BOARD OF DIRECTORS MEETING

Tuesday 6th September 2016 commencing at 1000

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

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action	Preparation
		1000	**PATIENT STORY**			
Board Business						
1.	**16/17/93**	**1015**	**Apologies**	Chair	Sir David Henshaw, Steve Igoe, Claire Dove and Anita Marsland	--
2.	**16/17/94**	**1016**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate	--
3.	**16/17/95**	**1017**	**Minutes of the Previous Meeting**	Chair	To consider the minutes of the previous meeting to check for amendments and approve held on; **5th July 2016** **25th July 2016**	Read Minutes
4.	**16/17/96**	**1018**	**Matters Arising and Board Action List**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate	Verbal
5.	**16/17/97**	**1020**	**Key Issues/Reflections**	All	The Board to reflect on key issues.	Verbal
Strategic Update						
6.	**16/17/98**	**1030**	**External Environment/STP** **Progress against strategic themes** - **Community Services** - **Liverpool Women's Reconfiguration Options** - **Global Health** - **Cardiac Services**	L Shepherd T Patten	To update the Board with regard to ongoing processes with the local health economy	Verbal Paper

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7.	**16/17/99**	**1100**	**Proposed revised CBU Structure**	M Barnaby	To brief the Board in relation to proposed timescale for the move to three CBUs.	Verbal
8.	**16/17/100**	**1115**	**CAMHS Review Report**	C McLaughlin	To receive a report from the development work with the CAMHS team	Presentation
1130 – 1145 Break						
Inspiring Quality						
9.	**16/17/101**	**1145**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month	Read Report
10.	**16/17/102**	**1150**	**Clinical Quality Assurance Committee: Chair's update**	A Marsland	To receive and review the minutes from the meeting held on; 15th June 2016	Read minutes
11.	**16/17/103**	**1200**	**Complaints report Quarter 1**	A Hyson	To provide an update of the complaints received for Quarter 1.	Read report
12.	**16/17/104**	**1215**	**Infection, Protection report Quarter 1**	H Gwilliams	To provide an update on progress since the last quarter	Read report
Great Talented Teams						
13.	**16/17/105**	**1230**	**People Strategy Update** - **Mutually Agreed Severance Scheme**	M Swindell M Swindell	To provide an update on the strategy For discussion and approval	Read report Read report
Patient Centred Services						
14.	**16/17/106**	**1240**	**Alder Hey in the Park update**	D Powell	• To receive an update on key outstanding issues / risks and plan for mitigation.	Read report
Financial Growth and Safeguarding Core Business						

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15.	**16/17/107**	**1250**	**Corporate Report**	J Stephens/ M Barnaby/ H Gwilliams/ M Swindell/ E Saunders/	To note delivery against financial , operational, HR metrics and mandatory targets within the Corporate Report for the month of July 2016	Read report
16.	**16/17/108**	**1300**	**Programme Assurance update** • **Workforce and Organisational Development** **-Developing our Workforce** • **Clinical Quality Assurance Committee** **-Our patients at the Centre** • **Resource Assurance and Business Development** **-Developing our patients** **-services in the community** **-Supporting Frontline staff** • **Research Education and Innovation**	J Gibson	To receive an update on programme assurance.	Read report
1315 – 1345 Lunch						
17.	**16/17/109**	**1345**	**Integrated Assurance Report** - **Key issues from July IGC** - **Board Assurance Framework Policy** - **Board Assurance Framework** - **Quarterly Corporate Risk**	E Saunders	To receive the Key Issues Report from the July IGC Meeting, monthly BAF update and quarterly Corporate Risk Register Report.	Read report

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18.	**16/17/110**	**1400**	**Freedom to Speak up Guardian**	E Saunders	To provide the updated position statement and action plan	Read report
19.	**16/17/111**	**1405**	**Resources & Business Development Committee: Chair's update**	I Quinlan	To receive and review the minutes from the meeting held on; 29th June 2016	Read report
20.	**16/17/112**	**1410**	**Quarterly Monitoring report and feedback**	E Saunders	For information	Read report
Any Other Business						
21.	**16/17/113**	**1415**	**Any Other Business**	All	To discuss any further business before the close of the meeting	Verbal
Date and Time of Next Meeting: Tuesday 4th October 2016 at **10:00am, Institute in the Park, Large Meeting Room**						

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

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 5th July 2016, at 10am,**
Institute in the Park Large Meeting Room at Alder Hey

Present:	Sir D Henshaw	Chairman (Chair)	(SDH)
	Mrs M Barnaby	Interim Chief Operating Officer	(MB)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr J Stephens	Director of Finance	(JS)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
In Attendance:	Ms L Dunn	Director of Marketing and Communications	(LD)
	Ms T Patten	Associate Director of Strategic Development	(TP)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
Observing:	Mr S Hooker	Public Governor (North Wales)	(SH)
	Mr Mathew Jones	Staff Governor (Medical)	(MJ)
Agenda item: 73.	Julie Hughes	Independent Nurse Consultant	(JH)
75.	Helen Blackburn	Education Services Manager	(HB)
Apologies:	Prof M Beresford	Assoc. Director of the Board	(MB)
	Mr R Turnock	Medical Director	(RT)

Patient Story
The Board welcomed patient, Max and his Mum to the meeting.

Max went through his progress since he had last attended the Board meeting in December 2015. Max's right foot had recovered and surgery was due to start on his left foot in January 2017.

Max and his mum discussed the high level of service he had received and thanked dedicated teams of staff.

The Board thanked Max and his Mum for taking the time to come provide their feedback and comments which were very much welcomed.

Max and his Mum were asked if they would return to the Board meeting in July 2017 to provide an update on their experiences.

16/17/67 Declarations of Interest
None declared.

16/17/68 Minutes of the previous meeting held on 23rd May 2016
Resolved:
The Board reviewed and approved the minutes of the last meeting.

16/17/69 Matters Arising and Board Action list
Visibility Programme
A number of visibility sessions had been held by the Executive team. It was agreed the visibility programme would be re-circulated to Executives for completion and emailed to Non-Executive Directors for diaries.

CQC Engagement Meeting
Therese Patten agreed to invite Cath McLaughlin to provide an update on CAHMS at the September Board.

16/17/70 Key Issues/Reflections
A&E Targets
Louise Shepherd reported on the improved A&E targets within the last couple of months. The Board had invited members from the A&E team and supporting departments for lunch today to be formally thanked for their continued support.

Listening into Action
Five Big Conversations had been held in June with around 45 staff members attended each session. Little Conversations had been arranged were small groups including an Executive Director would visit areas that may not be able to attend Big Conversations.

Themes included IT issues and behaviours. The Listening into Action team were collating feedback and would hold a 'you said we did session' in a few weeks.

Run Rate
Run Rate continued to be a concern for the Trust. A session was held last week to review the activity.

16/17/71 External Environment/STP
Louise Shepherd updated the Board on the Cheshire and Merseyside STP model. The purpose of the STP was to focus on the four priority areas to improve the pressures of health, quality and finances. The delivery of these plans will be supported by a new cross organisational governance structure.

Local Delivery Systems will work together to reduce demand and duplication across Cheshire and Merseyside.

Community Services
Therese Patten went through progress to date on the Sefton and Liverpool Community Services PIDs.

Sefton Community Services
The Sefton Community Services contract would start from 1st April 2017 – 31st March 2020. The funding would be reviewed annually with the likely-hood the funding would be reduced.

Existing service information on workforce, performance, non-pay costs, assets transfer and IM&T was awaited.

An Extraordinary Board meeting was in the diary for mid-July to agree if a submission would be made for these services.

Liverpool Community Services
Bridgewater Community NHS Foundation Trust was the lead bid for a Consortium with LCC and GP Federation. Alde Hey would work with Bridgewater and the Consortium to deliver the Children's Services.

The deadline for submission of request for proposals is 31st August 2016. The preferred provider is to be announced on 31st October 2016.

Due to the value of the Children's services circa of £20m the Board would be required to completed a Board self-certification if successful with the Bid.

Liverpool Women's Reconfiguration Options
The shortlist of options had been developed below;

C	Enhancements to Crown Street
D1	Relocate all services to Alder Hey (new build)
D2	Relocate all services to Aintree (new build)
D3-N	Relocate services to Royal (new build)
D3-I	Integrate services into (new) Royal PFI
F2	Relocate obstetrics and neonatal services to Alder Hey and gynaecology to (new) Royal PFI

Following the Liverpool Women's Board meeting options D2 and F2 have been removed, no further details on the reasons for this have been shared. Louise Shepherd had made contact with the Liverpool Commissioning Group to enquire the rational for this change, a response is still awaited.

Global Health
The Al Jalila Duba opening date was to be slightly deferred from October 2016. Next steps included establishing legal and governance arrangements for an international partnership.

Cardiac Services
Alder Hey had submitted a bid for Liverpool Children's Cardiac services. An announcement of the preferred bidder was due to be received early next week.

16/17/72 Proposed revised CBU Structure
A proposal to reduce the CBU Structure from five to three was given. Reasons for change included changes to Medical Director and Clinical Directors availability as well reducing the CBUs would provide further clinical leadership and corporate support.

Proposals included a Rapid Outcomes Improvement Squad deployed to improve quality of services and reduce harm, annual programme was to be agreed by Chair of Service Delivery Group.

A discussion was held on the current difficulties of Neuroscience, Musculoskeletal, Specialist Surgery and Surgery Cardiac, Anaesthesia, Critical Care in separate CBUs.

The proposed timeline was for Leadership roles to be in place by September-October 2016. A query on the implementation pace of the revised CBU structure was discussed. The Executive team was asked to work through the implications of implementing the changes quickly or having a more shadowed approach.

Resolved:
a) Board received an update on the revised CBU Structure
b) The Executive team were asked to assess the implications of implementing the CBU restructure quickly or through a shadowed approach.

16/17/73 Infection Prevention and Control

Quarter 4 report
Julie Hughes presented the Quarter 4 report and the delivery plan. A number of objectives within the plan were amber. Julie Hughes provided assurance these actions were moving forward.

Progress continued with the Multimodal hand hygiene campaign. The new hand hygiene solution was being trailed in a department before being distributed across the Trust.

The bacteria Pseudomonas had been identified in small areas of the Trust's water supply, mainly in Theatres. Filters had been added to the water stream to reduce the bacteria however this would not solve the issue long term. There had been no cases of individuals with Pseudomonas and the Infection Control team continued to work with the water suppliers to resolve this issue.

Resolved:
Board received the content of the Quarter 4 Infection Prevention and Control, the External review report and an update on the strategy and delivery plan for 2016-17.

16/17/74 Serious Incident Report
Hilda Gwilliams presented the Serious Incident report for May 2016 noting that there had been one new serious incidents, three ongoing and five closed. There are no new or ongoing safeguarding cases.
Resolved:
The Board received the Serious Incident report for May 2016.

16/17/75 Revalidation Annual report
Helen Blackburn presented the revalidation annual report including the appraisal reporting data for 2015/16.

Key priorities going forward included the renewed contract with Allocate Software to provide a fully electronic system for appraisal, multi-source feedback and revalidation, as well as modules for job planning and leave management. It is expected that the system will be ready for implementation by the end of July, and available for the forthcoming round of appraisals. The system will provide significant benefits in terms of electronic appraisal sign off, comprehensive appraisal reporting and automatic link with GMC for revalidation.

The quality programme that was implemented in 2015 will continue to be developed to support appraisers/appraisees as part of the Quality strategy.

Resolved:
The Board received the content of the Revalidation Annual report for 2015/16.

16/17/76 Mortality Board Report Quarter 4
Resolved:
As the Medical Director had not been available to attend this meeting it was agreed this item would be deferred until the Medical Director was back in the Trust in October 2016.

16/17/77 Clinical Quality Assurance Committee: Chair's update and Annual report
The Board received the CQAC minutes from the last meeting held on 18th May 2016.

Smoking issues continued to be raised at CQAC. The committee had recently gone through the option of installing a smoking shelter. It was noted the Trust would lose the smoke free status however, as smoking continued to be an issue it was suggested this option should be looked into.

Louise Dunn agreed to contact Liz Edwards, Head of Patient Experience to commence a consultation into re-installing a smoking shelter.

Resolved:
The Board received the CQAC minutes held on 18th May 2016.

16/17/78 People Strategy update
Melissa Swindell presented the People Strategy report.

Alder Hey has contracted with Team Prevent for the provision of Occupational Health Services since June 2011, and this relationship has recently been extended until June 2017. Team Prevent are the fastest growing provider of health and wellbeing services in the UK; SEQOHS accredited since 2012, they have been working closely with the Trust not only to manage attendance but also to develop their role in delivering our Trust Health and Wellbeing strategy and work plan. Upwards of £350,000 funding is available annually through CQUINS for Health and Wellbeing initiatives, and this alongside our agreed focus on wellbeing as part of our Quality Strategy and an acknowledgement of its importance in increasing workforce engagement, is driving our focus in this important area.

Resolved:

The Board received;

a) The content of the People Strategy report

b) Progress to date with the Trust's Occupational Health service providers Team prevent.

c) Approved the Workforce and Organisational Development annual report.

16/17/79 Alder Hey in the Park

David Powell provided an overview of the 11 programmes within the Alder Hey in the park project.

Temporary Moves – The CAMHS team who had previously worked on separate sites had been relocated to accommodation they were all based in together. The temporary site was quite clinical, Sue Brown, Project Manager was working with the team to provide a less clinical feel to the patient rooms.

Decommissioning and Demolition – As previously reported the project was 3 months behind timescales due to lack of funding. This would continue to be discussed regularly at Resources and Business Development Committee.

Residential – This project continues to be on track. Dialogue sessions have commenced with 6 selected bidders. The Project team will continue to meet with bidders on a weekly basis for an 8 week period. Initial bids are to be submitted by 5th August 2016 when two bidders will be chosen.

Park – Laura Naylor has recently been appointed to manage this project. Major design event/workshop on 10th June identified early wins within the next 12 months within the existing Springfield Park including events calendar, shrubbery clearance, review of access routes and potential pop up cafe.

Corporate Offices/Clinical on-site – A proposal to use steel frames to reduce the overall building cost is currently being looked into.

Research & Education Phase II - Trust has instructed design to be developed up to a stage for pricing and construction ready. Continue to have a funding shortfall. Clarity required around space to be provided for Edge Hill, UoL, UCLan and other partners.

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

The Following projects are due to commence over the next several months;
Community
Agile Working
On-site Residual
Alder Centre

Resolved:
The Board received an update of the 11 projects within Alder Hey in the park work-stream.

16/17/80 Working Capital Loan Agreement

Jonathan Stephens, Director of Finance presented a proposal for approval of a Working Capital Loan agreement for £8.5m.

The Board is aware of the need to access cash support as part of the 2016/17 budget approved by the Board. The Trust, dependent on the decision of NHS Improvement may apply for either a 'Normal Course of Business (NCB) Working Capital Facility (WCF)' or 'Distressed finance revolving working capital facility (WCF). The trust has been advised a NCB loan would be approved only if the Trust accepts financial control. This decision is currently under review by NHS Improvement.

The Board noted the national NHS finance crisis and approved the loan agreement subject to;

(iii) including; or Chief Executive.

Resolved:

(i) Approve the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
(ii) Authorise the Director of Finance or Chief Executive to execute the Finance Documents to which it is a party on its behalf; and
(iii) Authorise the Director of Finance or Chief Executive on its behalf, to sign and/or dispatch all documents and notices (including if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.
(iv) Confirm the Trusts undertaking to comply with the additional terms and conditions.

16/17/81 Corporate Report

At the end of May the Trust is reporting a trading position of £3.9m which is £0.2m behind plan. Income is behind plan by £0.3m largely relating to elective activity which is behind plan by 0.3% and outpatient activity which is behind by 6%.

The Trust met the Monitor ED Improvement Trajectory at 93.6%. ED attendances continued to be high over the month, and the introduction of observation beds in EDU part month resulted in fewer General Paediatric Specialty ED breaches. It is anticipated this improved performance will continue and delivery of 95% for June is anticipated. Continued achievement of Cancer Standards and RTT standards is highlighted. Continued improvement of Theatre Utilisation has also been seen.

Although good performance overall, there is evidence through April and May performance that delivery of RTT is more challenged, and this is linked with a lower level of productivity against plan. This is of concern, root causes of these

challenges will be identified and action taken to mitigate and resolve these during June and July 2016.

Weekly Financial turnaround meetings have been arranged with representation across the Trust to review and identify cost savings across the Trust. The Board asked for changes implemented to be communicated with staff as they are agreed.

Resolved:
a) The Board received and noted the content of May 2016 Corporate report.
b) The Board agreed to cancel future meeting catering arrangements.

16/17/82 Programme Assurance Update

An overview of programme assurance arrangements was presented following approval of the work-streams to report to the committees of the Trust Board.

Joe Gibson provided a breakdown of each of the work-streams and a summary position.

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

16/17/83 Integrated Assurance Report

Following a decision at the last Board to review a number of risks the revised Board Assurance Framework for 2016-17 was presented.

Resolved:
The Board noted the revised and focused 2016/17 Board Assurance Report.

16/17/84 Car Parking Increases

The Board had previously received updates noting the current car park tariff for staff and the public did not cover car parking costs. The Board agreed to increase the public car parking tariff from 1st August 2016. A number of Board members agreed to meet separately to agree on the tariff rates.

Sessions were currently being held with staff to agree the staff car parking tariff.

Resolved:
The Board agreed to increase public car parking charges by 1st August 2016.

16/17/85 Resource and Business Development Committee: Chair's Update

Resolved:
Board received the RABD minutes from May 2016. A verbal update on the meeting held in June and the focus on cost savings was noted.

16/17/86 Any Other Business

No further business was discussed.

Date and Time of next meeting: - Tuesday 6th September 2016, at 10:00am, Large Meeting Room, Institute in the park.

Alder Hey Children's NHS
NHS Foundation Trust

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16/17/76 Mortality Board Report Quarter 4
Resolved:
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The Board received the CQAC minutes from the last meeting held on 18th May 2016.

Smoking issues continued to be raised at CQAC. The committee had recently gone through the option of installing a smoking shelter. It was noted the Trust would lose the smoke free status however, as smoking continued to be an issue it was suggested this option should be looked into.

Louise Dunn agreed to contact Liz Edwards, Head of Patient Experience to commence a consultation into re-installing a smoking shelter.

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16/17/79 Alder Hey in the Park

David Powell provided an overview of the 11 programmes within the Alder Hey in the park project.

Temporary Moves – The CAMHS team who had previously worked on separate sites had been relocated to accommodation they were all based in together. The temporary site was quite clinical, Sue Brown, Project Manager was working with the team to provide a less clinical feel to the patient rooms.

Decommissioning and Demolition – As previously reported the project was 3 months behind timescales due to lack of funding. This would continue to be discussed regularly at Resources and Business Development Committee.

Residential – This project continues to be on track. Dialogue sessions have commenced with 6 selected bidders. The Project team will continue to meet with bidders on a weekly basis for an 8 week period. Initial bids are to be submitted by 5th August 2016 when two bidders will be chosen.

Park – Laura Naylor has recently been appointed to manage this project. Major design event/workshop on 10th June identified early wins within the next 12 months within the existing Springfield Park including events calendar, shrubbery clearance, review of access routes and potential pop up cafe.

Corporate Offices/Clinical on-site – A proposal to use steel frames to reduce the overall building cost is currently being looked into.

Research & Education Phase II - Trust has instructed design to be developed up to a stage for pricing and construction ready. Continue to have a funding shortfall. Clarity required around space to be provided for Edge Hill, UoL, UCLan and other partners.

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

The Following projects are due to commence over the next several months;
Community
Agile Working
On-site Residual
Alder Centre

Resolved:

The Board received an update of the 11 projects within Alder Hey in the park work-stream.

16/17/80 Working Capital Loan Agreement

Jonathan Stephens, Director of Finance presented a proposal for approval of a Working Capital Loan agreement for £8.5m.

The Board is aware of the need to access cash support as part of the 2016/17 budget approved by the Board. The Trust, dependent on the decision of NHS Improvement may apply for either a 'Normal Course of Business (NCB) Working Capital Facility (WCF)' or 'Distressed finance revolving working capital facility (WCF). The trust has been advised a NCB loan would be approved only if the Trust accepts financial control. This decision is currently under review by NHS Improvement.

The Board noted the national NHS finance crisis and approved the loan agreement subject to;

(iii) including; or Chief Executive.

Resolved:

(i) Approve the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;

(ii) Authorise the Director of Finance or Chief Executive to execute the Finance Documents to which it is a party on its behalf; and

(iii) Authorise the Director of Finance or Chief Executive on its behalf, to sign and/or dispatch all documents and notices (including if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.

(iv) Confirm the Trusts undertaking to comply with the additional terms and conditions.

16/17/81 Corporate Report

At the end of May the Trust is reporting a trading position of £3.9m which is £0.2m behind plan. Income is behind plan by £0.3m largely relating to elective activity which is behind plan by 0.3% and outpatient activity which is behind by 6%.

The Trust met the Monitor ED Improvement Trajectory at 93.6%. ED attendances continued to be high over the month, and the introduction of observation beds in EDU part month resulted in fewer General Paediatric Specialty ED breaches. It is anticipated this improved performance will continue and delivery of 95% for June is anticipated. Continued achievement of Cancer Standards and RTT standards is highlighted. Continued improvement of Theatre Utilisation has also been seen.

Although good performance overall, there is evidence through April and May performance that delivery of RTT is more challenged, and this is linked with a lower level of productivity against plan. This is of concern, root causes of these challenges will be identified and action taken to mitigate and resolve these during June and July 2016.

Weekly Financial turnaround meetings have been arranged with representation across the Trust to review and identify cost savings across the Trust. The Board asked for changes implemented to be communicated with staff as they are agreed.

Resolved:
a) The Board received and noted the content of May 2016 Corporate report.
b) The Board agreed to cancel future meeting catering arrangements.

16/17/82 Programme Assurance Update

An overview of programme assurance arrangements was presented following approval of the work-streams to report to the committees of the Trust Board.

Joe Gibson provided a breakdown of each of the work-streams and a summary position.

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

16/17/83 Integrated Assurance Report

Following a decision at the last Board to review a number of risks the revised Board Assurance Framework for 2016-17 was presented.

Resolved:
The Board noted the revised and focused 2016/17 Board Assurance Report.

16/17/84 Car Parking Increases

The Board had previously received updates noting the current car park tariff for staff and the public did not cover car parking costs. The Board agreed to increase the public car parking tariff from 1st August 2016. A number of Board members agreed to meet separately to agree on the tariff rates.

Sessions were currently being held with staff to agree the staff car parking tariff.

Resolved:
The Board agreed to increase public car parking charges by 1st August 2016.

16/17/85 Resource and Business Development Committee: Chair's Update

Resolved:
Board received the RABD minutes from May 2016. A verbal update on the meeting held in June and the focus on cost savings was noted.

16/17/86 Any Other Business

No further business was discussed.

Date and Time of next meeting: - Tuesday 6th September 2016, at 10:00am, Large Meeting Room, Institute in the park.

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STRATEGIC THEMES PROGRESS UPDATE

6 September 2016

1 Purpose of the Report

This is a report to update Trust Board on progress made towards delivering the Strategic Themes.

2 Services in Communities

Liverpool Community Health: Liverpool bundle

The bid for the Liverpool bundle was submitted on 31 August. Bridgewater led the writing process with Alder Hey inputting sections on the clinical model for integrated children's services. We expect to hear about progress and next steps towards the end of September.

Liverpool Community Health: Sefton bundle

Alder Hey was shortlisted as a provider of the 0-19 service and has been called to an interview on 2 September. The primary focus of the interview will be implementation of the service model and assurance around safeguarding services.

Liverpool Community Health: non-core bundles

We have been informed by Liverpool CCG that they have reviewed all non-core services and the two paediatric services within the bundle, paediatric SALT and paediatric community matrons, have both been recommended to be awarded to Alder Hey. This will mean that the services are directly awarded and do not go to full procurement.

Sefton CCG have informed us that they are in the process of pulling together the commissioning information with regards to the non-core services which include paediatric complex needs, paediatric OT, paediatric physiotherapy, paediatric SALT, children's safeguarding and child protection. They then plan to have discussions with Alder Hey with regards to these.

3 Liverpool Women's Hospital Services Review

The review led by FTI consulting continues and Alder Hey has submitted all the estates and finance information required. LWH continues to query the work done to date however a site visit has been arranged and it is hoped this will resolve outstanding questions. A final estates and finance meeting is scheduled for 15 September.

Work is progressing to implement the recommendations of the neonatal peer review which took place in April. A task and finish group has been established by the network and NHS England with a first meeting on 31 August.

4 Congenital Heart Disease Service Model

The Trust has been informed by NHS England that they are 'minded' to commission services from the Liverpool Health Partners consortium. The decision is subject to public consultation which is expected to take place during the last three months of this year. We understand that the consultation will be conducted on a regional basis which means the Trust will be involved in recommendations exclusively for the north of England region.

5 Global Health

We have worked up an offer with the potential Dubai partner which they are happy with and are in the process of finalizing commercial terms for the work. The outstanding query is around insurance and indemnity and we are in conversation with the Trust insurers about what is required. Work continues to assist in the organization of the international conference in early December.

A second draft of the Memorandum of Understanding has been shared with the potential Chengdu partners. The team is now keen to come to Liverpool in November to formally sign the agreement which would enable joint work to start in the New Year. It is likely that the Chinese team will include very senior representatives from local universities.

6 Recommendations

Trust Board is asked to note progress and advise if there is anything else of significance that needs to be considered within this work programme.

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Catherine McLaughlin

Child and Adolescent Mental Health Services

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The Trust Board of Alder Hey Children's Trust commissioned external support in May 2016

- Remedial work on relationships to stabilize team dynamics
- Redesign the service with existing staff to ensure it is fit for purpose
- Review of governance, benchmarking against other services
- Suggestions for future arrangements to ensure lines of management and accountability is clear
- Leadership succession planning ensuring that a strong leader is in place within six months
- Align the strategic plans for CAMHS with the wider paediatric, community services plans
- Establish inclusive CAHMS development group to advise and track progress against development plan
- Engage a specialist in clinical investigation to do a short focused piece of work with the psychiatrists to support issues with clinical risk thresholds and potentially clinical practice.

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Initial Findings

- Relationships are fractured
- In fighting and tribalism
- Demonization of certain groups and individuals
- Lack of clarity about the "Boss"
- Model of care contributing to feelings of risk and unfairness
- Long waits for assessment and treatment
- Management and leadership void!
- Children, Young People, Parents want a more response service.

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What Have I Done

- Review the model of care-to address the "risks" within the service
- Thrive Framework being embraced slowly
- Establish a locality Taskforce to implement the clinical changes
- Review governance arrangements and re establishing a governance structure
- Coaching existing 'managers and leaders' in methods of tactical and operational management
- Micro management of waiting and response times-6 weeks across CAMHS by mid September
- Consultation and discussions on a management structure to deliver the "Single Boss" and ensure clear lines of accountability and responsibility

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Mental Health Taskforce

Members:
Clinical Lead for Liverpool
Clinical Lead for Sefton
Mental Health Service Manager
Consultant Psychiatrists
MDT Representatives (tbc)

Remit:
'Arena where everybody comes together once a fortnight to agree the way forward
Vision and values for the service
Where are we trying to get to
Waiting Times
CQUINN
Advancing Quality
Access
Money
Performance
Communication

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CAMHS Current Structure

Anandhi Inbasagaran / Audrey Oppenheim
Clinical Lead – CAMHS

Lindsey Marlton
Service Manager

Andrew Williams
Service Group Clinical Lead
SPA and Primary Mental Health

Jo Potier
Service Group Clinical Lead
Specialist CAMHS – Liverpool

Andrew Williams
Service Group Clinical Lead
Specialist CAMHS – Sefton

Lynne Macfarlane (6)
Operational Support / Acting Assistant Service Manager

Lynne Macfarlane (6)
Operational Support / Acting Assistant Service Manager

Matthew Upton (6)
Operational Support

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Proposed Structure – June 2016

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CAMHS and Tier 4 In-patient Services

Clinical Service Manager for Liverpool

Liverpool

- Single Point of Access (SPA)
- Specialist Mental Health – Liverpool
- Psychology
- Consultant Psychiatrists
- Professional Advisor for Psychology
- Operational Delivery of Clinical Service

Clinical Service Manager for Sefton & SPA

Sefton

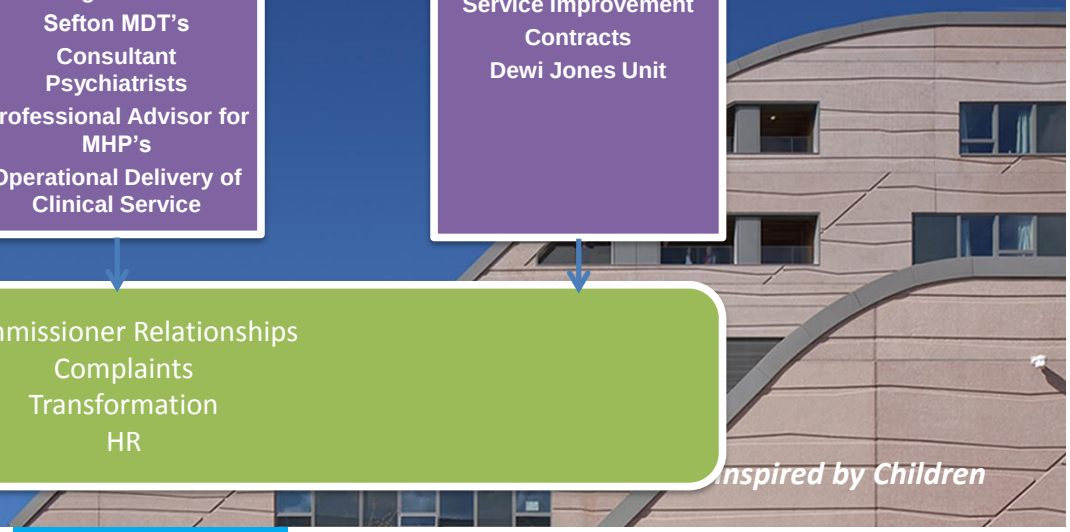
- Single Point of Access (SPA)
- Specialist Mental Health – Sefton
- Eating Disorders
- Sefton MDT's
- Consultant Psychiatrists
- Professional Advisor for MHP's
- Operational Delivery of Clinical Service

Mental Health Service Manager

Budgets

- Capacity & Demand
- Performance
- Strategic Development
- Service Improvement
- Contracts
- Dewi Jones Unit

Commissioner Relationships
Complaints
Transformation
HR



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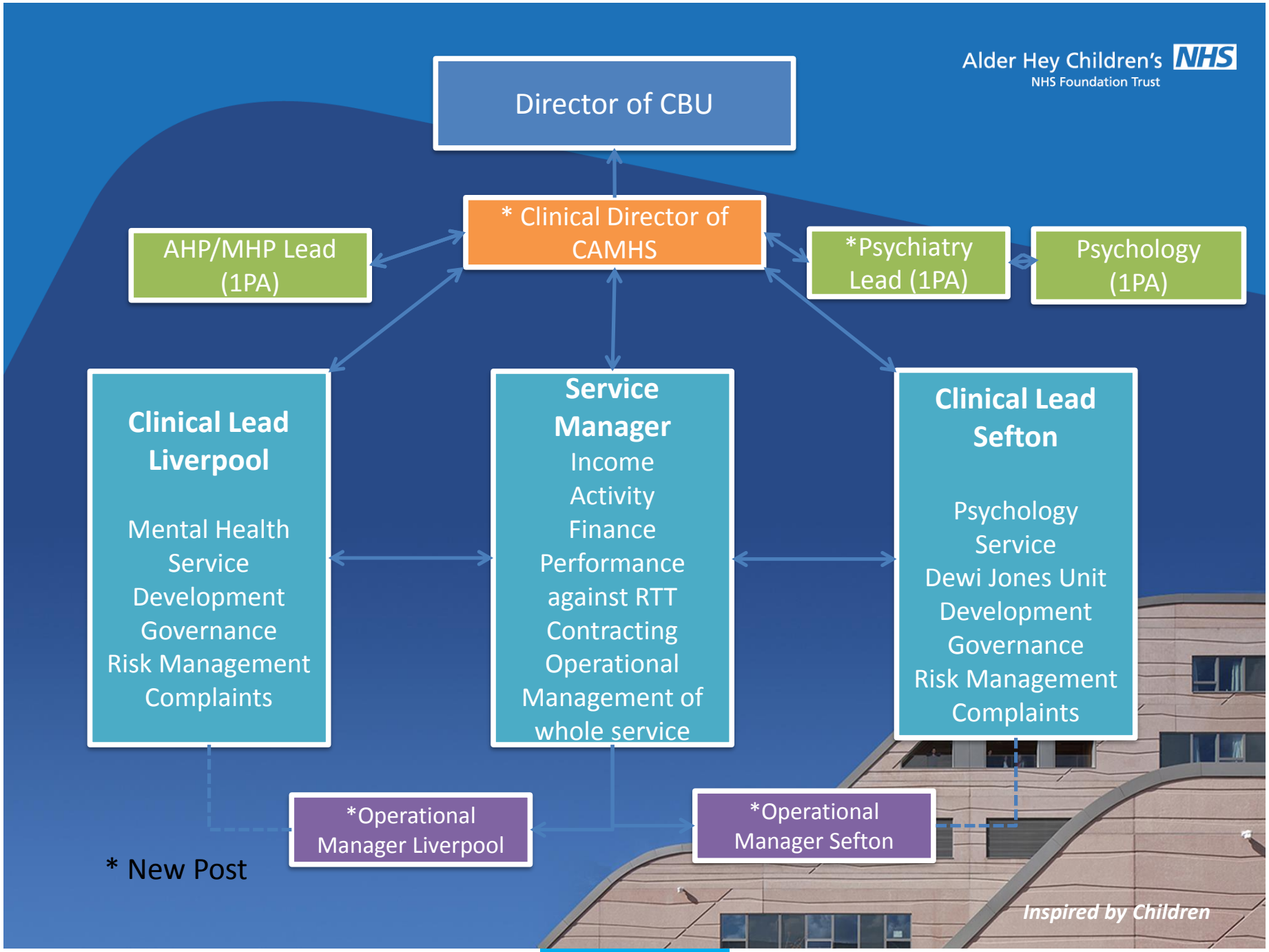
Outcome of Discussions on Management Structure

Premise

- Initially intended to keep the current structure with clearer defined job descriptions for the Clinical Leads and Operational Managers
- Also planned to have the Consultant Psychiatrists managed as part of the locality teams.

Outcome and Response

- Clinical Leads felt that this changed their job descriptions too much
- Psychiatrists felt it was not in keeping with what they wanted or with the College of Psychiatrist recommendations
- The operational managers cry "we have no authority to manage"
- Professionals started circling the wagons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Director of CBU
* Clinical Director of CAMHS
AHP/MHP Lead (1PA)
*Psychiatry Lead (1PA)
Psychology (1PA)
Clinical Lead Liverpool
Mental Health
Service Development
Governance
Risk Management
Complaints
Service Manager
Income
Activity
Finance
Performance against RTT
Contracting
Operational Management of whole service
Clinical Lead Sefton
Psychology Service
Dewi Jones Unit
Development
Governance
Risk Management
Complaints
*Operational Manager Liverpool
*Operational Manager Sefton
* New Post
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July 2016 - Option

2 localities with all line management responsibility to one boss including the psychiatrists.

Advantages-

- Clear lines of accountability and responsibility
- Service needs are looked at on a locality basis
- Consultant job plans are managed in line with service needs
- The model of care can be shaped around what the children and families want as opposed to the cumbersome process currently in place.
- Taskforce on a locality basis to look at the model of care, performance, response times , supporting each other and telling a positive story about the service.

July 2016 -cont

Disadvantages

- The people in the localities are nervous the organisation will not support them-
- It will need intensive care for a long time to bed in
- The impact will need to be assessed carefully with the teams so they are not done unto.
- Likely to increase the management costs.

Service Engagement

- Road Shows/Team Discussions
- Business Meetings
- Team briefings
- Discussion documents by email to all staff members.

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Rationale for July 2016 option - proposed structure

- Director of CAMHS required as the Trust is a registered mental health provider
- The 'boss' needs to have authority, accountability and credibility
- All posts are ring-fenced to internal applicants
- Professional leads are already funded in the budget
- Band 7 Service Manager's are new posts however they are ring-fenced to two Band 6's currently in post

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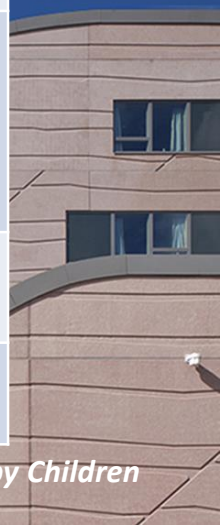
Timeline for CAMHS restructure

Date	Activity
June 2016	Organisational Change Paper communicated to all of CAMHS: • Draft job descriptions draw up to reflect the aspirations of the June proposal Opened a 3-week window for further feedback and engagement
End July 2016	Organisational change paper version 2 circulated to all of CAMHS reflecting discussions with the CBU and the CAMHS team
Up to 16th August 2016	• Revised job descriptions for the Clinical Leads, Director of CAMHS and Band 7's • Hold open meetings with all staff • Comments have been received verbally and via email • Working with HR Business Partners on the job descriptions, job matching, setting up assessment centres and interview dates • Sign off of affordability with the CBU
16th August 2016 and 31st August 2016	Meet with Executive Team Thursday 18th August 2016 and sign off new structure
w/c 22nd August 2016	Preparation for the interviews commences: • Expressions of interest will be sought from within CAMHS • All candidates invited to interview for the Director position will have a Personality Profile feedback session with a trained practitioner • All professional leads and operational managers will attend the assessment centre
Monday 5th September 2016 Times TBC	Director of CAMHS Panel interview tbc and Professional Lead for Psychiatry interview tbc
End September 2016	Confirm Director of CAMHS, Professional Leads, Service Managers and Operational Managers in post Agree with the CBU coaching and development programme for the new CAMHS structure



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Next Steps

- Establish the management team and the clinical leadership structure
- With Director of CAMHS set out vision, values and how this service will operate.
- Coaching and support
- Review at Christmas

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BOARD OF DIRECTORS

Tuesday 6th September 2016

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

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1. Background:

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

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

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

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

2. SIRI performance data:

SIRI (General)															
2014/15								2015/16							
Month	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**
New	0	5	0	3	2	2	2	1	1	3	1	2	1	2	0
Open	6	5	7	5	2	3	3	3	5	6	7	6	3	2	4
Closed	0	1	3	2	4	1	0	2	1	0	2	2	5	2	0
Safeguarding															
Month	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**
New	0	0	0	1	0	0	0	0	1	2	0	0	0	1	0
Open	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Total closed	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

3. Recommendations:

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

New Safeguarding investigations reported 01/06/2016 to 31/07/2016: For information							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2016/15206	03/06/2016	ICS	SUDiC - Baby had a mild temperature, fed at 3pm, parents checked baby at 6pm, no concerns. Checked again 20 minutes later and found to not be breathing and blue in colour. Baby given drugs bolus and brought to A&E, further resus attempted, declared dead at 19.22.	Safeguarding Team	For information only	Yes	Yes

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
RCA 189 2016/17 StEIS 2016/15215	02/06/2016	NMSS	Grade 3 pressure ulcer under hip plaster (unavoidable).	Wendy Weir, Sister, 4A.	Report in quality check stage.	Yes	Yes
RCA 182 2016/17	02/06/2016	SCACC	Overdose of potassium in CVVH bag.	Sue Tickle, Sister, Critical Care	Report in quality check stage.	Yes	Yes
RCA 190 2016/17 StEIS 2016/14784	31/05/2016	ICS	Delayed transition of a 17.5 year old CAMHS patient.	Lindsey Marlton, Service Manager, CAMHS	Multi agency RCA. Fact finding completed. Meeting being co-ordinated by Liverpool CCG.	Yes	Yes
RCA 183 2016/17 StEIS 2016/9552	11/04/2016	SCACC	Never Event – Wrong side chest drain inserted into patient.	Paul Baines, Consultant, Paediatric Intensive Care Unit	Report in the process of being written.	Yes	Yes

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

SIRI incidents closed since last report						
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Outcome**	**Duty of Candour/Being open policy Implemented**
RCA 180 2015/16 StEIS 2016/8081	21/03/2016	NMSS	Delay in referral to Paediatric Ophthalmic Unit. Patient underwent cataract surgery, attended A&E Department 6 weeks later with red eye, subsequent clinic appointment 5 days later revealed retinal detachment, surgical repair not possible due to delay from onset of symptoms, resulting in permanent loss of vision.	Brigid Doyle, Lead Nurse	Final report sent to CCG and family.	Yes
RCA 172 2015/16 StEIS 2016/3088	01/02/2016	SCACC	Never Event. Wrong site surgery. Patient listed and marked for umbilical hernia repair. Surgical incision made at site of marking and not below the umbilicus as planned. Incision closed and new incision made approximately 1 inch lower.	Harriet Corbett, Consultant Surgeon and Maureen Arrowsmith, Ward Manager	Final report sent to CCG and family.	Yes

Safeguarding investigations closed since last report
Nil

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Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 15th June 2016,
10:00am, Large Meeting Room, Institute in the Park

Present:	Anita Marsland, (Chair)	Non- Executive Director	AM
	Mags Barnaby	Interim Chief Operating Officer	MB
	Hilda Gwilliams	Director of Chief Nurse	HG
	Jeannie France Hayhurst	Non- Executive Director	JFH
	Erica Saunders	Director of Corporate Affairs	ES
	Louise Shepherd	Chief Executive	LS
	Jonathan Stephens	Director of Finance	JS
	Melissa Swindell	Interim Director of HR	MS
	Rick Turnock	Medical Director	RT
In Attendance:	Adam Bateman	General Manager Surgery	AB
	Kate Brizell	Service Manager A&E General Paediatrics	KB
	Pauline Brown	Lead Nurse, SCACC	PB
	Sue Brown	Strategic Project Manager	SB
	Richard Cooke	DIPC	RC
	Christian Duncan	Clinical Director for NMSS	CD
	Dan Grimes	General Manager, Medical Spec	DG
	Simon Kenny	Clinical Director SCACC	SK
	Paul Newland	CD Clinical Support CBU/CoBiochemis	PN
	Janette Richardson	Programme Manager	JR
	Lachlan Stark	Head of Planning and Performance	LS
	Julie Tsao	Committee Administrator	JT
Agenda item: 34	Hannah Ainsworth	Equality and Diversity Manager	HA

16/17/27 Apologies:

Mark Caswell	Consultant Paediatrics	MC
Joe Gibson	External Programme	JG
Rachel Greer	General Manager NMSS	RG
Gail Hewitt	Deputy Director of Quality	GH
Steve Igoe	Non-Executive Director	SI
Tony Rigby	General Manager, Quality Strategy	TR

16/17/28 Declarations of Interest
None Declared.

16/17/29 Minutes of the previous meeting held on 18th May 2016
Resolved:
Amendment was to be made on; page 2 under Improving Patient Flow PID to 4 work-streams.
Subject to the above amendment CQAC approved the minutes held on 18th May 2016.

16/17/30 Matters Arising and Action list
An update on two of the actions from the log is detailed below. All other actions were either completed or an item on the agenda.

Corporate Report Quality Metrics
At the CQAC meeting in April feedback had been requested on the revised quality metrics within the Corporate report. The Clinical Effectiveness section was currently under review and would be presented at the July CQAC subject to completion.

Performance metrics was currently being further developed. LS agreed to meet with HG to ensure there was no duplication.

No Smoking update
Following the previous meeting CQAC received the Smoke Free Site update from Louise Dunn, Communications and Marketing Director.

CQAC noted ongoing smoking issues including smokers outside the hospital entrances and smoking stubs on the floor. Cleaners had been cleaning the front entrance of the hospital however it continued to be an issue.

A discussion was held on installing a smoking shelter similar to other local hospitals. If this option was agreed the Trust would lose the smoke free status however as smoking continued to be an ongoing issue CQAC agreed all options should be looked into.

The Chair agreed to raise this and report back at the next CQAC Meeting.

16/17/31 Best in Operative Care, Walkabout Feedback 18th May 2016
CQAC reported on the 2 walkabouts detailed below.

It was noted both walkabouts had been rushed due to the meeting overrunning. The July CQAC was due to be a walkabout, as this meeting would also have a full agenda it was queried whether the walkabout should be deferred until the August meeting.

To make future walkabouts more focused CQAC requested a log from the departments highlighting on ongoing concerns.

Future walkabouts were to be aligned to the CQC Key Lines of Enquire standards. Hilda Gwilliams agreed to circulate this to CBUs.

Inpatient Theatres
The main area of concern within Theatres was the scope systems are not fit for purpose. The equipment regularly failed and caused damage to the scopes. An in-house retraining process was currently in place to provide evidence the concerns being raised were not training related.

Several checks were in place and assurance was provided to CQAC that scope systems were safe for use.

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

Day Case Surgery
Feedback from the day case surgery included;

A patient was booked for morning surgery. After arriving the patient was advised the surgery would be moved to the afternoon with no information on the cause for the delay. The surgery had been delayed due to an emergency case however this hadn't been communicated to the family.

Receptionists advised they aren't always made aware of all the cases for each day. This is due to a lack of communication between consultants and reception staff. A standardised system was currently being looked into.

Staff changing rooms male and female were both small and untidy.

No age appropriate entertainment for teenage patients.

CQAC asked to be updated on progress against the above concerns raised.

Resolved:
CQAC received feedback from Inpatient Theatres and Day Case Surgery requesting an update against actions received.

16/17/32 Programme Assurance 'Our Patients at the Centre'
Improving outpatients Project Initiation Document (PID) Update
Mags Barnaby presented an update on progress against the improving outpatients PID since the last meeting.

A number of listening events had been held across the department to enhance the overall delivery plan.

A well-led Improving Outpatients Governance Structure is being implemented, with Sir David Henshaw chairing the Outpatients Improvement Steering Group. (membership will be determined by the findings of the listening events with stakeholders volunteering to take a lead role for specific areas of improvement).

The existing PID has 4 Workstreams which will be re-energised with enhanced management and leadership capacity and resource, and with specific delivered outcomes a requirement:

- Workforce and Leadership will have dedicated Nurse Leadership Resource, which it currently does not have in place.
- Business Process will focus on booking processes, standardisation of same and provision of Standard Operating Proceedings to safeguard standards and consistency.
- Capacity and Demand will focus on clinical processes and on the day flow, to optimise the patient experience and productivity throughout outpatients.
- Patient Experience, including communication, will include patient letters and patient information, together with the pathway processes for each clinic.

Resolved:
CQAC agreed for Improving Outpatients services PID to be presented at the July CQAC for approval.

16/17/33 Programme Assurance progress update
Following the unsuccessful vanguard bid for the Complex Care Made Simple project a meeting to discuss next steps and funding options was being held with the Liverpool Clinical Commissioning group later today.

Resolved:
a) CQAC received an update on programme assurance
b) Clinical Support Services PID was due to be presented at the July CQAC.

16/17/34 Equality Delivery System 2
Hannah Ainsworth, Equality and Diversity Manager presented the documents below for approval;
Equality Delivery System 2 Template
The EDS 2 Summary report template had been provided by NHS England to present the 18 outcomes across the 4 goals and progress being made. Each outcome was graded against either, undeveloped, developing, achieving or excelling.

Equality Objectives
Equality Objectives had been developed to show progress against the 9 protected characteristics. Objectives would be monitored by CQAC and Workforce, Organisational Development Committee. The following objectives graded as developing were to be monitored by CQAC on a quarterly or as required basis;
Improve the experience of families with learning disabilities
Improve the involvement of staff and patient stakeholders
Improve the quality of patient data
To ensure equality is embedded through the quality strategy
Broaden opportunities for equality training.

Hannah reported on the work in place to support the changing demographics with support from each of the CBUs. Hannah agreed to share the demographics dashboard with Simon Kenny.

CQAC also received;
Equality progress template
Workforce Race Equality Standard reporting template

Resolved:
a) CQAC APPROVED;
Equality Delivery System 2 Template
Equality Objectives
Equality Progress template
Workforce Race Equality Standard reporting template
b) A further update would be presented at the September CQAC.

16/17/35 Never Events
Following the anaesthesia and surgery never events Adam Bateman General Manager for Surgery presented the SCACC CBU action plan.

Actions completed to prevent wrong site regional anaesthesia included the development of a Standard Operating Procedure called Stop before you block, a stop before you block education session for all Consultant Anaesthetists and displaying posters in all anaesthetic rooms and on ultrasound machines.

Actions in progress included the development of an Always event pledge to be signed and complied with by staff prior to conducting stop before you block before administering peripheral nerve block.

To prevent wrong site surgery teaching sessions had been held.

To gain compliance with national safety standards for invasive procedures training sessions as well as new local standards were being developed.

The action plan included actions to support staff raising queries during the preoperative process.

To provide clear guidance a SOP on preoperative skin preparation was to be developed. To further support this procedure a SOP on the Alcoholic Chlorhexidine was to be ratified.

As Alcoholic Chlorhexidine was only to be used in spray form it had been agreed to Remove the product from Theatres and replaced with Chloraprep

Audits would be carried out to ensure guidelines were being followed it was agreed Audits completed would be presented at the July CQAC.

Resolved:
a) CQAC received an update on progress against the SCACC action plan.
b) To received completed audits at the July CQAC.

16/17/36 Corporate report – Quality Metrics

Patient Safety

Two Serious Incidents had been reported for April. CQAC noted all patient safety improvement targets for April had been achieved or exceeded.

Guidelines to patients and their parents/carers on the after care of plaster casts to reduce the results of pressure ulcers required improvement. One of the actions was to paste the actions on to the cast.

Patient Experience

Concerns had been raised regarding the Friends and family questionnaire and whether all those completed where being received.

Total number of formal complaints for April had reduced.

Clinical Effectiveness

All clinical effectiveness targets were met or exceeded except for acute readmission of patients with long term conditions within 28 days. This had exceeded the monthly target by 1.

Date and Time of next meeting: - Wednesday 20th July at 10am, Large Meeting Room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

Report of	Director of Nursing
Paper prepared by	Complaints & PALS Manager
Subject/Title	Quarter 1 2016 – 2017 Complaints & PALS report
Background papers	n/a
Purpose of Paper	To receive the Current Complaints Performance report and update regarding previous concerns.
Action/Decision required	The Board / Group are asked to note the report.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Deliver **Clinical Excellence** in all of our services
Resource Impact	None

Complaints & PALS (Patient Advice & Liaison Service) report

Quarter 1; April – June 2016

Complaints summary

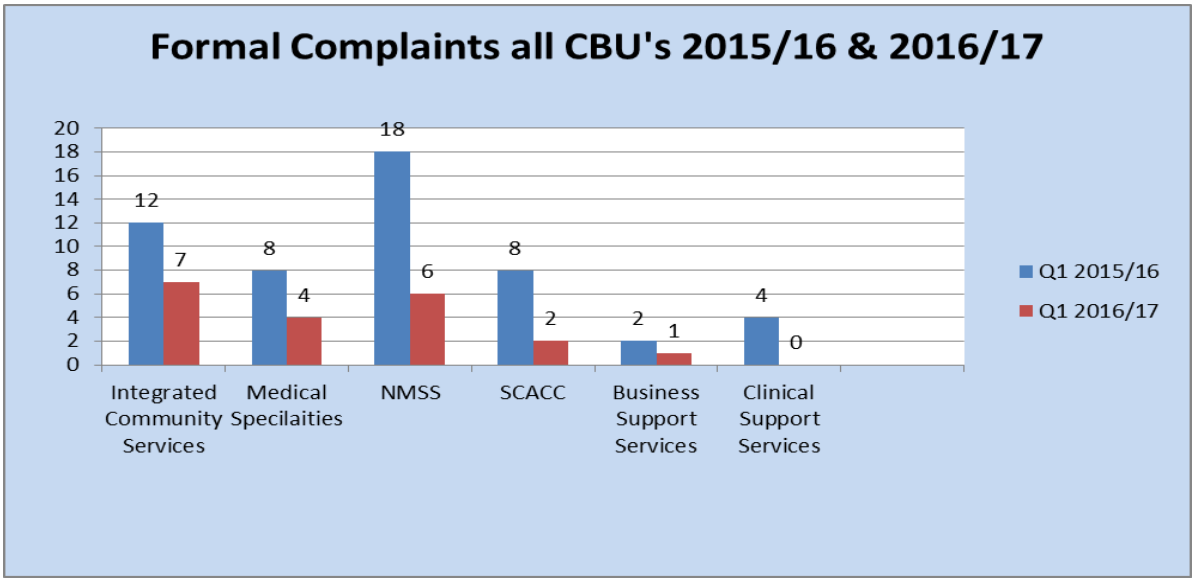
The Trust received 20 formal complaints during this period, none of which were withdrawn. Two of these had previously started as a PALS concern but due to no contact under that process the complaints where then requested by complainant to be logged and processed formally.

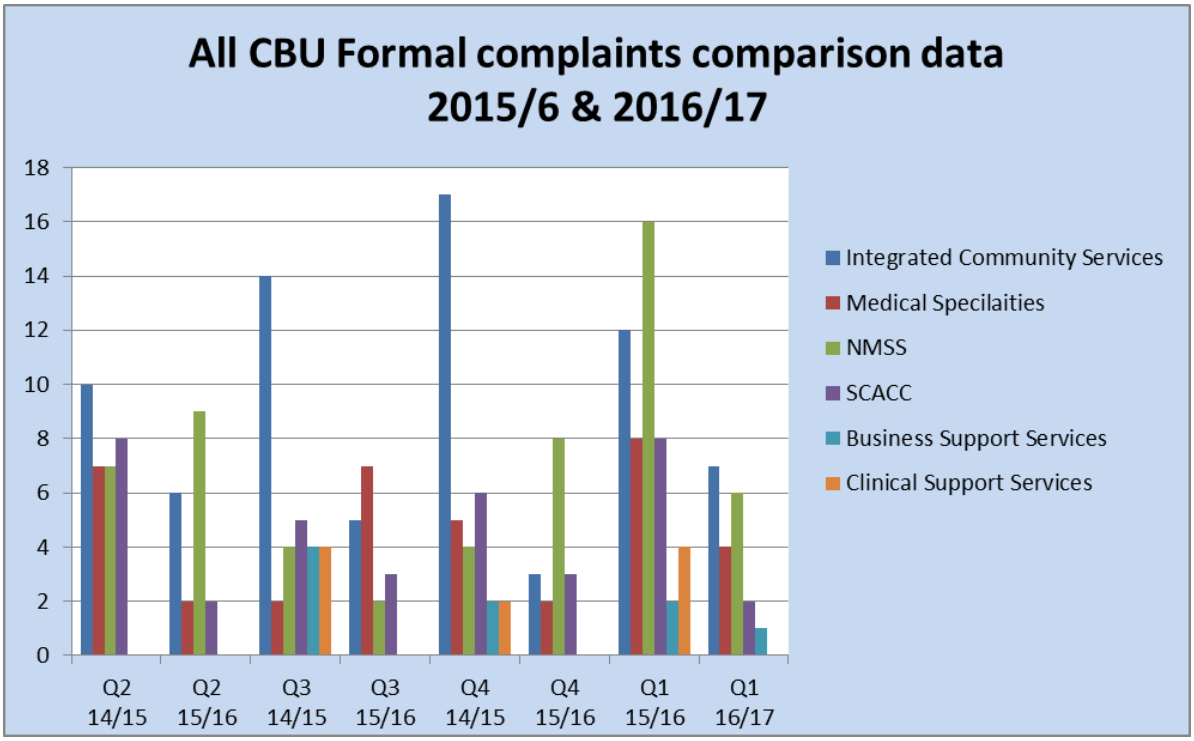
The Trust received 33 complaints in quarter one in 2015 and 7 of these were withdrawn – this is a reduction of 23%. Formal complaints were 0.03% of the Trusts activity within Q1.

Trust wide difficulties with appointments continues to be a theme this quarter with specific issues regarding not receiving cancellation letters for the appointments. Parents are taking their child out of school, taking time off work and then upon arrival the appointment has been cancelled. Also last minute cancellations (24 hours' notice) but parents are not receiving a call to update them about this.

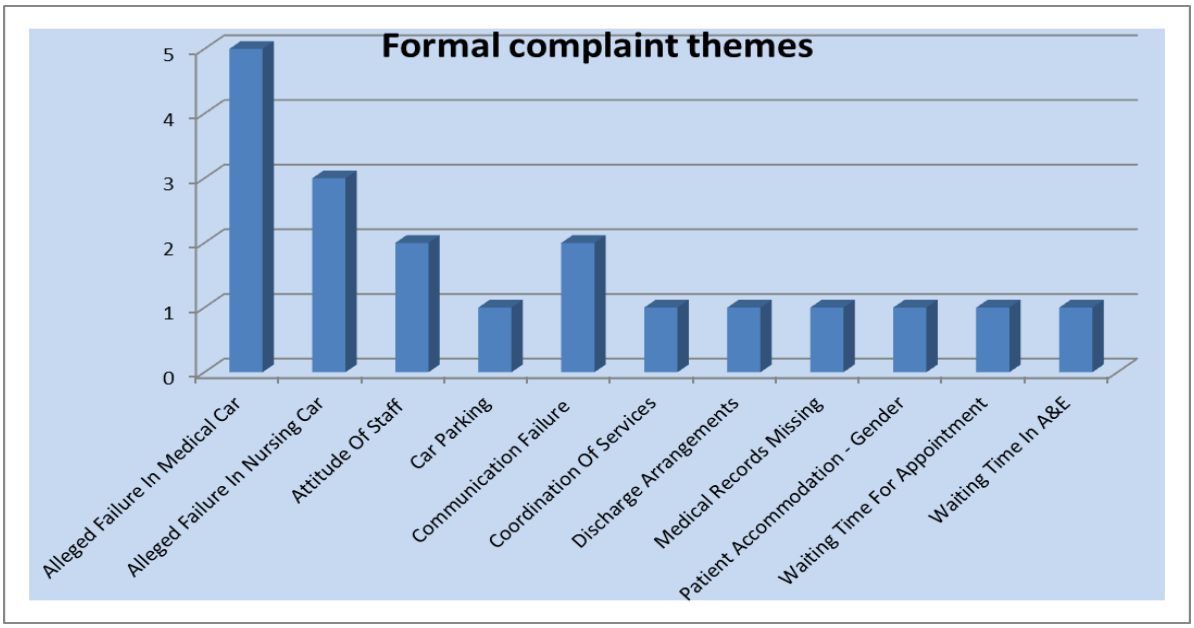
Complaints by CBU in Quarter 1

The following graph demonstrates the amount of complaints received within each CBU during Quarter 1 2016 – 17 and includes comparison data from Q1 2015/16





Themes/ Categories



Complaint outcome

9 complaints where upheld, 6 were not upheld and the remaining 6 are still being investigated.

Upheld complaints from July 2016 are now uploaded onto the Trusts external facing web page in the following format.

Complaint received by Clinical Business Unit	Outcome and actions required
Integrated Community Services Whilst receiving an injection of medication at home the tip of the needle broke off and the child required an overnight stay in hospital.	• Family advised to present at Emergency Department at Alder Hey immediately • Incident reported and recorded immediately • Community Nursing Team Manager contacted family and discussed the incident and offered her sincere apologies • Trust Medical Devices Safety Lead made aware • Manufacturing company contacted and reported a device failure issue
Neurology, Musculoskeletal and Specialist Surgery Partial loss of patient records	• Thorough search of records department to locate missing sections of records • Involvement of Information Governance team for their specialist knowledge in managing data • Consultants held a specific meeting to handover child's care effectively in the absence of some of the records

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

Medical Specialities (CBU) – 4 complaints

Gastroenterology 3	Alleged failure in medical care - upheld Treatment /procedure – ongoing Treatment /procedure - upheld
Oncology 1	Treatment/procedure - ongoing

Integrated Community services - 7 complaints

CAMHS 2	Treatment/procedure – upheld Consent/communication/confidentiality - ongoing
ED 3	Consent/communication/confidentiality – not upheld Consent/communication/confidentiality – not upheld Access/admission/transfer – not upheld
General Paediatrics 1	Consent/communication/confidentiality - ongoing
Children's Community Nursing Team 1	Medical device/Equipment - upheld

Surgery/Cardiac /Critical Care CBU/Anaesthetic – 2 complaints

Cardiology 1	Access/admission/transfer - upheld
HDU 1	Treatment/procedure - ongoing

Neurosciences/Musculoskeletal & Specialist Surgery– 6 complaints

ENT 1	Access/admission/transfer – not upheld
Orthopaedics 1	Access/admission/transfer - ongoing
Opthalmology 1	Documentation (records/identification/IT) - upheld
Neurology 2	Treatment/procedure - upheld Breach of same sex accommodation – upheld
Burns 1	Treatment/procedure - upheld

Business support - 1 complaint

Facilities management 1	Environmental/structural issue – not upheld

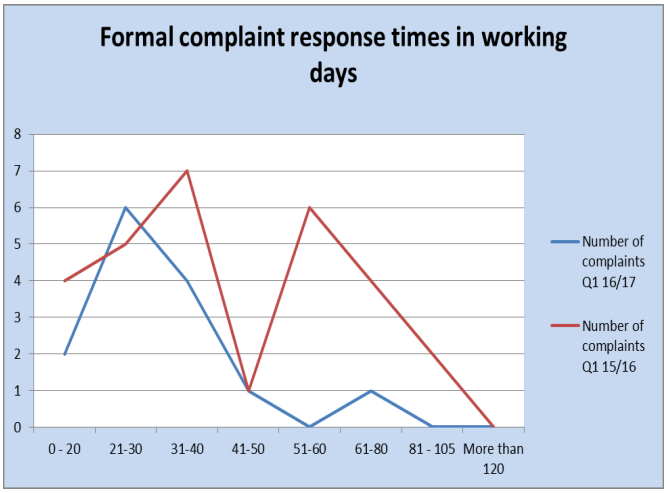
Timescales for response

The Trust endeavours to respond to complaints within 25 working days or a timescale negotiated with the complainant.

In Q1 three complaints responded to were outside of the trust timescale and the agreed timeframe negotiated with the complainants. The remainder of complaints where responded to within 25 days or within the agreed timeframe negotiated directly with the complainant at the start of the process or during the process as it became clear the issues within the complaint where more complex and would need more to investigate.

The following table indicates the amount of working days taken for the investigation response to be completed and sent to the complainant.

Days taken to respond	Number of complaints Q1 16/17	Number of complaints Q1 15/16
0 - 20	2	4
21-30	6	5
31-40	4	7
41-50	1	1
51-60	0	6
61-80	1	4
81 - 105	0	2
More than 120	0	0



All complainants are notified of any potential / anticipated delays in receiving a response. Most common causes of a prolonged response time is

- Delay receiving details from CBU teams
- Complex complaint
- Cross boundary / Joint complaint
- Delay in receiving details from complainant
- Further information required by CBU, causing a more lengthy quality review process

Referrals to Parliamentary & Health Service Ombudsman

One case has been closed in Q1 and action completed as required.

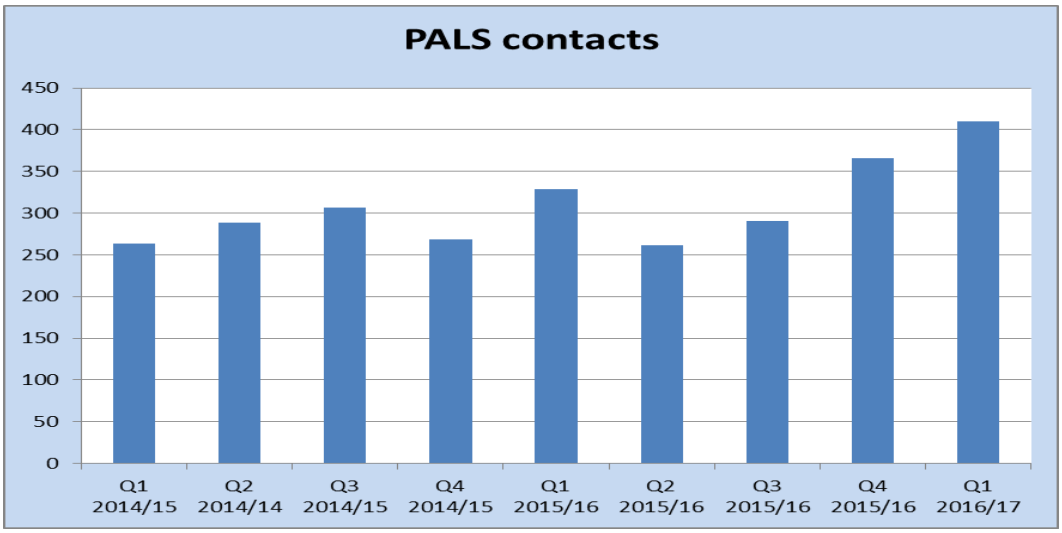
We have received one notification of intention to investigate a case in Q1; health records and complaints file have been submitted.

PALS summary

The PALS team received 410 enquiries during this period, which is a significant increase compared to the same quarter in 15/16 (329) - this equates to a 20% increase.

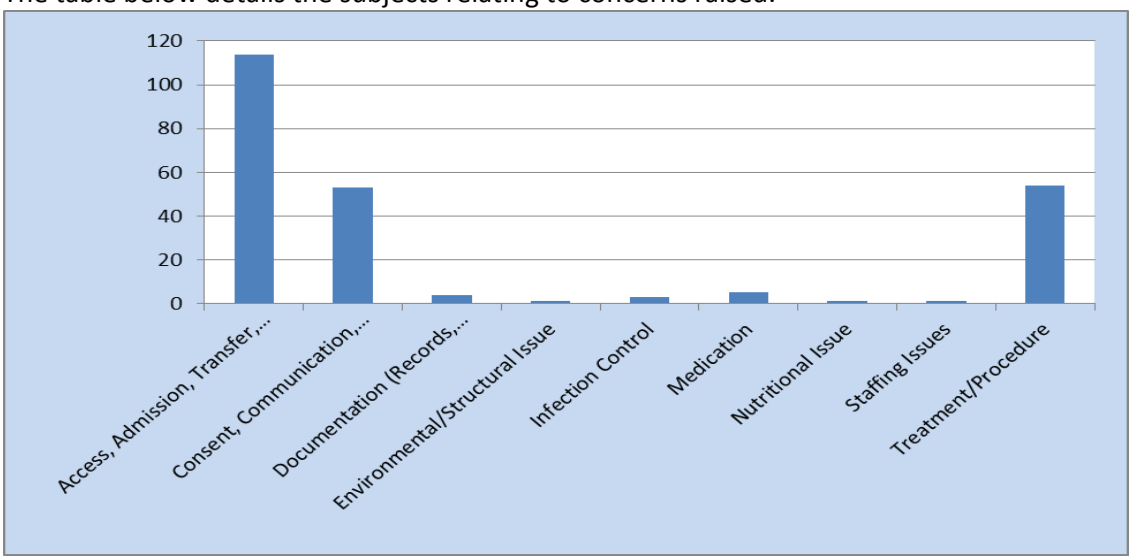
Many of the contacts into the PALS office currently is to seek advice, talk through issues and find a way forward (or to simply off load). These issues are time consuming to deal with and the team do not always log these contacts due to capacity. Therefore we are only able to demonstrate an increase in contacts of 20% however in reality this is likely to be significantly higher.

Fig 3- PALS contacts 2014/15 – Q1 2016/17



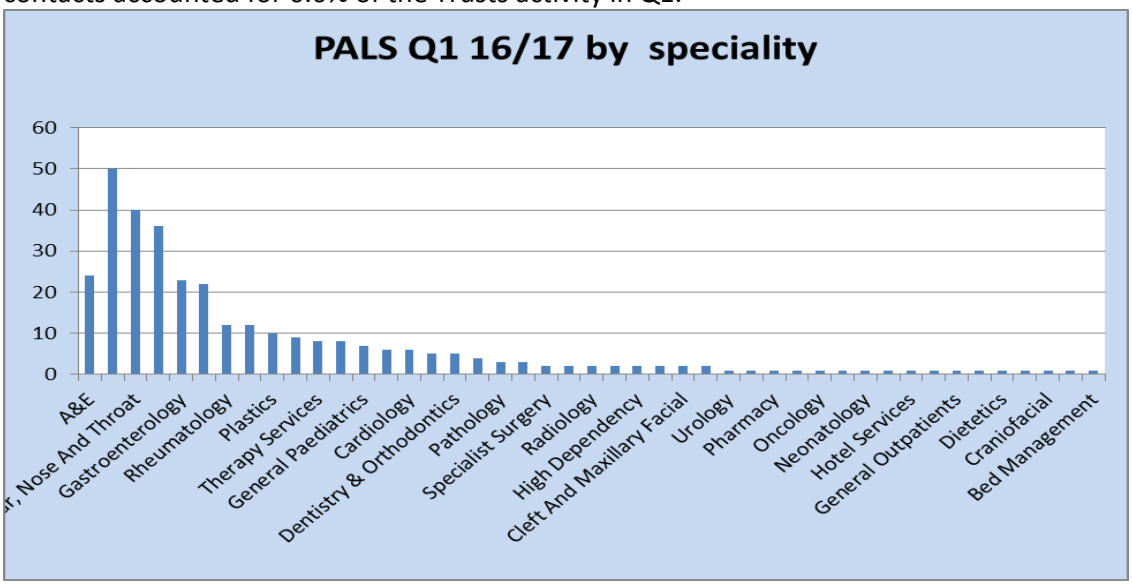
The main area of repeated concern identified during this period was relating to Appointments- (including waits and cancellations) – 28%
Communication was a theme identified but only 13% of parents felt this was an issue. Staff attitude was not an issues raised within Q1 at all.

The table below details the subjects relating to concerns raised.



PALS by area

The areas receiving numbers of concerns are detailed in the table below – this should be not be looked at in isolation however in correlation to activity within these areas. Overall PALS contacts accounted for 0.6% of the Trusts activity in Q1.



Key actions & lessons learnt from PALS during Quarter 1 by CBU

- Specific issues highlighted regarding cancellations letters not being received by parents, causing them unnecessary travelling to the hospital. IM &T staff will look at where this issue starts. Specific examples are shared with IM&T so they can undertake a deep dive into the process and pathway of letter notification. This work is currently on going.
- A child with very complex needs and has been unable to visit the hospital for a lengthy period of time was due to have a clinic appointment. Liaison with Outpatient Manager and Operational Manager, Patient Services made prior arrangements to inform all desk receptionists of the arrival of the Mum and child into clinic so there were no delays. A quiet room was pre booked and the child was able to be taken straight round to the room. The clinic was due to take place on the top floor of Out patients however when it was the booked time slot for the child the Consultant came downstairs to see the child in the quite room meaning that Mum and child did not have to move from this room and able to be seen and clinically assessed in the same room. This was an all-round positive experience and went more smoothly than any expected.

Alder Hey Children's NHS
NHS Foundation Trust

DIPC REPORT QUARTER 1 (Apr- June) 2016-17

KEY MESSAGES

Water safety

- Work is still underway to establish the cause of the Pseudomonas contamination in the water outlets in the augmented care areas sampled (Critical care, 3B Oncology, 3C)

Cleanliness

- DIPC delivery plan in progress on hospital cleanliness

SSIS in orthopaedics

- Recent incident meeting held to discuss SSI infections in Orthopaedics. Key issues related to environmental and equipment cleaning standards in theatres. Care bundle for orthopaedic surgery agreed and being launched in September 2016. Monitoring of cleanliness in theatres introduced with scores now compliant. A revised SSI leaflet for families is being developed.

Decontamination

- Ongoing issues regarding damage to endoscopes linked to the design of the drying cabinets.

Hand hygiene products

- Ongoing review of hand hygiene products for staff and replacement of faulty hand gel dispensers. Successful trial of alternative hand hygiene product in Critical care. Contract with current provider under review.

Staff engagement

- Good progress with medical staff. Currently DIPC undertaking regular weekly ward rounds in General Paediatrics and Neurosurgery.

IPC Dashboard

- This has been reused to reflect Trust wide key performance indicators in IPC.

External Review of IPC service

- Submitted to Trust Board and action plan developed. This has been incorporated into the DIPC delivery plan for 2016-17. DIPC representation at Trust board was a key recommendation**.**

New CQUINs (2016/17, NHS England)

- Sepsis: focus on timely identification and treatment of sepsis in emergency department and inpatient settings. Dr Paulus (ID Consultant) has been approached by the medical director to lead on this. In view of the recent level 2 RCA there is an urgency in implementing this throughout the Trust.

Hospital acquired RSV and Influenza

- Hospital acquired RSV and influenza rates have been calculated per bed days for the last 2 years trust wide. Rates for specific wards will inform discussions about ways of reducing the rate in winter season 2016/17. Discussions are planned with 1C (RSV) and 3A (influenza) to enhance Infection prevention precautions.

SSI surveillance trust wide

- The first meeting of a Trust SSI group met in July 2016. The group led by Consultant paediatric neurosurgeon Benedetta Pettorini. The group aims to increase SSIS within the Trust.

CLABSI data for PICU/HDU/ 1C-Neo/Gastro-TPN/Oncology

- Data is being collected to allow the calculation of infection rates per line days as opposed to bed days. The production of data per line days enables benchmarking to be undertaken. In the absence of a quality lead for critical care production of this data is going to be very difficult

Incubator decontamination

- A task and finish group have been working on the decontamination progress for incubators and baby therm. SOP have been produced for the deep clean of the incubators which takes place in the Bed wash area and the social clean of the incubators and clean of Baby therm which takes place on the wards. Financial approval of the structural modification of the bed wash ward has been agreed.

INCIDENTS QTR 1

Date	Incident
15/04/2016	Endoscope damage incident
3/05/2016	Mop decontamination failure meeting
24/05/2016	Increased incidence of SSI in Orthopaedic
31/05/2016	Closure of laundry facility for Mop decontamination
06/06/2016	ARJO bath meeting due to pseudomonas contamination
09/06/2016	CJD Compliance Meeting Theatres
22/06/2016	MRSA Cross infection on 3C
23/06/2016	Water Safety on 3C due to pseudomonas contamination
30/06/2016	SSI Meeting in orthopaedics
30/06/2016	Water Sampling in Theatres due to pseudomonas contamination

Minutes available on request

SUPPORTING INFORMATION


IPCC minutes June 8th 2016.doc


DIPC strategy and delivery plan for 201

- Quarter 1 update on DIPC Delivery plan and the minutes from the IPCC for June 2016

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
6th September 2016

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

Section 1 - Engagement

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

People Support and Engagement

Five LiA Clinical teams are working through the LiA 7-Step Process. There has been some slippage in three of the teams, but this is being addressed by the link sponsors for these teams, in conjunction with the LiA lead.

There have been a significant number of quick wins with a robust programme for sharing these wins through our Communications Team. There is also an 'LiA Wall' which has been created in the staff dining area; another 'Wall' is to be created in the interim site near to old switchboard. Both of these walls will be kept 'current', and there is also an opportunity for staff to share opinions on these walls.

The next step of LiA is to identify five 'Enabler' teams, however the Trust has decided to extend it to 7. As there is significant work being undertaken following the OPD review, five work streams developed from this review will form the five LiA 'Enabler' teams; LiAs role will be supportive to ensure no duplication of effort. The two remaining 'Enabler' teams have been identified as 'Employee Health and Wellbeing' and 'Communication'.

Development of Leaders

The Leadership and Management Development Strategy was ratified in April 2016; this supports the implementation of interventions to support management and leadership development across the Trust. The coaching intervention supported by Fiona Reed Associates is drawing to a conclusion and an evaluation report will be made available. A Coaching Café will be held over the next month to invite those with experience of or interest in coaching to come along and find out more. The Leadership Values programme continues, and will link with the new Management Induction running from October which will link in with the review of Corporate Induction content and processes.

Improving communication and hearing the employee voice

In the July Temperature Check the Staff Friends and Family scores for place to work and place for treatment were 54% and 85% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. The 'place to work' score is an improvement on the score from the previous month and the local data is used to identify areas of concern.

Section 2 - Availability of key skills

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

Effective workforce planning

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

The workforce CIP project continues to focus on reducing the variable pay costs arising from control of agency, bank, overtime, sickness and vacancies. Close engagement with NHSP colleagues is ongoing, who are in the process of increasing both internal and external banks across staff groups in the Trust (excluding medics) and seeking alternative agency routes where there are barriers to meeting Monitor Agency cap requirements. Weekly Monitor submissions are being completed in line with reporting requirements to detail totals of weekly agency shifts undertaken in various staff groups.

Workforce Spend Controls

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

The following restrictions and opportunities are also in place:

- Overtime – to limit to only where necessary, and restrict level of authorisation
- Bank/agency – to limit to only where necessary, and restrict level of authorisation
- Study Leave – to limit to statutory/mandatory, and CPD which will support the Key Spend Criteria
- Annual Leave Buy-Back Scheme – employees have the option to purchase additional annual leave, if their service can support it

Meetings are also taking place to review ongoing use of medical locums and to consider alternative use of STAFFflow to reduce cost of VAT and to enable a more streamlined approach to recruitment of medical locums within Monitor requirements. A meeting took place with STAFFflow on 28th July 2016 to review progress and to consider further developments. Use of STAFFflow has risen to 75% of all locum bookings and a new system TempRe was presented to management which has the potential to streamline and simplify bookings and invoicing. An update document is being prepared for senior HR/Finance consideration.

Junior Doctors

The junior doctor contract is currently under review by the lead employer (St Helen's and Knowsley) and will be amended so it is in line with the new contract requirements. A risk assessment regarding the contract implementation has not yet been completed; however it will be required as we approach the implementation deadline on 1 October 2016. Skills for Health will visit Alder Hey on 1st September 2016 to help the Trust develop a plan to embed the best practice use of the DRS Realtime IT system; this system monitors breaches in rota compliance and its improved use will enhance corporate oversight. We anticipate the impact

of this exercise will be a positive one and the trainees will engage with us to help write new more-workable rotas. We are also currently in the process of recruiting to the Guardian of Safe Working role.

Pathology - Discussions are ongoing with senior pathology management as a result of a re-tendering of a contract for pathology services with a local Trust –The department has submitted a tender document and is to attend an interview in association with the application in early September 2016. Should the application not be successful this could result in TUPE transfer of 3 staff to the successful bidder – informal discussions have taken place with staff pending outcome.

Community Bid – Activity has been ongoing leading up to submission of a tender bid for Children's Community Services (Sefton) for which outcome is awaited during September 2016. We have also been involved with the Community Bid Team in relation to a potential tender bid for Liverpool Children's Services (in partnership with main bidder Bridgewater NHS Trust).

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

Quality & Risk Management - Formal consultation commenced on 19th August 2016, on the proposal for changes to corporate and CBU structures to support the delivery of an integrated and devolved risk and governance system. Overall, the proposed management structure does not affect the majority of posts within the current team affected, a small number of senior posts are affected hence a full consultation process will take place in accordance with the Trust's Organisational Change policy.

Learning and Development

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

The Practice Education KPI's were published in May 2016 by Health Education Northwest. Alder Hey received a silver rating with a score of 96% across all outcomes required. This is the highest rating the Trust has had since the development of these outcome measures.

The vocational service has also been subject to a quality inspection across assessment and quality of learning for NVQ's. Once again the centre retained it's A class status which puts us in a great position to facilitate the delivery of a quality apprenticeship service in the coming months.

Section 3 - Structure & Systems

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

Effective Policies

Progress continues with the implementation plan for the revised "Absence and Attendance Policy" and the "Management of Stress at Work Policy" with go live dates of 1st July 2016. CBU targeted training sessions have taken place across July, to managers with responsibility for managing the policy including transition arrangements. In August, HR drop-in Q & A sessions are taking place for staff.

MASS – As part of the Trust's plans for financial recovery, a Mutually Agreed Severance Scheme (MASS) has been developed for use in creating job vacancies which can be filled by redeployment of Trust staff from other roles. The scheme is designed to mirror the national guidance provided to support the use and introduction of such a scheme, in order that it is appropriately implemented and remains cost effective. The scheme is presented in a separate paper for the Board's approval.

Employee Relations Activity

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

There is currently 1 non-medical case listed for an Employment Tribunal hearing in October 2016, with a claim of constructive unfair dismissal. The case is being prepared, supported with appropriate legal advice.

Corporate Report

The July Corporate Report shows all five HR KPIs not at target. These areas remain a key area of focus for the HR Team, and form elements of the priority projects plans going forward for Workforce Capability and Leadership & Management Development.

Streamlining Project

The Trust, alongside all other organisations in Cheshire and Merseyside, has committed to engaging in a workforce streamlining programme in the North West, the expected outputs are to reduce the time it takes to place staff in post; create a standardised approach to statutory compliance with national recruitment standards; and to remove duplication of time taken to deliver core skills training. Further information can be found in the slide pack in Appendix 2.

Section 4 - Health & Wellbeing

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

Creating a healthy workforce

A Stress at Work task and finish group commenced in July 2016, the outcome of which is to help support and improve Trust interventions for managing stress at work, review data on which the Trust capture and monitors such cases; analyse data/ information and align activities. This group will link in with the LiA Enabler team for health and wellbeing, whose starting focus is to conclude 'Saying Goodbye to Old Alder Hey' piece, before the demolition of the original hospital site begins and in the run-up to the new build's 'first birthday'.

Promoting positive attendance

The Trust's reported absence rate for July 2016 is 4.9%, which is 0.4% deterioration from the previous month.

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

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

Leading in Equality & Diversity

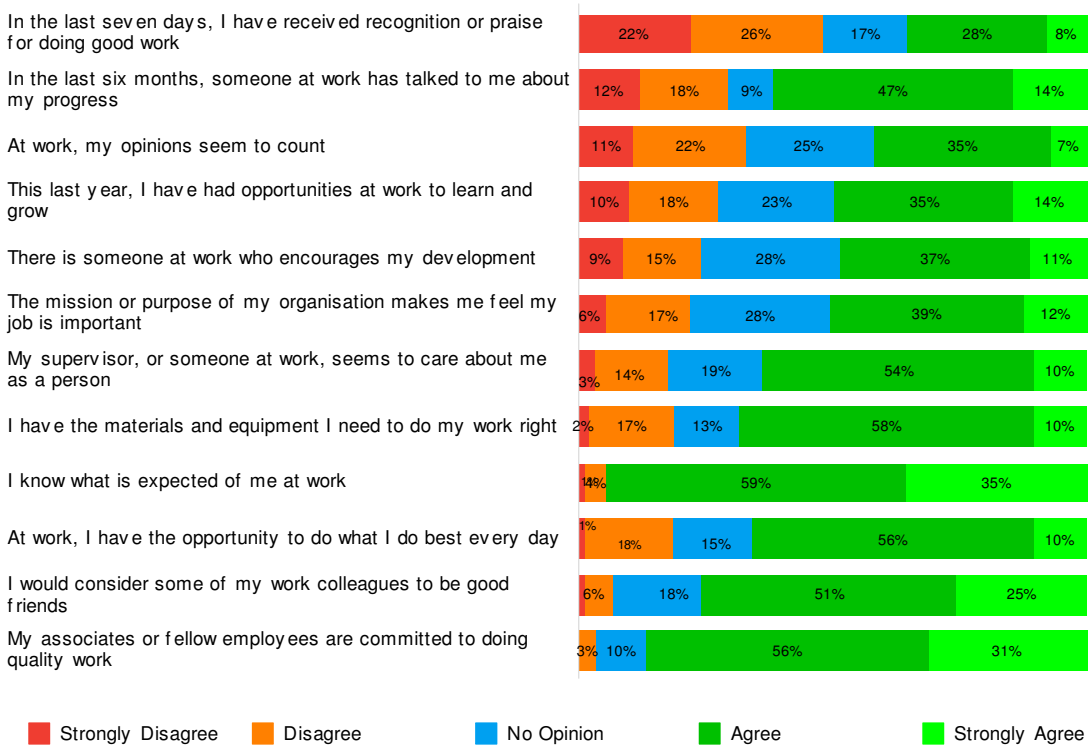
The Task and Finish Group has commenced, and has agreed the approach we are taking to address the issues we have identified regarding workforce diversity, which includes

Summary of monthly Employee Temperature Check for: July

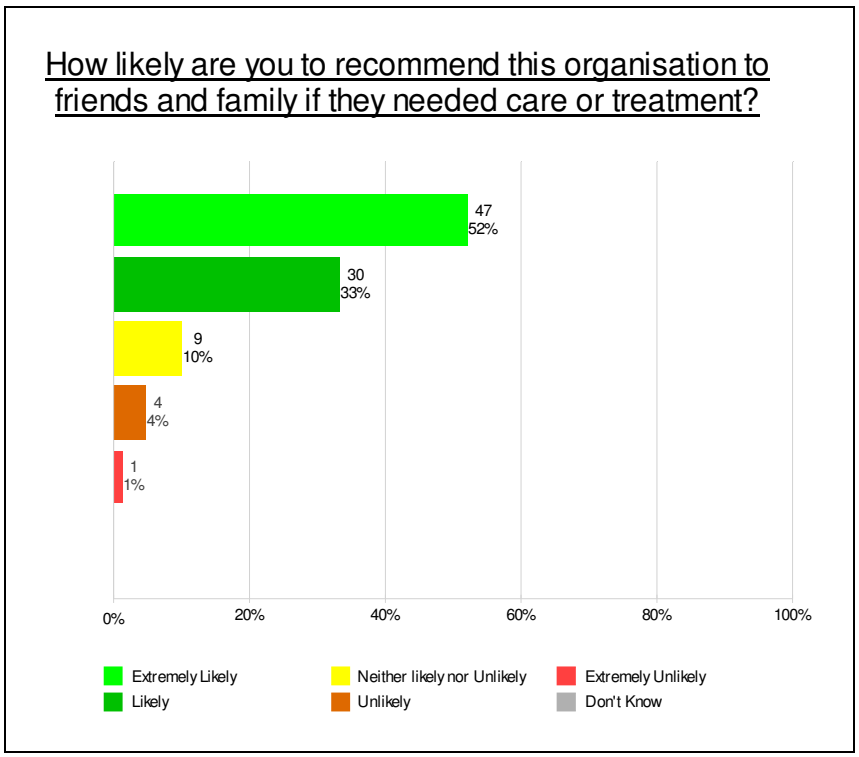
The percentage of staff who were in Overall agreement with the 12 questions for **July** was **62%**.

The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work.** This question recorded an overall Disagreement score of **48%**.

Rating Scale for 12 questions



Overall Engagement for 12 questions

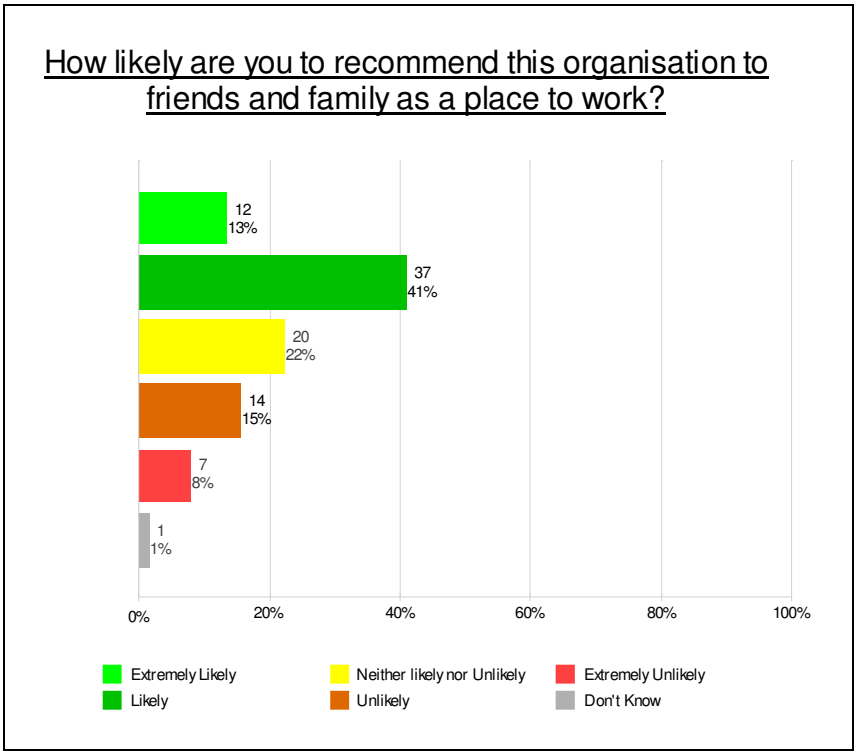


What is the main reason for the answers you have chosen?

Good quality care and treatment
Personal experience of the service
even though I am admin now I have worked on the wards and all the nursing staff are amazing.
The trust is a centre of excellence for child health care.
Outpatient Services are not as they should be.. Lack of capacity for appointments. Chaotic outpatient check in and waiting areas
When having to visit with my own children and grandchildren, I am confident they will be given the best treatment on the wards. Comming into A& E, not always confident of getting the best experience that one should have. Long waiting times are frustrating. Not enough Dr's around especially at Week-ends. Recent experience with Grandson - rushed assessment, not enough explanation to reason of illness. More nursing staff standing round than Dr's seeing patients.
non recognition.
The care and compassion provided to patients and families is brilliant - however operationally there could be some improvement
I would be more than happy for a relative to be cared for by my team should they need to be
enjoy working here and find staff are dedicated to their jobs abd patients
the quality of the care provided by all staff
I value the work of the hospital but the investment in staffing resource makes me hesitant to go full out with a recommendation
Care the patients and families get is good to excellent

What is the main reason for the answers you have chosen?
I constantly see staff struggling to get work completed and the computers seem to have taken over life in Alder Hey - families have said the same thing.
because the staff are dedicated
My answers I have given is because I do feel this hospital is a an amazing hospital and that the staff are all very hard working and caring.
We are a first rate hospital with such a fabulous reputation for our healthcare
Staff morale since we have moved seems to be very low.
The focus on the patient and their families and on delivering the best care,(not just the best possible care in the situation).
HIGH QUALITY CARE IN A FRIENDLY ENVIRONMENT
They will receive a good quality of care .
Care given is of a high standard
Staff willingly go the extra mile
good care generally
it has the best reputation and we should continue to maintain this.
THE OVERALL SERVICE WE PROVIDE IS EXCELLENT. WE HAVE MULTI DISCIPLINARY TEAMS AVAILABLE TO TREAT OUR PATIENTS WITH COMPLEX NEEDS. STAFF CARE.
when staffing levels are correct, it is a fantastic place to work and also as a parent a great place to visit. however if staffing levels are short the work load on the ward is difficult and as a parent it is noticed and reflects badly on the hospital
Alder Hey is still the best for treating children, all experts under one roof.
the people on the ground are second to none in terms of dedication and experience
I feel the Trust provides high quality and outstanding care and I am proud to work for this World Class organisation
Great hospital for all treaments
I know we all care
alder hey is the only childrens hospital in the Merseyside region,Alder Hey has always maintained a very good reputation for the care of children, all staff strive to maintain the level of care the children receive
I believe the Trust offers the best paediatric service in the country
Priorities all wrong in relying on incompetent agency staff instead of employing quality staff.
Because it is a nice place and the care is good
Alderhey has great values for patient s and the care is outstanding.
NOT SURE IF THEY WILL GET APT LETTER OR SOME SORT OF ANSWER WHEN THEY RING UP SO CONFUSSING
More services available throughout the trust
processes and patient flow are not as they should be in certain departments and therefore patients can and do get missed - this is a risk
MODERN CLEAN HOSPITAL, GOOD DOCTORS
Access to appts in timely manner

What is the main reason for the answers you have chosen?
Overall Alder Hey is a fantastic hospital for the children
Patients are well cared for and you couldn't do better
Because of my experience of working here



What is the main reason for the answers you have chosen?
Good pay and pension
Depending on department
As I said before I have worked at Alder Hey for 30 years and I have enjoyed working here, I have had bad days and good days but everyone has them.
The site has many opportunities for people to allow them to grow as individuals
It feels like the hospital is in Meltdown and current staff are overly stressed due to the New Meditech system , the lack of outpatient appointments available. Consultants leaving in higher numbers.. lack of replacements creating more pressure on staff left to pick up the pieces
I can only give an opinion on what I know, I know people who have worked in the hospital. Some hated the experience. Some loved it. Working in the community you do not always know what is going on at the hospital. Do not feel part of the organisation. Not always remembered by the organisation Community Bases exist.
Depends on the work, I suppose. As a clinician it is a great place as it provides fantastic service for the patients. I am not sure I hear the same for different work models
see above

What is the main reason for the answers you have chosen?
It is a privilege to support patients and their families but staff morale is low and opportunities to progress is limited
I still enjoy my job after nearly 10yrs here
most of my Family are nurses working in different Trusts. I feel I work at one of the best Trusts the staff are very friendly and I feel valued in my work.
enjoy coming to work.
After thirty years of working at Alder Hey we must be doing something right.
Organisational culture and pressures on staff
Love Alder Hey and always have but the 'soul' and 'community' have been lost. Healthcare is a fabulous job and nothing could beat it, in my opinion, it is an honour and privilege but it seems the "caring" is secondary to computer technology. It is very sad.
because since the move nobody has time to listen and act on issues
I have answered because from my point of view I have always had lots of support and my managers have always helped and listened to my needs. They always encourage me to do well. I feel that I get a lot of satisfaction because I am valued in my area of work.
I still enjoy coming to work as you never know what is going to happen in the course of the night shift. I feel I am doing an invaluable service for the Trust and am proud to work here.
For all the faults there are a some good points.
Gorgeous new hospital, lovely senior management and lots of new ways of seeing the future being developed
MY PERSONAL FEELING IS THAT THERE ARE STILL A LOT OF PROBLEMS STILL TO BE IRONED OUT WITHIN THE TRUST THAT HAVE ARRISEN WITHIN THE LAST 12 MONTHS OR SO AND THE AMBIANCE IS NOT WHAT IT USED TO BE
We may have a new hospital, however a number of departments have not embraced our new environment and continue to lack the commitment to the organisation with bad attitudes and the poor relationships they fostered on the old site. Alder Hey is not a nice place to work.
It doesn't feel like a very organised trust. Meetings are arranged and cancelled, staff shortages in many departments and since moving to the new build facilities for staff are poor
it is not looking after its staff as well as it could. the new hospital is fantastic for patients, but once again the staff were over looked. we are very hard working and deserve more.
AT PRESENT WE ARE UNDERSTAFFED. WE ARE EXPECTED TO PROVIDE QUALITY CARE ON MINIMUM STAFFING LEVELS. HAVING STAFFING LEVELS RIGHT GOES IN SOME WAY TO ELIMINATE PROBLEMS WITHIN THE CLINICAL ENVIRONMENT. STAFF FEEL RUSHED IN PROVIDING CARE BECAUSE OF THEIR WORKPLOAD. MEDITECH DOES NOT GIVE US TIME TO CARE. MORALE IS LOW.
Staff morale at an all time low. Feeling unsupported. Working in dangerous conditions, visibility on the wards is poor. Lack of experienced staff. Unable to support junior staff due to work load.
I do like working at Alder Hey, however things must change for the individual to have the same opportunities as managers and higher staff have
the organisation is run by people who don't really know what they are doing.
The new hospital provides an excellent environment to work, the staff a approachable and friendly, an there are career pathways and opportunities to develop your role.

What is the main reason for the answers you have chosen?
you don't feel part of a team.
I am now in my third spell at Alder Hey, I think that says it all
I enjoy working here and wouldn't hesitate in recommending it to other people
Too many people employed in positions that don't know what they are doing. If your face don't fit in the right clicks then you can't fit in.
It is a nice place to work in .
I feel that there is not enough encouragement to help staff progress within there job role.
TO MANY MANAGER AND TEAM LEADERS TELLING ME WHAT TO DO AND IT GETS VERY MIXED UP
Depends on area of work
the environment I work in is appalling.
I have worked here for a number of years and feel it is a good place to work
NICE FRIENDLEY PLACE TO WORK IN A PLEASANT ENVIREMENT
Alder Hey seems to have a good reputation externally. Internally, sometimes more questions than answers can be posed. Maybe, funding / availability of finance is an underlying aspect?
Shambolic systems and lack of management concern for the affects this has on the staff and their provision of care to their patients
Depends on what department you want to work for
Staff are just here to do their job and no one cares
my family and friends are all happy in there chosen occupations

Streamlining
North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

North West Streamlining Staff Movement

Board Briefing

Background

Streamlining North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Aims of the Streamlining Programme

•Reduce the amount of time taken to place staff in post
•A standardised approach to statutory compliance with national recruitment standards
•Removal of duplication of the delivery of core skills training

Expected Benefits

✓Reduction in time to hire
✓Reduction in spend on temporary staffing
✓ Releasing staff time through a reduction in duplication of statutory and mandatory training
✓Greater confidence in delivering sustainable services
✓Improved staff satisfaction

Streamlining
North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Links to the National Picture

- Supports and links to the STP agenda
- A key enabler for possible shared services
- Aligned to the recommendations of the Carter Review
- Contributes positively to the NHS financial position – Chief Executive of NHS Improvement's letter to CEOs and Chairs
- Supports staff engagement and satisfaction

Streamlining
North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Purpose of this presentation

- Outline the progress made in developing a North West Workforce Streamlining Programme
- Share the approach to managing the programme
- Gain the executive commitment to the programme at Trust level and agree the financial arrangements to support the delivery of the programme benefits.

Streamlining
North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Progress to Date

- Programme established March 2016
- Programme board established reporting to the NW HR Director Forum
- Extensive stakeholder engagement and successful launch event
- Detailed baselining activity across the North West
- Creation of sub regional delivery arrangements
- Scoping and Process mapping workshops involving subject matter experts

Streamlining
North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Projected Benefits for the Trust, STP and the North West

	Time to Hire	DBS	Factual References	Occupational Health	Stat and Mand Training
North West Region	£7,449,818	£627,874	£456,922	£124,164	£11,174,727
Greater Manchester	£3,159,273	£293,784	£193,688	£52,655	£4,738,909
Cheshire and Merseyside	£2,895,273	£273,227	£177,576	£48,255	£4,342,909
West, North and East Cumbria	£204,545	£63,709	£12,546	£3,409	£306,818
Lancashire and South Cumbria	£1,190,727	£140,500	£73,032	£19,845	£1,786,091
An Average Trust	£181,636	£61,925	£11,140	£3,027	£272,455

NB: Figures are based on staff movement figures for 2015

Streamlining North West
Cheshire and Merseyside
Cumbria and Lancashire
Greater Manchester

Proposed Next Steps

Trusts asked to confirm support for the proposed funding arrangements

- Year 1 2016/17 – 100% funded by HEE
- Year 2 2017/18 - 75% funded by HEE - £3k per Trust contribution
- Year 3 2018/19 – 50% funded by HEE - £6k per Trust contribution

Trusts asked to sign up to a Memorandum of Understanding that:

- is a commitment to be actively involved in the programme
- Confirms Trust's support for the funding arrangements
- Trusts agree to share statistical data with the programme
- Trusts agree to reporting progress to the workstream groups and programme team

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
6th September 2016

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Interim Director of Human Resources & Organisational Development
Subject/Title:	**MUTUALLY AGREED SEVERANCE SCHEME (MASS)**
Purpose of Paper:	As part of the Trust's plans for financial recovery, a Mutually Agreed Severance Scheme (MASS) has been developed for use in creating job vacancies which can be filled by redeployment of Trust staff from other roles. The scheme is designed to mirror the national guidance provided to support the use and introduction of such a scheme, in order that it is appropriately implemented and remains cost effective. The Trust wishes to run the scheme from 12 September – 21 October 2016. Posts vacated/created by any MASS leavers will be ring-fenced and advertised initially to any staff deemed 'at risk' in other areas of the Trust. The scheme must not be used as a "disguised redundancy" scheme, and the Trust must be clear about what is intended for any post vacated under MASS. The scheme must be approved by both the Trust Board and Her Majesty's Treasury. NHS Improvement have informed the Trust that they expect the Treasury to review and approve the scheme during the week commencing 5 September 2016.
Action/Decision Required:	The Trust Board are asked to approve the scheme for use across the Trust.

Alder Hey Children's NHS
NHS Foundation Trust

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

MUTUALLY AGREED SEVERANCE (MAS) SCHEME

1. Introduction

1.1. The Mutually Agreed Severance Scheme (MASS) has been designed to support the flexibility of the Trust to address periods of rapid change and service re-design.

1.2. The purpose is to create job vacancies which can be filled by redeployment of staff from other jobs, NOT as a suitable alternative for those facing redundancy.

1.3. Posts vacated/created by the MASS leavers will be ring-fenced and advertised initially to any staff deemed 'at risk' in other areas of the Trust.

1.4. The scheme must not be used as a "disguised redundancy" scheme, and the Trust must be clear about what is intended for any post vacated under MASS.

2. Definition

2.1. MASS is a time–limited scheme under which an individual employee, in agreement with their employer, chooses to leave employment in return for a severance payment. A MAS package is not a redundancy or a voluntary redundancy, which would be covered by Section 16 of the NHS terms & conditions of service handbook.

3. Individual applications

3.1. Any application made under MASS must demonstrate that the departure of an employee on voluntary terms would be in the public, financial and operational interests of the organisation.

3.2. The application should be clear about the reasons for offering the MASS payment, ensuring transparency and providing evidence that this is not a "disguised redundancy". The business case should be clear about the necessity for the vacated post to be filled and that it will be ring-fenced and advertised initially to staff at risk.

3.3. A salary cap of £80,000 will apply. For staff with total earnings of more than £80,000, the figure used for calculating a MASS payment will be £80,000.

3.4. The business case supporting any application to leave under MASS terms will need to demonstrate:

a. why the severance payment is in the public interest;
b. why it represents value for money;
c. how it represents the best use of public funds;
d. that it will not affect the organisation's financial targets.

4. Eligibility

4.1. To be eligible staff must have a minimum of 12 months' continuous service (continuous service being defined as an NHS service with no break of greater than one week).

4.2. The following groups would not normally be allowed to leave under this scheme:

a. an employee who has already formally given notice of their intention to resign/retire, prior to the date when applications are formally being sought;
b. an employee who has already secured employment with another employer;
c. an employee who has been notified of the date of the termination of their contract of employment for any other reason;
d. an employee undergoing a performance management procedure to address poor performance;
e. an employee undergoing a conduct procedure;
f. employees whose posts have been identified as likely to be redundant and are subject to consultation;
g. employees currently in a selection pool identifying them for potential redundancy;
h. employees in shortage or hard to recruit to posts;
i. employees in posts where delivery of service would be put at risk by their departure.

4.3. This MASS scheme will be **time-limited from 12 September 2016 to 21 October 2016** for the receipt of applications and the **28 October 2016** for the latest date for severances to be effective.

4.4. Each application made in accordance with MASS will be considered on its own merits. The Trust reserves the right to determine whether or not an application will be approved, and there will be **no right of appeal** on the part of those employees whose applications are not successful.

4.5. MASS is entirely voluntary from the employer's and employee's perspective and there is **no legal obligation** on the part of the employing organisation to accept any individual application.

4.6. A MAS is viewed as being a voluntary resignation on the part of the individual employee, in return for a severance payment. As there may be significant financial and life-style implications for the employee, employers should support the decision-making process by assisting individuals with understanding these implications (please see 14.2). Employees may wish to augment this by seeking advice from a regulated financial advisor.

4.7. Leaving dates must be mutually agreed as the risk otherwise is that it could add to any later argument that the severance was in fact a redundancy. However, the scheme details make it clear the date by which severances would be expected to take place is **28 October 2016.**

5. Re-employment

5.1. Employees who leave under the MASS will not be re-employed under normal circumstances by the NHS in England, in the same or a different post, before a period of one month has elapsed. If an individual does return to the NHS within one month they would be required to repay any MAS payment in full.

5.2. Where an employee returns to work for the NHS in England within six months and before the expiry date of the period for which they have been compensated (as measured in equivalent months/part-month's salary), then they would be required to repay any un-expired element of their compensation. This would be reduced to take account of any appointment to a lower grade post or reduced hours basis and reflect net salary. The settlement agreement should specify the requirement to repay monies in such circumstances.

5.3. As part of the settlement agreement employees will be required to warrant that they had not secured another job in the NHS at the time of leaving.

5.4. Employees leaving Alder Hey under the MASS will not be eligible for re-employment at Alder Hey for a two year period following their mutually agreed leaving date.

6. Settlement agreement

6.1. Employees who decide to proceed with a MAS package will be issued with a settlement agreement to sign, which will set out the financial and other terms under which the employment relationship will end.

6.2. The Trust must ensure that such agreements are drafted in such a way as not to prevent proper public scrutiny either by NHS Improvement, DH or external auditors. Particular attention should be paid to:

a. the advice in Health Service Circular 1999/198 which states that "NHS Trusts should prohibit the use of "gagging" clauses in contracts of employment and compromise agreements which seek to prevent the disclosure of information in the public interest."
b. NHE Employers guidance on "the use of compromise agreements and confidentiality clauses" April 2013. This includes a model clause regarding confidentiality at Annex A which employers are encouraged to use. Settlement agreements should as a minimum include the recommended clause from the NHS Employers guidance:
"For the avoidance of doubt, nothing in this Agreement shall prejudice any rights that the Employee has or may have under the Public Interest Disclosure Act 1998 and/or any obligations that the Employee has or may have to raise concerns about patient safety and care with regulatory or other appropriate statutory bodies pursuant to his or her professional and ethical obligations including those obligations set out in guidance issued by regulatory or other appropriate statutory bodies from time to time."

6.3. Independent legal advice will need to be obtained by the employee before signing the Compromise Agreement. The local organisation will contribute **up to a maximum** of £400.00 inclusive of VAT towards the cost of this legal advice.

7. Payment rate

7.1. MASS payments will be calculated using the table below.

7.2. **No provision will be made for payment of any notice period**. Successful applicants will be expected to terminate their employment at an early date to be mutually agreed and within the time frame agreed when the MAS scheme was approved. **Notice not worked will not attract payment in lieu of notice**.

Reckonable Service (complete years)	Scale of Payment*
1 year's continuous service (organisation/NHS)	3 months' basic salary
2 years' continuous service (organisation/NHS)	3 months' basic salary
3 years' continuous service (organisation/NHS)	3 months' basic salary
4 years' continuous service (organisation/NHS)	3 months' basic salary
5 years' continuous service (organisation/NHS)	3 months' basic salary
6 years' continuous service (organisation/NHS)	3 months' basic salary
7 years' continuous service (organisation/NHS)	3½ months' basic salary
8 years' continuous service (organisation/NHS)	4 months' basic salary
9 years' continuous service (organisation/NHS)	4½ months' basic salary
10 years' continuous service (organisation/NHS)	5 months' basic salary
11 years' continuous service (organisation/NHS)	5½ months' basic salary
12 years' continuous service (organisation/NHS)	6 months' basic salary
13 years' continuous service (organisation/NHS)	6½ months' basic salary
14 years' continuous service (organisation/NHS)	7 months' basic salary
15 years' continuous service (organisation/NHS)	7½ months' basic salary
16 years' continuous service (organisation/NHS)	8 months' basic salary
17 years' continuous service (organisation/NHS)	8½ months' basic salary
18 years' continuous service (organisation/NHS)	9 months' basic salary
19 years' continuous service (organisation/NHS)	9½ months' basic salary
20 years' continuous service (organisation/NHS)	10 months' basic salary
21 years' continuous service (organisation/NHS)	10½ months' basic salary
22 years' continuous service (organisation/NHS)	11 months' basic salary
23 years' continuous service (organisation/NHS)	11½ months' basic salary
24 years' + continuous service (organisation/NHS)	12 months' basic salary

Note: continuous service is defined as service with no break of greater than a week.

*** A salary cap of £80,000 will apply. For staff with total earnings of more than £80,000, the figure used for calculating a MASS payment will be £80,000.**

7.3 In some cases, severance payments are not subject to deductions in accordance with the Income and Corporation Taxes Act 1998, but the individual circumstances of each case will need to be considered. As a guide, however, current legislation can allow for voluntary severance payments to be paid without deduction of tax and national insurance up to a maximum of £30,000. Any payment made above this amount will be subject to tax and national insurance.

8. Reckonable service

8.1. Reckonable service means continuous full-time or part-time employment with present or any previous NHS employer where there has been a break of service of 12 months or less, as at the time of leaving. Employment that has been taken into account for the purposes of a previous redundancy or loss of office payment by an NHS employer, will not count as reckonable service.

8.2. For the purpose of the MASS, employers have discretion to take into account any period or periods of employment with employers outside the NHS, where these are judged to be relevant to NHS employment and have previously been agreed as reckonable service.

8.3. Any severance payment made will be offset against any subsequent payment made for the purposes of any future calculation of redundancy payments in subsequent employment. This would apply where the period of employment covered by the severance payment is taken into account in calculating the redundancy payment.

8.4. The severance payment would be subject to the employee having not secured another job in the NHS at the time of leaving.

8.5. An employee accepting a MAS payment and resigning from the organisation may find alternative employment elsewhere in the NHS subject to the conditions set out in section 5 above. In the event that any future NHS employer intends to make the employee redundant, the employer will be notified via ESR of this provision of the MASS.

8.6. The employee's proposed leaving date will be subject to negotiation and mutual agreement between the employer and employee but must be within the time frame set out at the launch of the scheme.

9. Pensions

9.1. Staff whose application under MASS is accepted, and who have reached their 'normal pensionable retirement age', will also be eligible to claim their NHS pension benefits. This will not involve the organisation in incurring additional costs related to the payment of pension benefits. For members of the 1995 Section of the NHS Pension Scheme, normal pension age is 60 (55 for members of the 'special classes'). For members of the 2008 Section of the NHS Pension Scheme, normal pension age is 65.

9.2. Staff whose application under MASS is accepted and who have reached their minimum pension age, may also wish to apply for Voluntary Early Retirement with reduced pension benefits. For members of the 1995 Section of the NHS Pension

Scheme, minimum pension age is 50 for most but 55 for some members who first joined or returned on or after 6 April 2006. For members of the 2008 Section of the NHS Pension Scheme, minimum pension age is 55.

9.3. Please note that no guarantee can be given about the timing of the payment of such benefits in line with any MASS payments and applications for pension benefits will need to be made in the normal manner by submission of a leaver form.

9.4. Further information about the NHS Pension Scheme is available at www.nhsbsa.nhs.uk/pensions

10. Application procedure

10.1. Following agreement of the MASS by the Trust and approval by the Treasury, the procedure for applications will involve the following stages:

a. an expression of interest made by an employee on application form (Appendix A1), after considering the full details (including the content of the compromise agreement).
b. HR Business Partners and Advisers will be available to provide advice on the Scheme.
c. Applications will be treated in the strictest confidence by all those involved in the process.
d. Applications will be considered by the MAS Scheme panel which shall comprise the Director of HR & OD, Director of Finance plus one additional Trust Director. The decision of the panel will be final and will be confirmed in writing by the Director of HR & OD. In making their decision the panel will pay due regard to the relevant discrimination legislation.

10.2. If the application is to go ahead, the date of exit will be mutually agreed, ie, not imposed by the employer but should not be later than the latest date for severances agreed when the scheme was launched. In addition it must not be retrospective.

10.3. For full details on the applications procedures please refer to Appendix 1.

11. Equality statement

11.1. Employers must ensure that equality commitments are met and that no employee should receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership.

11.2. Appropriate equality monitoring should be undertaken in line with the employer's relevant policies

11.3. An equality impact assessment should be undertaken for the final policy.

12. Monitoring

12.1 The effectiveness of the scheme will be monitored through Trust Board, facilitated by the Director of HR & OD, and reported to WOD and JCNC.

13. Support for Staff

13.1. A MAS agreement is viewed as being a **voluntary resignation** on the part of the individual employee, in return for a severance payment. As there may be significant financial and life-style implications for the employee, employers should support the decision-making process by assisting individuals with understanding these implications.

13.2. Some of the implications for employees to consider when resigning would include, for example:

- the possible loss of entitlements to welfare benefits
- mortgage protection insurance policies not covering contract severances
- any possible impact on pensions
- lease car penalties
- multi-post contracts

13.3. Some of the supportive measures to consider are listed below, but are entirely at the discretion of the Trust, there is no obligation to provide them:

- priority on in-house courses
- outplacement support, which may include
- personal coach
- job search
- on-line support
- use of office facilities to support finding alternative employment
- a re-training allowance
- a mutually agreed, comprehensive reference
- buy-out of any lease car penalties
- signposting staff to the following sources of information:
  - NHS Pensions: www.nhsbsa.nhs.uk/pensions
  - Benefits website: https://www.gov.uk/browse/benefits
  - Citizens Advice Bureaux: http://www.adviceguide.org.uk/

14. References and other sources of information

14.1. Staff considering an application under this procedure must carefully consider the consequences of that decision. The following channels are open to an employee to discuss options:

- Line Managers
- Human Resources
- Staff Side Representatives

14.2 Employers are not legally authorised under the Financial Services Act to give pensions or other financial advice to individuals, therefore independent legal advice is encouraged. The following websites may be of assistance:

- IFA Promotion: www.unbiased.co.uk
- The Personal Finance Society: www.thepfs.org
- Money made clear: www.moneymadeclear.fsa.gov.uk

Other sources of information include: -

- Social Partnership Forum http://www.socialpartnershipforum.org/Pages/home.aspx.
- NHS Pensions: www.nhsbsa.nhs.uk/pensions
- Benefits website: www.direct.gov.uk/en/MoneyTaxAndBenefits/index.htm
- Citizens Advice Bureaux: http://www.adviceguide.org.uk/

Alder Hey Children's NHS
NHS Foundation Trust

APPENDIX 1

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

MASS APPLICATION PROCEDURE

1. Employees who wish to apply for MASS should discuss their case with their line manager in the first instance. Informal discussions will be confidential and not make a binding commitment on either party. The Human Resources (HR) team will also be available to provide advice on the scheme, and will be the central point for receiving all expressions of interest from staff. Please note the line manager will be asked to indicate their support or otherwise for the application by completing the attached form (see Appendix A2), outlining the potential financial savings and payback time along with reassurance as to how the business needs of the organisation will continue to be met.

2. Members of staff should submit their application for MASS by **(1700 Friday 21 October 2016)**, using the application form in Appendix A1. This must be submitted by email to **ASKHR@alderhey.nhs.uk**

3. Applications received after the closing date/time indicated above will not be considered.

4. The HR Department will acknowledge the application within five (5) working days of receipt; the information submitted will then be verified and the potential MASS payment calculated.

5. Once an application is submitted, it will be dealt with in strict confidence by all those involved with the process.

6. Applications will be submitted to a MASS Panel comprising the Director of HR & OD, Director of Finance, and one other Executive or Non Executive Director. The panel will be facilitated by the Deputy Director of HR or designated deputy. There is **no right to appeal** against the decision of the panel.

7. Applications approved by the MASS panel must also be approved by the Trust Remuneration Committee.

8. Successful applicants will be advised that their application has been approved, confirming the MASS payment, a mutually agreed leaving date and requesting acceptance or rejection of the offer within a prescribed timescale.

9. Where the individual intends to accept the offer they will then be issued with a settlement agreement to discuss with a legal adviser. Once the signed settlement agreement is received by Human Resources this will indicate the final acceptance of the offer.

10. Where the application is not approved, the Director of HR & OD will write to the member of staff advising that their application has not been successful and why it has not been possible to approve the application at this time.

11. At the end of the process the reason for leaving will be noted on ESR as local MASS so that this can be picked up by the new employer, whose responsibility it will be to ensure the appropriate steps are taken for 'claw back' and to ensure that there is no double counting of reckonable service if the individual takes MASS or is redundant in the future.

Alder Hey Children's NHS
NHS Foundation Trust

APPENDIX A1

MUTUALLY AGREED SEVERANCE SCHEME APPLICATION FORM

For Completion by Employee

Directorate/Dept:			
Full Name:		Date of Birth:	
Job title:		Pay Band/Grade:	
NI Number:		Gross Annual Salary (before deductions):	
Assignment No: (from payslip)		NHS continuous employment start date: (dd/mm/yy)	

Preferred Contact Details:	E-mail:	
	Phone:	
	Address:	

I confirm that I have read and understand the details of the Scheme, and I wish to apply for the Mutually Agreed Severance Scheme. I understand that the information above will be validated and the outcome of my application will be communicated to me in writing.

Signed:	Date

Alder Hey Children's NHS
NHS Foundation Trust

APPENDIX A2

MUTUALLY AGREED SEVERANCE SCHEME APPLICATION

MANAGEMENT RESPONSE TO APPLICATION BY STAFF MEMBER

To be completed in conjunction with the Line Manager

Employee Name:		Job title:	
Details required of how recurrent cost savings can be made through skill mix/redeployment:			
1. Why is the employee being considered for voluntary severance?			
2. Savings to be delivered as a result of agreeing a MASS payment (recurrent and non-recurrent). How does this represent value for money and the best use of public funds?			
3. Voluntary severance costs			
4. Does this application create job vacancies which can be filled by redeployment of staff from other jobs or as a suitable alternative for staff facing redundancy (provide detail)			
5. Criteria:			
I confirm that the following criteria as been met in relation to the above-named employee (*delete as appropriate): a) a minimum of 12 months' continuous service YES/NO* b) has not already formally given notice of their intention to resign/retire, prior to the date when applications were formally being sought YES/NO* c) has not already secured employment with another employer YES/NO* d) has not been notified of the date of the termination of their contract of employment for any other reason YES/NO* e) is not undergoing a performance management procedure to address poor performance YES/NO*			

f) is not undergoing a conduct procedure YES/NO*
g) the above post has not been identified as likely to be redundant and are subject to consultation YES/NO*
h) is not in a selection pool identifying them for potential redundancy YES/NO*
i) is not in a shortage or hard to recruit to post YES/NO*
j) service delivery would not be put at risk by their departure YES/NO*
k) The application was received by the closing date YES/NO*

I do/do* not support this application ***(*Delete as appropriate)***	**Reason:**
Signed: Line Manager **Print Name:** **Date:**	....

Authorisation from Director of HR & OD

This application **has/has not** been approved by the MASS panel (*delete as applicable*)

This application **has / has not** been approved by the Remuneration Committee (*delete as applicable*)

Signed: …… Date: ……..

For Completion by HR/Payroll Team

Employee Name:		Assignment No:	
Organisation Start Date: Basic Annual Salary:		Continuous Service (Years): Organisation Start Date:	
Basic Annual Salary: MASS Payment Calculation:		Leaving Date: Continuous Service:	
MASS Payment Calculation: AMOUNT PAYABLE:			
Completed by: ..... Date:			

ALDER HEY IN THE PARK PROJECT

HIGHLIGHT REPORT Site & Park Development	Date: 22/08/16 Report Number:																									SRO: David Powell Author: Chris McCall
Programme 2016/17	Jun-16				Jul-16				Aug-16					Sep-16				Oct-16					Nov-16				
Week Commencing	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	
Temporary Moves																											**Project completed**
Decommissioning & Demolition (Phase 1 & 2)																											Overall programme has been rescheduled. Preferred contractor to be appointed at beginning of October to set up site and commence asbestos surveys. Reviewing phasing and sequence of demoliton works to realign budget. IT equipment relocation from old site to undertaken first week in November. Completion of services decommissioning and isolation mid November.
Residential																											ITPD Stage 1 process was extended by 2 weeks, with bids being submitted on 19th August - 5 bids received with one bidder withdrawing from the process. Each developer formally presented their bid to the Trust's evaluating team on 23 & 24 August - Project Team is currently in the process of evaluating bids. Stage 2 invitations to be issued by 14th September.
Park																											Heads of Terms have been reviewed and presented to LCC - currently awaiting agreement. List of works, relating to park clearance and defects, has been received from LCC and Trust in liaison with Laing O'Rourke.
Corporate Offices/Clinical on-site																											Commencement of construction has been shifted by 3 months due to delay in demolition programme. Scheme currently being re-designed to improve affordability and functionality. Design is being progressed with steel frame to reduce costs and also exploring alternative cladding solutions to potentially further reduce costs.
Community																											User consultation undertaken to identify minimum clinical requirements and room functions - investigating activity data to reconcile against capacity. Available capacity has been identified in LIFT buildings across the community which may require some reshuffling of existing activities - exploring the suitability of these premises.
Research & Education Phase II																											Continue to have a funding shortfall. Design has been progressed to RIBA Stage E design deliverables. Lease areas to be agreed with Edge Hill, UoL, UcLan. Morgan Sindall to commence construction pricing.
Agile Working																											First meeting of the Project Team scheduled for 8th September. Work has commenced on matching job roles to workstyles.
On-site Residual																											Project anticipated to commence September 2016 (to be confirmed)
Alder Centre																											Charitable funding being sought via a bid process (LIBOR Bid) - Business Case being developed. Alder Centre reps in discussion with architect to develop schedule of accommodation requirements.
Commercial																											Discussions continue with Police regarding occupying space in corporate offices with a view to a deal on acquiring the Eaton Road police station site. Veterinary surgery proposed land swap with Trust, decision to be made by Trust within the next 3 months.

Issues for Escalation	
Decommissioning & Demolition	
Cost of decommissioning and demolition works exceeds current available budget by c£1m	
Timing of transfer of IT/phone/data links to new hospital from old site will delay electrical isolations and possibly demolition works	
Research & Education Phase II	
Project is only progressing the design to RIBA Stage E due to the funding shortfall. Project team not progressing any other works until funding is secured. Fundraising is part of a separate work-stream managed by a steering group involving Trust, University of Liverpool and others	

Corporate Report

Jul 2016

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Executive Summary

Jul 2016

Alder Hey Children's NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

ED performance sustained, all access standards achieved, activity run rates increasing, DQ group established to target key areas of concern that skew data, monthly CBU performance reviews established

Challenges

Delivery of 16/17 plan remains a challenge however recovery plans developing and aggregate levels of activity improving.
Whilst activity run rates are improving the increases need to be delivered via productivity improvements and not extra sessions with increased pay run rate.
Incomplete pathway standards achieved however some specialties demand and capacity profiles require ongoing work to demonstrate improvement and achievement of the 92% standard.
DQ issues still require constant validation
Junior Dr gaps in rota pose operational and governance issues however plans in place to manage this

Patient Centred Services

All access targets achieved for Month 4. ED demand is within seasonal norms. Despite a plateauing of overall productivity in Month 4 activity levels are up against the same period last year. Underlying pressures remain within critical care manifests itself with on the day cancellations which have and reductions in theatre utilisation however SCACC continue to develop plans to manage this. Work continues to review OP & Theatre productivity and drive improvements. Improvements with DNA's to be treated with caution as ongoing DQ issues and validation continue.

Excellence in Quality

The number of grade 2 pressure ulcers and above is exceeding this months improvement target by 1. A pressure ulcer improvement plan is in place which includes a Rapid Improvement Event in September. The Rapid Improvement Event incorporates a Tissue Viability training programme. Whilst within target, there were 3 readmissions to PICU in 24hrs, all readmissions to PICU in 24hrs are audited to identified areas for improvement and July's readmissions were unpreventable.There have been no further Never Events.The readmissions of patients with long term conditions within 28 days indicator and the discharge date later than planned (only surgical) indicator baselines are being established. Both indicators monthly totals have reduced compared to last months totals. The remaining patient safety and clinical effectiveness indicators are on track to achieve the 2016/17 annual targets

Financial, Growth & Mandatory Framework

"At the end of July the Trust is reporting a trading deficit position of £6.5m which is £0.2m ahead of plan. Income is ahead of plan by £0.9. Elective activity is ahead of plan in month 4, for the first time this year. Outpatient is 1% behind in month, and 3% behind cumulatively.
Pay budgets are £0.6m overspent relating to use of agency staffing. The Trust is £0.1m behind the CIP target. Cash in the Bank is £4.1m. Monitor risk rating of 2."

Great Talented Teams

Sickness absence shows an increase of 0.3% last month to 4.8%. Mandatory training compliance has reduced slightly to 79.6%, although Corporate Induction attendance has increased further to 96.8%. Medical appraisal compliance is still low following the opening of the new compliance window. General PDR rates are logged at 55% following the closure of the completion window (Apr - July).

Leading Metrics

Jul 2016

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Jun 2016	Jul 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	95.8 %	95.6 %	▼	
RTT: 90% Admitted within 18 weeks		88.2 %	87.5 %	▼	
RTT: 95% Non-Admitted within 18 weeks		87.9 %	87.3 %	▼	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.1 %	▲	
Diagnostics: Numbers waiting over 6 weeks		0	0	–	
Average LoS - Elective (Days)		2.8	2.9	▲	
Average LoS - Non-Elective (Days)		1.7	1.8	▲	
Daycase Rate	0.0 %	67.3 %	67.6 %	▲	
Theatre Utilisation - % of Session Utilised	90.0 %	82.0 %	80.0 %	▼	
28 Day Breaches	0.0	5	4	▼	
Clinic Session Utilisation	90.0 %	81.6 %	79.6 %	▼	
DNA Rate	12.0 %	10.6 %	10.6 %	▲	
Cancelled Operations - Non Clinical - On Same Day		23	25	▲	

Excellence in Quality

Metric Name	Goal	Jun 2016	Jul 2016	Trend	Last 12 Months
Never Events	0.0	0	0	–	
IP Survey: % Received information enabling choices about their care	95.0 %	97.4 %	95.1 %	▼	
IP Survey: % Treated with respect	98.0 %	99.1 %	99.5 %	▲	
IP Survey: % Know their planned date of discharge	60.0 %	54.3 %	53.9 %	▼	
IP Survey: % Know who is in charge of their care	90.0 %	84.6 %	91.3 %	▲	
IP Survey: % Patients involved in play and learning	65.0 %	60.6 %	28.2 %	▼	
Pressure Ulcers (Grade 2 and above)	8.0	8	9	▼	
Total Infections (YTD)	38.0	25	33	–	
Medication errors resulting in harm (YTD)	28.0	18	18	▼	
Clinical Incidents resulting in harm (YTD)	226.0	158	193	▼	

Great and Talented Teams

Metric Name	Goal	Jun 2016	Jul 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	96.0 %	96.8 %	▲	
PDR	90.0 %	32.2 %	54.7 %	▲	
Medical Appraisal	100.0 %	1.2 %	5.2 %	▲	
Sickness	4.5 %	4.5 %	4.9 %	▲	
Mandatory Training	90.0 %	81.2 %	79.6 %	▼	
Staff Survey (Recommend Place to Work)		50.5 %	48.5 %	▼	
Actual vs Planned Establishment (%)		90.6 %	89.4 %	▼	
Temporary Spend ('000s)		916	972	▲	

Financial, Growth and Mandatory Framework

Metric Name	Jun 2016	Jul 2016	Last 12 Months
CIP In Month Variance ('000s)	-97	191	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-1440	-1100	
Capital Expenditure YTD % Variance	-14.9 %	-38.1 %	
Cash in Bank (£M)	7.0	4.2	

Exceptions

Jul 2016

Alder Hey Children's NHS
NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
CIP In Month Variance ('000s)	-208	-331	-209	-212	-451	-465	-457	-585	-368	-179	-107	-97	191	
Cancelled Operations - Non Clinical - On Same Day	27	21	16	18	41	11	21	27	48	35	35	23	25	
Temporary Spend ('000s)	1,047	795	917	1,070	890	948	881	859	1,210	971	1,105	916	972	
Total Infections (YTD)	37	45	56	65	73	89	103	111	119	6	17	25	33	
Clinical Incidents resulting in harm (YTD)	268	319	372	418	473	507	563	607	670	50	91	158	193	

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

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
RTT: 95% Non-Admitted within 18 weeks	95.1%	93.0%	92.8%	91.0%	87.9%	86.1%	86.6%	84.9%	85.7%	89.6%	87.8%	87.9%	87.3%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.1%	92.1%	92.1%	92.1%	92.2%	92.2%	92.2%	92.5%	92.3%	92.2%	92.1%	92.0%	92.1%	
IP Survey: % Received information enabling choices about their care	190.3%	189.8%	193.4%	191.1%	194.5%	181.4%	192.0%	192.2%	187.3%	190.3%	188.5%	194.9%	380.5%	
Normalised I & E surplus/(deficit) In Month ('000s)	160	-1,276	-101	-1,570	-907	-439	-608	-276	687	-2,459	-1,486	-1,440	-1,100	

Challenge (Top 5 based on % change)

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
Clinic Session Utilisation	78.0%	77.6%	74.2%	75.0%	81.7%	79.9%	83.4%	81.5%	82.8%	81.8%	82.0%	81.6%	79.6%	
Sickness	4.4%	3.9%	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	5.4%	5.3%	4.8%	4.5%	4.9%	
IP Survey: % Know their planned date of discharge	44.4%	52.9%	58.7%	53.3%	42.9%	34.9%	40.0%	35.3%	44.2%	62.0%	59.3%	54.3%	53.9%	
IP Survey: % Patients involved in play and learning	64.6%	66.5%	56.9%	54.1%	63.1%	56.5%	59.0%	73.5%	52.4%	60.4%	54.1%	60.6%	28.2%	
Mandatory Training	72.0%	76.4%	78.9%	77.2%	84.0%	83.7%	83.4%	82.7%	82.3%	81.2%	81.8%	81.2%	79.6%	

Patient Safety

Jul 2016

Alder Hey Children's NHS Foundation Trust

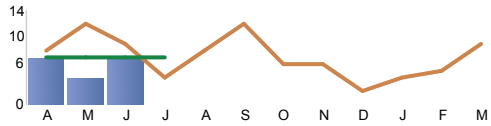
Summary

The number of grade 2 pressure ulcers and above is exceeding this months improvement target by 1. A pressure ulcer improvement plan in place which includes a Rapid Improvement Event (RIE) in September. The RIE incorporates a Tissue Viability training programme. Whilst within target, there were 3 readmissions to PICU in 24hrs, all readmissions to PICU in 24hrs are audited to identified areas for improvement and the readmissions in July were unpreventable.There have been no further Never Events and the remaining patient safety indicators are on track to achieve the annual improvement targets.

16/17 15/16 Threshold

Medication Errors

Medication errors resulting in harm (YTD) 18 (goal: 28.0)



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

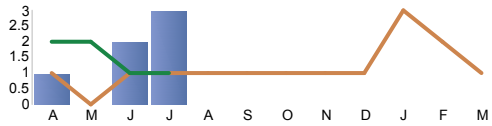
Pressure Ulcers

Pressure Ulcers (Grade 2 and above) 9 (goal: 8.0)

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

Readmissions to PICU within 48 hrs

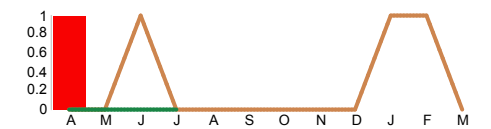
Readmissions to PICU within 48 hrs (YTD) 6 (goal: 6.0)



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

Never Events

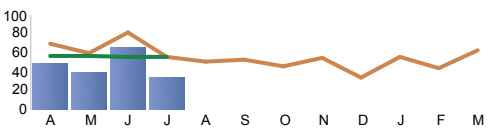
Never Events 0 (goal: 0.0)



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

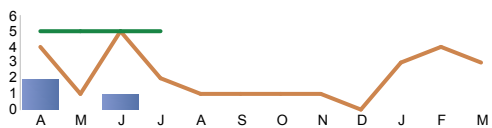
Incidents

Clinical Incidents resulting in harm (YTD) 193 (goal: 226.0)



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

Clinical Incidents resulting in moderate, severe harm or death (YTD) 3 (goal: 20.0)



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

Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 0

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

Patient Experience

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

Formal complaints overall total remains significantly reduced compare to this time last year however in month total for July is the same as it was July 2105.
PALS concerns had seen a continuation of the significant rise in the first quarter of the year whoever has been significantly reduced in the last few weeks

The collection and analysis of data for FFT and Inpatient Survey using SNAP database commenced on 1st July. The number of responses has significantly increased , however the quality of the data presented requires review and verification.

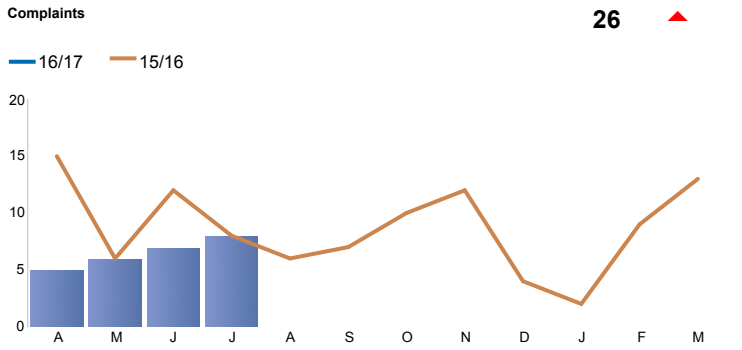
Inpatient Survey

Metric Name	Goal	Jun 2016	Jul 2016	Trend	Last 12 Months
% Know who is in charge of their care	90.0 %	84.6 %	91.3 %	▲	
% Patients involved in play and learning	65.0 %	60.6 %	28.2 %	▼	
% Know their planned date of discharge	60.0 %	54.3 %	53.9 %	▼	
% Received information enabling choices about their care	95.0 %	97.4 %	95.1 %	▼	
% Treated with respect	98.0 %	99.1 %	99.5 %	▲	

Friends and Family

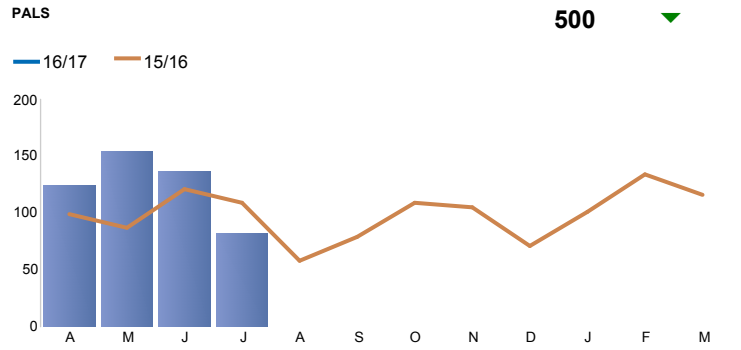
Metric Name	Required Responses	Number of Responses	Jun 2016	Jul 2016	Trend	Last 12 Months
A&E - % Recommend the Trust	250	90	95.2 %	86.7 %	▼	
Community - % Recommend the Trust	29	1	TBC	100.0 %		
Inpatients - % Recommend the Trust	300	791	94.6 %	97.7 %	▲	
Mental Health - % Recommend the Trust	27	19	72.7 %	94.7 %	▲	
Outpatients - % Recommend the Trust	400	390	89.2 %	95.4 %	▲	

Complaints



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

PALS



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

Clinical Effectiveness

Jul 2016

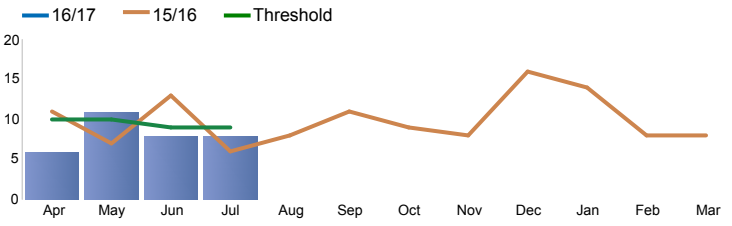
Alder Hey Children's NHS Foundation Trust

Summary

The readmissions of patients with long term conditions within 28 days indicator and the discharge date later than planned (only surgical) indicator baselines are being established. Both indicators monthly totals have reduced compared to last months totals. The remaining clinical effectiveness indicators are on track to achieve the 2016/17 annual targets.

Infections

Total Infections (YTD) — 33 (goal: 38.0)



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

Total Infections (YTD): 33 (goal: 38.0)

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

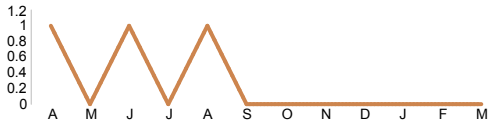
Hospital Acquired Organisms - C.difficile (YTD): 0 (goal: 0.0)

Outbreak Infections (YTD): 0

Cluster Infections (YTD): 0

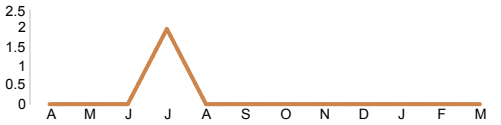
Legend: 16/17, 15/16, Threshold

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



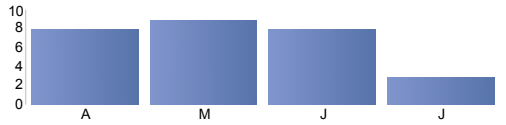
YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	0	0	0	0								
15/16	1	1	2	2	3	3	3	3	3	3	3	3

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



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

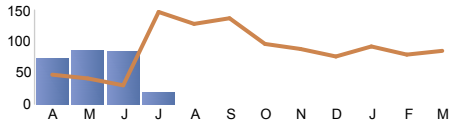
Acute readmissions of patients with long term conditions within 28 days — 28 (Est. Baseline)



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

Admissions & Discharges

Patients with an estimated discharge date discharge later than planned (only surgical) — 267 (Est. Baseline)



% of patients with an estimated discharge date discharge later than planned (only surgical) — 4.6 % (Est. Baseline)

YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	75	162	247	267								
15/16	47	88	118	265	393	530	626	714	790	882	961	1,046

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

Access

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete pathway, cancer and diagnostic standards achieved; admitted and non admitted standards failed as per plan. Bed occupancy has increased to 80+% in line with increased levels of activity against the same period last year. Referrals received has reduced compared to same period last year however 15/16 increase was post MT6 implementation backlog and was skewed. Choose & Book availability has reduced slightly due to reductions in capacity due to leave which has increased slot issues.

18 Weeks

RTT: 90% Admitted within 18 weeks 87.5 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.3%	91.5%	86.0%	88.0%	87.5%

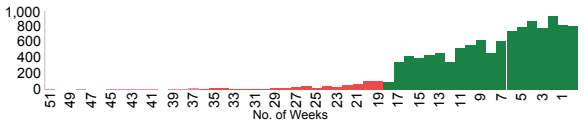
RTT: 95% Non-Admitted within 18 weeks 87.3 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.7%	88.3%	85.7%	88.4%	87.3%

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

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

Open Pathways Weekly Profile Jul 2016



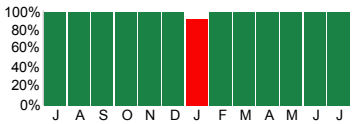
0-18 Wks	19-36 Wks	36-51 Wks
11,255	755	110

Cancer

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

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

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



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

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

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

Diagnostics

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

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

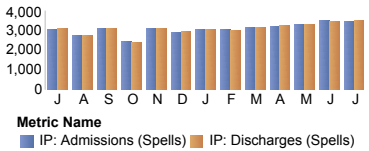
Waiting Times Failed 0

Waiting Times Passed 4

Number of Diagnostics

100

Admissions and Discharges



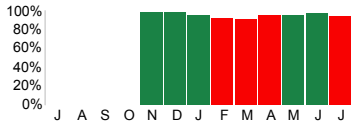
Bed Occupancy

Bed Occupancy (Funded Beds) 80.3 %

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	79.0%	79.8%	80.9%	80.3%

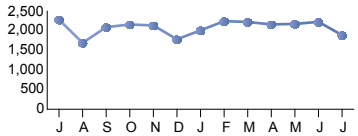
Provider

Convenience and Choice: Slot Availability 94.9 % (goal: 96.0 %)



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	99.6%	93.7%	96.9%	94.9%

Referrals Received (GP)



Emergency Department

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

The 4 hour standard for July was achieved with the Trust achieving 95.69% against the standards. Attendances remained with in predicted levels of attendances.

ED

ED: 95% Treated within 4 Hours

95.6 % (goal: 95.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.3%	82.8%	84.5%	95.0%	95.6%

ED: Total Time in ED (95th Percentile)

239.0 mins (goal: 240.0 mins)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
736.0	1,101.4	1,046.0	754.0	239.0

ED: Longest Wait Time (Hrs)

9.0 (goal: 0.0)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
27.8	44.6	35.7	31.8	9.0

ED: Number Treated Over 4 Hours

211

ED to Inpatient Conversion Rate

19.5 %

Jul 2016

ED

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

0

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

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

79.0 mins (goal: 60.0 mins)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
205.0	273.0	270.0	221.0	79.0

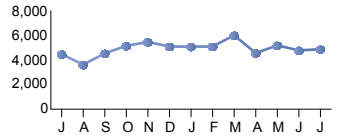
ED: Percentage Left without being seen

3.0 %

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

ED: Number of Attendances

4872 Jul 2016



Ambulance Services

Ambulance: Acute Compliance

85.7 % (goal: 85.0 %)

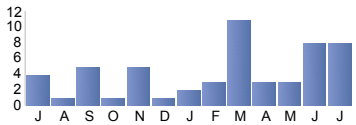
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
81.9%	82.8%	85.9%	88.9%	85.7%

Ambulance: Average Notification to Handover Time (mins)

3.3 mins (goal: 15.0 mins)

Ambulance: Patients Waiting between 30 and 45 minutes

8



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
10.0	7.0	16.0	14.0	8.0

Ambulance: Patients Waiting between 45 and 60 minutes

1

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
3.6	0.0	0.0	3.0	1.0

Productivity & Efficiency

Jul 2016

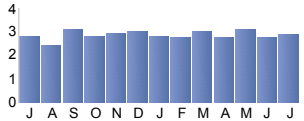
Alder Hey Children's NHS Foundation Trust

Summary

OP actual utilisation has plateaued despite increased bookings to available slots however DNA rates reduced for the 5th consecutive month. Underlying DQ issues are skewing this and are being validated to provide an accurate picture. Theatre utilisation reduced for the 1st time in 7 months which is within NMSS CBU. This will in part be due to cancellations on the day predominantly due to limited critical care capacity. Overall activity against the same period last year has increased despite a slight reduction in overall productivity. 28 day breaches have reduced and no bed refusals reported.

Length of Stay

Average LoS - Elective (Days) 2.9 ▲



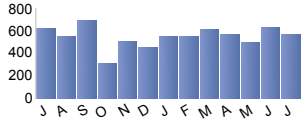
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2.8	3.0	2.9	2.9	2.9

Average LoS - Non-Elective (Days) 1.8 ▲

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

Day Case Rate

Daycases (K1/SDCPREOP) 577 ▼



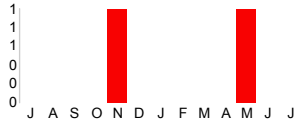
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
1,892	1,300	1,738	1,715	577

Daycase Rate 67.6 % ▲ *(goal: 0.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
75.6%	75.0%	74.6%	67.9%	67.6%

Bed Refusals

Bed Refusals 0 – *(goal: 0.0)*



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

Theatres / Surgery

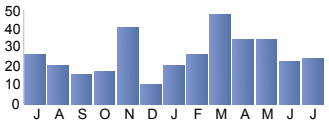
Theatre Utilisation - % of Session Utilised * 80.0 % ▼ *(goal: 90.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
	73.2%	77.7%	81.0%	80.0%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 1.4 % ▲ *(goal: 0.8 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
1.0%	1.3%	1.5%	1.5%	1.2%

Cancelled Operations - Non Clinical - On Same Day 25 ▲



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
64	70	96	93	25

28 Day Breaches 4 ▼ *(goal: 0.0)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
21	15	16	23	4

Outpatients

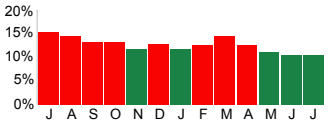
Clinic Session Utilisation * 79.6 % ▼ *(goal: 90.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
76.4%	79.2%	82.6%	81.8%	79.6%

OP Appointments Cancelled by Hospital % 14.0 % ▲ *(goal: 5.0 %)*

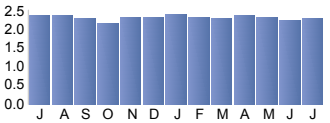
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
14.2%	15.7%	15.0%	14.0%	14.0%

DNA Rate 10.6 % ▲ *(goal: 12.0 %)*



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
14.5%	12.6%	13.1%	11.5%	10.6%

OP: New/Follow Up 2.3 ▲



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

Facilities

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

Audit compliance is 100%. Very high risks areas have came out at 96.52% which is slightly below the National Standard of 98%. High risk areas are 94.28% which again is below the National Standard of 95%. Significant areas are 94.50% which is above the National Standard of 85%. There were no low risk areas due for audit this month and so I have recorded the score from the previous month as a score of 100% or 0% would have been misleading.

Facilities

Cleanliness Performance VH

96.5 % (goal: 98.0 %)

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

Cleanliness Performance H

94.3 % (goal: 95.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.0%	97.0%	94.8%	94.4%	94.3%

Cleanliness Performance S

88.0 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.4%	95.0%	94.6%	96.2%	88.0%

Cleanliness Performance L

94.5 % (goal: 75.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
82.0%	96.0%	100.0%	88.2%	94.5%

Facilities

Audit Compliance

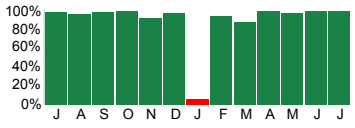
100.0 % (goal: 85.0 %)

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

Facilities - Other

Routine Maintenance Resolution

100.0 % (goal: 85.0 %)



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
97.7%	95.6%	67.3%	98.8%	100.0%

PPM%

96.5 % (goal: 85.0 %)

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
96.3%	30.8%	92.6%	89.4%	96.5%

CAMHS

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

Both Liverpool and Sefton are on target with their recovery plans to reduce the wait to first assessment to 6 weeks by September 2016. Additional assessment clinics have been put on during August to cover the lost capacity due to DNAs

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 6.0

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

CAMHS: Avg Wait to Partnership Appt (Weeks) 6.0

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

DNA Rates

CAMHS: DNA Rate - New 11.8 % (goal: 10.0 %)

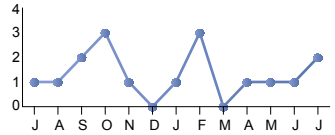
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
23.0%	18.7%	20.5%	14.1%	11.8%

CAMHS: DNA Rate - Follow Up 12.7 % (goal: 14.0 %)

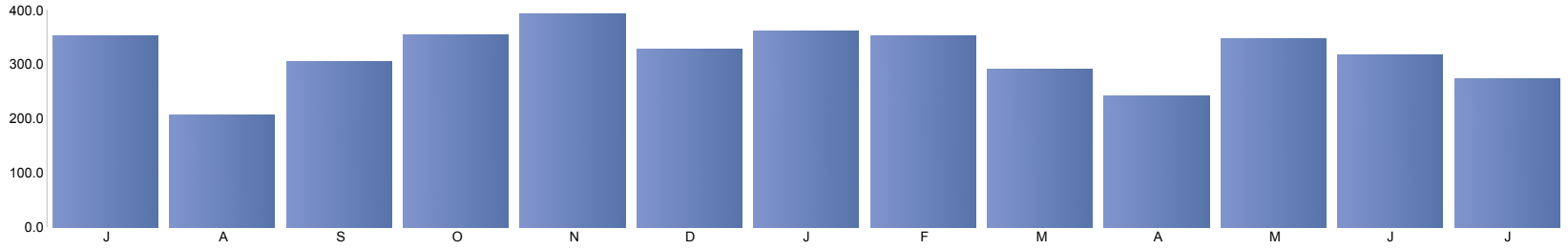
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
17.0%	15.1%	14.2%	14.3%	12.7%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 2



CAMHS: Referrals Received



External Regulation

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

The Trust is currently rated as Good by CQC and remains registered without conditions. We are compliant with our Provider Licence and have recently submitted a Corporate Governance Statement to Monitor/NHSI to confirm this. We currently have a CoSR of 1 althougth this was planned and relates largely to the PFI.

Monitor - Governance Concern

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

Monitor - Risk Rating

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

Monitor Jul 2016

Metric Name	Goal	Jun 16	Jul 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	95.8 %	95.6 %	▼
RTT: 90% Admitted within 18 weeks		88.2 %	87.5 %	▼
RTT: 95% Non-Admitted within 18 weeks		87.9 %	87.3 %	▼
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.0 %	92.1 %	▲
Monitor Risk Ratings (YTD)	3.0	2	2	–
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	–
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.3%	91.5%	86.0%	88.0%	87.5%

RTT: 95% Non-Admitted within 18 weeks

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
93.7%	88.3%	85.7%	88.4%	87.3%

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

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

Monitor - All Cancers

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

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

All Cancers: 31 day wait referral to treament

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

All Cancers: 31 day wait until subsequent treatments

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

Monitor - A&E 4 Hour Target

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
95.3%	82.8%	84.5%	95.0%	95.6%

Monitor - C difficile

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

Monitor - Data Completeness

No Data Available

Workforce

Jul 2016

Alder Hey Children's NHS Foundation Trust

Summary

Sickness absence shows an increase of 0.3% last month to 4.8%. Mandatory training compliance has reduced slightly to 79.6%, although Corporate Induction attendance has increased further to 96.8%. Medical appraisal compliance is still low following the opening of the new compliance window. General PDR rates are logged at 55% following the closure of the completion window (Apr - July).

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Last 12 Months
Add Prof Scientific and Technic	1.3%	2.7%	2.8%	4.3%	4.1%	4.5%	4.2%	2.0%	2.4%	2.9%	2.2%	4.3%	
Additional Clinical Services	6.5%	7.0%	7.5%	8.8%	7.6%	6.9%	6.7%	7.6%	6.9%	6.0%	5.6%	4.3%	
Administrative and Clerical	3.2%	3.3%	3.8%	4.6%	4.7%	4.2%	4.7%	4.0%	4.5%	4.2%	4.3%	4.7%	
Allied Health Professionals	1.4%	1.4%	1.4%	2.3%	2.4%	3.6%	2.4%	2.7%	2.6%	2.5%	3.7%	4.9%	
Estates and Ancillary	4.8%	5.6%	5.5%	7.6%	9.8%	9.2%	9.6%	8.1%	8.2%	10.5%	10.0%	10.9%	
Healthcare Scientists	1.0%	0.9%	1.5%	1.3%	2.0%	2.2%	2.2%	1.6%	2.3%	4.0%	2.2%	1.9%	
Medical and Dental	1.2%	1.3%	0.8%	1.7%	1.5%	1.8%	1.9%	2.0%	1.5%	1.2%	1.6%	2.3%	
Nursing and Midwifery Registered	5.2%	6.1%	5.8%	6.8%	6.5%	7.4%	7.6%	7.1%	6.7%	5.3%	4.7%	5.1%	
Trust	3.9%	4.5%	4.6%	5.6%	5.5%	5.7%	5.8%	5.4%	5.3%	4.8%	4.5%	4.9%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Last 12 Months
Add Prof Scientific and Technic	187	193	171	174	174	177	179	180	185	190	191	192	
Additional Clinical Services	351	359	352	346	348	359	360	360	355	355	354	356	
Administrative and Clerical	538	534	532	534	531	529	532	525	536	536	544	548	
Allied Health Professionals	125	126	126	127	127	126	126	127	126	126	126	127	
Estates and Ancillary	147	153	169	172	173	172	173	172	188	190	190	190	
Healthcare Scientists	102	102	102	102	100	100	99	100	101	100	103	104	
Medical and Dental	229	229	229	231	235	237	230	235	236	238	238	236	
Nursing and Midwifery Registered	898	914	948	947	945	948	952	947	937	943	941	938	

Staff in Post Headcount (rolling 12 Months)

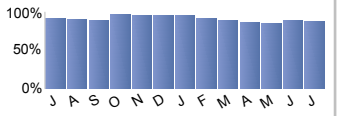
Staff Group	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Last 12 Months
Add Prof Scientific and Technic	210	218	192	195	196	197	198	200	205	210	211	212	
Additional Clinical Services	411	420	414	410	411	422	423	425	420	421	418	418	
Administrative and Clerical	630	624	623	625	622	619	623	614	626	626	635	639	
Allied Health Professionals	153	154	155	156	156	155	155	156	155	156	155	156	
Estates and Ancillary	193	198	212	214	213	211	211	210	237	239	239	239	
Healthcare Scientists	113	113	113	113	111	111	110	111	111	110	113	114	
Medical and Dental	268	267	266	268	271	274	269	275	275	277	275	274	
Nursing and Midwifery Registered	1,020	1,039	1,076	1,073	1,070	1,073	1,077	1,070	1,060	1,064	1,065	1,062	

Finance

Temporary Spend ('000s) 972 ▲

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

Actual vs Planned Establishment (%) 89.4 % ▼



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
92.0%	97.7%	93.4%	88.7%	89.4%

Appraisals

Medical Appraisal 5.2 % ▲ *(goal: 100.0 %)*

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

PDR 54.7 % ▲ *(goal: 90.0 %)*

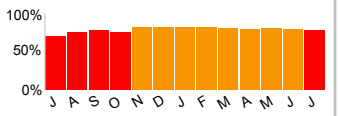
Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
89.9%	90.1%	90.1%	14.8%	54.7%

Training

Corporate Induction 96.8 % ▲ *(goal: 100.0 %)*

Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
87.1%	88.2%	83.5%	86.5%	96.8%

Mandatory Training 79.6 % ▼ *(goal: 90.0 %)*



Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
75.8%	81.7%	82.8%	81.4%	79.6%

Health and Safety

RIDDOR 0 –

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

Performance by CBU

Jul 2016

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	70.8%	82.3%	85.7%	84.1%
Convenience and Choice: Slot Availability		93.6%	94.3%	100.0%
DNA Rate (Followup Appts)	13.2%	10.3%	9.5%	8.2%
DNA Rate (New Appts)	14.9%	11.4%	8.7%	9.0%
Normalised I & E surplus/(deficit) In Month ('000s)	70	571	2,485	174
Referrals Received (GP)	520	315	737	312
Temporary Spend ('000s)	204	105	164	296
Theatre Utilisation - % of Session Utilised		78.3%	79.3%	83.9%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	5.0	2.8	2.7	3.5
Average LoS - Non-Elective (Days)	1.1	2.0	2.0	3.9
Cancelled Operations - Non Clinical - On Same Day	0	1	9	15
Daycases (K1/SDCPREOP)	1	54	362	155
Diagnostics: % Completed Within 6 Weeks				
Hospital Initiated Clinic Cancellations < 6 weeks notice	12	32	22	2
OP Appointments Cancelled by Hospital %	11.2%	15.7%	14.7%	13.9%
RTT: 90% Admitted within 18 weeks		96.7%	86.7%	85.2%
RTT: 92% Waiting within 18 weeks (open Pathways)	91.5%	95.0%	90.4%	95.9%
RTT: 95% Non-Admitted within 18 weeks	82.2%	86.6%	88.2%	91.0%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	93.0%	96.0%	94.3%	95.0%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	14	10	6	44

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	100.0%	100.0%		100.0%
Mandatory Training	76.0%	81.1%	84.0%	83.6%
PDR	62.8%	73.5%	51.9%	47.0%
Sickness	5.4%	3.8%	5.7%	5.1%

CBU Performance - Clinical Support

Jul 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Theatre Utilisation - % of Session Utilised				63.1%	76.3%	75.0%	67.2%	67.2%	72.7%	72.0%	70.9%	73.1%	71.6%	
Temporary Spend ('000s)	12	12	15	12	12	-18	8	9	9	7	7	10	11	
Normalised I & E surplus/(deficit) In Month ('000s)	-845	-857	-1,011	-705	-908	-787	-842	-994	-964	-911	-944	-881	-1,022	
Expenditure vs Budget ('000s)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	96.0%	97.0%	86.0%	93.0%	96.0%	97.9%	91.6%	98.0%	95.0%	85.0%	93.0%	89.0%	99.0%	
Imaging - % Reporting Turnaround Times - ED	78.0%	70.0%	76.0%	76.0%	72.0%	100.0%	91.0%	92.0%	91.0%	83.0%	65.0%	88.0%	93.0%	
Imaging - % Reporting Turnaround Times - Inpatients	90.0%	79.0%	86.0%	93.0%	81.0%	83.0%	93.0%	89.0%	83.0%	83.0%	75.0%	85.0%	90.0%	
Imaging - % Reporting Turnaround Times - Outpatients	97.0%	97.0%	96.0%	96.0%	97.0%	98.0%	98.0%	96.0%	97.0%	93.0%	89.0%	97.0%	97.0%	
Imaging - Waiting Times - MRI % under 6 weeks	97.7%	92.5%	100.0%	100.0%	95.0%	96.0%	85.0%	91.0%	90.0%	90.0%	92.0%	90.0%	95.0%	
Imaging - Waiting Times - CT % under 1 week	89.9%	85.6%	87.9%	87.9%	88.0%	96.0%	88.0%	88.0%	86.0%	94.0%	88.0%	85.0%	90.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	91.7%	91.8%	95.4%	96.1%	95.0%	94.0%	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	90.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	99.2%	99.0%	99.6%	99.6%	92.0%	85.0%	85.0%	85.0%	91.0%	92.0%	89.0%	87.0%	90.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	88.9%	81.2%	100.0%	100.0%	88.0%	91.0%	86.0%	95.0%	76.0%	96.0%	100.0%	89.0%	95.0%	
BME - High Risk Equipment PPM Compliance	88.0%	90.5%	88.0%	87.0%	89.0%	87.0%	89.0%	90.0%	88.0%	89.0%	90.0%	90.0%	89.7%	
BME - Low Risk Equipment PPM Compliance	74.0%	79.0%	87.0%	75.0%	76.0%	78.0%	78.0%	78.0%	78.0%	80.0%	80.0%	79.0%	77.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	34.0%	50.0%	57.0%	63.0%	59.0%	87.0%	84.0%	85.0%	76.0%	74.0%	64.0%	56.0%	66.0%	
Pharmacy - Dispensing for Out Patients - Complex	67.0%	57.0%	65.0%		100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Medication Errors (Incidents)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pathology - % Turnaround times for urgent requests < 1 hr	76.4%	82.0%	78.2%	71.9%	75.1%	79.6%	79.2%	82.9%	87.0%	84.3%	86.6%	86.6%		
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	98.8%	98.5%	95.1%	98.0%	99.0%	98.7%	99.3%	99.9%		
Reporting times for perinatal autopsies in 56 Calendar Days	92.9%	98.6%	98.7%	90.9%	100.0%	81.0%	68.8%	81.0%	88.9%	84.6%	90.0%	100.0%		

Workforce

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Corporate Induction	100.0%	40.0%	100.0%	77.8%	100.0%	87.5%	71.4%	0.0%	75.0%	50.0%	100.0%	100.0%	100.0%	
PDR	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	0.8%	12.7%	32.5%	75.9%	
Sickness	1.7%	1.8%	2.4%	3.2%	3.9%	4.4%	5.2%	5.1%	4.2%	4.8%	4.8%	4.0%	3.7%	
Mandatory Training	79.1%	80.5%	84.2%	80.3%	87.2%	87.2%	86.8%	86.2%	86.5%	85.6%	85.9%	84.4%	84.1%	

CBU Performance - ICS

Jul 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

DNAs continue to be an issue across the CBU. A new process is being piloted for Gen Paeds to ensure that any patients who DNA and are appropriate to be discharged are actioned accordingly.

NB LOS now includes k,4hr stays within average LOS for EDU

Support Required

A transformational Service Manager fixed term appointment, has been recruited to support the new and existing community services project work.

Operational

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	78.7%	74.1%	72.7%	71.5%	76.0%	74.3%	76.2%	71.1%	75.9%	77.2%	74.7%	73.9%	70.8%	
DNA Rate (New Appts)	21.2%	20.5%	17.6%	19.2%	14.7%	17.4%	15.7%	17.7%	17.8%	15.1%	13.6%	15.6%	14.9%	
DNA Rate (Followup Appts)	16.7%	14.7%	15.0%	14.1%	13.1%	14.5%	13.6%	14.4%	15.6%	14.5%	15.2%	12.5%	13.2%	
Convenience and Choice: Slot Availability					100.0%	100.0%	100.0%	98.8%	87.2%	85.3%	95.7%			
Referrals Received (GP)	639	470	648	649	658	560	617	672	644	596	634	629	520	
Temporary Spend ('000s)	186	178	203	260	232	247	204	272	297	185	348	216	204	
Normalised I & E surplus/(deficit) In Month ('000s)	334	454	534	530	692	446	651	728	401	402	321	541	70	

Patient

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
RTT: 90% Admitted within 18 weeks								100.0%						
RTT: 95% Non-Admitted within 18 weeks	97.2%	98.5%	90.6%	92.3%	87.8%	86.7%	84.4%	86.3%	84.6%	84.7%	75.1%	80.7%	82.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.2%	94.0%	93.3%	93.8%	91.1%	92.3%	91.8%	91.4%	92.4%	91.9%	91.4%	89.6%	91.5%	
Average LoS - Elective (Days)	3.80	3.75	3.50	8.00	3.80	4.50	6.00	1.00	1.00	3.00	5.50	5.50	5.00	
Average LoS - Non-Elective (Days)	2.16	1.62	1.75	1.79	1.94	2.15	1.81	1.68	1.79	1.15	1.12	1.07	1.11	
Hospital Initiated Clinic Cancellations < 6 weeks notice	4	2	18	46	33	1	3	0	6	1	1	3	12	
Daycases (K1/SDCPREOP)	0	0	1	0	0	0	0	0	1	1	0	2	1	
Cancelled Operations - Non Clinical - On Same Day	0	0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	13.9%	13.5%	11.4%	14.6%	13.7%	14.9%	11.9%	12.1%	13.1%	14.8%	11.2%	12.8%	11.2%	
Diagnostics: % Completed Within 6 Weeks							100.0%	100.0%	100.0%	100.0%		100.0%		

Quality

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Medication Errors (Incidents)	5	8	12	15	23	25	26	30	34	7	11	13	14	
Cleanliness Scores		98.5%			99.0%	99.0%	95.0%	98.0%	95.0%	98.0%	98.0%	97.0%	93.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Corporate Induction	66.7%	100.0%	100.0%	81.8%	100.0%	100.0%	93.8%	75.0%	50.0%	60.0%	88.9%	100.0%	100.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	0.9%	7.0%	38.3%	62.8%	
Sickness	4.1%	3.2%	4.7%	5.3%	6.4%	4.8%	4.4%	5.1%	5.1%	5.0%	4.6%	5.2%	5.4%	
Mandatory Training	59.4%	74.4%	75.8%	76.2%	79.1%	76.6%	77.3%	76.8%	75.0%	75.0%	75.8%	77.1%	76.0%	

CBU Performance - Medical Specialties

Jul 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised				59.3%	75.3%	72.3%	72.0%	75.6%	75.5%	76.3%	72.4%	73.3%	78.3%	
Clinic Session Utilisation	73.5%	76.0%	76.3%	76.8%	79.9%	77.0%	81.1%	79.8%	83.1%	81.1%	81.4%	81.7%	82.3%	
DNA Rate (New Appts)	15.7%	15.9%	12.3%	11.5%	13.1%	13.0%	11.9%	11.7%	12.1%	11.4%	12.5%	11.5%	11.4%	
DNA Rate (Followup Appts)	17.2%	16.3%	14.3%	16.7%	12.8%	15.5%	13.6%	14.5%	16.5%	16.1%	12.0%	10.3%	10.3%	
Convenience and Choice: Slot Availability					100.0%	100.0%	93.7%	89.2%	86.2%	95.5%	96.3%	99.5%	93.6%	
Referrals Received (GP)	397	261	348	329	319	305	349	387	382	369	416	413	315	
Temporary Spend ('000s)	144	50	151	129	132	129	114	108	98	162	147	84	105	
Normalised I & E surplus/(deficit) In Month ('000s)	906	510	250	359	909	749	669	629	822	356	662	900	571	

Patient

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	94.9%	96.7%	
RTT: 95% Non-Admitted within 18 weeks	92.3%	88.6%	93.6%	90.5%	90.1%	83.9%	85.0%	89.2%	86.2%	91.7%	91.6%	90.6%	86.6%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.9%	95.4%	95.6%	94.0%	95.9%	95.7%	96.4%	96.8%	97.7%	97.0%	96.6%	96.4%	95.0%	
Average LoS - Elective (Days)	3.65	3.11	2.92	3.28	3.89	3.52	4.71	2.98	3.82	2.92	3.41	2.32	2.82	
Average LoS - Non-Elective (Days)	3.80	2.72	2.73	3.36	2.15	2.40	2.32	2.39	3.99	3.10	3.50	2.28	1.98	
Hospital Initiated Clinic Cancellations < 6 weeks notice	13	13	16	22	8	3	0	3	6	4	2	0	32	
Daycases (K1/SDCPREOP)	59	54	74	31	71	73	74	76	71	76	50	84	54	
Cancelled Operations - Non Clinical - On Same Day	0	0	1	2	2	1	2	2	3	1	0	1	1	
OP Appointments Cancelled by Hospital %	13.0%	12.3%	12.3%	16.1%	12.0%	12.7%	10.5%	12.6%	12.7%	14.7%	12.5%	11.9%	15.7%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		

Quality

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
Medication Errors (Incidents)	8	9	11	13	17	20	22	25	27	1	6	7	10	
Cleanliness Scores	96.4%	96.0%	97.0%		95.5%	96.5%	94.5%	98.0%	98.0%	99.0%	99.0%	93.0%	96.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	1	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Last 12 Months
Corporate Induction		50.0%		100.0%	66.7%	100.0%	66.7%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	
PDR	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	3.6%	20.7%	47.9%	73.5%	
Sickness	6.2%	5.6%	5.4%	3.5%	5.1%	5.0%	6.9%	7.5%	6.7%	6.6%	5.2%	3.6%	3.8%	
Mandatory Training	81.1%	80.4%	85.8%	81.3%	86.9%	87.2%	87.3%	85.5%	84.8%	85.4%	87.1%	86.3%	81.1%	

CBU Performance - NMSS

Jul 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Theatre Utilisation - % of Session Utilised				72.6%	75.5%	68.6%	74.7%	78.6%	79.9%	81.0%	81.4%	83.1%	79.3%	
Clinic Session Utilisation	79.9%	77.4%	74.9%	74.1%	82.4%	80.8%	85.8%	83.5%	85.5%	88.5%	89.1%	88.4%	85.7%	
DNA Rate (New Appts)	15.6%	14.9%	12.3%	10.8%	12.5%	12.6%	11.4%	10.4%	12.3%	10.8%	9.5%	8.9%	8.7%	
DNA Rate (Followup Appts)	13.2%	12.9%	12.4%	10.3%	9.5%	10.5%	9.6%	11.1%	13.7%	11.6%	8.7%	9.2%	9.5%	
Convenience and Choice: Slot Availability					99.3%	99.6%	96.1%	97.5%	98.5%	97.0%	95.7%	97.4%	94.3%	
Referrals Received (GP)	873	707	799	825	817	652	741	841	869	860	818	836	737	
Temporary Spend ('000s)	187	154	147	134	121	132	123	134	224	156	171	161	164	
Normalised I & E surplus/(deficit) In Month ('000s)	1,779	1,295	1,736	1,498	1,283	1,330	1,803	1,646	1,474	1,707	1,907	2,046	2,485	

Patient

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	87.0%	86.0%	81.5%	83.0%	100.0%	80.4%	79.7%	75.9%	86.5%	86.7%	83.8%	87.9%	86.7%	
RTT: 95% Non-Admitted within 18 weeks	95.5%	94.3%	92.6%	92.8%	84.7%	86.0%	87.3%	80.2%	84.2%	89.1%	89.8%	89.3%	88.2%	
RTT: 92% Waiting within 18 weeks (open Pathways)	89.8%	89.6%	89.6%	89.9%	90.0%	90.0%	89.8%	90.5%	89.8%	89.5%	89.9%	90.2%	90.4%	
Average LoS - Elective (Days)	2.23	1.82	2.64	2.09	2.20	2.57	2.03	2.42	2.69	2.54	2.89	2.56	2.67	
Average LoS - Non-Elective (Days)	2.24	2.13	1.86	1.87	2.38	2.84	1.79	2.07	2.99	2.50	2.18	2.48	2.00	
Hospital Initiated Clinic Cancellations < 6 weeks notice	19	3	51	9	49	39	39	64	24	29	11	26	22	
Daycases (K1/SDCPREOP)	351	381	416	234	318	284	357	371	360	330	327	396	362	
Cancelled Operations - Non Clinical - On Same Day	22	8	11	7	29	3	11	9	10	15	23	7	9	
OP Appointments Cancelled by Hospital %	16.4%	14.7%	14.6%	18.9%	14.8%	18.2%	19.5%	18.4%	18.4%	17.8%	14.7%	13.7%	14.7%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Quality

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Medication Errors (Incidents)	6	9	11	12	14	15	19	22	30	0	2	4	6	
Cleanliness Scores	94.0%	94.5%	98.3%		98.7%	98.0%	96.3%	91.0%	95.0%	96.3%	94.7%	94.3%	94.3%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Corporate Induction	0.0%	75.0%		88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%				
PDR	79.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	10.1%	21.1%	40.6%	51.9%	
Sickness	5.3%	4.4%	3.6%	4.4%	4.6%	5.6%	5.4%	4.1%	5.2%	4.9%	4.8%	4.5%	5.7%	
Mandatory Training	78.4%	80.7%	82.2%	79.7%	86.8%	86.9%	87.8%	84.1%	84.3%	85.3%	88.6%	88.0%	84.0%	

CBU Performance - SCACC

Jul 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

PDR rates- key area with low rates of PDR is critical care. Meeting between GM and senior nursing team has taken place. Plan of action agreed to deliver a PDR to all staff by the 30 September in order to ensure are staff are supported and developed in one of the most demanding clinical areas in the hospital.
Financial position- biweekly CBU recovery meetings commenced with a focus on cost reduction. Results thus far are an expected increase in in-year CIP delivery of £150k.

Support Required

Operational

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Theatre Utilisation - % of Session Utilised				76.0%	78.5%	75.8%	79.4%	80.4%	84.0%	82.8%	83.1%	85.2%	83.9%	
Clinic Session Utilisation	79.2%	83.7%	70.5%	80.4%	87.4%	87.1%	87.8%	89.7%	82.3%	84.4%	85.7%	86.7%	84.1%	
DNA Rate (New Appts)	12.6%	9.6%	10.3%	13.9%	9.7%	10.3%	9.7%	10.4%	13.7%	10.1%	11.0%	9.7%	9.0%	
DNA Rate (Followup Appts)	12.4%	12.4%	11.9%	12.0%	9.7%	7.2%	9.8%	10.1%	13.2%	9.9%	8.9%	9.4%	8.2%	
Convenience and Choice: Slot Availability					100.0%	97.9%	98.4%	84.8%	88.8%	98.1%	98.9%	100.0%	100.0%	
Referrals Received (GP)	369	251	292	352	336	262	300	341	325	332	302	345	312	
Temporary Spend ('000s)	345	227	250	268	218	222	237	221	319	274	271	231	296	
Normalised I & E surplus/(deficit) In Month ('000s)	-133	-449	457	-267	-119	253	-179	-156	1,351	-391	90	376	174	

Patient

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	94.8%	91.6%	95.9%	91.5%	100.0%	86.1%	94.5%	96.6%	89.0%	88.8%	89.1%	85.1%	85.2%	
RTT: 95% Non-Admitted within 18 weeks	95.1%	87.7%	95.5%	83.8%	94.7%	88.4%	90.1%	92.2%	91.1%	93.1%	92.9%	90.5%	91.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	96.0%	96.1%	96.8%	97.3%	97.3%	96.6%	96.1%	96.0%	95.7%	96.6%	96.1%	96.8%	95.9%	
Average LoS - Elective (Days)	3.74	2.62	4.37	3.28	3.20	2.99	3.36	3.29	2.85	3.22	3.25	3.85	3.53	
Average LoS - Non-Elective (Days)	3.80	4.08	4.29	3.25	4.16	3.66	3.20	5.20	3.50	3.73	3.81	3.25	3.95	
Hospital Initiated Clinic Cancellations < 6 weeks notice	0	5	4	1	3	1	0	1	1	1	0	1	2	
Daycases (K1/SDCPREOP)	190	105	183	56	118	104	118	112	174	165	118	144	155	
Cancelled Operations - Non Clinical - On Same Day	4	13	4	9	9	7	8	15	11	16	12	15	15	
OP Appointments Cancelled by Hospital %	15.6%	17.7%	15.8%	22.3%	16.9%	19.1%	15.0%	12.5%	13.6%	13.5%	14.7%	14.0%	13.9%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		

Quality

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Medication Errors (Incidents)	28	32	41	48	57	70	77	89	100	16	22	33	44	
Cleanliness Scores	95.2%	95.9%	96.5%		97.4%	92.2%	95.0%	94.6%	97.0%	96.4%	96.6%	94.0%	95.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	1	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	1	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Last 12 Months
Corporate Induction	80.0%	100.0%	100.0%	88.9%	75.0%	100.0%	92.3%	25.0%	100.0%	50.0%	100.0%	87.5%	100.0%	
PDR	89.1%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	3.5%	13.9%	37.5%	47.0%	
Sickness	6.5%	5.7%	6.9%	6.5%	7.5%	6.9%	7.0%	7.0%	6.6%	5.7%	4.6%	4.4%	5.1%	
Mandatory Training	77.3%	83.1%	85.2%	81.3%	89.1%	88.3%	85.8%	87.5%	87.1%	86.9%	87.0%	87.0%	83.6%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended July 2016

	In Month			Year to Date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Income									
Elective	3,364	3,509	144	14,132	13,748	(384)	42,982	41,736	(1,245)
Non Elective	2,293	2,253	(40)	9,033	8,972	(60)	26,512	26,331	(180)
Outpatients	2,168	2,314	147	9,226	9,134	(92)	28,190	27,539	(651)
A&E	451	397	(54)	1,775	1,589	(185)	5,310	5,270	(40)
Critical Care	1,965	2,017	51	7,735	7,924	189	23,739	23,849	110
Non PbR Drugs & Devices	1,558	1,651	93	6,223	6,372	148	18,665	19,807	1,143
Excess Bed Days	404	475	71	1,592	1,592	(0)	4,765	4,409	(357)
CQUIN	245	337	92	981	973	(8)	2,942	2,935	(8)
Contract Sanctions	0	(9)	(9)	0	(39)	(39)	0	(126)	(126)
Private Patients	15	31	17	59	78	19	176	512	336
Other Clinical Income	2,932	3,090	158	9,728	11,620	1,892	33,824	37,539	3,715
Non Clinical Income									
Other Non Clinical Income	1,706	1,604	(102)	6,618	6,025	(593)	21,661	18,928	(2,733)
Total Income	**17,101**	**17,668**	**567**	**67,102**	**67,988**	**886**	**208,765**	**208,730**	**(35)**
Expenditure									
Pay Costs	(11,462)	(11,659)	(197)	(45,978)	(46,571)	(592)	(136,122)	(137,251)	(1,129)
Drugs	(1,401)	(1,575)	(174)	(5,525)	(6,252)	(727)	(16,541)	(18,458)	(1,917)
Clinical Supplies	(1,396)	(1,572)	(176)	(5,564)	(5,950)	(386)	(16,713)	(16,859)	(146)
Other Non Pay	(2,109)	(2,207)	(98)	(9,442)	(8,500)	942	(25,676)	(23,783)	1,893
PFI service costs	(299)	(284)	15	(1,179)	(1,140)	39	(3,526)	(2,969)	557
Total Expenditure	**(16,668)**	**(17,298)**	**(630)**	**(67,687)**	**(68,412)**	**(724)**	**(198,578)**	**(199,320)**	**(741)**
EBITDA	**434**	**371**	**(63)**	**(585)**	**(424)**	**161**	**10,186**	**9,411**	**(776)**
PDC Dividend	(97)	(35)	62	(387)	(325)	62	(1,161)	(975)	186
Depreciation	(682)	(667)	16	(2,732)	(2,673)	58	(8,323)	(8,232)	91
Finance Income	1	4	3	4	15	10	15	19	4
Interest Expense (non-PFI/LIFT)	(83)	(86)	(3)	(326)	(328)	(2)	(1,042)	(1,130)	(88)
Interest Expense (PFI/LIFT)	(666)	(687)	(21)	(2,665)	(2,750)	(85)	(7,995)	(8,249)	(254)
Trading Surplus / (Deficit)	**(1,094)**	**(1,100)**	**(6)**	**(6,691)**	**(6,485)**	**205**	**(8,320)**	**(9,157)**	**(837)**
One-off normalising items									
Government Grants/Donated Income	73	(6)	(79)	1,052	297	(755)	2,352	3,191	839
Normalised Surplus/(Deficit)	**(1,021)**	**(1,106)**	**(85)**	**(5,638)**	**(6,188)**	**(550)**	**(5,968)**	**(5,966)**	**2**
MASS/Restructuring	0	(21)	(21)	0	(21)	(21)	0	(21)	(21)
Fixed Asset Impairment	0	0	0	0	0	0	(1,920)	(2,097)	(177)
Gains/(Losses) on asset disposals	0	(1)	(1)	0	430	430	0	430	430
Reported Surplus/(Deficit)	**(1,021)**	**(1,128)**	**(107)**	**(5,638)**	**(5,779)**	**(141)**	**(7,888)**	**(7,654)**	**234**

Key Metrics	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Income £000	17,101	17,668	567	67,102	67,988	886	208,765	208,730	(35)
Expenditure £000	(18,195)	(18,769)	(573)	(73,793)	(74,473)	(680)	(217,085)	(217,888)	(803)
Normalised Surplus/(Deficit) £000	(1,021)	(1,106)	(85)	(5,638)	(6,188)	(550)	(5,968)	(5,966)	2
Trading Surplus/(Deficit) £000	(1,094)	(1,100)	(6)	(6,691)	(6,485)	205	(8,320)	(9,157)	(837)
WTE	2,972	2,883	89	2,972	2,883	89			
CIP £000	365	556	191	1,155	1,013	(141)	7,200	6,369	(831)
Cash £000	858	4,175	3,317	858	4,175	3,317			
CAPEX FCT £000	627	100	526	1,863	1,153	711	10,689	8,285	2,404
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	In Month			Year to date			Full Year		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Elective	2,052	2,088	36	8,818	8,238	(580)	26,950	24,031	(2,919)
Non Elective	1,366	1,428	62	5,380	5,243	(137)	16,071	14,871	(1,200)
Outpatients	15,119	14,969	(150)	65,224	63,246	(1,978)	199,463	189,647	(9,816)
A&E	4,746	4,860	114	18,681	19,373	692	55,899	58,117	2,218

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

	Prior Year Expenditure	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	REVISED BUDGET INC SLIPPAGE	FULL YEAR FORECAST	FULL YEAR VARIANCE
	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ESTATES	*1,506*	260	15	245	537	424	114	2,270	2,792	2,791	1
RESEARCH & EDUCATION	*4,697*	0	65	(65)	0	151	(151)	0	0	151	(151)
ESTATES TOTAL CAPITAL	*6,203*	260	80	180	537	574	(37)	2,270	2,792	2,942	(150)
NETWORKING, INFRASTRUCTURE & OTHER IT	*3,072*	31	()	31	125	53	72	440	440	273	168
ELECTRONIC PATIENT RECORD	*6,172*	58	12	46	233	78	155	700	700	844	(144)
IM & T TOTAL CAPITAL	*9,244*	90	12	78	358	131	227	1,140	1,140	1,117	23
MEDICAL EQUIPMENT		129	(5)	134	341	175	166	2,761	2,761	2,769	(8)
CHILDRENS HEALTH PARK		108	43	65	466	199	267	3,514	3,514	975	2,539
ALDER HEY IN THE PARK TOTAL	*17,320*	237	38	199	807	375	432	6,275	6,275	3,744	2,531
OTHER		40	(29)	70	161	73	88	482	482	482	(0)
OTHER	*802*	40	(29)	70	161	73	88	482	482	482	(0)
CAPITAL PROGRAMME 16/17	*33,569*	*627*	*100*	*526*	*1,863*	*1,153*	*711*	*10,167*	*10,689*	*8,285*	*2,404*

In-Month

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycase	0	0	0	£134	£0	-£134	£0	-£134
		Elective	0	0	0	£147	£0	-£147	£0	-£147
		Non Elective	493	459	-34	£226,461	£325,037	£98,575	£114,264	-£15,689
		Excess Bed Days	7	5	-2	£2,394	£1,497	-£897	-£317	-£580
		Outpatient New	192	186	-6	£64,768	£62,801	-£1,967	£115	-£2,082
		Outpatient Follow-up	20	14	-6	£6,830	£4,727	-£2,103	-£0	-£2,103
		Ward Attender	0	0	0	£153	£0	-£153	£0	-£153
		Ward Based Outpatient	0	0	0	£0	£0	£0	£0	£0
		A&E Attendance	4,746	4,860	114	£450,845	£397,801	-£53,044	-£63,891	£10,847
	Accident & Emergency Total		**5,459**	**5,524**	**65**	**£751,733**	**£791,863**	**£40,130**	**£50,172**	**-£10,042**
	CAMHS	Elective	0	0	0	£221	£0	-£221	£0	-£221
		Outpatient New	179	216	37	£0	£0	£0	£0	£0
		Outpatient Follow-up	891	1,397	506	£12,433	£12,111	-£322	-£7,389	£7,067
	CAMHS Total		**1,070**	**1,613**	**543**	**£12,654**	**£12,111**	**-£543**	**-£7,389**	**£6,846**
	Community Medicine	Outpatient New	339	259	-80	£27,371	£16,227	-£11,144	-£4,687	-£6,457
		Outpatient Follow-up	667	482	-185	£4,071	£3,444	-£627	£502	-£1,128
		Ward Attender	0	1	1	£0	£0	£0	£0	£0
		Ward Based Outpatient	1	0	-1	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£13	£0	-£13	£0	-£13
	Community Medicine Total		**1,007**	**742**	**-265**	**£31,455**	**£19,671**	**-£11,784**	**-£4,186**	**-£7,599**
	Diabetes	Outpatient New	28	8	-20	£5,851	£1,689	-£4,163	-£11	-£4,151
		Outpatient Follow-up	2	18	16	£264	£1,778	£1,514	-£183	£1,697
		Ward Based Outpatient	0	0	0	£37	£0	-£37	£0	-£37
	Diabetes Total		**30**	**26**	**-4**	**£6,153**	**£3,467**	**-£2,686**	**-£194**	**-£2,492**
	Paediatrics	Daycase	29	21	-8	£24,227	£12,389	-£11,838	-£5,168	-£6,669
		Elective	12	4	-8	£13,619	£6,599	-£7,019	£2,115	-£9,135
		Non Elective	282	374	92	£320,226	£378,579	£58,354	-£45,493	£103,847
		Excess Bed Days	60	74	14	£22,332	£21,946	-£386	-£5,548	£5,162
		Outpatient New	286	274	-12	£65,767	£63,253	-£2,515	£157	-£2,672
		Outpatient Follow-up	391	394	3	£55,229	£55,310	£82	-£290	£371
		Ward Attender	16	6	-10	£2,325	£842	-£1,483	-£4	-£1,479
		Ward Based Outpatient	150	51	-99	£21,217	£7,160	-£14,057	-£37	-£14,020
		OP Procedure	0	0	0	£29	£0	-£29	£0	-£29
	Paediatrics Total		**1,228**	**1,198**	**-30**	**£524,971**	**£546,079**	**£21,108**	**-£54,268**	**£75,376**
ICS CBU Total			**8,793**	**9,103**	**310**	**£1,326,965**	**£1,373,191**	**£46,225**	**-£15,865**	**£62,090**
Medical Specialties CBU	Allergy	Outpatient New	58	54	-4	£13,320	£12,493	-£827	£59	-£885
		Outpatient Follow-up	65	60	-5	£9,146	£8,576	-£570	£109	-£679
		Ward Attender	0	0	0	£41	£0	-£41	£0	-£41
		Ward Based Outpatient	0	0	0	£28	£0	-£28	£0	-£28
		OP Procedure	0	3	3	£43	£324	£281	-£56	£337
	Allergy Total		**123**	**117**	**-6**	**£22,578**	**£21,394**	**-£1,184**	**£112**	**-£1,296**
	Dermatology	Daycase	2	1	-1	£1,105	£854	-£251	£222	-£473
		Outpatient New	154	114	-40	£20,896	£15,411	-£5,485	-£17	-£5,468
		Outpatient Follow-up	506	537	31	£49,900	£52,490	£2,590	-£426	£3,016
		Ward Attender	1	0	-1	£56	£0	-£56	£0	-£56
		Ward Based Outpatient	7	3	-4	£728	£196	-£532	-£100	-£432
		OP Procedure	82	66	-16	£9,459	£7,564	-£1,895	-£24	-£1,871
	Dermatology Total		**753**	**721**	**-32**	**£82,143**	**£76,514**	**-£5,629**	**-£344**	**-£5,285**
	Endocrinology	Daycase	85	85	0	£89,027	£90,141	£1,114	£1,448	-£334
		Elective	7	7	0	£9,878	£11,939	£2,061	£1,920	£141
		Non Elective	3	0	-3	£4,010	£0	-£4,010	£0	-£4,010
		Excess Bed Days	14	1	-13	£5,166	£431	-£4,735	£63	-£4,797
		Outpatient New	60	48	-12	£24,177	£19,217	-£4,960	-£51	-£4,910
		Outpatient Follow-up	336	250	-86	£65,005	£49,329	-£15,676	£981	-£16,657
		Ward Attender	15	14	-1	£2,923	£2,708	-£215	£0	-£216
		Ward Based Outpatient	30	88	58	£5,890	£17,021	£11,131	£2	£11,129
	Endocrinology Total		**551**	**493**	**-58**	**£206,075**	**£190,785**	**-£15,289**	**£4,364**	**-£19,653**
	Gastroenterology	Daycase	120	101	-19	£131,657	£114,086	-£17,570	£3,205	-£20,775
		Elective	38	28	-10	£72,535	£50,521	-£22,015	-£3,127	-£18,888
		Non Elective	11	7	-4	£29,593	£20,027	-£9,566	£1,550	-£11,115
		Excess Bed Days	187	21	-166	£73,993	£7,607	-£66,387	-£691	-£65,696
		Outpatient New	94	80	-14	£25,061	£21,380	-£3,682	£160	-£3,842
		Outpatient Follow-up	254	200	-54	£40,282	£31,196	-£9,086	-£577	-£8,510

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Gastroenterology	Ward Attender	6	11	5	£882	£1,716	£834	-£26	£860
		Ward Based Outpatient	193	71	-122	£30,557	£11,075	-£19,481	-£168	-£19,314
	Gastroenterology Total		**903**	**519**	**-384**	**£404,560**	**£257,607**	**-£146,953**	**£327**	**-£147,280**
	Haematology	Daycase	22	52	30	£26,456	£32,230	£5,774	-£30,404	£36,178
		Elective	3	3	0	£19,249	£7,588	-£11,660	-£13,347	£1,686
		Non Elective	17	20	3	£51,829	£24,348	-£27,481	-£35,711	£8,230
		Excess Bed Days	4	0	-4	£1,799	£0	-£1,799	£0	-£1,799
		Outpatient New	20	21	1	£9,248	£9,989	£740	£370	£371
		Outpatient Follow-up	140	39	-101	£30,606	£8,697	-£21,908	£186	-£22,094
		Ward Attender	73	168	95	£15,998	£35,989	£19,991	-£679	£20,669
		Ward Based Outpatient	0	0	0	£25	£0	-£25	£0	-£25
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Haematology Total		**280**	**303**	**23**	**£155,224**	**£118,841**	**-£36,383**	**-£79,585**	**£43,202**
	Immunology	Outpatient New	12	12	0	£2,722	£2,770	£49	£7	£42
		Outpatient Follow-up	9	45	36	£1,219	£6,601	£5,382	£251	£5,131
		Ward Attender	4	17	13	£548	£2,387	£1,839	-£12	£1,851
		Ward Based Outpatient	15	38	23	£2,152	£5,335	£3,183	-£28	£3,210
	Immunology Total		**40**	**112**	**72**	**£6,641**	**£17,093**	**£10,452**	**£218**	**£10,234**
	Metabolic Disease	Outpatient New	5	4	-1	£1,775	£1,536	-£239	£0	-£239
		Outpatient Follow-up	28	24	-4	£10,706	£9,216	-£1,490	£0	-£1,490
		Ward Based Outpatient	0	0	0	£0	£0	£0	£0	£0
	Metabolic Disease Total		**33**	**28**	**-5**	**£12,481**	**£10,752**	**-£1,729**	**£0**	**-£1,729**
	Nephrology	Daycase	88	139	51	£56,605	£101,861	£45,256	£12,212	£33,044
		Elective	29	7	-22	£18,395	£8,584	-£9,811	£4,127	-£13,938
		Non Elective	4	7	3	£7,629	£25,742	£18,112	£12,590	£5,522
		Excess Bed Days	18	0	-18	£6,676	£0	-£6,676	£0	-£6,676
		Outpatient New	15	18	3	£1,722	£2,125	£403	£0	£403
		Outpatient Follow-up	116	176	60	£13,714	£20,775	£7,061	-£0	£7,061
		Ward Attender	74	76	2	£8,693	£8,971	£278	-£0	£278
		Ward Based Outpatient	52	36	-16	£6,184	£4,249	-£1,935	£0	-£1,935
	Nephrology Total		**395**	**459**	**64**	**£119,618**	**£172,306**	**£52,689**	**£28,929**	**£23,759**
	Oncology	Daycase	292	206	-86	£167,834	£163,536	-£4,298	£45,189	-£49,487
		Elective	24	29	5	£148,645	£170,268	£21,623	-£6,252	£27,875
		Non Elective	37	71	34	£94,274	£130,516	£36,242	-£48,885	£85,127
		Excess Bed Days	31	204	173	£14,097	£82,245	£68,147	-£10,431	£78,578
		Outpatient New	9	6	-3	£2,423	£1,554	-£869	-£0	-£869
		Outpatient Follow-up	232	265	33	£59,875	£68,619	£8,744	£178	£8,566
		Ward Attender	13	29	16	£3,317	£7,509	£4,193	£19	£4,173
		Ward Based Outpatient	17	2	-15	£4,344	£518	-£3,826	£1	-£3,827
	Oncology Total		**656**	**812**	**156**	**£494,810**	**£624,765**	**£129,955**	**-£20,180**	**£150,135**
	Respiratory Medicine	Daycase	9	17	8	£9,047	£16,662	£7,615	-£159	£7,774
		Elective	5	2	-3	£10,864	£4,468	-£6,396	-£286	-£6,110
		Non Elective	67	68	1	£62,580	£66,841	£4,260	£2,926	£1,334
		Excess Bed Days	52	6	-46	£16,353	£1,797	-£14,557	-£106	-£14,451
		Outpatient New	70	54	-16	£20,733	£16,013	-£4,720	-£58	-£4,662
		Outpatient Follow-up	235	208	-27	£35,299	£32,947	-£2,352	£1,708	-£4,060
		Ward Attender	1	3	2	£119	£471	£352	£21	£331
		Ward Based Outpatient	126	134	8	£18,949	£21,041	£2,091	£947	£1,144
		OP Procedure	128	113	-15	£18,510	£19,388	£879	£3,036	-£2,158
	Respiratory Medicine Total		**692**	**605**	**-87**	**£192,455**	**£179,627**	**-£12,828**	**£8,029**	**-£20,857**
	Rheumatology	Daycase	159	187	28	£132,952	£146,871	£13,919	-£9,839	£23,758
		Elective	18	5	-13	£18,776	£7,303	-£11,473	£2,221	-£13,694
		Non Elective	2	2	0	£1,530	£3,176	£1,646	£1,167	£479
		Excess Bed Days	11	13	2	£4,323	£5,079	£757	£90	£667
		Outpatient New	51	60	9	£7,700	£9,023	£1,324	-£10	£1,333
		Outpatient Follow-up	155	173	18	£23,322	£25,867	£2,545	-£179	£2,724
		Ward Attender	23	14	-9	£3,504	£2,105	-£1,398	£0	-£1,398
		Ward Based Outpatient	11	13	2	£1,709	£1,955	£246	£0	£246
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Rheumatology Total		**431**	**467**	**36**	**£193,828**	**£201,380**	**£7,551**	**-£6,550**	**£14,101**
Medical Specialties CBU Total			**4,855**	**4,636**	**-219**	**£1,890,413**	**£1,871,065**	**-£19,347**	**-£64,680**	**£45,333**
NMSS CBU	Audiology	Outpatient New	644	489	-155	£61,137	£46,231	-£14,905	-£160	-£14,746
		Outpatient Follow-up	221	280	59	£20,854	£26,463	£5,608	-£0	£5,608
		Ward Based Outpatient	0	0	0	£0	£0	£0	£0	£0
		OP Procedure	1	4	3	£131	£453	£323	-£7	£330

Note that physio income is within T&O (NMSS)

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
NMSS CBU	**Audiology Total**		**866**	**773**	**-93**	**£82,122**	**£73,147**	**-£8,974**	**-£167**	**-£8,808**
	Burns Care	Daycase	0	9	9	£130	£13,614	£13,485	-£1,794	£15,278
		Elective	6	0	-6	£15,309	£0	-£15,309	£0	-£15,309
		Non Elective	28	10	-18	£71,518	£20,909	-£50,610	-£4,444	-£46,165
		Outpatient New	28	11	-17	£5,634	£2,180	-£3,454	£4	-£3,458
		Outpatient Follow-up	79	55	-24	£9,002	£6,287	-£2,715	£10	-£2,724
		Ward Attender	4	21	17	£429	£2,401	£1,972	£0	£1,972
		Ward Based Outpatient	10	5	-5	£1,195	£572	-£624	-£0	-£624
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Burns Care Total		**156**	**111**	**-45**	**£103,231**	**£45,962**	**-£57,269**	**-£6,224**	**-£51,045**
	Dentistry	Daycase	91	83	-8	£52,609	£47,485	-£5,124	-£604	-£4,519
		Elective	10	0	-10	£6,385	£0	-£6,385	£0	-£6,385
		Non Elective	1	0	-1	£1,239	£0	-£1,239	£0	-£1,239
		Excess Bed Days	1	0	-1	£334	£0	-£334	£0	-£334
		Outpatient New	106	92	-14	£3,801	£3,272	-£529	-£23	-£505
		Outpatient Follow-up	136	110	-26	£4,832	£3,913	-£920	-£6	-£914
		OP Procedure	28	34	6	£4,582	£5,467	£884	-£17	£901
	Dentistry Total		**373**	**319**	**-54**	**£73,783**	**£60,137**	**-£13,645**	**-£650**	**-£12,995**
	ENT	Daycase	102	115	13	£115,956	£124,186	£8,230	-£6,415	£14,645
		Elective	86	78	-8	£121,802	£109,321	-£12,481	-£940	-£11,542
		Non Elective	24	28	4	£36,705	£27,724	-£8,981	-£15,970	£6,989
		Excess Bed Days	29	0	-29	£11,551	£0	-£11,551	£0	-£11,551
		Outpatient New	322	309	-13	£35,613	£34,381	-£1,232	£170	-£1,402
		Outpatient Follow-up	463	341	-122	£31,639	£23,403	-£8,235	£123	-£8,358
		Ward Attender	0	0	0	£16	£0	-£16	£0	-£16
		Ward Based Outpatient	4	0	-4	£303	£0	-£303	£0	-£303
		OP Procedure	159	208	49	£20,851	£26,423	£5,572	-£817	£6,389
	ENT Total		**1,190**	**1,079**	**-111**	**£374,434**	**£345,437**	**-£28,997**	**-£23,849**	**-£5,148**
	Epilepsy	Outpatient New	10	5	-5	£2,330	£1,107	-£1,222	-£3	-£1,220
		Outpatient Follow-up	24	10	-14	£4,454	£1,768	-£2,686	-£61	-£2,625
	Epilepsy Total		**35**	**15**	**-20**	**£6,784**	**£2,875**	**-£3,908**	**-£63**	**-£3,845**
	Maxillo-Facial	Outpatient New	67	58	-9	£9,544	£8,069	-£1,475	-£252	-£1,223
		Outpatient Follow-up	131	51	-80	£19,048	£7,100	-£11,948	-£290	-£11,658
		Ward Attender	0	1	1	£17	£133	£117	-£13	£129
		OP Procedure	0	4	4	£39	£490	£451	-£200	£651
	Maxillo-Facial Total		**198**	**114**	**-84**	**£28,648**	**£15,792**	**-£12,856**	**-£755**	**-£12,101**
	Neurology	Daycase	8	9	1	£8,972	£10,433	£1,461	£86	£1,374
		Elective	6	6	0	£11,902	£9,232	-£2,670	-£3,434	£764
		Non Elective	9	13	4	£17,123	£47,593	£30,470	£21,797	£8,673
		Excess Bed Days	56	373	317	£22,676	£159,276	£136,599	£8,100	£128,499
		Outpatient New	83	95	12	£23,154	£26,335	£3,181	-£94	£3,275
		Outpatient Follow-up	241	272	31	£65,997	£75,401	£9,404	£1,046	£8,358
		Ward Attender	2	14	12	£567	£3,881	£3,314	£0	£3,314
		Ward Based Outpatient	22	3	-19	£6,112	£832	-£5,280	£0	-£5,280
	Neurology Total		**427**	**785**	**358**	**£156,503**	**£332,982**	**£176,479**	**£27,502**	**£148,977**
	Neurosurgery	Daycase	1	2	1	£658	£1,635	£976	£271	£705
		Elective	16	38	22	£98,058	£183,180	£85,121	-£50,808	£135,930
		Non Elective	31	33	2	£196,402	£169,914	-£26,488	-£38,534	£12,046
		Excess Bed Days	74	170	96	£24,675	£57,733	£33,058	£774	£32,284
		Outpatient New	60	53	-7	£5,425	£4,716	-£708	-£48	-£660
		Outpatient Follow-up	166	151	-15	£14,547	£13,437	-£1,110	£241	-£1,351
		Ward Attender	36	9	-27	£3,216	£801	-£2,415	£0	-£2,415
		Ward Based Outpatient	0	1	1	£10	£89	£79	£0	£79
		OP Procedure	0	0	0	£26	£0	-£26	£0	-£26
		Neuro HDU	146	185	39	£142,626	£178,879	£36,253	-£1,846	£38,099
	Neurosurgery Total		**531**	**642**	**111**	**£485,644**	**£610,385**	**£124,741**	**-£89,951**	**£214,692**
	Ophthalmology	Daycase	38	32	-6	£33,842	£25,299	-£8,543	-£3,114	-£5,429
		Elective	8	6	-2	£11,610	£7,187	-£4,423	-£1,195	-£3,228
		Non Elective	2	0	-2	£2,357	£0	-£2,357	£0	-£2,357
		Excess Bed Days	7	0	-7	£2,405	£0	-£2,405	£0	-£2,405
		Outpatient New	279	280	1	£42,348	£44,745	£2,397	£2,211	£186
		Outpatient Follow-up	1,039	615	-424	£103,604	£71,179	-£32,425	£9,832	-£42,257
		Ward Based Outpatient	2	0	-2	£204	£0	-£204	£0	-£204
		OP Procedure	0	0	0	£59	£0	-£59	£0	-£59
	Ophthalmology Total		**1,374**	**933**	**-441**	**£196,429**	**£148,411**	**-£48,019**	**£7,734**	**-£55,753**

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Oral Surgery	Daycase	31	30	-1	£26,601	£28,134	£1,534	£2,469	-£936	
		Elective	14	11	-3	£30,265	£29,206	-£1,059	£5,235	-£6,294	
		Non Elective	13	5	-8	£13,912	£6,790	-£7,122	£1,363	-£8,485	
		Excess Bed Days	2	0	-2	£1,167	£0	-£1,167	£0	-£1,167	
	Oral Surgery Total		**60**	**46**	**-14**	**£71,944**	**£64,131**	**-£7,814**	**£9,067**	**-£16,881**	
	Orthodontics	Daycase	0	0	0	£82	£0	-£82	£0	-£82	
		Non Elective	0	0	0	£0	£0	£0	£0	£0	
		Outpatient New	5	2	-3	£784	£322	-£461	-£1	-£460	
		Outpatient Follow-up	15	33	18	£1,273	£2,737	£1,463	-£9	£1,473	
		OP Procedure	12	14	2	£1,566	£1,643	£77	-£143	£220	
	Orthodontics Total		**33**	**49**	**16**	**£3,704**	**£4,702**	**£998**	**-£153**	**£1,151**	
	Plastic Surgery	Daycase	60	83	23	£61,315	£88,611	£27,296	£3,265	£24,031	
		Elective	23	4	-19	£34,261	£4,190	-£30,072	-£1,877	-£28,195	
		Non Elective	105	74	-31	£129,354	£95,211	-£34,143	£3,968	-£38,111	
		Excess Bed Days	4	0	-4	£862	£0	-£862	£0	-£862	
		Outpatient New	214	236	22	£30,457	£34,036	£3,579	£447	£3,132	
		Outpatient Follow-up	404	378	-26	£44,673	£41,272	-£3,401	-£567	-£2,833	
		Ward Attender	2	14	12	£253	£1,529	£1,276	-£29	£1,304	
		Ward Based Outpatient	9	6	-3	£1,024	£655	-£369	-£12	-£357	
		OP Procedure	60	98	38	£7,147	£11,833	£4,686	£116	£4,570	
	Plastic Surgery Total		**880**	**893**	**13**	**£309,345**	**£277,335**	**-£32,009**	**£5,312**	**-£37,321**	
	Sleep Studies	Elective	23	19	-4	£41,509	£27,618	-£13,890	-£7,063	-£6,827	
		Non Elective	0	0	0	£0	£0	£0	£0	£0	
		Excess Bed Days	0	0	0	£0	£0	£0	£0	£0	
	Sleep Studies Total		**23**	**19**	**-4**	**£41,509**	**£27,618**	**-£13,890**	**-£7,063**	**-£6,827**	
	Spinal Surgery	Daycase	0	2	2	£554	£2,393	£1,839	-£922	£2,761	
		Elective	12	13	1	£319,192	£339,662	£20,471	-£3,681	£24,152	
		Non Elective	0	0	0	£0	£0	£0	£0	£0	
		Excess Bed Days	0	12	12	£0	£2,620	£2,620	£0	£2,620	
		Outpatient New	20	36	16	£3,327	£6,064	£2,738	-£15	£2,753	
		Outpatient Follow-up	68	82	14	£7,237	£8,442	£1,205	-£276	£1,481	
	Spinal Surgery Total		**100**	**145**	**45**	**£330,310**	**£359,182**	**£28,872**	**-£4,894**	**£33,766**	
	Trauma And Orthopaedics	Daycase	39	33	-6	£57,603	£50,256	-£7,347	£1,854	-£9,201	
		Elective	58	54	-4	£216,149	£236,594	£20,445	£34,145	-£13,700	
		Non Elective	66	73	7	£165,205	£184,003	£18,798	£1,148	£17,650	
		Excess Bed Days	37	13	-24	£12,705	£4,480	-£8,225	£63	-£8,288	
		Outpatient New	672	600	-72	£101,303	£90,468	-£10,835	£22	-£10,856	
		Outpatient Follow-up	999	1,186	187	£100,861	£118,237	£17,376	-£1,494	£18,869	
		Ward Attender	0	1	1	£23	£98	£75	-£3	£78	
		Ward Based Outpatient	0	0	0	£0	£0	£0	£0	£0	
		OP Procedure	39	247	208	£6,782	£65,352	£58,570	£21,996	£36,574	Activity high due to fracture clinic coding - previously coded as attendances
		Gait New	20	28	8	£23,159	£32,816	£9,657	-£40	£9,697	
		Gait Follow-Up	16	13	-3	£18,824	£15,236	-£3,588	£36	-£3,624	
	Trauma And Orthopaedics Total		**1,946**	**2,248**	**302**	**£702,613**	**£797,539**	**£94,926**	**£57,728**	**£37,197**	
NMSS CBU Total			**8,192**	**8,171**	**-21**	**£2,967,003**	**£3,165,636**	**£198,633**	**-£26,426**	**£225,059**	
SCACC CBU	Cardiac Surgery	Elective	28	26	-2	£365,655	£240,198	-£125,457	-£93,395	-£32,062	
		Non Elective	13	8	-5	£252,649	£171,958	-£80,691	£17,050	-£97,742	
		Excess Bed Days	66	202	136	£29,397	£90,944	£61,547	£670	£60,877	
		Outpatient New	8	8	0	£5,837	£5,760	-£77	-£0	-£77	
		Outpatient Follow-up	26	13	-13	£18,519	£9,360	-£9,159	-£0	-£9,159	
		Ward Attender	0	1	1	£0	£720	£720	£0	£720	
	Cardiac Surgery Total		**141**	**258**	**117**	**£672,058**	**£518,940**	**-£153,117**	**-£75,674**	**-£77,443**	
	Cardiology	Daycase	23	20	-3	£62,308	£59,066	-£3,243	£4,450	-£7,692	
		Elective	19	22	3	£75,652	£96,502	£20,850	£9,815	£11,035	
		Non Elective	10	20	10	£47,309	£107,672	£60,364	£13,924	£46,440	
		Excess Bed Days	18	0	-18	£7,131	£0	-£7,131	£0	-£7,131	
		Outpatient New	151	126	-25	£36,021	£30,004	-£6,017	-£34	-£5,983	
		Outpatient Follow-up	371	424	53	£49,009	£55,113	£6,104	-£902	£7,006	
		Ward Attender	10	6	-4	£1,306	£780	-£526	-£13	-£513	
		Ward Based Outpatient	27	4	-23	£3,512	£520	-£2,992	-£8	-£2,984	
	Cardiology Total		**628**	**622**	**-6**	**£282,248**	**£349,657**	**£67,409**	**£27,232**	**£40,177**	
	Gynaecology	Daycase	1	0	-1	£942	£0	-£942	£0	-£942	
		Elective	0	8	8	£591	£11,000	£10,409	£1,430	£8,978	
		Outpatient New	22	31	9	£3,113	£4,449	£1,336	-£5	£1,341	
		Outpatient Follow-up	36	54	18	£3,358	£4,998	£1,640	-£78	£1,718	

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Gynaecology	Ward Attender	0	0	0	£11	£0	-£11	£0	-£11
		OP Procedure	0	0	0	£14	£0	-£14	£0	-£14
	Gynaecology Total		**59**	**93**	**34**	**£8,028**	**£20,446**	**£12,419**	**£1,347**	**£11,071**
	Intensive Care	Elective	0	1	1	£755	£1,731	£977	-£296	£1,273
		Non Elective	16	13	-3	£37,159	£59,967	£22,808	£30,612	-£7,804
		Excess Bed Days	27	7	-20	£10,344	£2,096	-£8,248	-£560	-£7,688
		Outpatient New	8	13	5	£5,961	£9,584	£3,623	-£11	£3,633
		Outpatient Follow-up	31	96	65	£21,976	£70,773	£48,797	£3,323	£45,474
		Ward Based Outpatient	4	0	-4	£2,837	£0	-£2,837	£0	-£2,837
		OP Procedure	0	3	3	£51	£324	£273	-£12	£285
		HDU	416	397	-19	£500,086	£529,322	£29,236	£51,789	-£22,553
		PICU	508	516	8	£908,529	£942,766	£34,237	£20,081	£14,156
		Cardiac HDU	256	244	-12	£250,398	£191,707	-£58,691	-£46,954	-£11,737
		Cardiac ECMO	5	10	5	£16,824	£28,444	£11,620	-£7,608	£19,227
		Respiratory ECMO	8	0	-8	£49,740	£21,917	-£27,823	£21,917	-£49,740
	Intensive Care Total		**1,280**	**1,300**	**20**	**£1,804,660**	**£1,858,632**	**£53,972**	**£72,283**	**-£18,311**
	Paediatric Surgery	Daycase	107	127	20	£125,740	£153,752	£28,012	£4,608	£23,404
		Elective	43	41	-2	£183,501	£170,811	-£12,689	-£3,299	-£9,391
		Non Elective	126	142	16	£492,142	£512,844	£20,703	-£40,944	£61,647
		Excess Bed Days	256	54	-202	£101,059	£17,335	-£83,724	-£3,994	-£79,730
		Outpatient New	173	206	33	£30,557	£36,416	£5,859	-£49	£5,908
		Outpatient Follow-up	272	314	42	£31,424	£35,945	£4,521	-£385	£4,905
		Ward Attender	66	73	7	£7,666	£8,350	£685	-£96	£781
		Ward Based Outpatient	29	13	-16	£3,340	£1,487	-£1,853	-£17	-£1,836
		OP Procedure	0	0	0	£13	£0	-£13	£0	-£13
		Neonatal HDU	155	194	39	£110,046	£110,046	-£0	-£27,616	£27,615
	Paediatric Surgery Total		**1,227**	**1,164**	**-63**	**£1,085,487**	**£1,046,987**	**-£38,500**	**-£71,791**	**£33,291**
	Urology	Daycase	131	179	48	£122,321	£180,515	£58,194	£12,976	£45,218
		Elective	11	15	4	£44,423	£61,491	£17,068	£2,886	£14,183
		Non Elective	3	1	-2	£11,153	£2,988	-£8,165	-£527	-£7,638
		Excess Bed Days	6	0	-6	£2,403	£0	-£2,403	£0	-£2,403
		Outpatient New	96	113	17	£17,213	£20,328	£3,116	-£23	£3,138
		Outpatient Follow-up	199	257	58	£30,353	£38,483	£8,130	-£666	£8,796
		Ward Attender	3	5	2	£467	£749	£281	-£13	£294
		Ward Based Outpatient	0	1	1	£52	£150	£98	-£3	£100
		OP Procedure	0	0	0	£20	£0	-£20	£0	-£20
	Urology Total		**449**	**571**	**122**	**£228,405**	**£304,704**	**£76,299**	**£14,630**	**£61,669**
SCACC CBU Total			**3,785**	**4,008**	**223**	**£4,080,886**	**£4,099,366**	**£18,481**	**-£31,973**	**£50,454**
Clinical Support CBU	Radiology	Daycase	100	126	26	£101,487	£210,183	£108,696	£82,290	£26,406
		Elective	13	2	-11	£21,670	£2,852	-£18,819	-£476	-£18,342
		Non Elective	3	0	-3	£19,421	£0	-£19,421	£0	-£19,421
		Excess Bed Days	64	0	-64	£26,237	£0	-£26,237	£0	-£26,237
		Ward Attender	0	0	0	£0	£0	£0	£0	£0
	Radiology Total		**180**	**128**	**-52**	**£168,816**	**£213,035**	**£44,219**	**£81,814**	**-£37,594**
Clinical Support CBU Total			**180**	**128**	**-52**	**£168,816**	**£213,035**	**£44,219**	**£81,814**	**-£37,594**
Grand Total			**25,806**	**26,046**	**240**	**£10,434,082**	**£10,722,293**	**£288,211**	**-£57,130**	**£345,341**

Year-to-Date

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
ICS CBU	Accident & Emergency	Daycase	1	1	0	£578	£1,294	£716	£579	£138
		Elective	1	0	-1	£636	£0	-£636	£0	-£636
		Non Elective	1,941	1,724	-217	£891,442	£1,206,982	£315,540	£415,322	-£99,782
		Excess Bed Days	26	11	-15	£9,425	£3,953	-£5,472	-£38	-£5,434
		Outpatient New	829	707	-122	£279,408	£238,711	-£40,696	£438	-£41,134
		Outpatient Follow-up	87	37	-50	£29,464	£12,493	-£16,972	-£0	-£16,972
		Ward Attender	2	0	-2	£662	£0	-£662	£0	-£662
		Ward Based Outpatient	0	1	1	£0	£338	£338	£0	£338
		A&E Attendance	18,681	19,373	692	£1,774,703	£1,589,479	-£185,225	-£250,924	£65,699
	Accident & Emergency Total		**21,568**	**21,854**	**286**	**£2,986,318**	**£3,053,250**	**£66,931**	**£165,378**	**-£98,446**
	CAMHS	Elective	1	0	-1	£954	£0	-£954	£0	-£954
		Outpatient New	771	973	202	£0	£427	£427	£427	£0
		Outpatient Follow-up	3,842	5,941	2,099	£53,634	£46,242	-£7,392	-£36,684	£29,292
	CAMHS Total		**4,615**	**6,914**	**2,299**	**£54,588**	**£46,669**	**-£7,919**	**-£36,257**	**£28,339**
	Community Medicine	Outpatient New	1,462	1,103	-359	£118,079	£61,491	-£56,588	-£27,575	-£29,013
		Outpatient Follow-up	2,877	2,136	-741	£17,562	£18,081	£519	£5,042	-£4,522
		Ward Attender	0	7	7	£0	£0	£0	£0	£0
		Ward Based Outpatient	3	0	-3	£0	£0	£0	£0	£0
		OP Procedure	0	0	0	£56	£0	-£56	£0	-£56
	Community Medicine Total		**4,343**	**3,246**	**-1,097**	**£135,696**	**£79,572**	**-£56,124**	**-£22,533**	**-£33,591**
	Diabetes	Outpatient New	119	44	-75	£25,243	£9,288	-£15,955	-£62	-£15,893
		Outpatient Follow-up	10	83	73	£1,140	£8,199	£7,060	-£844	£7,904
		Ward Based Outpatient	1	0	-1	£160	£0	-£160	£0	-£160
	Diabetes Total		**131**	**127**	**-4**	**£26,543**	**£17,487**	**-£9,056**	**-£906**	**-£8,150**
	Paediatrics	Daycase	125	95	-30	£104,515	£56,848	-£47,667	-£22,580	-£25,087
		Elective	52	24	-28	£58,750	£34,380	-£24,371	£7,477	-£31,848
		Non Elective	1,112	1,244	132	£1,260,535	£1,360,146	£99,611	-£50,406	£150,017
		Excess Bed Days	259	341	82	£96,340	£113,991	£17,651	-£12,703	£30,354
		Outpatient New	1,232	1,139	-93	£283,719	£262,938	-£20,781	£654	-£21,435
		Outpatient Follow-up	1,688	1,650	-38	£238,256	£231,629	-£6,627	-£1,212	-£5,414
		Ward Attender	71	30	-41	£10,032	£4,212	-£5,820	-£22	-£5,798
		Ward Based Outpatient	649	229	-420	£91,531	£32,149	-£59,382	-£167	-£59,215
		OP Procedure	1	0	-1	£124	£0	-£124	£0	-£124
	Paediatrics Total		**5,190**	**4,752**	**-438**	**£2,143,802**	**£2,096,292**	**-£47,510**	**-£78,960**	**£31,450**
ICS CBU Total			**35,846**	**36,893**	**1,047**	**£5,346,947**	**£5,293,270**	**-£53,677**	**£26,721**	**-£80,398**
Medical Specialties CBU	Allergy	Outpatient New	250	247	-3	£57,463	£57,158	-£305	£279	-£585
		Outpatient Follow-up	280	292	12	£39,455	£41,343	£1,888	£136	£1,752
		Ward Attender	1	0	-1	£179	£0	-£179	£0	-£179
		Ward Based Outpatient	1	1	0	£119	£140	£21	-£1	£22
		OP Procedure	1	7	6	£186	£757	£571	-£130	£700
	Allergy Total		**533**	**547**	**14**	**£97,403**	**£99,398**	**£1,995**	**£285**	**£1,710**
	Dermatology	Daycase	8	2	-6	£4,766	£1,444	-£3,321	£180	-£3,502
		Outpatient New	666	583	-83	£90,144	£78,811	-£11,332	-£87	-£11,246
		Outpatient Follow-up	2,185	2,304	119	£215,268	£225,579	£10,310	-£1,457	£11,767
		Ward Attender	2	0	-2	£242	£0	-£242	£0	-£242
		Ward Based Outpatient	32	29	-3	£3,140	£2,737	-£403	-£121	-£282
		OP Procedure	355	348	-7	£40,806	£39,946	-£859	-£61	-£798
	Dermatology Total		**3,247**	**3,266**	**19**	**£354,365**	**£348,517**	**-£5,847**	**-£1,545**	**-£4,303**
	Endocrinology	Daycase	368	335	-33	£384,060	£359,374	-£24,685	£9,820	-£34,505
		Elective	30	25	-5	£42,613	£36,338	-£6,275	£557	-£6,832
		Non Elective	10	4	-6	£15,783	£21,265	£5,482	£14,948	-£9,465
		Excess Bed Days	55	6	-49	£20,335	£2,588	-£17,747	£376	-£18,123
		Outpatient New	260	225	-35	£104,299	£90,078	-£14,220	-£237	-£13,984
		Outpatient Follow-up	1,450	1,086	-364	£280,430	£214,780	-£65,650	£4,756	-£70,406
		Ward Attender	65	71	6	£12,610	£13,733	£1,123	£2	£1,121
		Ward Based Outpatient	131	382	251	£25,410	£73,886	£48,477	£10	£48,467
	Endocrinology Total		**2,369**	**2,134**	**-235**	**£885,538**	**£812,042**	**-£73,496**	**£30,230**	**-£103,726**
	Gastroenterology	Daycase	517	434	-83	£567,965	£483,041	-£84,923	£6,581	-£91,504
		Elective	163	154	-9	£312,917	£281,346	-£31,570	-£13,713	-£17,857
		Non Elective	44	35	-9	£116,488	£87,287	-£29,201	-£5,099	-£24,102
		Excess Bed Days	737	309	-428	£291,267	£119,684	-£171,583	-£2,409	-£169,174
		Outpatient New	408	338	-70	£108,114	£90,329	-£17,785	£676	-£18,461
		Outpatient Follow-up	1,094	834	-260	£173,777	£130,087	-£43,690	-£2,404	-£41,286
		Ward Attender	24	66	42	£3,804	£10,295	£6,491	-£156	£6,647

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Gastroenterology	Ward Based Outpatient	832	369	-463	£131,821	£57,560	-£74,260	-£872	-£73,389	
	Gastroenterology Total		**3,820**	**2,539**	**-1,281**	**£1,706,152**	**£1,259,631**	**-£446,521**	**-£17,395**	**-£429,126**	
	Haematology	Daycase	95	135	40	£114,132	£92,978	-£21,154	-£69,629	£48,475	
		Elective	12	8	-4	£83,038	£27,238	-£55,800	-£28,588	-£27,212	
		Non Elective	68	65	-3	£204,018	£89,921	-£114,098	-£105,271	-£8,827	
		Excess Bed Days	16	29	13	£7,081	£9,119	£2,038	-£3,457	£5,495	
		Outpatient New	87	82	-5	£39,898	£38,871	-£1,027	£1,311	-£2,337	
		Outpatient Follow-up	605	191	-414	£132,032	£42,516	-£89,516	£831	-£90,347	
		Ward Attender	316	543	227	£69,017	£116,321	£47,304	-£2,194	£49,498	
		Ward Based Outpatient	0	1	1	£107	£214	£107	-£4	£111	
		OP Procedure	0	0	0	£61	£0	-£61	£0	-£61	
	Haematology Total		**1,200**	**1,054**	**-146**	**£649,384**	**£417,178**	**-£232,207**	**-£207,002**	**-£25,205**	
	Immunology	Outpatient New	51	54	3	£11,741	£12,507	£766	£72	£694	
		Outpatient Follow-up	37	135	98	£5,261	£19,477	£14,216	£425	£13,791	
		Ward Attender	17	67	50	£2,363	£9,406	£7,043	-£49	£7,092	
		Ward Based Outpatient	66	193	127	£9,285	£27,095	£17,811	-£141	£17,952	
	Immunology Total		**171**	**449**	**278**	**£28,650**	**£68,485**	**£39,835**	**£307**	**£39,528**	
	Metabolic Disease	Outpatient New	20	17	-3	£7,656	£6,528	-£1,128	£0	-£1,128	
		Outpatient Follow-up	120	103	-17	£46,185	£39,552	-£6,633	£1	-£6,634	
		Ward Based Outpatient	0	10	10	£0	£3,840	£3,840	£0	£3,840	
	Metabolic Disease Total		**140**	**130**	**-10**	**£53,841**	**£49,920**	**-£3,921**	**£1**	**-£3,922**	
	Nephrology	Daycase	379	367	-12	£244,193	£247,501	£3,309	£10,803	-£7,495	
		Elective	125	43	-82	£79,355	£61,680	-£17,675	£34,305	-£51,980	
		Non Elective	16	18	2	£30,032	£50,724	£20,692	£16,906	£3,786	
		Excess Bed Days	70	18	-52	£26,280	£7,882	-£18,397	£1,124	-£19,521	
		Outpatient New	63	88	25	£7,427	£10,269	£2,843	-£118	£2,961	
		Outpatient Follow-up	501	675	174	£59,164	£79,677	£20,513	-£1	£20,514	
		Ward Attender	318	308	-10	£37,500	£36,356	-£1,143	-£0	-£1,143	
		Ward Based Outpatient	226	216	-10	£26,678	£25,497	-£1,181	£0	-£1,181	
	Nephrology Total		**1,697**	**1,733**	**36**	**£510,628**	**£519,587**	**£8,959**	**£63,019**	**-£54,059**	
	Oncology	Daycase	1,260	1,026	-234	£724,035	£674,630	-£49,405	£85,193	-£134,598	
		Elective	105	128	23	£641,251	£753,482	£112,231	-£25,639	£137,871	
		Non Elective	147	241	94	£371,102	£536,855	£165,754	-£72,098	£237,852	
		Excess Bed Days	122	317	195	£55,493	£130,768	£75,274	-£13,243	£88,517	
		Outpatient New	40	25	-15	£10,452	£6,474	-£3,979	-£0	-£3,979	
		Outpatient Follow-up	1,000	1,136	136	£258,302	£293,897	£35,595	£504	£35,091	
		Ward Attender	55	254	199	£14,308	£65,771	£51,463	£171	£51,292	
		Ward Based Outpatient	73	47	-26	£18,739	£12,170	-£6,569	£32	-£6,601	
	Oncology Total		**2,803**	**3,174**	**371**	**£2,093,682**	**£2,474,047**	**£380,365**	**-£25,081**	**£405,446**	
	Respiratory Medicine	Daycase	39	60	21	£39,028	£56,300	£17,272	-£3,070	£20,341	
		Elective	20	15	-5	£46,867	£22,353	-£24,515	-£13,306	-£11,208	
		Non Elective	262	249	-13	£246,341	£288,686	£42,345	£54,645	-£12,300	
		Excess Bed Days	203	307	104	£64,374	£102,705	£38,331	£5,340	£32,991	
		Outpatient New	301	273	-28	£89,440	£81,009	-£8,430	-£236	-£8,194	
		Outpatient Follow-up	1,014	924	-90	£152,281	£146,545	-£5,736	£7,772	-£13,507	
		Ward Attender	3	13	10	£515	£1,884	£1,370	-£65	£1,435	
		Ward Based Outpatient	545	501	-44	£81,748	£78,667	-£3,081	£3,542	-£6,622	
		OP Procedure	552	286	-266	£79,851	£48,900	-£30,951	£7,513	-£38,464	
	Respiratory Medicine Total		**2,939**	**2,628**	**-311**	**£800,444**	**£827,048**	**£26,604**	**£62,134**	**-£35,530**	
	Rheumatology	Daycase	684	731	47	£573,552	£570,606	-£2,946	-£41,986	£39,040	
		Elective	80	21	-59	£80,999	£66,431	-£14,568	£45,087	-£59,656	
		Non Elective	6	3	-3	£6,023	£4,488	-£1,535	£1,474	-£3,009	
		Excess Bed Days	44	84	40	£17,015	£32,474	£15,459	£234	£15,225	
		Outpatient New	221	207	-14	£33,217	£31,131	-£2,086	-£34	-£2,052	
		Outpatient Follow-up	668	650	-18	£100,612	£97,603	-£3,008	-£258	-£2,751	
		Ward Attender	101	56	-45	£15,115	£8,422	-£6,693	-£0	-£6,693	
		Ward Based Outpatient	49	33	-16	£7,373	£4,963	-£2,410	£0	-£2,410	
		OP Procedure	0	0	0	£59	£0	-£59	£0	-£59	
	Rheumatology Total		**1,853**	**1,785**	**-68**	**£833,962**	**£816,117**	**-£17,846**	**£4,518**	**-£22,364**	
Medical Specialties CBU Total			**20,773**	**19,439**	**-1,334**	**£8,014,049**	**£7,691,970**	**-£322,079**	**-£90,528**	**-£231,551**	Note that physio income is within T&O (NMSS)
NMSS CBU	Audiology	Outpatient New	2,780	1,705	-1,075	£263,742	£161,529	-£102,214	-£223	-£101,991	
		Outpatient Follow-up	952	1,189	237	£89,966	£112,278	£22,312	-£95	£22,406	
		Ward Based Outpatient	0	1	1	£0	£95	£95	£0	£95	
		OP Procedure	5	7	2	£564	£973	£409	£168	£241	
	Audiology Total		**3,737**	**2,902**	**-835**	**£354,273**	**£274,874**	**-£79,398**	**-£150**	**-£79,248**	
	Burns Care	Daycase	0	30	30	£560	£57,699	£57,139	£6,339	£50,800	

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
NMSS CBU	Burns Care	Elective	26	1	-25	£66,044	£2,203	-£63,841	-£335	-£63,506
		Non Elective	111	75	-36	£281,525	£174,939	-£106,586	-£15,210	-£91,376
		Outpatient New	123	51	-72	£24,304	£9,854	-£14,450	-£232	-£14,218
		Outpatient Follow-up	340	256	-84	£38,833	£29,263	-£9,569	£46	-£9,615
		Ward Attender	16	116	100	£1,849	£13,260	£11,411	£0	£11,411
		Ward Based Outpatient	45	13	-32	£5,156	£1,486	-£3,670	£0	-£3,670
		OP Procedure	0	1	1	£61	£112	£51	-£13	£64
	Burns Care Total		**662**	**543**	**-119**	**£418,332**	**£288,817**	**-£129,515**	**-£9,405**	**-£120,111**
	Dentistry	Daycase	392	381	-11	£226,955	£223,004	-£3,951	£2,255	-£6,205
		Elective	44	6	-38	£27,544	£4,118	-£23,426	£385	-£23,811
		Non Elective	4	1	-3	£4,878	£980	-£3,898	-£106	-£3,792
		Excess Bed Days	4	0	-4	£1,316	£0	-£1,316	£0	-£1,316
		Outpatient New	458	383	-75	£16,397	£13,623	-£2,774	-£96	-£2,678
		Outpatient Follow-up	585	389	-196	£20,846	£13,837	-£7,010	-£20	-£6,990
		OP Procedure	123	116	-7	£19,767	£18,665	-£1,103	-£44	-£1,059
	Dentistry Total		**1,610**	**1,276**	**-334**	**£317,703**	**£274,226**	**-£43,477**	**£2,374**	**-£45,851**
	ENT	Daycase	440	399	-41	£500,231	£431,287	-£68,944	-£21,842	-£47,102
		Elective	372	301	-71	£525,451	£440,071	-£85,381	£14,580	-£99,961
		Non Elective	93	105	12	£144,487	£138,165	-£6,322	-£25,688	£19,366
		Excess Bed Days	114	115	1	£45,468	£47,470	£2,002	£1,450	£552
		Outpatient New	1,388	1,038	-350	£153,636	£115,557	-£38,079	£635	-£38,713
		Outpatient Follow-up	1,999	1,357	-642	£136,488	£93,213	-£43,275	£569	-£43,844
		Ward Attender	1	1	0	£67	£69	£2	£0	£1
		Ward Based Outpatient	19	0	-19	£1,305	£0	-£1,305	£0	-£1,305
		OP Procedure	687	1,043	356	£89,949	£132,490	£42,540	-£4,101	£46,642
	ENT Total		**5,112**	**4,359**	**-753**	**£1,597,084**	**£1,398,321**	**-£198,763**	**-£34,398**	**-£164,365**
	Epilepsy	Outpatient New	45	39	-6	£10,050	£8,638	-£1,412	-£21	-£1,391
		Outpatient Follow-up	105	97	-8	£19,215	£17,147	-£2,067	-£590	-£1,477
	Epilepsy Total		**150**	**136**	**-14**	**£29,265**	**£25,785**	**-£3,479**	**-£611**	**-£2,869**
	Maxillo-Facial	Outpatient New	287	202	-85	£41,174	£27,498	-£13,676	-£1,484	-£12,192
		Outpatient Follow-up	567	219	-348	£82,174	£31,396	-£50,778	-£339	-£50,439
		Ward Attender	0	1	1	£71	£133	£62	-£13	£74
		OP Procedure	1	6	5	£169	£765	£596	-£270	£866
	Maxillo-Facial Total		**856**	**428**	**-428**	**£123,588**	**£59,792**	**-£63,796**	**-£2,105**	**-£61,691**
	Neurology	Daycase	34	35	1	£38,705	£39,208	£503	-£1,028	£1,531
		Elective	24	29	5	£51,343	£45,999	-£5,344	-£15,219	£9,874
		Non Elective	34	34	0	£67,404	£111,858	£44,455	£44,391	£63
		Excess Bed Days	220	730	510	£89,263	£317,689	£228,426	£21,823	£206,603
		Outpatient New	359	422	63	£99,885	£116,983	£17,097	-£416	£17,514
		Outpatient Follow-up	1,042	965	-77	£284,711	£267,508	-£17,203	£3,711	-£20,915
		Ward Attender	9	53	44	£2,446	£14,692	£12,246	£0	£12,246
		Ward Based Outpatient	95	68	-27	£26,365	£18,850	-£7,515	-£0	-£7,515
	Neurology Total		**1,817**	**2,336**	**519**	**£660,122**	**£932,787**	**£272,665**	**£53,262**	**£219,402**
	Neurosurgery	Daycase	4	7	3	£2,841	£4,995	£2,155	£223	£1,932
		Elective	69	90	21	£423,023	£515,700	£92,677	-£38,483	£131,160
		Non Elective	122	100	-22	£773,116	£660,186	-£112,929	£28,525	-£141,455
		Excess Bed Days	290	424	134	£97,131	£142,338	£45,207	£274	£44,933
		Outpatient New	260	245	-15	£23,402	£21,803	-£1,599	-£221	-£1,378
		Outpatient Follow-up	718	613	-105	£62,756	£54,551	-£8,205	£978	-£9,183
		Ward Attender	156	153	-3	£13,874	£13,615	-£258	-£0	-£258
		Ward Based Outpatient	0	6	6	£44	£534	£490	£0	£490
		OP Procedure	1	0	-1	£112	£0	-£112	£0	-£112
		Neuro HDU	584	737	153	£570,506	£684,274	£113,768	-£35,697	£149,465
	Neurosurgery Total		**2,205**	**2,375**	**170**	**£1,966,802**	**£2,097,996**	**£131,194**	**-£44,400**	**£175,594**
	Ophthalmology	Daycase	164	98	-66	£145,995	£80,205	-£65,790	-£6,810	-£58,980
		Elective	36	26	-10	£50,086	£37,429	-£12,657	£1,107	-£13,764
		Non Elective	6	3	-3	£9,278	£3,096	-£6,182	-£1,191	-£4,991
		Excess Bed Days	26	0	-26	£9,468	£0	-£9,468	£0	-£9,468
		Outpatient New	1,203	1,170	-33	£182,689	£185,553	£2,865	£7,822	-£4,957
		Outpatient Follow-up	4,481	3,330	-1,151	£446,946	£357,906	-£89,039	£25,735	-£114,774
		Ward Attender	0	1	1	£0	£85	£85	£0	£85
		Ward Based Outpatient	9	3	-6	£879	£256	-£624	-£43	-£580
		OP Procedure	1	0	-1	£254	£0	-£254	£0	-£254
	Ophthalmology Total		**5,926**	**4,631**	**-1,295**	**£845,594**	**£664,530**	**-£181,064**	**£26,619**	**-£207,683**
	Oral Surgery	Daycase	134	108	-26	£114,755	£105,520	-£9,235	£13,126	-£22,362
		Elective	60	45	-15	£130,562	£137,887	£7,325	£39,823	-£32,498

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)	
	Oral Surgery	Non Elective	50	26	-24	£54,763	£33,859	-£20,904	£5,638	-£26,543	
		Excess Bed Days	8	1	-7	£4,592	£563	-£4,029	£13	-£4,043	
	Oral Surgery Total		**253**	**180**	**-73**	**£304,673**	**£277,829**	**-£26,844**	**£58,601**	**-£85,445**	
	Orthodontics	Daycase	0	1	1	£352	£522	£170	-£555	£725	
		Non Elective	0	1	1	£0	£980	£980	£0	£980	
		Outpatient New	21	13	-8	£3,381	£2,203	-£1,177	£102	-£1,280	
		Outpatient Follow-up	66	78	12	£5,494	£6,507	£1,014	£17	£997	
		OP Procedure	53	90	37	£6,755	£12,014	£5,259	£532	£4,727	
	Orthodontics Total		**140**	**183**	**43**	**£15,981**	**£22,226**	**£6,245**	**£97**	**£6,148**	
	Plastic Surgery	Daycase	257	296	39	£264,510	£294,725	£30,215	-£9,639	£39,854	
		Elective	97	16	-81	£147,803	£30,553	-£117,250	£6,287	-£123,537	
		Non Elective	413	318	-95	£509,187	£413,120	-£96,068	£21,024	-£117,091	
		Excess Bed Days	15	1	-14	£3,394	£299	-£3,094	£73	-£3,167	
		Outpatient New	923	918	-5	£131,389	£131,728	£338	£1,075	-£736	
		Outpatient Follow-up	1,741	1,570	-171	£192,717	£171,421	-£21,296	-£2,356	-£18,940	
		Ward Attender	10	40	30	£1,091	£4,368	£3,277	-£82	£3,359	
		Ward Based Outpatient	40	8	-32	£4,417	£874	-£3,543	-£16	-£3,527	
		OP Procedure	258	347	89	£30,831	£41,599	£10,767	£111	£10,656	
	Plastic Surgery Total		**3,754**	**3,514**	**-240**	**£1,285,340**	**£1,088,686**	**-£196,654**	**£16,476**	**-£213,130**	
	Sleep Studies	Elective	98	57	-41	£179,067	£88,523	-£90,544	-£15,522	-£75,022	
		Non Elective	0	2	2	£0	£5,985	£5,985	£0	£5,985	
		Excess Bed Days	0	28	28	£0	£8,560	£8,560	£0	£8,560	
	Sleep Studies Total		**98**	**87**	**-11**	**£179,067**	**£103,069**	**-£75,998**	**-£15,522**	**-£60,476**	
	Spinal Surgery	Daycase	1	4	3	£2,390	£6,790	£4,400	£160	£4,240	
		Elective	52	48	-4	£1,376,988	£1,371,615	-£5,373	£103,886	-£109,259	
		Non Elective	0	3	3	£0	£20,403	£20,403	£0	£20,403	
		Excess Bed Days	0	197	197	£0	£60,795	£60,795	£0	£60,795	
		Outpatient New	85	148	63	£14,352	£24,932	£10,580	-£63	£10,643	
		Outpatient Follow-up	294	278	-16	£31,221	£28,619	-£2,602	-£936	-£1,665	
	Spinal Surgery Total		**432**	**678**	**246**	**£1,424,950**	**£1,513,153**	**£88,203**	**£103,047**	**-£14,845**	
	Trauma And Orthopaedics	Daycase	169	179	10	£248,499	£269,254	£20,756	£6,712	£14,043	
		Elective	249	215	-34	£932,463	£983,486	£51,023	£177,439	-£126,416	
		Non Elective	260	260	0	£650,311	£672,224	£21,912	£20,960	£952	
		Excess Bed Days	147	82	-65	£50,012	£26,019	-£23,993	-£1,839	-£22,154	
		Outpatient New	2,899	2,631	-268	£437,018	£396,703	-£40,316	£96	-£40,411	
		Outpatient Follow-up	4,310	5,357	1,047	£435,113	£533,240	£98,127	-£7,565	£105,692	Activity high due to physio activity recorded under this specialty
		Ward Attender	1	8	7	£99	£587	£488	-£221	£709	
		Ward Based Outpatient	0	1	1	£0	£98	£98	£0	£98	
		OP Procedure	167	1,024	857	£29,259	£276,190	£246,931	£96,447	£150,484	Activity high due to fracture clinic coding - previously coded as attendances
		Gait New	85	92	7	£99,908	£107,824	£7,916	-£131	£8,048	
		Gait Follow-Up	69	70	1	£81,205	£82,040	£835	£196	£639	
	Trauma And Orthopaedics Total		**8,356**	**9,919**	**1,563**	**£2,963,886**	**£3,347,663**	**£383,777**	**£292,093**	**£91,683**	
NMSS CBU Total			**35,110**	**33,547**	**-1,563**	**£12,486,660**	**£12,369,754**	**-£116,906**	**£445,980**	**-£562,885**	
SCACC CBU	Cardiac Surgery	Elective	109	109	0	£1,395,459	£1,271,767	-£123,692	-£126,758	£3,066	
		Non Elective	51	39	-12	£989,829	£682,786	-£307,042	-£72,389	-£234,654	
		Excess Bed Days	263	496	233	£117,589	£223,882	£106,293	£2,218	£104,075	
		Outpatient New	35	56	21	£25,179	£40,319	£15,140	-£0	£15,140	
		Outpatient Follow-up	111	70	-41	£79,891	£50,399	-£29,492	-£0	-£29,492	
		Ward Attender	0	2	2	£0	£1,440	£1,440	£0	£1,440	
	Cardiac Surgery Total		**569**	**772**	**203**	**£2,607,947**	**£2,270,593**	**-£337,354**	**-£196,929**	**-£140,425**	
	Cardiology	Daycase	77	75	-2	£210,614	£239,449	£28,834	£34,639	-£5,805	
		Elective	85	78	-7	£336,766	£331,643	-£5,123	£24,298	-£29,421	
		Non Elective	43	54	11	£201,078	£218,977	£17,899	-£34,144	£52,043	
		Excess Bed Days	69	152	83	£28,070	£56,528	£28,458	-£5,004	£33,462	
		Outpatient New	652	615	-37	£155,394	£146,449	-£8,945	-£166	-£8,779	
		Outpatient Follow-up	1,600	1,742	142	£211,423	£226,430	£15,007	-£3,705	£18,712	
		Ward Attender	43	41	-2	£5,633	£5,330	-£304	-£86	-£218	
		Ward Based Outpatient	115	20	-95	£15,152	£2,600	-£12,552	-£42	-£12,511	
	Cardiology Total		**2,684**	**2,777**	**93**	**£1,164,132**	**£1,227,406**	**£63,274**	**£15,790**	**£47,484**	
	Gynaecology	Daycase	5	3	-2	£4,062	£3,132	-£930	£513	-£1,443	
		Elective	2	10	8	£2,550	£13,236	£10,685	£1,274	£9,412	
		Outpatient New	93	113	20	£13,428	£16,216	£2,788	-£17	£2,805	
		Outpatient Follow-up	154	174	20	£14,485	£16,103	£1,618	-£252	£1,870	
		Ward Attender	0	0	0	£46	£0	-£46	£0	-£46	
		OP Procedure	0	0	0	£59	£0	-£59	£0	-£59	
	Gynaecology Total		**255**	**300**	**45**	**£34,631**	**£48,687**	**£14,056**	**£1,518**	**£12,539**	

CBU	Specialty	POD	Activity Plan	Activity Actual	Activity Variance	Income Plan	Income Actual	Income Variance	Income Variance (Case-mix)	Income Variance (Volume)
	Intensive Care	Elective	2	1	-1	£3,256	£1,731	-£1,524	-£296	-£1,228
		Non Elective	65	57	-8	£146,273	£233,321	£87,048	£104,611	-£17,563
		Excess Bed Days	118	45	-73	£44,625	£16,160	-£28,465	-£916	-£27,549
		Outpatient New	35	52	17	£25,717	£38,335	£12,619	-£43	£12,661
		Outpatient Follow-up	135	359	224	£94,804	£264,662	£169,857	£12,427	£157,430
		Ward Based Outpatient	18	0	-18	£12,239	£0	-£12,239	£0	-£12,239
		OP Procedure	2	6	4	£220	£649	£429	-£24	£453
		HDU	1,663	1,541	-122	£2,000,344	£2,069,231	£68,887	£215,635	-£146,748
		PICU	2,032	2,215	183	£3,634,115	£3,822,192	£188,077	-£138,558	£326,635
		Cardiac HDU	1,024	958	-66	£1,001,592	£758,675	-£242,917	-£178,361	-£64,556
		Cardiac ECMO	19	51	32	£67,296	£132,866	£65,570	-£50,997	£116,567
		Respiratory ECMO	30	44	14	£198,960	£253,151	£54,191	-£38,657	£92,848
	Intensive Care Total		**5,141**	**5,329**	**188**	**£7,229,441**	**£7,590,973**	**£361,532**	**-£75,179**	**£436,711**
	Paediatric Surgery	Daycase	462	432	-30	£542,439	£524,710	-£17,730	£17,384	-£35,114
		Elective	186	161	-25	£791,619	£655,306	-£136,313	-£28,395	-£107,918
		Non Elective	497	565	68	£1,937,264	£1,836,997	-£100,267	-£366,458	£266,191
		Excess Bed Days	1,007	323	-684	£397,808	£119,614	-£278,194	-£7,962	-£270,232
		Outpatient New	745	731	-14	£131,822	£129,224	-£2,599	-£173	-£2,426
		Outpatient Follow-up	1,172	1,159	-13	£135,564	£132,706	-£2,858	-£1,389	-£1,469
		Ward Attender	286	379	93	£33,069	£43,354	£10,285	-£496	£10,781
		Ward Based Outpatient	125	42	-83	£14,408	£4,804	-£9,603	-£55	-£9,548
		OP Procedure	0	0	0	£56	£0	-£56	£0	-£56
		Neonatal HDU	620	977	357	£440,186	£440,185	-£1	-£253,090	£253,089
	Paediatric Surgery Total		**5,100**	**4,769**	**-331**	**£4,424,235**	**£3,886,900**	**-£537,335**	**-£640,633**	**£103,298**
	Urology	Daycase	564	840	276	£527,692	£808,786	£281,093	£22,569	£258,524
		Elective	49	72	23	£191,640	£229,710	£38,069	-£51,597	£89,667
		Non Elective	12	11	-1	£43,902	£25,058	-£18,844	-£13,609	-£5,234
		Excess Bed Days	23	5	-18	£9,461	£1,893	-£7,568	-£184	-£7,384
		Outpatient New	412	417	5	£74,256	£75,017	£761	-£84	£845
		Outpatient Follow-up	860	935	75	£130,943	£140,007	£9,065	-£2,423	£11,488
		Ward Attender	13	18	5	£2,017	£2,696	£679	-£47	£726
		Ward Based Outpatient	1	32	31	£224	£4,792	£4,568	-£83	£4,651
		OP Procedure	0	0	0	£85	£0	-£85	£0	-£85
	Urology Total		**1,935**	**2,330**	**395**	**£980,218**	**£1,287,958**	**£307,739**	**-£45,459**	**£353,198**
SCACC CBU Total			**15,685**	**16,277**	**592**	**£16,440,604**	**£16,312,517**	**-£128,087**	**-£940,891**	**£812,804**
Clinical Support CBU	Radiology	Daycase	431	466	35	£437,813	£635,137	£197,324	£162,135	£35,189
		Elective	56	15	-41	£93,486	£25,074	-£68,412	£113	-£68,525
		Non Elective	11	6	-5	£76,449	£92,965	£16,516	£53,043	-£36,527
		Excess Bed Days	253	137	-116	£103,280	£46,755	-£56,525	-£9,076	-£47,449
		Ward Attender	0	1	1	£0	£0	£0	£0	£0
	Radiology Total		**752**	**625**	**-127**	**£711,029**	**£799,931**	**£88,903**	**£206,215**	**-£117,312**
Clinical Support CBU Total			**752**	**625**	**-127**	**£711,029**	**£799,931**	**£88,903**	**£206,215**	**-£117,312**
Grand Total			**108,167**	**106,781**	**-1,386**	**£42,999,289**	**£42,467,443**	**-£531,846**	**-£352,503**	**-£179,342**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

Change Programme – 8 Work streams (work stream reports attached for reference)

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

1. Developing our workforce work stream is rated red in overall assurance terms and urgent action is required to bring this project back on track particularly given the level of in year and recurrent savings required to be delivered . Refer to work stream reports for detail.
2. The shortfall in CIP reported across the change programme work streams has been incorporated into the overall internal recovery process supported by weekly Executive review. It is however important Exec sponsors and Assurance Committees take action to address shortfalls which fall under their span of control.
3. Stocktake review of the effectiveness of new assurance framework planned for Q2
4. Board members to note and discuss work stream progress and assurance status.

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

1. This Board reports integrates the assurance reporting received (from the work streams) by RE&I on 7 Jul 16, CQAC on 17 Aug 16, R&BD on 30 Aug 16 and WOD on 5 Sep 16.
2. The framework of Sub-Committees discharging the responsibility for 'assurance, performance management and direction' of the work streams comprising the programme of change has not evolved to become a mature assurance system; however, the Executive Team continues to devote considerable time and energy to action tracking/issue resolution on a weekly basis.
3. A 6-month review on the performance and results of the new assurance framework – commissioned by the Audit Committee from the External Programme Assurance - will be carried out from the end of FY 16/17 Q2 and report to the Audit Committee in Nov 16.
4. The shortfall on the planned level of CIP attributed to the work streams in the programme is now being actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework).

J Gibson 31 Aug 16

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

Please see 2nd slide.

CiP 2016/17 Forecast
No 17: 31.08.16

Alder Hey Children's NHS
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			Full Year Effect				In Year Effect				RAG breakdown			
Workstream	Project Title	Exec Sponsor	Target	Forecast	GAP	Posted	Target	Forecast	GAP		R	A	G/A	G
Developing Our Business	CBU Business Development	Jonathan Stephens	835,000	741,000	(94,000)	-	1,273,400	404,848	(868,551)		0	70,013	181,851	152,984
	International Clinical Business & Non-NHS Patients Servi	Jonathan Stephens	250,000	250,000	0	-	112,000	205,226	93,226		-	-	146,803	58,423
	Strategic Partnerships	Jonathan Stephens	415,000	415,000	0	-	114,600	67,944	(46,656)		33,334	-	26,698	7,912
Developing Our Business Total			1,500,000	1,406,000	(94,000)	-	1,500,000	678,018	(821,981)	-55%	33,334	70,013	355,352	219,319
Developing our Workforce	Capability & Sustainability	Melissa Swindell	3,500,000	1,034,718	(2,465,282)	114,980	1,135,121	907,688	(227,434)		40,811	33,333	321,229	512,315
Developing our Workforce Total			3,500,000	1,034,718	(2,465,282)	114,980	1,135,121	907,688	(227,434)	-20%	40,811	33,333	321,229	512,315
New Service in Communities	Existing Community Services quality improvement	Mags Barnaby	200,000	66,000	(134,000)	-	200,000	146,667	(53,333)		-	-	146,667	-
New Service in Communities Total			200,000	66,000	(134,000)	-	200,000	146,667	(53,333)	-27%	-	-	146,667	-
Our Patients at the Centre	Best in Operative Care	Mags Barnaby	-	-	0	7,000	505,304	469,400	(35,904)		-	-	408,400	61,000
	Clinical Support Services	Mags Barnaby	-	-	0	-	93,750	-	(93,750)		-	-	-	-
	Complex Care Made Simple	Mags Barnaby	-	-	0	166,644	291,571	194,368	(97,203)		-	194,368	111,096	111,096
	Improving Outpatients	Hilda Gwilliams/Mags Barnaby	-	-	0	-	156,250	136,744	(19,506)		-	-	136,744	-
Our Patients at the Centre Total			1,000,000	1,000,000	0	173,644	1,046,875	800,512	(246,363)	-24%	-	194,368	434,048	172,096
Research Education & Innovation	Commercial Education	Melissa Swindell	200,000	-	(200,000)	-	200,000	-	(200,000)		-	-	-	-
	Commercial R&D	Louise Dunn	100,000	-	(100,000)	-	100,000	-	(100,000)		-	-	-	-
	Innovation Machine	David Powell/Rick Turnock	100,000	-	(100,000)	-	100,000	-	(100,000)		-	-	-	-
Research Education & Innovation Total			400,000	-	(400,000)	-	400,000	-	(400,000)	-100%	-	-	-	-
Supporting Frontline Staff	Coding, Capture & Benchmarking	Jonathan Stephens	900,000	2,509,999	1,609,999	2,510,000	900,000	2,075,003	1,175,003		-	-	3	2,075,000
	Facilities	Hilda Gwilliams	500,000	387,075	(112,925)	88,110	500,000	281,810	(218,190)		6,301	11,842	182,116	81,551
	Medicines Optimisation	Rick Turnock	500,000	500,000	0	28,090	500,004	275,442	(224,562)		-	275,442	28,090	28,090
	Procurement	Jonathan Stephens	1,000,000	1,000,000	0	149,454	1,018,000	1,002,584	(15,416)		-	55,273	641,368	305,943
Supporting Frontline Staff Total			2,900,000	4,397,074	1,497,074	2,775,654	2,916,004	1,634,839	718,836	25%	6,301	342,557	795,397	2,490,584
Grand Total			9,500,000	7,903,792	(1,596,208)	3,064,278	7,200,000	6,167,724	(1,032,276)		80,445	640,272	2,052,693	3,394,314

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Developing Our Workforce

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

The pace within this work stream needs to be increased as a matter of urgency, with the current gap at £256k.

Work has now started to develop the cross-cutting projects, with outline plans available for Other Corporate Services, AHP Review, Specialist Nurse Review and Job Planning and teams should ensure that project documentation is completed as soon as possible with actions and expected timescales, so the financial opportunity can be fully assessed and implementation can commence. The following actions/timescales have been agreed: AHP Review – Head of Therapy to be appointed (internal advert initially); Specialist Nurse Review – outcome to be available mid-December; Job Planning – process to be designed to ensure 100% Allocate job plan collection by 30 January 2017.

Plans are still outstanding for Facilities and AHiTP and EA/QIAs have not been completed for any of the projects.

A review of this work stream is underway and it is proposed to remove the current £878k forecast from budgets by month 5.
Jonathan Stephens 22 August 2016

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

As the comment in the financial RAG rating in this reports observes the work stream needs to be explicit about achievement against both in-year (non-recurring) and the future, recurring, benefits that are essential. The programme dashboard shows these targets as 16/17 £3.5m and 17/18 £1m; however, decisions have been made to temper that ambition in this current financial year. Nonetheless, the cross-cutting projects now being initiated will need to demonstrate considerable potential, quickly, if the original targets are to retain any validity.

The WOD Committee will want to understand the current financial ratings across the work stream – 7 black, 2 red, 1 amber, 6 green – and direct actions to bring all ratings to green within agreed date milestones.

Joe Gibson 24 August 2016

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

Developing Our Workforce Update (to be completed by Executive Sponsor)

Work Stream Summary:

For the three projects identified in this workstream, the Project Initiation Documents (PIDs) have been finalised, the High Quality Leadership & Management project documentation (QIA/EA) has been submitted. For the Capability and Sustainability project there are still plans outstanding for the cross -cutting projects, which still need to be developed. The Workforce steering group has been meeting fortnightly since July and updates against CIP and pay run rates have been provided at this meeting.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Capability & Sustainability	Vacancy Control and Pay restraint plans have been developed in this period.	N
Developing High Quality Leadership & Mgt	PID finalised and delivery plan agreed.	Y
Starters & Leavers Process	PID completed. Project meetings taking place regularly.	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Capability & Sustainability	Gaps in plans - remainder need to be developed and presented in September.
Developing High Quality Leadership & Mgt	Leadership & Management interventions to continue
Starters & Leavers Process	Full communications plan to be developed; key process maps developed

Issues for Escalation to Sub-Committee:

The sub-Committee is requested to:

- Note concerns regarding gap in number of plans received.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Developing Our Workforce 16/17 (Completed by Assurance Team)

Sub-Committee	WOD	Report Date	16 August 2016
Workstream Name	Developing Our Workforce	Executive Sponsor	Melissa Swindell

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
1.0 Developing Our Workforce 16/17 £3.5m and 17/18 £1m													
WOD 1.1	Workforce Capability & Sustainability	To support the development of a capable, sustainable workforce; sufficiently flexible to meet the changing needs of our services in the hospital & the community	Melissa Swindell										Steering Group meetings arranged. Overarching PID is complete, however detailed plans and financial information to be fully developed (only 8/15 of individual plans available on Sharepoint). Risk Log is available to be fully completed and evidence of review required. EA/QIA to be completed and signed off for each individual plan. Last updated 4 May 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Developing Our Workforce	R	1,135,121	878,401	256,720	Most Schemes are non-recurrent to increased risk associated with project.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Our Patients at the Centre

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

The annual savings target for this workstream is £1,046k, latest forecast is £781k. The recurrent requirement is £2m, work must now begin on assuring this is secured.
The Clinical Support project is off track and is required to create a credible plan to fully deliver the saving. The Clinical Support Services PID has recently been refreshed and clarification is required from the Exec Sponsor whether this project forms part of the Programme, or is being managed as business as usual – in any case the CIP element should be confirmed at the earliest opportunity.
Although the forecast for Best in Operative Care is currently £450k, £95k has recently been added and relates to additional income made though rationalising 'update' by 1 session.
The Improving Outpatients PID has recently been refreshed and the team should ensure that robust plans are available at the earliest opportunity to support delivery of the objectives/benefits. Regarding Complex Care Made Simple, the £191k relates to closing 4 beds in August and a further 4 in October. The first tranche is complete, work must now begin to secure the further 4 beds.

Jonathan Stephens 10 August 2016

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

1. The 'Best Operative Care', 'Improving Outpatients', 'Complex Care Made Simple' and 'Improving Flow' projects are currently amber rated on the leading assurance indicators; of particular concern is that milestone plans are showing projects with delays and benefits realisation is shown as off track for all of these projects. The sub-Committee should direct actions, with deadlines, to ensure these projects are brought back on track in terms of both timelines and benefits.
2. Given the longstanding priority of the Trust to improve the Outpatients service, the focus and attention on this area of the work stream should be afforded the highest priority.

J Gibson **10 Aug 16**

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	CQAC	Report Date	8th August 2016
Workstream Name	Our Patients at the Centre	Executive Sponsor	Mags Barnaby/ Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
CQA 3.1	Implementing New Quality Strategy	To implement a Quality Strategy characterised by a strong Clinical Cabinet with strong clinical leadership to deliver improvements in patient safety, patient experience and clinical effectiveness	Hilda Gwilliams										**Assurance ratings have been suspended at present. Next assurance review/update is due September 2016**
CQA 3.2	Best Operative Care	The "Best in Operative Care" strategy aims to deliver the best paediatric operative care in the world, as measured by low rates of mortality and harm, and high staff satisfaction	Mags Barnaby		🟢	🟢	🟡	🟡	🟡	🟢	🟢	🟢	SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan shows some delays and some actions to be marked as complete or missed. Comms/Engagement plan to be developed and evidence to be provided where possible. Evidence of risk management available. **Last updated 29 July 2016**
CQA 3.3	Improving Outpatients	The project will improve patient & staff experience; understand demand and capacity; review processes & communication; & improve the flow & environment	Mags Barnaby/ Hilda Gwilliams		🟡	🟢	🟡	🟡	🟡	🟡	🟢	🟢	Revised PID presented at July CQAC. Milestone Plan and other documentation is under development - some tasks/timescales confirmed, some yet to be confirmed with teams. Following consolidation of documentation risk log and benefits/metrics to be reviewed and comms/engagement activities to be confirmed. **Last updated 29 July 2016**
CQA 3.4	Complex Care Made Simple	The aim of this project is to improve the quality of care at Alder Hey to Children and Young People with complex health needs	Mags Barnaby		🟢	🟡	🟡	🟡	🟢	🟢	🟢	🟢	Steering Group notes available on Sharepoint. Benefits tracker has been created. Detailed plan is available, however Rehab position key milestone missed - scope/approach to be clarified. Comms tracker available and parent rep on SG. Risk Log is up-to-date. EA/QIA has been completed and signed off. **Last updated 28 July 2016**
CQA 3.5	Improving Flow	The aim of the project is to provide the most efficient and effective means of supporting patient flow across the organization	Hilda Gwilliams										**Assurance ratings have been suspended at present. Next assurance review/update is due September 2016**
CQA 3.6	Clinical Support Services	Resolve the potentially conflicting priorities of making efficiencies whilst continuing to provide a flexible approach to supporting clinical services, maintaining a focus on delivering high quality services to patients	Mags Barnaby		🟡	🟡	🟡	🔴	🟡	🟡	🔴	🔴	PID presented at July CQAC - scope/detail to be confirmed. Some targets/benefits defined in PID, more detail required. No milestone Plan available. Comms/Engagement activities detailed in PID, plan to be developed. EA/QIA position to be confirmed. **Last updated 15 July 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Implementing New Quality Strategy	N/A				Non financial
Best Operative Care	G/A	505,304	**450,492**	**(54,812)**	Movement of £95k from Workforce to Op Care for theatres review in M12
Improving Outpatients	G/A	156,250	**136,744**	**(19,506)**	Increase in forecasted values on PID
Complex Care Made Simple	A	291,571	**194,368**	**(97,203)**	
Improving Flow	N/A				Non financial
Clinical Support Services	B	93,750	**0**	**(93,750)**	
Total		1,046,875	**781,604**	**(265,271)**	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Developing Our Business

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

Overall the work stream is below the annual target by £0.8m, which has remained at a similar value for the past few months despite a Horizon Scanning Workshop.

The International Clinical Business & Non-NHS Patient Services project is preparing a stretch forecast that may mitigate the gap in part, but the Business Development gap needs to be reviewed and a reset target greed that takes account of all residual CBU opportunity and is deliverable in year.

Jonathan Stephens – 15 August 2016

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

The move to further exploit the success of the 'International Patients' project is timely and builds upon the success to date.

The sub-Committee will be keen to know what more the project could contribute, to mitigate underperformance against CIP in other areas.

The 'Strategic Partnerships' project still needs support and challenge in all appropriate forums to close the remaining deficit against target. Moreover, the assurance ratings remain amber in many important respects (effective team, benefits, milestone plans, stakeholders engaged). The sub-Committee will want to address these issues.

The 'Other Business Development' shortfall in financial contribution should continue to be a focus of the 'Internal Recovery Group' . The sub-Committee is advised to consider what additional support and/or expertise it may be able to offer to this suite of initiatives.

Joe Gibson 16 August 16

Programme Assurance Framework
Developing Our Business Workstream Update

Alder Hey Children's NHS
NHS Foundation Trust

Work Stream Summary:

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

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Strategic Partnerships	LWH Pathology ITT submitted 09.08.2016	Yes
	WWH: Monthly Board meeting 11.08.2016	Yes
	Awaiting release of Complex Care Bid	
International/Non NHS	China delegation taking place 24.08.2016 August (China Design Centre)	Yes
	MOU continues to be drafted between AHFT/RCPCH for Visiting Fellows	Yes
	3 x Visiting fellows from Spain/Kenya undertaking non clinical observerships in various departments in August	Yes
	Guidance to be circulated re visiting fellows from Graham Lamont to staff members	Yes

Milestones for Next Month:

Project	Key tasks to be delivered in month
Strategic Partnerships	Complex Care bid to be released
International/Non NHS	CMA regulations come into force September 2016 with regards to Non NHS/International Patients

Issues for Escalation to Sub-Committee:

No issues to raise.

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

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	15 August 2016
Workstream Name	Developing Our Business	Executive Sponsor	Jonathan Stephens

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
2.0 Developing Our Business 16/17 £1.5m and 17/18 £2m													
R&BD 2.1	Strategic Partnerships	To grow and strengthen existing partnerships, as well as to look for new opportunities as a means to improve the quality of care across the region	Jonathan Stephens										July SG actions available (M&BD Group). Benefits to be confirmed (WHH) and tracking established for non-financial benefits. Milestone Plan shows delays and some milestones requiring revised dates. Evidence required of stakeholder engagement. Risk log needs to be reviewed. QIA/EA complete. **Last updated 4 August 2016**
R&BD 2.2	International Clinical Business and Non-NHS Patient Services	The aim of the project is to grow existing operations and brand name beyond the domestic region by increasing our international footprint	Jonathan Stephens										July Steering Group notes available (M&BD Group). Benefits defined, tracking process being developed. Milestone Plan on track. Comms Plan available. Risk Log up-to-date. EA/QIA complete. **Last updated 11 August 2016**
R&BD 2.3	Other Business Development	CBU Business Development Plans	Jonathan Stephens										Financial tracking information now available. Programme Assurance information/details to be reviewed end of June 2016.

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Strategic Partnerships	A	114,600	76,953	(37,647)	
International Clinical Business	G/A	112,000	239,534	127,534	
CBU Business Development	R	1,273,400	420,363	(853,037)	
Total		1,500,000	736,850	(763,150)	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
New Services in Communities

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

Existing Community Services – Quality Improvement is the only project which has a financial target in this year and overall the forecast has a small adverse variance of £35k, however the savings identified so far are largely non-recurrent. The recurrent two year target is significant, the team now need to focus on securing the recurrent plans. There are some gaps with the project documentation and it is anticipated that these will be addressed when the new Project Manager starts in post, which is 1 September 2016.

Jonathan Stephens – 15 August 2016

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

The project management ratings for the 'Existing Community Services – Quality Improvement' project have improved albeit the milestone plan needs to be updated – dashboard currently showing the last update as 22 June. The appointment of a project manager, previously agreed in in June, appears to have been resolved with an appointment starting on 1 Sep 16.

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

Joe Gibson 16 August 2016

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Services in Communities Workstream Update

Work Stream Summary:

The above workstream accommodates the following projects:

- **Developing a Partnerships Model for Community Services – Clare Mahoney**
- **Quality Improvement of Existing Community Services – Jacqui Flynn**

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Community Model	Sefton 0-19 Tender submitted 05.08.2016	Yes
	Bid team currently preparing for LCH RFP due for submission 19.08.2016	Yes
Quality Improvement		Yes

Milestones for Next Month:

Project	Key tasks to be delivered in month
Community Model	Submit LCH RFP and Sefton ITT – potential progression to interview stages for Sefton
Quality Improvement	

Issues for Escalation to Sub-Committee:

No issues to raise.

Alder Hey Children's NHS
NHS Foundation Trust

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

Sub-Committee	RABD	Report Date	15 August 2016
Workstream Name	New Services in Communities	Executive Sponsor	Mags Barnaby

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
4.0 New Services in Communities 16/17 £200k and 17/18 £2m													
R&BD 4.2	Existing Community Services - Quality Improvement	To deliver quality improvement of existing services within the ICS CBU, specifically in the following services: Child & Adolescent Mental Health Services (CAMHS), Neurodisability and General Paediatrics'	Mags Barnaby		🟡	🟢	🟡	🟡	🟡	🟡	🟢	🟢	No named PM, no evidence of recent project meetings. PID contains details of benefits, tracking/evidence to be made available/updated Milestone Plan needs updating, some outstanding actions remain. Comms/ Eng Plan to be updated and evidence provided where possible. Risk Log requires review/updating, some detail still outstanding. Last updated 12 August 2016

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Existing Community Services	G/A	200,000	164,167	(35,833)	
Total		200,000	164,167	(35,833)	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Supporting Front Line Staff

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

Overall the work stream continues to achieve financial targets by £0.7m, driven by Coding/Capture. Facilities and Medicines Optimisations are both behind and under review by the Steering Committee. Coding/Capture and Procurement have been asked to stretch beyond the annual target and are creating action plans and it is anticipated that under-performance in any projects will be supported by over-performance in others, in order to ensure that the work stream target is met.

Jonathan Stephens - 15 August 2016

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

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

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

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

Joe Gibson 16 August 2016

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Supporting Front Line

Work Stream Summary:

Overall work stream doing well, over performing by £0.7m. The over performance is largely driven by coding and capture which is now over performing by £1.2m, which relates to many successes jointly delivered between corporate and clinical teams. The project leads are still working on further ideas, especially in the area of coding engagement which will ensure best practice depth of coding and also to agree the medicines optimisation recovery plan.

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Facilities	Car parking pricing strategy agreed, postage changes made	Y
Procurement	Procurement initiative of month started	Y
Coding and Capture	additional £1m actioned	Y
Medicines Optimisation	review of discharge prescribing	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Facilities	Car parking implemented and tender completed
Procurement	'Give me 10' project to commence
Coding and Capture	Bespoke CBU coding engagement plan finalised
Medicines Optimisation	Recovery plan including Drugs stock losses and Omnicell benefits realisation

Issues for Escalation to Sub-Committee:

nil

Programme Assurance Framework
Supporting Front Line Staff

Alder Hey Children's NHS
NHS Foundation Trust

Sub-Committee	RABD	Report Date	15 August 2016
Workstream Name	Supporting Front Line Staff	Executive Sponsor	Jonathan Stephens, Rick Turnock, Hilda Gwilliams

Current Dashboard Rating:

Project Ref	Project Title	Project Description	Executive Sponsor Assures the project	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	Comments for attention of the Project Team, Steering Group and sub-Committee
7.0 Supporting Front Line Staff 16/17 £2.9m and 17/18 £3m													
R&BD 7.1	Procurement	Deliver best in class purchasing. Action the team 10 point plan to ensure service delivered to CBUs is high standard, with great customer service and releases £1m	Jonathan Stephens										Steeering Group meeting notes available. Benefits tracked via Financial Tracker. Detailed workplan is available on Sharepoint - updated recently. Stakeholder Engagement information for July shows planned activities (to September). Risk log up-to-date. QIA/EA signed off by Execs. **Last updated 10 August 2016**
R&BD 7.2	Coding & Data Capture	To deliver best in class coding service that improves the depth of doing. To ensure the trust is getting paid for activity it delivers; to educate and train end users and clinicians to capture all activity	Jonathan Stephens										Project Team notes available for July. Targets & benefits detailed in PID, tracking/visibility required of non-financial benefits. Detailed Milestone Plan available which is up-to-date. Engagement matrix available. Risk Log needs to be reviewed. EA/QIA complete. **Last updated 9 August 2016**
R&BD 7.3	Medicines Optimisation	Medicines optimisation is a patient-focused approach to getting the best from investment in and use of medicines. It requires a holistic approach, an enhanced level of patient centred professionalism	Rick Turnock										Steering Group meeting notes available. PID complete. Tracking of non-financial benefits to be established once delivery commences. Workplan available and updated regularly. Evidence of Comms/Engagement available on Sharepoint - plan to be confirmed. Risk Log due for review. QIA/EA signed off by Execs. **Last updated: 5 August 2016**
R&BD 7.4	Facilities	The project aims to review all Facilities Services to ensure that all services are maximising quality at the lowest cost resulting in a CIP contribution of £500k	Hilda Gwilliams										Evidence of Project Team meetings available for June. Milestone plan has been updated, however some tasks are outstanding which should be marked as complete or missed so position is clear. AGV workstream tasks to be confirmed Risk Log currently checked out - evidence of review required. QIA/EA signed off by Execs. **Last updated: 3 August 2016**

Project Title	RAG Rating	Budget £	Forecast £	Variance £	Comments
Procurement	G/A	1,018,000	1,000,136	(17,864)	
Coding & Data Capture	G/A	900,000	2,058,763	1,158,763	
Medicines Optimisation	A	500,004	290,268	(209,736)	
Facilities	A	500,000	282,310	(217,690)	
Pathfinders					Non Financial
Total		2,918,004	3,631,476	713,473	

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Research Education & Innovation

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

The overall financial target for the workstream is £400k, at month 2 the forecast is £0.
One of the projects (Innovation) has made progress in documenting opportunities, but more work is required to establish the final value of financial benefit that will be delivered in 2016/17. Two of the projects (Education & Research) have not been started and the workstream leads are required to identify the detailed milestone plan, resource and approvals required.
The Project Manager has now been appointed for Digital Hospital and the team should ensure that the PID and other documentation is made available on SharePoint at the earliest opportunity to meet the assurance standards.
The Exec Sponsor has confirmed that the Innovation Machine project will track setting up the framework and the financial deliveries will be tracked through a new line added to the Programme Dashboard "Innovation Income Generation". The team should ensure that appropriate updates are made to the documentation on SharePoint on a regular basis.

Jon Stephens 30 June 2016

1. The work stream remains significantly behind track in the definition of projects and maintenance of project evidence; this is to the extent where 2 of the 5 projects in the work stream have had assurance ratings suspended until there is sufficient evidence of project progress to merit ratings; this has had a consequent negative impact on current CIP projections.
2. For the projects, 5.3 Commercial Research Offers', 5.4 'Commercial Education Offers' the respective Executive Sponsors have advised that the date for commencement of project(s) is dependent upon discussions at the RE&I sub-Committee and Executive Team. These discussions and associated decisions were revisited in detail by the Executive Team on 29 Jun 16 and the Executive Sponsors will be updating the RE&I Sub-committee on 7 Jul 16.

J Gibson - 29 Jun 16

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Digital Alder Hey – App Development

Work Stream Summary:

Digital technology within healthcare is an emerging enabler with the potential to enhance the patient journey, improve clinical outcomes and develop more efficient services. The Innovation team at Alder Hey have received a generous donation vis the Alder Hey Charity to develop a digital mobile interface with three initial modules. These will enable visitors to navigate their way to and around Alder Hey, distract children during their time with us and provide rewards for positive health behaviour. In parallel during this first phase, an agreement has been reached between Alder Hey and Hartee/IBM to develop and incorporate artificial intelligence into the app. These developments are pioneering pieces of work that have the potential to enhance how Alder Hey communicates with patients but also has commercial benefits in the healthcare markets

Project	Key tasks delivered in month	Milestones on Track (Y/N)
Phase 1 App Development	Robust selection process for app developer appointment implemented	Y
Phase 1 App Development	Engagement Assessment for App Developers including patients, parents and clinicians	Y

Project	Key tasks to be delivered in month
Phase 1 App Development	Technical review of final 2 app developers
Phase 1 App Development	Selection of winning app developer
Phase 1 App Development	Contract negotiations and appointment of app developer

Issues for Escalation to Sub-Committee:

Clear and explicit definition of the gain that each party within the collaborative hopes to achieve by their involvement

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework

Innovation Machine Update (to be completed by Executive Sponsor)

Work Stream Summary:

After months of negotiation the Innovation team is about to sign a number of agreements with local SMEs for their input into product development over the past year. It is anticipated that with the commercialisation of the products, revenue will come back to the Trust. The pilot stage of the Innovation Factory with We Are Nova Ltd has started and ideas for projects are being validated and progressed. The University of Liverpool's Virtual Engineering Centre exhibited on the Trust's opening day, many donors are believed to be interested, the Innovation department is seeking to form a JV with UoL and 3D Life Prints to develop 3D printing and virtual reality for preoperative planning. Initial discussions are taking place to form an Innovation CIC and corresponding investment fund to encourage external investment and donations.

Project	Key tasks delivered in month	Milestones on Track (Y/N)
IBM/Hartee (Digital Alder Hey)	Research collaboration agreement signed	Y
Innovation Factory	Pilot phase of partnership has begun	Y
Innovation Factory	MOU Final Version complete and to be signed (subject to RABD sign off)	Y
Medepad SBRI	Final Royalty agreement complete, to be signed (subject to RABD Sign off)	Y

Milestones for Next Month:

Project	Key tasks to be delivered in month
Innovation Factory	Sign final version of MOU.
Medepad SBRI	Sign final royalty agreement.
LJMU Sensor Development	Start discussions with LJMU around JV for sensor development

Issues for Escalation to Sub-Committee:

No issues to escalate.

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Framework
Research, Education & Innovation Workstream Update

Sub-Committee	Research, Education & Innovation	Report Date	27 June 2016
Workstream Name	Research, Education & Innovation	Executive Sponsor	David Powell/Rick Turnock/Louise Dunn/Melissa Swindell

Current Dashboard Rating:

Project Ref	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
5.0 Research Education & Innovation 16/17 £400k and 17/18 £900k														
RE&I 5.1	Research Education & Innovation	Digital Hospital	Create & deploy application to allow state of the art interaction to achieve tech integration with IBM Watson cognitive computing platform provided by Hartree as part of government funded deployment	David Powell/ Rick Turnock										PM appointed, start date to be confirmed. The PID needs to be fully completed. Milestone Plan to be fully developed. Details of comms/ stakeholder engagement required. Risks detailed in PID need to be detailed and scored in accordance with Trust RM process. EA/QIA to be completed and signed off. **Last Updated 16 June 2016**
RE&I 5.2a	Research Education & Innovation	The Innovation Machine	The development directorate is seeking to restructure its team to enable fluid exploration, creation, and commercialisation of technology products through the innovation team	David Powell/ Rick Turnock										Scope and details of this project were confirmed by Exec Sponsor of the Project and Programme Assurance Framework in May. Since that date there have been no updates to Sharepoint. Documentation should be updated and evidence uploaded to Sharepoint to meet assurance standards. EA/QIA to be completed and signed off. **Last updated 19 May 2016**
RE&I 5.2b	Research Education & Innovation	Innovation Income Generation		David Powell/ Rick Turnock										Will be tracked via Financial Tracker. Details will be available at the end of July
RE&I 5.3	Research Education & Innovation	Commercial Research Offers	The aim of the project is to	Louise Dunn										Executive Sponsor advises that the date for commencement of project dependent upon discussions at the RE&I sub-Committee and Executive Team.
RE&I 5.4	Research Education & Innovation	Commercial Education Offers	The aim of the project is to	Melissa Swindell										Executive Sponsor advises that the date for commencement of project dependent upon discussions at the RE&I sub-Committee and Executive Team.

Financial Reporting:

Project Title	RAG Rating	Budget (£)	Forecast (£)	Variance (£)	Comments
Digital Hospital	N/A				Non-financial
The Innovation Machine	N/A				Non-Financial
Innovation Income Generation	B	100,000	0	(100,000)	Under review by DP in light of EU grant
Commercial Research	B	100,000	0	(100,000)	Under review DP
Commercial Education	B	200,000	0	(200,000)	Under review DP – aim to get 1 or 2 quarters
Total		**400,000**	**0**	(400,000)	

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors
Tuesday 6 September 2016

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

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors – 6 September 2016

Assurance Report from the Integrated Governance Committee

(29 July 2016)

1. Purpose

This report is a summary of the key points of assurance that were discussed at the Integrated Governance Committee (IGC) held on the 29 July 2016. It also provides the quarterly report of the corporate risk register.

2. Recommendation

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

3. Key Points of Assurance and any associated gaps

- **Fire Safety Training**

  The Committee received an update on the risk relating to fire safety arrangements in the CHP and retained estate (Ulysses Risk ID: 838). Progress was highlighted as follows:

  - Evacuation of the CHP atrium: TV screens in the atrium will be used to display information whether or not to evacuate and where to go; Trust volunteers will undertake the role of Fire Wardens when on duty, security and the Fire team will undertake this when they are not available. It was discussed and agreed at the meeting for a Plan to be developed in order to stage an actual clinical evacuation; this will be reviewed and agreed at the September meeting.
  - Fire Safety Training: All Clinical wards/departments & retained estate departments have now received face to face training.
  - Fire Risk Assessments: These have all been completed for both the CHP & retained estate and all clinical wards/departments have completed a local fire evacuation plan.

- **Update on overall Management, strategies & policies**
- **Risk Management Improvement Plan.**

  Progress since the May meeting was highlighted with the majority of the improvement actions identified in the Plan now implemented. Outstanding improvements are largely linked to the implementation of the devolved model of risk and governance.

  - **Ongoing support to business units in embedding risk management:** Work is ongoing to implement devolved quality and governance structures in CBUs. A meeting has been held with GMs and LNs to discuss options and opportunities for improvement. Ultimately this will include improvement in quality & local governance systems and processes, maintaining up

to date risk registers, matching risks to business objectives, clear communication channels including escalation processes and triangulation of information from risks, incidents, claims, and complaints. The organisational change process was approved by the Executive Team at their meeting on 21 July and remains within the current financial envelope.

- **Develop Risk Management Maturity Model (with MIAA):** The MIAA follow up report of the recommendations made in the review of CBU Risk Management has now been received. The report summarised that of the 16 recommendations, 14 have been implemented and 2 partially implemented. These will be taken forward as key priorities in the devolved model. MIAA are currently preparing for a further full review of Risk and Governance arrangements which will include scrutinising risk registers at a local level. Deficiencies at this level are expected to be identified however; the devolved model of governance will help to address these. The internal review of all local risk registers is now complete. A number of registers were found not to be up to date, and the risk owners have been contacted to make sure the risks are updated and actions followed through. It is now incumbent on CBUs and departments to ensure these are proactively maintained. The devolved governance model will support this in CBUs.
- **Risk Management Strategy review:** The Risk Management Strategy is currently being reviewed and will incorporate the current changes being implemented through the Quality Strategy. There will be a strong focus on continuous improvement and moving the Trust towards being recognised as a ‘risk enabled’ organisation as defined in the Risk Management Maturity Model.
- **Changes to Ulysses;** The corporate risk register and BAF have now been mapped across to ensure the risks are linked through to the revised strategic pillars. The range of H&S Risk Assessment forms have been sent to Ulysses to allow them to be incorporated so all risk assessments can be competed electronically in the future.
- **Risk Management Awareness and Training:** General Risk Management training and RCA training sessions are ongoing. Further emphasis will be placed on training with the implementation of the devolved risk management structure, with specific / tailored training sessions for all relevant staff.
- **Corporate Governance:** The Board has approved a revised governance structure that comprises assurance committees having oversight of the Trust's change programme including the refreshed Quality Strategy; this aims to synchronise improvement activities with the 'business as usual' agenda so that risks to delivery are brought to the Board's attention in a more timely way. The new processes were implemented in April 2016. All Board Assurance Committees (CQAC, IGC, WOD, RABD, REIC) are also operating to revised Terms of Reference.

- **Departmental Risk Registers**

  The Committee received a report highlighting the current situation with regards to departmental risk registers.
  The report summarised that from an ad-hoc internal audit undertaken by the Risk Department of CBU Risk & Governance minutes, there was no clear evidence that a review of departmental risk registers takes place and in some cases, it is clear that only CBU level risks are examined.

  A total of 60 risk registers are therefore sitting locally for which a system is lacking to prompt risk owners to review and make updates. The impending new devolved model of risk and governance within CBUs will aim to resolve this issue, however full implementation isn't expected until Sept/Oct 2016. MIAA have commenced a review of departmental risk registers and are likely to highlight this risk. It was therefore agreed that MIAA will be asked to conduct this piece of work during Q4 to allow the new devolved model to embed and improvements made.

- **BAF Policy**

  The Committee ratified the Board Assurance Framework Policy – the Board is subsequently asked to approve the Policy.

- **Board Assurance Framework (BAF) / Corporate Risk Mapping**

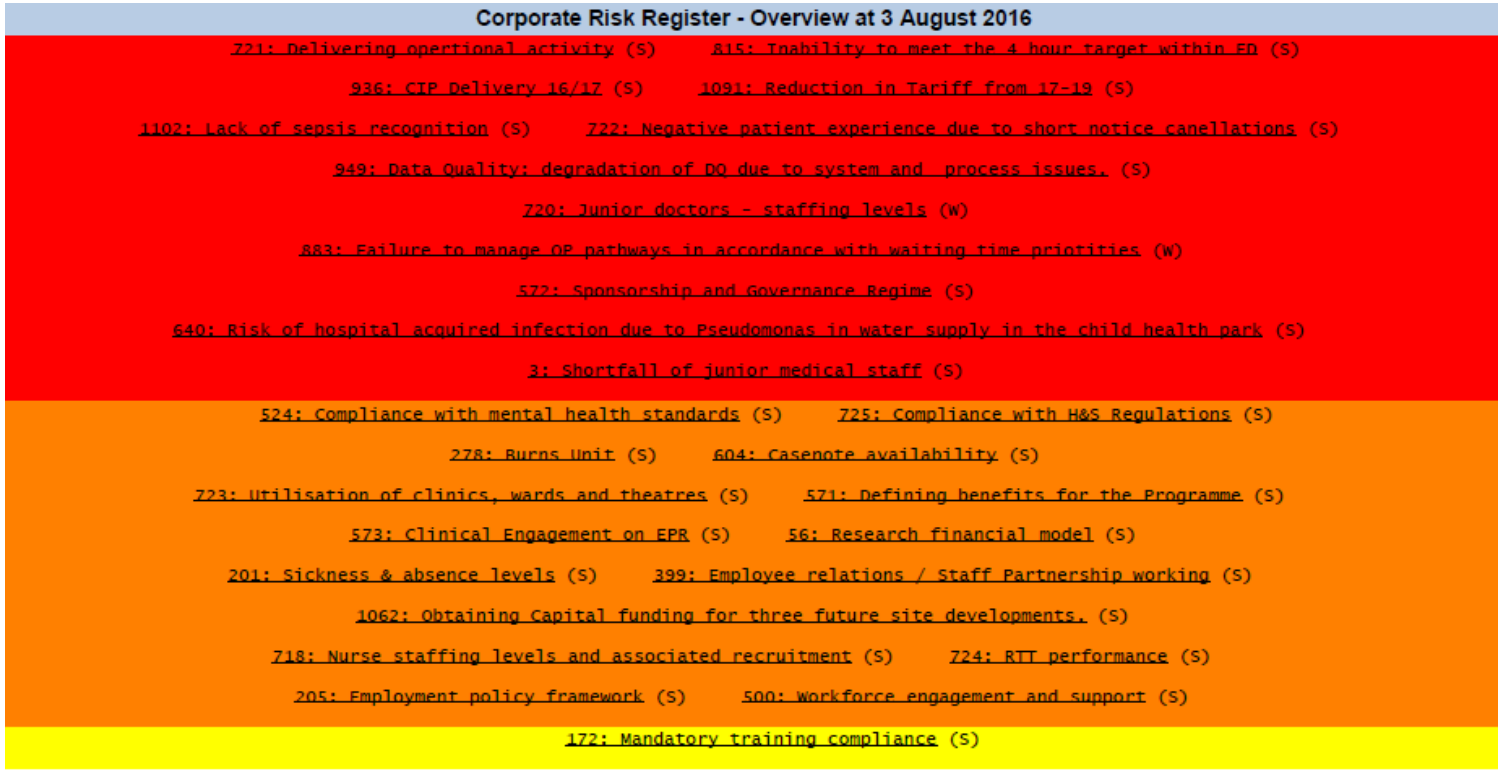
  The Committee considered a report showing the 2016/17 BAF risks and their relationship with risks sitting on the corporate risk register.

  The purpose of the exercise was to ensure that BAF and Corporate Risks reflect and support integrated thinking, further underpin ward to board reporting and map across to the new strategic pillars.
  Proposed next steps are to map this further to ward and departmental risks and ensure these link to CBU plans/objectives.

4. Risk Registers

- **Corporate Risk Register**

The following diagram gives a high level view of the corporate risk register following the July IGC meeting:



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

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

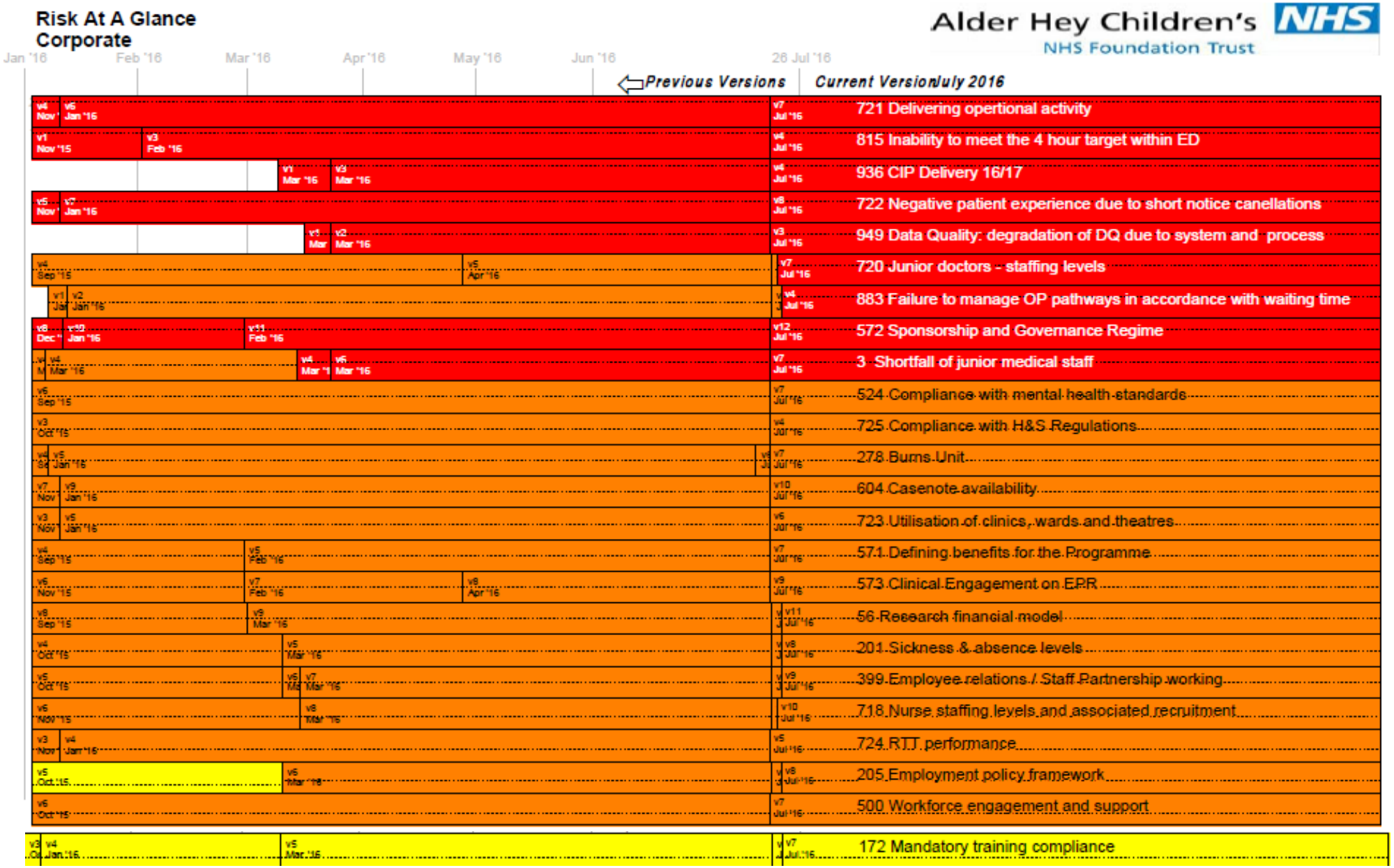
CRR Risks presented for escalation this meeting	Decision
1. Transfer of old site phone/data connections to new hospital	Not escalated
2. Funding shortfall for decommissioning & demolition works	Not escalated
3. Obtaining Capital funding for three future site developments	ESCALATED
4. Inability to meet CQUIN national timetable for submission of reports	Not escalated
5. Reduction in Tariff from 2017-2019	ESCALATED
6. Risk of hospital acquired infection due to Pseudomonas in water supply in the child health park	ESCALATED
7. Lack of sepsis recognition	ESCALATED
8. No bed store leading to beds being outlied in ward areas with potential health and safety implications	Not escalated
Risks escalated at the meeting = 4	
Risks presented for closure / de-escalation	**Decision**
None	n/a

Analysis of corporate risk register current set of open risks by Trend
Risk getting worse = 2 (Junior Doctors & Failure to manage OP pathways in accordance with waiting time priorities)
Risks getting better = 0
Risks closed = 0
Risks remaining static = the rest

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

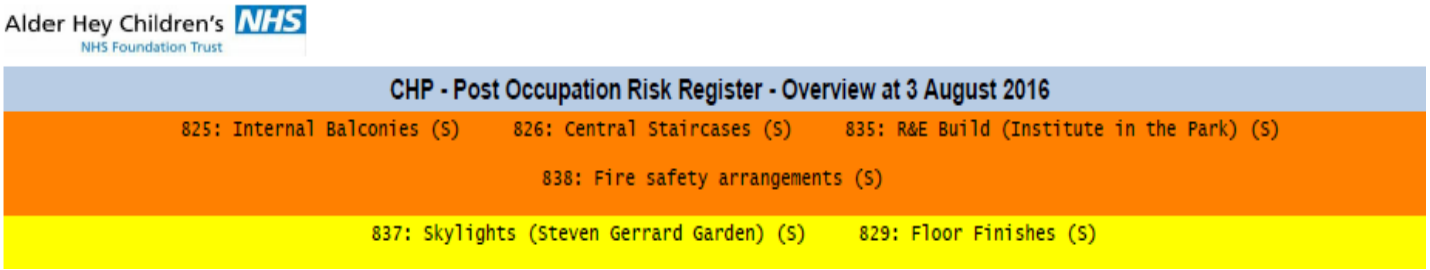
Ulysses Ref	Title	Action taken
791	Medication Errors	Following reduction in actual harm; risk reduced to target rating; risk now being managed locally by pharmacy.

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



- **CHP - Post Occupation Risk Register**

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



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

5. Assurance reports from Sub Committees and Groups:

- **Emergency Preparedness (7 June 2016 meeting)**
  - The Trust's Winter Plan is currently under development and is expected to be completed by the of end of July 2016.
  - Advice has now been sought on the Trust's Emergency Department decontamination suits from NHS England. A national procurement programme is being undertaken by NHS England for new Decontamination Suits required in 2017. As part of the current procurement programme all new suits will be provided inclusive of future re-certification contract costs for a period of 10 years. However, following use or damage of any suit and at the next point of expiry (i.e. after a further 10 years), trusts will be expected to fund replacements – ensuring that they maintain decontamination capability mapped to the current risk (Ulysses Risk ID: 973 now closed).
  - It was highlighted that from 1 May 2016, there has been no Chemical, Biological, Radiological, and Nuclear Emergencies Lead leaving a high risk gap as currently, staff are not trained in using the new decontamination shower unit. An advert will be placed for all interested parties to apply.
  - The Interserve Building Management Alarm System is not linked to the Interserve Shift Engineer paging system. It is understood that there is a problem with the firewall and this is being reviewed by the Building Services Team, Interserve and IM&T Manager.

- A major incident cascade test via switchboard was undertaken on 5 July 2016. Some lessons learned were taken from the event to speed up the process. An exercise will now be undertaken at ward level.
- NHS England have informed the Trust that additional capacity for body storage is needed in the event of a pandemic flu situation, or another rising tide issue. This is likely to incur a cost implication for the Trust; the Mortuary have been asked to add this to their risk register.
- A total of seven significant business continuity incidents occurred in the last 2 months and were highlighted to the Committee. All system failures will be captured on relevant risk registers.

- **Health & Safety (10 June 2016 meeting)**
  - Control of Contractors across the two sites remains a concern and has not yet been resolved. The message was reiterated for correspondence to be issued to Interserve highlighting the continued non-compliance of health & safety regulations.
  - Pressure Systems Safety Regulations. The H&S Team are still awaiting a report confirming (i) details of all pressure vessels in CHP (ii) all are in receipt of written scheme of examination.
  - Despite numerous requests to Interserve, Planned Preventative Maintenance Schedules have not been provided to the H&S Team
  - Incidents regarding falling ceiling tiles are continuing to happen and LOR have been asked to undertake an audit of ceiling tiles in order to provide assurance that fixings are robust to avoid further incidents. The full survey report is awaited.
  - Cold water temperatures within CHP are continuing to exceed 20° causing concern regarding Legionella and water safety risks. The Water Safety Group is addressing this with LOR, together with the Approved Person for Water Safety for the Trust.
- **Infection Control**
  - The 2016/17 Infection Prevention and Control Strategy & Delivery Plan is actively being taken forward.
- **Information Governance (19 June 2016 meeting)**
  - An issue has emerged regarding the lack of process / appropriate waste arrangements for blue confidential waste bins. This risk has been added to the IG risk register. A process for the timely removal of confidential waste from the retained estate has been identified which requires approval from the Estates Department.
  - Still no data losses reported during or following the recent moves. Site sweeps are continuing.
  - Written procedures for staff Subject Access requests will now being completed by HR.
  - Reports on requests for patient records will now be taken to IG group by Access to Health.
  - Records left behind after main site move. A report was been submitted under separate cover of identifiable and potentially identifiable information left behind.
- **Clinical Records & Data Quality (11 April 2016 meeting)**
  - The Clinical Records & Data Quality Committee is continuing to evolve and priorities for the Group have now been identified.
- **Fix-It Team**
  - The IGC received the list of issues that the Building Services Team is currently addressing and noted progress to date.

6. Review of the BAF

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

Alder Hey Children's NHS Foundation Trust

BAF Risk Register - Overview at 30 August 2016

3.1: Financial Environment (S)

3.2: Business Development and Growth. (S) 2.2: Failure to fully realise the Trust's Vision for the Park (S)

5.1: Research, Education & Innovation (S) 3.3: Developing the Paediatric Service Offer (S)

2.3: IT Strategic Development (S) 4.1: Workforce sustainability & capability (S) 4.2: Staff Engagement (S)

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

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

1.2: Mandatory & compliance standards (B)

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

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

- **Changes since July 2016 Board meeting**

The diagram above shows that the majority of the risks on the BAF remained broadly static, in line with the expected month 5 position.

External risks

- ***Business development and growth (JS)***
  Challenges to delivery of additional core specialty activity in 2016/17 due to need to focus on delivering baseline activity required to meet plans and contracts. Good progress in international patient treatments, with forecast income exceeding plans. Currently reviewing bed capacity and utilisation to assess if further international cases can be accommodated to help bridge £0.7m business development gap.

- ***Mandatory and compliance standards (MB)***
  The Trust is currently in a stronger position in terms of performance and compliance. Unforeseen changes in workforce introduces some further uncertainty, which are managed proactively. Ongoing work will be to strengthen the planning and preparation for delivery of performance so that it is more business as usual. Risk reduced from 4-5 to 2-2 for July position. Target and expected rating for August 4-2.

- ***Developing the Paediatric Service Offer (RT)***
  No major changes in any of the areas - the work highlighted is still on going to aid risk reduction.

Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  The Quality Strategy 2016-2020 continues to be rolled out. All new starts commencing Sept 2016. From May-Sept a total of 90 WTEs have been recruited improving workforce resilience going into winter months.

- ***New Hospital Environment (DP)***
  Risk reduced from 4-3 to 4-2. Additional control measures and evidence documented in-month.

- ***Financial Environment (JS)***
  Following review of forecast financial risk at Month 2, Trust established internal recovery programme with the aim of developing actions to ensure overall financial plan delivered by the end of the financial year. Forecast risk gap identified as £5m (including £1m slippage contingency). To-date counter measures of £3.3m to £3.6m identified leaving gap to resolve of £1.9m to £1.6m. Focus on review of service line performance and reducing spend in cost overrun areas - nursing pay & facilities and delivery of elective activity run rate. Trust also in discussion with NHSi re control total which may change plans currently agreed.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Gaps in controls & assurance updated.

- ***IT Strategic Development (JS)***
  Meditech 6 July implemented as planned further changes planned between now and January 2017.
  Trust invited to bid for centre for global digital excellence funding - bid submitted outcome known 1st week in September.

- ***Workforce Sustainability & Capability (MS)***
  Work on actions identified above to be accelerated, following the focus in Q1-2 on process improvement to support financial turnaround.

- ***Staff Engagement (MS)***
  The LiA way of working has identified numerous quick wins in our bid to engage staff as much as possible and improve Alder Hey as a workplace; meanwhile ten clinical teams are working to a plan to make identified improvements for patients in specific areas.

- ***Workforce Diversity & Inclusion (MS)***
  Focus on this area will continue to increase as it plays a key role in the implementation and embedding of our Trust values.

- ***Research, Education & Innovation (DP)***
  Risk remains static with actions ongoing.

Full BAF document is included as Appendix B.

7. Policies ratified:

The Committee ratified the following:

Policies:

Registration Authority Policy, Data Quality Strategy, Data Quality Policy, FoI Policy & Data Protection Policy

Equality Analyses:

Registration Authority Policy, Email and Internet Policy, Information Governance Policy, FoI Policy, Data Protection Policy & Data Quality Policy

Erica Saunders
Director of Corporate Affairs
Sept 2016

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description	
Failure to maintain appropriate levels of care quality in a cost constrained environment	
Existing Control Measures	
• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality Report performance against quality aims scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report.
• Ward Accreditation	• Refresh of CQAC to provide a more performance focussed approach
• Changes to ESR to underpin workforce information -	• New Change Programme established - associated workstreams subject to sub-committee assurance reporting
• Robust risk & governance processes from Ward to Board, linked to NHSI Quality Governance Framework	• Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign
• External review on IPCC issues to eradicate reportable HAIs	• "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC)
• Quarterly 'themes' report from Weekly Meeting of Harm	
Assurance Evidence	**Gaps in Controls/Assurance**
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Improved reporting - in the top 20% of NRLS nationally New CQC style ward accreditation (Journey to the Stars) rolled out	Reduced investment opportunity to respond to clinical development as a result of financial situation. Full electronic access to specialty performance results Sign up to Safety 'resource' ending July 2016
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Quality reporting redesigned in line with Quality Strategy and corporate aims. New report scheduled to be received at Board	Chief Nurse & Deputy Head of Information continuing to refine data
Successfully implement all Change Programme workstreams to improve efficiency and flow	Alder Hey Board Assurance Committees operating to revised Terms of Reference
Roll out PFCC model for all appropriate services	Links to patient experience domain - further work awaited
Continue to maintain nurse staffing pool	Ongoing
Executive Lead's Assessment	
JULY 2016: The Quality Strategy 2016-2020 continues to be rolled out. All new starts commencing Sept 2016. From May-Sept a total of 90 WTEs have been recruited improving workforce resilience going into winter months.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Excellence In Quality		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Margaret Barnaby	**Type:** Internal, Known		Current IxL: 2-2	Target IxL: 4-2	Trend: BETTER

Risk Description

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

Existing Control Measures

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

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

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
The Medical Director, Nurse Director and Director of Operations are meeting in August with CBU Lead and CBU GM to agree mitigating actions	New risk
Review bed capacity and staffing model for seasonal variation	Complete: refreshed annually in December
Theatre improvement and cancelled operations improvement plan required	Winter Plan 16/17 in development
Implement devolved governance structure (quality governance teams within CBUs)	

Executive Lead's Assessment

JULY: The Trust is currently in a stronger position in terms of performance and compliance. Unforeseen changes in workforce introduces some further uncertainty, which are managed proactively. Ongoing work will be to strengthen the planning and preparation for delivery of performance so that it is more business as usual.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description	
Failure to deliver world class healthcare due to constraints of new environment	
Existing Control Measures	
• Regular Fix-It Team reports to Execs, CQAC & IGC	• Interserve Reports & representation at Health & Safety Committee
• Monitoring & Fix-It Team in place responsible for day to day management of PFI Contractor ensuring services are delivering the required standards	• Fix-It Team governed by a Steering Group (meets monthly)
• Joint Energy Committee to monitor performance & compliance	• Joint Water Committee to monitor performance & compliance
Assurance Evidence	**Gaps in Controls/Assurance**
Tracker in place. Reporting compliance of PFI Services against contract to Trust Board. Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure). Number of reported faults is falling. The items on the 'red list' i.e. main snags have reduced significantly.	Delay in commissioning external Health & Safety Review. Gap in reporting from Project Co. and inconsistencies in description of faults
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Increase profile of hospital Fix-It Team and correct procedure for resolution of issues	Action being taken forward following BIG conversations
Executive Lead's Assessment	
JULY: Risk reduced from 4-3 to 4-2. Additional control measures and evidence documented in-month.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 2.2	**Strategic Objective:** Patient Centred Services		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations	
Existing Control Measures	
• Business Cases developed for various elements of the Park & Campus	• Alignment with the 'Alder Hey in the Park' vision and the 'Alder Hey Campus' visions
• Heads of Terms agreed with LCC for joint venture approved	• Redeveloped Steering Group
• Monthly reports to Board & RABD	
Assurance Evidence	**Gaps in Controls/Assurance**
Establishment of a Community Interest Charity to operate the park for AHCH and the local community Approved Business Cases for various elements of the Park & Campus approved Every Project has a dedicated Project Manager assigned to it End user consultation events held Highlight reports to relevant assurance committees and through to Board Representation at Springfield Park Shadow Board Stakeholder events held Representation at Friends of Springfield Park Group	Fully reconciled budget with Plan. Risk quantification around the development projects. Joint business case approval with LCC
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Broaden stakeholder engagement	
Completion of all appointments to the Team	
Approval of Business Case at LCC	
Income generation opportunities to be thoroughly explored (grant applications)	
Reconcile requirement for funding versus available	
Executive Lead's Assessment	
JULY: Gaps in controls & assurance updated as above.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description	
Failure to deliver an IM&T Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare	
Existing Control Measures	
• Key projects and progress tracked through the Clinical Systems Informatics Steering Group and RABD Committee	• Clinical Systems Informatics Project Group leading on stakeholder engagement - ad hoc groups on specific key topics as needed
• Forward Communications plan agreed and tracked at steering group.	• Board approval "Asset Owner" process in place to ensure organisational ownership of systems and system development
• Improvement scheduled training provision including refresher training and workshops to address data quality issues	• Formal change control processes now in place
• Executive level CIO in place	• Investment in IM&T Team (2016/17 budget)
Assurance Evidence	**Gaps in Controls/Assurance**
Regular progress reports presented to RABD and Operational Board MIAA providing assurance role Board agreed change process Participate in Digital Alder Hey programme Internal Audit Reviews	IM&T Strategy out of date - update work in progress Internal Programme Assurance Reports Resources required to deliver Strategy proposed and aspirations of Trust - review Oct 2016
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Engage with iLinks programme to progress interoperability	
Link to innovation partnerships in paediatric healthcare	
MEDITECH 6 update planned July 2016 to resolve a number of current operational user issues	
Conclude the review of IM&T Infrastructure	
IM&T Strategy development & approval	Draft for October 2016
Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group	
Executive Lead's Assessment	
JULY 2016: Medi-tech 6 July implemented as planned further changes planned between now and January 2017. Trust invited to bid for centre for global digital excellence funding - bid submitted outcome known 1st week in September.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

Risk Description

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

Existing Control Measures

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

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery Pay cost control 10 point plan introduced aimed at forecasting and tracking actions to reduce pay cost overspend run rate - updates to Execs, R&BD. Full electronic access to budgets & specialty performance results	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. 'Grip' on CIP

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

Executive Lead's Assessment

JULY 2016 : Following review of forecast financial risk at Month 2, Trust established internal recovery programme with the aim of developing actions to ensure overall financial plan delivered by the end of the financial year. Forecast risk gap identified as £5m (including £1m slippage contingency). To-date counter measures of £3.3m to £3.6m identified leaving gap to resolve of £1.9m to £1.6m. Focus on review of service line performance and reducing spend in cost overrun areas - nursing pay & facilities and delivery of elective activity run rate. Trust also in discussion with NHSi re control total which may change plans currently agreed.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

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

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

Assurance Evidence	**Gaps in Controls/Assurance**
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity. CIPs in new Change Programme subject to assurance and sub-committee performance management	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Early warning indicators for leading indicators. Potential delay to cardiac growth - current gap c. £0.8m forecast against 16/17 CIP target

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Workshop held in June to identofy options for bridging business development gap	Alternative schemes being developed. Report to RABD
Identify models and services to provide to non NHS patients / commercial offers	Trust currently progressing tender application for LCH paediatric community services. Timeframe: June - end Aug 2016. Financial assessment will be part of due diligence. Report to RABD and through to Board. Duscussions with surgical teams and Stoke to accelerate increase in cardiac cases

Executive Lead's Assessment
JULY 2016: Challenges to delivery of additional core specialty activity in 2016/17 due to need to focus on delivering baseline activity required to meet plans and contracts. Good progress in international patient treatments, with forecast income exceeding plans. Currently reviewing bed capacity and utilisation to assess if further international cases can be accommodated to help bridge £0.7m business development gap.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 3.3	**Strategic Objective:** Growing Our Services & Safeguarding Core Business		Risk Title: Developing the Paediatric Service Offer		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Richard Turnock		**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description
Failure to maximise opportunities with regard to service reconfiguration

Existing Control Measures	
• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Compliance with Neonatal Standards	• Compliance with All Age ACHD Standard
• Post implementation review of Trauma Business Case.	• Derogations secured in relation to specialist service specs.

Assurance Evidence	**Gaps in Controls/Assurance**
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RABD & Board Compliance with final national specifications	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date. Potential elective underperformance due to cancelled sessions. Awaiting final results re. CHD service at national level.

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	Now working with NHS England to secure a resolution for the North
Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS)	
Pursue the community tender incorporating the public health offer	

Executive Lead's Assessment
JULY 2016: No major changes in any of the areas - the work highlighted above is still on going to aid risk reduction

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Great Talented Teams	Risk Title: Workforce sustainability & capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to always have the right people, with the right skills and knowledge, in the right place, at the right time

Existing Control Measures

• Compliance tracked through the corporate report and CBU dashboards	• Workforce Group
• Performance Review Group	• CBU Performance Meetings.
• Mandatroy training reviewed and updated in summer 2014	• OLM restructured to include key competencies
• All training records available online and mapped to competency framework	• E-learning updated in January 2015 with one click access
• Permanent nurse staffing pool	• 'Developing our Workforce' workstream implemented
• Attendance management process to reduce short & long term absence	• Positive Attendance Policy

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets via corporate & CBU reports Monthly reporting to the Board via the Corporate Report Reporting at ward and SG level which supports Ward to Board	Poor compliance in critical training e.g. safeguarding, transfusion, manual handling. Inability to train staff due to clinical workforce and acuity preventing them leaving the clinical areas No proactive assessment of impact on clinical practice Previous actions have failed to address the problem and poor compliance is increasing Education Strategy Small number of issues remain re. the interface with ESR which has slowed the progress of the action plan and reducing assurance

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Recruitment & Retention Strategy to focus on specific groups	Currently being refreshed with action plan to support
Develop and support talent identified within the organisation and via local supply routes e.g. apprenticeships by leveraging networks via HEE and HENW to address future workforce supply challenges	Education Governance group to support implementation, setting up in September, reporting through WOD
Build and sustain leadership capacity and capability	Leadership and management project has commenced, but has experienced slippage due to competing priorities
Sickness Policy refreshed	Implemented 1 July 2016
Develop our Education Strategy	
Task & Finish Group to review prior action failures and identify solution	Action Plan signed off at WOD
Review mandatroy training programme - July 2016	Review still underway, to conclude by end Sept 2016

Executive Lead's Assessment

JULY 2016: Work on actions identified above to be accelerated, following the focus in Q1-2 on process improvement to support financial turnaround.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Great Talented Teams		Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led					
Exec Lead: Melissa Swindell		**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description
Failure to improve workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures	
• Internal Communications Strategy.	• Refine Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Temperature Check Reports to Board (monthly)
• Values based PDR process	• People Starategy Reports to Board (monthly)
• Listening into Action methodology	• Staff surveys analysed and followed up (shows improvement)

Assurance Evidence	**Gaps in Controls/Assurance**
Outcomes from Annual Staff Survey reported to the Board. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC Progress reports from LiA to Board	Overarching Engagement Strategy Reward & Recognition

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Communications Strategy published	
Analysis of Staff Survey	Survey outcomes are being actioned as evidenced via a plan to support CQUINS requirements
Revised governance arrangements that underpin effective assurance mechanisms utilising the discipline and systems provided by Programme Management methodology	Change programme monitors Listening into Action deliverables
Listening into Action methodology to provide the framework for organisational engagement	Remains in progress

Executive Lead's Assessment
JULY 2016: The LiA way of working has identified numerous quick wins in our bid to engage staff as much as possible and improve Alder Hey as a workplace; meanwhile ten clinical teams are working to a plan to make identified improvements for patients in specific areas.

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 4.3	**Strategic Objective:** Great Talented Teams		Risk Title: Workfoce Diversity & Inclusion		
Related CQC Themes: Well Led, Effective					
Exec Lead: Melissa Swindell	**Type:** Internal, Known		Current IxL: 3-3	Target IxL: 3-1	Trend: STATIC

Risk Description	
Failure to proactively develop a future workforce that reflects the diversity of the local population	
Existing Control Measures	
• Equality, Diversity & Human Rights Group	• Workforce Committee re-enforced and includes recruitment and education
• Workforce Plan established	• Staff Survey results
• Workforce Planning Poilcy signed off at WOD June 2015	• Equality Analysis Policy
• Equality, Diversity & Human Rights Policy	
Assurance Evidence	**Gaps in Controls/Assurance**
Monthly recruitment reports provided by HR/Payroll provider Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan Monthly Corporate Report (including workforce KPIs) to the Board Taking forward actions for LiA - enabling achievement of a more inclusive culture Equality Impact Assessments undertaken for every policy & project Workforce Race Equality Standards	Proactive working with partners to promote our commitment to diversity and inclusion Recruitment Strategy to focus on specific groups
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with partner organisations to develop effective BME recruitment strategy	Underway, and plan to be produced
Workforce Planning Policy	Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position
Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community	Currently being drafted with action plan to support
Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement	Currently being refreshed with action plan to support
Increase declaration rates with Equality Act 2010	Actioned, with all organisation reports reporting on protected characteristics where required
Executive Lead's Assessment	
JULY 2016: Focus on this area will continue to increase as it plays a key role in the implementation and embedding of our Trust values.	

Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** International Innovation, Research & Education		Risk Title: Research, Education & Innovation		
Related CQC Themes: Responsive, Well Led					
Exec Lead: David Powell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description	
Failure to develop a cohesive approach to research, innovation & education.	
Existing Control Measures	
• Proactive involvement in key strategic forums and networks.	• Participation in strategic clinical networks.
• Presence on Health and Wellbeing Board.	• Pilot for integrated children care developed within CCGs/LA.
• Children's services prominent within joint strategic needs assessment and consequent plans.	• Business development team meeting regularly with CCGs and GPs.
• Director of Finance responsible for Specialist Commissioning of Alder Hey's services on behalf of NHS England.	• Trust is a key partner in Liverpool Pioneer Bid focusing on children submitted to Department of Health.
• Members of national PBR Tariff and Children's Alliance Groups.	• 5 Year strategic plan agreed and shared with key commissioners
• Clinical Services Strategy	
Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee Research, Education and Innovation Committee established	Lack of integration with other academic partners Lack of funding for Alder Hey App. Appointment of commissioned industry partner for AH App. Innovation Strategy not yet translated into tactical plan Commercial research offer not quantified Education Strategy needs to be refreshed
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Work with our charity colleagues to raise the profile of our research and innovation capability.	
Develop a single integrated approach across research, education & innovation	
Develop a robust commercial Education Business Model	
Progress towards making Alder Hey the 'world's first living hospital'	
Creation of a robust commercial machine	
Educational Partnerships to be cemented	
Executive Lead's Assessment	
JULY: risk remains static; actions ongoing	

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register 2016--17			Risk Title: Delivering opertional activity		
Ref: 721	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsRABD				
Strategic Objective: Excellence In Quality			Current IxL 4-5	Target Residual - Appetite for Risk 3-2	Trend: STATIC

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

Existing Set of Controls	
• Monitoring of activity within each CBU by respective management teams via Daily Cognos reporting and monitored via weekly waiting times, PMG & RBD forums.	• On-going daily, weekly, monthly monitoring of activity across CBUs.
• Recovery plans developed by CBUs and monitored through PMG and RABD	• Gaps in CBU general management filled by Jan 15
• Appointment of Head of Performance and Planning role to support CBU management capacity and improve operational effectiveness.	• Performance management systems and processes established.
• Additional resources for Transformation team	• Managing the downtime impact of time spent on EPR and CHP.
• Monitor activity through COGNOS activity reports Weekly Exec performance reviews Recovery plans where activity off target	• Re-run capacity and demand model for 15/16 ensuring revised EPR go live and new hospital move activity reductions factored in.
• Inputs to model finalised Principles for activity reduction for EPR and new hospital move complete Model and associated actions shared with clinical team, CBU GMs and SGL's	• Ensure contract construct for 2015/16 positively supports risk appetite and helps mitigate any potential risks associated with new hospital move
• Contract negotiations complete NEL activity construct supported through the move and signed off	EL phasing developed

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Inability to meet the 4 hour target within ED		
Ref: 815	Risk Owner: Margaret Barnaby	Originating BU / Programme: Integrated			
Reporting Committee: Board		Where Risk Managed: Corporate			
Internal	Link to Quality AimsBoard				
Strategic Objective: Excellence In Quality			Current IxL 4-5	Target Residual - Appetite for Risk 4-2	Trend: STATIC

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

Existing Set of Controls

• EDU has 8 beds for ED to admit into, criteria defined and being revised.
EDM tracker available in patient flow Hub to enable visibility of status of ED

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Breach activity report to be distributed to GM's and service managers on a weekly basis	Amanda Turton	17/11/2015	ongoing
review of triage criteria, use of PEWS to support new model	Amanda Turton	01/02/2016	Audit of current triage process complete. Meditech triage altered slightly to decrease number of fields requiring completion
work ongoing with CCG re GP on site and use of primatry care facilities outsude Trust	Kate Brizell	08/05/2016	ongoing

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: CIP Delivery 16/17		
Ref: 936	Risk Owner: Jonathan Stephens	Originating BU / Programme: Business Support			
Reporting Committee: RABD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsRABD				
Strategic Objective: Growing Our Services & Safeguarding Core Business			Current IxL 5-4	Target Residual - Appetite for Risk 3-4	Trend: STATIC

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

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

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

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Reduction in Tariff from 17-19		
Ref: 1091	Risk Owner: Laurence Murphy	Originating BU / Programme: Business Support				
Reporting Committee: RABD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD			Changed from Ward/Department level on 03/08/2016		
Strategic Objective: Growing Our Services & Safeguarding Core Business				Current IxL 4-5	Target Residual - Appetite for Risk 2-4	Trend: STATIC

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

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Optimise benefits of HRG4+ Benchmark with UKCHA Trusts Work with NHS pricing team this is a 4 year transition total value £9.5m	Laurence Murphy	04/07/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Lack of sepsis recognition		
Ref: 1102	Risk Owner: Richard Cooke	Originating BU / Programme: Business Support				
Reporting Committee: CQAC		Where Risk Managed: Corporate				
Internal	Link to Quality AimsCQAC			Changed from Ward/Department level on 03/08/2016		
Strategic Objective: Excellence In Quality				Current IxL 5-4	Target Residual - Appetite for Risk 5-1	Trend: STATIC

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

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

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Negative patient experience due to short notice canellations
Ref: 722	Risk Owner: Margaret Barnaby	Originating BU / Programme: Business Support	
Reporting Committee: RABD	Where Risk Managed: Corporate		
Internal	Link to Quality AimsRABD		
Strategic Objective: Excellence In Quality		Current IxL 4-4	Target Residual - Appetite for Risk 5-1 / Trend: STATIC

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

Existing Set of Controls

• Weekly scheduling meeting - service managers and theatre staff	• Performance meetings at CBU and Trust level
• Daily bed meetings and escalation processes	• Improvement action plan
• Recruitment plans and approval of business cases	• Opening of additional bed capacity during summer
• Implementation of real time ADT	• PRAID team in place utilising SRG monies
• Workforce Strategy and associated plans approved by Ops Board	• 4 week rolling programme implemented

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Implementation of plans to facilitate improved discharge of patients with complex needs	Dan Grimes	30/11/2015	HWWWITF Phase 2 workstream to be developed to incorporate this plan
Increase day case capacity within CHP	Adam Bateman	/ /	Ongoing. D/C facility now operational. Plan to increase activity to original planned levels within HWWWITF programme to circa 10,000 per annum.
Recruitment plans for ward staff and theatres including an International Strategy	Melissa Swindell	/ /	Ongoing. Due to ongoing mat leave a continuous cycle of monitoring and cover needs to be in place to prevent repeated bed closures due to staff shortages.
Scheduling work commenced to maximise available capacity through predictive bed modelling and increased controls	Lachlan Stark	/ /	Ongoing

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls	
• Adhoc Review underway of DQ governance structure	

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

Description	Causes	Consequences
There is a risk of insufficient junior doctors being available to cover duties required in clinics, wards and Theatres.	_Short term sickness and absence _Medium term inefficiencies to develop junior doctors _Long term difficulty in attracting junior doctors to work with children and at Alder Hey	_Short term - junior doctors not available when required - increasing workloads and pressures on other staff _Medium term - junior doctors leave to find alternative opportunities _Long term - difficult to sustain a realistic working model

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Need to scope likely short falls through CBU monitoring		17/08/2015	2x SCPs in development
Implement PACE Team		17/08/2015	SAAT plans approved Modified SAAT plans approved
Develop in house training programmes for alternative practitioners - e.g. ANP etc development, Surgical Care Practitioners with partner HEIs		17/08/2015	Not possible until nurse staffing levels permit capacity to release staff for training. Outline discussions have been held with Edge Hill plus JMU and proposal being developed.
Outline exploration of Physician Associate Roles		17/08/2015	Ongoing
regular monitoring meeting with consultant and junior staff to review impact and develop mitigating strategies	Graham Lamont	02/12/2016	Meetings have happened every fortnight and the scope of the issue has been defined. There has been some progress against filling gaps but significant issues with lack of personnel remain

Date Last Reviewed	Review Details
19/07/2016	Additional action identified to reduce risk to target

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Failure to manage OP pathways in accordance with waiting time priotities
Ref: 883	Risk Owner: Rachel Greer	Originating BU / Programme: Integrated	
Reporting Committee: IGC		Where Risk Managed: Corporate	
Internal	Link to Quality AimsIGC		
Strategic Objective: Patient Centred Services		Current IxL 4-4	Target Residual - Appetite for Risk 4-1 / Trend: WORSE

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Review of all individual SOPs to ensure fit for purpose	Mandy Burns	31/12/2016	
Proposal to review booking process including recommendation to change current partial booking system to be presented to Improving OP Steering Group	Mandy Burns	31/07/2016	

Date Last Reviewed	Review Details
21/07/2016	Review and updated in line with project plan for improving OP project

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details
08/07/2016	Pseudomonas risk assessment for ward areas completed by IPCN and action plan developed. PALL filters to be fitted to clinical outlets Water sampling not yet undertaken for all clinical areas. Alcohol rub being used in Theatre for scrubbing Interserve undertaking water sampling after treatment if initial samples fail

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register 2016--17			Risk Title: Shortfall of junior medical staff		
Ref: 3	Risk Owner: Melissa Swindell	Originating BU / Programme: Medical			
Reporting Committee: WOD		Where Risk Managed: Corporate			
Internal	Link to Quality AimsWOD				
Strategic Objective: Great Talented Teams			Current IxL 3-5	Target Residual - Appetite for Risk 3-3	Trend: STATIC

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

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Develop business case for 5th Gastroenterology Consultant	Anthony Rigby	14/09/2014	For progress...refer to separate Risk number 491
Temporary increase in specialist nurse capacity	Anthony Rigby	09/04/2013	
Risk owner changed to DG - Risk to be updated at CBU R&G 8/1/2016	Amanda Rivers	05/02/2016	
Risk score reviewed and highlighted for corporate escalation in line with new junior doctor rotation.	Dan Grimes	14/03/2016	

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Looking to develop e learning module and reader with POC and learning and development.	Stephen Earnshaw	30/09/2014	
Meeting arranged with Melissa Swindell after previous meeting with Pat Tyrer failed to move anything forward	Stephen Earnshaw	28/03/2014	
Updated training needs in RM40 Suicide prevention policy	Stephen Earnshaw	14/09/2014	
employed an LD nurse and RMN on 4C extended hours of work of SPA team by April 16 weekend in call from SPA team to attend 4C to review weekend CAMHS patients	Andrew Williams	04/04/2016	

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

Description	Causes	Consequences
Breach of Manual Handling Operations Regulations	- Non release of the 79 Manual Handling Key Trainers resulting in non-compliance.	- Enforcement Action/Prosecution by HSE - Increased risk of injuries to staff - Increased risk of Employer Liability Claims

Existing Set of Controls

• Manual Handling Policy	• Mandatory Training in Manual Handling

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Health & Safety Team delivering practical manual handling training across the organisation.	Amanda Kinsella	30/09/2015	From February 2015, 130 staff trained = 22% of staff trained. Progress with training ongoing. At end of May 2015, approximately 500 staff trained, difficulty obtaining data from OLM so unclear as to how many staff remain outstanding, approx. 400. H&S Team compiling lists of staff for completeness to produce final training schedule in order to achieve compliance for September 15.
Secondment one day a week of Manual Handling Key Trainer to Health & Safety Team from Neuro CBU for 6 months to deliver practical patient manual handling training.	Amanda Kinsella	30/09/2015	Secondment started on 18th March, 2015 and finishes on 31st July 2015, as member of staff required back on Neuro.

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

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

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

Description	Causes	Consequences
There is a risk that case notes are not available or in a suitable format for clinicians in clinic	The notes are not available within the ImageNow system The notes are not in the location that they are tracked to within the case note tracking system	This can cause delays to patient care and could potentially mean that key clinical information is not available at the point of care

Existing Set of Controls	
• Weekly task and finish group established under leadership of COO and FD	• Appointment of new leadership team
• Set of KPIs agreed and currently being measured	• Alignment and transfer of Health Records service with OPD
• Reporting via redesigned OPD Project Board, through HWWWITF steering group and to Programme Board	• Floorwalkers and helplines in place to support clinical staff and provide resolution for immediate issues
• High level project plan and milestones in place. Project team in place	• Scanning Quality Control process established QA process for all scanning (internal and external) in place and occurring.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ensure IT functionality improved to enable resilience of ImageNow technology and single system sign on	Judith Adams	30/04/2015	Functionality gaps improved following feedback from floorwalkers. System resilience assessment completed. Subsequent issues raised by clinical teams addressed by IT team
Review of casenote bookmarking agreement and test against ImageNow functionality. Agreement to be signed off by CAG	Judith Adams	31/03/2016	Initial action was completed. Now work ongoing to improve functionality
Process for retrospective bookmarking of scanned notes to be agreed and resourced	Judith Adams	31/03/2016	To be resolved after May CAG meeting. Final CAG decision following recommendations by HR team due W/E 17/5/15 Indexing (Bookmarking) has been agreed and is being rolled out. This is a very time consuming process so complex 'returning' patients records are being prioritised. Process is being confirmed for front priming of departmental records prior to them being sent off.
Review and proposal of staffing resource to deliver all elements of digitisation project and sustainability of electronic health records	Judith Adams	30/11/2015	Staffing proposals now being developed by finance ready for review and agreement
Define and agree process and timeline for scanning all records currently sitting outside HR library	Judith Adams	31/03/2016	Currently being worked on. To be delivered by end of May Agreement reached that all paper records will be digitised by end of March 2016.
Ensure clear policies and audit process for returning of paperlite notes and outstanding Buff notes to HRL	Judith Adams	31/03/2016	Testing of solutions (clinic in a box) in progress. Communications send to clinical and admin team regarding rerun of buff folders - deadline 31st March Plan agreed for review and collection of all MRL notes to be catalogued, collected and returned

			Initial work has been completed.
Agree and implement sustainable scanning systems and processes	Judith Adams	11/09/2015	Testing on real time scanning in progress in C1 clinic. Successful and pilot being extended. New actions have been undertaken regarding scan on day and processes for speeding up internal scanning are currently being implemented.
plan and resources for external clinic correspondance to be developed	Mandy Burns	29/01/2016	updated plan to be brought to ops board in january

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

Description	Causes	Consequences
There is a risk that the utilisation of clinics, wards and Theatres isn't as effective as it should be	Causes: _Clinics cancelled with less than 6 weeks' notice _Patients do not attend (DNA) _Patient and Hospital short notice cancellations _Long stay patients stay longer than expected _Delayed discharges/ transfers _Staffing levels/ scheduled activity _Excess bed days _Theatre late starts, overruns _Sessions cancelled _No clear policy for transfer of care to/from a local authority _Booking system unable to support complex pathway patients or capacity constrained specialties	_Quality of patient experience suffers leading to increased number of complaints _Increased time spent on managing utilisation issues - "crisis management" _Fall in income from Commissioners _Possible additional scrutiny by Commissioners, NHSE and regulators _Wasted capacity _Management of queues of patients

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Development of real time business intelligence system	Jonathan Stephens	/ /	Ongoing
Develop clear process for transfer of patients to/from local hospitals and establish process for DTOC with LA	Judith Adams	31/12/2015	Project currently being developed which will form part of the HWWWITF Phase ll programme
Scheduling work commenced looking at maximising available capacity	Judith Adams	/ /	Ongoing

OPDQ group in place to identify system issues		17/08/2015	To continue with the group post go-live
Develop in-session utilisation of clinics	Richard Turnock	31/12/2015	Needs to be scoped in context of Meditech v6 functionality. Theatre user Group to be relaunched which will identify operational efficiencies
Delivery on booking and scheduling action plan	Judith Adams	30/11/2016	D Gallagher providing support to the OPD programme. Consolidated into OPD improvement project. Booking rules to be agreed with service team by end March. Urgent (<6 weeks appointments) to be booked by 27th March Initial under 6 weeks actions completed. Ongoing work required on full action plan for booking and scheduling due to delayed deployment of MTV6 and move to CHP.
Phase 2 HWWITF projects to be developed to maximise benefits of CHP	Judith Adams	31/12/2015	Develop plan to now demonstrate delivery/implementation of actions and timescales
Deliver actions agreed with medical staff re Theatre efficiencies including start times, session lengths and capacity.	Rachel Greer	31/12/2015	Work ongoing to align theatre and medical staff.

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ongoing monitoring by Project Teams/Steering Group/Programme Board.	Louise Shepherd	04/09/2016	The benefits profile on SharePoint is being reviewed to provide the July Programme Board with a status of benefits with metrics already defined; this will enable the PB to identify any clear gaps to be filled.

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Clinical Engagement on EPR		
Ref: 573	Risk Owner: Richard Turnock	Originating BU / Programme: Business Support				
Reporting Committee: RABD		Where Risk Managed: Corporate				
Internal	Link to Quality AimsRABD					
Strategic Objective: Patient Centred Services				Current IxL 4-3	Target Residual - Appetite for Risk 4-2	Trend: STATIC

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

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

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details
19/07/2016	no change in risk

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

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

Actions to Reduce Risk to Target Residual Rating

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

Date Last Reviewed	Review Details
21/07/2016	No progress to update currently

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls	
• All managers accountable for adherance to the process set out in policy for managing sickness. Regular monitoring by CBU Boards. Monitored through Corporate Report and CBU Performance meetings. Reports to WOD.	• Report in corporate report, monthly CBU reviews with HR. Targeted OH interventions. Local BI reporting via MSS
• Reports to WOD.	• Resources to be identified for the management of workforce health and wellbeing. Occupational Health identifying options to support the Trust's health and wellbeing agenda for staff.
• Occupational Health Provider, Team Prevent established with focused work on sickness absence	• Team Prevent Contract renegotiated. KPIs being reviewed and enhanced.
• Increased focus on the effective management of sickness absence at CBU level.	• Revised Sickness Absence Policy to be implemented Q1 of 2016/17. HR Business Partners and HR Advisors to provide additional coaching, workshops, training sessions.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Sickness Absence Action plan reviewed to be discussed at Board Jan 16	Melissa Swindell	08/01/2016	
Increased compliance with policy standards driven by BI and supported by HR	Melissa Swindell	01/04/2015	Report and recommendations from Task and finish group signed off and implemented
Early Intervention Service delivered by Team prevent to support early OH referral for staff with stress, msk and surgery	Melissa Swindell	02/02/2015	Referral rate increasing
Training offered to all absence managers	Melissa Swindell	26/10/2015	Low take-up
Managing attendance included in Workforce CIP programme	Melissa Swindell	01/05/2015	Group established. TOR circulated
Supportive interventions to be identified between HR and CBUs/Heads of Department	Melissa Swindell	03/05/2016	
Revised KPIs with Occupational Health to be agreed.	Melissa Swindell	31/03/2016	
Increase attention on wellbeing through change in Team Prevent's focus, establish Trust Health and Wellbeing Steering group	Fleur Flanagan	30/09/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Ongoing liaison with staff side	Melissa Swindell	/ /	Estates consultation successfully completed, Hotel Services consultation underway
Formal written communication with FTOs	Melissa Swindell	26/10/2015	2 strike days without significant disruption
CBU Managers agreed to regular meetings	Judith Adams	29/05/2015	Commitment given

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register			2016--17	Risk Title: Obtaining Capital funding for three future site developments.		
Ref: 1062	Risk Owner: David Powell	Originating BU / Programme: Business Support				
Reporting Committee: Board		Where Risk Managed: Corporate				
Internal	Link to Quality AimsBoard			Changed from Project level on 03/08/2016		
Strategic Objective: Patient Centred Services				Current IxL 3-4	Target Residual - Appetite for Risk 3-3	Trend: STATIC

Description	Causes	Consequences
Obtaining adequate funding to develop the 3 themes of the development	Lack of developer interest or land values.	Reduce scope of master plan development within park Failure of charity funding bids.

Existing Set of Controls	
• Alternative functional designs developed for different funding levels	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Developer interest already identified; Sustrans and LFC charity bids being developed	David Powell	24/05/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Nurse staffing levels and associated recruitment		
Ref: 718	Risk Owner: Hilda Gwilliams	Originating BU / Programme: Business Support			
Reporting Committee: CQAC		Where Risk Managed: Corporate			
Internal	Link to Quality AimsCQAC				
Strategic Objective: Great Talented Teams			Current IxL 5-2	Target Residual - Appetite for Risk 5-1	Trend: STATIC

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

Existing Set of Controls	
• Agreed levels of staffing to meet national guidance.	• Finances agreed by Board
• Recruitment process in place.	• Request to close beds to be supported by 'paper' to evidence rationale.
• Request for staff to backfill absence submitted to NHSP at earliest opportunity.	• Robust sickness and absence policy overseen by HR
• Monitoring of incidents/ complaints where staffing levels are a factor: observing for trends and themes	• Themes and trends reviewed weekly by RMT and when evident discussed at weekly meeting of harm: these include incidents/ near misses relating to reduced nurse staffing levels.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Continue to work closely with HEI's and have undertaken successful national and international recruitment during March 16 enabling the Trust to fill all vacancies and build resilience within the nursing pool.	Hilda Gwilliams	03/10/2016	
Over-recruit by 20WTEs (50% of mat. leave)	Hilda Gwilliams	30/12/2016	
Review impact of cover arrangements	Hilda Gwilliams	30/12/2016	
monitor bed closures resulting from nurse staffing issues	Hilda Gwilliams	31/10/2016	
monitor lost theatre sessions due to nurse staffing issues	Hilda Gwilliams	31/10/2016	

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

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

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

Existing Set of Controls	
• Annual and quarterly capacity and demand review at Trust level	• Draft framework in place for sub contract work
• Performance management meetings at CBU and Trust level	• Trust wide action plan to address data validation, data quality and administration of 18 week pathways
• Investment in ward, theatre and medical staffing to meet required demand	• Trust access policy
• Opening of additional beds over summer period	• Appointment of Head of Performance & Planning to manage performance related issues
• Completion of IST action plan	• Framework agreed with sub contract providers as release valve for increased demand
• Review of trust bed meeting by GMs and weekly discharge meeting in place	• Implementation of real time ADT
• Revised Patient Access Policy now published and operational to provide platform for discharging DNA's	• Trust wide recruitment strategy in progress
• Framework agreed with sub contract providers as 'release valve' for increased demand	• R&R action plan monitored by Ops Board
• New SOP's developed for MT6	

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Capacity and demand assessment at each service line level to deal with 'steady state' and reduce backlog in agreed timescales	Judith Adams	/ /	Ongoing
Recruitment to agree workforce complement	Hilda Gwilliams	/ /	Ongoing
Reduce sickness absence	Melissa Swindell	/ /	Ongoing
Completion of booking and scheduling action plan	Judith Adams	30/11/2015	Reports monthly to PMG, weekly task and finish group. Revised action plan submitted to

			PMG in Dec for monitoring and assurance. Review of all SOP and processes underway by new manager following failure to process internal referrals Initial under 6 weeks actions completed. Ongoing work required on full action plan for booking and scheduling due to delayed deployment of MTV6 and move to CHP.
Improve hospital flow and discharge planning	Judith Adams	/ /	Ongoing. Bid to spec com for support with hospital discharge co-ordinator
Implement revised DNA process within updated Patient Access Policy	Judith Adams	30/09/2015	Currently an active item being tracked through PMG CBU's to present PA policy at Boards

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Employment policy framework
Ref: 205	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support	
Reporting Committee: WOD	Where Risk Managed: Corporate		
Internal	Link to Quality AimsWOD		
Strategic Objective: Great Talented Teams			Current IxL 3-3 / Target Residual - Appetite for Risk 2-2 / Trend: STATIC

Description	Causes	Consequences
Failure to review full employment policy framework relating to staff due to capacity to undertake this work within HR and staff side	Capacity of HR, staff side and managers to input to high quality reviews of existing policies	Slower than expected progress on improvements to employment related policies.

Existing Set of Controls

• Timetable for policy review in place	• Fast Track performance review Group.
• Dedicated HR to individual policies.	• Policy Review Group in place.
• Policies ratified through Workforce & Organisational Development (WOD) Committee.	• Concerns regarding staff side input to policy review discussed at JCNC.
• Concerns regarding staff side attendance at Policy Review Group (PRG) discussed at JCNC.	• Training to be provided to management to support the effective implementation of policies, and adoption of a consistent approach.

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Review of funding for backfill to release staff side for more time to input to policy review agenda.		31/03/2013	fast track policy process shared with staff side November 2012. dates in diaries oveer dec/jan to review policies.
Dedicated HR to individual policies.	Melissa Swindell	30/01/2015	Action plan re-set and in delivery.
Supplementary process in discussion with staffside	Fleur Flanagan	31/03/2015	Resistance from Staffside to changes to current process
Sourcing additional resource for policy development	Melissa Swindell	26/10/2015	Reallocation of HR resources
Escalation of delays to WOD.	Melissa Swindell	10/03/2016	HR Business Partner to proceed to WOD with policies agreed at Policy Review Group (PRG) but where staff side have not provided input. Evidence of attempts to engage with staff side to be provided. WOD to be asked to support the ratification of policies without staff side input. WOD to determine whether Trust Board approval is required.
Review of process to continue	Fleur Flanagan	30/09/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Workforce engagement and support
Ref: 500	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support	
Reporting Committee: RABD	Where Risk Managed: Corporate		
Internal	Link to Quality AimsRABD		
Strategic Objective: Great Talented Teams			Current IxL 4-2 / Target Residual - Appetite for Risk 3-2 / Trend: STATIC

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

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Engage staff in the HWWWTF project.	Melissa Swindell	12/11/2014	project progresses
Roll out of medical leadership development	Melissa Swindell	/ /	Overall improvement in provisional staff survey scores including comms with Snr Mgt, satisfaction with appraisals and recommendation as place to work scores.
Launch of non-medical leadership development	Melissa Swindell	29/05/2015	Programme signed off implementation plan TBA
Implementation of Internal Comms Strategy	Melissa Swindell	30/04/2015	Strategy to be signed off at April PSB
Focused Staff Survey Action Plan	Melissa Swindell	30/04/2015	Agreed at Ops Board. Steering Group to be established
Engagement and Communications PID developed as part of Trust Change Programme for 2016/17	Fleur Flanagan	31/03/2017 01/04/2016	Cancelled due to LiA implementation
LiA methodology implementation	Melissa Swindell	31/03/2017	

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

Corporate Risk Register

Alder Hey Children's NHS Foundation Trust

Corporate Risk Register	2016--17		Risk Title: Mandatory training compliance		
Ref: 172	Risk Owner: Melissa Swindell	Originating BU / Programme: Business Support			
Reporting Committee: WOD		Where Risk Managed: Corporate			
Internal Monitoring	Link to Quality AimsWOD				
Strategic Objective: Excellence In Quality			Current IxL 3-2	Target Residual - Appetite for Risk 3-1	Trend: STATIC

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

Existing Set of Controls

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

Actions to Reduce Risk to Target Residual Rating

Actions to Reduce Risk to Target Residual Rating	Resp.	Imp. Date	Progress Since Last Review
Full roll-out of workbooks to complement classroom sessions, implementation of action plan.	Melissa Swindell	31/01/2015	OLM reformatted all competencies loaded into ESR. BI improved.
Specific intervention in practical Manual Handling	Melissa Swindell	31/03/2015	150 additional staff up to date
Mandatory Training Database reviewed	Melissa Swindell	30/04/2015	Data cleansed and period between programmes adjusted on a risk basis
Improve compliance to agreed rates by increasing completion rates for workbooks across all relevant subjects	Fleur Flanagan	30/06/2016	
Review process of knowledge transfer (training methods) for all Mandatory training	Fleur Flanagan	30/09/2016	

Date Last Reviewed	Review Details

This risk has not been reviewed.

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board Assurance Framework Policy

Document Number	
Version Number	4
Scope	The purpose of this policy is to set out the key structures, systems and processes by which the Board of Directors is assured, via the Assurance Framework and the underpinning risk registers that the Trust's strategic and operational objectives are being achieved through the effective management of the strategic and operational risks
Prepared By	Director of Corporate Affairs
Target Audience	Trust wide
Other Relevant approved Documents	Risk Management Strategy
Evidence Based/ Legislation	Health Act 2009 CQC registration
CQC Essential Standards for Quality and Safety	Well led domain – risk and governance
Consultation on Document	To be undertaken
Equality Issues	None
Training Implications	To be considered with CBU's, corporate functions and programme
Resource Implications	Not yet known
Risk/H&S/Quality Implications	None
Monitoring and Audit	
Key Words	Assurance, risk
Dissemination	See section 11
Approved by	Board of Directors (6 September 2016)
Ratified by	Integrated Governance Committee (29 July 2016)
Review Date and by whom	15.07.16 Director of Corporate Affairs
Date Valid From	1.12.2014

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Appendices

1. Introduction

A Board Assurance Framework (hereafter referred to as the BAF) must be driven by the objectives of the organisation. Therefore it follows that clear strategic and operational objectives need to be identified before an effective system of internal control can be established. Without clear objectives, the Trust would be unable to identify and evaluate the risks that threaten the achievement of its goals and design and operate a system of internal control to manage those risks. The corporate objectives for the Trust are determined by the Board of Directors, based on organisational, local and national priorities including the Health Act, stated in the Trust's operational plan and other related documents. The BAF enables the Board to demonstrate that it has been properly informed about the totality of its risks and is able to sign the Annual Governance Statement required annually by NHS Improvement.

The BAF must be a dynamic tool to enable the Board to assure itself that all significant strategic risks are being managed effectively. The elements involved in this assurance process are:

- The BAF must be reviewed and updated with progress towards closing the identified risks and associated gaps in control and/or assurance at least quarterly.
- Independent scrutiny must take place to ensure that these updates are valid.
- Both of these processes must also consider whether new risks have arisen with the potential to jeopardise the achievement of the Trust's principal strategic objectives.

2. Purpose of Policy

The purpose of this policy is to set out the key structures, systems and processes by which the Board of Directors is assured, via the BAF and the underpinning risk registers that the Trust's strategic and operational objectives are being achieved through the effective management of the strategic and operational risks. See Fig.1 below.

The Board Assurance Framework

3. Duties and Responsibilities

3.1 Board of Directors

- It is the duty of Board members to ensure that they monitor the Trust's significant risks as detailed in the corporate risk register and that those corporate risks link into the high level risks on the BAF, that relate to specific strategic objectives and the associated controls and assurances in line with the work plan. In particular, the Board should focus upon progress by exception of action plans to address gaps in control and assurance.
- The Board should ensure that all systems, processes and procedures required for the BAF function effectively, including where elements have been delegated to Committees.

3.2 Board Committees

- The overall role of the Board committees is to carry out the detailed work of assurance on behalf of the Board. They report recommendations to the Board. The Board Committee's core role and responsibilities is to:
  - Scrutinise reports on the relevant risks to that Committee's remit from the BAF and the corporate risk register; the delivery of the Annual Plan and compliance with CQC Standards.
  - Contribute to the development of the Annual Planning cycle and ensure that this plan reflects stakeholder requirements.
  - Give the Board confidence that the systems, policies and people they have put in place to deliver the Annual Plan are operating in

compliance with CQC Standards, are effective, are focused on key risks and are driving the delivery of the Trust's objectives.

- Recommend to the Board the level of assurance required, the source of assurance required and how the reporting of assurances will be managed and coordinated.
- Provide the Board with the evidence required of the effectiveness of controls in order to be able to sign the Annual Governance Statement and maintain unconditional registration with the CQC.
- Scrutinise reports and evidence of assurances provided by clinicians, managers, Trust committees and independent assurers on the status of the Trust's internal controls.
- Ensure that unacceptable levels of assurance and risks are reported to the Trust Board for their consideration.

3.3 Integrated Governance Committee

- The Integrated Governance Committee oversees the design and effective operation of the risk management process across the Trust including the management of the production of the BAF.
- The Committee provides the Board with assurance that a comprehensive corporate risk register is in place derived from the Executives' view of the major risks to the Trust and the risks being escalated from CBUs and business support functions.
- The Committee oversees the integration of clinical, organisational and financial risk management systems across the Trust with that of corporate business planning.
- It is authorised to take remedial action to resolve weaknesses and incorporate best practice.

3.4 Clinical Business Units (CBU) and Business Unit Functions

- All Clinical Business Units and Business Unit Functions should complete and report to the Integrated Governance Committee on their specific accountabilities and responsibilities as defined in the work plans.

3.5 Director of Corporate Affairs

- The Director of Corporate Affairs will facilitate the process for updating the BAF.
- The Director of Corporate Affairs will ensure the Board of Directors is provided with an updated BAF every month.
- The Director of Corporate Affairs will ensure that timely risk modelling is undertaken for all new identified or emerging risks.

3.6 Executive Directors

- Each risk identified on the BAF will have an Executive Director owner who holds accountability for updating entries in the Assurance Framework against that risk i.e. associated controls, actual assurances (reports etc), action plans and impact/likelihood score.
- Once all updates from risk owners have been received, the Executive Lead will sign off the refreshed BAF.

- The Executive Directors with responsibility for staff groups in each will be accountable for the proactive timely and accurate review and update of all risks owned by their CBU / corporate service. This will include continuously supporting risk owners, control owners and action owners to scrutinise their existing risks and progress made to reduce them. It is also an opportunity to identify any emerging new risks for assessment and inclusion in the corporate risk register.

3.7 Non-executive Directors

- It is the role of all Non Executive Directors to contribute to Board and Committee discussions and make constructive challenges.
- They should identify issues, either through Committee activities or at the Board itself of which the Audit Committee will undertake a more detailed review.

3.8 General Managers/Heads of Business Unit Functions, Project and Programme Managers

- General Managers, business support function Heads of Departments, Project and Programme Managers are accountable for the complete and accurate review and update of all risks owned by their CBU/ service/ programme. This will include continuously supporting risk owners, control owners and action owners to scrutinise their existing risks and progress made to reduce them.
- They are also accountable for identifying any emerging new risks for assessment and escalation to the corporate risk register.

3.9 All Staff

- Contributing to the identification of risk through active participation in the risk assessment and incident reporting processes by ensuring they comply with their responsibilities identified in the risk assessment and incident reporting policies.
- Following all relevant safety precautions in line with the policy.
- Keeping mandatory training up to date through attendance and updating identified in the training needs analysis.

4. Process for maintaining the Board Assurance Framework

4.1 The BAF is utilised by the Board of Directors as a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic goals.

4.2 The BAF contains information regarding internal and external assurances that organisational goals are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them.

4.3 Risks are scored using a 5x5 matrix of impact and likelihood. This 5x5 matrix, in which scores for impact or consequence of the risk is multiplied by the score for likelihood of occurrence. The total score generated is known as the risk rating.

4.4 The BAF is maintained by the Director of Corporate Affairs. The information recorded on the Framework includes:

- Description of the risk
- Current risk score
- Control measures in place
- Evidence of current assurances
- Gaps in controls/ assurances
- Target risk rating
- Actions required to achieve the target risk rating – the appetite for the specific risk.

4.5 The Board of Directors has delegated responsibility of monitoring risks and assurances to the Integrated Governance Committee (IGC), which will review and update the BAF at each of its bi- monthly meetings. It will provide an updated BAF and summary of the corporate risk register to the subsequent Board meeting and also an extract of the relevant risks to the other Board Committees: Clinical Quality Assurance Committee, the Resources and Business Development Committee and Workforce and Organisational Development Committee.

4.6 The Audit Committee has delegated responsibility from the Board to oversee this process, ensuring that there is adequate external review and assurance and that this is used to inform the Annual Governance Statement.

5. Process for the local management of risk (which reflects the organisation wide Risk Management Strategy)

- Each Clinical Business Unit and Corporate Function will refresh their risk register on an annual basis as per the Trust's Risk Management Strategy.
- The locally identified risks, derived from completing the risk assessment tool, will be utilised to inform the departmental risk registers. CBU General Managers/Heads of Corporate Functions are responsible for ensuring that actions are put in place to mitigate identified risks.
- The ways in which risk can be escalated from Ward and department level to CBU and corporate levels is outlined in the Risk Management Strategy.
- CBU/Corporate Functions will provide exception reports to the Integrated Governance Committee in line with that's Committee's work plan.

6. Monitoring compliance with the processes

As stipulated within this policy, the Trust will keep the BAF under review via the Integrated Governance Committee and monthly reports to Board of Directors and its Committees.

- The reports will be presented by the Director of Corporate Affairs to the Board of Directors and its assurance committees.
- An annual audit of the corporate risk register/ Assurance Framework will form part of the internal audit programme, to support the Annual Governance Statement.
- The purpose of this annual audit is to monitor the systems and processes of the approved organisation- wide risk register.
- The Trust's BAF will be monitored to assess compliance with the key performance indicators.
- The audit process will assess whether responsibilities are clearly agreed and recorded and there is evidence to support objectives which are clearly linked to the Trust's operational plan or other strategic documentation.
- Risks are clearly linked to objectives, their priority (impact/likelihood) has been determined and they have been attributed to a lead.
- Risks are assessed and new/amended risks are considered and included where appropriate.
- Controls effectively manage the risk, there is evidence that the controls are in place and that there is adequate management of controls.
- Controls relied upon are sufficient to manage the risk i.e. expected assurances have been received and provide sufficient information to efficiently manage the risk.
- Positive assurance evidence is collated and uploaded onto performance accelerator and signed off by the accountable Executive Director.
- Where gaps in control/assurance have been identified, appropriate actions plans have been agreed to address these and are monitored consistently in line with policy standards.
- Board reports, Integrated Governance Committee minutes, Resources and Business Development Committee minutes, Clinical Quality Assurance Committee minutes, Workforce and Organisational Development Committee minutes and Audit Committee minutes provide evidence that the Assurance Framework has been effectively discussed and considered and progress/ action has been taken to address areas raised following the audit.
- The Integrated Governance Committee and Audit Committee monitor reports ensuring that recommendations/actions are implemented where monitoring has identified deficiencies. This is to ensure that lessons have been learned and agreed changes in practice made.

7. Approval Process

This policy was approved by the Board of Directors on 1December 2014.

8. Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity both within our workforce and in service delivery. This policy and procedure has been impact assessed and should be implemented with due regard to this commitment.

9. Review and Revision Arrangements including Version Control

This policy will be reviewed by the Director of Corporate Affairs on or before July 2017

10. Dissemination and Implementation

Dissemination and implementation will take place through the Integrated Governance Committee and CBU Boards. The Policy Administrator will update the intranet and internet, and arrange for new and revised policies to be advertised in the Trust weekly publication "My Alder Hey".

11. References

- *The Healthy NHS Board*
- *Taking it on Trust*
- *Board Assurance Frameworks – A Simple Rules Guide for the NHS*
- CQC Standards
- Monitor Risk Assessment Framework 2015/16
- Monitor Annual Reporting Manual 2015/16

12 Associated Documentation

This policy should be read in accordance with the Trust Risk Management Strategy.

Appendix A

1. Definitions

1.1 Assurance

Confidence based on sufficient evidence, that internal controls including policies, procedures, practices and organisational structures are in place and operating effectively ensuring the strategic objectives are being achieved.

1.2 Key Elements Assurance Framework

- An Assurance Framework (BAF) is a simple but comprehensive method for:
  - The management of the principal risks to meeting the organisation's objectives.
  - Providing evidence for the Annual Governance Statement. Guidance on what should be included within the Statement is provided within Monitor's Annual Reporting Manual each year.

1.3 Principal Objectives

- Principal Objectives are statements of the crucial measurable results which the organisation must achieve in order to achieve its overall goals in line with its strategic aims.
- Clinical Business Units and Corporate functions must align their objectives with the principal objectives in order to ensure that their activities contribute to the achievement of the Trust's principal objectives.
- The BAF must specify the Director who is accountable to the Board for delivering the Principal Objectives of the corporate plan.
- The Principal Objectives must be stated in terms which are:

Specific
Measurable
Achievable
Realistic
Time-based

1.4 Risk Registers

- Risk registers are held at Clinical Business Unit level, Departmental level, business support function level, and at Trust Wide level, (Assurance Framework and Corporate Risk Register). The principal risks associated with each strategic objective must be identified on the BAF.
- The risk rating tool (5x5 matrix) enables staff to consider the potential harm that would be caused if a hazard or threat was realised and how likely this is to happen. The two factors of likelihood and impact/consequence are used to establish the level of risk; this will

assist staff in deciding which risks take priority and highlight areas which need rapid attention.

- The Clinical Business Unit/Department/Business Support Function level risk register must reflect the proactive annual risk assessments undertaken and reactive risks identified through incident reporting etc. including demonstrating action taken against these risks at least monthly.
- Each Clinical Business Unit/Department/Business Support function has responsibility to review their own risks and to inform the Integrated Governance Committee of actions completed to reduce or eliminate the identified risk.
- The Clinical Business Unit /Department/Business Support Function risk assessments will contribute to the formulation of the high level Trust Corporate Risk Register along with other forms of risk identification. This will ensure that the risk registers are consistent and that meaningful decisions on the prioritisation and treatment of risks can be made.
- Risk Registers will be kept at Business Support Functions, Clinical Business Units and Department/Ward levels within the Trust.
- At Board of Director level the corporate risk register will include risks to the achievement of Principal Objectives together with risks escalated from business support functions, Clinical Business Units and Department/Ward levels.

1.5. Principal Risks

- Factors which potentially threaten the achievement of the principal objectives are called principal risks and need to be identified. They should be stated as "If x happens then y will be the consequence".
- Using risk profiling the principal risks to achieving the principal objective are identified and summarised on the BAF together with a score of their likelihood and potential impact.

1.6 Risk Profiling

Risk Profiling is a process that involves the identification and assessment of all risks encountered by an organisation, enabling the identification of high risk issues, facilitating the management and prioritisation of such risks.

- Risk profiling gives a risk a 'Likelihood score' of:
  - 1 = rare - do not expect this to happen.
  - 2 = unlikely - most probably will not happen.
  - 3 = occasionally - 50:50 chance of occurring.
  - 4 = likely - most probably will happen.
  - 5 = almost certain - confident that this will happen.

- Risk profiling gives an impact/consequence score of
  - 1 = almost non - no obvious harm.
  - 2 = minor - no permanent harm (recovery within month).

3 = moderate - semi-permanent harm (recovery takes longer than 1 month but no more than 1 year) and/or adverse publicity for the Trust.
4 = major - permanent harm not resulting in death or severe disability to a person or persons and/or start of a national investigation into the Trust and/or disruption of key Trust services which significantly hinder the Trust in meeting its responsibilities.
5 = catastrophic - death or permanent severe disability to a person or persons and/or significant loss of reputation for the Trust and/or loss of key Trust services which prevent the Trust meeting its responsibilities.

Note: Harm in all the above includes damage to the organisation, its finances, its reputation, its business, its patients, staff or visitors.

1.7. Identification of Risks

Potential principal risks to the achievement of the Trust's objectives are identified in two ways: the 'top down' proactive (risk assessment) identification of risks that directly affect the Trust's achievement of its principal objectives, combined with the 'bottom up' assessment of the most significant risks within the business support, programme and Clinical Risk Registers, which in turn originated in Clinical Business Units, programme and Business Support Function Risk Registers.

1.8 Controls and Assurance

- Controls are the many different things that are in place to mitigate risk and assist in securing the delivery of objectives; they should make a risk less likely to happen, or reduce its effect if it does happen.
- The Assurance Framework requires the Trust to consider the effectiveness of each control through the process of obtaining assurances that the control is in place and is operating effectively.
- The Assurance Framework summarises how the Board knows that the controls it has in place are effectively managing the principal risks together with references to documentary evidence that the assurances are working effectively.
- There are two groups of assurances on controls:
  - Internal Assurance
  - Independent Assurance
- Internal assurance is provided by the following Committees:
  - Audit Committee
  - Clinical Quality Assurance Committee
  - Integrated Governance Committee
  - Workforce and Organisational Development Committee
  - Health and Safety Committee
  - Clinical Systems Informatics Project Group
  - Information Governance Committee

- The purpose of the committees is to carry out an analysis of assurances received, identify any key gaps in the assurance mechanisms and provide an evaluation of the effectiveness of these mechanisms to inform the relevant strategic objectives on the Assurance Framework.
- The Board of Directors then receive summary reports from these committees together with Audit Committee reports and makes a final judgement on the level of assurances received and any actions required to ensure delivery of the Trust's objectives and obligations.
- Independent assurance is provided by:
  - Audit Committee
  - Internal Audit and External Auditors
  - Care Quality Commission
  - Health and Safety Executive
  - Monitor/NHS Improvement

1.9. Key Controls

- Key controls are the means by which the risk's impact or likelihood may be reduced together with references to documentary evidence of the existence and effectiveness of that control mechanism. Risk control is achieved by reducing the likelihood of the risk, reducing the impact of the risk and/or transferring the risk. The risk controls are also identified through a risk profiling process and summarised on the Assurance Framework as are any gaps in risk control.
- The Board of Directors and all other Trust staff grade risks must use the same tool.

1.10. Gap in control and assurance

- A gap in control is deemed to exist where adequate controls are not in place, or where collectively they are not effective. A failure to put in place sufficient effective policies, procedures, practices of organisational structures to manage risks and achieve objectives.
- A gap in assurance is deemed to exist where there is a failure to gain evidence that the controls are effective. In other words a failure to gain sufficient evidence that policies, procedures, practices or organisational structures on which reliance is placed is operating effectively.
- Wherever gaps in control or assurance are identified, action plans must be clearly defined, monitored consistently for improvement and allocated to appropriate lead Directors.

1.11. Controls Performance Reports and Associated Action Plans

- Performance reports e.g. audit reports provide strong evidence of the effectiveness of control activities and should identify necessary improvements where controls are lacking. It therefore follows that performance reports generate valuable information for the Assurance Framework and that there is a clear need for performance reporting and the Assurance Framework to be strongly linked.

- Where there is deficits identified in performance action plans must be formulated and consistently monitored to ensure compliance with performance standards (strategic objectives).

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th September 2016

Report of:	Director of Corporate Affairs
Paper Prepared by:	Director of Corporate Affairs
Subject/Title:	*Freedom to Speak Up* Report – Updated position statement and proposed Guardian arrangements
Background Papers:	Report from the Mid Staffordshire NHS Foundation Trust Public Inquiry *Freedom to Speak Up* Inquiry Report
Purpose of Paper:	To provide the Board with an update in relation to the self-assessment of the Trust's position against the actions recommended by Sir Robert Francis in the report arising from the *Freedom to Speak Up* Review with specific reference to the Freedom to Speak Up Guardian
Action/Decision Required:	The Board is asked to: • Note the Trust's position; • Discuss and approve the proposed approach to the Freedom to Speak Up Guardian role
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Ensuring Good Governance**
Resource Impact:	Not yet identified

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 6th September 2016

Freedom to Speak Up Report – Updated Position Statement and Proposed Guardian Role

1. Purpose of the Report

The purpose of this paper is to provide a follow-up self-assessment of the Trust's position against the actions recommended by Sir Robert Francis in the report arising from the *Freedom to Speak Up* Review and specifically to propose arrangements for the prescribed *Freedom to Speak Up* Guardian at the Trust.

2. Recommendation

The Board is asked to note the updated position and to discuss and agree the proposed arrangements in relation to the requirement to nominate a *Freedom to Speak Up* Guardian for the Trust by 1st October 2016.

3. Background

The Secretary of State for Health commissioned the *Freedom to Speak Up* review in June 2014 in response to publicly expressed disquiet that NHS organizations had not done enough to address the cultural issues identified by the Mid Staffs and other inquiries. The report was published in February 2015 and a report was brought to the Board in March of that year setting out an initial self-assessment for Alder Hey against the recommendations and proposing a range of actions both short and medium term.

4. Trust Position against recommended actions

The self-assessment has been repeated after a period of 18 months, during which time the Trust has continued to develop its approach to quality and the underpinning improvement culture put in train by the Board in 2013. The updated position is set out at Appendix 1 of this paper, together with proposed actions to meet any outstanding issues.

One of the key areas that in March 2015 was not actioned locally pending the development of a national approach was the concept of the *Freedom to Speak Up* Guardian. Board members will recall that the role of the *Freedom to Speak Up* (FTSU) Guardian is to work alongside trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely. The FTSU Guardian role is designed to contribute to achieving the following outcomes:

- A culture of speaking up is instilled throughout the organisation
- Speaking up processes are effective and continuously improved
- All staff have the capability to speak up effectively and managers have the capability to support those who are speaking up
- All staff are supported appropriately when they speak up or support other people who are speaking up
- The Board is fully sighted on, and engaged in, all *Freedom to Speak Up* matters and issues that are raised by people who are speaking up
- Safety and quality are assured
- A culture of speaking up is instilled throughout the NHS.

The national Guardian's office has now been established by CQC and there is a requirement for all organisations to identify their own Guardian by 1st October.

5. Freedom to Speak Up Guardian – Proposed Alder Hey model

Given the combination of previous local issues and the development of national policy, the Trust has over time put in place a number of mechanisms to enable our staff to raise concerns. These include:

- Weekly Meeting of Harm
- Incident Reporting via Ulysses
- Incident Management Policy
- Whistleblowing Policy
- Raise It, Change It
- Chief Executive's Open Door sessions
- Board visibility Programme
- Quality Strategy Steering Group

More recently, the introduction of *Listening into Action* into the organization has provided another route for staff to engage in open dialogue with senior leaders and empirically we can evidence that staff have felt confident in raising issues of concern, including matters that had potential to impact patient safety, using this mechanism.

Whilst the CQC has recently issued a sample job description for an FTSU Guardian, there is no single prescribed approach and to date NHS organisations have created the role in a variety of ways, with some recruiting to a paid post and others developing it as an adjunct to an existing one.

In view of the activities already in place at Alder Hey, it is proposed to integrate the role of Guardian into the suite of mechanisms that staff are familiar with rather than launch a new and separate initiative. It is proposed that the Senior Independent Director is nominated as the FTSU Guardian; he is in possession of the qualities recommended in the CQC's job description, already has an independent role under the Whistleblowing Policy and brings objectivity in his role as Audit chair. However, if he is to take on this role, it is recognized that he will require a support infrastructure which also links to the other mechanisms outlined above. This will require thought and development.

6. Next Steps

The Board is asked to consider the proposed approach and if in agreement endorse the development of an appropriate support structure that ties the various elements of this agenda together in a coherent way that makes sense to staff, is transparent and enables Board engagement. A further report will come back to the Board once this has been agreed.

Erica Saunders
Director of Corporate Affairs
August 2016

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

***Freedom to Speak Up* – Updated Position Statement and Action Plan**

FTSU Theme & Principle	Action ref.	FTSU Action Description	Current Trust Position/Evidence	Proposed Trust Action
Culture: Culture of Safety	1.1	Boards should ensure that progress in creating and maintaining a safe learning culture is measured, monitored and published on a regular basis.	• Corporate Report includes suite of safety metrics – Board papers published on Trust website • Trust Quality Account includes full details of progress against safety aims including incident reporting and associated changes in practice. • Weekly Meeting of Harm – incident data presented and 'incident of the week' poster produced to highlight learning • DPS Annual Report published – includes outcome data. • *Raise It, Change It* – responses posted on intranet • Monthly staff Temperature Check includes questions on learning – Board papers published on Trust website • Staff Safety Attitudes questionnaire – carried out on a quarterly basis	Continue to progress and promote through Quality Strategy/Quality Aims *Note: Action for regulators is to 'regard departure from good practice as identified in the report as relevant to whether an organisation is safe and well-led.*
Culture: Culture of raising concerns	2.1	Every NHS organisation should have an integrated policy and a common procedure for employees to formally report incidents or raise concerns. In formulating that policy and procedure organisations should have regard to the descriptions of good practice in this	• Management of Incidents Policy is comprehensive and links to Whistleblowing Policy	*Note: Action NHS England Monitor and the TDA to produce a standard integrated policy and procedure for reporting incidents and raising concerns.*

		report.		
Culture: Culture free from bullying	3.1	Bullying of staff should consistently be considered, and be shown to be, unacceptable. All NHS organisations should be proactive in detecting and changing behaviours which amount, collectively or individually, to bullying or any form of deterrence against reporting incidents and raising concerns; and should have regard to the descriptions of good practice in this report.	• Bullying and Harassment Policy has been updated and is robust and clear and is underpinned by Trust values	*Note: Action for regulators is to consider evidence on the prevalence of bullying in an organisation as a factor in determining whether it is well-led.*
Culture: Culture free from bullying	3.3	Any evidence that bullying has been condoned or covered up should be taken into consideration when assessing whether someone is a fit and proper person to hold a post at director level in an NHS organisation.	• FPPR built into Recruitment Policy • Full background checks and references are obtained prior to confirmation of any Board level appointment • Specific FPPR declaration process agreed and implemented October 2014 • Executive Director contract documentation updated to include FPPR wording • NED letter of appointment updated to include FPPR wording	Ensure FPPR full compliance in upcoming NED recruitment and future ED recruitment
Culture: Culture of visible leadership	4.1	Employers should ensure and be able to demonstrate that staff have open access to senior leaders in order to raise concerns, informally and formally.	• Whistleblowing Policy was updated April 2014 and provides clear information as to how staff access senior leaders including the SID • *Raise It, Change It* provides direct communication channel to CEO • CEO *Open Door* sessions held on a regular basis • Board visibility programme in place • *Listening into Action* provides organisation wide mechanism	Review Whistleblowing Policy regularly to ensure reflects current legislation and best practice Ensure Board Visibility momentum is maintained

Culture: Culture of valuing staff	5.1	Boards should consider and implement ways in which the raising of concerns can be publicly celebrated.	• Previous evidence of this re. theatres at launch of *Raise It, Change It* • *LiA* Comms provides channel	Suggest revisit and invite ideas/suggestions via LiA
Culture: Culture of reflective practice	6.1	All NHS organisations should provide the resources, support and facilities to enable staff to engage in reflective practice with their colleagues and their teams.	Current mechanisms include: • Local – CBU risk and governance meetings, MDT meetings, M&M meetings, safety huddles, clinical supervision • Trust-wide – Weekly Meeting of Harm, Clinical Quality Steering Group	
Improved handling of cases: Raising and reporting concerns	7.1	Staff should be encouraged to raise concerns informally and work together with colleagues to find solutions.	• Management of Incidents Policy provides for this, underpinned by approach taken at Weekly Meeting of Harm	
Improved handling of cases: Raising and reporting concerns	7.2	All NHS organisations should have a clear process for recording all formal reports of incidents and concerns, and for sharing that record with the person who reported the matter, in line with the good practice in this report.	• Ulysses system in place for incident reporting; work to improve reporting functionality nearing completion.	Assurance report on feedback to staff to be generated.
Improved handling of cases: Investigations	8.1	All NHS organisations should devise and implement systems which enable such investigations [where a formal concern has been raised] to be undertaken, where appropriate by external investigators, and have regard to the good practice suggested in this report.	• Investigations are provided for across the Trust's policy framework; Trust has track record of utilising invited review mechanism provided by medical royal colleges eg. RCS, RCPCH, RCP etc	
Improved handling of cases: Mediation and	9.1	All NHS organisations should have access to resources to deploy alternative dispute resolution techniques, including mediation and	As above	

dispute resolution		reconciliation to: • address unresolved disputes between staff or between staff and management as a result of or associated with a report raising a concern • repair trust and build constructive relationships.		
Measures to support good practice: Training	10.1	Every NHS organisation should provide training which complies with national standards, based on a curriculum devised jointly by HEE and NHS England in consultation with stakeholders. This should be in accordance with the good practice set out in this report.	Specific training not currently in place.	L&D team to consider and advise based on national framework – keep developments under review.
Measures to support good practice: Support	11.1	The Boards of all NHS organisations should ensure that their procedures for raising concerns offer a variety of personnel, internal and external, to support staff who raise concerns including: a) a person (a 'Freedom to Speak Up Guardian') appointed by the organisation's chief executive to act in a genuinely independent capacity; b) a nominated non-executive director to receive reports of concerns directly from employees (or from the Freedom to Speak Up Guardian) and to make regular reports on concerns raised by staff and the organisation's culture to the Board; c) at least one nominated executive director to receive and handle concerns; d) at least one nominated manager in each department to receive reports of concerns;	• See cover paper outlining proposal • Senior Independent Director – in place under Whistleblowing Policy • CEO via Raise It, Change It, plus CN, MD and HRD also receive such via other routes. • Set out in Incident Policy	Board to discuss proposal and agree way forward.

		e) a nominated independent external organisation (such as the Whistleblowing Helpline) whom staff can approach for advice and support.	• Identified within Whistleblowing Policy and contact details provided	
Measures to support good practice: Support	11.2	All NHS organisations should have access to resources to deploy counselling and other means of addressing stress and reducing the risk of resulting illness after staff have raised a concern.	• In place via Alder Centre – also identified within Whistleblowing Policy and contact details provided. There is also a separate Policy for Supporting Staff involved in Traumatic/Stressful Incidents, Complaints or Claims	*Note: Action for NHS England, Monitor and the TDA to issue joint guidance setting out the support required for staff who have raised a concern and others involved.*
Measures to support good practice: Support to find alternative employment in the NHS	12.2	All NHS organisations should actively support a scheme to help current and former NHS workers whose performance is sound to find alternative employment in the NHS.	• Not currently in place on a formal basis	Board to give commitment as required. *Note: Action for NHS England, Monitor and the TDA to jointly devise and establish a support scheme for NHS workers and former NHS workers whose performance is sound and who can demonstrate that they are having difficulty finding employment in the NHS as a result of having made protected disclosures.*
Measures to support good practice: Transparency	13.1	All NHS organisations that are obliged to publish Quality Accounts or equivalent should include in them quantitative and qualitative data describing the number of formally reported concerns in addition to incident reports, the action taken in respect of them and feedback on the outcome.	• Not yet implemented	To action going forward – NB this was not part of Quality Account guidance for 2015/16
Measures to support good practice: Transparency	13.2	All NHS organisations should be required to report to the National Learning and Reporting System (NLRS), or to the Independent National Officer described in Principle 15, their	• Not currently in place on a formal basis but previous evidence of proactive reporting to regulators on such matters	Board to give commitment as required.

		relevant regulators and their commissioners any formally reported concerns/public interest disclosures or incidences of disputed outcomes to investigations. NLRS or the Independent National Officer should publish regular reports on the performance of organisations with regard to the raising of and acting on public interest concerns; draw out themes that emerge from the reports; and identify good practice.		
Measures to support good practice: Transparency	13.3	a) CEOs should personally review all settlement agreements made in an employment context that contain confidentiality clauses to satisfy themselves that such clauses are genuinely in the public interest; b) All such settlement agreements should be available for inspection by the CQC as part of their assessment of whether an organisation is well-led; c) If confidentiality clauses are to be included in such settlement agreements for which Treasury approval is required, the trust should be required to demonstrate as part of the approval process that such clauses are in the public interest in that particular case.	• In place • All such documents available on request • To implement as appropriate	To action as required.
Measures to support good practice: Accountability	14.1	Employers should ensure that staff who are responsible for, participate in, or permit such conduct [failure to adopt fair, honest and open behaviours and practices when receiving or handling concerns] are liable to appropriate and proportionate disciplinary processes.	• Partly covered by current Disciplinary Policy with reference to 'failure to adhere to Trust Policies and Procedures, including local Department Protocols, where there are implications for staff, patient safety, or standards of care; serious neglect of duty' (Appendix D)	Board to give commitment

Measures to support good practice: Accountability	14.2	Trust Boards, CQC, Monitor and the NHS TDA should have regard to any evidence of responsibility for, participation in or permitting such conduct [failure to adopt fair, honest and open behaviours and practices when receiving or handling concerns] in any assessment of whether a person is a fit and proper person to hold an appointment as a director or equivalent in accordance with the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 regulation 5.	• Full background checks and references are obtained prior to confirmation of any Board level appointment • Specific FPPR declaration process agreed and implemented October 2014 • Executive Director contract documentation updated to include FPPR wording • NED letter of appointment updated to include FPPR wording.	Build into recruitment processes as part of values framework
Measures to support good practice: Accountability	14.3	All organisations associated with the provision, oversight or regulation of healthcare services should have regard to any evidence of poor conduct in relation to staff who have raised concerns when deciding whether it is appropriate to employ any person to a senior management or leadership position and whether the organisation is well-led.	• Full background checks and references are obtained prior to confirmation of any senior appointment	Build into recruitment processes as part of values framework

Erica Saunders
July 2016

Alder Hey Children's NHS
NHS Foundation Trust

Resource and Business Development Committee

Minutes of the meeting held on **Wednesday 29th June 2016**, **at 9:30am, Room 5, Level 1, Mezzanine**

Present:	Ian Quinlan (Chair)	Non-Executive Director	IQ
	Mags Barnaby	Interim Chief Operating Officer	MB
	Claire Dove	Non-Executive Director	CD
	Louise Shepherd	Chief Executive	LS
	Jon Stephens	Director of Finance	JS
In Attendance:	Louise Dunn	Director of Marketing and Comms	LD
	Joe Gibson	External Programme	JG
	Claire Liddy	Deputy Director of Finance	CL
	Laurence Murphy	Head of contracting	LM
	Janette Richardson	Programme Manager	JR
	Erica Saunders	Director of Corporate Affairs	ES
	Melissa Swindell	Interim Director of HR	MS
	Peter Young	External IM&T Consultant	PY
Agenda item: 55.	Sue Brown	Project Manager and Decontamination Lead	SB
62.	David Powell	Development Director	DP
Apologies:			
	Andy McColl	Business Development	AMc
	Therese Patten	Associate Director of Strategic Dev	TP
	Lachlan Stark	Head of Planning and Performance	LS
	Rick Turnock	Medical Director	RT

16/17/47 Minutes of the previous meeting held on 25th May 2016

Resolved:

RABD approved the minutes of the previous meeting.

16/17/48 Matters Arising and Action list

All actions on the log were either completed or on the agenda.

16/17/49 Achieving Run Rate

Following an update at the last meeting Mags Barnaby provided a further update on progress to date.

A process requesting booked theatre session for the next 3 weeks had been requested. If the Theatre team had not been made aware the theatre session would be given to a pre booked session. This process had been working well.

As bed occupancy on 3C had reduced a number of nurses would train for a 12 week qualification to be able to support cardiac services. This was due to be in place by October 2016.

Nationally bed flow was maintained at 85%. Alder Hey was currently at 84% with a target for 90%.

Mags Barnaby reported on the ongoing work to ensure targets would be met during the winter months.

The forecast for elective Ears, Noses and Throat cases was £1.5m. As 68 theatre cases were to be transferred to Warrington the forecast would now be met. Improvements within ENT would be seen in July 2016.

The end of year plan was £8.5mD, £8m of this required to be cash. The Trust was behind plan for the last three months and concerns were raised around meeting target. A proposal for approval of a working capital loan was due to be presented at the July Board.

RABD discussed a number of options to support the plan including; cancelling all future catering and not using any further agency staff unless essential.

A review to end any fixed term or temporary contracted posts no longer required was to take place. A suggestion was made to re-introduce corporate staff with a clinical background to clinical posts for a number of days to reduce agency spend.

Concerns were raised around incorrect coding and the financial impact this was having.

A review of budget codes and retraining of all budget holders was to take place.

Resolved:
a) RABD received an update on run rate progress.
b) RABD discussed concerns of meeting the financial plan and asked for a proposal of a financial turnaround programme to be presented at the Executive Committee tomorrow.

16/17/50 Pay Cost

The overspend on pay expenditure in May is £0.3m.
The top problem areas where temporary spend (agency, bank, overtime) is being used over and above establishment are; SCACC and ICS and facilities. The staffing groups with overspend are nursing and ancillary. It was noted overspend was partly due to a high number of vacancies in some areas.

Page 11 included details of the areas with overspend. A query was raised on the figures under pay budget and this required to be cleansed.

Fortnightly meetings were being held to bring back on track, RABD asked to see monthly updates on this.

A number of areas were failing to complete a leaver form resulting in overpayments. Melissa Swindell said re-training was going to take place in these areas.

Resolved:
An update on cash flow month 2 was received.

16/17/51 Workforce CIP

RABD went through table 1 from the CIP report highlighting the forecast and the current gap. Assurance was received that the gap would be reduced over the next couple of months.

Resolved:
RABD received an update on Workforce CIP.

16/17/52 Business Development

Patient activity for International and non NHS clinical services between April and September was to achieve an expected income of £174k, to date the current patient bookings have an estimated income of £185K. Any non NHS beds unoccupied was to be used for booked theatre lists.

Angie May and Rick Turnock were currently visiting Dubai Children's Hospital to agree future services and costings.

Resolved:
RABD received an update on non NHS clinical services.

16/17/53 Cash flow

At the end of month 02, cash in bank £7.9m, £5.3m greater than plan, this positive variance relates to working capital balances.

The action plan to manage cash includes the following key actions:

1. Implementation of **Debt Escalation Policy** – this revised policy ensures rapid escalation of bad debts to senior finance team.

2. Review and extension of **payment terms** – where possible payment terms extended, minimum term of 30 days enforced , review of weekly invoices to be paid.

3. **Cash collection** – review of key commissioner contracts with aim to increase amount of income received on 1st of month. Over performance tru up monthly and under performance deferral of credits. New policy for inter-trust invoices, annual contracts less than £100k invoiced in advance.

4. **Interest** – NLF (National Loan Fund) investment made where possible

5. **13 week forecast** produced and approved by Director of Finance

6. **Supplier contracts** – review to ensure beneficial payment or discount

RABD was asked to contact Claire Liddy with any further suggestions to support cash flow.

A financial controller post was to be recruited to support the new processes.

Resolved:
RABD received an update on Cash flow

16/17/54 Project Initiation Document/Standing Order Procedure/Reports
Developing IM&T and EPR Work-stream
EPR Development (Meditech 6) Project
Other Clinical Systems Project
Connectivity Project
Imaging Project
Peter Young presented the four PIDs above for approval.

To reduce the number of PIDs to three Peter proposed implementing Other Clinical Systems project into the other PIDs.

Resolved:
RABD approved the four PIDs noting the Other Clinical Systems project would be implemented into the other projects to reduce the PIDs to 3.

New Services in Communities Work-stream
Developing & implementing a partnership model for community services

The ambition for 'Alder Hey in the Community' is to deliver the right care, at the right time in the right place, essentially reorganising services so that demand for services is redistributed to where it needs to be. Integrated care is seen as the principal mechanism for the achievement of a collaborative and coordinated child and family system which is outcome focused and child-centred.

Resolved:
RABD approved Developing & implementing a partnership model for community Services PID.

Quality Improvement Programme for Existing Community Services Division at Alder Hey
The success rate of the project was dependent upon a number of delivery improvement schemes. This included pharmacological input to eating disorder services that had now been secured as a satellite service. Funding for Neurodevelopment re-design pathways was also now agreed.

Resolved:
RABD approved Quality Improvement Programme for Existing Community Services Division at Alder Hey.

16/17/55Programme Assurance 'developing our business'
Concerns were raised on the revised programme assurance governance structure as this did not include a Board were all the workstreams are discussed in one meeting. Discussions were held on whether an exceptional or bi-monthly meeting would be required. It was noted Internal Auditors were due to review the revised structure once it had been in place for over 6 months.

Developing our business Work-stream
There is a significant financial gap for business development (£800k) which requires a robust action plan before end of July. An horizon scanning workshop had been held which requires financial evaluation and conclusion.

Resolved:
An update on the developing our business work-stream was received.

Services in Communities Work-stream
The Financial detail around the Existing Community Services project should be clarified at the earliest opportunity.

Resolved:
An update on Services in Communities Work-stream was received.

Developing IM&CT and EPR Work-stream
PIDs for this work-stream had been approved today.
Resolved:
An update on Developing IM&CT and EPR Work-stream was received.

Supporting Frontline Staff Work-stream
Following proposals to increase staff and patient car parking previously presented at the January 2016 RABD a decision on implementing the increase was to be made.

Discussions with staff side on agreeing the staff car parking tariff was due to be completed at the end of the month.

It was agreed a proposal would be presented to Board next week to approve the increase

Public car parking fees by early August 2016.

Resolved
RABD received an update on supporting Frontline Staff work-stream.

Park, Community Estate and Facilities Workstream
An update on the 8 projects within the work-stream was received.

Phase 1&2 for the Decommission and Demolition project were in place although no funding for phase 3 had currently been sourced.

A number clinicians had reported the open plan office working was not always the ideal office setting they required when dealing with confidential matters. The team were working with clinicians to provide a more private area using office screens. This would be fed-back to the architects developing the new site.

Resolved:
An update on Park, Community Estate and Facilities Workstream was received.

16/17/56 16/17 Cost Improvement Plan

To date the 16/17 programme had identified £7.2 million worth of Cost Improvement Plan (CIP) opportunities, however the forecast has reduced from Month 1 to £4.93 million, leaving a gap of £2.296 million.

A reduction in SCACC activity for the value of 285K had been seen within the month. Progress was being made to increase activity and bring back on track. The Clinical Support Services PID is to be presented at the July CQAC.

Resolved:
a) RABD received the content of the CIP update.

16/17/57Agency Compliance report

Resolved:
RABD received the content of the agency compliance report.

16/17/58Monthly Debt Write Off

Three proposed write offs for the total of £1,441.07 was presented. The write offs were mainly for overpayments made by the Trust's previous HR/Payroll providers Capita and dated back to October 2015. Numerous efforts had been made for the payments to be reimbursed however as there was no strong evidence to continue to pursue or it would be uneconomical to continue RABD was asked to approve the proposed write offs for June 2016.

Resolved:
RABD APPROVED the total of £1,441.07 write offs for June 2016.

16/17/59 Finance report

Claire Liddy presented month 2 Finance report.

The report had been discussed in detail earlier in the meeting under agenda items;
16/17/50 Pay Cost
16/17/53 Cash Flow

Resolved:
RABD received and noted the content of the Finance report for Month 1.

16/17/60 Contract Income Monitoring

Laurence Murphy presented the Contract report for May 2016 noting future reports would be an update of the current month rather than the previous months report.

2016/2017 main contract risks included; the planned reduction in long-staying patients is clearly a good patient experience & increases bed capacity however could give rise to a decrease in excess bed days income.

50% of the NHSE CQUIN income is dependent on the successful implementation of a Clinical Utilisation Review system . This is a major new initiative & therefore not without risk. Progress reports would feed into RABD.

Resolved:
RABD received and noted the content of the Contract Income Monitoring report.

16/17/61 PFI Contract Monitoring report

Graham Dixon presented the eight month of the Building Services report May 2016.

Drainage issues where still a concern in the month of May although a detailed video was undertaken which showed potential issues with fall and obstructions.

Following a request at the last meeting the lifts have been tested on quality of services and the lifts are performing as expected, however due to the volume of usage the lifts continue to breakdown. A solution on improving this was being looked into.

Resolved:
RABD received an update on the PFI monitoring report.

16/17/62 Alder Hey Innovation Factory MOU Sign off

David Powell presented a Memorandum of Understanding for a Joint Venture between Alder Hey and Nova for approval.

As part of the Alder Hey Innovation teams drive to develop good ideas and initiatives generated within the Hospital, it was recognised that there was a need for a development capability to be built. This capability needed to bring the relevant skills around product evaluation and validation, early stage prototyping and initial commercialisation. Nova is a locally based organisation with skills around the development of early stage business concepts in the tech environment. Nova has also developed a particular focus around healthcare related innovation.

Resolved:
a) RABD approved a joint venture with Alder Hey and Nova.
b) Contract to be presented to RABD once completed.

16/17/63 Corporate Performance update

All leading metrics are within target for May except 'Pressure Ulcers – Grade 2 and above', which has resulted in 6 against a target of 5, plus 1 Never Event that was reported in April. This includes improvements in trend for total Infections, medication errors and clinical incidents (resulting in harm). Patient Safety performance has improved in May with zero readmissions to PICU within 48 hours, zero incidents in month that resulted in moderate harm or above, and no 'Serious Incidents Requiring Investigations (SIRIs)' reported in month.

Clinical effectiveness has maintained excellent performance for the first two months of the year with zero Clostridium difficile and MRSA infections, plus no reported outbreak or

cluster infections. Acute readmission of long term conditions within 28 days remains off target and patients discharged later than their EDD remains ahead of target at 5.5%.

Resolved:
The corporate report for the end of May 2016 Month 2.

16/17/64 Weekly waiting times update

The incomplete pathway cancer & diagnostic standards have all been achieved and in line with planning assumptions the admitted and non-admitted performance remains below the original 90 & 95% standards.

Resolved:
RABD received the content of the weekly waiting times report.

16/17/65 Marketing and Communication Activity report

Resolved:
RABD received and noted the contents of the positive May report.

16/17/66 Procurement Monitoring

Claire Liddy provided an update on progress within the Procurement team. This included;

- Plans in place to bring CIP back on track by end of June
- Successful office move of Finance Department (includes Procurement Team)
- Key Performance Indicators (KPI's) now being reported regularly
- Waste Challenge to be implemented in September 2016
- Supplier Event now scheduled to be held in September 2016 (planning already underway)
- Product of the Month initiative to be implemented in July 2016
- Ongoing participation on Health Trust Europe Procurement Partnership Board (next meeting 29th June)

Resolved:
RABD receive the content of the Procurement monitoring update.

16/17/67 Any Other Business

No further business was reported.

16/17/45 Date and Time of the next meeting: Wednesday 27th July 2016 at 9:30am, Level 1 Room 5.

31 August 2016

Ms Louise Shepherd
Chief Executive
Alder Hey Children's NHS Foundation Trust
Eaton Road
West Derby
Liverpool
L12 2AP

Wellington House
133-155 Waterloo Road
London SE1 8UG

T: 020 3747 0000
E: enquiries@improvement.nhs.uk
W: improvement.nhs.uk

Dear Louise,

Q1 2016/17 monitoring of NHS foundation trusts

Our analysis of your Q1 submissions is now complete. Based on this work, the trust's current ratings are:

- Financial sustainability risk rating: 1
- Governance rating: Green

These ratings will be published on NHS Improvement's website in September.

NHS Improvement is the operational name for the organisation which brings together Monitor and the NHS Trust Development Authority. In this letter, "NHS Improvement" means Monitor exercising functions under chapter 3 of Part 3 of the Health and Social Care Act 2012 (licensing), unless otherwise indicated.

The trust has been allocated a financial sustainability risk rating of 1.

NHS Improvement uses the measures of financial robustness and efficiency underlying the financial sustainability risk rating as indicators to assess the level of financial risk at foundation trusts. A failure by a foundation trust to achieve a financial sustainability risk rating of 3 or above could indicate that the trust is providing health care services in breach of its licence, which could lead to consideration of enforcement action[1].

We expect the trust to continue to address the non-recurrent financial pressures that have arisen in 16/17 as a result of the move to the new hospital through an updated recovery plan to form part of the 17/18 - 18/19 operational plan submission.

NHS Improvement has decided not to open an investigation to assess whether the trust could be in breach of its licence at this stage as we do not consider that the current financial

[1] Under the Health and Social Care Act 2012, taking into account, as appropriate, our published guidance on the licence and enforcement action including our Enforcement Guidance (www.monitor-nhsft.gov.uk/node/2622) and the Risk Assessment Framework (www.monitor.gov.uk/raf).

pressures have not resulted from failings in governance. The trust's governance rating has therefore been reflected as 'Green'. Should any other relevant circumstances arise, NHS Improvement will consider what, if any, further action may be appropriate.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q1 2016/17 is available on our website (in the Resources section), which I hope you will find of interest.

For your information, we have issued a press release setting out a summary of the report's key findings.

If you have any queries relating to the above, please contact me by telephone on 0203 747 0474 or by email (becky.chantry@nhs.net).

Yours sincerely

Becky Chantry
Senior Regional Manager

cc: Sir David Henshaw, Chair,
Mr Jonathan Stephens, Director of Finance

Alder Hey Children's NHS
NHS Foundation Trust

Quarterly Monitoring Report

Quarter 1

2016 / 2017

CONTENTS

OVERVIEW AND SUMMARY

Alder Hey Children's NHS Foundation Trust delivered a strong start to 2016/17 across most of the key metrics. Notably, the Trust successfully recovered it position in relation to the 4 hour A&E target, achieving 95% performance in accordance with the agreed trajectory. There were no reportable HCAIs during the quarter.

- **Financial Position**

  At the end of Quarter 1 the Trust is reporting a £5.1m deficit (normalised, excluding impairments and gains and losses on asset disposals) compared to a planned deficit of £4.6m, which is £0.5m behind plan. The FSR is 2 in line with plan.

- **Governance**

  At its meeting on 5th April the Alder Hey Board agreed its refreshed strategy for the next five years; the strategy remains broadly in line with that first agreed in 2011 and the underpinning strategic pillars have been retained to ensure consistency of message for the organisation and its key stakeholders.

  In line with this, the revised governance arrangements supporting the Trust's change programme have been implemented. The assurance process is now overseen by the main assurance committees of the Board, enabling the NEDs direct access to work-streams and associated dashboards, utilising the PMO infrastructure established in 2014.

  In response to the Never Events reported in Quarter 4, an internal Quality Summit was held in May, chaired by the chair of the Trust's Clinical Quality Assurance Committee and benefiting from the expertise of an independent consultant with extensive experience of clinical investigations. An action plan is now in place to address the root causes and ensure practice is effectively changed to prevent recurrence.

PERFORMANCE TO QUARTER 1

1 FINANCIAL PERFORMANCE

At the end of Quarter 1 the Trust has reported a normalised deficit of £5.1m (excluding impairments and disposals), which is £0.5m behind plan. Income is behind plan by £0.4m relating to the timing in receiving donated asset income. Expenditure is behind plan by £0.1m due to overspending within pay.

Pay budgets are £0.4m overspent, mainly related to use of temporary staffing.

Cash in the Bank is £7m which is £4.3m ahead of plan mainly due to the late receipt of the PFI invoice and delays in capital payments. The FSR is 2 which is in line with plan.

The Trust forecast is a £5.9m deficit. The following items are key risks to the delivery of this forecast which the trust is managing by implementing an internal recovery plan;

1. Underachievement of elective activity related to availability of resource £1m
2. Non-Elective/excess bed day underperformance related to effective demand management admission avoidance £1m.
3. Nursing pay £1.3m

4. Facilities pay £1.2m

An internal recovery team has been appointed and reports weekly to the recovery Executive.

Capital expenditure is £1.1m which equates to 85% of plan. This is due to timing differences.

2 GOVERNANCE

2.1 Access targets

The Trust met all nationally mandated access targets in Quarter 1, including the 4 hour A&E target in accordance with the agreed recovery trajectory.

2.2 Gaps in Junior Doctor Rotas

The Trust has identified concerns regarding medical rota coverage between late July and early September. A series of meetings has taken place between consultant staff, Junior Doctors representatives and HR representatives to mitigate these risks; the potential impact and effectiveness of mitigation is under regular review by a working group chaired by the Medical Director, with involvement of the COO.

3 BOARD OF DIRECTORS

Non-Executive Directors

The process to recruit a Non-Executive Director to replace Phillip Huggon commenced during the quarter, supported by Gatenby Sanderson. An interview date of 19th September has been set with a view to making a recommendation to the Trust's Council of Governors on 26th September.

Following a successful performance appraisal, Jeannie France-Hayhurst was re-appointed for a second term of three years by the Council of Governors at its meeting on 22nd June.

Executive Directors

Following an internal appointment panel, the Board has appointed Hilda Gwilliams to the substantive role of Chief Nurse following the retirement of Gill Core in April 2016. Hilda has previously held the roles of Deputy Director of Nursing, Director of Nursing and Acting Chief Nurse within the Trust.

4 COUNCIL OF GOVERNORS

Council Business

The Council of Governors met once formally during Quarter 1; items of business were as follows:

- To receive the 2015/16 Annual Report and Accounts and a presentation from the Trust's external auditor on their findings from the year-end review;

- A report on the work of the Nominations Committee, including the recommendation to re-appoint Jeannie France-Hayhurst for a second term and an outline of the process for recruitment of a replacement for Phillip Huggon;
- A report on the process to tender for external audit services;
- A report on the seats on the Council subject to election in the annual process commencing in July 2016;
- A report on the work of the Membership Strategy Committee;
- A briefing for governors on performance during the year to date;
- Board minutes for December 2015 to January 2016 with an opportunity for Governors to raise specific questions;

The Trust is forecasting a normalised deficit of £5.9m in line with plan. However there are risks within this forecast that may deteriorate the overall position. These risks include the pay run rate for ward nursing and facilities, CBU underachievement on income (elective and non-elective) and the costs of the moves to the interim estate. These risks are being managed and mitigated by the internal financial recovery process that has been initiated.

Capital expenditure is £1.1m which equates to 85% of plan. This is due to timing differences.

5 CONTINUITY OF SERVICES

At the end of Quarter 1 for 2016/17, the Trust has not made any changes, or plans to make any changes, which may affect its ability to comply with its Continuity of Services licence conditions on an ongoing basis. There are no plans for the disposal or removal of protected assets which is not consistent with the Trust's new hospital development plan which was approved by Monitor.

The operational plan for 2016/17 is a planned deficit of £5.9m (excluding impairments) and requiring cash support of up to £8.5m. This plan excludes any receipt from the ST Fund because the Trust could not accept the associated control total. The planned risk rating assuming cash support is a risk rating of 2. The planned deficit of £5.9m for 2016/17 is explained in detail in the supporting plan commentary but is largely reflecting the financial and operational impact of the delay in moving into the new hospital in 2015 together with externally driven cost pressures which are over and above national assumptions.

6 DECLARATIONS AND SELF CERTIFICATION

6.1 Finance

For the reasons outlined above regarding the 2016/17 operational plan, the Board is **unable to confirm** that the Trust will continue to maintain a risk rating of at least 3 over the next 12 months.

6.2 Governance

The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the *Risk Assessment Framework* and a commitment to comply with all known targets going forward.

Risk Rating: **Green**

(Signed) on behalf of the Board of Directors

Louise Shepherd in capacity as Chief Executive