – Corporate Division
	Sarah Stephenson	Head of Quality – Community Division

In Attendance:

David Porter	Consultant
Glenna Smith	General Manager – Medicine
Valya Weston	Associate DIPC
Ian Sinha	Consultant
Claire Hepworth	Respiratory Specialist Physiotherapist
Val Shannon	Patient Experience Lead
Tony Wilson	Meridian
Phil O'Connor	Deputy Director of Nursing
Julie Creevy	Executive Assistant (Minutes)

18/19/061 Apologies:

Louise Shepherd	Chief Executive
Mags Barnaby	Interim Director of Strategy
Cathy Umbers	Associate Director of Nursing &Governance
Melissa Swindell	Director of HR
Cathy Wardell	Associate Chief Nurse, Medicine
Lachlan Stark	Head of Planning & Performance
John Grinnell	Director of Finance
Jo McPartland	Consultant Paediatric Pathologist
Stefan Verstraelen	Head of Quality, Surgery Division

18/19/62 Declaration of Interest
None declared

18/19/63 Minutes of the previous meeting held on 18th July 2018

Resolved:

CQAC approved the minutes of the previous meeting held on 18th July 2018.

18/19/64 Matters Arising and Action Log

AM welcomed Lisa Cooper, Director of Community Division & MH to her first CQAC meeting.

On behalf of CQAC, AM thanked SI for his continued support, CQAC noted that this would be SI's final CQAC meeting.

On behalf of CQAC, AM thanked SR for his continued support during the last 18 month period. CQAC noted that this would be SR's final meeting.

Static & Dynamic Mattress Provision in the Trust

Valya Weston & Barry Laithwaite presented the Static & Dynamic Mattress Provision in the Trust update, in order to change the current provision of mattresses (both Static and Dynamic) to a more sustainable managed service involving Tissue Viability, Infection Prevention Services/BME and Medical Devices. With the aim to deliver the best possible care to the patient from a tissue viability and infection control perspective as soon as the need is identified.

Proposal:

1. To implement a managed service (in conjunction with a new provider) with Infection Prevention Services taking the lead and supported by BME and Medical Devices for all dynamic and static mattresses.
2. To ensure that a patient identified as high risk for pressure ulcers will be put on a dynamic mattress within a 1 hour period if appropriate.
3. To introduce an auditing system to the Trust, where all mattresses in the Trust are audited at least once a month.
   To ensure that there are enough mattresses in the Trust to replace condemned mattresses immediately and for these condemned mattresses
4. To be removed from the Trust in a timely and safe manner.
5. To ensure that all relevant staff are trained in the new processes supported by our industry partner.

CQAC noted that the finances are currently being developed, although it is envisaged that the total solution will have minimal financial implications for the Trust.

The Trust is currently spending £80K per year, with no sufficient controls or governance in place, therefore the proposal would ensure a saving on current costs, and significantly improve governance.

Discussion took place regarding staff training and development, VW confirmed that ongoing training for staff would be stipulated as part of the contract for services.

CQAC received and noted the proposal and were fully supportive of the proposal. CQAC noted that there would be no immediate requirement for this proposal to be discussed further at CQAC, and agreed that next steps would be to present at Investment Review Group.

AM thanked VW and BL for the update.

Action log:-
18/19/05 – Stranded Children update - this item had been deferred to October 2018 CQAC meeting.
18/19/75 – SR and ES had recently met with Andy Darbyshire and a further follow up meeting is planned for 21st September 2018 to address issues regarding Clinical ethics.

18/19/65 Asthma Score Project

Claire Hepworth & Ian Sinha presented the Asthma Score Project, key issues as follows:-

- Asthma Score Project – S–Set Goals, C– Commit – O-Optimise, R-Reinforce, E-Enable to achieve.
- 1 year project funded by the health foundation, which is due to end in February 2019.
- New model of healthcare.
- Shared clinic appointments in community setting.
- Free after school and weekend activities for children with asthma and their families.
- Empower coaches and community leaders to lead asthma activity groups with appropriate asthma management training.
- Individual support from multi-disciplinary asthma specialist.

Aims of Score Project as follows:-

- Reduce A&E attendance due to asthma attack and to de-medicalise for children to employer patients and families.
- Improve patient and parents quality of life & confidence to exercise.
- Sustain a life change of engaging in activity.
- Trial a new model of healthcare.
- Trial new ways/technologies to engage with families .
- Trial different ways to collect outcome measures.
- Patients are rewarded for good attendance by providing them with medals, group activities-climbing, bubble football, day out to Alton Towers for excellent attendance. Patients were observed that during the trip to Alton towers – patients did not need inhalers at any point throughout the day, when previously patients had recurrently had the need to administer inhalers.

Future plan

- Scale up to outside Liverpool CCG.
- Integrative acute – community service designed by patients and families.
- New model of healthcare applied to different long term conditions i.e. Diabetes, Rheumatology etc.

I Sinha stated that the team are continuing to learn from challenges and would hope to be considered for a robust research project. IS queried how to take funding forward, given that funding is due to expire in February 2019. IS stated that the team are keen to link with any research monies for a research trial. MP stated that the team needed to be really clear

regarding intervention and empowerment of patients and stated that at present this was not at a stage for research funding, and that detail needed to be included regarding peer group process.

MF stated that the comms team would be happy to assist in terms of any links with Asthma uk and could provide advice offline if required.

LC queried whether there was a report available for C&YP people which could be shared with commissioners, IS confirmed that the team would be writing a report in due course.

Discussion took place regarding next steps, HG agreed to discuss with C Liddy regarding financial support going forward.

Action: Exec Discussion to take place to agree next steps.

AM thanked IS, CH and Score team for informative updated and noted the significant progress in relation to SCORE Project

18/19/66 Family Friends Test Business Case

Tony Wilson, Meridian, & Val Shannon, presented the Family Friends Test Business Case in order to further develop the Trust patient experience programme.

Proposed solution provided by Meridian would be to offer an optimum comprehensive hosted multi software solution, to further develop new innovate, inclusive and cost effective approaches and methods to collect, measure and evaluate the Friends & Family Test and significantly, to leverage rich data (advanced questions sets) to generate useful analysis and guidance tailored to raise the profile of patient experience.

In addition to the patient experience programme, there are a number of additional quality assessment areas which the Trust could consider where Meridian offers easy and cost effective expansion and significantly data triangulation. In addition, Meridian also provides a library of quality checks, surveys and audits that are available for Areas for the Trust to consider: Nursing Metrics, Ward / Quality Accreditation, Infection Prevention and Control, Medication Management Audit, Workforce Surveys. Key details below:-

- The FFT survey and associated mandatory reports
- An additional 20 new patient Experience surveys per annum (includes one-off bespoke consultant surveys)
- A full implementation and training programme where we would configure Meridian to meet the Trust requirements
- Ongoing support as part of a fully managed service
- Configuration of the links for unlimited Trust supplied devices
- 11 second hand floor standing Kiosks & 5 second hand iPads
- £21,000 per annum plus VAT & 2.5p per SMS (200 per week equates to £260 plus VAT per annum)

- There would be no limit to the number of Trust users given access to the Medidian reporting system, or the number of questionnaires completed.
- The Nursing Metrics and Wider Audit solution (including access the library) could be provided for an additional £20,000 plus VAT per annum. Should the Trust wish to commence with a limited number of audits e.g. Ward accreditation, Meridian would reduce the price accordingly. The Workforce module starts at £4,000 plus VAT per annum.
- Use Meridian software solutions to further develop new innovate, inclusive and cost effective approaches and methods to collect measure and evaluate the Friends & Family Test and significantly, to leverage rich data (advanced questions sets) to generate useful analysis and guidance tailored to raise the profile of patient experience. One other company viewpoint were considered

CQAC received and noted the Friends & Family test business case.
MF queried whether the Alder Hey brand/logo's etc would be included/built in and asked for Meridian to work in conjunction with the Trust communication team regarding Trust branding.

MP queried whether any research teams utilise meridian to undertake research trials. TW confirmed that research teams do work with meridian to undertake research trials using meridian solution and meridian are working with research groups to review treatment pathways.

ES queried whether meridian were fully compliant with NHS Toolkit and whether they adhered to appropriate data/legal requirements. TW confirmed that Meridian are fully compliant with legal requirements.

CQAC reviewed and noted the Family Friends test business case, CQAC were fully supportive of the business case, and looked forward to seeing the capability of the real time patient experience solution.

CQAC agreed that the Business Case needed to be presented to Investment Review Group for consideration/approval.
AM thanked TW & VS for the update.

18/19/67 Sepsis Update

D Porter presented the Sepsis update, key issues as follows:-

- Time from Antibiotics – ED – mean time 56.5 mins (median 51 mins, n=45)
- Inpatients – mean time 52.4 mins (median 45 mins, n=40).
- In depth case review session had taken place to review cases >90 mins. from diagnosis to antibiotics, ten patients had been reviewed from 1CB, 1CY, 3B, EDU, 4C, HDU and 3A – with times ranging from 1 hour 50 minutes to 5 hour 45 minutes. Data had been reviewed on sepsis database, electronic notes (MT Badger) and pulled paper notes. Findings highlighted issues regarding documentation was a major theme in all cases, medical – if medical assessment (or time of) undocumented: Default to taking time of diagnosis as either: - nursing concern or previous medical assessment, issues around Sepsis e-documentation often is not fit for purpose. Nursing – lack of obs and lack of delayed documentation of drug dosing (ED and wards).

- Escalation delays – not a cause of delay in diagnosis to Antibiotics (does delay concern to Antibiotics – very important to prompt treatment of child) and confusion over lead team.
- DP provided an update on strategies in place to support – which detailed electronic documentation, status board, manage DETECT integration, Sepsis nursing time.
- Target 90% within an hour of diagnosis by September 2019, followed by a focus on nursing to diagnosis

IT/informatics

- Standard documents update – planned mid-October
- 'Sepsis status' built into medical/nursing forms
- Following DETECT introduction, potentially April '19 - development to continue for ED.

E-Learning

- Live on ESR. 90% compliance target, hopefully the new package will begin to reduce burden of face to face training

CQUINs

- Proposals accepted
- Replacement of NEWS2 with nursing concern (PEWS & NICE sepsis risk) *or* doctor concern
- 2a (screening) always hit top target
- 2b (treatment 90% <60 mins) always hit mid band

DETECT/VitalPAC

- Grand round 5th October 2018 Community & PICU
- Face to face training sessions since mid-April 2018

HG stated that good progress had been made, and there is a need to relook at the Sepsis plan, with regards to benefits and trajectory, with the need to redefine month on month milestones.

SR stated that Nik Barnes had presented the new pathway on 18th September which was well received.

Action: SR to progress re mandate response, rather than delay treatment for patients.

PB stated that this was a powerful presentation and requested that this be presented at Senior Nurse Forum to Ward Managers.

Action: DP or J Ashton to arrange to schedule to present at a future Senior Nurse Forum

SR confirmed that there is currently a major programme to update the IT structure, which is currently being addressed at present, SR stated that once this has been actioned, further improvements would be evident, however there is further work required regarding human factors.

AM thanked DP for his update.

18/19/68 Programme Assurance Update

C Liddy presented Programme Assurance Update, key issues as follows:-

- For all Exec sponsors to be sighted on action required
- Comprehensive Mental Health - Stakeholder map is required
- Patient Flow – further supporting detail required regarding Safer staffing project to be uploaded to Share Point
- DETECT Study – further supporting detail required to be uploaded to SharePoint.
- Sepsis – Sepsis plan due to expire at the end of October 2018, - further plan required to be uploaded, ensuring that data is aligned to improve assurance rating

CQAC received and noted the Programme Assurance Framework update.

AM thanked CL for update.

18/19/69 CQC Acion plan update

ES presented the first monthly update regarding CQC Trust wide action plan together with CQC action plans for Divisions.

Key issues as follows:-

- 1st CQC engagement meeting recently held on 11th September 2018
- Internally the Trust continues to track progress within action plans.
- Trust wide action plan is currently on track as planned.
- Transition action had remained on the Trust wide action plan since CQC inspection in 2015, both L Brook & J Rogers are progressing relevant actions relating to Transition.
- CQAC agreed it would be beneficial to receive a further Transition update in October 2018.

Action: Transition update at October 2018 CQAC meeting.

Surgery Division

DB provided an update on Surgery Division:-

- Division are currently on target for all 4 areas within the action plan.
- Division have an ongoing recruitment programme.
- Division are working with HR partners, significant progress achieved, have a new cohort of staff commencing during September/October 2018.
- Ali Fellowes currently monitoring cleaning audits, with long stay patient's weekly meeting taken place for appropriate updates, monitoring progress and plans for long stay patients.
- Team are reviewing delays regarding discharging of patients, with regards to issues regarding care in the community.

Community Division

- SS stated that a Standard Operating Procedure for Medication administration is due to be completed by the end of this month.
- Safeguarding training currently being reviewed.

- Sepsis training – currently - 68% compliance, with 3 further training sessions planned, any remaining non compliant staff would undertake e-learning training.
- Ongoing work was taking place regarding measuring outcomes, plans to roll out.
- Complaints & PALS support was now in place.
- No major concerns, and division are on target to progress as appropriate.

Medical Division

- Issues regarding End of Life, with CQC seeking assurance regarding evidence relating to End of Life Care Planning – ES confirmed that evidence had been shared and submitted with a case study presented at the CQC engagement meeting on 11th September 2018.

Resuscitation

- Focus on Resus compliance across the Trust, HG stated that she had met with Rob Griffiths regarding this issue and that a further update would be provided by RG at the October CQAC meeting.

  Action: Resus Update to be provided at October 2018 CQAC meeting.

AM thanked colleagues for the informative updates. AM stated that for future updates execption reporting only be provided at CQAC.

18/19/70 Corporate Report – Quality Metrics

HG presented the Corporate Report Quality metrics, key issues as follows:-

Patient Safety – Incidents are currently under investigation, with no clear themes to the incidents, as one was a parent administration error, another regarding gestational age, and the other regarding insulin administration. A safety alert had been produced to inform staff of gestational age and the Meditech team had been contacted to see if this could be highlighted on the prescribing system. Currently this is available in Test for Orders. An RCA level 1 is ongoing to review the incident relating to insulin administration, and to ensure appropriate plans are in place for parents post operatively. Trust have a dedicated resource to provide feedback, and liaise with members of staff regarding reflection.

Patient Experience – Friends & Family A&E % Recommend the Trust – positive feedback continued to grow, A&E would continue to pilot the new innovative inclusive approach to collecting measures and evaluating the FFT programme. Concerns continue regarding waiting times, no communication for the delay and issues regarding Wi Fi. These had been added to the FFT high level/exception action plan and shared with the Heads of Quality. Actions and progress would be provided to the patient experience quality/lead by the Heads of Quality to monitor progress.

- HG stated that a new work stream had been initiated in outpatients, to address concerns relating to the lack of toys. The plan is for the Head of Play Specialist to undertake a review in OPD, recommending improvement initiatives regarding interactive toys which cannot be taken home by Children & young people.

- Discussion took place regarding WiFi – CQAC agreed it would be beneficial to receive a further update from IT regarding next steps in terms of Wifi.

  Action: CQAC to receive update regarding Wifi at October CQAC meeting.

  Complaints – July had seen the Division of Surgery receiving 5 formal complaints. All from different specialities, with no identifiable themes. – themes continue to be raised regarding Community and ASD pathway.

Clinical Effectiveness – 4 readmissions in 76 live discharges. On review, two cases were not preventable. Two were complex cardiac patients discharged to high dependency areas, but with a known risk for PICU readmission in that group.

AM thanked HG for her update.

18/19/71 DIPC Report

V Weston presented the IPC Report update, key issues as follows:-

- The work plan for 2017-18 consisted of 14 objectives and a total of 117 deliverables. To date 69% - (82/118) of the total of deliverables had been completed. 23% (27/118) of the total deliverables are in progress (amber). 0% are classified as red. 8% (9/118) are classified as grey, as these are new objectives that had not yet been progressed. The Work plan had been overhauled following recent discussion at Trust Board.

- Hospital acquired bacteraemia for quarter 1 2018-19 compared to Q1 2017-18 as follows:-

	Q1 18-19	**Q1 17-18**
MRSA	0	0
MSSA	1 (3A)	3 (HDU, PICU, 3A)
E.coli	1 (3B)	1 (1C Cardiac)
Klebisella	1 (HDU)	1 (1C Cardiac)
Pseudomonas	1 (PICU)	0
Cdifficile	0	0
Outbreaks	0	0

- IPC team are working with Community to support Community Division.
- Hand hygiene system in place to upload audit training.
- 1 Executive visibility visit had taken place on the Wards, with further work required regarding behaviours.
- VW stated that the IPC team had received notification that there would be a delay in the Trust receiving the stock of the flu vaccine, and that the IPC team would need to delay flu vaccine programme.

  Action: VW to share the contact details of Flu vaccine lead with Steve Ryan, in order for SR to write to lead, to advise on the vulnerability of Trust patients and to request whether it possible to expedite receipt of Trust Vaccine.

  On behalf of the IPC team, VW formally thanked Dr. Steve Ryan for his excellent support received to date.

VW also thanked A Bateman for his continued support.

CQAC noted the contents of the IPC workplan.

AM thanked VW for her update.

18/19/72 Board Assurance Framework

ES presented the Board Assurance Framework.
MIAA Risk & Governance Audit - substantial assurance received.
Ongoing actions are being regularly reviewed.
AM thanked ES for her update.

18/19/73 Review progress against the NHSI Quality Governance Framework

ES presented the Self-Assessment against the Quality Governance Framework, key issues as follows:-

- No particular issues to note.
- Quality improvement group to commence monitoring of reports, with delivery plan regularly reviewed at CQAC.
- Freedom to Speak up visit scheduled to take place on 8th October 2018, communications had been prepared, with an appropriate launch planned for early October 2018, with champions and advocates in place.

AM thanked ES for her update.

18/19/74 Clinical Audit & NICE Guidance Update

AM welcomed LE to her first CQAC meeting.
LE presented the Clinical Audit & NICE Guidance update, key issues as follows:-

- The Trust Clinical Audit plan was formally published in July 2018 and illustrates activity around mandatory National Audits, confidential enquiries and Trust wide audits undertaken to fulfil requirements of the CCG Quality contract and NHS England
- Local Clinical Audit plans will be presented at Divisional Integrated Governance Committees on a quarterly basis. Local plans are amended on a monthly basis to incorporate newly registered audit projects.

Actions to be taken

- Quarterly updates of Local and Trust Clinical Audit plans to Divisional Integrated Governance committees
- Review of longstanding local audits which remain incomplete to be undertaken by Divisional Triumvirate and Head of Clinical Audit including the development of an action plan to ensure robust process for completion and prevention of further non-compliance.
- Introduction of Ulysses electronic database to manage Clinical Audit programme as a means to strengthen communication and maintain a central repository for all clinical audit activity.
- Review of Trust Clinical Audit policy

NICE guidance

- The Trust's National Guidance Coordinator disseminates all NICE correspondence directly to speciality leads (Clinical Directors). A comprehensive report relating to 132 NICE guidelines and Quality Standards, issued over a period of 10 years has been disseminated to Divisions. The divisional teams are responsible for undertaking a baseline assessment in response to guidance, this ensures the Trust has an opportunity to assess whether change in practice is required to deliver most effective, safe care. At present, there are 78 NICE clinical guidelines, of which 8 require a formal response, a further 15 require additional information to demonstrate an appropriate level of compliance and an additional 7 guidelines require further review due to the period of time that has lapse since initial publication. This related to guidance received over the past 3 years. Therefore currently the Trust is reporting full compliance for 62% of NICE guidelines registered.
- 47 Quality standards are documented within the report, of which 10 require a review and 1 requires initial assessment, indicating full compliance for 77% of NICE Quality Standards

The Divisional Triumvirate are expected to agree a timescale for completion of the reviews and actions required to demonstrate expected compliance.

Actions

- Review of NICE report within each Division with view to developing NICE guidance compliance Action plan.
- Introduction of Ulysses module for alerts as a means to strengthen communication and maintain a central repository for all NICE guidance.
- Divisional Triumvirate to agree process for disseminating and managing new NICE guidance within each Division.
- Amendment of Trust's policy for the Dissemination & Implementation of National Guidance

CQAC noted Areas for Development.
AM thanked LE for her update.

18/19/73 ART Business Case

HG confirmed that the Art Business Case had been discussed and approved at Operational Delivery Board 30th August 2018. HG confirmed that CW would provide a further update on progress at the December meeting.

Action: CQAC to receive further update at December meeting

18/19/75 Royal College of Anaesthetists Accreditation Review visit report

CD presented the Royal Colleague of Anaesthetists Accreditation Review visit Report, CQAC received and noted the report. The accreditation process visit took place on 1st and 2nd November 2017, with the Trust receiving accreditation status in July 2018. CQAC noted that Alder Hey Children's NHS Foundation had been the first paediatric hospital provided with accreditation, with feedback from the accreditation team stating that the visit was one of the best visits in which the team had experienced. CQAC noted contributions from Steve

Roberts, Rachael Hanger, Chloe Lee and Dept of Anaesthesia colleagues for efforts in gaining accreditation status.

CQAC applauded contributions from the team in accreditation status achievement.

AM thanked CD for his update.

18/19/76 Clinical Quality Steering Group key issues report

PoC presented the CQSG key issues report.
CQSG Key issues to note as follows:-

- CQSG received an increased level of assurance regarding Ward Accreditation. 2nd wave of audits started in March 2018 and were completed by May 2018. CRU and DJU were added to the audit list. 6 areas maintained their previous performance level, but a total of 8 had improved. Report and action plans were shared with senior nursing team, Chief Operating Officers and Heads of Quality and are published on the Trust intranet to ensure best practice is shared.
- Locssips – Alder Hey had developed a set of local safety standards for invasive procedures to ensure a consistent approach for all patients undergoing local invasive procedures. The standards for Theatres are set out in a stand-alone document developed in line with the North West Theatre Network. A Patient alert had been devised to remind staff around the standards and the standards would be monitored divisionally via their audit plans and then through CQSG with results being fed back to commissioners.
- Duty of Candour Audit, 3 incidents of moderate and above harm. Evidence of notification on the system with the 10 day framework in all 3 cases. In all 3 cases the relevant person was advised of all the facts at the time of the incident. There was evidence of documentation being secured and shows a month on month improvement.
- End of Life Audit, - Audit was presented at CQSG for the period April 2016-March 2017. 20 cases were randomly selected and information reviewed using Trust's data collection systems. There were 45 relevant inpatient deaths 25% of which were known to the Palliative Care Team. The majority of deaths on PICU with a median ages of 4 months 27 days. There were 21 community deaths with 12 being at home and 8 deaths in hospices. The median age was 7 years. The key areas of the report that were highlighted were families need to be supported to make informed choices regarding settings for end of life care; meditech and other documentation needed to be clearer, symptom management plans needed to be available and anticipatory drugs needed to be prescribed and available. Recommendations included discussions with PICU regarding the most appropriate way to support end of life care. SPCT to led on the development of further guidance regarding end of life care. The Trust would need to modify its symptom management plan template to include food and drink as standards and also modify its end of life summary document. SPCT to work with the prescribing group to initiate programme of training on end of life care.

- PoC requested a named clinician to attend CQSG in the absence of Dr. Ryan. SR confirmed that there would be an arrangement in place for a colleague to attend future CQSG meetings and that it would be more than 1 person who would regularly attend.
- PoC raised issue regarding lack of Nutritional Steering Group assurance report – and that further support is required to gain a level of assurance going forward.

Action: Adrian Hughes to meet urgently with Ruth Watling and update at next CQAC meeting.

Action: CD/AH to agree Medical Lead for CQSG meetings.

18/19/77 Any other business

JFH expressed concern regarding the amount of chewing gum on the site and asked whether signage could be improved to attempt to reduce chewing gum/litter etc.

Action: HG to feedback to appropriate colleagues.

18/19/78 Date and Time of Next meeting -

10.00 am – Wednesday 17th October 2018, Large meeting room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

6th November 2018

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Update for October 2018
Background Papers:	None
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

Staff Fab Week was held during 15th to 19th October 2018 and was well received by both the staff and those organisations and individuals who ran stalls for the events. We will be running 'Fab' events across community sites to ensure maximum coverage.

The R&R Group are facilitating a Christmas market for both staff and patients on 30th November 2018

We have recruited three new committee members on the Star Awards judging panel, who are looking forward to working with us on developing the scheme.

Staff Survey

The 2018 Staff Survey is in full flow and is due to close on the 30th of November 2018.

The previous 3 years' response rates can be seen below including the 2018 target:

2015	2016	2017	2018 (Target)
35%	39%	54%	60%

As of the 31st October our completion rate is 43%, which has already surpassed both the 2015 and 2016 survey response rates with still over a month to go to reach our goal of 60%.

The team are continuing to work closely with Communications in promoting the 2018 Staff Survey regularly with various campaigns both electronically and via posters and flyers as well as providing regular updates to senior leaders within the organisation to encourage their teams to complete their surveys.

As well as the above there are regular prize draws being run every 2 weeks linked to our current completion rates and we are linking in closely with their departments and divisions to offer chocolates to staff that have completed their survey as well as beginning to spend time doing drop in sessions within wards / departments to support staff to complete the staff survey.

Improving Staff Wellbeing

The Trust will ensure particular focus over the coming year and beyond is given to improving the wellbeing of our staff. The wellbeing steering group has met monthly over the last 3 months and are generating excellent ideas and incentives to improve staff wellbeing and improving mental health. It is hoped the Trust will sign the 'time to change' pledge and recruit a number of mental health champions over the coming months.

The Trust continues to work NHSI on the national programme of improving employee health and wellbeing.

2. Workforce Sustainability and Capability

Agenda for Change New Pay Deal

Work has now commenced on the removal of the Band 1 salary scale, and we are working in partnership with Trade Union colleagues to deliver this project. Work is commencing on a review of the appraisal system in light of the changes to increment progression which will come into force on the 1st April 2019.

Education, Learning and Development

Apprenticeships

The Apprenticeship Team go live this week with internal delivery. This means that from November we will directly draw down funds from our Levy account. We can expect to have an Ofsted monitoring visit within the next 6 to 9 months. The Apprenticeship team have put in place quality processes and systems for delivery and compliance of the Apprenticeship programme.

To date we have committed to £436,830 worth of training with external providers, over a period of 1 – 3 years; depending the Apprenticeship that are being delivered. We continue to meet with stakeholders to increase the number of apprentices within the Trust and have been encouraged with the support from Senior Management. We have seen a rise in new Apprentice recruits, especially from Pharmacy and Finance.

The table below shows apprenticeship starts:

	Medicine	Surgery	Corporate	Community	Total
Leadership & Management L7	3	2	3	1	9
Healthcare Science Practitioner	3				3
Nurse Associate	2	1			3
Accountancy			3		3
Business Administration L2/L3 L4	2	2	3	1	8
Healthcare Pharmacy L2 & L3	7				7
Leadership & Management L5	3	6	1	1	11
Medical Administration	1				1
Engineering Maintenance		1			1
Total	21	12	10	3	**46**

Mandatory Training

Mandatory training figures as of mid October are 90.35% for Core Mandatory Training and 88.43% for Overall Mandatory Training.

The team have continued to ensure that staff and managers are aware of outstanding requirements and provided additional communication directly to individual's outstanding mandatory training.

As well as the emphasis on reporting, we are due to launch new national e-Learning packages for staff to update their mandatory training in the next couple of weeks.

Based on the expected expirations and the general level of mandatory training completions we are expecting both Core Mandatory and Overall Mandatory training figures to rise over the coming months.

Employee Consultations

Hotel Services

Portering:

Following a further review meeting with management and the trade unions that took place on 20th June 2018,it was provisionally agreed at that meeting that management would trial some proposed changes to working practises for a three month period with full staff engagement. Proposals have now been issued to trade union representatives for the implementation of the trial period, planned to be in place by mid November 2018.

Employee Relations Activity

The Trust's current ER activity has increased and stands at 38 formal cases. There are 8 disciplinary cases (3 through fast track); 4 Bullying and Harassment cases; 1 grievance; 20 final absence dismissal cases, 1 formal capability cases; 2 MHPS Capability cases and 2 Employment Tribunal (ET) cases.

An agreement has been reached with Staff side colleagues to commence bi-monthly case reviews; these will be carried out in partnership with HR and Trade Unions in order to learn from cases and improve processes and practice. This is a very positive step forward for partnership working across the Trust.

Employment Tribunal Cases

- A tribunal is scheduled for 11th-14th December for an ET Claim relating to unfair dismissal and wrongful dismissal.

- An ET Claim relating to disability discrimination and protected disclosure will be heard at the Liverpool Employment Tribunal on 12th November 2018 until 30th November. A supportive programme has been instigated for those attending as witnesses.

Corporate Report

The HR KPIs in the September Corporate Report are:

- Sickness rates have decreased slightly this month compared to last month to 4.98% in month.
- Core Mandatory training compliance is at 90%
- The PDR window closed at the end of September with compliance at 88.84%.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th November 2018

Report of:	Director of Corporate Affairs FTSU Lead
Paper Prepared by:	Erica Saunders Kerry Turner
Subject/Title:	Freedom to Speak Up – Action Plan/Assurance Framework
Background Papers:	FTSU Board reports from September 2016 onwards
Purpose of Paper:	To provide the Board with a more detailed action plan/assurance framework following the completion of the self-review tool
Action/Decision Required:	The Board is asked to note the progress made to providing assurance of compliance with the national guidance and to support the further actions outlined
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Best people doing their Best Work**
Resource Impact:	To be identified

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Freedom to Speak Up Self-review tool - Action Plan/Assurance Framework

Theme	Area for development (amber or red rated in self-review)	Existing Controls/ Assurance	Further Action	Timescale /lead
Leaders are knowledgeable about FTSU	• Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up. • Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy. • There is a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement. • The FTSU strategy has been developed using a structured approach in collaboration with a range of stakeholders (including the FTSU Guardian) and it aligns with existing guidance from the National Guardian. • Progress against the strategy and compliance with the policy are regularly reviewed using a range of qualitative and quantitative measures. •	• Regular Board reports on FTSU cases and progress towards embedding FTSU as key mechanism for raising concerns. • Board reports contain information on outcomes of cases raised (appropriately anonymised). • Internal communications plan in place and regularly updated, eg new advocates profiled on the intranet, significant presence during FAB Staff Week.	• Stocktake planned for January 2019 Board meeting to facilitate a formal review by the Board of progress against the September 2016 vision for FTSU and agreement on the way forward with FTSU strategy • Proposal to move towards the development of a 'Resolution' policy to complement the Raising Concerns policy to provide a more positive experience for staff • Process for staff debrief sessions following 'Operation Moloko' to underpin links between organisational learning and staff experience.	Jan 2019 KT/ES/JW

	• The board can state with confidence that workers know how to speak up; do so with confidence and are treated fairly. • They, along with the chief executive and chair, meet regularly with the FTSU Guardian and provide appropriate advice and support.			
Leaders are confident that wider concerns are identified and managed	• Senior leaders have ensured that the FTSU Guardian has ready access to applicable sources of data to enable them to triangulate speaking up issues to proactively identify potential concerns. • Lessons learnt are shared widely both within relevant service areas and across the trust • The handling of speaking up issues is routinely audited to ensure that the FTSU policy is being implemented • FTSU policies and procedures are reviewed and improved using feedback from workers	• FTSU database established and used for all cases raised including where staff wish to remain anonymous. • Once trained, advocates given access to database on confidential basis. • Responses from Raise it, Change it issues published on intranet – this model to be replicated when FTSU body of cases is sufficiently large to ensure full anonymity • Existing trust values are linked to well established behavioural framework for all staff to promote positive and open culture • FTSU lead advocate well networked regionally and nationally; invited to be vice chair of North West network.	• Engage with MIAA to assist with QA process for sample of FTSU cases • Comms plan to incorporate Survey Monkey for FTSU during latter part of 2018/19.	March 2019 KT/ES

Leaders engage with all relevant stakeholders	• A diverse range of workers' views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan. • Issues raised via speaking up are part of the performance data discussed openly with commissioners, CQC and NHS Improvement	• Carried out via Listening into Action and Staff Survey; actions for both are tracked via Board assurance processes • FTSU lead advocate fully linked to national developments to ensure reporting requirements are understood and	• Specific temperature check to be undertaken linked to speaking up as part of FTSU plan linked to any key themes from staff survey • Progress work with HR colleagues to ensure role clarity for managers when handling concerns as part of leadership programme	March 2019 MS/KT

Leaders are focused on learning and continual improvement	• The executive lead responsible for FTSU reviews the FTSU strategy annually, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success.
	• A sample of cases is quality assured to ensure:
	  ○ the investigation process is of high quality; that outcomes and recommendations are reasonable and that the impact of change is being measured
	  ○ workers are thanked for speaking up, are kept up to date though out the investigation and are told of
		• Board reports provide assurance of fairness and robustness of investigation process, with support from an independent colleague where appropriate.
		• Investigations adhere to existing Trust employment policies and best practice.
			• Engage with MIAA to assist with QA process for sample of FTSU cases
			• Monitor NGO Case reviews to ensure any recommendations are considered and acted upon as appropriate
				April 2019
				ES/MS
				
				KT

	the outcome • Investigations are independent, fair and objective; recommendations are designed to promote patient safety and learning; and change will be monitored			
Executive lead for FTSU/MD and Chief Nurse	• Ensuring that the FTSU Guardian has a suitable amount of ring fenced time and other resources and there is cover for planned and unplanned absence. • Ensuring that a sample of speaking up cases have been quality assured. • Conducting an annual review of the strategy, policy and process. • Operationalising the learning derived from speaking up issues • Providing the board with a variety of assurance about the effectiveness of the trust's strategy, policy and process.	• Board reports contain summary actions from FTSU cases with clear links to overall staff engagement strategy and QI initiatives	• January stocktake to include review of time commitment for whole FTSU team • Engage with MIAA to assist with QA process for sample of FTSU cases • Encourage staff from BME,Disability and LGBTQ Network to become FTSU Advocates	Jan 2019 MS/KT
Non-executive lead for FTSU	• Holding the chief executive, executive FTSU lead and the board to account for implementing the speaking up strategy.	• Via Trust Board reports	• A Freedom to Speak Up Annual Report will be presented to the Board each year • Ensure fuller description of activities included in the Annual Report for 2018/19	May 2019 ES

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th November 2018

Report of:	Director of Corporate Affairs
Paper Prepared by:	Erica Saunders Gatenby Sanderson
Subject/Title:	Briefing on the Recruitment of the new Trust Chair
Background Papers:	Trust Constitution
Purpose of Paper:	To inform the Board of the process being undertaken to recruit to the role of Chair of the Trust following the expiry of the current Chairman's final term of office on 8th February 2019.
Action/Decision Required:	The Board is asked to support the process outlined
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Delivery of strategic vision**
Resource Impact:	To be identified

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Briefing on the Recruitment of the new Trust Chair

1. Purpose

This paper sets out the process being undertaken to recruit to the role of Chair of the Trust following the expiry of the current Chairman's final term of office on 8th February 2019.

2. Recommendation

The Board is requested to support the process and forward any views as to the proposed job description.

3. Foundation Trust Constitution

The basis for the appointment process is founded in the constitution of the Trust. The constitution charges the Council of Governors via the Nominations Committee with the appointment of all Non Executive Directors using the procedure set out in Annex 6a, the steps of which are outlined in the attachments to this paper. The post of Chair of the Trust is a non-executive position and therefore falls under the scope of these arrangements. The Vice Chair of the Trust is the Chair of the Nominations Committee in accordance with the constitution. The views of the Board as to the job description and person specification are required to be taken into account by the Nominations Committee and the appointment must be approved by the Council of Governors.

4. Recruitment Process

The services of Gatenby Sanderson have been secured to assist with the recruitment and provide external resource and expertise in accordance with regulatory best practice guidelines and the Trust's own custom and practice, endorsed by the Nominations Committee of the Council of Governors.

As part of their service Gatenby Sanderson have prepared the attached process outline and timetable for the recruitment, with the recommendation of the Nominations Committee recommendation due for consideration and approval at the Council of Governors meeting on 12th March 2019.

5. Next Steps

The Council of Governors will be briefed on the process and progress to date at its meeting in December and the Nominations Committee will continue with the recruitment process as outlined above and in the attachments.

Erica Saunders
Director of Corporate Affairs

Alder Hey Children's NHS
NHS Foundation Trust

JOB DESCRIPTION

Role: Foundation Trust Chair

Accountable To: Foundation Trust Council of Governors and NHS Improvement

Role Summary: The Chair is responsible for the leadership of both the Board of Directors and Council of Governors and for ensuring that they work effectively together in pursuit of the Foundation Trust's Aims.

The Chair must ensure that the highest standards of probity and governance presides and that the Trust remains compliant with its Licence, the Constitution and any other applicable legislation and regulation at all times.

Externally, the Chair is an ambassador for the Trust in dealing with a wide range of stakeholders.

Key Responsibilities:

Leadership

- To lead the Board of Directors and Council of Governors, ensuring their effectiveness in all aspects of their respective roles, setting their agendas and monitoring delivery of agreed objectives
- To develop and maintain close working relationships between the Board of Directors and the Council of Governors
- To establish and build constructive working relationships with NHS Improvement and CQC
- To ensure that the Board develops vision, strategies and objectives, taking account of appropriate input from the Council of Governors
- To lead the Board in setting and upholding the values and standards of the Foundation Trust and to ensure that the Foundation Trust promotes equality and diversity for all its patients, staff and other stakeholders
- To set the tone and style of Board discussions which facilitate effective decision-making and constructive debate and ensure, with the Chief Executive, effective implementation of decisions
- To play a lead role in building effective partnerships with patients and the public, members and governors, clinicians and staff and key institutional stakeholders and regulators including media/politicians, locally and nationally

- To ensure the Trust works in collaboration with key players in the Cheshire and Merseyside health and care systems and neighbouring health and care systems across the North West, and plays a central role in cross organisation discussions to achieve a system-wide transformation in the development of services to provide patient-centred health and social care.
- To represent the Foundation Trust with national, regional or local bodies or individuals and to be an ambassador for the Foundation Trust.

Corporate Governance

- To ensure that the Board of Directors establishes clear objectives to deliver agreed plans and meet the terms of its authorisation and regularly reviews performance against these objectives
- To support, motivate and challenge, where appropriate, the Chief Executive and other Directors of the Board to ensure that it conforms to the highest standards of corporate governance
- To ensure the provision of accurate, timely and clear information to Directors, Governors and Foundation Trust Members appropriate for their respective duties
- Working with the Council of Governors to ensure effective communication with Foundation Trust Members
- To ensure that the Board establishes an effective Corporate Governance framework, with appropriate Board committees and non-executive director involvement
- To chair committees or sub-groups of the Board charged with specific activities, e.g. Remuneration and Terms of Service Committee, Appointment Committees, as required
- To act as a trustee of the Alder Hey independent NHS Charity
- With the Director of Corporate Affairs to ensure that all administrative aspects of the Council and Board meetings are carried out in accordance with the requirements of the constitution
- To ensure that the Board has the right balance and diversity of skills, knowledge and perspective, both Non-Executive Directors and Executive Directors
- To ensure that Board and Council members have a full induction and continually update their skills, knowledge and familiarity with the organisation.

Board of Directors

- To arrange annual evaluation of the performance of the Board and its Committees and act on the results of such evaluation
- To facilitate the effective contribution of all executive and non-executive directors and ensure appropriate training/development where necessary to enhance the overall effectiveness of the Board as a team

- To ensure there is a clear structure for the operation of effective committees, which are run in accordance with agreed terms of reference
- To hold the Chief Executive to account for the delivery of the Board's strategy
- To conduct a performance appraisal of the Chief Executive at least annually, taking into account the view of the non-executive directors
- To ensure that the views of the non-executive directors are fed into the process of appraisal for Executive Directors
- To participate in an annual appraisal process for the Chair and ensure the outcome is communicated to the Board of Directors and Council of Governors.

Council of Governors

- Chair Council of Governor meetings and give direction to its work
- Ensure a proper flow of information between the Council of Governors and the Board
- Ensure an effective communications strategy is maintained to keep members and stakeholders informed
- Ensure the governors are given appropriate development for their role
- Lead the process of collectively assessing the performance, roles structure, composition and procedures of the Council of Governors, taking emerging best practice into consideration
- Hold regular meetings with the Senior Governor to ensure open and effective communication with Governors

Time Commitment

This is currently 2/3 days per week (on average). This may be during the working day or in the evening. All members of the Board of Directors are required to attend the monthly (half day) meetings of the Board.

Remuneration (circa 40k)

In accordance with our constitution, the amount of remuneration and allowances and other terms and conditions of office is determined by a recommendation from the Nominations Committee and agreed by the Council of Governors (Annex 6A Nominations Committee)

Appointment, tenure and termination of office

The Chair must be eligible to be a member of the Foundation Trusts and is appointed for an initial period of three years, subject to satisfactory appraisal. The appointment may be renewed for a second three-year term, subject to the approval of the Council of Governors. The Chair may be removed from office by NHS Improvement or the Council of Governors in line with its constitution

This post is a public appointment or statutory office and is not subject to the provisions of employment law. The Chair is an appointee not an employee. To ensure that public service values are maintained at the heart of the NHS, all Directors are required, on appointment and on an ongoing basis to fully meet the Fit and Proper Persons Requirement.

Alder Hey Children's NHS
NHS Foundation Trust

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

PERSON SPECIFICATION

CHAIR OF THE TRUST

Summary

The Chair of the Trust must demonstrate a high level of understanding of, and interest in, healthcare issues, and a commitment to the NHS and the aims of NHS Foundation Trusts, in particular. Board level experience in the public or private sector, is a requirement together with evidence of a successful track record of delivery. Business ability, a strong sense of accountability and strategic thinking are essential attributes together with strong interpersonal and leadership skills. Candidates must have sufficient time to fulfil the requirements of the post.

Specific Requirements Essential to the Role

Personal Qualities
Commitment to NHS values and principles and the aims of NHS Foundation Trusts
Strong interpersonal skills. Ability to manage Board members as a team to meet common goals and ensure their skills and experience are utilised for the good of the organisation
Exceptional communication skills, capable public speaker and able to manage the media
Politically astute, able to grasp relevant issues and understand the relationships between interested parties. Independent in judgement and a creative thinker
Understanding of complex strategic issues and ability to analyse and resolve difficult problems quickly and in a diplomatic way
Fully meet the Fit and Proper Persons requirement
Experience and Knowledge
Understand and accept the legal duties, liabilities and responsibilities of NHS Non-Executive Directors
Understanding of, and interest in, child healthcare issues
Well respected as a leader of standing in the North West economy, with a strong reputation for commercial expertise in the private or public sector. Accustomed to a high level of accountability.
The ability to quickly develop a sound understanding of the economy and strategic development of Merseyside and the North West
Board level leadership experience in a large organisation
A sound knowledge of, and commitment to, corporate governance
Track record of overseeing the delivery of cultural change and new working practices within an organisation
Leadership
Able to demonstrate leadership and motivational skills and engender respect from others. A good listener, able to weigh up arguments and summarise for others
Able to formulate strategies and plans of action to achieve objectives

Compliance with the NHS Foundation Trust Code of Governance

On appointment, the Chair must meet the independence criteria as set out in the NHS Foundation Trust Code of Governance i.e. must not:

- Have been an employee of the Trust within the last five years;
- Have had within the last three years, a material business relationship with the Trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust;
- Have received additional remuneration from the Trust apart from a director's fee, participated in the Trust's performance-related pay scheme, or be a member of the Trust's pension scheme;
- Have close family ties with any of the Trust's advisers, directors or senior employees;
- Hold cross-directorships or have significant links with other directors through involvement in other companies or bodies;
- Have served on the Board for more than nine years from the date of their first election;
- Be an appointed representative of the Trust's university medical or dental school

In addition, all other significant commitments must be declared prior to appointment, e.g. other executive or non-executive directorships. The Chair's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report.

September 2018

Overview of our proposed approach

In outline, we recommend 3 stages:

1. **Preparation:** This is where we will confirm the way the role is described, the criteria you will seek and the advertisement.

2. **Generating the Candidate Pool:** This is where we will build a candidate field for this post. Search is likely to play a significant part in the process, with us identifying potential candidates within the market place and working with them to encourage them to apply.

3. **Selection:** This is all the work that takes place once a pool of candidates has been generated, building up a picture of the strengths and weaknesses of the best candidates to put before the panel.

1. Preparation

The aim of this stage is for us to understand fully the demands of these roles, to create briefing paperwork for candidates, and to establish contact with key staff in the Trust. One of the first tasks is to finalise the draft Job Description and Person Specification, and we can help here by offering templates from other FTs; we hope our experience will be useful in helping ensure the paperwork accurately reflects the role and the type of person you seek. At this stage we aim to work closely with the Council of Governors and the Trust Secretary to ensure there is a shared understanding of the role, the types of individuals being sought, and the recruitment process. So, we would hope to spend time with the Nominations Committee, existing NEDs and the Chief Executive to define the challenges. Any NEDs who indicate they might apply for the role will not be included in our discussions.

2. Generating the Candidate Pool

Search - our approach

We believe search (headhunting) will play an important role in developing a pool of candidates. We can offer particular expertise in placing candidates from other sectors in public services. The requirement to undertake detailed search in the private sector, and in the wider non-profit market, has become a key feature of our work in NHS and Central Government because of the transformational change agenda underway across the public sector.

We also have a database containing the names of over 50,000 active job seekers, a proportion of which are interested in chair and non-executive work. In addition to this we have the networks and contacts throughout not only the public and not for profit sectors but also among the higher echelons of the private sector.

Website

We recommend reusing the existing website (www.alderheyfuture.com) for this recruitment. Candidates will be directed to the website from the search calls or the advertisement and it is here that they will be able to access further information about this role. Prospective applicants will be directed to an online application form reflecting the Person Specification. Applications are submitted via the site.

Communication

Our practice is to provide progress reports on a weekly basis and then a final report which will comprise a full round up of the search activity, feedback from the market about the role on offer and, where candidates declined to apply, their reasons for doing so.

We maintain direct contact with candidates throughout the process however they first learnt about the role, responding to questions and advising on the application process. We also keep in regular contact with you, providing weekly updates on progress in the search and identifying early any problems. For candidates, the ability to have a conversation with the chief executive, the current chairman or the lead governor will need to be considered. We can manage these contacts.

3. Selection

Sifting

Post-closing date, the schedule of applicants along with a copy of the applications will be submitted to you. We will sift the applications against the agreed competencies of the post in order to produce a list of candidates for discussion and agreement at the meeting. We always recommend allowing time for a keep open the possibility of preliminary interviews if there are too many suitable candidates to put before the panel.

Those candidates not being selected will be informed of the outcome of their application and thanked for their interest. We will offer 1-2-1 feedback to all.

Long-listing

We believe externally run, robust and objective preliminary interviews would benefit this process. We would expect to interview internal and external candidates (on an equal footing) for 1 – 1 ½ hours where we would explore their background and achievements, their style and their overall suitability for the roles. We also cover issues such as time commitment, conflicts of interest and remuneration. As mentioned below, this is where values based recruitment techniques can first be included.

Interviews are conducted in person and 1-2-1. We report back to you on the suitability, eligibility and credibility of candidates – we make recommendations to the Nominations Committee based on the person specification.

Informal Meetings

In addition to the formal parts of the process, it will be crucial to ensure that the personal fit and chemistry of the candidates is right. Informal meetings with the Chief Executive are one of the ways in which these issues can be explored in a less pressurised and formalised way. We would advise and co-ordinate this part of the process as necessary.

Final Stages

We will advise the interview panel on the format, structure and process of the interviews themselves.

We can organise the administration of the final interview panel with the Trust, including the selection of a 'technical assessor', usually another FT Chair preferably from a similar organisation that you do not compete with. In addition, we usually provide the panel members with suggested presentation topics and interview questions.

We would be happy to attend the final interviews and can thus give unsuccessful candidates feedback; candidates who reach the final interviews have invariably put considerable time, effort and emotional energy into their preparation. Those who are unsuccessful greatly appreciate the ability to discuss the outcome, a fact reflected in the feedback we get from candidates (we ask all shortlisted candidates for feedback).

Gatenby Sanderson

Alder Hey Children's NHS Foundation Trust
Trust Chair recruitment timetable

Date	Activity
Mid-late October 2018	Confirmation of paperwork and timescales GS to contact NEDs
7th November	Post advertised, search commences
Weekly update reports and calls; Informal contact between interested candidates and CEO	
Wednesday 5th December	Closing date for receipt of applications
End of w/c 3rd December Preferably 6th December	Sift of applications Longlist Meeting (GS and AHC NHS FT)
Mid December and early January 2019	Preliminary interviews with GatenbySanderson, followed by reports to the Appointments Committee
w/c 14th January Preferably 15th or 16th January	Short-listing Meeting of Appointment Committee
w/c 14th and 21st January	Shortlisted candidates' informal meetings with the CEO, NEDs and others as appropriate; opportunity to gather additional information, not part of the recruitment process; profiling completed; references taken, FPPR and due diligence checks finalised
w/c 28th January	Final selection process (stakeholder events and interview)
	Council of Governors decision on appointment

Neonatal Single Service
Board Update

Introduction

This short paper provides an update for Boards on the Neonatal Partnership and ambition to create a single service across the two Trusts in response to the North West Neonatal Network.

There are three key reasons why a new model of care for neonatal surgical babies in Liverpool is critical:

- Firstly, the single service will provide a **safer service for babies** and will be a step change towards achieving the national service specifications and standards.
- Secondly, the **quality of care and clinical outcomes** for babies will be improved by strengthening the joint working between both organisations in order to provide increased levels of neonatology and surgical expertise and also an appropriate environment for all babies to be nursed in the same dedicated service.
- Thirdly, the **experience** of mothers and families will be improved by reducing the number of unnecessary transfers between hospitals by 50% (**transfers** are also **associated with increased morbidity and mortality**).

The key milestones of the roadmap to achieving these are:

- 7 Day working at AHCH Neonatal Unit (September 2018)
- Daily ANNP Presence at AHCH Neonatal Unit (September 2018)
- Twice Daily Ward Round at AHCH Neonatal Unit (During 2019)
- New Fit for Purpose Neonatal environment opens at LWH (July 2020)
- New Fit for Purpose HDU Neonatal environment opens at AHCH (During 2020)
- New Fit for Purpose NICU Neonatal cots open at AHCH (April 2021).

Trust Boards are asked to note progress made to date.

Recent Progress

Over the summer lots of work between the two teams has been progressing and there is a much greater understanding of the different cultures and ways of working. **Collectively the teams have achieved the first two milestones with the Single Service Business Case**, so 7 day working is in place at AHCH Neonatal unit and there is also a daily presence of an ANNP (Advanced Neonatal Nurse Practitioner) at AHCH Neonatal Unit.

In June a joint partnership workshop was held with parents and staff from both hospitals, focusing on the future AHCH Unit. In September, another workshop, this time focused on the new LWH unit was held, again this involved staff from both hospitals and parents. Both workshops generated lots of valuable material that can be used to shape the units and also the development of the joint service.

In April, a Neonatal focused nursing secondment was agreed at AHCH and results are beginning to appear, both within the culture and in improved performance. The change was

for the unit to have a specific unit nursing lead, rather than sharing this leadership with another unit.

So far, this neonatal specific lead nurse has supported the AHCH unit in many positive developments, including;

- increasing the number of nurses on formal training, going on study days and engaging with the network,
- improved a range of infection control performance metrics,
- initiated AHCH staff visits to experience LWH unit operation,
- created positive staff orientated initiatives such as:
    - lead nurses for areas of practice,
    - establishing information system buddies to help improve data quality,
    - initiated a weekly ward meeting and
    - created opportunities for staff to bring their own improvement ideas and get involved more in the unit. One example of a staff suggestion was a wall of positivity, which has since been introduced and highlights lots of the good work the unit is doing. The wall of positivity at time of writing is shown below:

A Programme Lead for the Partnership work has now been engaged and started in Mid September. The lead recently ran a workshop with the core group of clinical and managerial staff, starting to shape and then establish a programme structure for this partnership work.

At this Single Service workshop on 11th October the group of clinical and managerial staff began to shape the programme of work, the plans, benefits and governance structure. At the end of the workshop the group wanted to communicate the following key messages from the workshop about the Single Service:

- The Single Service is going to happen (and in the right way),
- We are committed and are all in this together,
- We are doing this for the Babies and their Parents.

Risks

In Partnership the Trusts have agreed to proceed with the delivery of the Single Service Business Case. The Business Case was submitted to NHS England Specialised

Neonatal Single Service
Board Update

Commissioning and is making its way through their governance, we are expecting a decision soon. Until a decision is made, the Trusts collectively hold a small scale financial risk.

As some staff begin to work across the two units, there is a risk that the clinical guidelines and policies that should be used become confused leading to poor quality outcomes or incidents.

To support the single service, there are capital estates projects for Neonatal facilities initiated at each hospital, but are on differing timescales. There is a risk that these environments aren't sufficiently similar and this impacts of the family experiences and the consistency of the ways of working for staff working between the two units.

These key risks will be discussed and management plans developed at the upcoming Delivery Group on 8th November.

Next Steps

The next steps are to develop and establish a programme structure for the partnership work and approve this in November. This will inform the expected benefits, key milestones and governance, and a summary will be included in the next Board update.

The next Neonatal Partnership Board is due to take place on 21st November 2018.

Steve Sewell
October 2018

Alder Hey Children's NHS
NHS Foundation Trust

Register of Company Shareholdings
As at 31st October 2018

A monthly update will be provided to Trust Board of all company shareholdings that the Trust have an interest in, identifying any changes made in the last reporting period and highlighting any areas of note.

Company Register as at 31st October 2018:

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose	Filing	Status
Alder Hey Ventures LTD	27.06.17	David Powell	100% wholly owned subsidiary	10837212	AH	Commercial No employees	Commercial, innovation, product development and exploit IP	Confirmation statement: 12.07. YE: 30.06.18 Accounts due: 27.03.19	'Active' Not used Not consolidated
Alder Hey Living Hospital LTD	24.04.17	John Grinnell Sir David Henshaw David Powell	50% JV with Alder Hey Children's Charity AH significant control	10835638	AH Charity	Commercial No employees	App development and commercialisation	Confirmation statement: 23.04.18 YE: 31.03.18 Accounts due: 31.12.18	'Active' used Equity investment materiality
Alder Hey Sensors Ltd	18/05/2017	No	30.10%	10188710	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Alder Hey Medical Ltd	18/05/2017	No	30.10%	10188794	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Alder Hey Digital Ltd	18/05/2017	No	30.10%	10189548	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose	Filing	Status
Alder Hey Diagnostics Ltd	18/05/2017	No	30.10%	10189060	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Alder Hey Analytics Ltd	30/06/2017	No	30.10%	10259396	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Cofoundery Enterprise 02 Ltd	27/04/2017	No	30.00%	10746202	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Cofoundery Enterprise 04 Ltd	27/04/2017	No	30.00%	10746341	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Physiopal Digital Ltd	27/06/2018	No	30.00%	10838856	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Remedy Medpass Ltd	27/04/2018	No	30.00%	10746292	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Vericell	27/04/2018	No	30.00%	10746420	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active
Cofoundery Enterprise 08 Ltd	27/04/2018	No	30.00%	10746455	Boundary Street, Liverpool	Commercial	App development and commercialisation	Managed through 3rd party	Active

Changes made since last reporting period:

Zero companies house changes since last reporting period, July 2018

The following 5 companies have been set up on company's house through the ACORN partnership and Alder Hey will become shareholders.

Name	Date of Incorporation	AH Director	Shareholdings	Company No	Address	Nature	Purpose
Cofoundery Enterprise 33 Ltd	Alder Hey not yet a shareholder	No	Alder Hey not yet a shareholder	11112790	Boundary Street, Liverpool	Commercial	App development and commercialisation
Cofoundery Enterprise 35 Ltd	Alder Hey not yet a shareholder	No	Alder Hey not yet a shareholder	11112815	Boundary Street, Liverpool	Commercial	App development and commercialisation
Cofoundery Enterprise 37 Ltd	Alder Hey not yet a shareholder	No	Alder Hey not yet a shareholder	11112938	Boundary Street, Liverpool	Commercial	App development and commercialisation
Hygenie	Alder Hey not yet a shareholder	No	Alder Hey not yet a shareholder	11055776	Boundary Street, Liverpool	Commercial	App development and commercialisation
Cofoundary Enterprise 36	Alder Hey not yet a shareholder	No	Alder Hey not yet a shareholder	11112857	Boundary Street, Liverpool	Commercial	App development and commercialisation

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. Some critical projects – Sepsis and GDE – continue to attract assurance ratings that are a cause for concern. It is important that the sub-Committees to which these programmes report, together with the Executive Sponsors, take action to put in place remedial measures to bring the assurance to an acceptable level.
2. The Change Programme totals towards the CIP effort are shown at slide 3; there has been no change since the previous months assurance report and, with 5 months remaining in the financial year, every effort should be made - across all work streams - to exploit every opportunity for further benefits.
3. The Programme Board, together with the DMO, will be reviewing a small number of projects that are now considered 'out of scope' for the assurance framework as they are standard operational issues that should be fixed and reported as such.

J Grinnell 24 Oct 18

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

1. This Board report comprises extracts from the assurance dashboard covering 6 of the 7 themes of the change programme as reporting to the Board sub-Committees: WOD 23 October; CQAC 17 October; and R&BD 24 October.
2. Of the 24 projects rated, 46% are green rated with 33% amber and 21% red rated. These assessments show a creditable improvement over the past month but the efforts to attain the Alder Hey standards of programme management should continue. Executive Sponsors should work with teams to drive programmes to the next level.
3. The weekly 'Sustainability Delivery Group' continues to be the forum – aligned with the Programme Board – that provides the challenge and support required to monitor and advance the CIP programme towards its target; the current level of contribution from the change programme remains a risk.

J Gibson 24 Oct 18

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

See CIP status at slide 3 of this pack. Since the previous report, the 18/19 change programme forecast outturn CIP achievement has remained static at some £5.5m; moreover, the gap has also remained static – black/red rated – at some £1.5m.

Change Programme 18/19

Trust Board

Programme Assurance Framework, DMO & Delivery Board

Alder Hey Children's NHS
NHS Foundation Trust

R&BD

Growing Through External Partnerships

John

1. CHD Liverpool Partnership — SG
2. Aseptics

Imminent Pipeline

- Neonatal Services

WOD

The Best People Doing Their Best Work

Melissa/Hilda

1. Portering — SG
2. Apprenticeships

Imminent Pipeline

- E-Rostering
- AHP Review

CQAC

Deliver Outstanding Care

Hilda / Steve

1. Sepsis
2. Best in Outpatients (Y3)
3. Brilliant Booking & Scheduling
4. Comprehensive Mental Health
5. Patient Flow
6. DETECT Study

Imminent Pipeline

- Models of Care

Park, Community Estate & Facilities

David — SG — R&BD

1. Decomm. & Demolition
2. R&E 2
3. Alder Centre
4. Park
5. Hospital Moves
6. Community Cluster

Game Changing Research & Innovation

David — RE&I

1. The Academy
2. Developing Apps and Products with Acorn Partnership
3. Expand Commercial Research
4. The Innovation Co. Project

Strong Foundations

John — SG — R&BD

1. Inventory Management
2. Procurement CIP
3. Energy
4. Coding & Capture
5. Medicines Optim'tion
6. Catering

Global Digital Exemplar

John/Steve — R&BD — PB

1. Speciality Packages
2. Voice Recognition

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

Programme Contribution to CIP Status – as at October 18

Weekly CIP Tracker as at October 2018 by work stream

Workstream	Exec Sponsor	In Year Forecast				Recurrent Savings				Risk Rating (In Year)					
		Target £000's	Forecast Current £000's	Forecast Last Week £000's	Improvement £000's	Target £000's	Forecast Current £000's	Forecast Last Week £000's	Improvement £000's	Implemented (Posted) £000's	Fully Developed £000's	Plans in Progress £000's	Opportunity £000's	Gap £000's	Total £000's
Deliver Outstanding Care	Adam B/Hilda G	2,500	1,458	1,458	0	2,500	1,770	1,770	0	866	117	475	0	1,042	2,500
Growing Through External Partnerships	Margaret Barnaby	800	0	0	0	800	0	0	0	0	0	0	0	800	800
The Best People Doing Their Best Work	Melissa Swindell	1,000	578	578	0	1,000	20	20	0	428	0	150	80	342	1,000
Game Changing Research and Innovation	David Powell	500	0	0	0	500	0	0	0	0	0	0	0	500	500
Strong Foundations	John G/Claire L	2,200	1,638	1,689	-51	2,200	1,842	1,867	-25	962	80	596	327	235	2,200
Park, Community Estate & Facilities	David Powell	0	18	18	0	0	18	18	0	18	0	0	0	-18	0
Global Digital Exemplar (GDE)	Peter Young	1,000	0	0	0	1,000	0	0	0	0	0	0	0	1,000	1,000
Subtotal: Strategic Workstreams		**8,000**	**3,692**	**3,743**	**-51**	**8,000**	**3,650**	**3,675**	**-25**	**2,274**	**197**	**1,221**	**407**	**3,901**	**8,000**
Divisional Business		-1,043	1,801	1,721	80	-1,043	1,409	1,330	79	1,557	73	171	331	-3,175	-1,043
Unidentified		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		**6,957**	**5,492**	**5,464**	**28**	**6,957**	**5,059**	**5,005**	**54**	**3,832**	**270**	**1,391**	**739**	**726**	**6,957**

Key points to note:

- CIP Schemes identified as at 1TH September 2018 as fully developed (green) is £3.8m or 60%.
- The forecast outturn is £5.5m or 79%
- Value of schemes in progress (amber) is at £1.4 m or 20% that present a risk and scheme need to be reviewed to establish when they can be turned to green.
- The gap (red/ black element) of £1.4m or 27% is same as previous weeks and represents the underachievement of CIP.

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 most recent CIP Summary contributions for October 2018 shows this work stream has a gap of some £342k; therefore, work should continue apace in an attempt to extend the schemes to deliver the £1m target in 2018/19. The WOD sub-Committee should be considering this challenge, together with the Director of HR/OD and Director of Nursing, to examine what other schemes might be brought forward to mitigate this shortfall.

Executive sponsors should have launched dates planned for the 'e-Rostering' and 'AHP' projects which have now been in the **imminent** pipeline for some months.

The positive ratings for the two projects in train continue to be maintained at a high standard through the work of the project teams and the support offered by the DMO.

Claire Liddy, Director of Operational Finance 11 Oct 18

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

Albeit only 2 projects are currently being rated as others remain in the pipeline, the overall ratings have been sustained again this month.

The 'Apprenticeships' project is being maintained to a particularly high standard of project management with consistently good evidence posted on the SharePoint site.

The 'Improve Portering Services' project has now been re-profiled to accommodate a working trial of the new model – from Oct 18 to Jan 19 – with the aim of implementing the new practices by the end of April 2019.

Joe Gibson, External Programme Assurance 11 Oct 18

3.0 The Best People doing their Best Work

Sub-Committee	CQAC	Report Date	11 Oct 18
Workstream Name	Best People doing their Best Work	Executive Sponsor	Swindell/Gwilliams

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
3.0 The Best People Doing Their Best Work 18/19													
WOD	Apprenticeships	To operationalise the Apprenticeship Strategy and realise the benefits of apprentiseship qualitifcations following introduction of the Apprenticeship Levy.	Melissa Swindell		●	●	●	●	●	●	●	●	Weekly project leads meeting notes are available on SharePoint to 31 Aug 18 and Steering Group to 3 Sep 18. A PID is available at v6 dated 28 May 18. The benefits tracker is in place and being tracked through Sep 18 with metrics on track. A detailed Milestone Plan is available and is being closely tracked; some milestones have slipped and therefore the rating is amber. Comms/Engagement activities detailed in PID and a comms plan is in place with extensive stakeholder engagement material in evidence. Evidence that risks are up-to-date on Ulysses is now on SharePoint. EA/QIA complete. **Last updated 4 Oct 18.**
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. The Milestone Plan has now been updated, albeit showing significant slippage of the original end date, to complete by May 2019. This follows negotiations with Unions following rejection of the proposals by ballot on 20 Apr 18. The Trust has agreed with the Unions to agree a trial period from Oct 18 to Jan 19. Evidence available of Comms/ Engagement activities. Risks uploaded as per Ulysses Risk Log of 7 Aug 18. EA/QIA complete. **Last updated 19 Sep 18.**

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 ratings for 'benefits identification and delivery' - for both quality and sustainability benefits - continue to lack sufficient definition in terms of metrics. The sustainability gap remains in the region of some £1m against the target of £2.5m for FY 18/19.

There continue to be issues, in particular with the Sepsis project being able to evidence all of the work in progress on the programme SharePoint site; the metrics of success for both training and core measures are falling short or not being reported.

It is requested that the relevant Executive Sponsors discuss expedite the actions necessary to bring the projects into an improved assurance status.

Claire Liddy, Director of Operational Finance – 9 Oct 18

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

The overall ratings from the 'Delivering Outstanding Care' have remained static this month, with 3 green rated, 2 amber and a single red rated project. However, the repeated concerns around the tracking and attainment of benefits for 5 out of the 6 projects are not resulting in any clear remedial action. This is a matter for the sub-Committee.

As regards the Sepsis project, it is essential the revised approach formulated by the Executive Sponsor starts to improve the evidence across all of the assurance domains. The sub-Committee should take full account of the assurance ratings and commentary and consider the associated impact/risks.

Joe Gibson, External Programme Assessment – 9 Oct 18

Programme Assurance Framework

Delivering Outstanding Care (Completed by Assurance Team)

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	9 Oct 18
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Gwilliams/Bateman/McLaughlin

Current Dashboard Rating (sheet 1 of 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 18/19													
CQAC	Best in Outpatient Care	The Best in Outpatients Project aims to deliver an outstanding experience of outpatient services for children, families and professionals as well as safely increase the number of patients we see in clinic	Hilda Gwilliams		●	●	●	●	●	●	●	●	The project team is now fully in place and good minutes of Steering Group available (to 7 Sep 2018) and Project Leads meeting (to 16 Aug 18) with action notes tracked; a future schedule of meetings has been planned. The PID is detailed and clear but at least two of the targets are not achieving the required levels; it is noted that the next results from the 'clinician satisfaction' metric are due on 22 Oct 18 (last reported April 18). There is a comprehensive milestone plan being tracked. A risk register is held and is up to date. There is a planned approach to stakeholder engagement. **Last updated 4 Oct 18.**
CQAC	Brilliant Booking and Scheduling	To provide a booking system that puts patients and families first and meet the needs of clinicians that use it.	Adam Bateman		●	●	●	●	●	●	●	●	Project team meetings are scheduled and documented up to 2 Oct 18. The PID still requires work to fully define benefits. Benefits tracking plans are comprehensive but with some baselines still to be established. The Gantt Project Plans are now complete - Main plan plus one each for Gastro and Spinal; these are being closely tracked but with several milestones delayed. There is a comprehensive suite of stakeholder engagement updated to 4 Oct 18. The risk register is detailed with risks last reviewed on 9 Oct 18. EA/QIA signed off and uploaded. **Last updated 9 Oct 18.**
CQAC	Comprehensive Mental Health	Deliver improvements in mental health services to better meet the needs of children and young people. Be recognised as leading the way for CAMHS services nationally	Cath McLaughlin		●	●	●	●	●	●	●	●	Comprehensive Mental Health project team meetings: the Steering Group forms part of the CAMHS board agenda on first Thursday of each month while meetings to discuss each work stream and the milestones happen on a fortnightly basis; evidence of both meetings is on SharePoint up to Sep 18. There is a comprehensive PID (although the PID high level milestones should project out to the end of the project cycle) and benefits are defined. A good milestone plan is in place and being tracked. A stakeholder analysis has been completed but evidence still required of wider stakeholder engagement. A Ulysses risk log has been completed but needs the risk review dates to be completed. A signed EA/QIA has been uploaded. **Last updated 1 Oct 18.**

Programme Assurance Framework

Delivering Outstanding Care (Completed by Assurance Team)

Alder Hey Children's NHS Foundation Trust

Sub-Committee	CQAC	Report Date	9 Oct 18
Workstream Name	Delivering Outstanding Care	Executive Sponsor	Bateman/Gwilliams

Current Dashboard Rating (sheet 2 of 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 18/19													
CQAC	Patient Flow	Improve our processes to enable timely implementation of clinical decisions, and support patients through their pathway efficiently: minimising delays and reducing time spent in hospital. This project consists of 3 workstreams; Expanding Day Surgery, Expanding Pre-Op Assessment and SAFER Bundle.	Adam Bateman		🟢	🟡	🟡	🟢	🟡	🟢	🟢	🟢	Evidence of SAFER Task Force minutes up to 4 October 2018. The PID needs further work on benefits and high level milestones; a benefits 'dashboard' has been uploaded on 1 Oct 18 but needs further work in terms of baselines and trajectories. A detailed milestone plan has been uploaded for SAFER and is being tracked. Stakeholder engagement evidence is limited, additional evidence is now required. A comprehensive risk register is being updated on a monthly basis. An EA/QIA has been signed. **Last updated 4 Oct 18.**
CQAC	Sepsis	This project will ensure prompt recognition and management of the deteriorating patient and implementation of the Sepsis Pathway	Hilda Gwilliams		🟡	🟢	🔴	🟡	🟡	🟡	🟢	🟢	Sepsis Steering Group minutes available to 13 Jun 18 with no record of the next meeting due 15 Aug. PID complete. Benefits defined, tracking/reporting of benefits has commenced but last up-dated figures are December 2017. From the benefits tracker on SharePoint: Time to Antibiotic Presecription from Diagnosis is against a threshold of 90% was at 63% (ED ONLY) and 73% (Inpatients ONLY) and target was for both to be 90% by March 2018. However, there is also data to August 2018 showing time to prescription for High Risk at 71.8% and for Low/Mod/High at 72.2%. E-Learning Record (Oct 18) is showing 42% achievement. Training record log for Sep 18 shows many areas reaching a 70% threshold for nurses but no records for dcotors. Milestone Plan for 2018/19 has been uploaded and last updated 10 Sep but needs further meaningful milestones beyond October 2018. Evidence has been provided for certain stakeholder engagement activities but there is no tracked communications plan (since 2017). Evidence now on SharePoint of risks on Ulysses system (last update June 2018). EA/QIA complete. **Last updated 9 Oct 18.**
CQAC	DETECT Study	Using smart technology to reduce critical deterioration	Hilda Gwilliams		🟢	🟡	🟡	🟡	🟡	🟡	🟡	🟡	Evidence of project team meetings has been uploaded to SharePoint. A high level description of the scope is available in a 7 slide pack and a detailed PID has now been completed; however, the metrics are still required for the measurement of benefits. A detailed Gantt Chart is available (uploaded 17 Jul 18) and will now need tracking on SharePoint. There are materials uploaded which indicate stakeholder engagement but there is no communications plan in evidence. There is a risk register and it would benefit from being in Trust standard format. An EA/QIA has been drafted and needs sign-off. **Last updated 5 Sep 18.**

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)

The status of the CHD Liverpool Partnership needs to be considered as there can be no assurance of delivery in the absence of evidence being forthcoming. The executive sponsor is requested to address this as a matter of urgency.

The contribution to the CIP effort from this work stream remains at zero at month 7; this issue should be taken up by the Sustainability Delivery Group as an issue to be resolved.

Claire Liddy, Director of Operational Finance – 16 Oct 2018

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

The continuing lack of any comprehensive assurance evidence from the CHD Liverpool Partnership has now attracted a red rating for the programme. The executive sponsor is requested to consider how the governance of this partnership programme will feed into the Alder Hey assurance framework. Any relevant documentation should be uploaded, without delay, to the SharePoint site.

The re-scheduled Aseptics project is now being maintained to a satisfactory standard; however, the 'External Audit Action Plan' should be updated and closed when completed.

Joe Gibson, External Programme Assessment – 16 Oct 2018

Sub-Committee	R&BD	Report Date	16 Oct 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:

Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD	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								N/A	N/A	Minutes of meetings and governance structure were uploaded to SharePoint but evidence of recent meetings is lacking. Following NHSE decision on 30 Nov 17, project documentation has been developed to provide a mobilisation plan. Milestone Plan uploaded, with tabs for various work streams, but is not being tracked on SharePoint since June 2018. Benefits need to be further refined with evidence on SharePoint. Risk Register uploaded and risks not reviewed since 5 Apr 18. **Last updated 18 Jun 18.**
R&BD	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.	Mags Barnaby										Minutes of the Quality Management Meeting of the Aseptics Services Department are available and up to date to 6 Sep 18. Scope is described by the 'Proposal for commissioning, validation and licensing of the Pharmacy Aseptic Services Unit' dated 16 March 2018' together with a 'Project Overview Document' dated 14 Jun 2018. Targets and benefits are being closely tracked but not yet reaching aspired thresholds. A 'Project Milestone Plan' is in place and being tracked up to 8 Oct 2018. The 'External Audit Action Plan' needs to be updated. Inceasing levels of evidence of stakeholder engagement now being uploaded. Audit of Aseptic Services has been uploaded to SharePoint. EA/QIA signed off. **Last updated 4 Oct 2018.**

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 CIP tracker (see slide 3) continues to show £0 achievement and £0 forecast for the GDE contribution to savings in 2018/19. Work needs to be completed by Divisions to urgently reconcile the tracker and include all relevant benefits. The 'Sustainability Delivery Group', by exception, should take a role in helping to resolve this issue.

It is good to see that the assurance issue raised in the September report – a lack of evidence being uploaded to the SharePoint site - has now been resolved.

Claire Liddy, Director of Operational Finance – 16 Oct 2018

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

There continues to be a absence of reported benefits for the GDE programme within the overall CIP reports. This contrasts with the GDE 'Statement of Projected Benefits' estimating £2.08m cash realising for 2018/19. This dichotomy has resulted in a red rating for GDE benefits and the overall rating has now moved to 'red'; this issue was raised at the GDE Programme Board in September 2018.

The issues surrounding the uploading of assurance evidence for all GDE projects has now been addressed and therefore the 'Speciality Packages' project has now moved back to an amber rating. The 'Voice Recognition' project (see previous reports) remains 'amber' rated, due to the difficulty in realising the planned benefits, albeit there continues to be a high standard of project management.

Joe Gibson, External Programme Assessment – 16 Oct 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	16 Oct 2018
Workstream Name	Global Digital Exemplar	Executive Sponsors	John Grinnell / Steve Ryan

Current Dashboard Rating:

Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD	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										Programme Board Minutes and Agenda in evidence up to 18 Sep 2018. GDE Action Log uploaded to 14 Aug 18. PID of 28 Jun 17 v8 available. Overall benefits profile and schedule has now been finalised, 'Strategic Owner' column on SoPB still requires updating to reflect current trust executive appointments; internal CIP Tracker shows no financial benefit yet delivered or forecast in 2018 while SoPB proposes £2.08m cash realising benefits in 2018/19 (VfM Tracker). Milestone Plan on Dashboard, dated 17 Sep 2018, shows some delivery dates missed; several milestones have RAG ratings that do not reflect the % delivery status. Stakeholder evidence has been uploaded with a register updated to Jul 2018 with Newsletters to 3 Aug 2018. Risk protocols vis-à-vis national and Trust sytsems have been harmonised but not updated on SharePoint since 14 Mar 18. **Last updated 25 Sep 18.**
R&BD	Speciality Packages	Delivery of electronic clinical documentation workflow designed to reflect best practice protocols and pathways	Steve Ryan/ John Grinnell								N/A	N/A	Overall benefits profile and schedule is shown on the SoPB tracker; internally, there are no financial benefits yet reported for 2018. Project Plan last updated with a pdf copy of the Speciality Package Project Plan of 8 Aug 2018; however, this does not indicate the status or % completion of tasks. Stakeholder engagements entered to 8 Jun 18. Risk protocols vis-à-vis national and Trust systems are now harmonised and finalised. Risks and issues aggregated at GDE programme and updated at 21 Aug 2018. **Last updated 19 Sep 2018.** QIA/EA will be assured and assessed at project level.
R&BD	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 is being kept up to date and the overall standard of the workbook is excellent. Comms/engagement activities detailed in PID, evidence required where possible. Risks detailed in workbook. EA/QIA has been signed and uploaded. **Last updated 16 Oct 2018.**

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)

The 'Community Cluster' project needs to provide a date by which the project will be fully mobilised so that assurance can be provided that the planning and design are on track.

Otherwise, the forthcoming re-fresh and re-organisation of the work stream will be welcome in bringing further clarity to the development of the final stages of implementing the full 'Alder Hey in the Park' vision.

Claire Liddy, Director of Operational Finance – 16 Oct 2018

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

The Strategic Programme Manager has advised that the work stream is about to be re-structured with a new breakdown of the programmes of work and this has been discussed with both the executive sponsor and the DMO. The new plan, to replace the current workbooks, will cover 4 main areas:

- Park
- Site clearance
- Schemes (includes all new developments)
- Future state-Opportunities developments

'International Design and Build Consultancy', as agreed by the Programme Board, has been removed from the assurance framework.

Joe Gibson, External Programme Assessment – 16 Oct 2018

Sub-Committee	**R&BD**	**Report Date**	**16 Oct 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:

Assurance Group	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
R&BD	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 that all planned activities have now completed; confirmation required of the milestones dates for future activity. Details of communication/engagement activities to be confirmed and evidence provided where possible. Risks now on Ulysses but no updates to SharePoint. EA/QIA now over 2 year old (Apr 16) and needs review and re-signing. **Last updated 7 May 2018.**
R&BD	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										Progress Meeting Notes available to April 2018. The R&E Commissioning Plans and Mobilisation Plans are also available to 9 Oct 2018. PID available, benefits to be confirmed. Milestone Plan continues to show some significant delays with key milestones running late but is being tracked as recently as 11 Sep 18. There is a key dependency on the 'Agile' initiative. Issues Log uploaded to 16 Oct 2018, risks to be entered on Ulysses. Deatils of Catering options are also on SharePoint. EA/QIA completed and signed off. **Last updated 16 October 2018.**
R&BD	Alder Centre	To plan, develop and construct the new Alder Centre within the park setting	David Powell										Steering Group meeting notes not updated. Scope/approach defined in PID (revised recently). Benefits defined in PID. Milestone Plan has been revised recently - shows procurement of contrator has now been completed (although some 5 months off track); it is understood that construction that was due to start at the beginning on June (according to plans on SharePoint) has not yet commenced. Finalisation of design has been completed with start of build scheduled 2 months later than showing on the plan. Evidence of Comms/ Engagement activities. Risks to be confirmed on Ulysses. EA/QIA complete. **Last updated 28 Aug 2018.**
R&BD	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										Steering Group reports available to 31 July 2018 and governance structure in place (notes from Steering Group should also be uploaded). Updated PID on SharePoint showing comprehensive suite of benefits and high level milestones through to end of project life cycle. An indication of progress against benefits targets (RAG rating or % confidence level achieved would be useful). There is a detailed Milestone Plan which would benefit from some further precision on re-scheduling of missed deadlines; there is also an extremely informative 'Springfield Park Update' available. A comprehensive 'Engagement Ops Plan' is in evidence (this would benefit from status indicators). A Risk Register has been uploaded and risks last reviewed on 22 Jun 18. EA/QIA complete. **Last updated 13 Sep 2018.**
R&BD	Hospital Moves	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										Minutes of the 'Hospital Moves Steering Group' are available to 14 Aug 2018 and there is an agenda for the meeting planned for 16 Oct 2018. The PID dated 9 Jan 18 is available on SharePoint and provides a comprehensive summary of scope and approach. A high level critical path has been uploaded as well as an option for external provision of space. There is now a detailed Milestone Plan now uploaded onto SharePoint. A risk register is being maintained (important to have dates for 'risk raised' and 'last reviewed'). EA/QIA signed, important to review during the project as different accommodation options are decided upon. **Last updated 15 Oct 18.**
R&BD	Community Cluster	This project is currently at the exploratory and feasability stage and will be rated once fully launched	David Powell										Draft PID uploaded 1 Feb 2018, 'Initiation' Slides uploaded 27 Mar 2018, Design Spec uploaded 27 Sep 18. All other project documentation yet to be developed. **Last updated 27 Sep 2018.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Strong Foundations

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

The solid ratings across the majority of the work stream have been maintained and the efforts of the project teams are recognised.

The 'Energy' project needs to be considered for removal from the framework, by the Programme Board, as it does not have the attributes of a project.

The mobilisation of the 'Catering' project is positive and it is expected that it will achieve a 'green' rating in the near future; the financial recovery depends on the successful implementation of the review findings.

Claire Liddy, Director of Operational Finance – 16 Oct 2018

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

The projects continue to maintain a good standard of assurance evidence – in terms of working project documents - and this fact is reflected in the positive ratings.

The assurance evidence for the Catering project continues to show good progress towards a green rating.

As previously requested: the 'Energy' project should be considered by the Programme Board for it's inclusion in the assurance framework as it lacks (according to the SharePoint documentation) both depth and breadth of ambition.

Joe Gibson, External Programme Assessment – 16 Oct 2018

Programme Assurance Framework

Alder Hey Children's NHS Foundation Trust

Strong Foundations (Completed by Assurance Team) - Current Dashboard Rating:

Sub-Committee	R&BD	Report Date	16 Oct 2018
Work stream Name	Strong Foundations	Executive Sponsor	John Grinnell/ David Powell

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
7.0 Strong Foundations 18/19													
RABD 7.1	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, benefits profile shows project is on track to realise full benefits as projected. Evidence of stakeholder engagement has been uploaded (albeit relatively narrow). EA/QIA now signed off. **Last updated 7 Sep 18.**
RABD 7.2	Procurement CIP	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. Plan last updated 2 Aug 18. Evidence of stakeholder engagement now uploaded but not extensive. EA/QIA signed off. **Last updated 7 Sep 18.**
RABD 7.3	Medicine Optimisation	To deliver the trust MO strategy and deliver quality improvements and financial benefits	Steve Ryan										Team structure now complete and actions notes of Steering Group available up 13 Jul 18. POD now uploaded, needs to show phasing of savings across the year to allow coherent feed into Trust CIP tracking. Plan uploaded, needs completion; tracking and completion of milestones for actions and benefits needs to be clear. Good stakeholder engagement evidence is emerging. A risk register has been uploaded. EA/QIA complete. **Last updated 13 Aug 18.**
RABD 7.5	Coding and Capture	To ensure the AH delivers a above average depth of coding and complies with the business rules whilst maximising income	Claire Liddy										Project team structure now complete. Minutes of Steering Group available up 26 Apr 18. POD uploaded and benefits baselines still to be established. Detailed benefits tracker uploaded, with savings starting to flow and forecast to meet target. Detailed Milestone Plan in evidence, tracked and up to date, with project actions over the full project cycle. Detailed evidence of stakeholder engagement has now been uploaded. Risk register in place and last reviewed on 1 Aug 18. It has been confirmed that the QIA signed of at end of 2017 applies to the 18/19 programme (and will be reviewed in Dec 18). **Last updated 12 Sep 18.**
RABD 7.6	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										Evidence of team meetings is available to June 18. The POD available available on SharePoint gives no details of financial benefits expected for 2018/19. The project plan for 18/19 contains only 6 actions (2 of these relate to usage monitoring and 2 relate to a compensation claim; more detail is required if this is to be considered a project). Evidence provided concerning risks is limited to the single BAF entry. QIA signed off for the 18/19 programme. **Last updated 1 Aug 18.**
RABD 7.7	Catering	To implement the recommendations from the Independent Catering review to improve the overall food service delivery at Alder Hey whilst reducing the financial loss current operating within the Catering Department.	Hilda Gwilliams										Evidence is available for the initial project team meeting that took place on 15 Aug 18. The extensive and detailed 'Review of Catering Services – Final Version' dated January 2018 is serving as a detailed PID. There is a 'Catering Project Benefit Tracker 2019/20' in development. A comprehensive Gantt chart plan has been prepared arising from the review, it is being monitored, and is largely on track. More evidence will be required in terms of stakeholder engagement. Risks have been identified and are being managed. An EA/QIA has been drafted for signature. **Last updated 11 Sep 18.**

NHS
Alder Hey Children's
NHS Foundation Trust

Corporate Report September 2018

How Did We Do?

Executive Summary **Month: September** **Year: 2018**

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

Safe

- The governance team is developing incident management improvements based on user experience or new module availability in Ulysses, the trust's electronic incident management system. Currently a new Morbidity and Mortality (M&M) combined reporting module is under construction with Consultant colleagues and Ulysses, the Trust would be the first in the UK to access and embed such a module strengthening our governance processes.

Highlight

- Strong reporting of incident continues.
- Strong performance in the management and prevention of pressure ulcer formation.

Challenges

- Medication errors remain a challenge. Currently reviewing the outcomes of a research project commissioned in 2017/18 which benefits included the role of the Ward based Pharmacy Technician.

The Best People Doing their Best Work

Caring

- On 10 October 2018 the Supreme Court handed down its judgment in the case of Darnley v. Croydon Health Services NHS Trust. This is the first case in England where an ED receptionist has been found negligent for failing to give accurate information about waiting times to a patient.

  The ED consultant lead and nurse manager have developed a solution with support from the OPD operational manager to achieve 'Live' electronic waiting time reporting via the In-Touch system to ensure factual waiting times are displayed publicly. Training requirements established and are underway followed by system switch on in December.

Highlight

- Strong performance within inpatient areas achieving best position year to date of 98.3% in relation to 'recommending the Trust'.

Challenges

- Surges of activity within the Emergency Department have led to long waiting times and dissatisfaction of children, young people and their families.

Delivery of Outstanding Care

Effective

The brilliant booking group is rolling out a new approach to booking appointments supplemented by a mobile reminder service that will address underlying clinic utilisation. Eleven specialties will go-live in October and we expect *planned* utilisation to increase to 100%.

We have experienced a significant reduction in inpatient bed capacity on Ward 4C which has compromised patient flow out of the Emergency Department and has affected waiting times. This is expected to be resolved in October. We are from the 5 November invoking an enhanced approached to managing high demand (red weeks) weeks to reduce hospital cancellations and improve ED waiting times.

Highlight

- Significant reduction in cancelled operations for non-clinical reasons
- Significant improvement in operations booked within 28 days.

Challenges

- Timeliness of care in the Emergency Department in line with 4-hour standard
- Clinic session utilisation
- 2 blood stream infections

Delivery of Outstanding Care

Responsive

Significant operational management attention has been given to deliver good access times and prevent patients waiting over 52 weeks for treatment.

A data quality exercise is being undertaken to review the number of patients on the waiting list, this is ongoing but is expected to reduce the overall waiting list size.

The SAFER bundle to provide better discharge information is being embedded on wards 3A and 4C and is being well received by staff and patients.

Highlight

- Deliver of national access standards
- Reduction in waiting list size

Challenges

- % children involved in play and learning
- % families who know their expected date of discharge

The Best People Doing their Best Work

Well Led

The Trust has revised its control total at Q2 as previously agreed by the Board. Total surplus plan now £32m with £28m relating to new PSF match opportunities. Month 6 position £0.4m ahead of plan meaning year to date we are a surplus of £4.4m which is on plan. UoR is a 2 which is in line with plan and cash balances are £20m which is ££0.9m behind plan all relating to timing issues of payments.

CIP continues to show a shortfall of £1.4m (latest position) which we are looking to bridge. Divisions are also forecast a £2.8m gap against control and a financial recovery is being put in place. Capital forecast remain a concern with a number of schemes forecasting being over budget. A Capital Recovery plan is being finalised and will be brought back to Board in December.

Our elective performance continues to not meet plan which is being somewhat offset by Non-Elective over performance. Action plan is in place linked to the winter plan to mitigate. This does continue to be a risk.

Long Term sickness continues to be higher than plan. A well-being action plan has been developed and is being overseen by WOD. This is having an impact as our temporary spend continues to remain above £0.8m per month.

Highlight

- Control total overachieved in month
- CIP overachieved in month
- Medical appraisal rates
- Outpatient activity levels improving

Challenges

- Elective run rate
- Sickness levels remain high
- Turnover rates high in month

Game Changing Research and Innovation

Research and Development

- The Trust is entering a new phase of partnership with several higher education institutions, including its primary academic partner, the University of Liverpool (UoL). Following the completion of the UoL report on the review of clinical research in Liverpool, paediatrics/child health has been rated as a priority investment area. Within the Trust, plans have been presented to the Trust Board outlining the steps needed to ensure that the research function within Alder Hey is adequately configured and resourced to respond to the opportunities for

Highlight

- Six months of baseline data are now available from the NIHR-funded DETECT study which is focused on the use of paediatric early warning scores to detect the deteriorating child in hospital. The data were presented at an October Grand Round and well received. The pre-electronic system intervention data are a rich source of information for managers and clinicians.

growth and development offered by UoL, and other academic partners. This includes strengthening the breadth and depth of clinical research leadership, including within the Clinical Divisions.	**Challenges** • Overall study performance within the NIHR Clinical Research Network portfolio is challenging. Director of Research and Clinical Lead for Research to hold meetings with NW Coast Speciality Leads for Children and Paediatric Cancer to understand causes of under-performance.

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Delivery of Outstanding Care

SAFE

Alder Hey Children's NHS
NHS Foundation Trust

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG			Comments Available
Total no of incidents reported Near Miss & Above	406	426	464	326	453	456	514	413	447	490	433	451	455		>=407	>=365	<365	✔
Clinical Incidents resulting in minor harm & above	73	71	88	51	84	81	94	83	78	94	85	84	94		<=66	<=73	>73	✔
Clinical Incidents resulting in moderate, semi permanent harm	2	0	2	2	2	0	1	0	1	1	1	1	2		<=1	N/A	>1	✔
Clinical Incidents resulting in severe, permanent harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Clinical Incidents resulting in catastrophic, death	1	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Pressure Ulcers (Category 3)	0	0	0	1	2	0	0	0	1	0	0	0	0		0	N/A	>0	✔
Pressure Ulcers (Category 4)	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Medication errors resulting in harm	2	1	4	3	2	5	6	4	2	4	3	4	3		<=2	N/A	>2	✔
Never Events	0	0	0	0	0	0	0	0	0	0	0	2	0		0	N/A	>0	✔

The Best People doing their best Work

CARING

Alder Hey Children's NHS
NHS Foundation Trust

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG	Comments Available
Friends & Family A&E - % Recommend the Trust	93.2%	95.2%	89.1%	90.9%	89.8%	85.6%	86.4%	85.4%	82.6%	83.9%	86.3%	88.2%	85.5%		>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	97.7%	100.0%	96.8%	96.4%	92.2%	100.0%	100.0%		>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust	98.5%	97.9%	97.5%	97.3%	97.3%	96.6%	96.8%	93.7%	95.5%	94.9%	97.0%	97.0%	98.3%		>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust	96.3%	94.1%	96.0%	100.0%	77.8%	82.8%	100.0%	87.5%	82.6%	88.9%	100.0%	89.9%	89.4%		>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust	91.4%	95.8%	92.0%	97.7%	96.1%	91.8%	89.3%	90.3%	88.6%	86.9%	85.5%	89.7%	90.0%		>=95 % >=90 % <90 %	✔
Complaints	4	10	12	5	12	13	5	8	11	11	12	14	11		<=3 <=4 >4	✔
PALS	121	94	119	98	145	145	129	151	126	99	101	100	125		<=109 <=121 >121	✔

Delivery of Outstanding Care

EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG	Comments Available
Sepsis: Patients treated for Sepsis - A&E	44.4%	54.5%	60.0%	57.1%	60.0%	42.3%	60.9%	66.7%	55.6%	57.1%	65.5%	68.2%	54.5%		>=90 % N/A <90 %	✔
Sepsis: Patients treated for Sepsis - Inpatients	72.4%	83.7%	85.4%	70.3%	74.1%	86.4%	79.2%	76.0%	72.7%	78.9%	71.4%	72.5%	75.7%		>=90 % N/A <90 %	✔
No of children that have suffered avoidable death - Internal	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
% Readmissions to PICU within 48 hrs	4.5%	2.9%	2.4%	0.0%	2.4%	1.5%	4.1%	3.6%	2.5%	2.7%	6.5%	0.0%	2.7%		<=3 % N/A >3 %	✔
Hospital Acquired Organisms - MRSA (BSI)	0	1	1	0	2	0	0	0	0	0	0	0	0		0 N/A >0	✔
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	1	0	0	0	0	0	0		0 N/A >0	✔
Hospital Acquired Organisms - MSSA	3	2	0	2	0	3	0	0	1	0	0	0	1		<=1 N/A >1	✔
Hospital Acquired Organisms - CLABSI - ICU Only	1	2	1	6	2	4	2	2	2	2	0	1	0		<=1 N/A >1	✔
Hospital Acquired Organisms - Gram Negative BSI	0	2	3	2	1	1	3	2	0	1	0	1	2		<=1 N/A >1	✔
Bed Occupancy (Accessible Funded Beds)	85.0%	85.1%	88.8%	78.9%	88.2%	89.3%	89.6%	90.3%	84.9%	88.5%	83.9%	76.2%	79.9%		<=89 % <=93 % >93 %	✔
ED: 95% Treated within 4 Hours	95.0%	94.5%	92.8%	94.1%	93.6%	92.6%	97.2%	95.3%	95.0%	95.6%	96.5%	98.4%	93.7%		>=95 % N/A <95 %	✔
Average LoS - Elective (Days)	3.07	2.61	2.97	3.60	2.94	2.98	3.21	2.79	2.87	2.89	3.13	2.80	2.78		<=3.1 N/A >3.1	✔
Average LoS - Non-Elective (Days)	2.09	2.01	1.98	1.97	2.10	1.99	2.10	1.96	2.01	2.01	1.85	2.03	1.73		<=2.1 N/A >2.1	✔
Theatre Utilisation - % of Session Utilised	86.5%	86.4%	84.4%	86.0%	87.2%	85.6%	86.2%	88.2%	88.6%	87.9%	89.3%	87.0%	86.6%		>=90 % >=80 % <80 %	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	48	26	40	15	24	25	37	26	33%	44	35	18	14		<=22 N/A >22	✔
28 Day Breaches	0	8	5	5	0	3	8	10	5	6	6	7	1		0 N/A >0	✔
Clinic Session Utilisation	83.4%	85.0%	86.2%	82.5%	85.1%	83.7%	83.8%	83.3%	83.6%	84.8%	82.1%	82.7%	84.0%		>=90 % >=85 % <85 %	✔
Did Not Attend Rate	12.3%	12.0%	10.6%	12.2%	10.4%	10.7%	11.3%	10.6%	11.5%	12.1%	12.3%	13.2%	10.8%		<=12 % <=14 % >14 %	✔
Transcription Turnaround (days)	8.50	12.50	13.00	18.50	23.00	26.00	28.50	15.00	6.00	4.50	4.00	1.00	4.00		<=3 <=5 >5	✔

Delivery of Outstanding Care

RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG	Comments Available
IP Survey: % Received information enabling choices about their care	96.5%	96.1%	94.9%	94.7%	94.4%	94.7%	93.1%	94.8%	91.6%	96.2%	94.7%	94.7%	96.3%		>=95 % >=90 % <90 %	✔
IP Survey: % Treated with respect	99.5%	99.3%	99.8%	99.4%	100.0%	99.4%	99.8%	97.7%	98.8%	99.7%	99.7%	99.6%	99.5%		100 % >=95 % <95 %	✔
IP Survey: % Know their planned date of discharge	65.0%	57.4%	61.9%	62.5%	52.1%	59.0%	60.1%	60.5%	76.1%	63.7%	65.7%	60.6%	55.3%		>=90 % >=85 % <85 %	✔
IP Survey: % Know who is in charge of their care	92.8%	93.8%	94.9%	90.6%	93.6%	90.9%	91.6%	91.3%	90.9%	92.7%	94.7%	91.6%	94.9%		>=95 % >=90 % <90 %	✔
IP Survey: % Patients involved in play and learning	73.0%	72.6%	76.7%	76.4%	78.3%	79.6%	75.0%	74.9%	77.8%	74.4%	73.1%	74.8%	73.7%		>=90 % >=85 % <85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	92.1%	92.2%	92.0%	92.0%	92.2%	92.1%	92.1%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%		>=92 % >=90 % <90 %	✔
Waiting List Size								13,235	13,238	12,879	12,962	12,925	12,884		<=12905 N/A >12905	✔
Waiting Greater than 52 weeks	0	0	1	0	1	2	1	0	0	0	0	0	0		0 N/A >0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
All Cancers: 31 day diagnosis to treament	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
All Cancers: 31 day wait until subsequent treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	99.8%	100.0%	99.3%	99.8%	99.8%	99.8%	99.2%	99.3%	99.0%	99.8%		>=99 % N/A <99 %	✔
Number of Super Stranded Patients (21+ Days)	27	26	33	29	35	26	32	34	27	32	29	32	29		<=32 N/A >32	✔
PFI: PPM%	88.0%	88.0%	98.0%	100.0%	98.0%	100.0%	98.0%	98.6%	99.0%	99.0%	96.0%	98.0%	100.0%		>=98 % N/A <98 %	✔

The Best People doing their best Work

WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG	Comments Available
CIP In Month Variance (£'000s)	5	-459	-433	-149	54	-410	864	-248	104	153	-238	-137	175		>=0% >=-20% <-20%	✔
Control Total In Month Variance (£'000s)	45	-688	418	218	243	17		-426	154	285	29	-396	359		>=0% >=-20% <-20%	✔
Capital Expenditure In Month Variance (£'000s)	70	1,623	-141	2,329	1,184	3,161	-887	1,090	-333	1,701	-462	-129	2,907		>=-5% >=-10% <-10%	✔
Cash in Bank (£'000s)	9,116	10,872	6,753	8,171	6,712	10,201	12,244	12,406	10,455	9,455	23,910	21,519	20,023		>=0% >=-20% <-20%	✔
Income In Month Variance (£'000s)	133	-16	3,837	455	1,893	1,080	19,658	218	591	425	998	741	263		>=0% >=-20% <-20%	✔
Pay In Month Variance (£'000s)	-148	-647	-716	-426	-538	-605	546	-17	-7	-38	-111	-311	51		>=-1% >=-20% <-20%	✔
Non Pay In Month Variance (£'000s)	60	-24	-2,703	189	-1,111	-458	1,368	-627	-431	-102	-858	-825	95		>=0% >=-20% <-20%	✔
NHSI Use of Resources	3	3	3	3	3	3	1	3	3	3	3	3	2		<=3 N/A >3	✔
AvP: IP - Non-Elective								190	124	112	134	148	170		>=0 N/A <0	✔
AvP: IP Elective vs Plan								-86	-25	-103	-85	-46	-64		>=0 N/A <0	✔
AvP: Daycase Activity vs Plan								-97	-112	-96	-214	64	-163		>=0 N/A <0	✔
AvP: Outpatient Activity vs Plan								707	393	589	332	1,494	713		>=0 N/A <0	✔
PDR	77.7%	79.7%	80.1%	79.6%	79.7%	76.1%	76.4%	1.3%	11.3%	31.1%	64.7%	82.3%	88.8%		>=90 % >=85 % <85 %	✔
Medical Appraisal	8.0%	8.0%	11.6%	13.6%	24.0%	52.1%	67.6%	69.0%	69.0%	2.0%	4.0%	6.3%	100.0%		>=95 % >=90 % <90 %	✔
Mandatory Training	71.8%	73.6%	80.5%	86.2%	88.9%	94.1%	92.9%	92.1%	92.0%	92.1%	91.6%	88.6%	88.1%		>=90 % >=80 % <80 %	✔
Sickness	4.9%	5.4%	5.3%	5.9%	6.3%	5.5%	4.7%	4.4%	4.6%	4.8%	5.3%	5.2%	5.4%		<=4.5 % <=5 % >5 %	✔
Short Term Sickness	1.2%	1.7%	1.5%	1.7%	2.1%	1.7%	1.5%	1.3%	1.2%	1.3%	1.5%	1.2%	1.4%		<=1.5 % N/A >1.5 %	✔
Long Term Sickness	3.7%	3.7%	3.8%	4.2%	4.2%	3.8%	3.2%	3.1%	3.4%	3.5%	3.8%	3.9%	4.1%		<=3 % N/A >3 %	✔
Temporary Spend ('000s)	999	918	938	761	833	926	1,067	977	973	947	901	1,082	820		<=800 <=960 >960	✔
% of Correct Pay Achieved	99.6%	99.5%	99.6%	98.0%	99.6%	99.3%	98.9%	99.8%	99.4%	99.5%	99.5%	99.5%	99.4%		>=99.5 % >=99 % <99 %	✔
Staff Turnover	10.8%	10.9%	11.0%	11.5%	11.5%	11.5%	11.0%	10.8%	11.2%	11.0%	11.5%	10.8%	13.7%		<=10 % <=11 % >11 %	✔
Safer Staffing (Shift Fill Rate)	93.9%	93.2%	96.2%	93.9%	95.9%	94.2%	95.0%	96.4%	96.5%	94.8%	95.0%	93.9%	93.1%		>=90 % N/A <90 %	✔
Domestic Cleaning Audit Compliance	25.0%	75.0%	60.0%	65.0%	75.0%	85.0%	90.0%	90.0%	85.0%	65.5%	97.5%	85.0%	93.8%		>=85 % N/A <85 %	✔
Performance Against Single Oversight Framework Themes	0	0	0	0	0	0	0	0	0	0	0	0	0		0 <=1 >1	✔

Game Changing Research & Innovation

R&D

Alder Hey Children's NHS
NHS Foundation Trust

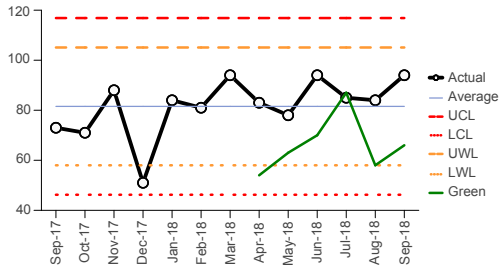
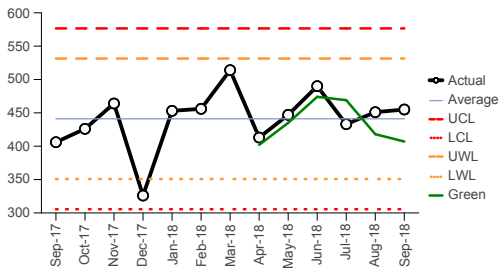
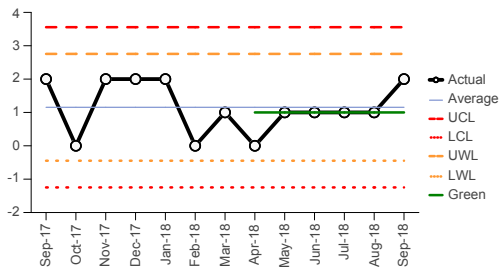
GROW THE FUTURE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG			Comments Available
Number of Open Studies - Academic								148	153	159	159	156	115		>=50	N/A	<50	✔
Number of Open Studies - Commercial								34	33	34	34	37	27		>=5	N/A	<5	✔
Number of New Studies Opened - Academic								5	2	5	7	2	3		>=4	N/A	<4	
Number of New Studies Opened - Commercial								3	0	0	1	2	3		No Threshold			
Number of patients recruited								272	308	245	288	249	238		>=417	N/A	<417	✔

Delivery of Outstanding Care

7.1 - QUALITY - SAFE

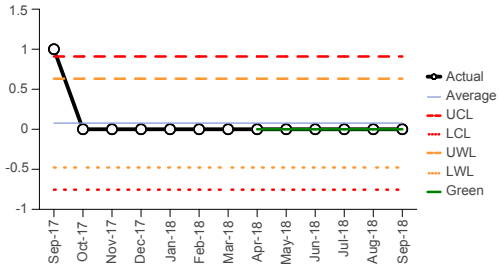
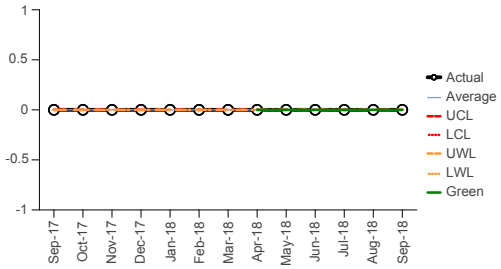
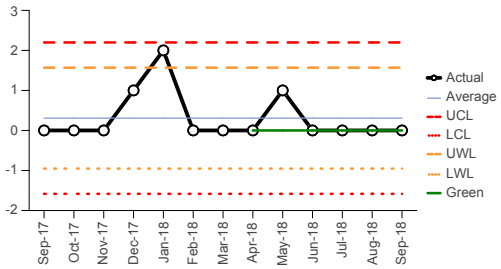
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in minor harm & above** Incidents reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 10% reduction on the period Apr 17 - Mar 18 (913). 18/19 aim is 10% less than last year for the same month. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	94	R >73 A <=73 G <=66		Weekly 'Patient Safety Meeting review and monitoring progress with actions. Monthly Head of Quality analysis reports including lessons learned presented to Divisional Governance Assurance Committee and Clinical Quality Steering group.
Incidents: Increasing Reporting	**Total no of incidents reported Near Miss & Above** Total number of Incidents reported. The threshold is based on increasing on last year for the period Apr 17 - Mar 18 (4,241) 18/19 aim is more than last year for the same month to demonstrate a learning culture. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	455	R <365 A >=365 G >=407		No Action Required
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** Incidents reported resulting in moderate harm. The threshold is based on achieving a 10% reduction on the period Apr 17 - Mar 18 (16). 18/19 aim is 12 or less, annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	2	R >1 A N/A G <=1		Weekly 'Patient Safety Meeting review and monitoring progress with actions. Monthly Head of Quality analysis reports including lessons learned presented to Divisional Governance Assurance Committee and Clinical Quality Steering group.

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

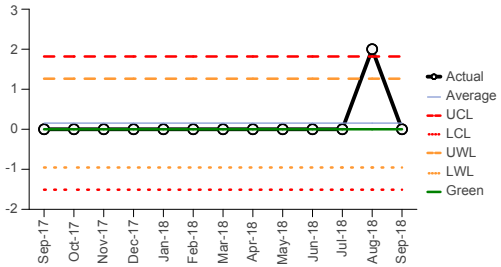
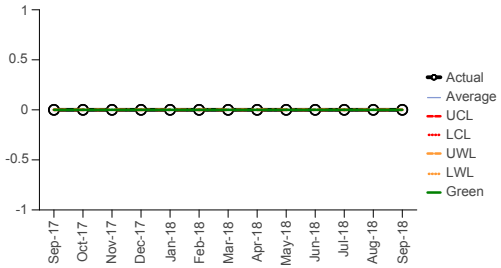
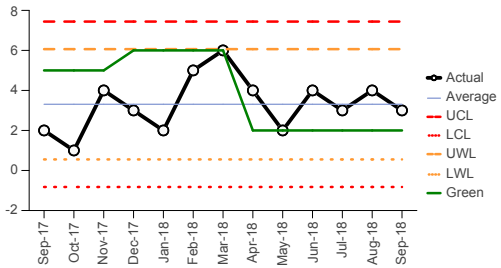
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in catastrophic, death** Incidents reported resulting in major harm. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Incidents: Reducing Harm	**Clinical Incidents resulting in severe, permanent harm** Incidents reported resulting in major harm. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

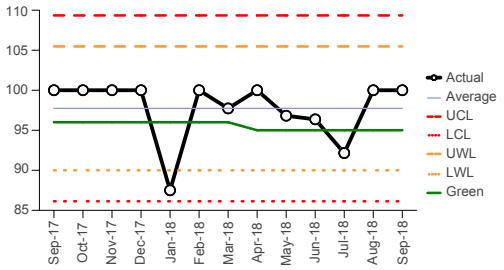
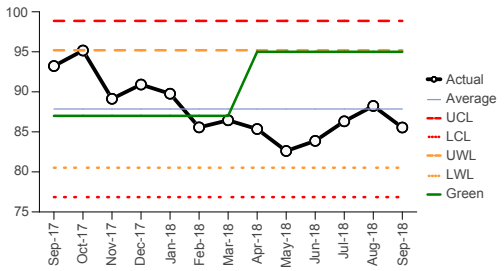
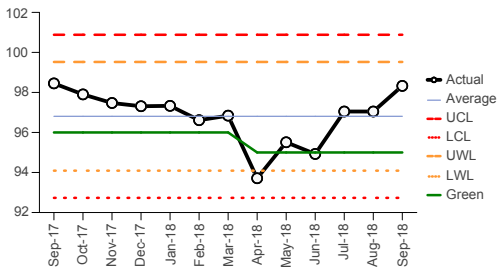
	Description	Performance	Threshold	Trend	Management Action (SMART)
Never Events	**Never Events** Never Events. The threshold is based on this event never occuring. 18/19 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		NHS Serious Incident Framework and Never Event framework followed to assure standard of investigation's and lessons learned are implemented and monitored to reduce risk of recurrence.
Reducing Pressure Ulcers	**Pressure Ulcers (Category 4)** Pressure Ulcers of Category 4. The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Medication Errors	**Medication errors resulting in harm** Medication errors reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 25% reduction on the period Apr 17 - Mar 18 (32). 18/19 aim is 2 avg per month, or less, per month (less than 24 annually) **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	3	R >2 A N/A G <=2		A number of 10 fold dose errors have occurred this month involving prescribing and administration of medicines. None have caused serious harm. These incidents have been investigated and the following actions taken: discussion with staff involved to identify any specific learning which can be implemented; independent checking guidelines recirculated; ensure medical staff are aware of how to reconstitute antibiotic take-home packs; risk assessment of keeping 2 strengths of oral morphine; business case for secondments to MSO team in progress. AMR (MSO) on behalf of AG (Chair MSC)

The Best People doing their best Work

8.1 - QUALITY - CARING

Alder Hey Children's NHS Foundation Trust

BRILLIANT BASICS

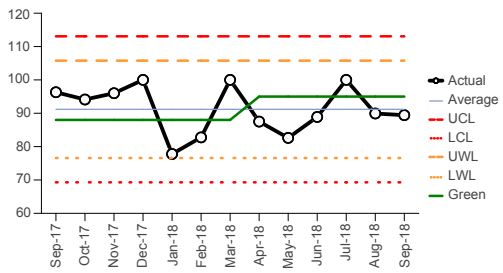
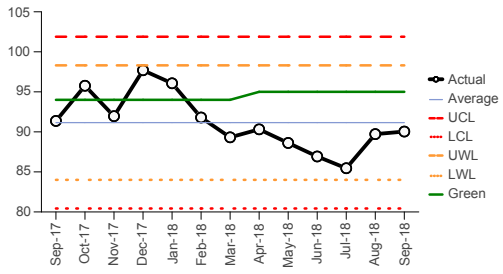
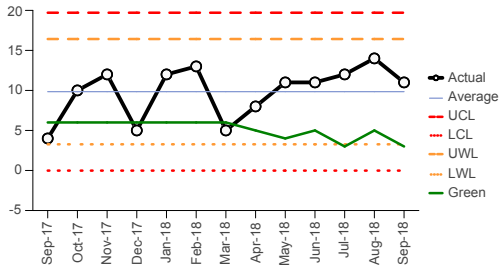
	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Community - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	100 %	R <90 % A >=90 % G >=95 %		No Action Required
Friends & Family	**Friends & Family A&E - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on exceeding the National average in Nov 17. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	85.54 %	R <90 % A >=90 % G >=95 %		Lack of communication around waiting times and staff attitude continues to be a source of frustration for our families. Although processes have been put in place to address these issues they are not always followed. Feedback has been shared with the department. These issues have been added to the Trusts high level feedback action plan. This has been disseminated to the following: Divisional Director, Associate Chief Nurse, Associate Operating Officer, Head of Acute Care and the Head of Quality.
Friends & Family	**Friends & Family Inpatients - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	98.33 %	R <90 % A >=90 % G >=95 %		No Action Required

The Best People doing their best Work

8.2 - QUALITY - CARING

Alder Hey Children's NHS Foundation Trust

BRILLIANT BASICS

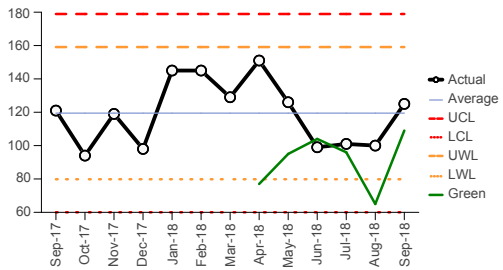
	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Mental Health - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	89.42 %	R <90 % A >=90 % G >=95 %		This month CAMHS introduced a dedicated Crisis Care team; the service operates 7 days a week, including Bank Holidays. The team offers advice, consultation, and direct intervention. CHAMS are also providing urgent next day mental health assessments. They will endeavour to see all CYP within 24 hours of receiving a referral from ward based medics or other health professionals. These positive services and the actions that have been put in place to collect higher numbers of family friend's test feedback will enable us to have a broader measure of any ongoing trends or concerns.
Friends & Family	**Friends & Family Outpatients - % Recommend the Trust** Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	90.04 %	R <90 % A >=90 % G >=95 %		Positive feedback continues to grow month on month, there are no themes or trends to report except there is nowhere to take children with ADHD or autism when waiting in outpatients. There is a small haven room with no windows that is not fit for purpose. A task and finish group is to be set up to discuss what can be done to address the situation, the group will discuss and scope ideas of how and what do we see as a perfect room. 'The best positive care project' continues to have a positive effect on the FFT results.
Complaints	**Complaints** Total complaints received. The threshold is based on achieving a 25% reduction on the period Apr 17 - Mar 18 (90). 18/19 aim is to reduce by 25% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	11	R >4 A <=4 G <=3		Complaints are still low as an organisation, not a dissimilar position to 2017/2018. Complaints will continue to be reviewed at divisional level.

The Best People doing their best Work

8.3 - QUALITY - CARING

BRILLIANT BASICS

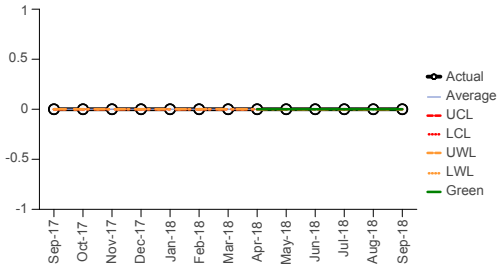
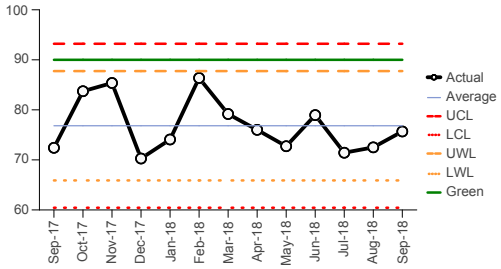
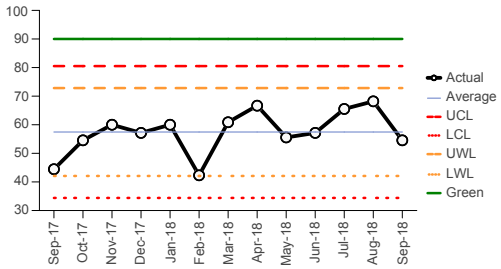
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
PALS	**PALS** Total number of PALS contacts. Threshold is based on a 10% Reduction on 17/18 (1336). 18/19 aim is to reduce by 10% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	125	R >121 A <=121 G <=109		In month increase in PALs compared to previous month however remain on track to achieve 10% reduction.

Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

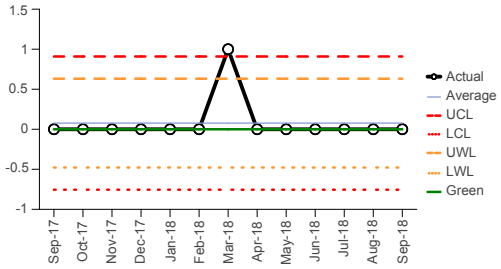
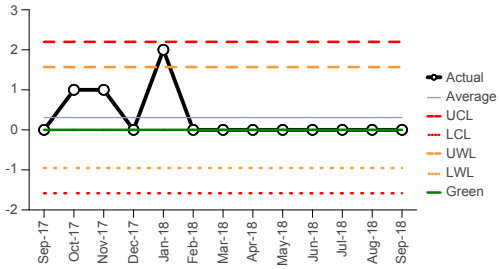
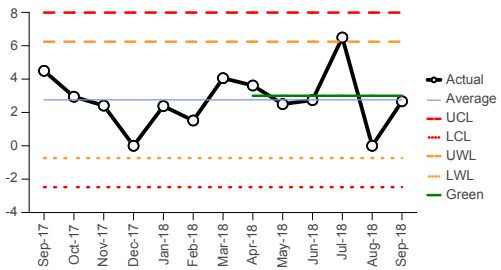
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Mortality	**No of children that have suffered avoidable death - Internal** Total number of children that have suffered avoidable death with issues relating to care provided in Alderhey. Figures provided by HMRG group. The threshold for 18/19 is zero. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Sepsis	**Sepsis: Patients treated for Sepsis - Inpatients** Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 18/19 aim is 90%. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	75.68 %	R <90 % A N/A G >=90 %		September once again increased number of patients identified but have been able to remain relatively constant in relation to % patients recieving IVAB within 60 minutes. There has been a number of complex patient requiring specialist input from the ID. Although not seen in this figure there has also been a large number of patients transferred in from other hospitals after starting IVAB for sepsis. These patients do not show in our CQUIN figures but we can show an increase in 'sepsis' activity. An area to improve would be documentation as i feel this would have an impact on the %.
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 18/19 aim is 90%. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	54.55 %	R <90 % A N/A G >=90 %		A+E has had an increase in attendances also with a high acuity/acutely unwell deteriorating children. This has been recognnised by the A+E Sepsis nurse who is continuing to deliver the message of the importance of the pathway. Although the overall % has decreased it is clear from the data we have identified a high number of patients who have been treated who were truely septic i.e. had +ve blood cultures. This has also been picked up by the AMS/OPAT team as they have seen an increase in the number of children being referred to OPAT. Continued work on documentation especially times identified.

Delivery of Outstanding Care

9.2 - QUALITY - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

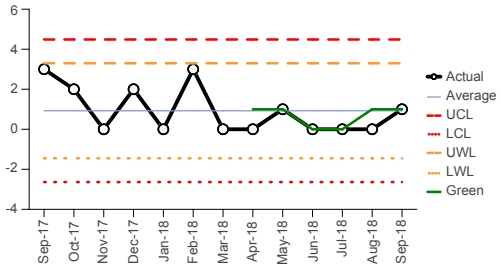
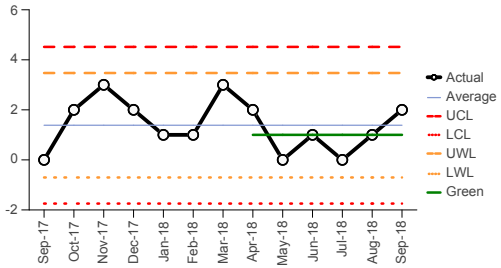
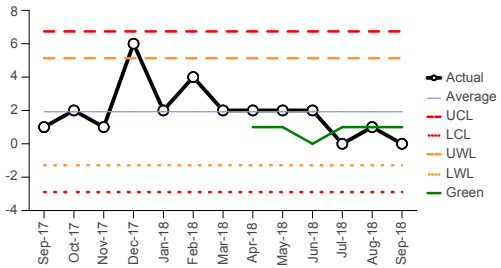
	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - C.difficile** The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** The threshold is based on this event never occuring. 18/19 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
PICU Re-admissions	**% Readmissions to PICU within 48 hrs** % of discharges readmitted to PICU within 48hrs sourced from PICANet [Paediatric Intensive Care Audit Network]. Threshold agreed with PICU is based on the reported range nationally from all UK PICUs, most recent published range (16/17) was 0-3% averaged over a calendar year. Data is presented as monthly incidence for the purpose of this report. Annual average for this site was 2.4% **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	2.67 %	R >3 % A N/A G <=3 %		No Action Required

Delivery of Outstanding Care

9.3 - QUALITY - EFFECTIVE

BRILLIANT BASICS

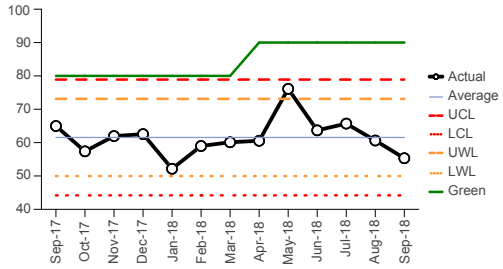
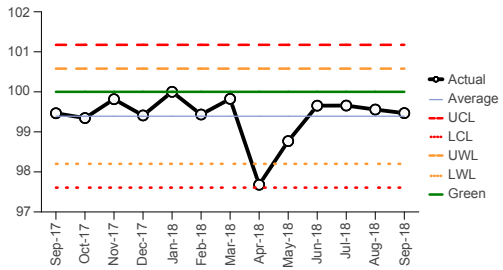
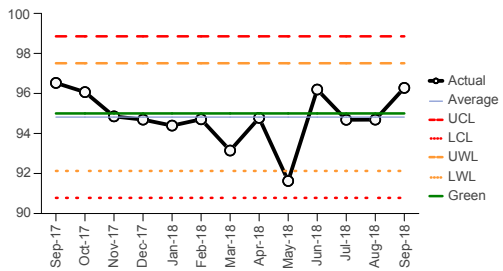
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - MSSA** Hospital Acquired Organisms - MSSA . 18/19 aim is to reduce by 25% or more. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	1	R >1 A N/A G <=1		No Action Required
Reducing Infections	**Hospital Acquired Organisms - Gram Negative BSI** Gram - Negative BSI to include E Coli, Klebsiella and Pseudomonas . 18/19 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	2	R >1 A N/A G <=1		These 2 organisms have come from the same patient and blood culture but have been reported twice as they are both reportable organisms. An RCA is underway.
Reducing Infections	**Hospital Acquired Organisms - CLABSI - ICU Only** Hospital Acquired Organisms - CLABSI on ICU Ward Only. 18/19 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	0	R >1 A N/A G <=1		No Action Required

Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

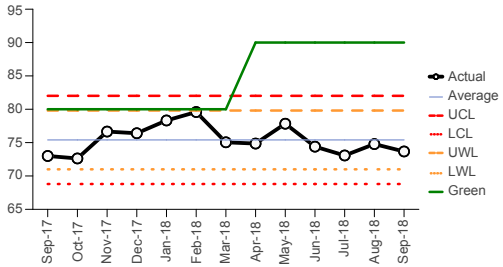
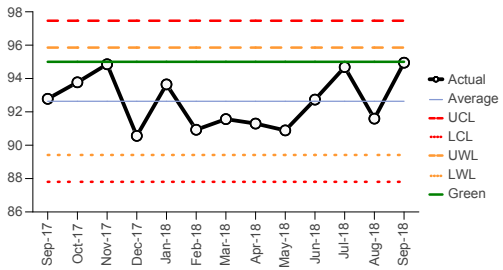
	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Date of Discharge	**IP Survey: % Know their planned date of discharge** Percentage of children / families that report knowing their planned date of discharge. Thresholds are based on previously defined local targets. The 18/19 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	55.32 %	R <85 % A >=85 % G >=90 %		The Safar Project has identified that consultants are to communicate with the ward staff, meditech is to be completed and the date of discharge is to be feedback to patients and their families. Assurance is required from the Head of Quality that these methods of communication is being carried out to ensure that all families have been told an estimated date of discharge.
Inpatient Survey: Respect	**IP Survey: % Treated with respect** Percentage of children / families that report being treated with respect. Thresholds are based on previously defined local targets. The 18/19 is 100%. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	99.47 %	R <95 % A >=95 % G 100 %		This is excellent progress
Inpatient Survey: Choices	**IP Survey: % Received information enabling choices about their care** Percentage of patients / families that report receiving information to enable them to make choices. Thresholds are based on previously defined local targets. The 18/19 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	96.28 %	R <90 % A >=90 % G >=95 %		No Action Required

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

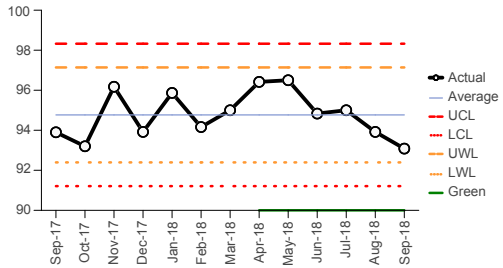
BRILLIANT BASICS

	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Play and Learning	**IP Survey: % Patients involved in play and learning** % of children / families that report engaging in play / learning. Thresholds are based on previously defined local targets. The 18/19 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	73.67 %	R <85 % A >=85 % G >=90 %		It has been identified that more play is required within outpatients and A&E. Some work has already began which includes the introduction of a bleep holder should a play specialist be required for distraction. A working group has been set up to scope what is required so we can focus on the real basics of play ensuring we have the right people and resources to deliver an excellent play service. PlayStations and tablets have yet to be placed on the wards due to fixtures. This will hopefully be completed this month.
Inpatient Survey: In Charge of Care	**IP Survey: % Know who is in charge of their care** % of children / families that report knowing who is in charge of their care. Thresholds are based on previously defined local targets. The 18/19 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** CQAC	94.95 %	R <90 % A >=90 % G >=95 %		Each patient has an allocated nurse; it has been identified that all CYP or their families are informed who is in charge of their care, but CYP and families do not always remember. We need to have further training for volunteers who either ask or give the questions to the CYP and families to emphasise that even if they have forgotten the name of the person in charge as long as they have been told this would still be a YES

The Best People doing their best Work

11.1 - QUALITY - WELL LED

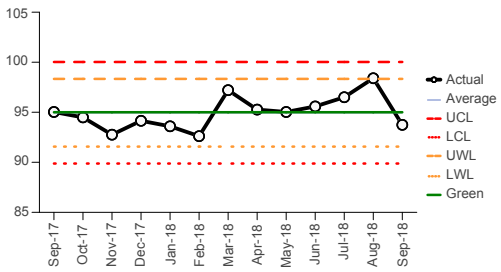
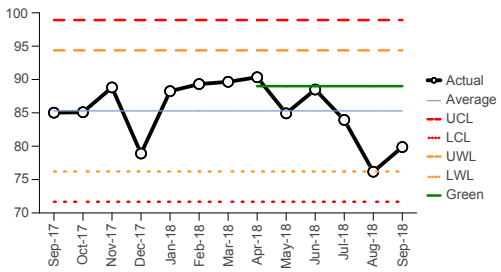
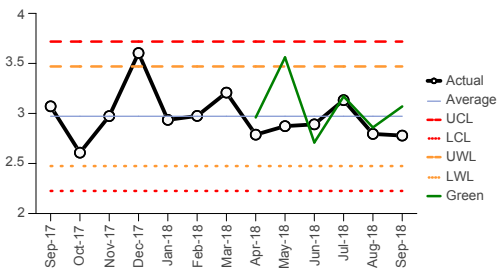
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Staffing	**Safer Staffing (Shift Fill Rate)** Safer Staffing. Threshold is based on National Target of 90% or above. **Exec Lead:** Pauline Brown **Committee:** CQAC	93.08 %	R <90 % A N/A G >=90 %		No Action Required

Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

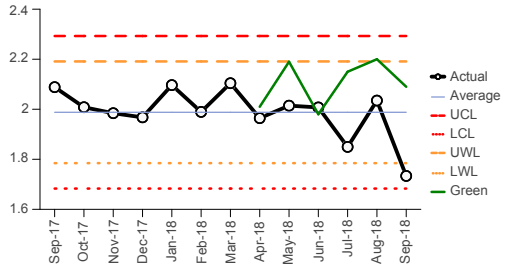
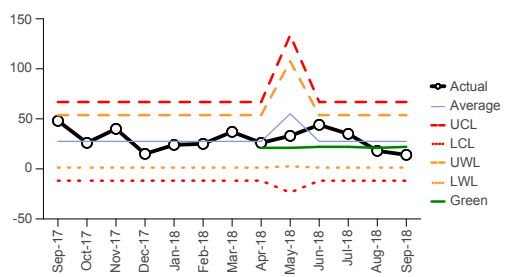
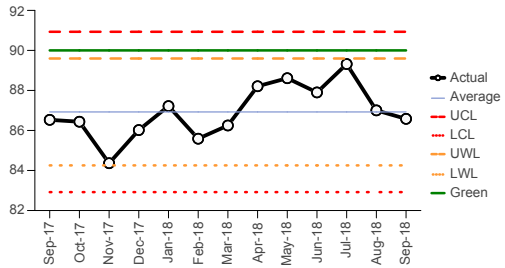
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
ED 4 Hour Standard	**ED: 95% Treated within 4 Hours** Threshold is based on National Guidance set by NHS England at 95%. **Exec Lead:** Adam Bateman **Committee:** RABD	93.74 %	R <95 % A N/A G >=95 %		September proved to be a challenging month for ED due to a combination of factors. 7 beds closed on 4C to safely manage a patient impacted on Trust capacity and outflow from the dept. Primary Care Streaming continues to work well when staffed however when GP's are not available performance adversely affected due to green triage patient volumes. Acuity has also increased which is being analysed to identify underlying trends. 4C beds are planned to re-open in October which will support outflow. Team continue to work with UC24 to boost GP fill rate. Winter Plan/Red week actions to be enabled.
Bed Occupancy	**Bed Occupancy (Accessible Funded Beds)** Percentage of funded beds that are occupied in accessible wards 3A, 4A, 3C and 4C, this is based on 3 occupnacy readings measured throughout the day. Threshold is based on National NHS Guidance on safe staffing and occupancy levels. **Exec Lead:** Adam Bateman **Committee:** RABD	79.87 %	R >93 % A <=93 % G <=89 %		No Action Required
LoS: Elective	**Average LoS - Elective (Days)** Average Elective Length of Stay (days). 18/19 aim is to not increase Length of Stay for the same month last year. **Exec Lead:** Adam Bateman **Committee:** RABD	2.78	R >3.1 A N/A G <=3.1		No Action Required

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

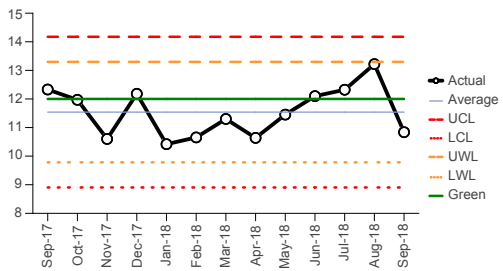
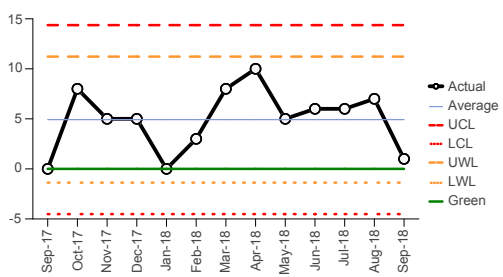
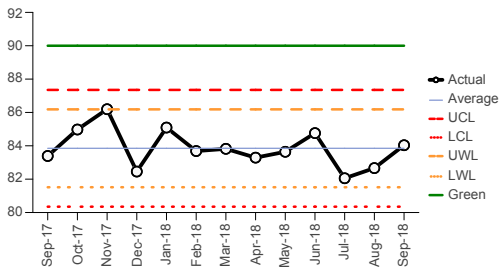
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
LoS: Non-Elective	**Average LoS - Non-Elective (Days)** Average Non Elective Length of Stay (days). 18/19 aim is to not increase Length of Stay for the same month last year. **Exec Lead:** Adam Bateman **Committee:** RABD	1.73	R >2.1 A N/A G <=2.1		No Action Required
Cancelled Operations	**On the day Elective Cancelled Operations for Non Clinical Reasons** Performance is measured for on the day cancelled elective operations for non clinical reasons. This based on National Guidance. Threshold aims to reduce cancellations by 25% based on 17/18 overall performance. **Exec Lead:** Adam Bateman **Committee:** RABD	14	R >22 A N/A G <=22		No Action Required
Theatre Utilisation	**Theatre Utilisation - % of Session Utilised** Threshold is based on the productive theatre improvement measures at greater than or equal to 90% utilisation of theatres. **Exec Lead:** Adam Bateman **Committee:** RABD	86.58 %	R <80 % A >=80 % G >=90 %		Small improvement compared to August. A refreshed theatre utilisation meeting is taking place for Winter with a focus on maximising day surgery utilisation. A pilot of bi-directional texting for surgery has proved successful, allowing minimum 90% of cancellations with sufficient notice to be refilled. Discussions are also underway with specialties with lower utilisation to assess list requirement and redistribute to other services if possible

Delivery of Outstanding Care

12.3 - PERFORMANCE - EFFECTIVE

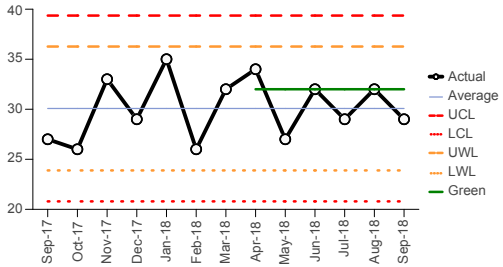
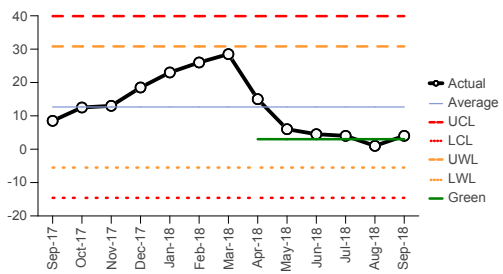
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
DNAs	**Did Not Attend Rate** The target of 12% is a local target aligned to outpatient improvement workstreams (Hybrid Booking, Patient Demogrpahic Checking and bidirectional automate text reminders). **Exec Lead:** Adam Bateman **Committee:** RABD	10.84 %	R >14 % A <=14 % G <=12 %		No Action Required
Operation Breaches	**28 Day Breaches** Standard is when a patients operation is cancelled by the hospital last minute for non-clinical reasons, the hospital will have to offer another binding date with 28 days. This is based on national guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	1	R >0 A N/A G 0		Significant improvement in month with only 1 breach. This patient was rebooked within 35 days due to theatre lists availability within the service. This is also assisted by a reduction in number of on the day cancellations. There is now improved monitoring of this metric at Weekly Performance Meeting to identify potential breaches before these occur so another date can be found
Clinic Utilisation	**Clinic Session Utilisation** Threshold is based on a resonable expectation utilising clinics at 90% or greater to take into account short notice cancellations and DNAs. **Exec Lead:** Adam Bateman **Committee:** RABD	84.03 %	R <85 % A >=85 % G >=90 %		Clinic utilisation is affected via a number of variables for example DNA, DQ and unfilled slots. The Brilliant Booking Group is seeking to address this and is currently rolling out BiDirectional texting to improve patient access to manage their appointments, Backfilling the slots when they become available and by giving more control to patients' reduce DNA's. BiDirectonal texting is being rolled out and creating capacity however staff shortage in the B&S team has hampered our backfill rollout. It is successful when deployed. Staff scheduled to return Nov

Delivery of Outstanding Care

12.4 - PERFORMANCE - EFFECTIVE

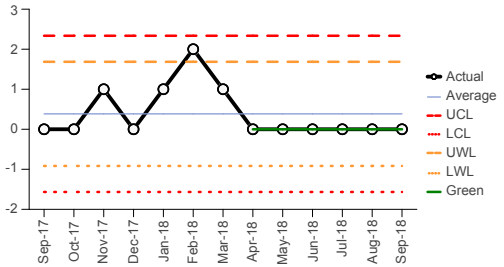
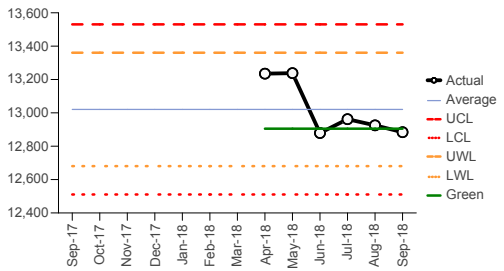
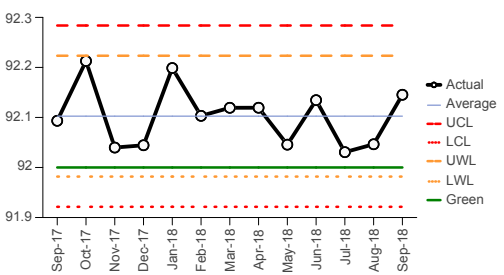
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Stranded Patients	**Number of Super Stranded Patients (21+ Days)** National measure as part of the 18/19 NHSI plan. The target is to reduce the number of stranded patients 21 or more days from March 2018. This excludes patients on ICU/HDU/NEO and Cardiac HDU. **Exec Lead:** Adam Bateman **Committee:** RABD	29	R >32 A N/A G <=32		Continue to reduce LOS for 30 day + children = Accumulative total = 200 bed days saved in Q1 &Q2 compared to 17/18. Significant Social Care delays having negative impact on LOS/Child and family experience. New partnership with Housing Charity "PlusDane" helping to expedite housing issues and offer expert focussed local support for families. Care packages still remain most significant and consistent reason for delay in discharge. 21 day LOS now being captured at weekly discharge MDT trust meeting.
Transcriptions	**Transcription Turnaround (days)** Days from dictation to typing clinic letters for services transcribed by Transcription service. Based on working day average. This is also monitored externally by our local commissioners. **Exec Lead:** Adam Bateman **Committee:** RABD	4	R >5 A <=5 G <=3		Following investment by the Trust an Outsourcing Partnership has been established, through this and the continued input of the Transcription Team; turnaround times for Transcribing of clinic letters has reduced to within 2 working days (from dictation) and with approx. 2000 letters waiting to be typed at any one time. A revised business model has been approved by Exec and IRG and is due for presentation at Opps Board on 25/10/18, if approved will give a more stable model for Transcription moving forward which is a combination of an employed Transcription Team and flexible outsourcing contract

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

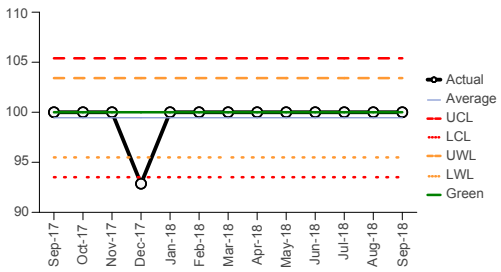
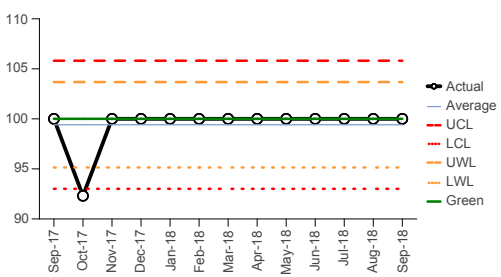
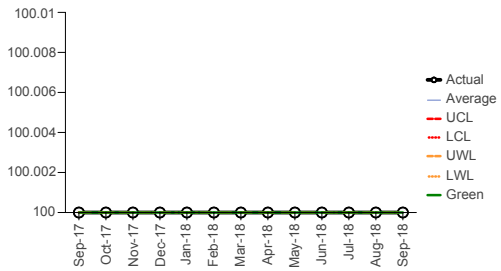
	Description	Performance	Threshold	Trend	Management Action (SMART)
Waiting Times	**Waiting Greater than 52 weeks** Total number of more than 52 weeks for first treatment. The threshold is based on this event never occuring. 18/19 aim is zero annually. There is a financial and contractual penalties in the failure to achieve this. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required
Waiting Times	**Waiting List Size** National threshold as part of the 18/19 NHSI plan. The target is to reduced the total waitlist size from March 2018. **Exec Lead:** Adam Bateman **Committee:** RABD	12884	R >12905 A N/A G <=12905		No Action Required
RTT	**RTT: Open Pathway: % Waiting within 18 Weeks** Percentage of patients waiting within 18 weeks. Threshold is based on previous national target of 92%, this is applied in order to maintain monitoring of measure. **Exec Lead:** Adam Bateman **Committee:** RABD	92.15 %	R <90 % A >=90 % G >=92 %		No Action Required

Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

BRILLIANT BASICS

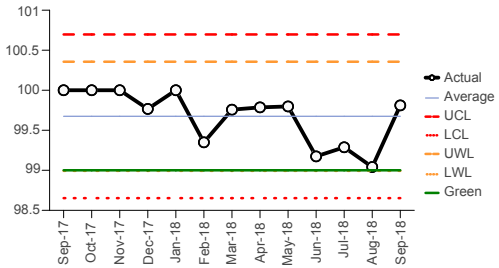
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Cancer RTT	**Cancer: 2 week wait from referral to date 1st seen - all urgent referrals** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required
Cancer RTT	**All Cancers: 31 day diagnosis to treament** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required
Cancer RTT	**All Cancers: 31 day wait until subsequent treatments** Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required

Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Diagnostics	**Diagnostics: % Completed Within 6 Weeks** Threshold is based on National Guidance set by NHS England at 99%. **Exec Lead:** Adam Bateman **Committee:** RABD	99.81 %	R <99 % A N/A G >=99 %		No Action Required

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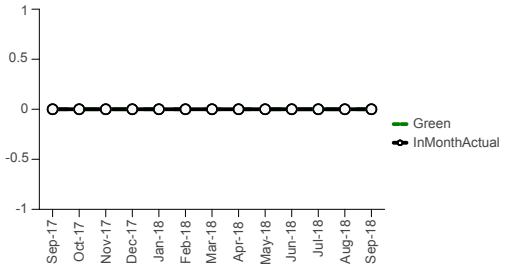
14.1 - PERFORMANCE - WELL LED

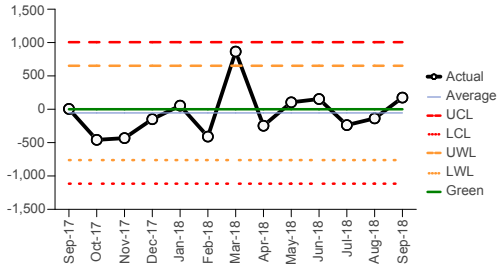
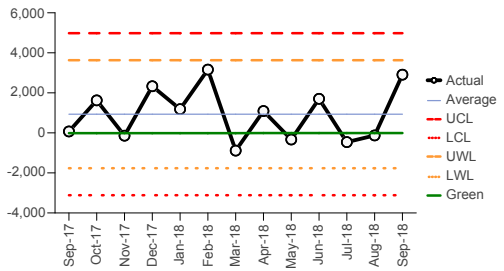
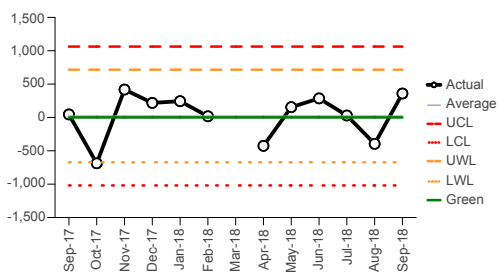
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Governance	**Performance Against Single Oversight Framework Themes** Five themes against which trusts' performance is assessed and the indicators that trigger consideration of a potential support need: Quality, Finance and UOR, Operational performance, strategic change and Leadership and improvement capability (well led). **Exec Lead:** Erica Saunders **Committee:** CQAC	0	R >1 A <=1 G 0		No Action Required

The Best People doing their best Work

15.1 - FINANCE - WELL LED

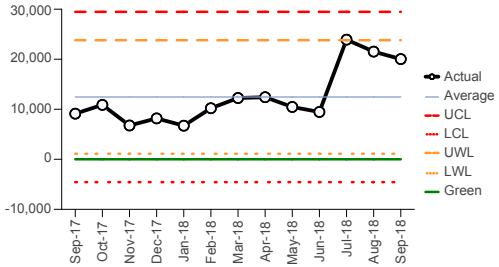
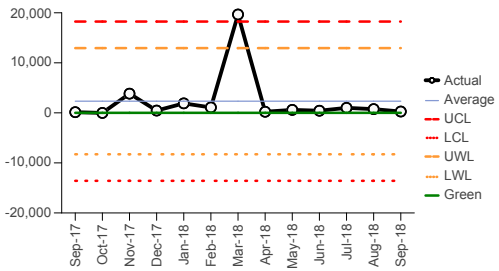
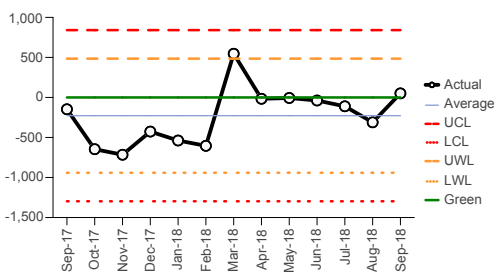
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**CIP In Month Variance (£'000s)** Variance from Sustainability plan (CIP). Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	175	R <-20% A >=-20% G >=0%		No Action Required
Finance	**Capital Expenditure In Month Variance (£'000s)** Variance from capital plan. Variation between months is usual and the threshold of + or - 5% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	2,907	R <-10% A >=-10% G >=-5%		No Action Required
Finance	**Control Total In Month Variance (£'000s)** Variance from Control Total plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	359	R <-20% A >=-20% G >=0%		No Action Required

The Best People doing their best Work

15.2 - FINANCE - WELL LED

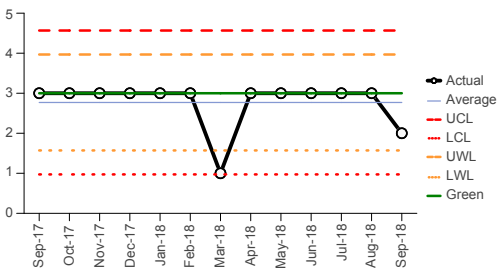
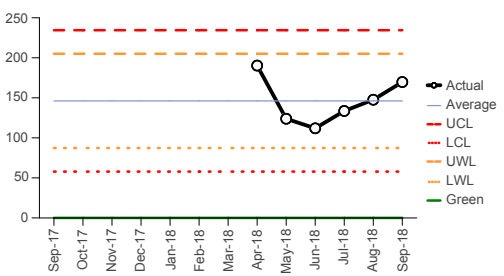
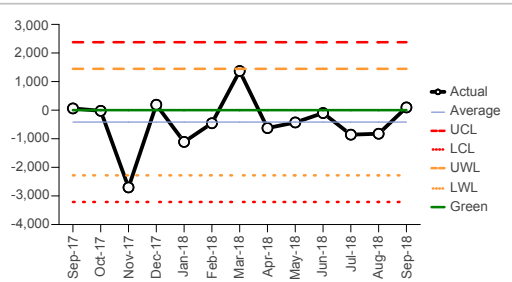
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Cash in Bank (£'000s)** Variance from Cash plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	20,023	R <-20% A >=-20% G >=0%		At the end of September, cash balance was £20.0m which is slightly lower than plan of £20.9m. This is mainly due to a high level of accrued income, including delay in receipt of capital contributions from the universities for Research & Education building, offset by higher payables than plan.
Finance	**Income In Month Variance (£'000s)** Variance from income plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	263	R <-20% A >=-20% G >=0%		No Action Required
Finance	**Pay In Month Variance (£'000s)** Variance from pay plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	51	R <-20% A >=-20% G >=-1%		No Action Required

The Best People doing their best Work

15.3 - FINANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**NHSI Use of Resources** NHSI Use of Resources Metric indicates financial sustainability of the Trust. This varies from 1 to 4 with 1 being the highest score possible and 4 being the lowest **Exec Lead:** John Grinnell **Committee:** RABD	2	R >3 A N/A G <=3		No Action Required
Finance	**AvP: IP - Non-Elective** Actvity vs Plan for Inpatient Non-Elective Activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	169.72	R <0 A N/A G >=0		No Action Required
Finance	**Non Pay In Month Variance (£'000s)** Variance from non pay plan. Variation between months is usual and the threshold of + or - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	95	R <-20% A >=-20% G >=0%		No Action Required

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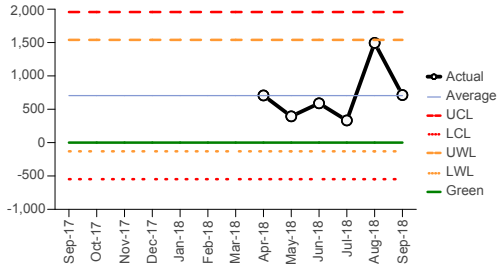
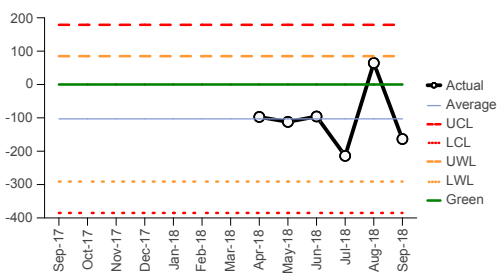
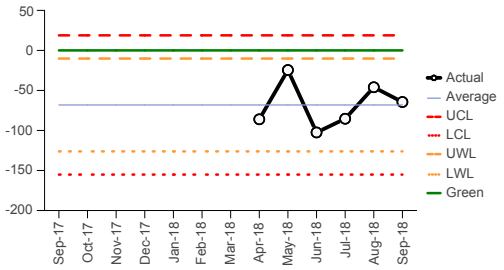
15.4 - FINANCE - WELL LED

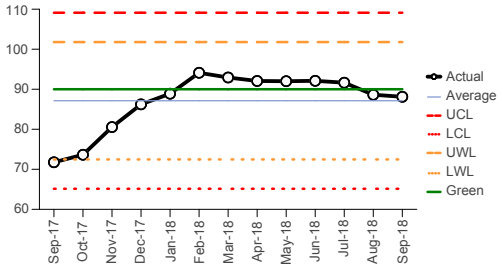
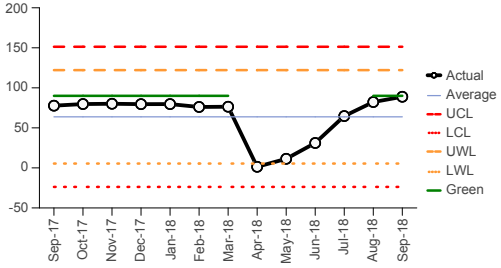
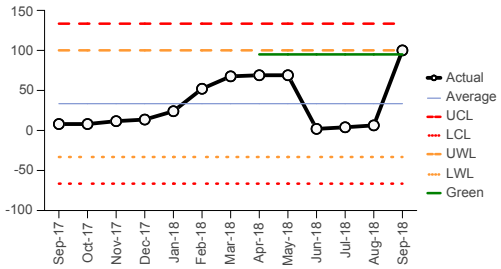
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: Outpatient Activity vs Plan** Actvity vs Plan for Outpatient activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	712.79	R <0 A N/A G >=0		No Action Required
Finance	**AvP: Daycase Activity vs Plan** Actvity vs Plan for Daycase activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-163.50	R <0 A N/A G >=0		The most significant adverse activity variances are in dentistry (80 spells), rheumatology (37 spells) and Orthopaedics (27 spells).
Finance	**AvP: IP Elective vs Plan** Actvity vs Plan for Inpatient Elective activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-64.46	R <0 A N/A G >=0		The most significant adverse activity variances are in ENT (16 spells), sleep studies (12 spells) and nephrology (11 spells).

The Best People doing their best Work

16.1 - HR - WELL LED

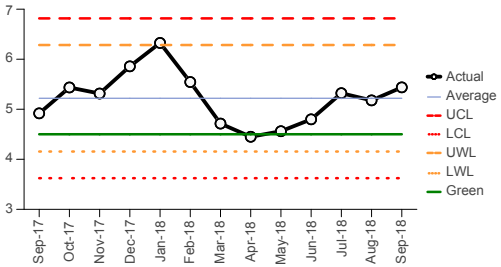
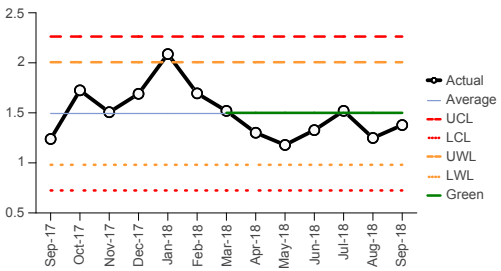
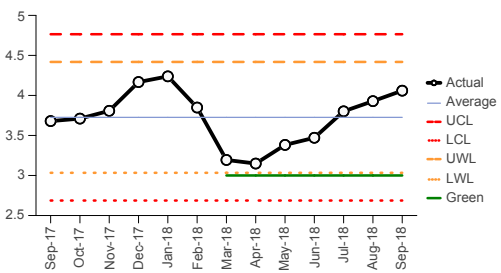
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Training	**Mandatory Training** This is a Trust target that measures the 6 core mandatory training modules that are required of all staff (Safeguarding L1, Moving and Handling, Information Governance, Equality and Diversity, Fire Safety and Health and Safety) **Exec Lead:** Melissa Swindell **Committee:** WOD	88.11 %	R <80 % A >=80 % G >=90 %		Since July's report there have been exceptionally large volumes of competencies expiring throughout August and September due to it being 3 years since the big move into the new hospital building, at which point a 'Big Move Workbook' was given to all staff who were moving and were signed off as compliant for the majority of Core topics. This has meant that despite the work in supporting staff to update their mandatory training we have seen some dips in training which the department is currently working hard with departments and individual staff to get back to the target of 90%.
Personal Development	**PDR** Trust target, measuring compliance of staff Personal Development Reviews (Non medical). The Trust compliance period is set to be achieved in the first 4 months of each year (April -July). **Exec Lead:** Melissa Swindell **Committee:** WOD	88.84 %	R <85 % A >=85 % G >=90 %		PDR completions fell short of the Trust target of 90%
Appraisal	**Medical Appraisal** Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	100 %	R <90 % A >=90 % G >=95 %		The measure for this metric has changed this month to a rolling 12 month completion rate instead appraisals completed each month.

The Best People doing their best Work

16.2 - HR - WELL LED

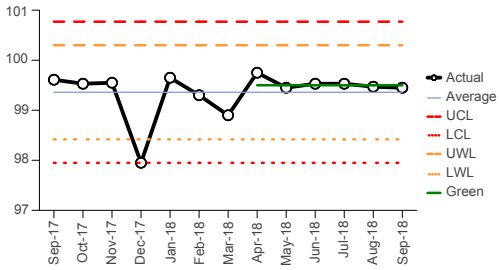
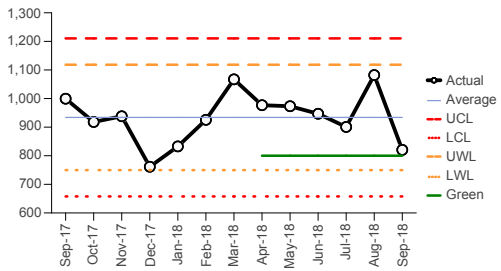
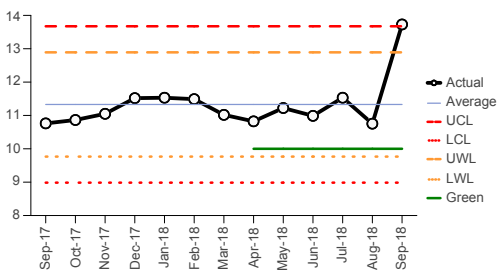
Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Sickness	**Sickness** % of staff who have been absent from work due to sickness, this is broken down into LTS & STS in further metrics **Exec Lead:** Melissa Swindell **Committee:** WOD	5.44 %	R >5 % A <=5 % G <=4.5 %		The Trust sickness percentage has increased from last month by 0.4%, overall there has been an increase in absences recorded as Cold, Cough, Flu - Influenza (1.35%) and Pregnancy related disorders (2.51%)
Sickness	**Short Term Sickness** % of Trust staff who have been absent from work due to sickness lasting less than 28 days **Exec Lead:** Melissa Swindell **Committee:** WOD	1.38 %	R >1.5 % A N/A G <=1.5 %		No Action Required
Sickness	**Long Term Sickness** % of Trust staff who have been absent from work due to sickness lasting 28 days or more **Exec Lead:** Melissa Swindell **Committee:** WOD	4.06 %	R >3 % A N/A G <=3 %		See commentary for Trust sickness

The Best People doing their best Work

16.3 - HR - WELL LED

Alder Hey Children's NHS Foundation Trust

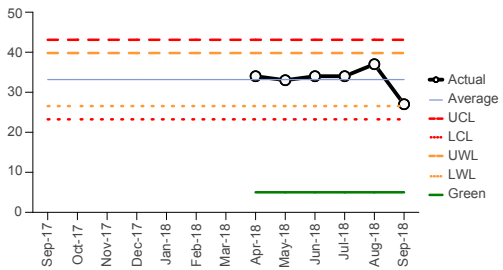
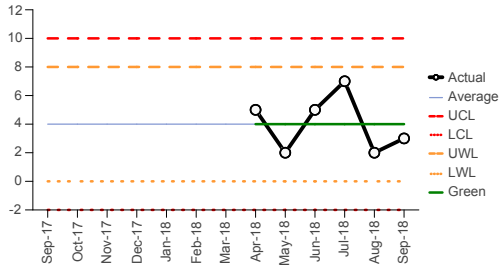
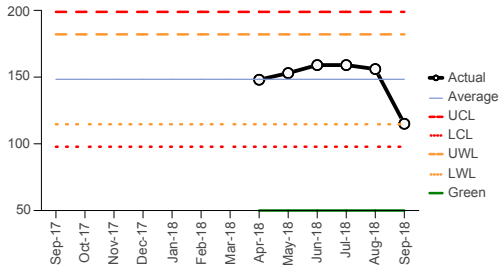
	Description	Performance	Threshold	Trend	Management Action (SMART)
Payroll	**% of Correct Pay Achieved** An agreed service Level target with the Trust payroll provider. **Exec Lead:** Melissa Swindell **Committee:** WOD	99.45 %	R <99 % A >=99 % G >=99.5 %		Correct pay % has dipped slightly below the SLA we have with our provides East Lanacashire Financial Services (0.05%) Bi-Monthly contractual meetings take place between ELFS, HR and Finance to ensure any issues are picked up and remedied promptly
Temporary Spend	**Temporary Spend ('000s)** Indicates the expenditure on premium temporary pay spend and monitors the reduction. **Exec Lead:** Melissa Swindell **Committee:** WOD	820.47	R >960 A <=960 G <=800		Temporary spend is being reported to weekly sustainability group. The main reason for temporary spend is sickness which remains higher than our target. A senior group facilitated by HR has been set up to review health and wellbeing which is expected over time to reduce rates of absence and in turn temporary spend. Other temporary spend is a result of hard to fill positions, the exploration of a Doctors bank is currently being looked into
Staff Turnover	**Staff Turnover** Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	13.73 %	R >11 % A <=11 % G <=10 %		There were 37 leavers in September compared to 17 in August with the bulk of the increases in the following staff groups, Nursing & Midwifery Registered (12), Additional Clinical Services (7) & Add Prof Scientific & Technical (4). The Surgery Division had the highest number of leavers in September (13)

Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

GROW THE FUTURE

Alder Hey Children's NHS
NHS Foundation Trust

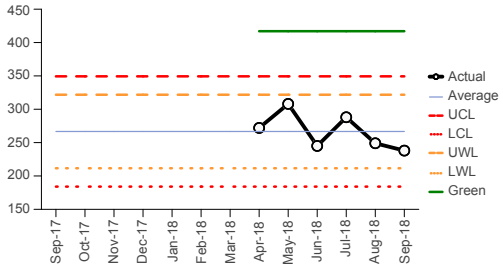
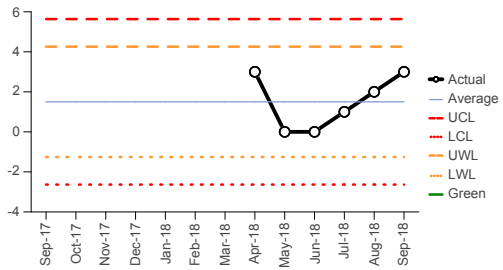
	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of Open Studies - Commercial** Number of commercial studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	27	R <5 A N/A G >=5		No Action Required
Clinical Research	**Number of New Studies Opened - Academic** Number of new academic studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	3	R <4 A N/A G >=4		
Clinical Research	**Number of Open Studies - Academic** Number of academic studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	115	R <50 A N/A G >=50		No Action Required

Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

GROW THE FUTURE

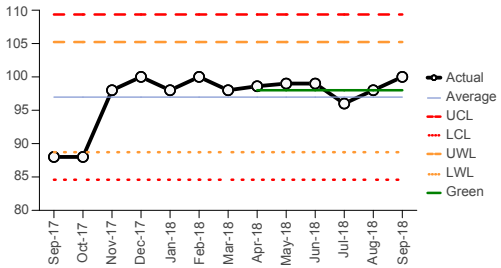
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of patients recruited** Number of patients recruited in month. **Exec Lead:** Matthew Peak **Committee:** REIC	238	R <417 A N/A G >=417		Upward trend expected during winter months due to 2 key trials opening.
Clinical Research	**Number of New Studies Opened - Commercial** Number of new commercial studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	3	No Threshold		

Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

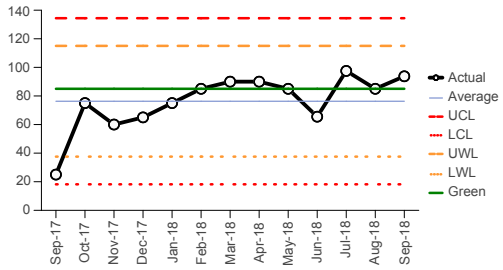
Alder Hey Children's NHS
NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**PFI: PPM%** PFI: Scheduled maintenance as part of Planned and Preventative Maintenance (PPM) schedule to ensure compliance with statutory obligations and provide a safe environment 98% **Exec Lead:** David Powell **Committee:** RABD	100 %	R <98 % A N/A G >=98 %		No Action Required

The Best People doing their best Work

19.1 - FACILITIES - WELL LED

Alder Hey Children's NHS Foundation Trust

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**Domestic Cleaning Audit Compliance** Auditing for Domestic Services, esnure is to National Cleaning Standards. **Exec Lead:** Hilda Gwilliams/Steve Ryan **Committee:** RABD	93.75 %	R <85 % A N/A G >=85 %		No Action Required

All Divisions

SAFE

	COMMUNITY	MEDICINE	SURGERY	RAG
Total no of incidents reported Near Miss & Above	46	146	234	No Threshold
Clinical Incidents resulting in minor harm & above	4	29	53	No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	0	2	0	No Threshold
Clinical Incidents resulting in severe, permanent harm	0	0	0	0 N/A >0
Clinical Incidents resulting in catastrophic, death	0	0	0	0 N/A >0
Pressure Ulcers (Category 3)	0	0	0	0 N/A >0
Pressure Ulcers (Category 4)	0	0	0	0 N/A >0
Medication errors resulting in harm	0	2	1	No Threshold
Medication errors resulting in moderate, sever harm or death	0	0	0	0 N/A >0
Never Events	0	0	0	0 N/A >0
Acute readmissions of patients with long term conditions within 28 days	0	2	0	No Threshold

CARING

	COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	3	5	1	No Threshold
PALS	43	21	27	No Threshold

EFFECTIVE

	COMMUNITY	MEDICINE	SURGERY	RAG
Readmissions to PICU within 48 hrs	0	0	0	No Threshold
% of acute readmissions within 48 hrs of discharge (exc Oncology)	0.0%	1.0%	1.0%	<=1.5 % N/A >1.5 %
Readmissions within 48 hrs	0	20	14	No Threshold
Outbreak Acquired Organisms - Other	0	0	0	0 N/A >0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0 N/A >0
Hospital Acquired Organisms - MSSA	0	0	1	No Threshold

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
Hospital Acquired Organisms - RSV	0	0	0	No Threshold
Hospital Acquired Organisms - CLABSI - ICU Only			0	No Threshold
Outbreak Infections	0	0	0	No Threshold
Referrals Received (Total)	685	1,646	3,177	No Threshold
ED: 95% Treated within 4 Hours		93.7%		>=95 % N/A <95 %
Average LoS - Elective (Days)		3.18	2.66	No Threshold
Average LoS - Non-Elective (Days)		1.35	2.49	No Threshold
Theatre Utilisation - % of Session Utilised		84.7%	86.9%	>=90 % >=85 % <80 %
Cancelled Operations - Non Clinical - On Same Day (%)	0.0%	0.0%	1.4%	<=0.8 % N/A >0.8 %
On the day Elective Cancelled Operations for Non Clinical Reasons	0	0	14	No Threshold
28 Day Breaches	0	0	1	0 N/A >0
Clinic Session Utilisation	79.3%	84.4%	84.4%	>=90 % >=85 % <85 %
OP Appointments Cancelled by Hospital %	22.6%	13.9%	14.4%	<=5 % <=10 % >10 %
Did Not Attend Rate	11.2%	12.0%	10.0%	<=12 % <=14 % >14 %
Incomplete Pathway Forms in Outpatients	783	4,707	8,313	No Threshold
Referral Turnaround (days to log)	5.02	3.47	4.72	No Threshold
Referral Turnaround (Consultant to Action)	6.31	6.44	4.19	No Threshold
Coding average comorbidities	4.00	3.53	3.61	No Threshold
CAMHS: DNA Rate - New	8.9%			<=6 % <=8 % >8 %
CAMHS: DNA Rate - Follow Up	13.6%			<=10 % <=16 % >16 %

RESPONSIVE

	COMMUNITY	MEDICINE	SURGERY	RAG
IP Survey: % Received information enabling choices about their care		93.1%	98.0%	>=95 % >=90 % <90 %
IP Survey: % Treated with respect		99.2%	99.6%	100 % >=95 % <95 %
IP Survey: % Know their planned date of discharge		45.4%	60.6%	>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care		94.6%	95.1%	>=95 % >=90 % <90 %

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
IP Survey: % Patients involved in play and learning		68.5%	76.4%	>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	87.3%	91.1%	93.1%	>=92 % >=90 % <90 %
Waiting List Size	970	3,210	8,704	No Threshold
Waiting Greater than 52 weeks	0	0	0	0 N/A >0
Diagnostics: % Completed Within 6 Weeks		99.8%	100.0%	>=99 % N/A <99 %
Number of Stranded Patients (7+ Days)		36	20	No Threshold
Number of Super Stranded Patients (21+ Days)		22	7	No Threshold
CAMHS: 2 Appointments within 6 weeks	0			No Threshold
Urgent EDYS Pathway Average Wait in Weeks	0	0	0	No Threshold
Routine EDYS Pathway Average Wait in Weeks	0	0	0	No Threshold
Routine Eating Disorders (EDYS) Pathway Average Wait in Days	16.00			No Threshold
Urgent Eating Disorders (EDYS) Pathway Average Wait in Days	8.00			No Threshold
CAMHS: Avg Wait from referral to Partnership Appt (Weeks)- Liverpool Specialist	16.00	0.00	0.00	No Threshold
CAMHS: Avg Wait from referral to Partnership Appt (Weeks)- Sefton Specialist	9.00	0.00	0.00	No Threshold

WELL LED

	COMMUNITY	MEDICINE	SURGERY	RAG
Control Total In Month Variance (£'000s)	87	178	-308	>=0% >=-20% <-20%
Income In Month Variance (£'000s)	53	545	-285	>=0% >=-20% <-20%
Pay In Month Variance (£'000s)	66	-51	-63	No Threshold
Non Pay In Month Variance (£'000s)	-32	-316	40	>=0% >=-20% <-20%
AvP: IP - Non-Elective		149	21	>=0 N/A <0
AvP: IP Elective vs Plan	0	-47	-17	>=0 N/A <0
AvP: OP New	-73.35	-129.14	122.89	>=0 N/A <0
AvP: OP FollowUp	55.01	-39.24	100.62	>=0 N/A <0
AvP: Daycase Activity vs Plan		-45	-121	>=0 N/A <0
AvP: Outpatient Activity vs Plan	-18	-168	224	>=0 N/A <0

All Divisions

	COMMUNITY	MEDICINE	SURGERY	RAG
PDR	87.9%	88.6%	90.7%	>=90 % >=80 % <85 %
Mandatory Training	91.2%	87.6%	87.8%	>=90 % >=80 % <80 %
Actual vs Planned Establishment (%)	91.4%	91.9%	97.8%	No Threshold
Sickness	3.9%	5.3%	6.2%	<=4.5 % <=5 % >5 %
Attendance (HR)	96.1%	94.7%	93.8%	>=95.5 % >=90 % <90 %
Short Term Sickness	1.4%	1.6%	1.3%	<=1.5 % N/A >1.5 %
Long Term Sickness	2.5%	3.6%	4.9%	<=3 % N/A >3 %
Temporary Spend ('000s)	125	212	373	No Threshold
Staff Turnover	13.7%			<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	105.0%	98.0%	88.6%	>=90 % >=80 % <90 %

Alder Hey Children's NHS
NHS Foundation Trust

Medicine

SAFE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	8	4	4	6	3	3	0	1	1	4	0	3	2	No Data Available	No Threshold

CARING

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Complaints	0	1	5	2	3	4	3	0	7	4	3	3	5		No Threshold
PALS	25	20	27	30	37	30	39	51	31	27	28	23	21		No Threshold

EFFECTIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	0	1	0	2	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	1,612	1,818	1,894	1,522	1,895	1,848	1,959	1,837	1,945	2,006	1,892	1,557	1,646	No Data Available	No Threshold
ED: 95% Treated within 4 Hours	95.0%	94.5%	92.8%	94.1%	93.6%	92.6%	97.2%	95.3%	95.0%	95.6%	96.5%	98.4%	93.7%		>=95 % N/A <95 %
Average LoS - Elective (Days)	3.06	2.89	3.33	4.06	3.54	3.22	3.17	3.23	2.67	4.01	3.84	2.84	3.18		No Threshold
Average LoS - Non-Elective (Days)	1.63	1.39	1.41	1.50	1.75	1.57	1.50	1.52	1.55	1.59	1.28	1.44	1.35		No Threshold
Theatre Utilisation - % of Session Utilised	82.0%	81.5%	79.6%	82.5%	79.9%	80.6%	83.5%	75.4%	75.6%	78.6%	83.0%	77.8%	84.7%		>=90 % >=80 % <80 %
Clinic Session Utilisation	84.7%	85.4%	86.6%	84.4%	85.3%	86.9%	85.2%	83.9%	82.4%	84.3%	81.4%	81.0%	84.4%		>=90 % >=80 % <85 %
OP Appointments Cancelled by Hospital %	13.4%	14.0%	13.3%	15.3%	15.2%	17.6%	17.5%	13.5%	14.1%	12.8%	16.3%	15.6%	13.9%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	11.1%	11.8%	9.7%	11.5%	9.5%	9.6%	11.1%	10.1%	11.0%	12.6%	12.2%	13.0%	12.0%		<=12 % <=14 % >14 %
Coding average comorbidities	3.57	3.43	3.42	3.92	3.86	3.49	3.34	3.52	3.35	3.54	3.40	3.52	3.53	No Data Available	No Threshold

RESPONSIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	94.2%	92.7%	91.2%	92.6%	92.9%	93.0%	89.8%	90.0%	90.2%	89.5%	89.7%	90.2%	91.1%		>=92 % >=90 % <90 %
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.8%	99.8%	99.1%	99.3%	99.0%	99.8%		>=99 % N/A <99 %

WELL LED

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	-21	-464	529	-52	611	461		127	122	408	223	75	178		>=0% >=-20% <-20%
AvP: IP - Non-Elective								130	53	63	93	106	149		>=0 N/A <0
AvP: IP Elective vs Plan								-29	-11	-43	-28	-24	-47		>=0 N/A <0
AvP: OP New								-82.43	-196.04	-7.23	-244.27	-192.22	-129.14	No Data Available	>=0 N/A <0
AvP: OP FollowUp								-57.36	-169.18	-56.63	-427.23	-2.92	-39.24	No Data Available	>=0 N/A <0
AvP: Daycase Activity vs Plan								0	-13	-43	-83	107	-45		>=0 N/A <0
AvP: Outpatient Activity vs Plan								-140	-365	-64	-672	-195	-168		>=0 N/A <0
PDR	82.2%	84.0%	85.0%	84.0%	84.0%	81.5%	81.5%	2.2%	13.4%	35.5%	67.2%	85.5%	88.6%		>=90 % >=85 % <85 %
Mandatory Training	75.7%	77.3%	82.2%	86.6%	88.9%	94.7%	93.8%	92.7%	92.8%	92.4%	91.3%	87.9%	87.6%		>=90 % >=85 % <80 %
Sickness	4.1%	5.0%	5.3%	5.1%	5.6%	4.9%	4.3%	3.8%	3.9%	4.3%	5.7%	5.0%	5.3%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	250	186	242	207	211	276	316	246	276	196	227	261	212		No Threshold

Alder Hey Children's NHS
NHS Foundation Trust

Surgery

SAFE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	No Data Available	No Threshold

CARING

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Complaints	2	3	0	2	2	3	2	1	2	1	5	3	1		No Threshold
PALS	30	21	25	16	26	24	20	25	36	28	20	22	27		No Threshold

EFFECTIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	1	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	1	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	3,425	3,515	3,525	2,669	3,338	3,490	3,680	3,770	4,084	3,832	4,225	3,346	3,177	No Data Available	No Threshold
Average LoS - Elective (Days)	3.03	2.36	2.76	3.30	2.62	2.88	3.14	2.40	2.94	2.55	2.69	2.73	2.66		No Threshold
Average LoS - Non-Elective (Days)	2.74	2.90	3.17	3.18	2.67	2.89	3.31	2.63	2.78	2.63	2.61	2.73	2.49		No Threshold
Theatre Utilisation - % of Session Utilised	87.3%	87.3%	85.2%	86.6%	88.3%	86.4%	86.8%	90.5%	90.6%	89.5%	90.4%	88.7%	86.9%		>=90 % >=80 % <80 %
Clinic Session Utilisation	83.2%	85.2%	87.0%	83.0%	86.2%	83.5%	85.1%	84.2%	85.0%	86.0%	82.8%	83.8%	84.4%		>=90 % >=80 % <85 %
OP Appointments Cancelled by Hospital %	11.9%	12.3%	13.2%	13.3%	13.0%	14.0%	12.7%	11.2%	12.2%	12.2%	12.3%	12.6%	14.4%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	11.5%	11.4%	10.2%	11.5%	10.2%	10.1%	10.3%	9.6%	10.6%	11.0%	12.0%	12.7%	10.0%		<=12 % <=14 % >14 %
Coding average comorbidities	3.18	3.13	3.18	3.06	2.99	3.18	3.24	3.11	3.31	3.50	3.63	3.65	3.61	No Data Available	No Threshold

RESPONSIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	90.9%	91.6%	92.0%	91.3%	91.4%	91.3%	92.6%	92.3%	92.5%	93.1%	92.9%	92.7%	93.1%		>=92 % >=90 % <90 %
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	95.0%	100.0%	92.6%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=99 % N/A <99 %

WELL LED

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	-167	-506	-610	-489	-634	-715		-167	32	-23	81	-63	-308		>=0% >=-20% <-20%
AvP: IP - Non-Elective								60	70	48	40	42	21		>=0 N/A <0
AvP: IP Elective vs Plan								-58	-16	-61	-59	-23	-17		>=0 N/A <0
AvP: OP New								386.34	507.63	424.48	206.35	487.90	122.89	No Data Available	>=0 N/A <0
AvP: OP FollowUp								160.57	-277.75	-442.28	-77.76	567.68	100.62	No Data Available	>=0 N/A <0
AvP: Daycase Activity vs Plan								-99	-101	-57	-132	-43	-121		>=0 N/A <0
AvP: Outpatient Activity vs Plan								547	230	-18	129	1,056	224		>=0 N/A <0
PDR	90.1%	89.5%	88.1%	89.5%	89.5%	83.3%	83.3%	1.1%	10.0%	33.5%	64.4%	83.6%	90.7%		>=90 % >=85 % <85 %
Mandatory Training	73.0%	73.8%	80.9%	85.8%	89.3%	93.5%	91.5%	90.2%	89.9%	90.9%	90.3%	87.2%	87.8%		>=90 % >=85 % <80 %
Sickness	4.6%	5.1%	4.8%	6.0%	6.3%	4.9%	4.0%	4.3%	4.8%	5.5%	5.5%	5.7%	6.2%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	429	479	383	331	408	434	514	468	420	480	445	509	373		No Threshold

Community

SAFE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Acute readmissions of patients with long term conditions within 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	No Data Available	No Threshold

CARING

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Complaints	1	3	1	1	3	2	0	2	2	3	4	5	3		No Threshold
PALS	35	28	28	14	33	50	33	32	28	20	22	26	43		No Threshold

EFFECTIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Referrals Received (Total)	878	1,230	1,126	974	1,150	1,033	1,002	859	1,090	848	1,077	656	685	No Data Available	No Threshold
Average LoS - Elective (Days)	14.00														No Threshold
Clinic Session Utilisation	79.9%	82.8%	80.3%	73.3%	77.7%	75.7%	72.1%	75.2%	79.1%	78.2%	79.2%	80.2%	79.3%		>=90 % >=85 % <85 %
OP Appointments Cancelled by Hospital %	15.9%	15.2%	16.7%	17.0%	12.3%	13.5%	17.2%	16.1%	10.8%	16.8%	16.2%	23.4%	22.6%	No Data Available	<=5 % <=10 % >10 %
Did Not Attend Rate	16.7%	13.9%	13.4%	15.6%	12.5%	13.9%	14.5%	14.5%	14.4%	14.2%	13.4%	15.4%	11.2%		<=12 % <=14 % >14 %
Coding average comorbidities	2.00	3.00	3.50		5.00		3.33	5.00	2.33		2.33	8.00	4.00	No Data Available	No Threshold

RESPONSIVE

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
RTT: Open Pathway: % Waiting within 18 Weeks	96.1%	96.3%	96.8%	97.3%	97.3%	96.5%	96.7%	97.1%	96.1%	95.3%	92.2%	92.7%	87.3%		>=92 % >=90 % <90 %

WELL LED

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	-55	-64	-72	-86	-161	43		-108	-70	30	62	-144	87		>=0% >=-20% <-20%
AvP: IP Elective vs Plan								0	0	0	0	0	0		>=0 N/A <0
AvP: OP New								-25.37	-24.35	-35.17	-75.43	-84.03	-73.35	No Data Available	>=0 N/A <0
AvP: OP FollowUp								275.02	350.12	348.57	237.44	-3.58	55.01	No Data Available	>=0 N/A <0
AvP: Outpatient Activity vs Plan								250	326	313	162	-88	-18		>=0 N/A <0
PDR	87.4%	90.4%	88.8%	90.4%	90.4%	83.9%	83.9%	0.4%	9.3%	31.9%	58.8%	78.7%	87.9%		>=90 % >=85 % <85 %
Mandatory Training	74.6%	75.1%	80.3%	86.7%	89.8%	96.8%	95.7%	95.4%	95.0%	94.1%	94.2%	92.7%	91.2%		>=90 % >=85 % <80 %
Sickness	7.0%	5.8%	5.8%	6.9%	6.2%	6.0%	6.1%	4.8%	5.2%	3.9%	3.5%	3.4%	3.9%		<=4.5 % <=5 % >5 %
Temporary Spend ('000s)	195	141	167	131	146	136	202	166	180	142	131	154	125		No Threshold

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 6 November 2018

Report of	Director of Corporate Affairs
Paper prepared by	Executive Team, Clinical Risk Manager
Subject/Title	2018/19 Board Assurance Framework Update (September 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 – August 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 2018/19

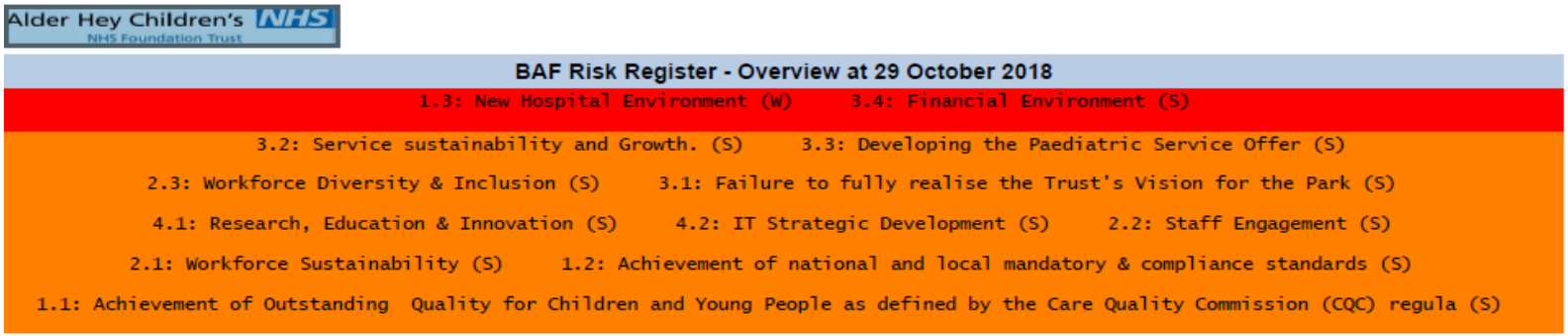
1. Purpose

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.

BAF Risk Register - Overview at 29th October 2018



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

Ref, Owner	Risk Title		Risk Rating: I x L		Monthly Trend	
			Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care						
1.1 HG	**Achievement of outstanding quality for children and young people**		3-3	2-2	STATIC	STATIC
1.2 ES	**Mandatory & Compliance Standards**		3-3	4-1	WORSE	STATIC
1.3 DP	**New Hospital Environment**		4-4	4-2	WORSE	WORSE
STRATEGIC PILLAR: The Best People Doing Their Best Work						
2.1 MS	**Workforce Sustainability & Capability**		3-3	3-2	STATIC	STATIC
2.2 MS	**Staff Engagement**		3-3	3-1	STATIC	STATIC
2.3 MS	**Workforce Diversity & Inclusion**		3-4	3-1	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships						
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**		3-3	3-2	STATIC	STATIC
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
3.4 JG	**Financial Environment**		4-4	4-3	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation						
4.1 DP	**Research, Education & Innovation**		3-3	3-2	STATIC	STATIC
4.2 JG	**IT Strategic Development**		3-3	3-3	STATIC	STATIC

Changes since October 2018 Board meeting

The diagram above shows that the majority of the risks on the BAF remained static.

External risks

- ***Business development and growth (MB)***
  Sustainable Partnerships Group established and reports to RABD. November Board to receive draft strategic plan dashboard. Bi-monthly update to Board.

- ***Mandatory and compliance standards (ES)***
  Closure of 7 inpatient beds due to delayed transfer of care has had an adverse effect on patient flow. The week commencing 15/10 presented a very challenging 'red week' with impact on 4 hour target achievement for month and quarter. . Debrief process held to inform improvement plan ready for next identified red week in winter plan. Actions include additional assessment area, enhanced surge management and revised escalation policy. On the 26/10 closed inpatient beds re-opened.

- ***Developing the Paediatric Service Offer (MB)***
  Plan to review this risk assessment prior to the next Board meeting.

Internal risks:

- ***New Hospital Environment (DP)***
  Project Co presentation to Trust Board on pipework review.

- ***Achievement of Outstanding Quality for Children and Young People as defined by the CQC regulations (HG)***
  69 new nursing recruits joined the Trust ensuring safe staffing levels are maintained. CQC action plan continues to address the areas for improvement and is monitored via Trust Board and CQAC.

- ***Financial Environment (JG)***
  CIP identified increased identified to £5.5m with £6m a key next phase we aim to get to by end of Sept. Divisions have reduced forecast gap which now stands at £3.5m. Work on-going to further reduce this deficit. Key risks remains commissioner over performance which is material. A new risk related to estates capital spend overspends (unmitigated estimate £6m-£9m). Work has started to prepare a capital recovery plan and reduce value of risk.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Plan agreed for retraction of site following opening of Institute.

- ***IT Strategic Development (JG)***
  Progress with NHSE milestones remains positive with full funding schedule in place. Recent positives include the roll of out of a sepsis module in standard documentation and interoperability piece. Gap in Programme Manager a concern with plans in place to mitigate.

- ***Workforce Sustainability & Capability (MS)***
  Workforce Planning training delivered by NHSI in September, plan to roll out to divisions via HR. Proposal (November 18) for the Trust to sign up to the time to change pledge to promote positive actions in relation to mental health. Mental Health concerns is the top reason of absence in the organisation.

- ***Staff Engagement (MS)***
  Staff Survey underway as of 25th October response rate is 40%. Leadership strategy presented at the October WOD Committee.

- ***Workforce Diversity & Inclusion (MS)***
  Expert resource identified to support the diversity and race agenda and LGBT network due to be launched in November.

- ***Research, Education & Innovation (DP)***
  Review of Acorn Launch of crucible Launch of Alder Play.

Erica Saunders
Director of Corporate Affairs
29th October 2018

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.1	**Strategic Objective:** Delivery Of Outstanding Care	Risk Title: Achievement of Outstanding Quality for Children and Young People as defined by the Care Quality Commission (CQC) regulations.		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Hilda Gwilliams	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 2-2	Trend: STATIC

Risk Description

Not having sufficiently robust, clear governance systems and processes and people in place supported by the expected culture and values that underpin learning for improvement

Existing Control Measures

• 1. Quality impact assessment completed for all planned changes (NHSe). Change programme assurance reports monthly	• 2. Risk registers including corporate register inform Board assurance.
• 3. Quality section of Corporate Report including incidents, complaints, infection control including sepsis, friends and family test, best in acute care, best in surgical care, performance managed at Clinical Quality Assurance Committee and Trust Board.	• 4. Division and Corporate Quality & Safety Dashboards in place and monitored consistently via performance framework. This includes safety thermometer i.e. infections, falls, pressure ulcers, medication, workforce 'Hard Truths', sickness, appraisals, etc.
• 5. Weekly Meeting of Harm monitors incidents, including lessons learned, immediate actions for improvement and sharing Trust wide.	• 6. Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).
• 7. Annual clinical workforce assurance report presented to Board, aligned to Relevant Professional Standards.	•
• 8. Quality Strategy 2016/2021, Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	• 9. Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework
•	• 10. Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.
• 11. Internal Nursing pool established and funded	• 12. Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.
• 13. Annual Patient Survey reports and associated action plans	• 14. Trust policies underpinning expected standards
• 15. CQC regulation compliance	

Assurance Evidence	Gaps in Controls/Assurance
1. Annual QIA assurance report and change programme assurance report 2. Risk assessments etc and associated risks monitored via the Integrated Governance Committee. Trust Board informed via Integrated Governance Committee minutes. Divisional Integrated Governance Committee minutes. 3. Clinical Quality Assurance Committee, Trust Board and Divisional Governance minutes 4. Corporate report/quality section, Trust Board and Divisional Quality Board minutes. 5. Minutes from Trust Board, Clinical Quality Assurance Committee, Executive Committee, Weekly patient safety group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Also MIAA audit report. 6. Reports and minutes from Clinical Quality Assurance Committee and Divisional Integrated Governance Committees. 7. Annual Medical Appraisal Report and Nurse staffing report to Trust Board biannually and associated minutes. 8. Board and sub-board committees minutes and associated reports. 9. TO BE ADDED 10. IPC action plan and Trust Board, Clinical Quality Assurance Committee, Integrated Governance Committee, Divisional Quality Board minutes. 11. Nursing Workforce report and associated Board minutes. 12. Nursing Workforce report and associated Board minutes. 13. Patient survey reports and associated action plans, Trust Board, Clinical Quality Steering Group, Workforce and Organisational Development Committee, Divisional Quality Board minutes. 14. Audit committee reports and minutes. 15. CQC action plan monitoring via Board and sub board committees	15. CQC regulation breaches.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Robust action plan to be developed, implemented and monitored via the Trust Board, Board subcommittees and individual services.	

Executive Lead's Assessment

OCT 2018: 69 new nursing recruits joined the Trust ensuring safe staffing levels are maintained. CQC action plan continues to address the areas for improvement and is monitored via Trust Board and CQAC.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: Achievement of national and local mandatory & compliance standards
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective			
Exec Lead: Erica Saunders	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to meet targets and internal performance metrics due to poor flow and lack of capacity to fulfil activity plans and respond to increasing demand

Existing Control Measures

• Operational Delivery Board taking action to resolve performance issues as they emerge	• 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.	• Refresh of Corporate Report undertaken for 2018/19

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. NHSI quality concern 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 review meeting and 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 Proactive management of patient flow making better use of trend analysis data

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Monitor the use of surgical beds to ensure full activity plan delivered	Elective programme being monitored on a weekly basis however significant pressure from NEL orthopaedic cases experienced during June has proved challenging.
Plans to ensure performance sustained across the year need to be embedded and maintained	New Models of Care review findings presented and agree at Ops Board September; action plan agreed.
New model to deliver required number of CCAD cases agreed at Board on 22/5/18. COO to lead implementation.	Additional HDU capacity to support new cardiac model planned for November

Executive Lead's Assessment

APRIL 2018: All compliance targets achieved at end of April. Trust is projecting a financial risk rating of 1. No governance concerns
MAY 2018: No compliance concerns at this stage in the month
JUNE 2018: All external mandatory targets met; focus required to ensure elective programme remains on track given demand pressures
AUGUST 2018: All key national indicators met for the month; transcription issues resolved.
SEPTEMBER 2018: ED 4 hour target currently red (tracking at 93% for the month to date); mitigation plan agreed at Exec Comm Cell. Mitigation plans include: Staff an additional 11 beds for Winter (9 inpatient beds, 2 high-dependency beds); enhanced staffing levels in ED- nurse practitioners and medical shift cover; investment of 0.5m in additional capacity and services such as mental health liaison team, in-reach community nursing team and rapid laboratory testing.
OCTOBER 2018: Closure of 7 inpatient beds due to delayed transfer of care has had an adverse effect on patient flow. The week commencing 15/10 presented a very challenging 'red week' with impact on 4 hour target achievement for month and quarter. . Debrief process held to inform improvement plan ready for next identified red week in winter plan. Actions include additional assessment area, enhanced surge management and revised escalation policy. On the 26/10 closed inpatient beds re-opened.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 1.3	**Strategic Objective:** Delivery Of Outstanding Care		Risk Title: New Hospital Environment		
Related CQC Themes: Safe					
Exec Lead: David Powell		**Type:** Internal, New	Current IxL: 4-4	Target IxL: 4-2	Trend: WORSE

Risk Description	
Sale of PFI Project co. whilst a number of commissioning risks are still present could lead to lack of focus and problems in maintaining safe environment	
Existing Control Measures	
• Monthly issue meetings	• Monthly liaison meetings
• Regular reports to IGC	• Liaison minutes reported to Trust Board monthly
• Building Management Services Risk Register	
Assurance Evidence	**Gaps in Controls/Assurance**
Maintenance of Issues List Issues Review Meeting Escalation to Liaison meeting Red Button escalation mechanism Help Desk monitoring reports	Some repeat/overlap reporting Some lack of clarity over risk ownership/H&S role
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Replacement programme for pipe work to be agreed with builder	Report received from Project Co. Agreed to present at October Board
COO updating Action Plan to address key water safety issues	
Interserve developing water safety action plan	Project Co. agreement to scope out water cross-over test. Exercise planned for sept 2018
Whole Hospital review of fire stopping	
Review of various risk elements and consolidation into single report with external validation.	
Complete Fire Notice action plan	
Create action Plan for addressing ceiling tile falls	Proposed plan submitted to Project co. for consolidation
Complete fire stopping work	

Executive Lead's Assessment
APRIL 2018: Clutch of commissioning issues still to be resolved including pipework corrosion, water temperatures, delay in achieving operating theatre temperature control. Are currently under review with some attendant action plans still requiring completion. Next steps-complete reviews and agree all action plans for outstanding issues. MAY 2018: Interim report on Pipework received. Commercial plan meeting in diary for June. Fire-stopping review under way JUNE 2018: Consolidated report in production; review meeting with Project Co and refresh of action plan. Outcome to be reported 24/07/2018 AUG 2018: review of consolidated report with sub plans for fire and ceilings Sept 2018: completion of fire action plan and 90% of fire-stopping works Oct 2018 Project Co presentation to Trust Board on pipework review

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** The Best People Doing Their Best Work	Risk Title: Workforce Sustainability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led, Well				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Failure to deliver consistent, high quality patient centred services due to not having the right people, with the right skills and knowledge, in the right place, at the right time.

Existing Control Measures

• Workforce KPIs tracked through the corporate report and divisional dashboards	• Bi-monthly Divisional Performance Meetings.
• Mandatory training fully reviewed in 2017, with a new system of reporting linked to competencies on ESR; enabling better quality reporting.	• Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.
• Permanent nurse staffing pool	• HR Workforce Policies
• Attendance management process to reduce short & long term absence	• Wellbeing Steering Group established
• Large-scale nurse recruitment event 4 times per year	• Training Needs Analysis linked to CPD requirements
• Apprenticeship Strategy implemented	• Engaged in pre-employment programmes with local job centres to support supply routes
• Engagement with HEENW in support of new role development	• People Strategy

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 level which supports Ward to Board Reporting to HEE People Strategy report monthly to Board Programme Board reporting	Not meeting compliance target in relation to mandatory training in some areas Sickness Absence levels higher than target. Lack of standard methodology to workforce planning across the organisation

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
ensure a minimum of 50 learners enrolled on apprenticeship pathways.	

Executive Lead's Assessment

Oct 2018: Workforce Planning training delivered by NHSI in September, plan to roll out to divisions via HR. Proposal (Nov 18) for the Trust to sign up to the time to change pledge to promote postive actions in relation to mental health. Mental Health concerns is the top reason of absence in the organisation.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**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

• People Strategy	• Wellbeing Strategy implementation
• Action Plans for Staff Survey	• Values and Behaviours Framework
• Staff Temperature Check Reports to Board (quarterly)	• Values based PDR process
• People Strategy Reports to Board (monthly)	• Listening into Action Guidance and Programme of work
• 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.
•	• BME and Disability Staff Networks

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly People Strategy Report to Board Outcomes from Annual Staff Survey reported to the Board. Staff Survey local departmental conversations PDR completion rates Values and Behaviours Framework Quarterly Engagement Temperature Check reported to the Board. Quarterly Engagement Temperature Check local data 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 Wellbeing Strategy progress reported to WOD Board/sub-Board Committee minutes Minutes of Staff Networks Engagement through Editorial Board leadership for Alder Hey Life	Internal Communications Strategy and Plan Refreshed Leadership Strategy

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Framework now completed awating sign off	
L&D manager to undertake a review of the methodology, with a view to launching new system in June 18	Staff Survey will be used for Q3 data. Currently speaking with other local organisations to see how they complete this requirement to see if there is a 'norm' or best practice. Plan to launch revised process for Q4 (Jan-March-19)
Group to be established and to roll-out the approach to HWB across the organisation	
New AH Life launched. E News refresh planned. Star campaign around staff survey, flue and awards started - i.e. common theme of peer to peer action requests/	
Please prepare outline strategy for discussion at away day on the 9th July 18.	

Executive Lead's Assessment

OCT 2018: Staff Survey underway as of 25th October responde rate is 40%. Leadership strategy presented at the October WOD Committee.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 2.3	**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: 3-4	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

• Wellbeing Strategy	• WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.
• Wellbeing Steering Group	• Staff Survey results analysed by protected characteristics and actions taken by E&D Lead.
• HR Workforce Policies	• 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, and improving the experience of BME staff who work at Alder Hey	•
•	•

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly recruitment reports provided by HR to divisions Diversity and Inclusion Action Plan reported to Board Bi-monthly reporting to 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 Equality Objectives	LGBTQ Network not yet in place
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Establish LGBTQ network	No progress due to capacity issues. Revised timeline for completion.

Executive Lead's Assessment

OCT 2018: expert resource identified to support the diversity and race agenda and LGBT network due to be launched in Nov.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.1	**Strategic Objective:** Sustainability Through External Partnerships		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: 3-3	Target IxL: 3-2	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	• Monitoring reports on progress
• Heads of Terms agreed with LCC for joint venture approved	• Redevelopment Steering Group
• Monthly reports to Board & RABD	
Assurance Evidence	**Gaps in Controls/Assurance**
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 Stakeholder events held/reported back to Trust Board Representation at Friends of Springfield Park Group Monthly Board report	Fully reconciled budget with Plan. Risk quantification around the development projects.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Secure approval for plans to increase Park footprint	Planning for Park extension submitted 31/07/2018
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)
Create plan for demolition and phasing	
Executive Lead's Assessment	
APRIL 2018: New Park manager appointed MAY 2018: Meeting arranged with Friends of Springfield Park to agree 1st park extension. JUNE 2018: 2nd round of user meetings on Community Cluster. Commissioning Programme for Institute under way. Implemented bi-weekly control group meetings on the Institute commissioning Aug 2018: Planning application for park extension. Handover of Institute Phase 2 Sept 2018: Plan agreed for retraction of site following opening of Institute	

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.2	**Strategic Objective:** Sustainability Through External Partnerships	Risk Title: Service sustainability 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 service sustainability development/growth due to NHS financial environment and constraints on internal infrastructure to deliver business as usual as well as maximise growth opportunities. External opportunities for partnership may not be fully optimised

Existing Control Measures

• Divisional Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• 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
• 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
Marketing and Business Development Committee has been refreshed as a Growth Through Sustainable Partnerships Group. First meeting planned July 2018 . 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 Growth through Partnerships to be included as part of Strategic elements of business planning in the next planning cycle
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Development of the international agenda	

Executive Lead's Assessment

APRIL 2018. Final Clinical and Sustainability Strategy to July Board.
MAY 2018: Detailed discussion at Execs (17 May). Further work up of detailed proposals for 18/19 to be completed by end of June and for July Trust Board.
JUNE 2018: Clinical sustainability strategy to be finalised at Board meeting on 3rd July. AUG 2018: Trust Board agreed Clinical Sustainability Strategy which was re-named Strategic Plan 2018-2021
OCT 2018: Sustainable Partnerships Group established and reports to RABD. November Board to receive draft strategic plan dashboard. Bi-monthly update to Board.

Board Assurance Framework 2018-19

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 for working with key partners to develop children's services and reduce variation across the City region and beyond

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 refreshed 'Sustainability Through External Partnerships Steering Group'. Monthly to Board via RABD & Board Compliance with final national specifications Single Neonatal Services Business Case approved by NHS England	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. Go live due beginning of September 2018.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Development of a single neonatal service business case across Alder Hey & LWH	Governance model developed and agreed by both trusts and NHS England including delivery model and work streams. MoU drafted and due to be approved by both boards in July 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. Partnership achieved November 2017.	
Strengthening the paediatric workforce	6 monthly audit of 7-day standards is subject to external scrutiny. Global Digital Excellence has improved measurement capability. Adrian Hughes is now leading as one of the top 5 Operational Priorities known as 'New Models of Care'. In addition, junior doctor numbers were bolstered during the winter which improved cover and consultant arrangements.
Agreement of key partnerships for sustainability 2018/19 achieved on 30th November 2017. Actions now in planning and delivery phase, with Executive Oversight provided by the CEO Oversight Group, and planning delivery through the joint CHIG Group. Delivery will take up to two years. In addition to support the Strategic Plan identify which existing and new Partnerships need to be strengthened and grown	

Executive Lead's Assessment

APRIL 2018: Trust Board Workshop to be scheduled for June 2018 to consider growth and sustainability scenarios to inform clinical and sustainability strategy.
MAY 2018: Workshop held on 17 May and next steps agreed
JUNE 2018: CEO now chair of Children's Transformation Board; Single Neonatal Service model moving to implementation phase. Level 1 CHD partnership in place and due to go live beginning of September 2018. Successful Go Live for CHD Partnership undertaken.
OCT 2018: Plan to review this risk assessment prior to the next Board meeting.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 3.4	**Strategic Objective:** Sustainability Through External Partnerships	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 financial risk rating

Existing Control Measures

• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Capital Planning Review Group
• Monthly performance review meetings with 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 Weekly Financial Sustainability delivery meeting papers Board 2 Board with Spec comm	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 CIP Position improved however Divisional forecasts still showing a potential £7m gap

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Tracking actions from Financial Recovery Board	on target
Develop fully worked up CIP programme - Progress has been made however still forecasting £1m under target	Reviewed at financial sustainability group 2.7.18 Further work to take place as part of Q1 review and in July. Review again at expected completion date

Executive Lead's Assessment

JUNE 2018: Key risks highlighted as delivery of CiP (£2.5m gap), elective run rates/winter plan delivery and other emerging cost pressures. Total Divisional risk equates to c£8m and will be through divisional recovery supported by an effective winter plan and identification of non-recurrent measures. Mitigation plan to be tracked through RABD
AUG 2018: CIP identified has plateau at £5m against £6.8m plan. Efforts continue with £6m looking deliverable. Main concerns now relate to Divisional forecast gap of £6.8m and level of Spec Comm over performance which is now subject to a formal activity notice.
SEPT: CIP identified increased identified to £5.5m with £6m a key next phase we aim to get to by end of Sept. Divisions have reduced forecast gap which now stands at £3.5m. Work on-going to further reduce this deficit. Key risks remains commissioner over performance which is material. A new risk related to estates capital spend overspends (unmitigated estimate £6m-£9m). Work has started to prepare a capital recovery plan and reduce value of risk.
October: CIP gap remains at £1.5m with focus on closing the gap to £1m. Divisions forecasting £2.8m shortfall against original control total. Financial Recovery being overseen by Monday Sustainability Group. Board to Board with spec comm agreed next steps on this financial year however remains a risk. Still to finalise payment terms with Welsh commissioners - meeting with Senior representatives of NHSi to progress.

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**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: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description
Failure to exploit new opportunities in research, innovation & education due to incomplete management systems.

Existing Control Measures	
• Establishment of RIE Board Sub-committee	• 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	Sporadic meetings of RIE committee Governance structure for Innovation Board to be agreed Re-energise Research governance processes Reporting frameworks and standards for all services to be agreed/harmonised

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Develop a robust Academy Business Model	Framework refresh
Establish pipeline structure for work-streams (Acorn and Crucible)	Legal work complete on Crucible Contract
Execute contract for RIE with back to back arrangements with the Charity and HEIs	Final Documentation with solicitors prior to completion before move in to Institute Phase 2
Agree incentivisation framework for staff and teams	

Executive Lead's Assessment
APRIL 2018: REI committee refreshed and re-launched MAY 2018: Revised plan for 2017/18 innovation activity JUNE 2018: Innovation Refresh 2nd session AUG 2018: Innovation prioritisation exercise Sept 2018: presentation of innovation re-set to Innovation Board Oct 2018: Review of Acorn Launch of crucible Launch of Alder Play

Board Assurance Framework 2018-19

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Game-Changing Research And Innovation	Risk Title: IT Strategic Development		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: John Grinnell	**Type:** Internal, Known	Current IxL: 3-3	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	• Monthly update to Trust Board on GDE Programme
• GDE Programme Board in place & fully resourced - Chaired by Medical Director	• Clinical Engagement in IT Roadmap
• NHSE external oversight of GDE programme	• Resilience of underlying infrastructure
• A plan is now in place to develop new strategy and roadmap to present to board in Autumn 2018 including plan for user engagement. Plan will include the current GDE programme and beyond, as well as review of Meditech offerings beyond current contract.	• Operational & Clinical oversight of the programme needs enhancing

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 GDE Programme Board tracking delivery - Chaired by MD Plan presented to Ops Board June 18 Implementation of weekly Oversight group	IM&T Strategy out of date - update work in progress to produce Roadmap for October 19 Resilience of underlying infrastructure - replacement being installed

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Replacement equipment procured - equipment is now installed however delay in ensuring appropriate electrical back up in place which is being rectified	
IT Roadmap to be concluded	Meeting held with Meditech to agree how we work more effectively going forward and have more onsite presence

Executive Lead's Assessment

APRIL 2018: ImageNow and bed management module key next phases of the programme. Clinical Advisory Group in place supporting these developments. Real progress being made on STP wide intra-operability platform
MAY 2018: No material changes to report in-month
JUNE 2018: Replacement underlying infrastructure ordered; Excellent feedback from NHSE on benefits realisation
AUG 2018: Replacement infrastructure in situ. Continued positive feedback from NHSE. Programme on track with revised approached for VR in place.
SEPT: Progress with NHSE milestones remains positive with full funding schedule in place. Recent positives include the roll of out of a sepsis module in standard documentation and interoperability piece. Gap in Programme Manager a concern with plans in place to mitigate.
OCT: Programme Manager now in place. Risks relating to January go live of standard Docs and number of pathways to be completed discussed at Execs. Enhanced support given to GDE to include weekly oversight Group with Executive presence.