Alder Hey Children's NHS
NHS Foundation Trust

**BOARD OF DIRECTORS MEETING**

**Tuesday 7th February 2017 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** | **STAFF STORY** | | | |
| | | **1015** | **BOARD MANDATORY TRAINING PROPOSAL AND INFORMATION GOVERNANCE TRAINING** | | | |
| **Board Business** | | | | | | |
| 1. | **16/17/226** | **1030** | **Apologies** | Chair | Dame Jo Williams, Jo Minford | -- |
| 2. | **16/17/227** | **1031** | **Declarations of Interest** | All | Board Members to declare an interest in particular agenda items, if appropriate | -- |
| 3. | **16/17/228** | **1032** | **Minutes of the Previous Meeting** | Chair | To consider the minutes of the previous meeting to check for amendments and approve held on;<br>**10th January 2017** | Read Minutes |
| 4. | **16/17/229** | **1035** | **Matters Arising** | Chair | To discuss any matters arising from previous meetings and provide updates and review where appropriate | Verbal |
| 5. | **16/17/230** | **1040** | **Key Issues/Reflections** | All | The Board to reflect on key issues. | Verbal |
| **Strategic Update** | | | | | | |
| 6. | **16/17/231** | **1050** | **External Environment/STP Governance**<br><br>**Progress against strategic themes**<br><br>- **Liverpool Women's Reconfiguration Options** | L Shepherd | To update the Board with regard to ongoing processes with the local health economy<br><br>To provide an update on progress | Verbal<br><br>Verbal |

| VB no. | Agenda Item | Time | Items for Discussion | Owner | Board Action | Preparation |
|---|---|---|---|---|---|---|
| **Inspiring Quality – Are we safe, are we caring and are we effective?** | | | | | | |
| 7. | **16/17/232** | **1105** | **Serious Incidents Report** | H Gwilliams | To inform the Board of the recent serious incidents at the Trust in the last calendar month | Read Report |
| 8. | **16/17/233** | **1115** | **Hospital Mortality Review Group process update**<br>- **Mortality report Quarter 3** | J Grice/<br>R Turnock | To update the Board with regard to the current HMRG process and related issues | Read report |
| 9. | **16/17/234** | **1125** | **Clinical Quality Assurance Committee: Chair's update** | A Marsland | To receive and review the minutes from the meeting held in: December 2016 | Read report |
| **Great Talented Teams** | | | | | | |
| 10. | **16/17/235** | **1130** | **People Strategy Update** | M Swindell | To provide an update on the strategy and staff survey | Read report |
| **Financial Growth, Safeguarding Core Business and Governance** | | | | | | |
| 11. | **16/17/236** | **1145** | **Corporate Report** | C Liddy/<br>M Barnaby/<br>H Gwilliams/<br>M Swindell | To note delivery against financial , operational, HR metrics and quality metrics and mandatory targets within the Corporate Report for the month of December 2016 | Read report |
| 12. | **16/17/237** | **1215** | **Programme Assurance update**<br>• **Clinical Quality Assurance Committee**<br>**-Our patients at the Centre**<br>• **Resource Assurance and Business Development**<br>**-Developing our business**<br>**-Services in the community** | J Gibson | To receive an update on programme assurance. | Read report |

| VB no. | Agenda Item | Time | Items for Discussion | Owner | Board Action | Preparation |
|---|---|---|---|---|---|---|
| | | | **-Supporting Frontline staff**<br>**- Developing IMCT and EPR**<br>**- Developing the park, Community Estate and Facilities**<br>• **Research, Education and Innovation Committee** | | | |
| **1230 – 1300 LUNCH** | | | | | | |
| 13. | **16/17/238** | **1300** | **Integrated Assurance Report**<br>**Including:**<br>- **Board Assurance Framework** | E Saunders | To receive the assurance report following the Integrated Governance Committee in November. | Read report |
| 14. | **16/17/239** | **1310** | **Resources & Business Development Committee: Chair's update** | I Quinlan | To receive and review the minutes from the meeting held on: 21st December 2016. | Read minutes |
| 15. | **16/17/240** | | **Research, Education and Innovation Committee** | I Quinlan | To receive and review the minutes from the meeting held on: 10th November 2016. | Read minutes |
| 16. | **16/17/241** | **1315** | **Audit Committee** | S Igoe | To receive and review the minutes from the meeting held on: 24th November 2016. | Read minutes |
| **Patient Centred Services** | | | | | | |
| 17. | **16/17/242** | **1320** | **Alder Hey in the Park update** | D Powell | To receive an update on key outstanding issues / risks and plans for mitigation. | Read report |

| VB no. | Agenda Item | Time | Items for Discussion | Owner | Board Action | Preparation |
|---|---|---|---|---|---|---|
| 18. | **16/17/243** | **1325** | **CHAMS update** | A Williams | To update the Board on progress over the last 12 months. | Enclosure |
| **Any Other Business** | | | | | | |
| 19. | **16/17/244** | **1330** | **Any Other Business** | All | To discuss any further business before the close of the meeting | Verbal |
| **Date And Time Of Next Meeting: Tuesday 7th March 2017** At **10:00am, Institute In The Park, Large Meeting Room**<br>**Friday 10th February 2017** At **10:00am, Institute In The Park, Large Meeting Room – BOARD STRATEGY DAY** | | | | | | |

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

# Improving Board Mandatory Training Compliance

## January 2017

As at January 2016, the Trust Board is not fully compliant with Mandatory Training requirements. The topics that need to be refreshed are:

| Topics | How often? |
|---|---|
| **Health and Safety** | Every Three Years |
| **Equality and Diversity** | Every Three Years |
| **Manual Handling Awareness** | Every Three Years |
| **Fire Safety** | Every Two Years |
| **Information Governance** | Every Year |
| **Safeguarding Children Level 1** | Every Three Years |

In order to ensure 100% compliance by the end of March 2017, the proposal below sets out how we will address the shortfall:

1. **Face to face sessions at the start of the Board Meetings**

- We will deliver a 15 minute refresher on Information Governance at February 17 Board.
- We will deliver a 15 minute refresher on Fire Safety at the March 17 Board.

2. **Use of Workbooks**

- The remaining subjects (Health & Safety, Safeguarding Level 1, Moving and Handling, Equality & Diversity) will be delivered via a workbook; a document containing all of the relevant information which you will need to refresh your knowledge on a particular subject matter. Each workbook comes with a set of questions to self-assess your knowledge on the subject matter that has been read. All relevant workbooks have been uploaded onto Virtual Board, or can be printed if required.

**Assuring compliance**

Once completed, all Board members are requested to submit the form overleaf, confirming that they have read and understood each workbook. This information will be recorded as an accurate record of compliance. The aim is to have 100% compliance by the end of March 2017, so all forms need to be returned to Julie Tsao by this date.

## Board Mandatory Training – Record of Completion

By submitting this form you are:

- Declaring that you have read the contents of the workbooks and are familiar with how each subject relates to your individual area of work
- Familiar with common risks relating to your area of work and how to reduce or eliminate these
- If there were any self-tests where you could not recall the basic facts you have made the necessary arrangements to seek out further training.

| **Name:** | |
|---|---|
| **Topic** | **Signature** |
| **Health & Safety** | |
| **Moving & Handling** | |
| **Equality & Diversity** | |
| **Safeguarding Level 1** | |

Alder Hey Children's NHS
NHS Foundation Trust

# BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 10th January 2017, 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 C Liddy | Acting Director of Finance | (CL) |
| | Mrs A Marsland | Non-Executive Director | (AM) |
| | Mrs L Shepherd | Chief Executive | (LS) |
| | Mr R Turnock | Medical Director | (RT) |
| | Mrs H Gwilliams | Chief Nurse | (HG) |
| **In Attendance:** | Professor M Beresford | Assoc. Director of the Board | |
| | Dr U Das | Acting CBU Director | (UD) |
| | Ms L Dunn | Director of Marketing and Communications | (LD) |
| | Dr S Falder | Clinical Director for Transformation Services | |
| | Mrs D Herring | Director of Strategic Development & Clinical Service Partnerships | (DH) |
| | Ms E Saunders | Director of Corporate Affairs | (ES) |
| | Mrs M Swindell | Director of HR & OD | (MS |
| | Mr D Powell | Development Director | (DP) |
| | Mr C Duncan | CBU Director | CD) |
| | Mrs J Tsao | Committee Administrator | (JT) |
| **Agenda item: 211** | Mr J Gibson | Programme Director | (JG) |
| **Apologies:** | Mr S Igoe | Non-Executive Director | (SI) |
| | Mr I Quinlan | Non-Executive Director | (IQ) |
| | Dame J Williams | Non-Executive Director | (JW) |

**Patient Story:**
The Board welcomed the parents of patient Lily. Lily's Mum explained Lily's cardiac problems and that at eight weeks old she had had successful cardiac surgery. At nine months old Lily was referred back to Alder Hey as she had deteriorated and later went into cardiac arrest. Lily was put on ECMO, which stabilised her condition however Lily then had a second cardiac arrest seven days later which led to further successful surgery.

Lily's Mum and Dad spoke of the excellent support from staff including personal touches such as decorating Lily's room for her mum's birthday and encouraging mum and dad to leave the hospital and go for walks.

It was noted there wasn't much privacy on ICU. David Powell said work was being done by architects to create private areas in this unit.

The Board thanked Lily's Mum and Dad for sharing their experiences.

It was agreed going forward each month would alternate between a patient and staff story.

**16/17/201 Declarations of Interest**

None declared.

**16/17/202 Minutes of the previous meetings held on 6th December 2016**

The Board received and reviewed the minutes from the meeting held on 6th December 2016.

**Resolved:**

Subject to the wording under Liverpool Community Health being amended the Board approved the minutes of the 6th December 2016 as a correct record of proceedings.

**16/17/203 Matters Arising**

**Outpatients Incident**

Mags Barnaby reported on the serious incident in which 3,783 follow up appointments that were 'lost' within the booking system. Findings from the investigation showed this had happened due to a code used that wasn't flagged as a follow up appointment.

Currently, of the 3,783 patients not followed up 1,162 patients have been validated and none of these patients have come to harm. These patients were selected to be validated first as they had not been back for a further appointment and were therefore potentially higher risk. The remaining 2,621 patients were considered lower risk as they have had a subsequent appointment, but they will also be validated to complete the process.

Merseyside Internal Audit Agency completed their review of Meditech in December 2017 and an internal Root Cause Analysis is due to be completed by 17th January 2017. A task and finish group had been arranged to ensure the Trust is compliant with booking and scheduling standards and this is due to conclude by 12th January 2017.

From the investigation it has been highlighted that the Board requires further analysis of outpatient numbers and performance and this is to be actioned by further and strengthened information provided within the Corporate Report.

Mags Barnaby updated the Board on the actions completed and in place. The electronic cash up process would record patients no longer requiring to be seen and would mark this on the system; this process would go live from Monday 16th January 2017.

**Resolved:**

The Board received assurances on the missed appointments serious incident.

**16/17/204 Key Issues/Reflections:**

All items for discussion had been listed as an agenda item.

**16/17/205 External Environment/STP/Progress against Strategic Themes**

**STP**

Louise Shepherd reported that a review of acute services across Cheshire and Mersey was currently in place which would have input of each of the provider

Medical Directors to create a high level blue print for emergency care and women's and children's services.

An update was given on progress internally for standards on paediatrics.

Governance processes were being put in place for completion by the end of the quarter. A discussion was held on what else could be done internally to ensure STP moves along at the right pace.

**Liverpool Women's NHS Foundation Trust**
The pre-public consultation document had now been published with the inclusion of Rick Turnock on behalf of Alder Hey as a signatory, even though he had been assured it would not be included in the published document. Louise Shepherd had now received a response from the Liverpool CCG apologising for this error and assurances that it would be corrected.

**Global Health**
As the December visit from Her Royal Highness Princess Haya Bint Al Hussein had been cancelled due to weather and flight conditions a date in June 2017 was to be arranged.

**Cardiac Services**
Alder Hey had previously been announced as joint provider for North West cardiac services with Liverpool Heart and Chest NHS Foundation Trust and the implementation was in progress.

**16/17/206 Serious Incidents Report**
Hilda Gwilliams presented the report for November 2016. There had been two new SIRI's reported. The first SIRI was a never event in relation to a retained foreign object post procedure. The second was the deterioration of a patient who had sadly died.

**Resolved**
The Board received the Serious Incident Report for November noting:
Two new SIRIs, two ongoing, three closed and no new safeguarding matters, ongoing or closed.

**16/17/207 Hospital Mortality Review Group**
Rick Turnock reported that Dr Julie Grice, chair of the HMRG had been due to attend but had unfortunately had had an accident so was unable to come along. In the meantime, Mr Turnock presented a mortality Risk Adjusted Resetting Probability Ratio Test to show the reduction in risk over the last four months and provide interim assurance pending a fuller discussion next month.

**Resolved**
Board:
a) Received assurances on progress to date.
b) Requested a timeframe for process to be completed at the February Board.

**16/17/208 Clinical Quality Assurance Committee: Chair's Update**

Anita Marsland gave a verbal update from the December meeting noting that the approved minutes would be circulated next month.

Further progress on sepsis continued to be closely monitored through CQAC.

**Resolved**
The Board received a verbal update.

**16/17/209 People Strategy**
The Board received the latest people strategy report.

The employee temperature check results for November had improved from the previous month in particular the question on 'would you recommend Alder Hey as a place to work?' A review aimed at increasing the number of people the questionnaire is sent to is taking place.

The national staff survey results report will be received at the end of the month.

A discussion was held on workforce Key Performance Indicators and how they can be improved. The Board Strategy session was to be held on Friday 10th February and it was agreed that further discussion on supporting CBUs with this would be picked up then.

**Resolved**
The Board:
a) Received the latest People Strategy report.
b) Agreed to discuss improvement of KPI rates at the Board Strategy session on 10th February 2017.

**Workforce and Organisational Development Group minutes from the 12th October 2016 and Key Issues report from 14th December 2016**
**Resolved**:
The Board received the key issues report and minutes.

**16/17/210 Corporate Report**
ED performance for November had exceeded October's performance but quarter 3 would not be achieved due to winter pressures and flow.

For the month of November the Trust is reporting a trading surplus of £1.1m which is in line with budget. The CBU forecast for month 8 provided at month 7, was £0.1m surplus in the month, therefore the Trust exceeded plan by £0.9m. This overachievement was largely related to Surgery £0.5m and Medicine £0.15m.

As an action Mags Barnaby agreed to draft a letter acknowledging the surplus for Month 7 and 8 thanking staff and noting that the Trust is required to continue to over perform.

**Resolved:**
The Board noted the Corporate Report for Month 7.

**16/17/211 Final Operational plan 2017 – 19**

**Resolved:**

RABD had approved:

- The 2017/18 and 2018/19 budget noting the associated risks and issues.
- Formal 'acceptance' of control totals.

**16/17/212 Programme Assurance Update**

Joe Gibson, Programme Director, attended for this item and drew particular attention to the CIP over performance of £0.2m.

Weekly internal recovery meetings continued with excellent attendance and commitment to review and reduce costs each week.

**Resolved**:

The Board received an update on Programme Assurance.

**16/17/213 Integrated Assurance Report – Board Assurance Framework**

**Resolved:**

The Board received the latest BAF report.

**16/17/214 Resources and Business Development Committee**

The Board received and noted the Minutes from the RABD meeting held on 30th November 2016.

Claire Dove verbally updated the Board on the last RABD meeting highlighting the energy overspend. David Powell responded noting a review to reduce these costs was in place however due to contract agreements it would take time.

**Resolved**

Board received the RABD minutes from the meeting held on 30th November and a verbal update from the meeting on 21st December 2016.

**16/17/215 Alder Hey in the Park**

**Resolved**:

Board received an update on Alder Hey in the park.

**16/17/216 Major Incident Policy and Major Incident and Control Plan**

**Resolved:**

Board ratified the changes to the policy and the plan.

**16/17/217 Any Other Business**

No further business was discussed.

**Date and Time of next meeting: Tuesday 7th February, at 10:00am, Large Meeting Room, Institute in the Park.**

Alder Hey Children's NHS
NHS Foundation Trust

**BOARD OF DIRECTORS**

**Tuesday 7th February 2017**

| | |
|---|---|
| **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:**<br>➢ **Trust's Strategic Direction**<br>➢ **Strategic Objectives** | • **Patient Safety Aim** – Patients will suffer no harm in our care.<br>• **Patient Experience Aim** – Patients will have the best possible experience<br>• **Clinical Effectiveness** – Patients will receive the most effective evidence based care. |
| **Resource Impact** | |

**THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY**

## 1. Background:

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

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

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

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

## 2. SIRI performance data:

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

## 3. Recommendations:

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

| New SIRI Incidents reported between the period 01/12/2016 to 31/12/2016: | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Reference Number** | **Date investigation started** | **CBU** | **Incident Description** | **RCA Lead Investigator** | **Progress** | **60 working day compliance** | **Duty of Candour/ Being Open policy implemented** |
| RCA 217 2016/17 StEIS 2016/32413 | 12/12/2016 | Surgery | Grade 3 Pressure Ulcer under hub of central venous line. | Sue Tickle, Clinical Nurse Manager, Paediatric Intensive Care | Following investigation; pressure ulcer deemed unavoidable due to clinical condition of patient. Final report sent to CCG. | 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 215 2016/17 StEIS 2016/29121 | 09/11/2016 | Surgery | Never Event – Retained foreign object post procedure (K Wire). | Rachael Hanger, Theatre Matron | Draft report written, further questions raised prior to final quality check. | Yes | Yes |
| RCA 208 2016/17 **Internal** | 29/10/2016 | Surgery | Patient intubated on ward during resuscitation, delay in emergency alarm being raised and in following resuscitation protocol. | Pete Murphy, Consultant Anaesthetist | Information gathered, initial meeting held, panel date being arranged. | Internal | N/A (no patient harm). |

| 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 216 2016/17 StEIS 2016/29666 | 16/11/2016 | Medicine | Suboptimal care of a deteriorating patient, patient sadly died (Ward 3C). | Phil O'Connor, Deputy Director of Nursing | Report completed and sent to CCG. | Yes |
| RCA 207 2016/17 StEIS 2016/27276 | 19/10/2016 | Surgery | Approximately 800 patients not sent follow-up appointment due to being placed on a queue that was not visible. | Tony Rigby, Deputy Director of Risk & Governance | Report completed and sent to CCG. | N/A (no patient harm). |

| Safeguarding investigations closed since last report |
|---|
| Nil |

Alder Hey Children's NHS
NHS Foundation Trust

**TRUST BOARD REPORT**

**MORTALITY ASSESSMENT AT ALDER HEY**
**Medical Director's Mortality Report**

The report is split into two sections. Section one is a review of the Hospital Mortality Review Group (HMRG) including the number and types of death at Alder Hey during the calendar year to date and how the HMRG is meeting its aims.

Section two is the Quarter 3 Mortality report which includes a review of statistical analysis in PICU and Cardiac Surgery, followed by more detailed analysis of the place of death, teams involved and specifics about expected v observed deaths.

**Section 1: Report from the Hospital Mortality Review Group (HMRG) Jan-Dec 2016**

**Summary table 2016:**

| | |
|---|---|
| Number of deaths (Jan. 2016 – Dec. 2016) | 82 |
| Number of deaths reviewed | 41 |
| Departmental/Service Group mortality reviews within 2 months (standard) | 88% (60/68) |
| HMRG Primary Reviews within 4 months (standard) | 2% (1/58) |

The HMRG primary review figure of only 2% is obviously very disappointing but most (88%) of in–hospital deaths had a least one full mortality review within 2 months of their death – i.e. reviewed by a service group within the 2-month limit.

The 4-month review period is the standard that was set and this is still the standard that the group is aiming for, **but 61% of the deaths have been reviewed within 6 months.**

It needs to be stated that the mortality review process established in this Trust is one of the most robust nationally. Each death has a primary review at departmental level and then a further review by the HMRG. The HMRG has representation from a number of the teams across the Trust resulting in a complete and independent mortality review of each death.

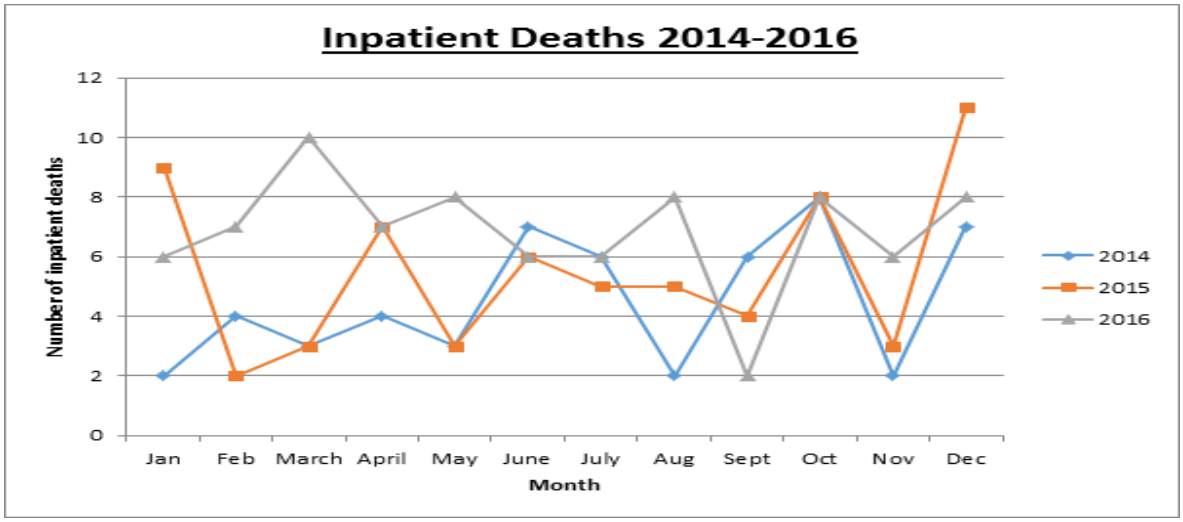
The group as agreed with the Medical Director has not been reviewing the out of hospital deaths since last January and there is clearly no capacity for this to be re–started in the present circumstances. This group, constitutes any death within 30 days of discharge, and although not within the HMRG remit, have historically been reviewed as best practice. Common examples would include neonates who have attended AHCH for line insertions and returned to their base hospital, or palliative care patients in hospice care. The in- patient teams are informed of these deaths and can then organise a review if indicated.

The HMRG is clearly having difficulties attaining the 4-month target. There are a number of causes; these were raised in the previous report and remain unchanged:

1) The number of deaths was higher in 2016 than the previous 2 years and unfortunately this has meant that the group has been unable to catch up on the backlog that was first highlighted 18 months ago. The group has extended the meetings and is averaging 7-8 cases a month which is resulting in the HMRG reviewing process running at 6-7 months after the death. So although the group has increased its workload it has remained "status quo" in view of the review period.

The group noted the peak of deaths in March and due to the delay in reviews, the decision was made by the group to review these cases sooner to ensure that there were no concerning issues that needed to be addressed. After reviewing the cases the group was reassured that the spike in deaths was unfortunate as opposed to significant.

| | 2014 | 2015 | 2016 |
|---|---|---|---|
| Jan | 2 | 9 | 6 |
| Feb | 4 | 2 | 7 |
| March | 3 | 3 | 10 |
| April | 4 | 7 | 7 |
| May | 3 | 3 | 8 |
| June | 7 | 6 | 6 |
| July | 6 | 5 | 6 |
| Aug | 2 | 5 | 8 |
| Sept | 6 | 4 | 2 |
| Oct | 8 | 8 | 8 |
| Nov | 2 | 3 | 6 |
| Dec | 7 | 11 | 8 |
| | 54 | 66 | 82 |




2***)*** ***ImageNow*** continues to cause considerable difficulties to the HMRG process. Each review takes considerably longer as the information is scanned randomly and some information is not accessible. The reviewers find that they can then complete fewer reviews due to the difficulties faced using the system.

3) Difficulties with more frequent meetings or extending the duration. The HMRG members do it on a voluntary basis and attendance and reviews have to be fitted around other clinical commitments. The reviews are already done in members own time as there is no allocation in job plans for either the reviews or the monthly meetings other than in SPA time.

**The ways that these issues have been addressed:**

Despite a recruitment drive and people agreeing to join the group, it remains the same committed group of people that undertake the majority of the reviews. There has been discussion with the Medical Director about allocation of time in job plans, but the feeling of the group was that they would prefer it to remain in the current state. The people involved undertake a considerable amount in their SPA time, and it would be infeasible to allocate the time it takes amongst all the other demands on their time. The members undertake the reviews because they believe in the process and to improve the care as a Trust that we provide. In addition, a number of the reviewers are not doctors and therefore would have no time available to be allocated so resulting in differences as to how members are treated.

In meetings with the Medical Director there was discussion about the need for the entire hospital to engage with the mortality process. Currently, some teams are excellent at undertaking their reviews and participating in HMRG but others are less engaged. The suggestion was that the new CBU leads

need to identify a lead for each department if appropriate, who is answerable for the department mortality reviews and sits on the HMRG. This would provide clear lines of communication and has always been the aim for how the process should work. The Medical Director has contacted the CBU leads over the last few weeks to identify these leads which should result in the mortality review process becoming more robust.

The group are aware of the backlog and the majority of reviews are being turned around promptly and some reviewers have offered to complete 2 reviews a month instead of the customary one. The reviews from August have already been allocated and there were only 2 deaths in September so there is potential for us to catch up on the backlog.

The group has agreed for the meeting to be extended to 1½ hours each month and there have been enough people staying to achieve a quorum. Each meeting is getting through 7-8 cases which would be enough without the backlog to stay up to date. Over the last few months we tried to organise extra meetings, but these were unsuccessful as we did not have enough reviews completed to make it a viable proposition.

The ***ImageNow*** situation is ongoing and there has been no improvement so far. This has been highlighted to the Medical Director and he is working with Exec colleagues to resolve the problem. Whilst each review remains so difficult and time consuming, people are unable to attempt more reviews to clear the backlog. Over the last 18 months this has been the biggest difficulty that the group has faced and has been highlighted by each member and is highlighted in the recurring theme figures later on. The availability of hard copies of the notes would significantly reduce the review times.

It is impossible to put a time line as to when the backlog of reviews will be completed due to issues beyond HMRG control. The main factors being ***ImageNow*** and the engagement and identification from the CBU's of mortality leads. The group is working extremely hard to achieve the standard of reviews within 4 months and is doing everything within its control.

**Outputs of the new mortality review process for 2016:**

| Month | Number of Inpatient Deaths | HMRG Review Completed | Dept. Reviews within 2 month timescale | HMRG Reviews within 4 month timescale | Discrepancies HMRG – Dept. | HMRG Review – Death Potentially Avoidable |
|---|---|---|---|---|---|---|
| **Jan** | 6 | 6 | 6 | 1 | | |
| **Feb** | 7 | 7 | 6 | 0 | 3 | 1 |
| **March** | 10 | 10 | 10 | 0 | 3 | |
| **April** | 7 | 6 | 6 | 0 | 2 | |
| **May** | 8 | 6 | 7 | 0 | 1 | |
| **June** | 6 | 4 | 6 | 0 | 2 | |
| **July** | 6 | 2 | 4 | 0 | | |
| **August** | 8 | | 6 | 0 | | |
| **Sept** | 2 | | 2 | | | |
| **Oct** | 8 | | 7 | | | |
| **Nov** | 6 | | | | | |
| **Dec** | 8 | | | | | |

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

Since the previous Trust Mortality Report there have been 8 cases where the HMRG mortality review conclusion was discordant with the Service Group/Departmental Reviews' conclusions.

In 5 cases the HMRG rated that the care given was better than on the departmental review. For 2 of the cases the teams had put that organisational care could have been improved but the HMRG disagreed and thought it was adequate. For another 2 cases 'adequate care' was improved to 'good practice' by the group. In the last case, the department recorded care as 'less than adequate' but HMRG reviewed it as 'adequate'.

In 2 of the cases the service group reviews found that only the clinical care could have been improved whereas HMRG felt aspects of organisation care could have been improved in addition. The review of these cases also highlighted that aspects of care provided were less than adequate but the outcome would have been the same.

In 1 of the cases the initial review found good practice but HMRG found that aspects of clinical care could have been better.

**Potentially modifiable factors and actions:**

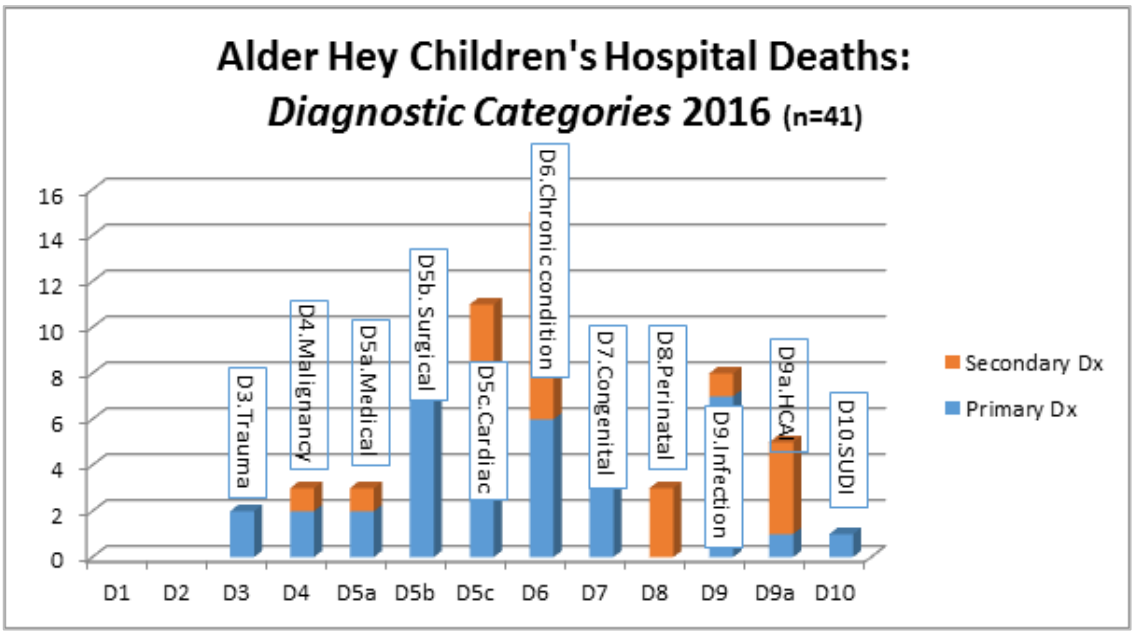
Since the previous Trust Mortality Report, there has been 1 in-hospital death where there are factors which may have played a role in the patient's death:

1) A neonate transferred from LWH with an antenatal diagnosis of transposition of the great arteries. He underwent an atrial septostomy on day 1 which was uneventful. Following this he had persistent pulmonary hypertension and difficulty with oxygenation which was treated by nitric oxide. Then he was extubated briefly (for less than a day) before requiring reintubation. He was found to have adrenal insufficiency, started on hydrocortisone and seen by an endocrinology consultant. 10 days after admission he was diagnosed with NEC which was managed conservatively. 5 days later he developed a coagulase negative line infection. He steadily deteriorated and was never well enough for any further cardiac surgery. His central line was changed and antimicrobials changed but he was bacteraemic till his death. An infected femoral clot was suspected but it was not possible to remove nor thrombolyse. Intensive care was withdrawn when it was clear when he was not going to survive.

Discussions have been had around whether there was a missed window of opportunity to carry out the arterial switch. However, the surgeons wanted the infection to have resolved prior to operating and this never happened.

**Primary Diagnostic Categories:**

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

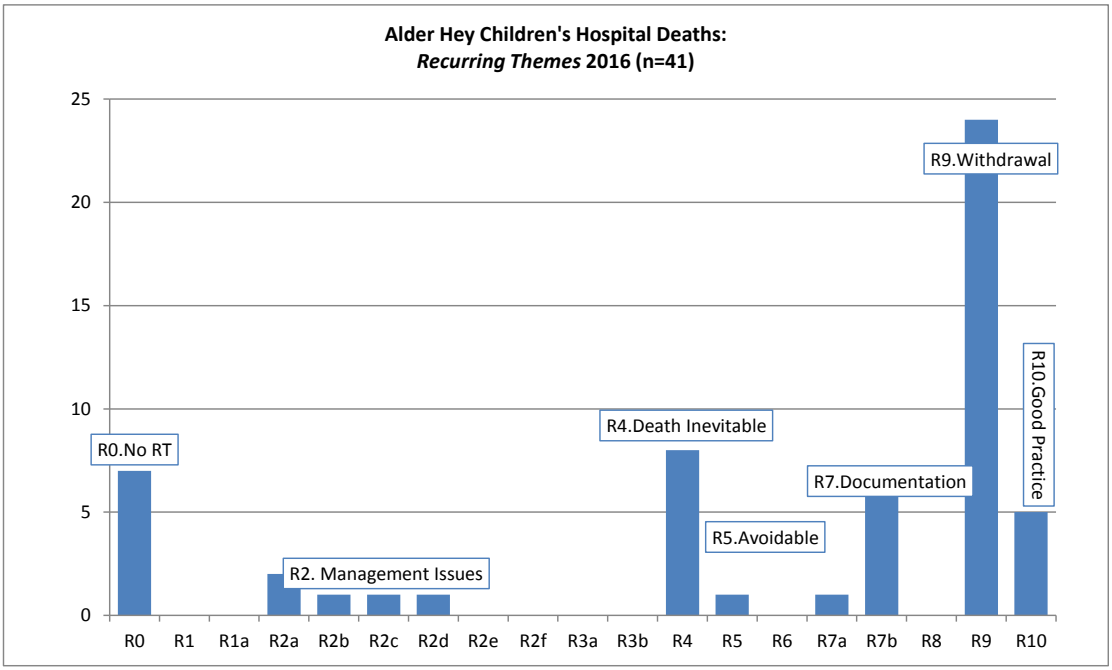



**Diagnostic/Disease Categories** (based on CEMACH categories - ref. *Arch Dis Child* 2011;96:922-6 + 927-31)

| | |
|---|---|
| D1. | Deliberately inflicted injury, abuse or neglect |
| D2. | Suicide or deliberate self-inflicted harm |
| D3. | Trauma & other external factors – *excludes deliberate self-inflicted harm (D2)* |
| D4. | Malignancy |
| D5. | Acute Medical or Surgical condition<br>– subcategory D5a. Medical D5b. Surgical D5c. Cardiac |
| D6. | Chronic medical condition |
| D7. | Chromosomal, genetic and congenital anomalies |
| D8. | Perinatal / Neonatal event |
| D9. | Infection / Sepsis (proven or clinical)<br>– subcategory D9a. Healthcare-associated infection (home or away) |
| D10. | Sudden unexplained, unexpected death / SUDI / SUDC – *excludes SUDE (D5* |

The commonest causes for deaths so far in 2016 are cardiac conditions (19.5%), with surgical and infectious disease both 17%. These are closely followed by chronic conditions 12% and then the others are much lower.

The chart below shows the Recurring Themes identified in 2016 HMRG Reviews.




**Recurring Themes**

| | |
|---|---|
| R0. | No RT |
| R1. | Failure to recognise severity of illness – subcategories:<br>R1a. Failure to ask for Senior/Consultant review |
| R2. | Possible management issues – subcategories:<br>R2a. before Arrival R2b. Delay in Transfer R2c. in Alder Hey<br>R2d. Delay in supporting services or accessing supporting service<br>R2e. Difference of opinion re: Rx – Patients & families<br>R2f. Difference of opinion re: Rx – Clinical teams |
| R3. | Communication issues – R3a. Patients & families R3b. Clinical teams |
| R4. | Death inevitable before admission |
| R5. | Potentially avoidable death – subcategories:<br>R5a. Alder Hey R5b. Medical R5c. External |
| R6. | Cause(s) of death issue – subcategories:<br>R6a. Incomplete or inaccurate Death Certificate<br>R6b. Should have had a post-mortem R6c. Not agreed<br>R6d. Failure to discuss with the HM Coroner |
| R7. | Documentation – subcategories R7a. Recording R7b. Filing |
| R8. | Failure of follow-up |
| R9. | Withdrawal |
| R10. | Example of Good Practice |

Looking at the figures for the recurring themes the most frequent is withdrawal in 59% of cases. The next highest theme is that death is inevitable prior to admission to AHCH (20%). These are vital to record as despite all possible care being provided there was nothing that could be done for these children and it is a significant number of the deaths. This explains why the cardiac and surgical causes are the highest in the primary diagnosis as there are a number of neonates who are transferred with, for example NEC, who are

extremely precarious prior to transfer. However, they require assessment in AHCH so are transferred , assessed and found to be palliative.

***ImageNow*** is an on-going issue as shown by the documentation figure however; it is probably more of a significant problem than has been documented as it has been going on for a considerable time period.

## Section 2: Quarter 3 Mortality Report: April 2016 – March 2017

### 1) Statistical analysis of mortality:

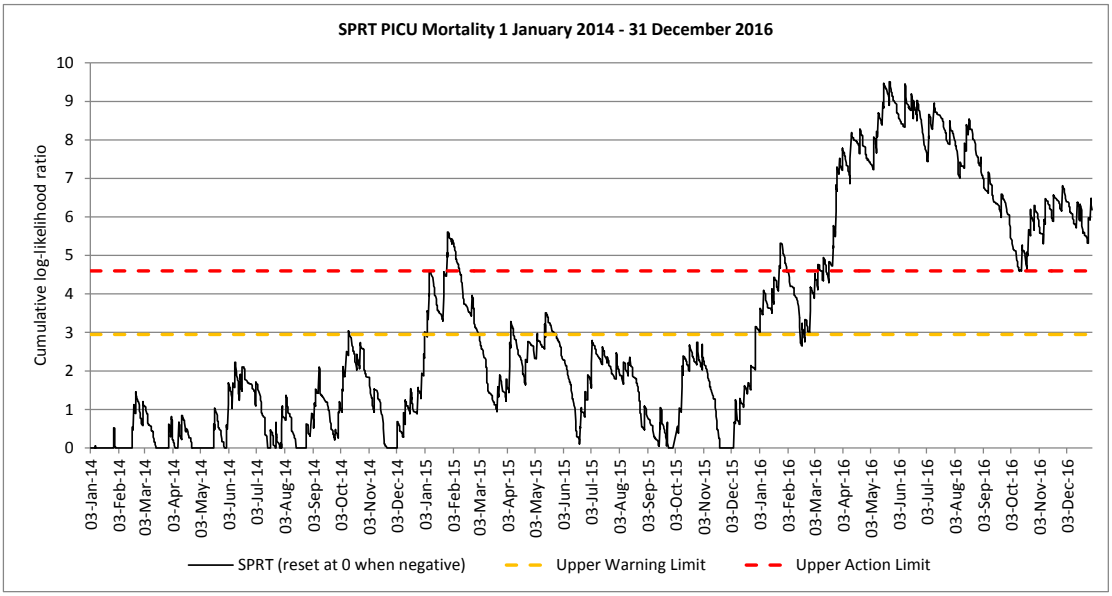
### a) Close to real time statistical analysis of mortality in PICU: CUSUM and SPRT

We use two methodologies for monitoring mortality in PICU – Cumulative Sum Chart (CUSUM) and Sequential Probability Ratio Test (SPRT) Charts. This report will show the SPRT charts as this shows an upper warning limit and an upper action limit to help identify whether mortality is occurring at a higher level than expected.

### Sequential Probability Ratio Test (SPRT)

SPRT tests the hypothesis that the odds of death in PICU has doubled against the alternate hypothesis that the odds of death has not doubled. The predicted mortality for PICU is given by the risk adjustment model the Paediatric Index of Mortality 3 (PIM3). Control limits are set to determine whether the hypothesis should be accepted or rejected.

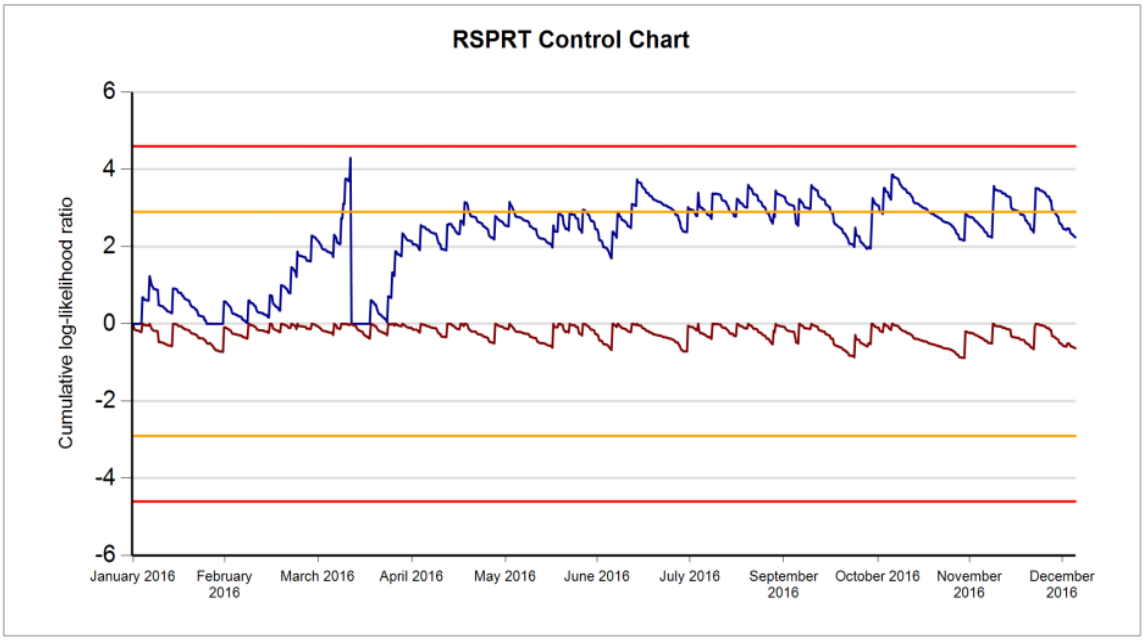
Below is the SPRT chart for PICU for the period 1 January 2014 – 31 December 2016:




The SPRT chart is designed to test the two alternate hypotheses that the odds of death as doubled, and the odds of death as halved.
The x-axis plots each patient in sequence of discharge/death date; the y-axis plots the cumulative log likelihood ratio for a doubling odds of death.

The line moves up for a death, and down for a survival, the extent of the shift up or down depends on the extent to which the outcome was unexpected. E.g. the death of a patient with a low probability of death has a larger shift upward than a death of a patient with a high probability of death. The graph resets at zero, ensuring that a period of good performance will not delay the recognition of a period of higher mortality. A warning limit and an action limit are added to the chart to help the user determine whether the mortality is deemed 'in control' or 'out of control'. Mortality is deemed 'out of control' if the odds of death have exceeded twice the odds of dying.

The PICU mortality CUSUM and SPRT data for 2016 has been continually and regularly reviewed throughout the year – noting peaking to the upper warning/action line in the March-April period.
There have been 68 deaths in PICU this year 2016 (Jan. – Dec. 2016). 75% of these deaths have occurred in the patient groups: Death inevitable on PICU admission (in retrospect) 54% and Comorbidities + Chronic 21%. These deaths in patients with low (admission) PIM2 or PIM3 scores (i.e. chronic multiple comorbidity patients + numerous stable yet ultimately hopeless cases) have impacted on the SPRT trends.
15 - 17 of the 68 deaths (±25%) in the Jan. 2016 – Dec. 2016 period were neonatal cases that in other settings might have gone to/stayed in NICUs.
All the 2016 deaths in PICU have had a timely full PICU mortality review and been completed by 25.01.17.



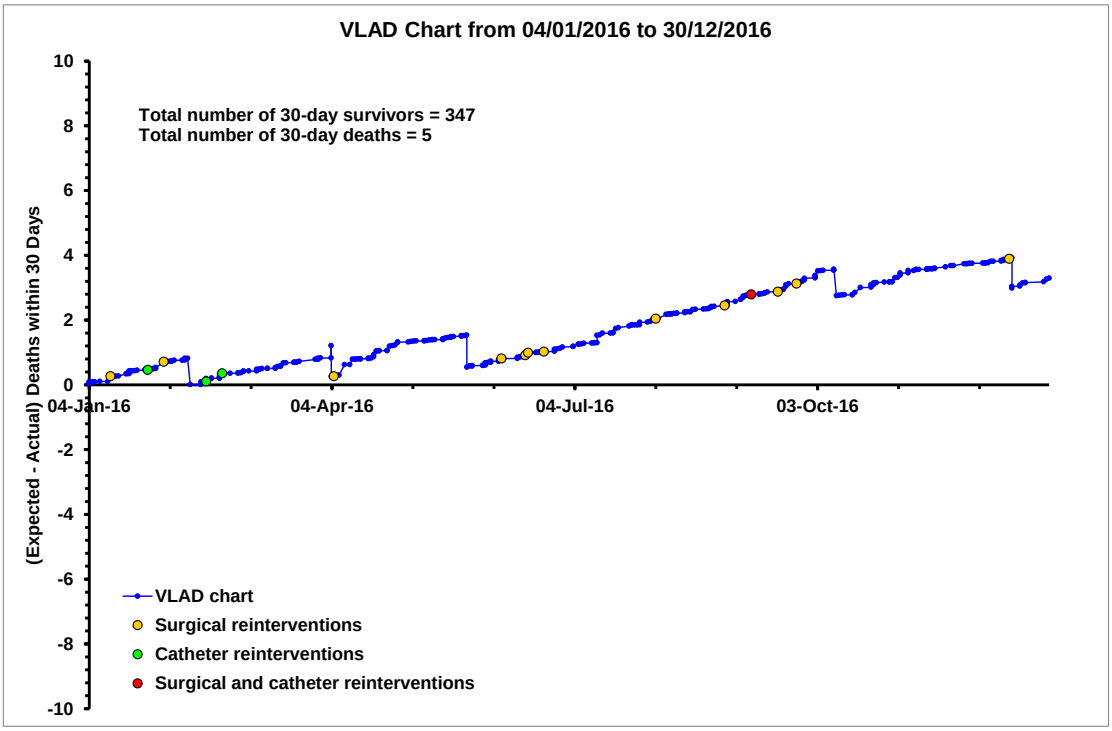

In the RSPRT (Risk-adjusted resetting probability ratio test) Plots present the mortality of your unit cumulatively, based on what is predicted by PIM2 score.

Between the orange lines is a 'safe zone' with the variability you might expect day to day. Between the red lines at the top of the chart can be regarded as a 'warning zone'.
Until there is a death, the top line stays flat and the bottom line gradually drops. When a death occurs the top line moves up and the bottom line moves closer to zero. When either line touches the red line, the graph resets to zero [i.e. there was a reset in mid-March 2016].
This data is nationally validated because generated by PICANet.

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

A risk adjustment model Partial Risk Adjustment in Surgery (PRAiS) has been developed to calculate the estimated risk of death within 30 days of a primary paediatric cardiac procedure in children under 16. The PRAiS model uses the risk factors including specific procedure, age, weight, diagnoses and comorbidities. The National Institute for Cardiovascular Outcomes Research (NICOR) will use this information to produce funnel charts comparing the Standardised Mortality Ratio (SMR) across centres.

The PRAiS risk model has also been used to develop variable life-adjusted display (VLAD) charts for each centre. VLAD charts display the cumulative difference between expected and observed mortality over time. The plotted line goes up for a survival and down for a death; for higher risk patients who survive the line is steeper than low risk survivals; for low risk deaths the line is steeper than deaths for high risk patients. If the outcomes are as expected the line will be close to zero. The line will rise less steeply for a run of survivals than it will decrease for a run of deaths. Re-interventions are displayed as circles on the plotted line. Monitoring of VLAD charts provides additional quality assurance.



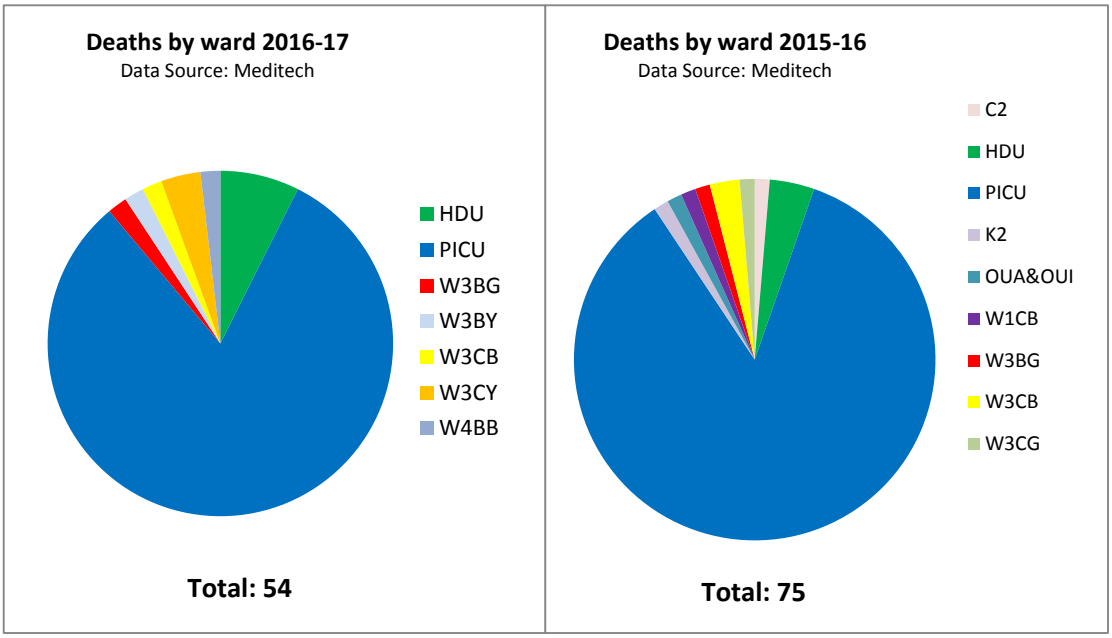

The VLAD chart above shows mortality is occurring lower than expected for the twelve months from January 2016 to December 2016. The survival rate at 30 days was 98.6% against an expected rate of 97.6%.

It is important to note that the risk factors included within the PRAiS model do not fully account for extreme prematurity and the model underestimates the risk for the highest risk patients. This is identified as patients with an estimated risk of above 10%.

**2) Real time monitoring of mortality**

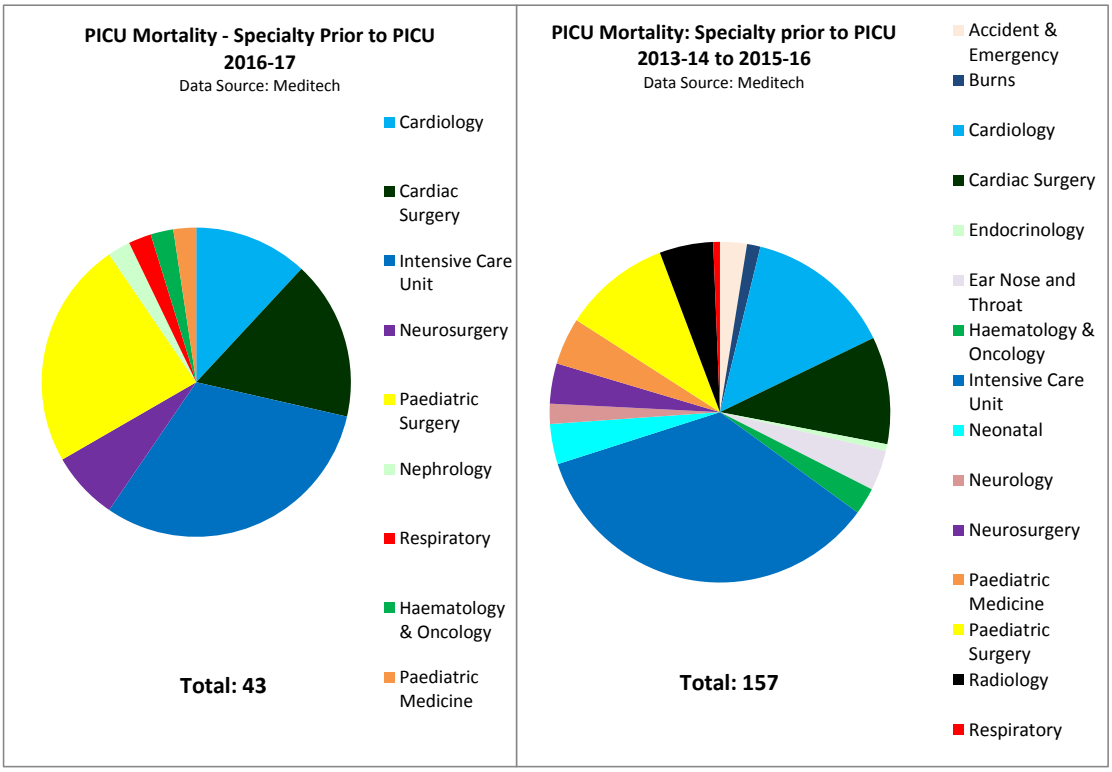
Mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

**i)** Below are the charts showing mortality by ward for 2016-17, and the previous year 2015-16.




The charts show the highest number of deaths occur in the PICU department. This enables observations of deaths in specific ward areas over time and thus identifies any potential unusual patterns, particularly in non PICU wards.

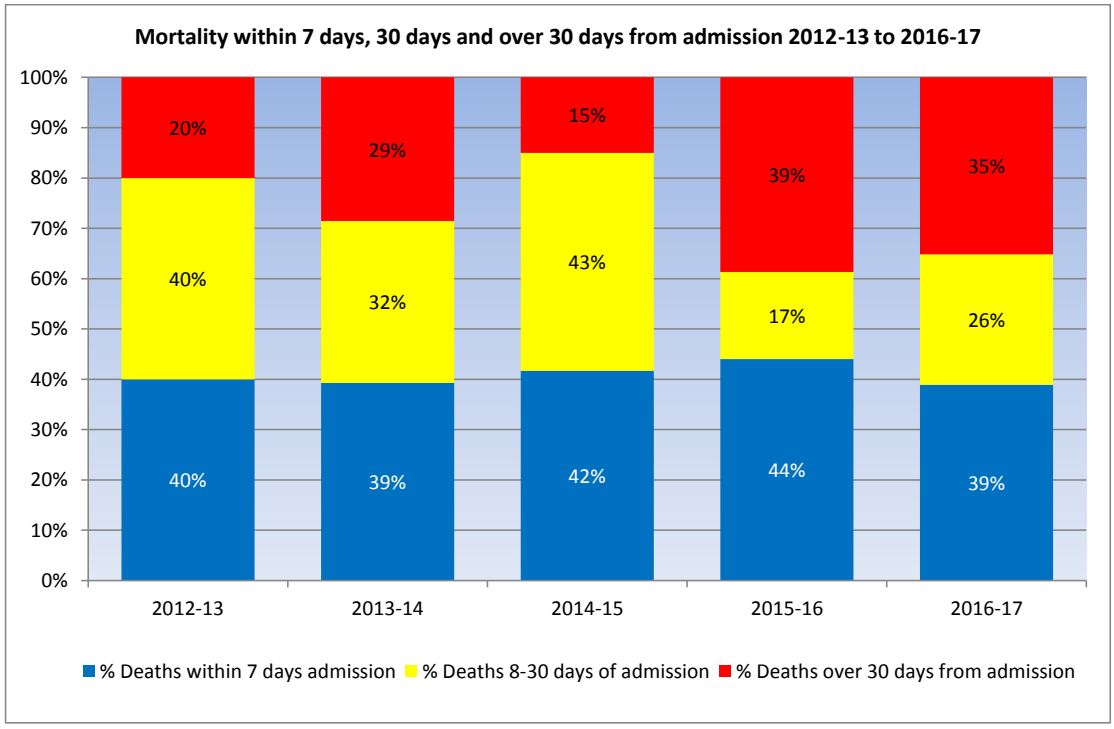
**ii)** Below are the charts showing mortality by specialty prior to PICU for 2016-17, and the previous 3 years 2013-14 to 2015-16.



These charts show the breakdown of PICU deaths by the specialty the patient was under during their episode before admission onto PICU. A large number of patients were under PICU on their first episode.

For those whose first episode was not PICU, the largest number of patients had been under the specialties Paediatric Surgery, Cardiac Surgery and Cardiology. This provides an opportunity for looking at unusual trends within specialties.

**iii)** Below the chart shows mortality broken down by the time from admission to death, mortality within 7 days, 30 days and over 30 days from admission.




The chart shows that usually the highest percentage of deaths occurs within 7 days of admission, around 40-44% of deaths occur within this time frame. In the current year 39% occurred within 7 days of admission, 26% occurred within 8-30 days from admission, and 35% deaths occurred over 30 days from admission.

### 3. External Benchmarking

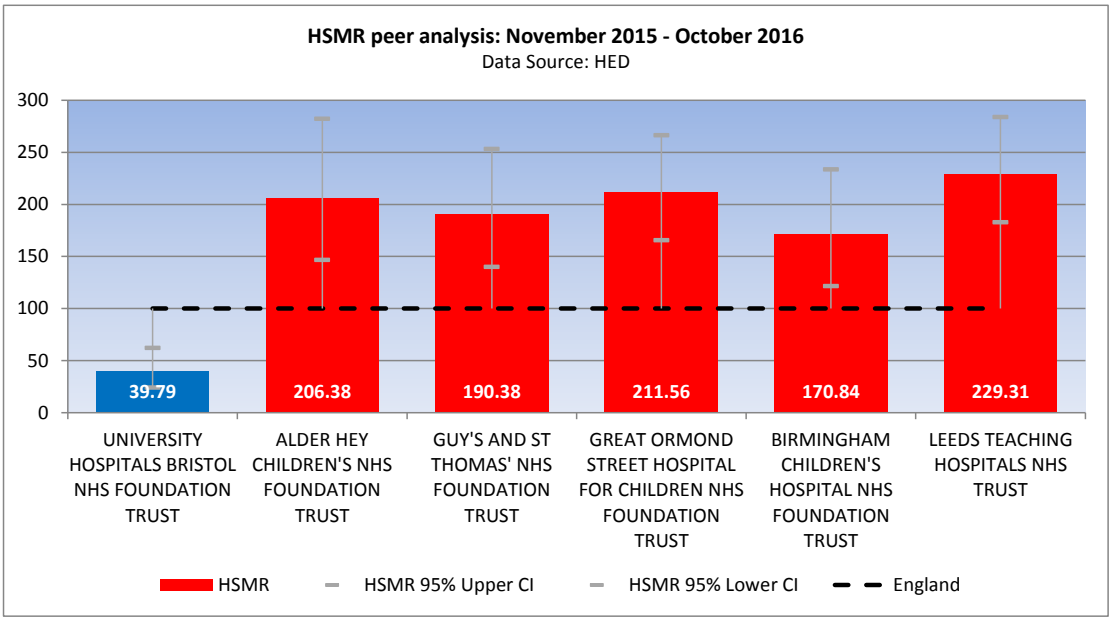
### a) Hospital Standardised Mortality Ratio (HSMR) – HED

HED allows the Trust to monitor and benchmark a number of hospital performance indicators including mortality. The HSMR is the ratio of the

observed number of in-hospital deaths divided by the number that is expected, and is based on 56 diagnoses. Although the scores are based on a basket of diagnoses that are more commonly found in adults, it allows a comparison of the performance of Alder Hey against other Trusts.

The peer group Alder Hey will be assessed against are Trust's with a similar patient case mix. This is still a work in progress. On this occasion we have included Trusts with comprehensive children's services including cardiac surgery. Patients aged 0-17 years have been selected to ensure adults are excluded from the HSMR. All specialties are included; therefore those Trusts with Neonatal Units may have a higher relative risk of mortality than expected. The Trust with the closest profile to Alder Hey is Birmingham Children's Hospital. Guys and Leeds both have neonatal units. It is not clear what Bristol include in their submitted data.

The chart below compares HSMR for Alder Hey against its peers for the period November 2015 to October 2016.

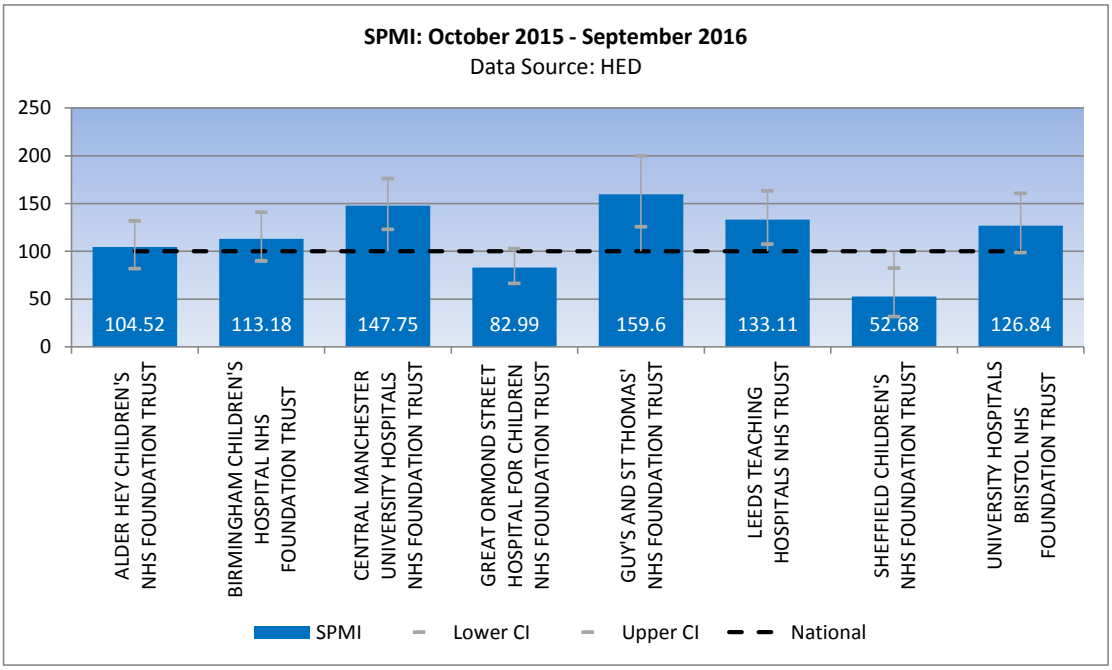



A figure of 100 means that the outcome is completely expected compared to England. A figure greater than 100 indicates the risk of the outcome is greater than expected. A figure less than 100 indicates the risk of the outcome is less than expected.

The above chart shows that the relative risk of mortality for Alder Hey was higher than expected compared to England, as were the peer group with the exception of University Hospitals Bristol NHS Foundation Trust.

HED has developed a Standardised Paediatric Mortality Index (SPMI); this is a paediatric specific ratio of the observed to expected in-hospital deaths

(multiplied by 100). A value of greater than 100 indicates higher mortality level than the average NHS performance, and a value of less than 100 indicates lower mortality level. The expected deaths are calculated from logistic regression models with a case-mix of: age, sex, ethnicity, trust type, emergency surgery flag, chronic condition flag, paediatric risk category, paediatric life-limiting conditions flag and diagnosis group. Diagnosis groups where there are less than 10 death events are excluded from the model. Children up to and including the age of 15 are included. The model is available in pre-release and the most recent data available is for the period 1 October 2015 to 30 September 2016.




The chart shows that Alder Hey has a higher mortality level than the average NHS performance with 72 deaths against 68.9 expected deaths.

**b) External benchmarking against comparator organisations for specific patient groups in addition to HED.**

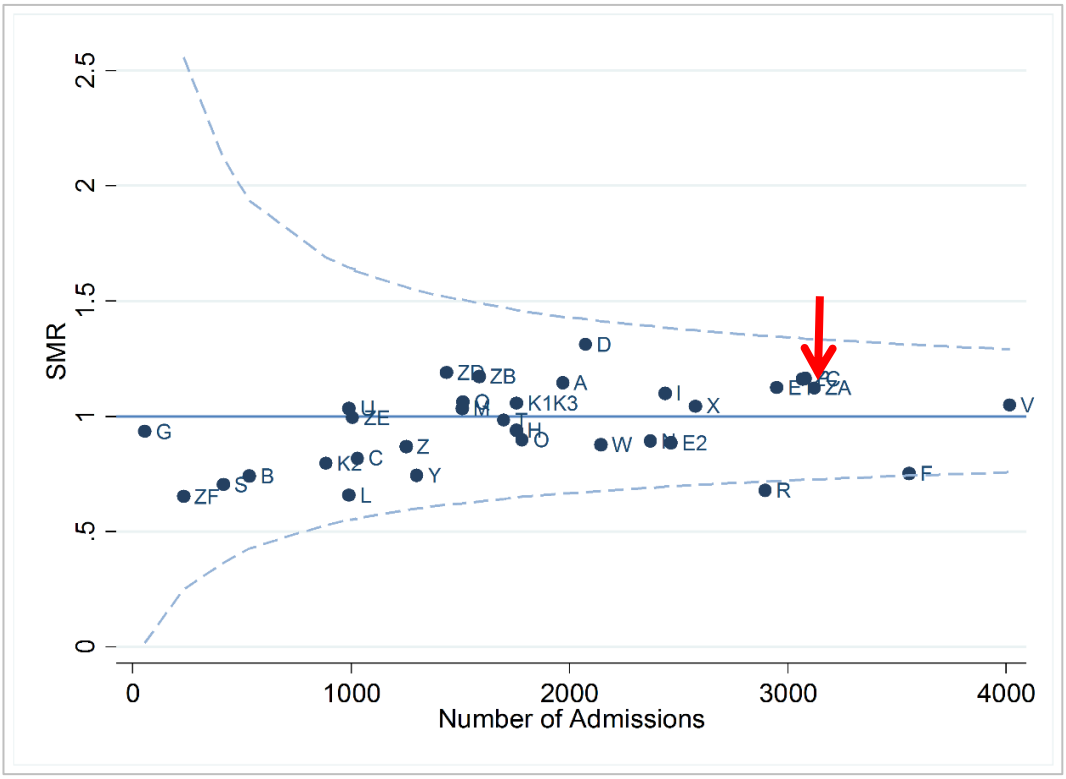
As previously reported Alder Hey benchmarks externally for PICU (http://www.picanet.org.uk/documentation.html), congenital cardiac disease http://nicor4.nicor.org.uk and oncology.

**PICU**

It is important to recognise that 85-90% of our deaths occur in PICU as in other children's trusts. In the most recent PICANet report (2016 Annual Report of the Paediatric Intensive Care Audit Network January 2013-December 2015), mortality is displayed in funnel plots. The Standardised

Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions. The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by a recalibrated version of PIM2. Control limits are displayed on the funnel plots; variation within these limits is termed common-cause variation; variation outside of these limits is special-cause variation. Points above the upper control limit indicate higher than normal mortality; highlighting the need for further investigation into the mortality rate.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2013-2015: PIM2r adjusted.




The funnel plot above shows Alder Hey at point 'P'. The SMR for Alder Hey is within the control limits of the funnel plot, suggesting mortality is under control.

**Conclusions**

The HMRG has fallen behind with the 4 month standard, there are a number of reasons as outlined in the previous report, steps are being taken to address these including an increase in those attending the group, a possible CBU lead for mortality, extended meetings to discuss more cases, and escalation of issues around ***ImageNow.*** 61% of deaths have been reviewed within 6 months.

Statistical analysis of mortality using CUSUM and SPRT continue to be monitored, the action limit was exceeded again in December suggesting mortality is higher than expected. This has been carefully monitored by the PICU team and the deaths have all been reviewed to confirm there is no underlying factor.

Alder Hey uses VLAD charts to monitor the trend in mortality in cardiac surgery; the latest chart shows observed mortality is lower than expected mortality. All cardiac surgery patient deaths will be reviewed in the Cardiac M&M meetings and also the HMRG.

Reports have been produced to allow real time monitoring of mortality. Deaths will be analysed by year, ward, and specialty, deaths within 7 days, 30 days and over 30 days from admission. There are no current indications of patterns of concern.

Rick Turnock
Julie Grice
Kerry Morgan
1st February 2017

Alder Hey Children's NHS
NHS Foundation Trust

**Clinical Quality Assurance Committee**
Minutes of the last meeting held on Wednesday 13th December 2016,
10:00am, Large Meeting Room, Institute in the Park

| | | | |
|---|---|---|---|
| **Present:** | Jeannie France-Hayhurst | (Chair), Non-Executive Director | JFH |
| | Mags Barnaby | Interim Chief Operating Officer | MB |
| | Christian Duncan | Director of Surgery CBU | CD |
| | Hilda Gwilliams | Chief Nurse | HG |
| | Steve Igoe | Non-Executive Director | SI |
| | Paul Newland | CD, Clinical Support CBU, /Co Biochemistry | PN |
| | Mary Ryan | Director of Medicine CBU | MR |
| | Erica Saunders | Director of Corporate Affairs | ES |
| | Glenna Smith | Interim General Manager, Medicine CBU | GS |
| | Rick Turnock | Medical Director | RT |
| **In Attendance:-** | Joe Gibson | External Programme | JG |
| | Rachel Greer | Associate Chief of Operations of Clinical Effectiveness and Service Transformation | RG |
| | Lachlan Stark | Head of Planning & Performance | LS |
| | Julie Creevy | EA, Executive Team | JC |

**Agenda item: 16/17/112**

| | | | |
|---|---|---|---|
| | Richard Cooke | DIPC | RC |

**16/17/119 Apologies:**

| | | |
|---|---|---|
| Anita Marsland | Non-Executive Director | AM |
| Pauline Brown | Director of Nursing | PB |
| Sue Brown | Project Manager and Decontamination Lead | SB |
| Phil O'Connor | Deputy Director of Nursing | POC |
| Tony Rigby | General Manager, Quality Strategy | TR |
| Jonathan Stephens | Director of Finance/Deputy CEO | JS |
| Melissa Swindell | Interim Director of HR | MS |
| Janette Richardson | Programme Manager | JR |

**16/17/120 Declarations of Interest**
None declared.

**16/17/121 Minutes of the previous meeting held on 16th November 2016**
**Resolved:**
It was noted that Lachlan Stark was incorrectly noted under apologies received, however LS was in attendance at the meeting held on 16th November. CQAC approved the minutes of the last meeting held on 16th November 2016 on the basis that the above be amended.

**16/17/122 Matters Arising and Action list**

**Resolved:**

**Winter plans**
Comprehensive Winter plan had been received at CQAC meeting held on 16th November 2016, issues had also been shared at Trust Board held on 6th December regarding Execution of the Winter plan.

The Winter plan included additional beds to be opened over a set period, in two areas to support patient flow and was predicated on temporary staff. The lesson learned is the requirement to recruit much earlier to fixed term contracts, to ensure staff availability.

**Update on Referral pathways CAMHS** – finding from Children' s Society report – this action had been completed, however further ongoing work was progressing.

**ED Performance –** Arrival time for patients in AED remains extremely challenging between 3.30 pm -10.00 pm, resulting in high volume number of patients arriving at the same time, the impact of which results in patient process delay, further compounded by patients not being discharged early enough via nurse led discharge. HG highlighted that nurse led discharge can only be achieved providing that there are robust pathways in place, or consultant/medical teams document their discharge criteria in the patient record. To gain insight into the issues in relation to nurse led discharge HG suggested a prevalence study needed to be completed.

**Resolved:**
CQAC required a tactical position statement/update for next CQAC business meeting detailing the art of the possible/challenges.

MB confirmed that Clinical utilisation data in December will be reviewed and audited in different areas to obtain intelligence, to enable progress based on the Trust's plan, to ensure a well formed plan by March 2017.

**Action:**

- MB to invite Jo Minford and Sian Falder to liaise with R Greer to provide update at next CQAC business meeting.

- MB/RT/HG to agree a comms piece for CBU's to endorse.

**Reinspection by CQC** – there is ongoing work regarding the Trust approach to the Mental Health Act, including training for our Non Executive Directors. Regular Engagement meetings are planned , with the next scheduled meeting due during February 2017 with CAMHS Team.

**Resolved:**
Ongoing verbal update to be provided to CQAC.

**Programme Assurance – Improving Outpatient projects –** RG provided Outpatient project update at CQAC meeting held on 16th November 2016 and also at Trust Board, this item now closed, with a further update required at February 2017 CQAC meeting.

**Resolved:**
CQAC noted that a further update would be required from RG for February 2017 CQAC meeting.

**Quality Strategy**
**Resolved:**
CQAC noted Quality Strategy quarterly update would be received at February 2017 meeting.

**Infection Prevention and Control** – Implementation of Sepsis to be raised at Executive Team meeting –

**Action:** CQAC noted that Stefan Paulus attended November 2016 CQAC meeting, and provided detailed information. Aiming to align 2 senior nurses to the Sepsis project. RT had set up specialist group of clinicians, who had met in conjunction with the Root Cause Analysis panel. It was noted that there would be at least 2 RCA's, actions, and further

background work had been completed. Aim is to roll out as efficiently and effectively as possible, senior nursing staff input would be required.
Business plan had been submitted, with next step to present at Executive Team meeting.

**Resolved:**
CQAC noted that a further update would be provided at February 2017 CQAC meeting.

**Mazar's report**
**Resolved:**
CQAC noted that progress to access full sets of case notes had been made.
RT due to meet HMRG mortality leads in the new year, HMRG leads would also be attending Trust Board in January 2017.

CQAC noted that a new mortality report had been issued on 13th December 2016, which was not particularly positive. ES confirmed that the Trust needed to continue strengthening HMRG/mortality processes. RT confirmed that Trust mortality processes are extremely good, with robust structure/process in place, however issue remain regarding timelag/onerous timeframe for each case which require in depth reviewing/investigating. It was noted that this is particularly onerous for clinical volunteers who review. RT highlighted that clinicians receive no additional financial benefit for this additional onerous work.

**Action:**
RT & ES to draft letter to ensure HMRG is back on track. ES highlighted that LS is currently in the process of attempting to meet with Mike Richards, Chief Inspector of CQC.

ES & RT to discuss further with L Shepherd regarding lack of recognition of specialist Trust's.

**Outpatient Walkabout**
HG confirmed that she had met with A Marsland & Joe Gibson, given that the CBU walkabout process needed strengthening going forward. Quarterly walkabout had been scoped out, focussing on programmes which were aligned to the CQAC workplan. The recommendation was to continue with the formal monthly CQAC meetings, and schedule additional plan for walkabouts, ensuring ward to board engagement going forward.

**Action:**
HG/ES to develop walkabout proposal for February 2017 CQAC meeting.
.

**16/17/123 Review of Clinical Investigation Results and Notices at Alder Hey – Action plan for reducing risk**

NB presented proposed action plan regarding the Review of Results and notices on Meditech. The Action plan detailed various timelines and stages. Stage 1 which included Amnesty on Existing notices, stage 2 – Full implementation of current notice system and Stage 3 Specialty packages and development.

**Resolved:**
CQAC noted that the Action Plan requires clinical input.
ES to liaise with NB to provide NB with meeting details regarding Clinical Records Group, and ensuring that NB had an agenda item for the January 2017 CRG meeting to address this issue further.

CQAC to receive a further update thereafter, once plan has been shared and issues resolved.

The Chair thanked NB for his presentation.

**16/17/124 Programme Assurance**

**Resolved:**
CQAC received an update on programme assurance.

The Chair thanked JG for his update.

**16/17/125 Infection Control report**

CQAC received and noted the new reporting template for Quarter 2 DIPC Report and noted that the infection prevention team are working with teams to mitigate any risks and provide assurance. CQAC noted the Infection Prevention and Control Strategy and Delivery Plan 2016-17. Chair commented on the improved template which was extremely well received.

**Resolved:**
CQAC noted Quarter 2 report and progress to date.

The Chair thanked Richard Cooke for his presentation.

**16/17/126 Review Progress against Monitor Quality Governance Framework**

CQAC received the Self –Assessment against the Quality Governance Framework at November 2016. This had been reviewed by Mersey Internal Audit Agency. Framework and is due to be presented at Audit Committee. CQAC agreed it beneficial to include timescales and owners going forward.

The Chair thanked ES for this update.

**16/17/127 Corporate report – Quality Metrics**

**Patient Safety – HG provided a verbal update as follows:-**
Medication errors has been a focussed area for the past year, and would remain so going forward. The outcome to date shows that the number of medication errors resulting in harm are significantly lower than 15/16, in addition a reduction in the level of harm.

Pressure Ulcers – Grade 2 and above pressure ulcers are up slightly on last year, however improved reporting and the heightened awareness of staff since the recruitment of tissue nurse specialist may account for this. CQAC noted that there are a number of whole day training sessions for staff scheduled during January 2017. The Trust lead has joined a children's alliance group, in order to standardise best practice, reporting and sharing of information.

Readmissions to PICU are double the numbers of last year, and may be as a result of increased pressure on PICU beds. The information team have been requested to undertake a review of each case, to ensure original discharge was appropriate at that time.

**Patient Experience – HG provided a verbal update as follows:-**
Early response to dealing with concerns continues to be well received and effective.

There had been an improvement in the number of responders who are aware of their discharge date and are involved in play and learning.

The FFT responses continue to improve.

**Clinical Effectiveness**
Acute readmissions of patients with long term conditions remains low compared to the earlier part of the year. This measure continues to be monitored in order to establish a baseline by which improvement measures can be established.

**Action**: SI indicated that it would be particularly helpful to have data as a percentage of the population. KM, Information Lead to provide detail.

The Chair thanked Hilda Gwilliams for her update.

**16/17/128 Board Assurance Framework**
**Resolved:**
CQAC received the monthly report.
**Resolved:**
ES to circulate copy of MIAA document to CQAC members.

**16/17/129 Clinical Quality Steering Group**

**Key issues report November 2016**

HG presented Clinical Quality Key issues report, which had been refreshed and realigned. A new template had been established to capture key issues to align with CQAC reporting. The Chair recognised the improvements in the new template and the committee supported the new template.

**Resolved:**
CQAC noted issue regarding Trust wide vaccination strategy which had been previously discussed at CQSG. Issue related to a previous RCA and is part of associated SIRI action plan.

CQAC noted item regarding Dianostic Test, SIRI action plan which related to notice/alert (CQAC noted this was already on the CQAC agenda for discussion, agenda item – 16/17/123).

**16/17/130 Equality Demographic Patient Data**
CQAC received Equality Demographic Patient Data update, which highlighted what demographic data is, and is not currently collected. HA sought guidance on what categories of data is required to help demonstrate compliance and improve patient experience. Discussion took place regarding transgender and disorders of sexual differentiation. HA sought guidance on whether an indeterminate category should be established.
**Resolved:**
CQAC agreed that this issue needed wider discussion/expert group at Clinical Quality Steering Group to enable the CQSG to agree that the Trust is adhering as appropriate. Once discussion had taken place, and issues resolved, an exception report would be provided at CQAC.

**Action:** HG would ensure that PoC is sighted on this and that this would be included on January Clinical Quality Steering Group agenda for further discussion/agreement.

**16/17/130 Any other business**
MB to provide a position statement/update at next CQAC business meeting regarding SIRI relating to referral issue. Task and finish group had been established with the last Task and finish group scheduled for 5th January 2017. Early indication noted that the National standards associated with booking and scheduling identified gaps.

**Action: MB to provide a full update against standards, at the next CQAC business meeting.**

**Date and Time of next meeting: - Wednesday 18th January at 10am, Large Meeting Room, Institute in the Park.**

Alder Hey Children's NHS
NHS Foundation Trust

***Board of Directors***
***7th February 2017***

| | |
|---|---|
| **Report of:** | Director of Human Resources & Organisational Development |
| **Paper Prepared by:** | Director of Human Resources & Organisational Development |
| **Subject/Title:** | People Strategy Update for February 2017 |
| **Background Papers:** | Employee Temperature Check for December 2017 |
| **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:**<br><br>**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.***

**Development of Leaders**

Following the launch of the Leadership and Management Induction in November, the Workplace Coaching programme has commenced and we welcomed 11 delegates onto the first two-day course, supporting the implementation of our Leadership and Management Strategy. We will continue to offer and evaluate this programme over February to support the further development of coaching interventions to develop capacity and support across the Trust.

**Improving communication and hearing the employee voice**

In the December Temperature Check, the Staff Friends and Family scores for place to work and place for treatment were 73% and 95% respectively; both of these percentages are an increase on previous months.

**Staff Survey**

The final response rate for our 2016 staff survey was higher than last year's at 39% (up from 35% in 2015). This compares to a 44% average response rate amongst the 132 organisations who engaged Quality Health to administer their survey for them (an increase from the 42% response rate in 2016). Whilst we await the imminent full report on survey outcomes; we are developing an LiA approach to sharing these and understanding what actions we need to take as a Trust to continue making improvements to the workplace in support of our employees.

## 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.***

**Junior Doctors**

Work progresses with aligning rotas to the new contract, following the recent appointment to the Guardian of Safe Working role. We have already started to review rotas, in line with JDAT report recommendations.

**Hotel Services**

Consideration is being given to an independent Cleaning Review report which has assessed the current domestics operation within the Trust and proposed a number of actions to potentially be implemented, of which initial informal discussions commenced in December 2016 with both Trust staffside and union regional officials. Formal consultation on the initial phase of review, that of the domestic supervisors commenced on 4th January 2017 for 30 days to conclude on 3rd February 2017. In parallel the review of domestics' processes will continue involving trials of technology, which may potentially result in an organisational change process for this group of staff in the first quarter of 2017. A Patient Services

Manager (Domestics) has been appointed and commenced duties from beginning of January 2017.

**Education, Learning and Development**

Work is ongoing to prepare for the apprenticeship levy using a 'readiness' tool. The Mersey Teaching Partnership Strategy for apprenticeship implementation was presented to leads for comment early in the New Year. The impetus of this strategy is to ensure a collaborative and partnership approach to apprenticeship qualifications across the patch and to learn from best practice examples. A draft education strategy is being developed by the Director of Medical Education and the Learning and Professional Development Manager and will be presented for consultation to the Education Governance Board in February.

Following a stock take of essential mandatory training, a further short 'task and finish' piece of work is being undertaken during February to align core and role specific competencies to the new CBU structure and to ensure an improved core skills approach to mandatory training reports. This in turn will dovetail with the Streamlining project happening across the North West, the aim of which is to avoid duplication of effort and resources in ensuring a safe, skilled and potentially more engaged NHS workforce.

## Section 3 - Structure & Systems

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

**Effective Policies**

MASS: The MASS scheme has closed and Executive review panels took place during December 2016. Six applications have been approved in principle, three are still pending decision and 37 applications were rejected. A further panel will review the current position on 8 February 2017.

**Employee Relations Activity**

There are currently 3 formal disciplinary cases ongoing and 3 final appeal hearings, continuing the descending movement experienced in formal case management. The HR team are working with staff side colleagues, the LIA team and team prevent to review training and coaching opportunities in relation to Mediation, Investigations, Stress and Bullying and Harassment issues.

The HR team continue to focus resources 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, to minimise formal processes.

Two Early Conciliation Claims relating to concerns of non-payment of expected income (pre-Employment Tribunal) had been received in respect of two Agency workers (joint claim against the Trust and the Agency provider) one of which has been resolved within a legally binding agreement. The proposed solution to resolve the second claim was declined by the claimant who has subsequently made an application for a Employment Tribunal claim citing non payment of income due. The claim is being defended and the Trust submission papers have now been issued to the Tribunal offices, with a preliminary hearing on 28th February 2017.

**Corporate Report**

The HR KPIs in the December Corporate Report are:

- Sickness is at 5.8%, up 0.3% from last month
- Corporate Induction compliance has increased to 81.5% from 74.1%
- PDR rates have decreased to 70.5% from 73%
- Mandatory training is 76.1%, up from 75.3%

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

## Section 4 - Health & Wellbeing

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

**Supporting Resilience**

The Trust has been developing support tools in conjunction with Team Prevent to help staff cope with the demands and challenges of staying healthy and maintaining a positive work and life balance. This is a key component of the People Strategy and ensures our focus on all aspects of workforce wellbeing.

The Trusts Health and Well-being provider (Team prevent) have recently undergone management changes to their team and discussions are currently underway in relation to supportive health and wellbeing initiatives (e.g. stress management coaching and support). The Listening into Action initiative (LiA) enabler teams have established a team specifically to support the Health & Wellbeing agenda, with further support explored with CAMHS. Lastly, plans are developing with colleagues from all around Cheshire and Merseyside regarding the Sustainability and Transformation Plan (STP) to identify broad areas for better collaboration with local government and joined up services out of hospital settings, which will have an effect on current services.

**Leading in Equality & Diversity**

The Task and Finish Group continues to meet to develop actions to address under-representation of BME staff in the workforce. Alder Hey has set a target of a **1%** increase per year over the next 5 years. Initiatives to support this include:

- Review of recruitment and selection processes to identify unconscious bias
- Revised 2-day management induction training which focuses on E&D;
- Monthly spot checks at interview panels with BME candidates (links with sector-wide Streamlining project and the drive for values-based recruitment and improved job description design).
- Wider marketing of the apprenticeship scheme
- Monitoring of key data on the above initiatives to be presented at WOD
- Trust Annual Report on the Workforce Equality data produced by W/Force team Report contains new information regarding CPD /non mandatory training equality themes.

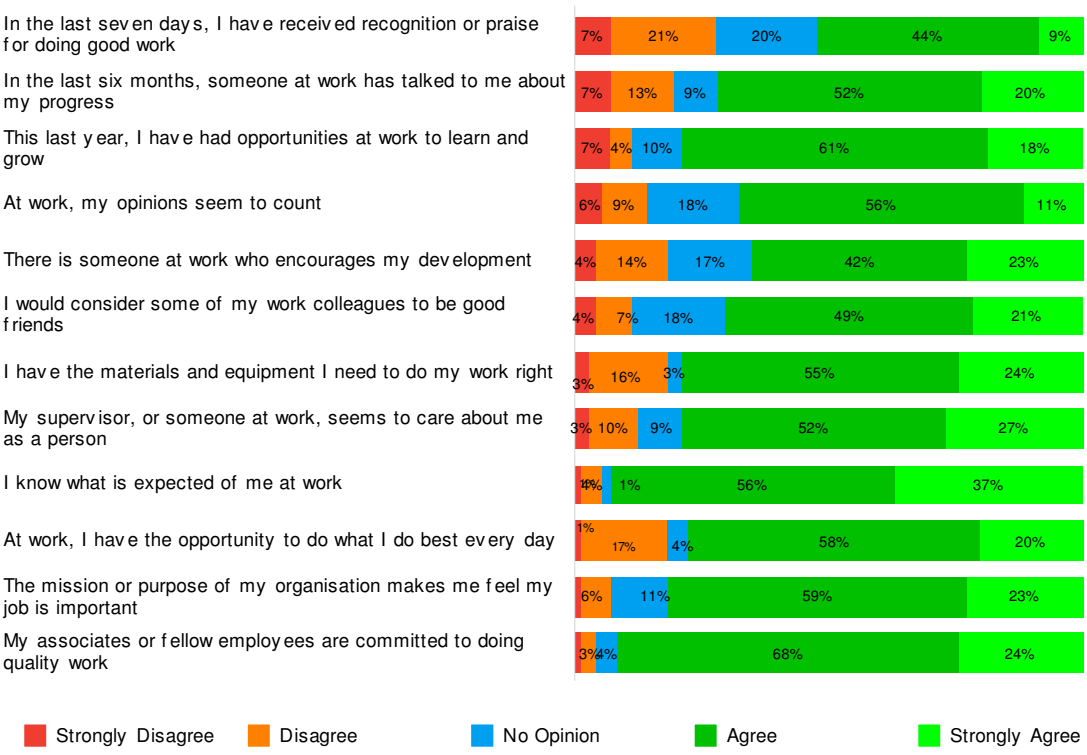
We continue to work closely and visit the different local communities through the community leaders to promote Alder Hey as an employer of choice, and working with our own BME staff and trade union colleagues to promote opportunities, an update report on progress will be presented to the next WOD Committee.

## Summary of monthly Employee Temperature Check for: December

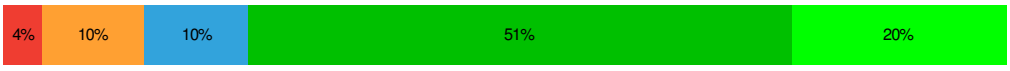
The percentage of staff who were in Overall agreement with the 12 questions for **December** was **76%**.

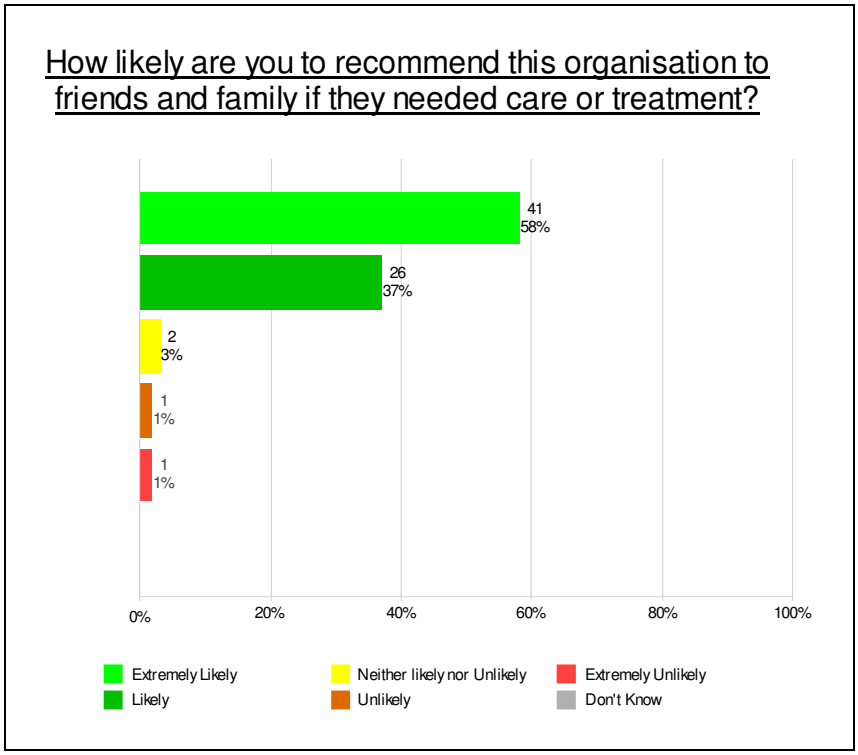
The area most in need of improvement was **In the last seven days, I have received recognition or praise for doing good work.** This question recorded an overall Disagreement score of **28%**.

### Rating Scale for 12 questions




### Overall Engagement for 12 questions

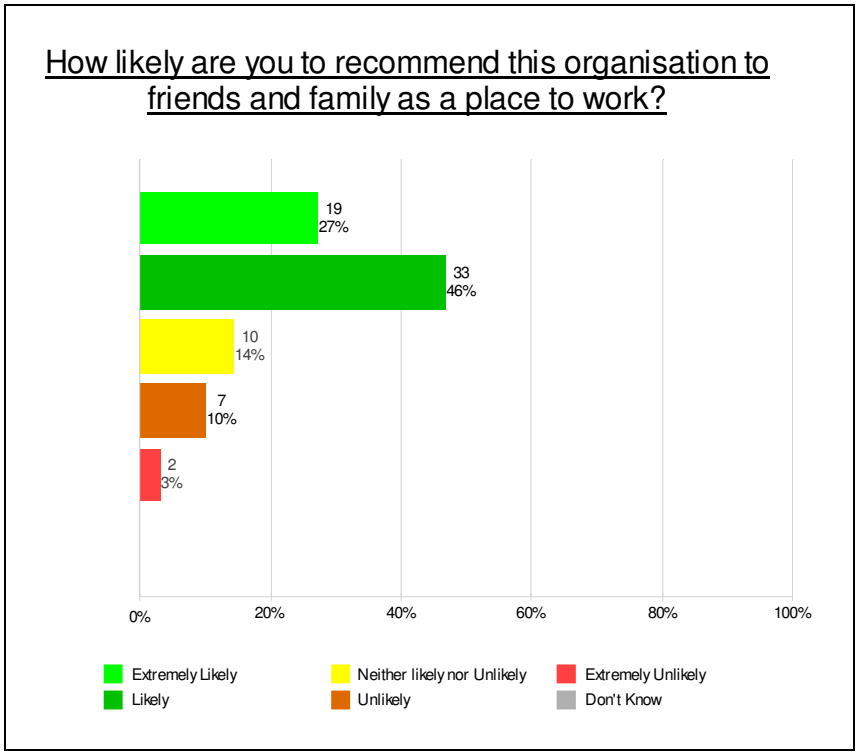





**What is the main reason for the answers you have chosen?**

| |
|---|
| I think the care delivered by the medical staff is very good, however the bad organisational culture could see this decline quite quickly. |
| Everything I see makes me impressed with the quality of service we provide. |
| No experience of care here |
| I do feel the clinical staff care about the patient |
| Staff who are committed to their job and put the childrens needs at forefront |
| I UNDERSTAND THE CHALLENGES THE ORGANSITAION FACES DUE TO CAPACITY ISSUES AND FEEL THIS HAS A DETRIMENTAL EFFECT ON CARE DELIVERY IN SOME CASES. |
| we are lucky to have such a fantastic hospital on our door step |
| I have had the opportunity to work closely with both Consultants and Management and have experienced first hand their commitment to the services they provide. |
| Staff care about patients |
| The organisation has a warm and friendly feel to it with the majority of staff being caring and compassionate. |
| I believe the ward staff and many of the medics to be extremely competent and compassionate. The staff do a great job considering extra pressures, staff shortages and reduced resources. |
| I know that there are an awful lot of very good people working here that love their jobs and really care about their patients. |
| people at work are genuinely care about patients |

| What is the main reason for the answers you have chosen? |
|---|
| Because I believe them to be true in my role |
| Caring for children, their families and carers makes this hospital very special. |
| I have seen !st hand the care that is given to patients , parents . |
| because the mayority of the team is excellent |
| quality of care |
| Staff think of patients best interest |
| I believe we offer excellent care, good staffing |
| We provide the highest standard of care at all times |
| The hospital provides excellent care and treatment - everyone knows that |
| Waiting lists and telephone answering is disgusting |
| THE NHS IS STILL BEST BUT FECKLESS DIRECTORS/CAREERISTS SEEM TO BE DOING THEIR BEST TO DESTROY IT FROM THE INSIDE. |
| great workers |
| We do deliver good care and the majority of HDU nurses are very caring |
| Caring environment. |
| excellent reputation as a caring children's hospital |
| The current environment does not feel safe or therapeutic. |
| Excellent cardiac team |
| Medical staff are committed and caring and have the skills and knowledge to deliver excellent service |
| because its a fantastic hospital and is filled with genuine people who really care. |
| I think this trust is one of the best and I trust the staff completely |




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

| |
|---|
| As above, a poor organisational culture is starting to develop and there is little faith in managers leadership abilities. |
| NHS is under extreme pressure at the moment, so my selection is no reflection on Alder Hey directly. |
| No experience of care here |
| It would depend on the person and the role |
| it is a friendly place to work and there are opportunities to progress |
| I have worked in NHS for 32 years and have never experienced an environment where everybody respects their colleagues, go out of their way to help if I have any queries and is committed to working as a team. |
| Poor management at middle management level |
| I have received good support during my time within the organisation however I am in a small team making this easier to do. |
| I'm in a position where I can gain an extra £10,000 if I leave yet I'm not so sure this will be the right choice. |
| Alder hey is a unique place to work - It is always a fun/happy place to work and I personally love that and really enjoy coming to work |
| Personal experience |
| I enjoy being part of a trust that listens to its staff, and a trust that is friendly. |
| My role in where we are trying to get to is new, Time will tell if I would recommend a friend |

| What is the main reason for the answers you have chosen? |
|---|
| There is a clear focus on the children and their families. |
| It is a very rewarding job, and trust to work for . |
| Excellent facilities , committed service minded  people , world class quality |
| I enjoy working here and I think we provide good care to patients |
| I want to have more friends and deeper relationships with people here |
| great facility and people |
| I transferred 18 months ago and have not regretted my decision. Great place to work |
| To gain good paediatric experience, including cardiac and neuro. |
| There's more stress and demands than I think I would suggest to others - the NHS is what it is alas..... |
| I hate it here. I am bullied by co workers, not respected and belittled by managers. I love my job but I am looking for other jobs. |
| NO REAL JOB SECURITY. NOT MANY PROSPECTS, EVEN FOR THOSE WHO HAVE DEGREES AND HIGHER QUALIFICATIONS. |
| Depends on what role they would wish to take on. |
| being part of a recognised caring children's hospital |
| There are no real opportunities for progression or development |
| I don't feel the trust as a whole is run particularly well |
| I thoroughly enjoy working here |

# Corporate Report

**Dec 2016**

# Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

## Table of Contents

# Executive Summary

**Dec 2016**

Alder Hey Children's NHS Foundation Trust

**Is there a Governance Issue?**

| Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 |
|---|---|---|---|---|---|---|---|---|
| N | N | N | N | N | N | N | N | N |

**Highlights**

Activity has significantly improved against the same period last year and for month 9 following execution of winter plan, RTT, cancer & diagnostic standards achieved despite pressures, volume of longest waiting patients continues to reduce, DQ group established to target key areas of concern that skew data, CAMHS waiting times reducing in line with plans. Canx ops for "no ward beds" significantly down compared to last year following planned conversion from IP to DC. ED attendance to conversion rate has reduced for the 4th consecutive month to 17.2% despite attendance pressures.

**Challenges**

4 hour standard & Quarter 3 failed which means that STF trajectory has also breached. Appeals process to be reviewed due to increased attendance and non-inclusion of WIC type 3 attendance. EDU & 3C capacity has not been maximised due to staff challenges but is now resolving due to agency availability. NHSI directive to reduce elective activity and operating capacity to 85% up to 16th Jan. Winter Plan has enables us to comply. Productivity metrics have slipped primarily due to seasonal impact

**Patient Centred Services**

Slight reduction in overall achievement of metrics. Main areas to note are non-achievement of 4 hour standard. Cleanliness audits have not been undertaken in some areas due to staff availability which will be rectified in Jan. CAMHS DNA rates have increased which is within seasonal norms. Productivity deteriorated slightly due to increased DNA rates and reduced theatre and clinic utilisation but was anticipated as winter plan actions are implemented.

**Excellence in Quality**

Although PALS referrals are slightly up in comparison to last year the number of actual complaints is significantly lower. Friends and Family responses are increased in month although further work is needed in community and CAMHS to improve response numbers. Although ward cleanliness scores are above 96% hand hygiene compliance is only 87%. ACN's and Heads of Quality at CBU level are working to address this with their teams. Medication errors are significantly lower than last year as are clinical incidents resulting in moderate, severe harm or death. The total number of infections is down compared to 15/16 with no hospital acquired MRSA or C Difficile infections in December. Improved hand hygiene data reporting and improved compliance at ward level is required in January and ACNs and Heads of Quality are addressing this with their ward managers and their teams.

**Financial, Growth & Mandatory Framework**

For December the Trust is reporting a trading deficit of £0.8m, £0.5m better than plan. Year to date the trading deficit is £3.5m, an improvement of £0.1m against plan. Income is ahead of plan by £2.8 to date. Elective activity and outpatient activity are both on plan, day case activity ahead of plan by 1% & non-elective activity is ahead of plan by 16%. Pay budgets are £1.5m overspent to date relating to use of agency staffing. The Trust is ahead of the CIP target to date by £0.16m. Cash in the Bank is £6.2m. Monitor Use of Resources rating of 3 in line with plan. The Trust is forecasting a trading deficit of £0.2m in line with plan at the end of the financial year. This forecast relates to the position as at month 6, approved by the Board and submitted to NHS Improvement.

**Great Talented Teams**

In the previous month compliance with corporate induction attendance has decreased to 74.1%. Rates for medical appraisal have increased whilst PDR compliance for other staff has decreased to 70.5%. Rates of sickness absence have marginally increased to 5.8%, and mandatory training compliance has increased to 76%. Work continues to improve all KPIs.

# Leading Metrics

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Patient Centered Services

| Metric Name | Goal | Nov 2016 | Dec 2016 | Trend | Last 12 Months |
|---|---|---|---|---|---|
| ED: 95% Treated within 4 Hours | 95.0 % | 92.0 % | 92.3 % | ▲ | |
| RTT: 90% Admitted within 18 weeks | | 89.2 % | 88.0 % | ▼ | |
| RTT: 95% Non-Admitted within 18 weeks | | 85.8 % | 87.2 % | ▲ | |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 92.0 % | 92.1 % | 92.1 % | ▲ | |
| Diagnostics: Numbers waiting over 6 weeks | | 4 | 2 | ▼ | |
| Average LoS - Elective (Days) | | 2.9 | 2.9 | ▼ | |
| Average LoS - Non-Elective (Days) | | 1.9 | 1.9 | ▼ | |
| Daycase Rate | 0.0 % | 68.1 % | 70.0 % | ▲ | |
| Theatre Utilisation - % of Session Utilised | 90.0 % | 84.4 % | 84.1 % | ▼ | |
| 28 Day Breaches | 0.0 | 4 | 3 | ▼ | |
| Clinic Session Utilisation | 90.0 % | 86.2 % | 83.2 % | ▼ | |
| DNA Rate | 12.0 % | 10.1 % | 12.5 % | ▲ | |
| Cancelled Operations - Non Clinical - On Same Day | | 28 | 11 | ▼ | |

## Excellence in Quality

| Metric Name | Goal | Nov 2016 | Dec 2016 | Trend | Last 12 Months |
|---|---|---|---|---|---|
| Never Events | 0.0 | 1 | 0 | ▼ | |
| IP Survey: % Received information enabling choices about their care | 90.0 % | 96.4 % | 96.3 % | ▼ | |
| IP Survey: % Treated with respect | 90.0 % | 99.4 % | 100.0 % | ▲ | |
| IP Survey: % Know their planned date of discharge | 60.0 % | 73.5 % | 73.1 % | ▼ | |
| IP Survey: % Know who is in charge of their care | 90.0 % | 94.0 % | 93.2 % | ▼ | |
| IP Survey: % Patients involved in play and learning | 65.0 % | 55.1 % | 56.1 % | ▲ | |
| Pressure Ulcers (Grade 2 and above) | 13.0 | 22 | 26 | – | |
| Total Infections (YTD) | 83.0 | 69 | 75 | ▼ | |
| Medication errors resulting in harm (YTD) | 58.0 | 43 | 48 | ▼ | |
| Clinical Incidents resulting in harm (YTD) | 506.0 | 451 | 513 | ▼ | |

## Great and Talented Teams

| Metric Name | Goal | Nov 2016 | Dec 2016 | Trend | Last 12 Months |
|---|---|---|---|---|---|
| Corporate Induction | 100.0 % | 74.1 % | 81.5 % | ▲ | |
| PDR | 90.0 % | 73.0 % | 70.5 % | ▼ | |
| Medical Appraisal | 100.0 % | 16.7 % | 48.4 % | ▲ | |
| Sickness | 4.5 % | 5.5 % | 5.8 % | ▲ | |
| Mandatory Training | 90.0 % | 75.3 % | 76.1 % | ▲ | |
| Staff Survey (Recommend Place to Work) | | 61.4 % | 73.2 % | ▲ | |
| Actual vs Planned Establishment (%) | | 91.8 % | 87.7 % | ▼ | |
| Temporary Spend ('000s) | | 800 | 550 | ▼ | |

## Financial, Growth and Mandatory Framework

| Metric Name | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|
| CIP In Month Variance ('000s) | -18 | 78 | |
| Monitor Risk Ratings (YTD) | 3 | 3 | |
| Trading Surplus/(Deficit) | 1104 | -776 | |
| Capital Expenditure YTD % Variance | -18.8 % | -32.0 % | |
| Cash in Bank (£M) | 5.4 | 6.2 | |

# Exceptions

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Positive (Top 5 based on % change)

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnostics: Numbers waiting over 6 weeks | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 4 | 2 | |
| Cancelled Operations - Non Clinical - On Same Day | 10 | 19 | 24 | 47 | 30 | 28 | 16 | 20 | 14 | 16 | 22 | 28 | 11 | |
| Temporary Spend ('000s) | 1,008 | 953 | 927 | 1,298 | 1,049 | 1,189 | 1,008 | 1,052 | 1,002 | 969 | 894 | 800 | 550 | |
| Total Infections (YTD) | 89 | 103 | 111 | 119 | 6 | 17 | 25 | 33 | 41 | 51 | 60 | 69 | 75 | |
| Trading Surplus/(Deficit) | -400 | -401 | -77 | 700 | -2,307 | -1,334 | -1,289 | -970 | -695 | 2,293 | 500 | 1,104 | -776 | |

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

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT: 90% Admitted within 18 weeks | 85.5% | 85.2% | 84.7% | 88.3% | 88.3% | 87.4% | 88.2% | 87.5% | 86.3% | 88.9% | 88.1% | 89.2% | 88.0% | |
| Average LoS - Non-Elective (Days) | 2.6 | 2.2 | 2.4 | 2.6 | 2.0 | 2.0 | 1.8 | 1.8 | 1.8 | 1.7 | 1.7 | 1.9 | 1.9 | |
| Theatre Utilisation - % of Session Utilised | 74.5% | 78.7% | 81.4% | 83.5% | 84.7% | 84.7% | 87.4% | 84.4% | 85.8% | 87.5% | 85.0% | 84.4% | 84.1% | |
| IP Survey: % Received information enabling choices about their care | 90.7% | 96.0% | 96.1% | 93.7% | 95.2% | 94.2% | 97.4% | 190.3% | 99.1% | 93.0% | 97.3% | 96.4% | 96.3% | |
| Cash in Bank (£M) | 18.2 | 17.4 | 17.8 | 10.6 | 6.9 | 7.9 | 7.0 | 4.2 | 2.9 | 4.5 | 6.5 | 5.4 | 6.2 | |

## Challenge (Top 5 based on % change)

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DNA Rate | 12.8% | 11.9% | 12.6% | 14.5% | 12.9% | 12.6% | 12.7% | 13.0% | 14.6% | 12.8% | 10.6% | 10.1% | 12.5% | |
| Corporate Induction | 96.8% | 85.7% | 72.2% | 87.1% | 64.3% | 94.2% | 96.2% | 97.1% | 65.4% | 85.5% | 100.0% | 74.1% | 81.5% | |
| PDR | 90.1% | 90.1% | 90.1% | 90.1% | 2.8% | 11.5% | 32.2% | 54.7% | 58.5% | 69.3% | 73.3% | 73.0% | 70.5% | |
| Sickness | 5.5% | 5.7% | 5.8% | 5.4% | 5.3% | 4.8% | 4.6% | 4.9% | 4.8% | 5.0% | 5.5% | 5.5% | 5.8% | |
| Pressure Ulcers (Grade 2 and above) | 13 | 15 | 22 | 24 | 3 | 6 | 8 | 9 | 11 | 16 | 18 | 22 | 26 | |

# Patient Safety

Dec 2016

Alder Hey Children's NHS Foundation Trust

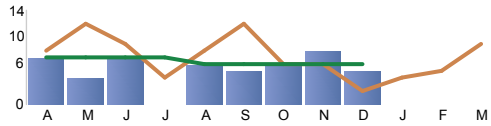
## Summary

Medication errors resulting in harm continue to be significantly down in comparison to last year. We are still seeing increased numbers of pressure ulcers above grade 2 being reported in comparison to last year; 27 compared to 13. This is related to better observation and reporting and the influence of our Tissue Viability Nurse. There is a pressure ulcer summit planned for the 20th January. Readmissions to PICU within 48 hours increased in December again related to seasonal variation. Clinical incidents resulting in moderate, severe harm or death are significantly down compared to last year.

16/17 15/16 Threshold

### Medication Errors

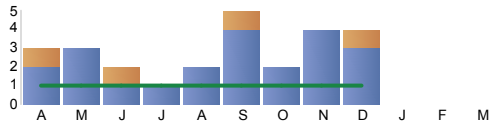
Medication errors resulting in harm (YTD) 48 (goal: 58.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 7 | 11 | 18 | 18 | 24 | 29 | 35 | 43 | 48 | | | |
| 15/16 | 8 | 20 | 29 | 33 | 41 | 53 | 59 | 65 | 67 | 71 | 76 | 85 |

### Pressure Ulcers

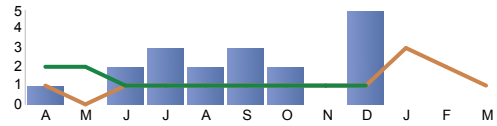
Pressure Ulcers (Grade 2 and above) 26 (goal: 13.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 3 | 6 | 8 | 9 | 11 | 16 | 18 | 22 | 26 | | | |
| 15/16 | 2 | 3 | 5 | 7 | 8 | 8 | 11 | 13 | 13 | 15 | 22 | 24 |

### Readmissions to PICU within 48 hrs

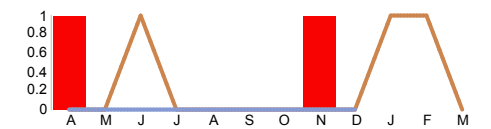
Readmissions to PICU within 48 hrs (YTD) 18 (goal: 11.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 1 | 1 | 3 | 6 | 8 | 11 | 13 | 13 | 18 | | | |
| 15/16 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 11 | 13 | 14 |

### Never Events

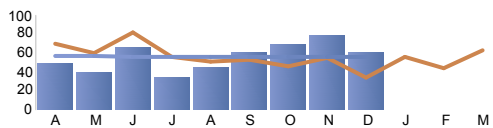
Never Events 0 (goal: 0.0)




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

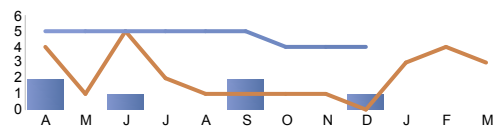
### Incidents

Clinical Incidents resulting in harm (YTD) 513 (goal: 506.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 50 | 91 | 158 | 193 | 239 | 301 | 371 | 451 | 513 | | | |
| 15/16 | 70 | 130 | 212 | 268 | 319 | 372 | 418 | 473 | 507 | 563 | 607 | 670 |

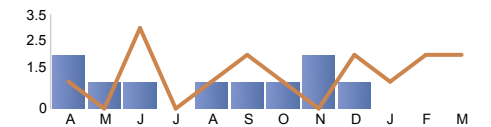
Clinical Incidents resulting in moderate, severe harm or death (YTD) 6 (goal: 42.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 2 | 2 | 3 | 3 | 3 | 5 | 5 | 5 | 6 | | | |
| 15/16 | 4 | 5 | 10 | 12 | 13 | 14 | 15 | 16 | 16 | 19 | 23 | 26 |

### Serious incidents requiring investigation

Serious Incidents Requiring Investigation (Total) 1




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 2 | 3 | 4 | 4 | 5 | 6 | 7 | 9 | 10 | | | |
| 15/16 | 1 | 1 | 4 | 4 | 5 | 7 | 8 | 8 | 10 | 11 | 13 | 15 |

# Patient Experience

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

The Trust received 6 formal complaints during this period which is a reduction against same period last year. However there has been an increase in complaints regarding attendance at AED.
There has been a reduction in the number of responses for both inpatient surveys and FFT , this may have adversely affected the level positive feedback. This is mainly due to the impact that Christmas activities within the Trust has on capacity for volunteers to support this work

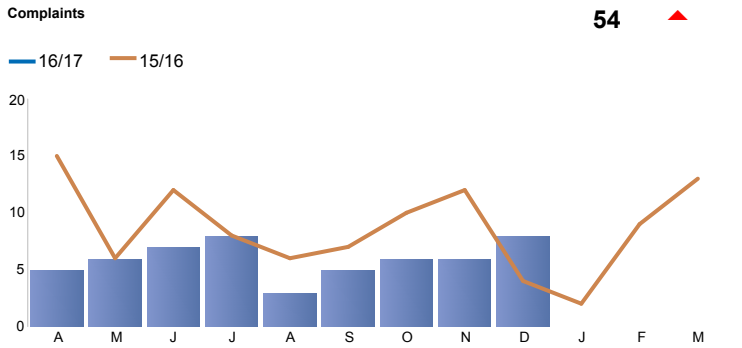
## Inpatient Survey

| Metric Name | Goal | Nov 2016 | Dec 2016 | Trend | Last 12 Months |
|---|---|---|---|---|---|
| % Know who is in charge of their care | 90.0 % | 94.0 % | 93.2 % | ▼ | |
| % Patients involved in play and learning | 65.0 % | 55.1 % | 56.1 % | ▲ | |
| % Know their planned date of discharge | 60.0 % | 73.5 % | 73.1 % | ▼ | |
| % Received information enabling choices about their care | 90.0 % | 96.4 % | 96.3 % | ▼ | |
| % Treated with respect | 90.0 % | 99.4 % | 100.0 % | ▲ | |

## Friends and Family

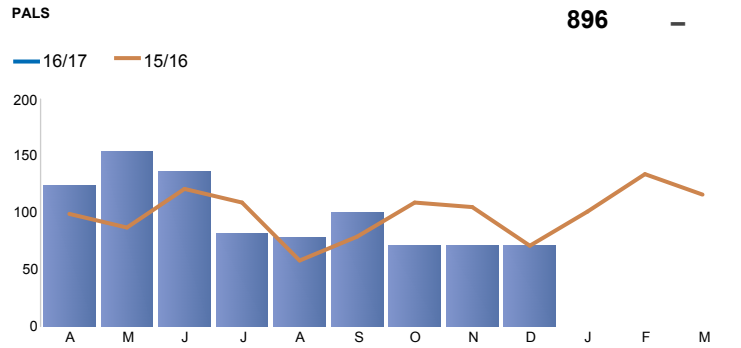
| Metric Name | Required Responses | Number of Responses | Nov 2016 | Dec 2016 | Trend | Last 12 Months |
|---|---|---|---|---|---|---|
| A&E - % Recommend the Trust | 250 | 23 | 89.1 % | 100.0 % | ▲ | |
| Community - % Recommend the Trust | 29 | 1 | 100.0 % | 100.0 % | – | |
| Inpatients - % Recommend the Trust | 300 | 351 | 97.9 % | 97.4 % | ▼ | |
| Mental Health - % Recommend the Trust | 27 | 0 | 100.0 % | TBC | | |
| Outpatients - % Recommend the Trust | 400 | 181 | 91.8 % | 91.2 % | ▼ | |

## Complaints




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 5 | 11 | 18 | 26 | 29 | 34 | 40 | 46 | 54 | | | |
| 15/16 | 15 | 21 | 33 | 41 | 47 | 54 | 64 | 76 | 80 | 82 | 91 | 104 |

## PALS




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 125 | 280 | 417 | 500 | 579 | 680 | 752 | 824 | 896 | | | |
| 15/16 | 99 | 186 | 307 | 416 | 474 | 553 | 662 | 767 | 838 | 939 | 1,073 | 1,189 |

# Clinical Effectiveness

Dec 2016

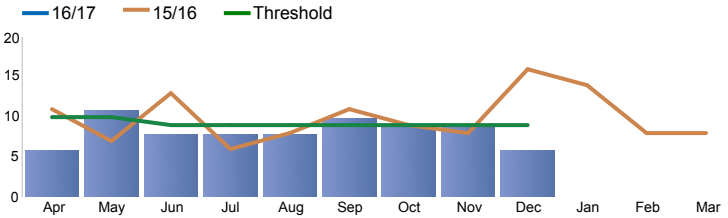
Alder Hey Children's NHS Foundation Trust

## Summary

The total number of infections continues to be significantly less than 15/16. There were no hospital acquired MRSA or C Difficile in December. We continue to collect data in order to develop a baseline for acute readmissions of patients with patients with long term conditions within 28 days. We will be able to measure this next year.
We continue to over perform against the trajectory for children undergoing surgical procedures who have an estimated discharge date later than planned. 5.1% compared to 6.4% last year

## Infections

**Total Infections (YTD)** 75 (goal: 83.0)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 6 | 17 | 25 | 33 | 41 | 51 | 60 | 69 | 75 | | | |
| 15/16 | 11 | 18 | 31 | 37 | 45 | 56 | 65 | 73 | 89 | 103 | 111 | 119 |

**Total Infections (YTD)** 75 (goal: 83.0)

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

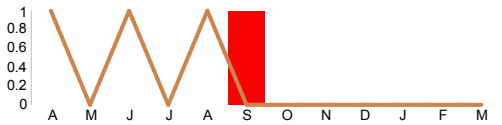
**Hospital Acquired Organisms - C.difficile (YTD)** 1 (goal: 0.0)

**Outbreak Infections (YTD)** 9

**Cluster Infections (YTD)** 0

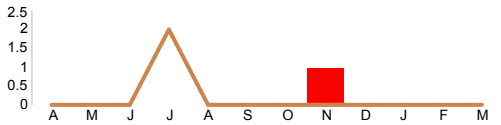
**Legend**
16/17
15/16
Threshold

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



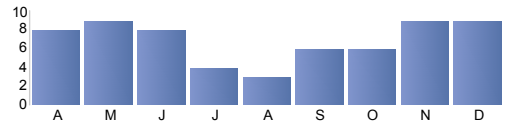

| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | | | |
| 15/16 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

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




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

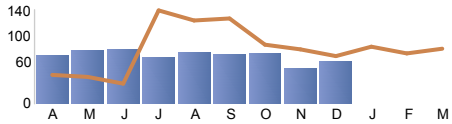
**Acute readmissions of patients with long term conditions within 28 days** 62 (Est. Baseline)




| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 8 | 17 | 25 | 29 | 32 | 38 | 44 | 53 | 62 |

## Admissions & Discharges

**Patients with an estimated discharge date discharge later than planned (only surgical)** 657 (Est. Baseline)




**% of patients with an estimated discharge date discharge later than planned (only surgical)** 5.1 % (Est. Baseline)

| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 74 | 155 | 238 | 309 | 387 | 462 | 538 | 592 | 657 | | | |
| 15/16 | 43 | 83 | 113 | 252 | 376 | 503 | 591 | 672 | 743 | 828 | 903 | 985 |

| YTD | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16/17 | 5.4% | 5.6% | 5.6% | 5.4% | 5.5% | 5.4% | 5.4% | 5.2% | 5.1% | | | |
| 15/16 | 3.2% | 3.2% | 2.9% | 4.7% | 5.6% | 6.2% | 6.5% | 6.4% | 6.4% | 6.4% | 6.3% | 6.3% |

# Access

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

Incomplete pathway, diagnostic & cancer standards achieved. ED standard failed for Dec and Q3 following higher than planned attendances and limited EDU capacity. Bed occupancy reduced as per winter plan and festive period expectations. GP referrals into the hospital have reduced in line with seasonal variation; Choose & Book availability has matched this as capacity becomes available. No patients have been waitng greater than 52 weeks in line with national guidance. Admissions & discharges increased from previous month. Daycase rates increasing as per winter plan.

## 18 Weeks

**RTT: 90% Admitted within 18 weeks** 88.0 %


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 91.5% | 86.0% | 88.1% | 87.6% | 88.5% |

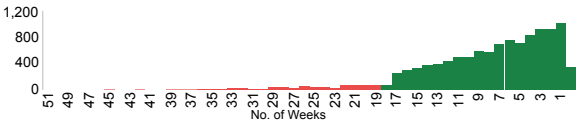
**RTT: 95% Non-Admitted within 18 weeks** 87.2 %


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 88.3% | 85.7% | 88.4% | 87.9% | 86.6% |

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


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

**Open Pathways Weekly Profile** Dec 2016




| 0-18 Wks | 19-36 Wks | 36-51 Wks |
|---|---|---|
| 10,690 | 739 | 88 |

## Cancer

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


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 100.0% | 100.0% | 100.0% | 100.0% | 94.4% |

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


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

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


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

## Diagnostics

**Diagnostics: % Completed Within 6 Weeks** 99.5 % (goal: 99.0 %)


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

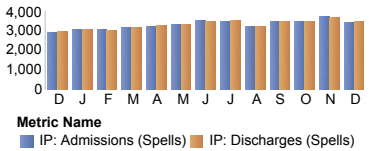
**Waiting Times Failed** 1

**Waiting Times Passed** 5

**Number of Diagnostics**

435

## Admissions and Discharges




## Bed Occupancy

**Bed Occupancy (Funded Beds)** 77.1 %

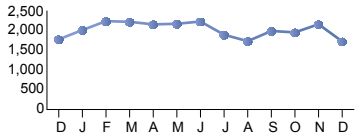

| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 79.0% | 79.8% | 81.0% | 76.6% | 80.2% |

## Provider

**Convenience and Choice: Slot Availability** 99.1 % (goal: 96.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 99.6% | 93.7% | 96.9% | 97.5% | 99.2% |

**Referrals Received (GP)**



# Emergency Department

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

Flow out of ED due to EDU and inpatient capacity due to increased admissions of RSV. This resulted in extended waits in the department for patients who required admission and blocked the department increasing waiting time to see a senior decision maker to more than 3 hours. UC24 unable to fill all GP shifts in month.
Additional EDU capacity to be implemented to support flow. Additional clinician shifts to be implemented at peak times. Ongoing monitoring of attendance profile. Ongoing monitoring of discharge planning.

## ED

### ED: 95% Treated within 4 Hours

92.3 % (goal: 95.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 82.8% | 84.5% | 95.0% | 96.6% | 93.1% |

### ED: Total Time in ED (95th Percentile)

291.6 mins (goal: 240.0 mins)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 1,101.4 | 1,046.0 | 754.0 | 705.0 | 838.8 |

### ED: Longest Wait Time (Hrs)

13.6 (goal: 0.0)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 44.6 | 35.7 | 31.8 | 27.6 | 36.0 |

**ED: Number Treated Over 4 Hours**

402

**ED to Inpatient Conversion Rate**

17.2 %

Dec 2016

## ED

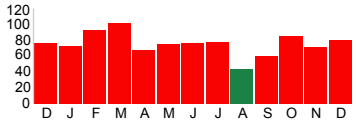
### ED: 15 minute 'Time to Initial Assessment' (95th Percentile)

0


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

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

81.0 mins (goal: 60.0 mins)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 273.0 | 270.0 | 221.0 | 184.0 | 239.0 |

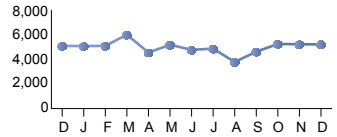
### ED: Percentage Left without being seen

3.5 %


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 6.5% | 5.9% | 3.1% | 2.2% | 3.0% |

### ED: Number of Attendances

5230 Dec 2016




## Ambulance Services

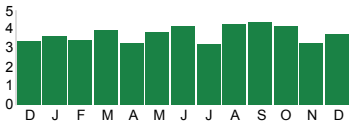
### Ambulance: Acute Compliance

84.4 % (goal: 85.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 82.8% | 85.9% | 88.9% | 86.5% | 83.3% |

### Ambulance: Average Notification to Handover Time (mins)

3.8 mins (goal: 15.0 mins)




### Ambulance: Patients Waiting between 30 and 45 minutes

3


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 7.0 | 16.0 | 14.0 | 16.0 | 5.0 |

### Ambulance: Patients Waiting between 45 and 60 minutes

1


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 0.0 | 0.0 | 3.0 | 3.0 | 4.0 |

# Productivity & Efficiency

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

Winter plan continues within NHSI 85% utilisation directive. Plan to convert IP to daycase continues which impacts upon list utilisation, reduced cancelled ops, increased daycase rates and reduced elective LOS. Plan is required to offset increased NEL activity. Bed utilisation decreased as per seasonal variation. OP utilisation has decreased and DNA rates have increased slightly due the festive period. Overall productivity metrics have improved against the same period last year.

## Length of Stay

**Average LoS - Elective (Days)** 2.9

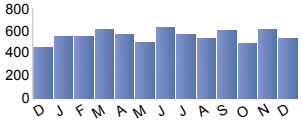

| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 3.0 | 2.9 | 2.9 | 2.8 | 2.9 |

**Average LoS - Non-Elective (Days)** 1.9


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

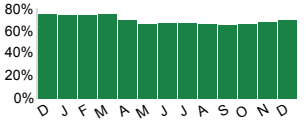
## Day Case Rate

**Daycases (K1/SDCPREOP)** 539




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 1,300 | 1,738 | 1,715 | 1,721 | 1,652 |

**Daycase Rate** 70.0 % (goal: 0.0 %)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 75.0% | 74.6% | 68.0% | 66.5% | 68.3% |

## Bed Refusals

**Bed Refusals** 0 (goal: 0.0)


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

## Theatres / Surgery

**Theatre Utilisation - % of Session Utilised *** 84.1 % (goal: 90.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 76.6% | 81.2% | 85.7% | 85.9% | 84.5% |

**Cancelled Operations - Non Clinical - On Same Day (%) (YTD)** 0.9 % (goal: 0.8 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 1.1% | 1.3% | 1.2% | 0.8% | 0.9% |

**Cancelled Operations - Non Clinical - On Same Day** 11


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

**28 Day Breaches** 3 (goal: 0.0)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 14 | 16 | 21 | 12 | 11 |

## Outpatients

**Clinic Session Utilisation *** 83.2 % (goal: 90.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 71.5% | 80.5% | 84.8% | 83.6% | 85.3% |

**OP Appointments Cancelled by Hospital %** 13.3 % (goal: 5.0 %)


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

**DNA Rate** 12.5 % (goal: 12.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 12.5% | 13.0% | 12.7% | 13.4% | 11.0% |

**OP: New/Follow Up** 2.5


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 2.3 | 2.3 | 2.3 | 2.3 | 2.5 |

# Facilities

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

Audit compliance is extremely low due to one out of a two man Audit Team being absent from work. In addition to this, a trial of domestic hours and equipment on A&E has massively impacted on the Audit Supervisor's time. Additional resource has been provided to ensure that 100% compliance for January is resumed once again. Out of the audits that were conducted, very high risk areas scored 96% which is slightly below the National Standard and high risk areas also scored 96% which is slightly above the National Standards. No audits for significant or low risk areas were carried out.

## Facilities

### Cleanliness Performance VH

96.0 % (goal: 98.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 96.3% | 96.5% | 96.8% | 97.5% | 96.7% |

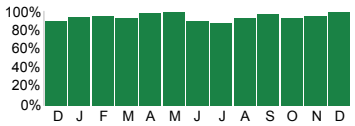
### Cleanliness Performance H

96.0 % (goal: 95.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 97.0% | 94.8% | 94.4% | 94.4% | 95.7% |

### Cleanliness Performance S

100.0 % (goal: 85.0 %)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 95.0% | 94.6% | 96.2% | 93.0% | 96.3% |

### Cleanliness Performance L

100.0 % (goal: 75.0 %)


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

## Facilities

### Audit Compliance

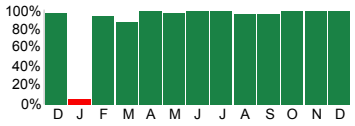
31.0 % (goal: 85.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 98.8% | 98.4% | 68.0% | 100.0% | 77.0% |

## Facilities - Other

### Routine Maintenance Resolution

100.0 % (goal: 85.0 %)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 95.6% | 67.3% | 98.8% | 97.4% | 99.7% |

### PPM%

95.8 % (goal: 85.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 30.8% | 92.6% | 89.4% | 97.8% | 94.4% |

# CAMHS

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Summary

Waiting times to initial assessment (Choice appointment) remain within 6 weeks however waiting times from assessment to treatment are increasing due to internal capacity issues. Some additional resilience funding has been made available to address this in Liverpool, currently awaiting confirmation re: resilience funding for Sefton but confident that this additional resource will have a positive impact on internal waits from assessment to treatment.

## Waiting Times

**CAMHS: Avg Wait to Choice Appt (Weeks)** 0.0


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

**CAMHS: Avg Wait to Partnership Appt (Weeks)** 0.0


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

## DNA Rates

**CAMHS: DNA Rate - New** 13.1 % ▲ (goal: 10.0 %)

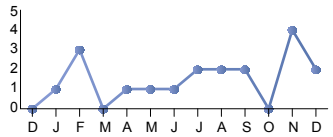

| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 18.2% | 20.2% | 15.2% | 14.8% | 10.4% |

**CAMHS: DNA Rate - Follow Up** 12.4 % ▲ (goal: 14.0 %)

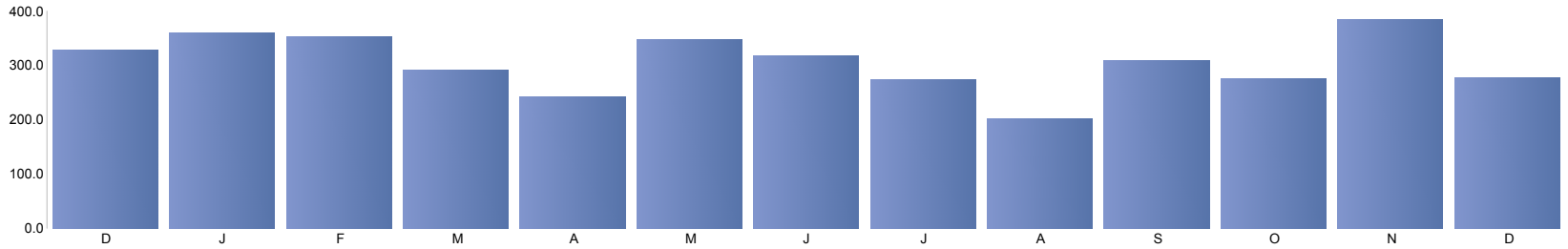

| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 14.6% | 13.9% | 15.1% | 15.0% | 11.9% |

## Tier 4 Admissions

**CAMHS: Total Admissions to DJU** 2 ▼




## CAMHS: Referrals Received



# External Regulation

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Summary**

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

**Monitor - Governance Concern**

| Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 |
|---|---|---|---|---|---|---|---|---|
| N | N | N | N | N | N | N | N | N |

**Monitor - Risk Rating**

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

**Monitor Dec 2016**

| Metric Name | Goal | Nov 16 | Dec 16 | Trend |
|---|---|---|---|---|
| ED: 95% Treated within 4 Hours | 95.0 % | 92.0 % | 92.3 % | ▲ |
| RTT: 90% Admitted within 18 weeks | | 89.2 % | 88.0 % | ▼ |
| RTT: 95% Non-Admitted within 18 weeks | | 85.8 % | 87.2 % | ▲ |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 92.0 % | 92.1 % | 92.1 % | ▲ |
| Monitor Risk Ratings (YTD) | 3.0 | 3 | 3 | – |
| Cancer: 2 week wait from referral to date 1st seen - all urgent referrals | 100.0 % | 87.5 % | 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 | 1 | 0 | ▼ |

**Monitor - 18 Weeks RTT**

RTT: 90% Admitted within 18 weeks


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 91.5% | 86.0% | 88.1% | 87.6% | 88.5% |

RTT: 95% Non-Admitted within 18 weeks


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 88.3% | 85.7% | 88.4% | 87.9% | 86.6% |

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


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

**Monitor - All Cancers**

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


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 100.0% | 100.0% | 100.0% | 100.0% | 94.4% |

All Cancers: 31 day wait referral to treament


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

All Cancers: 31 day wait until subsequent treatments


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

**Monitor - A&E 4 Hour Target**


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 82.8% | 84.5% | 95.0% | 96.6% | 93.1% |

**Monitor - C difficile**


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

**Monitor - Data Completeness**

No Data Available

# Workforce

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Summary**

In the previous month compliance with corporate induction attendance has decreased to 74.1%. Rates for medical appraisal have increased whilst PDR compliance for other staff has decreased to 70.5%. Rates of sickness absence have marginally increased to 5.8%, and mandatory training compliance has increased to 76%. Work continues to improve all KPIs.

## Staff Group Analysis

### Sickness Absence (rolling 12 Months)

| Staff Group | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Add Prof Scientific and Technic | 4.5% | 4.2% | 2.0% | 2.4% | 2.9% | 2.2% | 4.1% | 3.9% | 5.5% | 5.0% | 5.6% | 5.4% | |
| Additional Clinical Services | 7.0% | 6.7% | 7.6% | 7.0% | 6.3% | 5.8% | 4.8% | 5.1% | 6.1% | 7.2% | 6.9% | 7.1% | |
| Administrative and Clerical | 4.2% | 4.6% | 4.0% | 4.5% | 4.1% | 4.3% | 4.9% | 4.6% | 5.0% | 5.3% | 4.7% | 4.8% | |
| Allied Health Professionals | 3.6% | 2.4% | 2.7% | 2.6% | 1.8% | 3.0% | 3.6% | 2.2% | 3.4% | 3.1% | 3.3% | 4.3% | |
| Estates and Ancillary | 9.2% | 9.6% | 8.1% | 8.2% | 10.5% | 10.0% | 10.8% | 9.0% | 7.9% | 8.4% | 8.6% | 11.1% | |
| Healthcare Scientists | 2.2% | 2.2% | 1.6% | 2.3% | 4.0% | 2.2% | 1.9% | 1.4% | 2.8% | 2.2% | 1.8% | 2.0% | |
| Medical and Dental | 1.8% | 1.9% | 2.0% | 1.5% | 1.4% | 1.9% | 2.6% | 3.0% | 2.7% | 3.6% | 3.2% | 2.8% | |
| Nursing and Midwifery Registered | 7.4% | 7.6% | 7.1% | 6.7% | 5.3% | 4.7% | 4.8% | 5.4% | 5.0% | 5.6% | 6.2% | 6.3% | |
| Trust | 5.7% | 5.8% | 5.4% | 5.3% | 4.8% | 4.6% | 4.9% | 4.8% | 5.0% | 5.5% | 5.5% | 5.8% | |

### Staff in Post FTE (rolling 12 Months)

| Staff Group | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Add Prof Scientific and Technic | 177 | 179 | 180 | 185 | 189 | 190 | 191 | 193 | 196 | 200 | 199 | 197 | |
| Additional Clinical Services | 359 | 360 | 360 | 355 | 354 | 353 | 355 | 362 | 371 | 367 | 370 | 370 | |
| Administrative and Clerical | 529 | 531 | 524 | 535 | 535 | 542 | 544 | 548 | 557 | 565 | 570 | 567 | |
| Allied Health Professionals | 126 | 126 | 127 | 126 | 126 | 126 | 127 | 126 | 125 | 126 | 126 | 129 | |
| Estates and Ancillary | 172 | 173 | 172 | 188 | 190 | 190 | 191 | 191 | 192 | 192 | 190 | 190 | |
| Healthcare Scientists | 100 | 99 | 100 | 101 | 100 | 103 | 104 | 103 | 105 | 105 | 106 | 108 | |
| Medical and Dental | 237 | 230 | 235 | 235 | 237 | 237 | 234 | 240 | 248 | 245 | 246 | 245 | |
| Nursing and Midwifery Registered | 948 | 952 | 947 | 937 | 944 | 943 | 938 | 938 | 975 | 974 | 972 | 974 | |

### Staff in Post Headcount (rolling 12 Months)

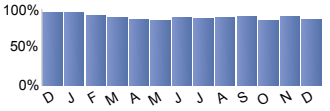
| Staff Group | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 16 | Aug 16 | Sep 16 | Oct 16 | Nov 16 | Dec 16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Add Prof Scientific and Technic | 197 | 198 | 200 | 205 | 209 | 210 | 211 | 214 | 217 | 221 | 220 | 217 | |
| Additional Clinical Services | 422 | 423 | 425 | 420 | 420 | 417 | 417 | 424 | 433 | 432 | 433 | 433 | |
| Administrative and Clerical | 619 | 623 | 614 | 626 | 626 | 635 | 637 | 643 | 655 | 662 | 666 | 664 | |
| Allied Health Professionals | 155 | 155 | 156 | 155 | 156 | 155 | 156 | 155 | 154 | 155 | 155 | 160 | |
| Estates and Ancillary | 211 | 211 | 210 | 237 | 239 | 239 | 240 | 240 | 241 | 241 | 238 | 238 | |
| Healthcare Scientists | 111 | 110 | 111 | 111 | 110 | 113 | 114 | 112 | 114 | 114 | 116 | 118 | |
| Medical and Dental | 274 | 269 | 275 | 274 | 276 | 274 | 272 | 277 | 287 | 284 | 286 | 285 | |
| Nursing and Midwifery Registered | 1,073 | 1,077 | 1,070 | 1,060 | 1,066 | 1,067 | 1,063 | 1,063 | 1,099 | 1,100 | 1,098 | 1,096 | |

## Finance

**Temporary Spend ('000s)** 550


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 2 |

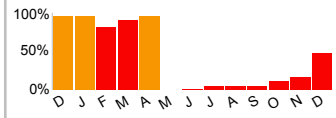
**Actual vs Planned Establishment (%)** 87.7 %




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 97.7% | 93.4% | 88.7% | 90.9% | 88.8% |

## Appraisals

**Medical Appraisal** 48.4 % (goal: 100.0 %)



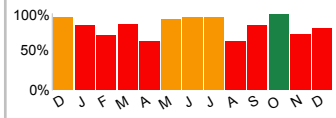

| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 97.1% | 90.5% | 32.7% | 5.2% | 25.5% |

**PDR** 70.5 % (goal: 90.0 %)


| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 90.1% | 90.1% | 14.8% | 62.7% | 72.3% |

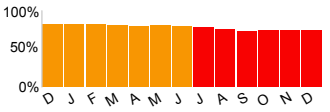
## Training

**Corporate Induction** 81.5 % (goal: 100.0 %)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 88.2% | 83.5% | 86.8% | 81.5% | 84.0% |

**Mandatory Training** 76.1 % (goal: 90.0 %)




| Q3 15/16 | Q4 15/16 | Q1 16/17 | Q2 16/17 | Q3 16/17 |
|---|---|---|---|---|
| 81.7% | 82.8% | 81.4% | 76.1% | 75.6% |

## Health and Safety

**RIDDOR** 0


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

# Performance by CBU

Dec 2016

Alder Hey Children's NHS Foundation Trust

## Operational

| Metric name | COMMUNITY | MEDICINE | SURGERY |
|---|---|---|---|
| Clinic Session Utilisation | 69.8% | 83.1% | 85.3% |
| Convenience and Choice: Slot Availability | 100.0% | 99.6% | 98.7% |
| DNA Rate (Followup Appts) | 12.4% | 12.6% | 11.3% |
| DNA Rate (New Appts) | 17.2% | 14.2% | 13.3% |
| Referrals Received (GP) | 297 | 557 | 872 |
| Temporary Spend ('000s) | 47 | 164 | 331 |
| Theatre Utilisation - % of Session Utilised | | 80.6% | 84.8% |
| Trading Surplus/(Deficit) | 415 | 212 | 1,539 |

## Patient

| Metric name | COMMUNITY | MEDICINE | SURGERY |
|---|---|---|---|
| Average LoS - Elective (Days) | | 3.9 | 2.6 |
| Average LoS - Non-Elective (Days) | | 1.5 | 2.7 |
| Cancelled Operations - Non Clinical - On Same Day | 0 | 3 | 8 |
| Daycases (K1/SDCPREOP) | 3 | 65 | 469 |
| Diagnostics: % Completed Within 6 Weeks | | 99.5% | 100.0% |
| Hospital Initiated Clinic Cancellations < 6 weeks notice | 1 | 29 | 20 |
| OP Appointments Cancelled by Hospital % | 10.1% | 14.4% | 13.7% |
| RTT: 90% Admitted within 18 weeks | | 87.6% | 88.1% |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 92.3% | 96.6% | 90.4% |
| RTT: 95% Non-Admitted within 18 weeks | 80.2% | 84.7% | 89.7% |

## Quality

| Metric name | COMMUNITY | MEDICINE | SURGERY |
|---|---|---|---|
| Cleanliness Scores | | 97.0% | 96.0% |
| Hospital Acquired Organisms - C.difficile | 0 | 0 | 0 |
| Hospital Acquired Organisms - MRSA (BSI) | 0 | 0 | 0 |
| Medication Errors (Incidents) | 28 | 229 | 372 |

## Workforce

| Metric name | COMMUNITY | MEDICINE | SURGERY |
|---|---|---|---|
| Corporate Induction | 87.5% | 83.3% | 71.4% |
| Mandatory Training | 72.1% | 76.4% | 77.0% |
| PDR | 75.4% | 77.6% | 61.1% |
| Sickness | 6.9% | 4.8% | 6.3% |

# CBU Performance - Community

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Key Issues**

Referral to assessment and treatment for Liverpool CAMHS is 12 week and for Sefton is17 weeks ( this is due to capacity issues created by sickness and an increase in demand). A remedial action plan has been put in place to improve this position.

Community Paediatrics, the team continues to do a deep dive into all referral pathways and to cleanse data.

All specialities are monitored at weekly performance meetings. This includes ASD which is currently not managed via Meditech.

**Support Required**

None

## Operational

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Theatre Utilisation - % of Session Utilised | | | | | | | | | | | | | | |
| Clinic Session Utilisation | 72.2% | 75.5% | 67.2% | 78.8% | 76.4% | 75.5% | 74.3% | 75.6% | 76.1% | 73.8% | 76.4% | 76.8% | 69.8% | |
| DNA Rate (New Appts) | 18.0% | 18.3% | 17.9% | 17.3% | 16.1% | 14.1% | 15.3% | 15.7% | 15.9% | 12.6% | 15.3% | 11.1% | 17.2% | |
| DNA Rate (Followup Appts) | 15.0% | 13.7% | 14.0% | 14.6% | 13.6% | 16.7% | 14.4% | 13.3% | 16.7% | 15.3% | 12.4% | 9.6% | 12.4% | |
| Convenience and Choice: Slot Availability | 100.0% | 100.0% | 98.8% | 87.2% | 85.3% | 95.7% | | | 92.1% | 100.0% | 100.0% | 100.0% | 100.0% | |
| Referrals Received (GP) | 283 | 307 | 350 | 313 | 282 | 344 | 316 | 261 | 201 | 312 | 306 | 393 | 297 | |
| Temporary Spend ('000s) | 123 | 92 | 196 | 106 | 117 | 116 | 88 | 85 | 149 | 144 | 37 | 60 | 47 | |
| Trading Surplus/(Deficit) | 531 | 454 | 625 | 383 | 233 | 200 | 317 | 280 | 371 | 244 | 355 | 341 | 415 | |

## Patient

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT: 90% Admitted within 18 weeks | | | | | | | | | | | | | | |
| RTT: 95% Non-Admitted within 18 weeks | 79.5% | 74.1% | 83.0% | 64.1% | 77.0% | 61.1% | 74.2% | 77.1% | 80.9% | 87.5% | 77.4% | 78.0% | 80.2% | |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 91.8% | 89.6% | 87.3% | 88.0% | 87.2% | 88.9% | 87.1% | 91.5% | 89.6% | 88.5% | 82.5% | 85.9% | 92.3% | |
| Average LoS - Elective (Days) | | | | | | | | | | | | 22.00 | | |
| Average LoS - Non-Elective (Days) | | | | | | | | | | | | | | |
| Hospital Initiated Clinic Cancellations < 6 weeks notice | 1 | 3 | 0 | 6 | 1 | 1 | 3 | 12 | 18 | 29 | 23 | 29 | 1 | |
| Daycases (K1/SDCPREOP) | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 3 | |
| Cancelled Operations - Non Clinical - On Same Day | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| OP Appointments Cancelled by Hospital % | 14.5% | 12.1% | 12.5% | 13.5% | 15.1% | 12.0% | 13.9% | 11.4% | 13.2% | 12.9% | 14.3% | 12.1% | 10.1% | |
| Diagnostics: % Completed Within 6 Weeks | | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 100.0% | 100.0% | | | | | |

## Quality

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medication Errors (Incidents) | 18 | 19 | 21 | 22 | 5 | 6 | 12 | 13 | 20 | 21 | 25 | 27 | 28 | |
| Cleanliness Scores | | | | | | | | | | | | | | |
| Hospital Acquired Organisms - MRSA (BSI) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital Acquired Organisms - C.difficile | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

## Workforce

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Corporate Induction | 100.0% | 93.8% | 75.0% | 50.0% | 60.0% | 88.9% | 100.0% | 100.0% | 60.0% | 86.7% | 100.0% | 72.7% | 87.5% | |
| PDR | 92.2% | 92.2% | 92.2% | 92.2% | 0.9% | 7.0% | 38.3% | 62.8% | 68.3% | 77.1% | 82.1% | 81.4% | 75.4% | |
| Sickness | 5.1% | 4.9% | 5.4% | 5.0% | 5.1% | 4.8% | 5.7% | 5.9% | 5.5% | 6.2% | 7.6% | 8.7% | 6.9% | |
| Mandatory Training | 76.6% | 77.3% | 76.8% | 75.0% | 75.0% | 75.8% | 77.1% | 76.0% | 75.4% | 73.2% | 71.1% | 70.9% | 72.1% | |

# CBU Performance - Medicine (Part 1)

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Key Issues**

**Support Required**

## Operational

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Theatre Utilisation - % of Session Utilised | 76.3% | 72.2% | 74.1% | 75.6% | 80.0% | 77.2% | 78.5% | 78.0% | 77.0% | 85.0% | 80.8% | 78.9% | 80.6% | |
| Clinic Session Utilisation | 76.7% | 79.0% | 80.3% | 81.8% | 81.6% | 81.3% | 83.7% | 82.9% | 81.4% | 84.2% | 86.4% | 85.9% | 83.1% | |
| DNA Rate (New Appts) | 13.9% | 11.6% | 13.9% | 14.2% | 11.7% | 12.9% | 13.6% | 14.5% | 17.6% | 14.5% | 14.5% | 11.7% | 14.2% | |
| DNA Rate (Followup Appts) | 14.9% | 13.5% | 15.4% | 17.2% | 16.8% | 15.3% | 14.6% | 15.6% | 18.7% | 15.4% | 10.8% | 10.7% | 12.6% | |
| Convenience and Choice: Slot Availability | 100.0% | 93.7% | 89.2% | 86.2% | 95.5% | 96.3% | 99.5% | 93.6% | 93.7% | 99.4% | 98.1% | 100.0% | 99.6% | |
| Referrals Received (GP) | 626 | 703 | 761 | 768 | 731 | 739 | 756 | 605 | 565 | 624 | 652 | 728 | 557 | |
| Temporary Spend ('000s) | 246 | 220 | 201 | 307 | 243 | 393 | 231 | 246 | 272 | 272 | 230 | 229 | 164 | |
| Trading Surplus/(Deficit) | -12 | 304 | -195 | -48 | -389 | -13 | 556 | -690 | -307 | 525 | 321 | 491 | 212 | |

## Patient

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT: 90% Admitted within 18 weeks | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.2% | 95.2% | 96.7% | 95.8% | 100.0% | 89.6% | 93.1% | 87.6% | |
| RTT: 95% Non-Admitted within 18 weeks | 87.1% | 88.4% | 89.3% | 88.5% | 91.3% | 88.7% | 88.4% | 86.8% | 86.4% | 85.4% | 88.6% | 83.2% | 84.7% | |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 96.3% | 97.1% | 97.5% | 98.0% | 97.2% | 96.6% | 95.6% | 94.3% | 93.3% | 93.2% | 95.1% | 95.9% | 96.6% | |
| Average LoS - Elective (Days) | 3.37 | 4.16 | 3.04 | 3.58 | 2.95 | 3.22 | 2.31 | 2.84 | 3.32 | 2.94 | 3.76 | 3.75 | 3.92 | |
| Average LoS - Non-Elective (Days) | 2.24 | 1.99 | 1.82 | 2.22 | 1.39 | 1.47 | 1.25 | 1.28 | 1.28 | 1.29 | 1.27 | 1.52 | 1.48 | |
| Hospital Initiated Clinic Cancellations < 6 weeks notice | 3 | 0 | 3 | 6 | 4 | 2 | 0 | 32 | 14 | 27 | 22 | 41 | 29 | |
| Daycases (K1/SDCPREOP) | 77 | 76 | 76 | 73 | 78 | 52 | 89 | 56 | 68 | 86 | 52 | 46 | 65 | |
| Cancelled Operations - Non Clinical - On Same Day | 1 | 1 | 3 | 3 | 4 | 0 | 1 | 1 | 1 | 4 | 1 | 8 | 3 | |
| OP Appointments Cancelled by Hospital % | 14.1% | 12.0% | 13.6% | 13.4% | 14.8% | 12.9% | 12.6% | 15.1% | 14.8% | 13.5% | 14.8% | 13.8% | 14.4% | |
| Diagnostics: % Completed Within 6 Weeks | 99.6% | 100.0% | 100.0% | 99.5% | 100.0% | 100.0% | 100.0% | 100.0% | 99.5% | 100.0% | 76.9% | 99.1% | 99.5% | |

## Quality

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medication Errors (Incidents) | 243 | 265 | 300 | 349 | 31 | 55 | 77 | 93 | 115 | 147 | 169 | 199 | 229 | |
| Cleanliness Scores | 97.5% | 94.5% | 97.0% | 96.0% | 97.8% | 98.3% | 95.0% | 94.2% | 95.0% | 96.5% | 95.8% | 97.5% | 97.0% | |
| Hospital Acquired Organisms - MRSA (BSI) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | |
| Hospital Acquired Organisms - C.difficile | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

## Workforce

| Metric Name | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Apr 2016 | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Corporate Induction | 91.7% | 70.0% | 50.0% | 83.3% | 83.3% | 85.7% | 100.0% | 100.0% | 69.2% | 80.0% | 100.0% | 85.0% | 83.3% | |
| PDR | 91.7% | 91.7% | 91.7% | 91.7% | 1.7% | 15.2% | 37.3% | 75.1% | 78.9% | 81.6% | 79.7% | 79.4% | 77.6% | |
| Sickness | 4.9% | 5.4% | 5.7% | 5.5% | 5.5% | 5.0% | 4.4% | 4.5% | 4.5% | 4.7% | 4.9% | 4.6% | 4.8% | |
| Mandatory Training | 87.2% | 87.0% | 86.0% | 85.9% | 85.5% | 86.2% | 85.0% | 83.1% | 80.1% | 76.6% | 76.9% | 76.3% | 76.4% | |

# CBU Performance - Medicine (Part 2)

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Key Issues**

**Support Required**

## Patient

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Imaging - % Report Turnaround times GP referrals < 24 hrs | 97.9% | 91.6% | 98.0% | 95.0% | 85.0% | 93.0% | 89.0% | 99.0% | 91.0% | 89.0% | 96.0% | 95.0% | 93.0% | |
| Imaging - % Reporting Turnaround Times - ED | 100.0% | 91.0% | 92.0% | 91.0% | 83.0% | 65.0% | 88.0% | 93.0% | 89.0% | 89.0% | 88.0% | 87.0% | 88.0% | |
| Imaging - % Reporting Turnaround Times - Inpatients | 83.0% | 93.0% | 89.0% | 83.0% | 83.0% | 75.0% | 85.0% | 90.0% | 84.0% | 85.0% | 87.0% | 76.0% | 80.0% | |
| Imaging - % Reporting Turnaround Times - Outpatients | 98.0% | 98.0% | 96.0% | 97.0% | 93.0% | 89.0% | 97.0% | 97.0% | 97.0% | 89.0% | 93.0% | 93.0% | 94.0% | |
| Imaging - Waiting Times - MRI % under 6 weeks | 96.0% | 85.0% | 91.0% | 90.0% | 90.0% | 92.0% | 90.0% | 95.0% | 94.0% | 90.0% | 88.0% | 90.0% | 92.0% | |
| Imaging - Waiting Times - CT % under 1 week | 96.0% | 88.0% | 88.0% | 86.0% | 94.0% | 88.0% | 85.0% | 90.0% | 92.0% | 90.0% | 86.0% | 84.0% | 81.0% | |
| Imaging - Waiting Times - Plain Film % under 24 hours | 94.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 94.0% | 90.0% | 94.0% | 95.0% | 95.0% | 94.0% | 94.0% | |
| Imaging - Waiting Times - Ultrasound % under 2 weeks | 85.0% | 85.0% | 85.0% | 91.0% | 92.0% | 89.0% | 87.0% | 90.0% | 89.0% | 88.0% | 86.0% | 85.0% | 83.0% | |
| Imaging - Waiting Times - Nuclear Medicine % under 2 weeks | 91.0% | 86.0% | 95.0% | 76.0% | 96.0% | 100.0% | 89.0% | 95.0% | 81.0% | 91.0% | 85.0% | 100.0% | 88.0% | |
| BME - High Risk Equipment PPM Compliance | 87.0% | 89.0% | 90.0% | 88.0% | 89.0% | 90.0% | 90.0% | 89.7% | 90.0% | 90.0% | 90.4% | 89.7% | 93.0% | |
| BME - Low Risk Equipment PPM Compliance | 78.0% | 78.0% | 78.0% | 78.0% | 80.0% | 80.0% | 79.0% | 77.0% | 80.0% | 78.0% | 77.0% | 79.0% | 80.0% | |
| 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% | 99.8% | 100.0% | 100.0% | |
| Pharmacy - Dispensing for Out Patients - Routine | 87.0% | 84.0% | 85.0% | 76.0% | 74.0% | 64.0% | 56.0% | 66.0% | 64.0% | 44.0% | 45.0% | 50.0% | 51.0% | |
| Pharmacy - Dispensing for Out Patients - Complex | 100.0% | 100.0% | 100.0% | 97.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.7% | 98.0% | |
| 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 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pathology - % Turnaround times for urgent requests < 1 hr | 79.6% | 79.2% | 82.9% | 87.0% | 84.3% | 86.6% | 86.6% | 90.5% | 90.0% | 91.3% | 90.2% | 89.0% | 87.9% | |
| Pathology - % Turnaround times for non-urgent requests < 24hrs | 98.5% | 95.1% | 98.0% | 99.0% | 98.7% | 99.3% | 99.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |
| Reporting times for perinatal autopsies in 56 Calendar Days | 81.0% | 68.8% | 81.0% | 88.9% | 84.6% | 90.0% | 100.0% | 82.0% | 83.0% | 100.0% | 94.7% | 100.0% | 100.0% | |

# CBU Performance - Surgery

Dec 2016

Alder Hey Children's NHS Foundation Trust

**Key Issues**

Theatre utilisation: Cranio, neuro and cardiology had low theatre utilisation. We have taken action to contract the length of the theatre day for one list in cranio and all cardiology lab sessions in response to utilisation data. This will reduce costs and increase utilisation from January.
PDR rates: the CBU have initiated a renewed focus on ensuring all staff receive a PDR. In critical care the 40 new staff who have started over the past few months have been given an extensive training plan and personal development plan. We will ensure this is captured in the PDR rates from January.

**Support Required**

## Operational

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Theatre Utilisation - % of Session Utilised | 74.1% | 79.9% | 82.8% | 84.9% | 85.7% | 85.8% | 89.0% | 85.3% | 87.2% | 88.0% | 85.8% | 85.3% | 84.8% | |
| Clinic Session Utilisation | 72.7% | 76.5% | 84.9% | 84.3% | 87.5% | 88.4% | 87.4% | 85.7% | 85.1% | 85.0% | 87.6% | 88.1% | 85.3% | |
| DNA Rate (New Appts) | 12.4% | 11.2% | 10.4% | 12.7% | 10.8% | 10.3% | 10.9% | 11.0% | 12.1% | 11.3% | 10.0% | 12.0% | 13.3% | |
| DNA Rate (Followup Appts) | 9.3% | 9.1% | 10.1% | 13.1% | 11.0% | 9.9% | 11.2% | 11.7% | 12.0% | 10.7% | 8.6% | 8.6% | 11.3% | |
| Convenience and Choice: Slot Availability | 99.0% | 96.9% | 93.2% | 95.3% | 97.4% | 96.7% | 98.3% | 95.4% | 99.6% | 99.1% | 97.4% | 100.0% | 98.7% | |
| Referrals Received (GP) | 871 | 1,003 | 1,130 | 1,142 | 1,146 | 1,090 | 1,159 | 1,029 | 967 | 1,054 | 998 | 1,040 | 872 | |
| Temporary Spend ('000s) | 405 | 450 | 419 | 625 | 502 | 520 | 474 | 529 | 436 | 453 | 529 | 426 | 331 | |
| Trading Surplus/(Deficit) | 1,558 | 1,506 | 1,527 | 2,951 | 1,252 | 1,888 | 2,106 | 2,704 | 1,992 | 1,921 | 1,806 | 2,721 | 1,539 | |

## Patient

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT: 90% Admitted within 18 weeks | 82.3% | 84.5% | 82.6% | 87.6% | 87.5% | 85.5% | 87.0% | 86.2% | 85.4% | 87.7% | 87.9% | 88.9% | 88.1% | |
| RTT: 95% Non-Admitted within 18 weeks | 86.5% | 87.9% | 82.6% | 85.7% | 90.1% | 90.3% | 89.5% | 88.8% | 90.8% | 88.7% | 87.0% | 88.6% | 89.7% | |
| RTT: 92% Waiting within 18 weeks (open Pathways) | 91.0% | 90.9% | 91.4% | 90.7% | 90.7% | 90.9% | 91.3% | 91.2% | 91.9% | 92.0% | 92.1% | 91.3% | 90.4% | |
| Average LoS - Elective (Days) | 2.71 | 2.49 | 2.64 | 2.75 | 2.72 | 3.04 | 2.91 | 2.88 | 2.86 | 2.36 | 2.71 | 2.74 | 2.56 | |
| Average LoS - Non-Elective (Days) | 3.10 | 2.34 | 3.30 | 3.10 | 2.91 | 2.81 | 2.85 | 2.85 | 2.58 | 2.37 | 2.68 | 2.71 | 2.69 | |
| Hospital Initiated Clinic Cancellations < 6 weeks notice | 40 | 39 | 65 | 25 | 30 | 11 | 27 | 24 | 45 | 56 | 34 | 72 | 20 | |
| Daycases (K1/SDCPREOP) | 386 | 473 | 483 | 532 | 494 | 445 | 540 | 518 | 463 | 515 | 442 | 570 | 469 | |
| Cancelled Operations - Non Clinical - On Same Day | 9 | 18 | 21 | 21 | 26 | 28 | 15 | 19 | 13 | 12 | 16 | 20 | 8 | |
| OP Appointments Cancelled by Hospital % | 18.1% | 18.1% | 16.4% | 17.2% | 16.8% | 14.0% | 13.0% | 14.1% | 14.3% | 13.7% | 14.8% | 14.4% | 13.7% | |
| Diagnostics: % Completed Within 6 Weeks | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |

## Quality

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medication Errors (Incidents) | 289 | 314 | 354 | 396 | 54 | 94 | 151 | 188 | 237 | 269 | 300 | 341 | 372 | |
| Cleanliness Scores | 94.2% | 95.8% | 93.1% | 96.3% | 96.6% | 95.6% | 93.7% | 95.1% | 96.6% | 96.6% | 95.1% | 97.9% | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | |

## Workforce

| Metric Name | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Last 12 Months |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Corporate Induction | 100.0% | 92.9% | 57.1% | 100.0% | 60.0% | 100.0% | 88.9% | 100.0% | 64.0% | 85.7% | 100.0% | 65.2% | 71.4% | |
| PDR | 87.9% | 87.9% | 87.9% | 87.9% | 5.6% | 16.1% | 38.4% | 48.4% | 51.4% | 64.2% | 63.4% | 63.3% | 61.1% | |
| Sickness | 6.4% | 6.6% | 6.1% | 5.9% | 5.3% | 4.4% | 4.0% | 4.6% | 5.2% | 5.7% | 5.9% | 6.2% | 6.3% | |
| Mandatory Training | 87.9% | 87.2% | 86.5% | 86.3% | 86.4% | 87.5% | 87.3% | 83.7% | 78.5% | 75.0% | 75.3% | 75.7% | 77.0% | |

# 3. Financial Strength

## 3.1 Trust Income & Expenditure Report period ended December 2016

| | In Month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Actual £'000 | Variance £'000 | Budget £'000 | Forecast £'000 | Variance £'000 |
| **Clinical Income** | | | | | | | | | |
| Elective | 2,587 | 3,357 | 771 | 31,575 | 30,971 | (603) | 42,982 | 41,645 | (1,337) |
| Non Elective | 2,183 | 2,353 | 169 | 20,076 | 20,164 | 88 | 26,512 | 26,635 | 123 |
| Outpatients | 1,665 | 2,342 | 678 | 20,639 | 21,262 | 623 | 28,190 | 28,809 | 619 |
| A&E | 451 | 448 | (3) | 4,001 | 3,784 | (217) | 5,310 | 5,129 | (181) |
| Critical Care | 2,085 | 2,097 | 12 | 17,675 | 18,546 | 871 | 23,739 | 24,731 | 992 |
| Non PbR Drugs & Devices | 1,558 | 1,628 | 70 | 14,005 | 14,752 | 747 | 18,665 | 19,920 | 1,255 |
| Excess Bed Days | 403 | 317 | (86) | 3,588 | 3,737 | 149 | 4,765 | 4,980 | 215 |
| CQUIN | 245 | 301 | 55 | 2,207 | 2,297 | 90 | 2,942 | 3,077 | 134 |
| Contract Sanctions | 0 | (17) | (17) | 0 | (152) | (152) | 0 | (203) | (203) |
| Private Patients | 15 | 2 | (13) | 132 | 201 | 69 | 176 | 234 | 58 |
| Other Clinical Income | 3,039 | 2,766 | (273) | 24,708 | 26,992 | 2,284 | 33,824 | 36,386 | 2,562 |
| **Non Clinical Income** | | | | | | | | | |
| Other Non Clinical Income | 2,215 | 1,897 | (318) | 18,544 | 17,393 | (1,151) | 25,361 | 23,955 | (1,406) |
| **Total Income** | **16,444** | **17,491** | **1,046** | **157,149** | **159,947** | **2,798** | **212,465** | **215,295** | **2,830** |
| **Expenditure** | | | | | | | | | |
| Pay Costs | (11,281) | (11,367) | (86) | (101,856) | (103,366) | (1,510) | (134,774) | (137,237) | (2,464) |
| Drugs | (1,378) | (1,692) | (314) | (12,359) | (14,693) | (2,334) | (16,396) | (19,370) | (2,974) |
| Clinical Supplies | (1,359) | (1,530) | (170) | (12,456) | (13,003) | (547) | (16,596) | (17,107) | (511) |
| Other Non Pay | (1,983) | (2,211) | (229) | (19,008) | (18,261) | 747 | (24,896) | (22,874) | 2,023 |
| PFI service costs | (299) | (130) | 170 | (2,657) | (2,085) | 572 | (3,526) | (2,780) | 746 |
| **Total Expenditure** | **(16,300)** | **(16,930)** | **(630)** | **(148,335)** | **(151,407)** | **(3,072)** | **(196,188)** | **(199,368)** | **(3,180)** |
| **EBITDA** | **144** | **561** | **417** | **8,814** | **8,540** | **(274)** | **16,277** | **15,927** | **(350)** |
| PDC Dividend | (97) | (91) | 6 | (871) | (815) | 56 | (1,161) | (1,087) | 74 |
| Depreciation | (531) | (460) | 71 | (4,733) | (4,169) | 564 | (6,333) | (5,698) | 634 |
| Finance Income | 1 | 1 | (0) | 9 | 23 | 13 | 15 | 24 | 9 |
| Interest Expense (non-PFI/LIFT) | (92) | (101) | (8) | (766) | (807) | (41) | (1,042) | (1,108) | (66) |
| Interest Expense (PFI/LIFT) | (666) | (687) | (21) | (5,997) | (6,187) | (190) | (7,995) | (8,249) | (254) |
| MASS/Restructuring | 0 | 0 | 0 | 0 | (48) | (48) | 0 | (48) | (48) |
| **Trading Surplus / (Deficit)** | **(1,240)** | **(776)** | **464** | **(3,544)** | **(3,464)** | **79** | **(240)** | **(240)** | **(0)** |
| **One-off normalising items** | | | | | | | | | |
| Government Grants/Donated Income | 211 | 297 | 85 | 1,994 | 2,000 | 6 | 2,352 | 3,136 | 784 |
| Depreciation on Donated Assets | (173) | (148) | 25 | (1,474) | (1,335) | 139 | (1,990) | (1,812) | 178 |
| **Normalised Surplus/(Deficit)** | **(1,202)** | **(627)** | **575** | **(3,023)** | **(2,799)** | **224** | **122** | **1,084** | **962** |
| Fixed Asset Impairment | 0 | 0 | 0 | 0 | 0 | 0 | (1,920) | (2,704) | (784) |
| Gains/(Losses) on asset disposals | 0 | 0 | 0 | 0 | 431 | 431 | 0 | 431 | 431 |
| **Reported Surplus/(Deficit)** | **(1,202)** | **(627)** | **575** | **(3,023)** | **(2,368)** | **655** | **(1,798)** | **(1,189)** | **609** |

| Key Metrics | In Month | | | Year to date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Forecast | Variance |
| Income £000 | 16,444 | 17,491 | 1,046 | 157,149 | 159,947 | 2,798 | 212,465 | 215,295 | 2,830 |
| Expenditure £000 | (17,685) | (18,267) | (582) | (160,693) | (163,363) | (2,671) | (196,188) | (199,368) | (2,782) |
| Normalised Surplus/(Deficit) £000 | (1,202) | (627) | 575 | (3,023) | (2,799) | 224 | 122 | 1,084 | 962 |
| Trading Surplus/(Deficit) £000** | (1,240) | (776) | 464 | (3,544) | (3,464) | 79 | (240) | (240) | () |
| ** Control Total | | | | | | | | | |
| WTE | 2,963 | 2,913 | 50 | 2,963 | 2,913 | 50 | | | |
| CIP £000 | 699 | 706 | 7 | 3,426 | 3,507 | 81 | 7,200 | 6,483 | (717) |
| Cash £000 | 2,852 | 6,223 | 3,371 | 2,852 | 6,223 | 3,371 | | | |
| CAPEX FCT £000 | 1,022 | (59) | 1,081 | 6,736 | 4,582 | 2,154 | 10,167 | 10,689 | 10,033 |
| Use of Resources Risk Rating | 3 | 3 | 0 | 3 | 3 | 0 | 3 | 3 | 0 |

| Activity Volumes | In Month | | | Year to date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Forecast | Variance |
| Elective | 1,542 | 2,040 | 498 | 19,693 | 18,657 | (1,036) | 26,950 | 24,907 | (2,043) |
| Non Elective | 1,360 | 1,375 | 15 | 12,109 | 11,731 | (378) | 16,071 | 14,657 | (1,414) |
| Outpatients | 11,517 | 15,199 | 3,682 | 145,809 | 147,288 | 1,479 | 199,463 | 187,056 | (12,407) |
| A&E | 4,746 | 5,209 | 463 | 42,109 | 43,449 | 1,340 | 55,899 | 59,152 | 3,253 |

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

| | 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 | POTENTIAL ADJUSTED FROM REVENUE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **ESTATES** | **190** | **60** | **131** | **1,699** | **1,190** | **545** | **2,270** | **2,792** | **2,704** | **88** | **621** |
| **RESEARCH & EDUCATION** | **0** | **57** | **(57)** | **0** | **329** | **(329)** | **0** | **0** | **429** | **(429)** | **24** |
| **ESTATES TOTAL CAPITAL** | **190** | **117** | **73** | **1,699** | **1,519** | **216** | **2,270** | **2,792** | **3,133** | **(341)** | **645** |
| **NETWORKING, INFRASTRUCTURE & OTHER IT** | 0 | 149 | (149) | 440 | 307 | 133 | 440 | 440 | 535 | (95) | 193 |
| **ELECTRONIC PATIENT RECORD** | 58 | 4 | 54 | 525 | 471 | 54 | 700 | 700 | 847 | (147) | 410 |
| **GLOBAL DIGITAL EXEMPLAR** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,660 | (1,660) | |
| **IM & T TOTAL CAPITAL** | **58** | **153** | **(95)** | **965** | **778** | **187** | **1,140** | **1,140** | **3,889** | **(2,049)** | **603** |
| **MEDICAL EQUIPMENT** | 429 | 66 | 363 | 2,377 | 1,630 | 747 | 2,761 | 2,761 | 2,605 | 156 | 0 |
| **NON-MEDICAL EQUIPMENT** | 0 | (1,116) | 1,116 | 0 | 8 | (8) | 0 | 0 | 0 | (0) | 0 |
| **CHILDRENS HEALTH PARK** | 304 | 640 | (336) | 1,333 | 472 | 825 | 3,514 | 3,514 | 758 | 2,756 | 57 |
| **ALDER HEY IN THE PARK TOTAL** | **733** | **(409)** | **1,142** | **3,711** | **2,111** | **1,564** | **6,275** | **6,275** | **3,363** | **2,912** | **57** |
| **OTHER** | 40 | 79 | (39) | 361 | 175 | 187 | 482 | 482 | 495 | (13) | 112 |
| **OTHER** | **40** | **79** | **(39)** | **361** | **175** | **187** | **482** | **482** | **495** | **(13)** | **112** |
| **CAPITAL PROGRAMME 16/17** | ***1,022*** | ***(59)*** | ***1,081*** | ***6,736*** | ***4,582*** | ***2,154*** | ***10,167*** | ***10,689*** | ***10,033*** | ***656*** | ***1,417*** |

**In-Month**

| CBU | Specialty | POD | Activity Plan | Activity Actual | Activity Variance | Income Plan | Income Actual | Income variance | Income variance (Case-mix) | Income Variance (Volume) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Surgery CBU | Audiology | Outpatient New | 484 | 445 | -39 | £45,893 | £42,206 | -£3,687 | -£11 | -£3,676 | |
| | | Outpatient Follow-up | 166 | 273 | 107 | £15,655 | £25,801 | £10,147 | -£0 | £10,147 | |
| | | OP Procedure | 1 | 1 | 0 | £98 | £172 | £73 | £56 | £17 | |
| | **Audiology Total** | | **650** | **719** | **69** | **£61,646** | **£68,179** | **£6,533** | **£46** | **£6,487** | |
| | Burns Care | Daycase | 0 | 11 | 11 | £97 | £26,748 | £26,651 | £7,916 | £18,735 | |
| | | Elective | 5 | 1 | -4 | £11,492 | £1,679 | -£9,814 | -£859 | -£8,954 | |
| | | Non Elective | 28 | 25 | -3 | £71,518 | £77,297 | £5,779 | £13,914 | -£8,136 | |
| | | Outpatient New | 21 | 16 | -5 | £4,229 | £3,170 | -£1,059 | £6 | -£1,065 | |
| | | Outpatient Follow-up | 59 | 66 | 7 | £6,757 | £7,544 | £787 | £12 | £776 | |
| | | Ward Attender | 3 | 50 | 47 | £322 | £5,716 | £5,394 | £0 | £5,394 | |
| | | Ward Based Outpatient | 8 | 8 | 0 | £897 | £914 | £17 | -£0 | £17 | |
| | | OP Procedure | 0 | 0 | 0 | £11 | £0 | -£11 | £0 | -£11 | |
| | **Burns Care Total** | | **124** | **177** | **53** | **£95,324** | **£123,069** | **£27,745** | **£20,989** | **£6,756** | |
| | Cardiac Surgery | Elective | 16 | 18 | 2 | £203,142 | £211,887 | £8,745 | -£19,062 | £27,807 | |
| | | Non Elective | 8 | 16 | 8 | £147,338 | £262,768 | £115,430 | -£47,047 | £162,477 | Includes £20k estimated flex/freeze benefit |
| | | Excess Bed Days | 66 | 36 | -30 | £29,397 | £14,366 | -£15,031 | -£1,722 | -£13,309 | |
| | | Outpatient New | 3 | 3 | 0 | £2,202 | £2,160 | -£42 | -£0 | -£42 | |
| | | Outpatient Follow-up | 25 | 22 | -3 | £18,299 | £15,840 | -£2,460 | -£0 | -£2,460 | |
| | | Ward Attender | 0 | 2 | 2 | £0 | £1,440 | £1,440 | £0 | £1,440 | |
| | **Cardiac Surgery Total** | | **118** | **97** | **-21** | **£400,379** | **£508,461** | **£108,082** | **-£67,832** | **£175,914** | |
| | Cardiology | Daycase | 13 | 16 | 3 | £35,596 | £54,980 | £19,384 | £11,288 | £8,097 | |
| | | Elective | 26 | 16 | -10 | £102,162 | £44,688 | -£57,474 | -£18,357 | -£39,116 | |
| | | Non Elective | 9 | 11 | 2 | £43,361 | £39,254 | -£4,108 | -£12,308 | £8,200 | |
| | | Excess Bed Days | 18 | 15 | -3 | £7,131 | £5,163 | -£1,968 | -£909 | -£1,059 | |
| | | Outpatient New | 175 | 145 | -30 | £41,676 | £34,529 | -£7,147 | -£39 | -£7,108 | |
| | | Outpatient Follow-up | 372 | 583 | 211 | £49,138 | £75,780 | £26,642 | -£1,240 | £27,882 | |
| | | Ward Attender | 10 | 28 | 18 | £1,309 | £3,640 | £2,330 | -£59 | £2,389 | |
| | | Ward Based Outpatient | 27 | 4 | -23 | £3,522 | £520 | -£3,002 | -£8 | -£2,993 | |
| | **Cardiology Total** | | **649** | **818** | **169** | **£283,895** | **£258,553** | **-£25,342** | **-£21,633** | **-£3,709** | |
| | Dentistry | Daycase | 68 | 104 | 36 | £39,492 | £58,489 | £18,998 | -£1,768 | £20,766 | |
| | | Elective | 8 | 2 | -6 | £4,793 | £2,698 | -£2,095 | £1,453 | -£3,548 | |
| | | Non Elective | 1 | 1 | 0 | £1,239 | £1,034 | -£205 | -£51 | -£154 | |
| | | Excess Bed Days | 1 | 1 | 0 | £334 | £299 | -£35 | £0 | -£35 | |
| | | Outpatient New | 80 | 88 | 8 | £2,853 | £3,130 | £277 | -£22 | £299 | |
| | | Outpatient Follow-up | 102 | 102 | 0 | £3,627 | £3,486 | -£142 | -£147 | £6 | |
| | | OP Procedure | 21 | 18 | -3 | £3,440 | £2,865 | -£575 | -£38 | -£537 | |
| | **Dentistry Total** | | **281** | **316** | **35** | **£55,778** | **£72,001** | **£16,223** | **-£573** | **£16,797** | |
| | ENT | Daycase | 77 | 119 | 42 | £87,043 | £138,169 | £51,126 | £3,025 | £48,100 | |
| | | Elective | 65 | 48 | -17 | £91,432 | £70,570 | -£20,861 | £2,718 | -£23,579 | |
| | | Non Elective | 24 | 23 | -1 | £36,705 | £28,835 | -£7,870 | -£7,057 | -£814 | |
| | | Excess Bed Days | 29 | 4 | -25 | £11,551 | £1,373 | -£10,178 | -£228 | -£9,950 | |
| | | Outpatient New | 241 | 329 | 88 | £26,734 | £36,606 | £9,873 | £181 | £9,692 | |
| | | Outpatient Follow-up | 348 | 341 | -7 | £23,750 | £23,403 | -£347 | £123 | -£469 | |
| | | Ward Attender | 0 | 2 | 2 | £12 | £137 | £126 | £1 | £125 | |
| | | Ward Based Outpatient | 3 | 0 | -3 | £227 | £0 | -£227 | £0 | -£227 | |
| | | OP Procedure | 120 | 171 | 51 | £15,652 | £20,998 | £5,346 | -£1,396 | £6,742 | |
| | **ENT Total** | | **906** | **1,037** | **131** | **£293,105** | **£320,092** | **£26,987** | **-£2,633** | **£29,620** | |
| | Gynaecology | Daycase | 1 | 4 | 3 | £707 | £2,467 | £1,760 | -£1,026 | £2,785 | |
| | | Elective | 0 | 0 | 0 | £444 | £0 | -£444 | £0 | -£444 | |
| | | Outpatient New | 16 | 16 | 0 | £2,337 | £2,296 | -£41 | -£2 | -£38 | |
| | | Outpatient Follow-up | 27 | 36 | 9 | £2,521 | £3,332 | £811 | -£52 | £863 | |
| | | Ward Attender | 0 | 0 | 0 | £8 | £0 | -£8 | £0 | -£8 | |
| | | OP Procedure | 0 | 0 | 0 | £10 | £0 | -£10 | £0 | -£10 | |
| | **Gynaecology Total** | | **44** | **56** | **12** | **£6,026** | **£8,094** | **£2,068** | **-£1,080** | **£3,148** | |
| | Intensive Care | Elective | 0 | 1 | 1 | £566 | £1,009 | £442 | -£1,019 | £1,461 | |
| | | Non Elective | 16 | 29 | 13 | £37,159 | £69,284 | £32,125 | £3,800 | £28,325 | |
| | | Excess Bed Days | 20 | 63 | 43 | £7,765 | £18,867 | £11,102 | -£5,039 | £16,142 | |
| | | Outpatient New | 6 | 12 | 6 | £4,475 | £8,847 | £4,372 | -£10 | £4,382 | |
| | | Outpatient Follow-up | 23 | 76 | 53 | £16,497 | £56,029 | £39,532 | £2,631 | £36,901 | |
| | | Ward Based Outpatient | 3 | 17 | 14 | £2,130 | £12,533 | £10,403 | £744 | £9,659 | |
| | | OP Procedure | 0 | 3 | 3 | £38 | £515 | £476 | £178 | £298 | |
| | | PICU | 508 | 595 | 87 | £908,529 | £999,120 | £90,591 | £0 | £90,591 | |
| | | HDU | 416 | 412 | -4 | £500,086 | £538,336 | £38,250 | £0 | £38,250 | |
| | | Cardiac HDU | 256 | 293 | 37 | £250,398 | £217,109 | -£33,289 | £0 | -£33,289 | |
| | | Cardiac ECMO | 5 | 34 | 29 | £16,824 | £71,704 | £54,880 | £0 | £54,880 | |
| | | Respiratory ECMO | 8 | 7 | -1 | £49,740 | £70,214 | £20,474 | £0 | £20,474 | |
| | **Intensive Care Total** | | **1,262** | **1,542** | **280** | **£1,794,207** | **£2,063,566** | **£269,359** | **£1,285** | **£268,074** | |
| | Maxillo-Facial | Outpatient New | 50 | 50 | 0 | £7,164 | £7,092 | -£73 | -£82 | £9 | |
| | | Outpatient Follow-up | 99 | 60 | -39 | £14,299 | £9,671 | -£4,628 | £976 | -£5,604 | |
| | | Ward Attender | 0 | 0 | 0 | £12 | £0 | -£12 | £0 | -£12 | |
| | | OP Procedure | 0 | 0 | 0 | £29 | £0 | -£29 | £0 | -£29 | |
| | **Maxillo-Facial Total** | | **149** | **110** | **-39** | **£21,505** | **£16,763** | **-£4,743** | **£894** | **-£5,637** | |
| | Neurosurgery | Daycase | 1 | 3 | 2 | £494 | £1,537 | £1,043 | -£508 | £1,551 | |
| | | Elective | 12 | 24 | 12 | £73,609 | £101,760 | £28,151 | -£46,022 | £74,174 | |
| | | Non Elective | 31 | 21 | -10 | £196,402 | £147,197 | -£49,205 | £14,548 | -£63,753 | |
| | | Excess Bed Days | 74 | 17 | -57 | £24,675 | £5,223 | -£19,452 | -£473 | -£18,979 | |
| | | Outpatient New | 45 | 56 | 11 | £4,072 | £4,894 | £822 | -£140 | £962 | |
| | | Outpatient Follow-up | 125 | 150 | 25 | £10,920 | £13,082 | £2,162 | -£28 | £2,189 | |
| | | Ward Attender | 27 | 15 | -12 | £2,414 | £1,335 | -£1,079 | £0 | -£1,079 | |
| | | Ward Based Outpatient | 0 | 0 | 0 | £8 | £0 | -£8 | £0 | -£8 | |
| | | OP Procedure | 0 | 0 | 0 | £19 | £0 | -£19 | £0 | -£19 | |
| | | Neuro HDU | 146 | 154 | 8 | £142,626 | £159,339 | £16,713 | £0 | £16,713 | |
| | **Neurosurgery Total** | | **461** | **440** | **-21** | **£455,239** | **£434,367** | **-£20,873** | **-£32,623** | **£11,750** | |
| | Ophthalmology | Daycase | 29 | 22 | -7 | £25,404 | £19,766 | -£5,638 | £232 | -£5,870 | |
| | | Elective | 6 | 2 | -4 | £8,715 | £1,948 | -£6,767 | -£846 | -£5,921 | |
| | | Non Elective | 2 | 2 | 0 | £2,357 | £5,702 | £3,345 | £2,844 | £501 | |
| | | Excess Bed Days | 7 | 0 | -7 | £2,405 | £0 | -£2,405 | £0 | -£2,405 | |
| | | Outpatient New | 209 | 247 | 38 | £31,789 | £38,207 | £6,418 | £686 | £5,732 | |
| | | Outpatient Follow-up | 780 | 911 | 131 | £77,771 | £90,190 | £12,419 | -£683 | £13,102 | |
| | | Ward Based Outpatient | 2 | 0 | -2 | £153 | £0 | -£153 | £0 | -£153 | |
| | | OP Procedure | 0 | 31 | 31 | £44 | £3,578 | £3,534 | -£1,781 | £5,315 | |
| | **Ophthalmology Total** | | **1,034** | **1,215** | **181** | **£148,639** | **£159,391** | **£10,752** | **£452** | **£10,300** | |
| | Oral Surgery | Daycase | 23 | 29 | 6 | £19,968 | £25,311 | £5,343 | £501 | £4,841 | |
| | | Elective | 10 | 15 | 5 | £22,719 | £54,565 | £31,847 | £21,877 | £9,969 | |
| | | Non Elective | 13 | 6 | -7 | £13,912 | £7,020 | -£6,892 | £508 | -£7,400 | |
| | | Excess Bed Days | 2 | 0 | -2 | £1,167 | £0 | -£1,167 | £0 | -£1,167 | |
| | **Oral Surgery Total** | | **49** | **50** | **1** | **£57,765** | **£86,896** | **£29,131** | **£22,886** | **£6,245** | |
| | Orthodontics | Daycase | 0 | 0 | 0 | £61 | £0 | -£61 | £0 | -£61 | |
| | | Outpatient New | 4 | 2 | -2 | £588 | £322 | -£266 | -£1 | -£265 | |
| | | Outpatient Follow-up | 11 | 51 | 40 | £956 | £4,137 | £3,181 | -£107 | £3,288 | |
| | | OP Procedure | 9 | 18 | 9 | £1,175 | £2,499 | £1,323 | £203 | £1,121 | |
| | **Orthodontics Total** | | **24** | **71** | **47** | **£2,781** | **£6,958** | **£4,177** | **£94** | **£4,082** | |
| | Paediatric Surgery | Daycase | 80 | 127 | 47 | £94,388 | £147,002 | £52,614 | -£2,142 | £54,756 | |
| | | Elective | 32 | 40 | 8 | £137,746 | £187,685 | £49,938 | £17,821 | £32,117 | |
| | | Non Elective | 126 | 142 | 16 | £492,142 | £391,799 | -£100,343 | -£161,990 | £61,647 | |
| | | Excess Bed Days | 256 | 69 | -187 | £101,059 | £29,274 | -£71,785 | £2,021 | -£73,806 | |
| | | Outpatient New | 130 | 164 | 34 | £22,938 | £28,991 | £6,053 | -£39 | £6,092 | |
| | | Outpatient Follow-up | 204 | 255 | 51 | £23,589 | £29,190 | £5,601 | -£313 | £5,914 | |
| | | Ward Attender | 50 | 54 | 4 | £5,754 | £6,177 | £423 | -£71 | £494 | |
| | | Ward Based Outpatient | 22 | 1 | -21 | £2,507 | £114 | -£2,393 | -£1 | -£2,391 | |
| | | OP Procedure | 0 | 2 | 2 | £10 | £356 | £346 | £128 | £218 | |
| | | Neonatal HDU | 155 | 240 | 85 | £110,046 | £110,046 | -£0 | £0 | -£0 | |
| | **Paediatric Surgery Total** | | **1,055** | **1,094** | **39** | **£990,179** | **£930,635** | **-£59,544** | **-£144,586** | **£85,041** | |
| | Plastic Surgery | Daycase | 45 | 70 | 25 | £46,026 | £81,351 | £35,325 | £9,373 | £25,952 | |
| | | Elective | 17 | 8 | -9 | £25,719 | £14,652 | -£11,066 | £2,519 | -£13,586 | |
| | | Non Elective | 105 | 64 | -41 | £129,354 | £82,571 | -£46,783 | £3,658 | -£50,441 | |
| | | Excess Bed Days | 4 | 0 | -4 | £862 | £0 | -£862 | £0 | -£862 | |
| | | Outpatient New | 161 | 188 | 27 | £22,863 | £27,020 | £4,157 | £263 | £3,894 | |
| | | Outpatient Follow-up | 303 | 438 | 135 | £33,534 | £47,823 | £14,289 | -£657 | £14,947 | |
| | | Ward Attender | 2 | 11 | 9 | £190 | £1,201 | £1,011 | -£22 | £1,034 | |
| | | Ward Based Outpatient | 7 | 9 | 2 | £769 | £983 | £214 | -£18 | £232 | |
| | | OP Procedure | 45 | 73 | 28 | £5,365 | £9,018 | £3,653 | £290 | £3,363 | |
| | **Plastic Surgery Total** | | **688** | **861** | **173** | **£264,681** | **£264,619** | **-£62** | **£15,406** | **-£15,467** | |
| | Spinal Surgery | Daycase | 0 | 0 | 0 | £416 | £0 | -£416 | £0 | -£416 | |
| | | Elective | 9 | 10 | 1 | £239,604 | £303,547 | £63,943 | £39,437 | £24,506 | |
| | | Non Elective | 0 | 1 | 1 | £0 | £8,993 | £8,993 | £0 | £8,993 | |
| | | Outpatient New | 15 | 64 | 49 | £2,497 | £10,781 | £8,284 | -£27 | £8,311 | |
| | | Outpatient Follow-up | 51 | 121 | 70 | £5,433 | £12,457 | £7,024 | -£407 | £7,431 | |
| | | OP Procedure | 0 | 1 | 1 | £0 | £172 | £172 | £0 | £172 | |
| | **Spinal Surgery Total** | | **75** | **197** | **122** | **£247,950** | **£335,949** | **£87,999** | **£39,002** | **£48,997** | |
| | Trauma And Orthopaedics | Daycase | 29 | 45 | 16 | £43,240 | £71,892 | £28,652 | £5,890 | £22,762 | |
| | | Elective | 43 | 49 | 6 | £162,254 | £209,720 | £47,466 | £26,017 | £21,449 | |
| | | Non Elective | 66 | 36 | -30 | £165,205 | £98,427 | -£66,778 | £8,252 | -£75,030 | |

**In-Month**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Trauma And Orthopaedics | Excess Bed Days | 37 | 29 | -8 | £12,705 | £11,636 | -£1,069 | £1,784 | -£2,853 | |
| | | Outpatient New | 504 | 642 | 138 | £76,044 | £96,801 | £20,757 | £23 | £20,734 | |
| | | Outpatient Follow-up | 750 | 1,433 | 683 | £75,712 | £142,645 | £66,933 | -£2,020 | £68,953 | Activity high due to physio activity recorded under this spec |
| | | Ward Attender | 0 | 0 | 0 | £17 | £0 | -£17 | £0 | -£17 | |
| | | OP Procedure | 29 | 110 | 81 | £5,091 | £22,281 | £17,190 | £2,973 | £14,217 | Activity high due to fracture clinic coding |
| | | Gait New | 15 | 23 | 8 | £17,385 | £26,956 | £9,571 | -£33 | £9,604 | |
| | | Gait Follow-Up | 12 | 23 | 11 | £14,130 | £26,956 | £12,826 | £64 | £12,761 | |
| | **Trauma And Orthopaedics Total** | | **1,487** | **2,390** | **903** | **£571,784** | **£707,315** | **£135,531** | **£42,950** | **£92,581** | |
| | Urology | Daycase | 98 | 204 | 106 | £91,822 | £186,153 | £94,331 | -£4,786 | £99,117 | |
| | | Elective | 9 | 16 | 7 | £33,347 | £69,698 | £36,351 | £7,185 | £29,166 | |
| | | Non Elective | 3 | 2 | -1 | £11,153 | £2,142 | -£9,011 | -£4,888 | -£4,122 | |
| | | Excess Bed Days | 6 | 0 | -6 | £2,403 | £0 | -£2,403 | £0 | -£2,403 | |
| | | Outpatient New | 72 | 93 | 21 | £12,921 | £16,730 | £3,809 | -£19 | £3,828 | |
| | | Outpatient Follow-up | 150 | 227 | 77 | £22,785 | £33,991 | £11,206 | -£588 | £11,795 | |
| | | Ward Attender | 2 | 1 | -1 | £351 | £150 | -£201 | -£3 | -£199 | |
| | | Ward Based Outpatient | 0 | 1 | 1 | £39 | £150 | £111 | -£3 | £113 | |
| | | OP Procedure | 0 | 0 | 0 | £15 | £0 | -£15 | £0 | -£15 | |
| | **Urology Total** | | **340** | **544** | **204** | **£174,835** | **£309,014** | **£134,179** | **-£3,101** | **£137,280** | |
| **Surgery CBU Total** | | | 9,395 | 11,734 | 2,339 | **£5,925,716** | **£6,673,920** | **£748,204** | **-£130,056** | **£878,260** | |
| Medicine CBU | Accident & Emergency | Daycase | 0 | 0 | 0 | £101 | £0 | -£101 | £0 | -£101 | |
| | | Elective | 0 | 0 | 0 | £111 | £0 | -£111 | £0 | -£111 | |
| | | Non Elective | 493 | 387 | -106 | £226,461 | £289,903 | £63,441 | £112,193 | -£48,751 | |
| | | Excess Bed Days | 7 | 0 | -7 | £2,394 | £0 | -£2,394 | £0 | -£2,394 | |
| | | Outpatient New | 144 | 144 | 0 | £48,619 | £48,620 | £2 | £89 | -£88 | |
| | | Outpatient Follow-up | 15 | 17 | 2 | £5,127 | £5,740 | £613 | -£0 | £613 | |
| | | Ward Attender | 0 | 0 | 0 | £115 | £0 | -£115 | £0 | -£115 | |
| | | A&E Attendance | 4,746 | 5,209 | 463 | £450,845 | £456,569 | £5,725 | -£38,277 | £44,001 | |
| | **Accident & Emergency Total** | | **5,406** | **5,757** | **351** | **£733,773** | **£800,832** | **£67,060** | **£74,005** | **-£6,945** | |
| | Allergy | Outpatient New | 43 | 54 | 11 | £9,999 | £12,521 | £2,522 | £86 | £2,436 | |
| | | Outpatient Follow-up | 49 | 65 | 16 | £6,865 | £9,322 | £2,456 | £149 | £2,307 | |
| | | Ward Attender | 0 | 1 | 1 | £31 | £140 | £109 | -£1 | £110 | |
| | | Ward Based Outpatient | 0 | 0 | 0 | £21 | £0 | -£21 | £0 | -£21 | |
| | | OP Procedure | 0 | 5 | 5 | £32 | £605 | £573 | -£28 | £601 | |
| | **Allergy Total** | | **93** | **125** | **32** | **£16,949** | **£22,588** | **£5,639** | **£206** | **£5,433** | |
| | Dermatology | Daycase | 1 | 2 | 1 | £829 | £1,264 | £435 | £1 | £435 | |
| | | Outpatient New | 116 | 173 | 57 | £15,686 | £23,460 | £7,775 | £48 | £7,727 | |
| | | Outpatient Follow-up | 380 | 576 | 196 | £37,458 | £56,671 | £19,213 | -£87 | £19,301 | |
| | | Ward Attender | 0 | 0 | 0 | £42 | £0 | -£42 | £0 | -£42 | |
| | | Ward Based Outpatient | 6 | 17 | 11 | £546 | £1,662 | £1,115 | -£13 | £1,129 | |
| | | OP Procedure | 62 | 66 | 4 | £7,100 | £7,563 | £462 | -£25 | £487 | |
| | **Dermatology Total** | | **565** | **834** | **269** | **£61,662** | **£90,621** | **£28,959** | **-£77** | **£29,036** | |
| | Diabetes | Outpatient New | 21 | 8 | -13 | £4,392 | £1,689 | -£2,704 | -£11 | -£2,692 | |
| | | Outpatient Follow-up | 2 | 21 | 19 | £198 | £2,075 | £1,876 | -£213 | £2,090 | |
| | | Ward Based Outpatient | 0 | 0 | 0 | £28 | £0 | -£28 | £0 | -£28 | |
| | **Diabetes Total** | | **23** | **29** | **6** | **£4,619** | **£3,763** | **-£855** | **-£225** | **-£631** | |
| | Endocrinology | Daycase | 64 | 89 | 25 | £66,829 | £100,059 | £33,230 | £7,192 | £26,038 | |
| | | Elective | 5 | 4 | -1 | £7,415 | £5,327 | -£2,088 | -£398 | -£1,690 | |
| | | Non Elective | 3 | 1 | -2 | £4,010 | £1,311 | -£2,698 | -£268 | -£2,430 | |
| | | Excess Bed Days | 14 | 0 | -14 | £5,166 | £0 | -£5,166 | £0 | -£5,166 | |
| | | Outpatient New | 45 | 65 | 20 | £18,149 | £26,023 | £7,874 | -£68 | £7,942 | |
| | | Outpatient Follow-up | 252 | 278 | 26 | £48,796 | £54,104 | £5,308 | £341 | £4,967 | |
| | | Ward Attender | 11 | 14 | 3 | £2,194 | £2,708 | £514 | £0 | £513 | |
| | | Ward Based Outpatient | 23 | 43 | 20 | £4,421 | £8,317 | £3,896 | £1 | £3,894 | |
| | **Endocrinology Total** | | **418** | **494** | **76** | **£156,980** | **£197,848** | **£40,869** | **£6,800** | **£34,069** | |
| | Epilepsy | Outpatient New | 8 | 7 | -1 | £1,749 | £1,329 | -£420 | -£225 | -£195 | |
| | | Outpatient Follow-up | 18 | 10 | -8 | £3,343 | £1,591 | -£1,752 | -£238 | -£1,515 | |
| | **Epilepsy Total** | | **26** | **17** | **-9** | **£5,092** | **£2,920** | **-£2,172** | **-£463** | **-£1,710** | |
| | Gastroenterology | Daycase | 90 | 114 | 24 | £98,829 | £135,952 | £37,123 | £10,799 | £26,324 | |
| | | Elective | 28 | 29 | 1 | £54,449 | £55,200 | £750 | -£363 | £1,114 | |
| | | Non Elective | 11 | 6 | -5 | £29,593 | £30,095 | £502 | £14,257 | -£13,755 | |
| | | Excess Bed Days | 187 | 63 | -124 | £73,993 | £27,246 | -£46,747 | £2,353 | -£49,101 | |
| | | Outpatient New | 71 | 100 | 29 | £18,813 | £26,724 | £7,912 | £200 | £7,712 | |
| | | Outpatient Follow-up | 190 | 205 | 15 | £30,238 | £31,976 | £1,738 | -£591 | £2,329 | |
| | | Ward Attender | 4 | 25 | 21 | £662 | £3,900 | £3,238 | -£59 | £3,297 | |
| | | Ward Based Outpatient | 145 | 82 | -63 | £22,938 | £12,791 | -£10,146 | -£194 | -£9,953 | |
| | **Gastroenterology Total** | | **727** | **624** | **-103** | **£329,515** | **£323,884** | **-£5,631** | **£26,402** | **-£32,033** | |
| | Haematology | Daycase | 16 | 59 | 43 | £19,860 | £63,269 | £43,410 | -£7,796 | £51,206 | |
| | | Elective | 2 | 7 | 5 | £14,449 | £23,723 | £9,274 | -£25,124 | £34,399 | |
| | | Non Elective | 17 | 24 | 7 | £51,829 | £57,115 | £5,287 | -£14,955 | £20,242 | |
| | | Excess Bed Days | 4 | 58 | 54 | £1,799 | £17,370 | £15,571 | -£7,782 | £23,353 | |
| | | Outpatient New | 15 | 22 | 7 | £6,942 | £10,024 | £3,082 | -£53 | £3,135 | |
| | | Outpatient Follow-up | 105 | 56 | -49 | £22,974 | £12,266 | -£10,708 | £44 | -£10,753 | |
| | | Ward Attender | 55 | 217 | 162 | £12,009 | £46,486 | £34,476 | -£877 | £35,353 | |
| | | Ward Based Outpatient | 0 | 0 | 0 | £19 | £0 | -£19 | £0 | -£19 | |
| | | OP Procedure | 0 | 0 | 0 | £11 | £0 | -£11 | £0 | -£11 | |
| | **Haematology Total** | | **216** | **443** | **227** | **£129,892** | **£230,254** | **£100,362** | **-£56,542** | **£156,905** | |
| | Immunology | Outpatient New | 9 | 13 | 4 | £2,043 | £3,015 | £972 | £21 | £951 | |
| | | Outpatient Follow-up | 6 | 23 | 17 | £915 | £3,338 | £2,423 | £92 | £2,330 | |
| | | Ward Attender | 3 | 16 | 13 | £411 | £2,246 | £1,835 | -£12 | £1,847 | |
| | | Ward Based Outpatient | 11 | 36 | 25 | £1,616 | £5,054 | £3,438 | -£26 | £3,465 | |
| | **Immunology Total** | | **30** | **88** | **58** | **£4,985** | **£13,653** | **£8,668** | **£75** | **£8,592** | |
| | Metabolic Disease | Outpatient New | 3 | 3 | 0 | £1,332 | £1,152 | -£180 | £0 | -£180 | |
| | | Outpatient Follow-up | 21 | 19 | -2 | £8,036 | £7,296 | -£740 | £0 | -£741 | |
| | | Ward Based Outpatient | 0 | 3 | 3 | £0 | £1,152 | £1,152 | £0 | £1,152 | |
| | **Metabolic Disease Total** | | **24** | **25** | **1** | **£9,369** | **£9,600** | **£231** | **£0** | **£231** | |
| | Nephrology | Daycase | 66 | 82 | 16 | £42,491 | £72,519 | £30,028 | £19,633 | £10,395 | |
| | | Elective | 22 | 7 | -15 | £13,808 | £11,755 | -£2,053 | £7,299 | -£9,352 | |
| | | Non Elective | 4 | 8 | 4 | £7,629 | £17,593 | £9,964 | £2,563 | £7,401 | |
| | | Excess Bed Days | 18 | 9 | -9 | £6,676 | £2,695 | -£3,981 | -£684 | -£3,297 | |
| | | Outpatient New | 11 | 21 | 10 | £1,292 | £2,479 | £1,187 | £0 | £1,187 | |
| | | Outpatient Follow-up | 87 | 97 | 10 | £10,295 | £11,450 | £1,155 | -£0 | £1,155 | |
| | | Ward Attender | 55 | 72 | 17 | £6,525 | £8,499 | £1,974 | -£0 | £1,974 | |
| | | Ward Based Outpatient | 39 | 78 | 39 | £4,642 | £9,207 | £4,565 | £0 | £4,565 | |
| | | OP Procedure | 0 | 1 | 1 | £0 | £172 | £172 | £0 | £172 | |
| | **Nephrology Total** | | **302** | **375** | **73** | **£93,359** | **£136,369** | **£43,010** | **£28,810** | **£14,200** | |
| | Neurology | Daycase | 6 | 10 | 4 | £6,735 | £10,977 | £4,242 | -£519 | £4,761 | |
| | | Elective | 4 | 10 | 6 | £8,934 | £20,498 | £11,563 | -£612 | £12,175 | |
| | | Non Elective | 9 | 9 | 0 | £17,123 | £13,819 | -£3,304 | -£4,040 | £736 | |
| | | Excess Bed Days | 56 | 81 | 25 | £22,676 | £32,955 | £10,279 | £126 | £10,153 | |
| | | Outpatient New | 62 | 96 | 34 | £17,381 | £26,612 | £9,232 | -£95 | £9,326 | |
| | | Outpatient Follow-up | 181 | 223 | 42 | £49,541 | £61,541 | £11,999 | £580 | £11,419 | |
| | | Ward Attender | 2 | 1 | -1 | £426 | £277 | -£148 | £0 | -£148 | |
| | | Ward Based Outpatient | 17 | 0 | -17 | £4,588 | £0 | -£4,588 | £0 | -£4,588 | |
| | **Neurology Total** | | **336** | **430** | **94** | **£127,404** | **£166,679** | **£39,275** | **-£4,559** | **£43,834** | |
| | Oncology | Daycase | 123 | 122 | -1 | £93,963 | £83,727 | -£10,236 | -£9,237 | -£999 | |
| | | Elective | 18 | 29 | 11 | £111,582 | £169,887 | £58,305 | -£6,633 | £64,938 | |
| | | Non Elective | 37 | 48 | 11 | £94,274 | £143,287 | £49,013 | £22,002 | £27,011 | |
| | | Excess Bed Days | 31 | 0 | -31 | £14,097 | £0 | -£14,097 | £0 | -£14,097 | |
| | | Outpatient New | 7 | 11 | 4 | £1,819 | £2,848 | £1,030 | -£0 | £1,030 | |
| | | Outpatient Follow-up | 174 | 251 | 77 | £44,946 | £64,994 | £20,048 | £169 | £19,879 | |
| | | Ward Attender | 10 | 33 | 23 | £2,490 | £8,545 | £6,055 | £22 | £6,033 | |
| | | Ward Based Outpatient | 13 | 21 | 8 | £3,261 | £5,438 | £2,177 | £14 | £2,163 | |
| | | DCHEMO | 96 | 119 | 23 | £32,023 | £39,529 | £7,506 | -£171 | £7,678 | |
| | **Oncology Total** | | **509** | **634** | **125** | **£398,455** | **£518,256** | **£119,801** | **£6,165** | **£113,635** | |
| | Paediatrics | Daycase | 22 | 30 | 8 | £18,186 | £16,546 | -£1,640 | -£8,537 | £6,896 | |
| | | Elective | 9 | 8 | -1 | £10,223 | £28,081 | £17,858 | £19,114 | -£1,255 | |
| | | Non Elective | 282 | 363 | 81 | £320,226 | £393,781 | £73,555 | -£17,819 | £91,374 | |
| | | Excess Bed Days | 45 | 200 | 155 | £16,764 | £60,291 | £43,528 | -£14,016 | £57,544 | |
| | | Outpatient New | 214 | 275 | 61 | £49,369 | £63,484 | £14,115 | £158 | £13,957 | |
| | | Outpatient Follow-up | 294 | 344 | 50 | £41,458 | £48,291 | £6,833 | -£253 | £7,086 | |
| | | Ward Attender | 12 | 5 | -7 | £1,746 | £702 | -£1,044 | -£4 | -£1,040 | |
| | | Ward Based Outpatient | 113 | 12 | -101 | £15,927 | £1,685 | -£14,242 | -£9 | -£14,234 | |
| | | OP Procedure | 0 | 0 | 0 | £22 | £0 | -£22 | £0 | -£22 | |
| | **Paediatrics Total** | | **992** | **1,237** | **245** | **£473,920** | **£612,861** | **£138,941** | **-£21,365** | **£160,306** | |
| | Radiology | Daycase | 75 | 127 | 52 | £76,182 | £256,558 | £180,376 | £127,650 | £52,726 | |
| | | Elective | 10 | 2 | -8 | £16,267 | £13,631 | -£2,636 | £10,303 | -£12,939 | |
| | | Non Elective | 3 | 1 | -2 | £19,421 | £4,152 | -£15,269 | -£2,501 | -£12,767 | |
| | | Excess Bed Days | 64 | 0 | -64 | £26,237 | £0 | -£26,237 | £0 | -£26,237 | |
| | **Radiology Total** | | **152** | **130** | **-22** | **£138,108** | **£274,341** | **£136,233** | **£135,451** | **£782** | |
| | Respiratory Medicine | Daycase | 7 | 21 | 14 | £6,791 | £15,044 | £8,253 | -£5,736 | £13,988 | |
| | | Elective | 3 | 1 | -2 | £8,155 | £2,620 | -£5,535 | £243 | -£5,778 | |
| | | Non Elective | 67 | 144 | 77 | £62,580 | £173,397 | £110,817 | £38,048 | £72,769 | |
| | | Excess Bed Days | 52 | 40 | -12 | £16,353 | £15,669 | -£685 | £2,983 | -£3,668 | |
| | | Outpatient New | 52 | 49 | -3 | £15,563 | £14,531 | -£1,032 | -£52 | -£980 | |
| | | Outpatient Follow-up | 176 | 184 | 8 | £26,498 | £29,035 | £2,537 | £1,401 | £1,137 | |
| | | Ward Attender | 1 | 4 | 3 | £90 | £628 | £539 | £28 | £510 | |
| | | Ward Based Outpatient | 95 | 77 | -18 | £14,225 | £12,091 | -£2,134 | £544 | -£2,678 | |

**In-Month**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Respiratory Medicine | OP Procedure | 96 | 68 | -28 | £13,895 | £11,667 | -£2,227 | £1,827 | -£4,054 | |
| | **Respiratory Medicine Total** | | **549** | **588** | **39** | **£164,150** | **£274,682** | **£110,533** | **£39,287** | **£71,245** | |
| | Rheumatology | Daycase | 119 | 149 | 30 | £99,801 | £123,059 | £23,258 | -£1,806 | £25,063 | |
| | | Elective | 14 | 2 | -12 | £14,094 | £3,178 | -£10,916 | £1,146 | -£12,062 | |
| | | Non Elective | 2 | 3 | 1 | £1,530 | £8,790 | £7,260 | £5,776 | £1,484 | |
| | | Excess Bed Days | 11 | 40 | 29 | £4,323 | £18,397 | £14,075 | £3,045 | £11,030 | |
| | | Outpatient New | 38 | 58 | 20 | £5,780 | £8,723 | £2,943 | -£10 | £2,952 | |
| | | Outpatient Follow-up | 116 | 152 | 36 | £17,507 | £21,656 | £4,149 | -£1,228 | £5,377 | |
| | | Ward Attender | 17 | 20 | 3 | £2,630 | £3,008 | £378 | -£0 | £378 | |
| | | Ward Based Outpatient | 9 | 18 | 9 | £1,283 | £2,707 | £1,424 | £0 | £1,424 | |
| | | OP Procedure | 0 | 1 | 1 | £10 | £172 | £161 | £52 | £109 | |
| | **Rheumatology Total** | | **327** | **443** | **116** | **£146,958** | **£189,689** | **£42,731** | **£6,975** | **£35,756** | |
| | Sleep Studies | Elective | 17 | 13 | -4 | £31,159 | £21,117 | -£10,042 | -£2,613 | -£7,429 | |
| | | Non Elective | 0 | 2 | 2 | £0 | £8,619 | £8,619 | £0 | £8,619 | |
| | **Sleep Studies Total** | | **17** | **15** | **-2** | **£31,159** | **£29,736** | **-£1,423** | **-£2,613** | **£1,190** | |
| **Medicine CBU Total** | | | 10,711 | 12,288 | 1,577 | **£3,026,347** | **£3,898,578** | **£872,231** | **£238,334** | **£633,897** | Note that physio income is within T&O (Surgery) |
| Community CBU | CAMHS | Elective | 0 | 0 | 0 | £166 | £0 | -£166 | £0 | -£166 | |
| | | Outpatient New | 134 | 171 | 37 | £0 | £0 | £0 | £0 | £0 | |
| | | Outpatient Follow-up | 669 | 1,269 | 600 | £9,333 | £4,771 | -£4,562 | -£12,942 | £8,380 | |
| | **CAMHS Total** | | **803** | **1,440** | **637** | **£9,499** | **£4,771** | **-£4,728** | **-£12,942** | **£8,215** | |
| | Community Medicine | Outpatient New | 254 | 277 | 23 | £20,546 | £21,778 | £1,232 | -£589 | £1,821 | |
| | | Outpatient Follow-up | 501 | 543 | 42 | £3,056 | £2,009 | -£1,047 | -£1,306 | £259 | |
| | | 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 | £10 | £0 | -£10 | £0 | -£10 | |
| | **Community Medicine Total** | | **756** | **821** | **65** | **£23,612** | **£23,787** | **£175** | **-£1,895** | **£2,070** | |
| **Community CBU Total** | | | 1,559 | 2,261 | 702 | **£33,111** | **£28,558** | **-£4,553** | **-£14,837** | **£10,285** | |
| **Grand Total** | | | **21,665** | **26,283** | **4,618** | **£8,985,173** | **£10,601,055** | **£1,615,882** | **£93,440** | **£1,522,442** | |

**Year-to-date**

| CBU | Specialty | POD | Activity Plan | Activity Actual | Activity Variance | Income Plan | Income Actual | Income Variance | Income Variance (Case-mix) | Income Variance (Volume) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Surgery CBU | Audiology | Outpatient New | 6,205 | 4,826 | -1,379 | £588,621 | £457,750 | -£130,871 | -£88 | -£130,783 | |
| | | Outpatient Follow-up | 2,124 | 2,746 | 622 | £200,786 | £259,430 | £58,644 | -£95 | £58,738 | |
| | | Ward Based Outpatient | 0 | 1 | 1 | £0 | £95 | £95 | £0 | £95 | |
| | | OP Procedure | 11 | 25 | 14 | £1,259 | £3,305 | £2,045 | £427 | £1,618 | |
| | **Audiology Total** | | **8,340** | **7,598** | **-742** | **£790,667** | **£720,579** | **-£70,088** | **£245** | **-£70,332** | |
| | Burns Care | Daycase | 1 | 55 | 54 | £1,249 | £111,157 | £109,907 | £16,997 | £92,911 | |
| | | Elective | 58 | 10 | -48 | £147,398 | £31,543 | -£115,855 | £6,163 | -£122,019 | |
| | | Non Elective | 250 | 210 | -40 | £634,569 | £555,623 | -£78,945 | £23,206 | -£102,152 | |
| | | Outpatient New | 274 | 147 | -127 | £54,241 | £28,793 | -£25,448 | -£278 | -£25,170 | |
| | | Outpatient Follow-up | 759 | 632 | -127 | £86,667 | £72,244 | -£14,423 | £113 | -£14,536 | |
| | | Ward Attender | 36 | 303 | 267 | £4,127 | £34,636 | £30,509 | £0 | £30,509 | |
| | | Ward Based Outpatient | 101 | 49 | -52 | £11,507 | £5,601 | -£5,905 | -£0 | -£5,905 | |
| | | OP Procedure | 1 | 1 | 0 | £137 | £112 | -£24 | -£13 | -£12 | |
| | **Burns Care Total** | | **1,481** | **1,407** | **-74** | **£939,895** | **£839,709** | **-£100,186** | **£46,188** | **-£146,374** | |
| | Cardiac Surgery | Elective | 238 | 204 | -34 | £3,047,954 | £2,456,869 | -£591,085 | -£160,553 | -£430,532 | |
| | | Non Elective | 101 | 110 | 9 | £1,958,644 | £1,891,327 | -£67,317 | -£238,654 | £171,337 | Includes £20k estimated flex/freeze benefit |
| | | Excess Bed Days | 592 | 1,115 | 523 | £264,575 | £481,954 | £217,379 | -£16,342 | £233,721 | |
| | | Outpatient New | 77 | 97 | 20 | £55,741 | £69,839 | £14,098 | -£0 | £14,098 | |
| | | Outpatient Follow-up | 249 | 228 | -21 | £179,011 | £164,158 | -£14,853 | -£0 | -£14,853 | |
| | | Ward Attender | 0 | 17 | 17 | £0 | £12,240 | £12,240 | £0 | £12,240 | |
| | | OP Procedure | 0 | 3 | 3 | £0 | £515 | £515 | £0 | £515 | |
| | **Cardiac Surgery Total** | | **1,257** | **1,774** | **517** | **£5,505,925** | **£5,076,902** | **-£429,023** | **-£415,549** | **-£13,474** | |
| | Cardiology | Daycase | 179 | 161 | -18 | £489,459 | £517,121 | £27,662 | £77,463 | -£49,801 | |
| | | Elective | 203 | 163 | -40 | £798,327 | £626,362 | -£171,964 | -£15,910 | -£156,054 | |
| | | Non Elective | 94 | 106 | 12 | £441,570 | £389,421 | -£52,148 | -£107,446 | £55,297 | |
| | | Excess Bed Days | 156 | 386 | 230 | £63,271 | £153,005 | £89,734 | -£3,256 | £92,989 | |
| | | Outpatient New | 1,528 | 1,375 | -153 | £364,393 | £327,427 | -£36,966 | -£372 | -£36,594 | |
| | | Outpatient Follow-up | 3,724 | 4,482 | 758 | £491,962 | £582,583 | £90,621 | -£9,532 | £100,153 | |
| | | Ward Attender | 99 | 137 | 38 | £13,109 | £17,419 | £4,310 | -£676 | £4,986 | |
| | | Ward Based Outpatient | 267 | 74 | -193 | £35,258 | £9,489 | -£25,768 | -£285 | -£25,484 | |
| | | OP Procedure | 0 | 2 | 2 | £0 | £280 | £280 | £0 | £280 | |
| | **Cardiology Total** | | **6,251** | **6,886** | **635** | **£2,697,348** | **£2,623,107** | **-£74,241** | **-£60,013** | **-£14,228** | |
| | Dentistry | Daycase | 874 | 890 | 16 | £506,519 | £511,366 | £4,847 | -£4,296 | £9,143 | |
| | | Elective | 99 | 15 | -84 | £61,473 | £14,737 | -£46,736 | £5,405 | -£52,140 | |
| | | Non Elective | 10 | 3 | -7 | £10,994 | £2,993 | -£8,001 | -£263 | -£7,739 | |
| | | Excess Bed Days | 10 | 1 | -9 | £2,966 | £299 | -£2,667 | £0 | -£2,667 | |
| | | Outpatient New | 1,022 | 944 | -78 | £36,595 | £33,578 | -£3,017 | -£237 | -£2,780 | |
| | | Outpatient Follow-up | 1,306 | 939 | -367 | £46,525 | £33,258 | -£13,267 | -£190 | -£13,077 | |
| | | Ward Attender | 0 | 1 | 1 | £0 | £36 | £36 | £0 | £36 | |
| | | OP Procedure | 274 | 256 | -18 | £44,116 | £41,107 | -£3,009 | -£181 | -£2,829 | |
| | **Dentistry Total** | | **3,594** | **3,049** | **-545** | **£709,189** | **£637,374** | **-£71,815** | **£238** | **-£72,053** | |
| | ENT | Daycase | 983 | 935 | -48 | £1,116,419 | £1,029,783 | -£86,636 | -£32,061 | -£54,574 | |
| | | Elective | 830 | 652 | -178 | £1,172,705 | £959,053 | -£213,652 | £37,392 | -£251,044 | |
| | | Non Elective | 209 | 234 | 25 | £325,679 | £325,218 | -£461 | -£39,938 | £39,478 | |
| | | Excess Bed Days | 256 | 243 | -13 | £102,487 | £111,304 | £8,817 | £14,062 | -£5,245 | |
| | | Outpatient New | 3,097 | 2,471 | -626 | £342,885 | £275,190 | -£67,694 | £1,614 | -£69,308 | |
| | | Outpatient Follow-up | 4,462 | 3,175 | -1,287 | £304,616 | £218,011 | -£86,604 | £1,249 | -£87,853 | |
| | | Ward Attender | 2 | 4 | 2 | £149 | £275 | £125 | £1 | £124 | |
| | | Ward Based Outpatient | 43 | 0 | -43 | £2,913 | £0 | -£2,913 | £0 | -£2,913 | |
| | | OP Procedure | 1,533 | 2,526 | 993 | £200,750 | £321,776 | £121,027 | -£9,029 | £130,055 | |
| | **ENT Total** | | **11,414** | **10,240** | **-1,174** | **£3,568,602** | **£3,240,611** | **-£327,991** | **-£26,711** | **-£301,280** | |
| | Gynaecology | Daycase | 10 | 18 | 8 | £9,066 | £13,629 | £4,563 | -£2,085 | £6,648 | |
| | | Elective | 5 | 11 | 6 | £5,692 | £15,956 | £10,264 | £2,797 | £7,466 | |
| | | Outpatient New | 209 | 227 | 18 | £29,968 | £32,575 | £2,606 | -£34 | £2,640 | |
| | | Outpatient Follow-up | 344 | 384 | 40 | £32,329 | £35,538 | £3,210 | -£557 | £3,766 | |
| | | Ward Attender | 1 | 0 | -1 | £103 | £0 | -£103 | £0 | -£103 | |
| | | Ward Based Outpatient | 0 | 1 | 1 | £0 | £93 | £93 | £0 | £93 | |
| | | OP Procedure | 1 | 0 | -1 | £131 | £0 | -£131 | £0 | -£131 | |
| | **Gynaecology Total** | | **570** | **641** | **71** | **£77,289** | **£97,791** | **£20,502** | **£122** | **£20,380** | |
| | Intensive Care | Elective | 4 | 8 | 4 | £7,266 | £12,406 | £5,140 | -£3,815 | £8,955 | |
| | | Non Elective | 146 | 139 | -7 | £329,705 | £544,813 | £215,108 | £230,942 | -£15,834 | |
| | | Excess Bed Days | 262 | 209 | -53 | £99,595 | £78,835 | -£20,760 | -£474 | -£20,286 | |
| | | Outpatient New | 78 | 137 | 59 | £57,395 | £100,999 | £43,604 | -£112 | £43,716 | |
| | | Outpatient Follow-up | 301 | 799 | 498 | £211,585 | £589,039 | £377,454 | £27,659 | £349,795 | |
| | | Ward Based Outpatient | 39 | 47 | 8 | £27,315 | £34,649 | £7,334 | £2,057 | £5,278 | |
| | | OP Procedure | 4 | 38 | 34 | £491 | £6,139 | £5,649 | £1,880 | £3,769 | |
| | | PICU | 4,573 | 5,024 | 451 | £8,176,758 | £8,658,710 | £481,952 | £0 | £481,952 | |
| | | HDU | 3,742 | 3,396 | -346 | £4,500,775 | £4,610,689 | £109,914 | £0 | £109,914 | |
| | | Cardiac HDU | 2,304 | 2,126 | -178 | £2,253,582 | £1,693,913 | -£559,669 | £0 | -£559,669 | |
| | | Cardiac ECMO | 42 | 184 | 142 | £151,417 | £423,956 | £272,539 | £0 | £272,539 | |
| | | Respiratory ECMO | 68 | 74 | 7 | £447,660 | £475,805 | £28,145 | £0 | £28,145 | |
| | **Intensive Care Total** | | **11,563** | **12,181** | **618** | **£16,263,542** | **£17,229,953** | **£966,411** | **£258,135** | **£708,276** | |
| | Maxillo-Facial | Outpatient New | 640 | 563 | -77 | £91,892 | £77,382 | -£14,509 | -£3,395 | -£11,115 | |
| | | Outpatient Follow-up | 1,266 | 515 | -751 | £183,396 | £78,406 | -£104,990 | £3,779 | -£108,769 | |
| | | Ward Attender | 1 | 1 | 0 | £159 | £133 | -£26 | -£13 | -£14 | |
| | | OP Procedure | 2 | 11 | 9 | £377 | £1,379 | £1,001 | -£519 | £1,520 | |
| | **Maxillo-Facial Total** | | **1,909** | **1,090** | **-819** | **£275,825** | **£157,300** | **-£118,525** | **-£147** | **-£118,377** | |
| | Neurosurgery | Daycase | 9 | 13 | 4 | £6,340 | £10,320 | £3,980 | £1,456 | £2,524 | |
| | | Elective | 153 | 206 | 53 | £944,104 | £1,053,952 | £109,848 | -£214,511 | £324,359 | |
| | | Non Elective | 276 | 220 | -56 | £1,742,633 | £1,347,991 | -£394,643 | -£41,664 | -£352,979 | |
| | | Excess Bed Days | 653 | 513 | -140 | £218,937 | £172,084 | -£46,853 | £200 | -£47,053 | |
| | | Outpatient New | 581 | 560 | -21 | £52,228 | £49,745 | -£2,483 | -£594 | -£1,888 | |
| | | Outpatient Follow-up | 1,603 | 1,491 | -112 | £140,059 | £132,417 | -£7,642 | £2,112 | -£9,754 | |
| | | Ward Attender | 348 | 285 | -63 | £30,963 | £25,273 | -£5,690 | -£89 | -£5,601 | |
| | | Ward Based Outpatient | 1 | 33 | 32 | £97 | £2,937 | £2,839 | £0 | £2,839 | |
| | | OP Procedure | 2 | 0 | -2 | £249 | £0 | -£249 | £0 | -£249 | |
| | | Neuro HDU | 1,314 | 1,651 | 337 | £1,283,638 | £1,547,426 | £263,788 | £0 | £263,788 | |
| | **Neurosurgery Total** | | **4,941** | **4,972** | **31** | **£4,419,249** | **£4,342,144** | **-£77,105** | **-£253,090** | **£175,985** | |
| | Ophthalmology | Daycase | 367 | 235 | -132 | £325,831 | £197,352 | -£128,480 | -£11,306 | -£117,173 | |
| | | Elective | 80 | 43 | -37 | £111,781 | £63,603 | -£48,178 | £3,532 | -£51,710 | |
| | | Non Elective | 15 | 8 | -7 | £20,912 | £11,365 | -£9,547 | -£65 | -£9,482 | |
| | | Excess Bed Days | 59 | 0 | -59 | £21,341 | £0 | -£21,341 | £0 | -£21,341 | |
| | | Outpatient New | 2,684 | 2,522 | -162 | £407,725 | £393,694 | -£14,031 | £10,584 | -£24,615 | |
| | | Outpatient Follow-up | 10,000 | 8,289 | -1,711 | £997,495 | £842,641 | -£154,854 | £15,803 | -£170,657 | |
| | | Ward Attender | 0 | 1 | 1 | £0 | £85 | £85 | £0 | £85 | |
| | | Ward Based Outpatient | 20 | 3 | -17 | £1,963 | £256 | -£1,707 | -£43 | -£1,664 | |
| | | OP Procedure | 3 | 173 | 170 | £567 | £20,092 | £19,525 | -£9,814 | £29,339 | |
| | **Ophthalmology Total** | | **13,227** | **11,274** | **-1,953** | **£1,887,616** | **£1,529,088** | **-£358,528** | **£8,690** | **-£367,219** | |
| | Oral Surgery | Daycase | 299 | 263 | -36 | £256,111 | £239,914 | -£16,197 | £14,919 | -£31,116 | |
| | | Elective | 134 | 113 | -21 | £291,389 | £368,413 | £77,023 | £122,163 | -£45,140 | |
| | | Non Elective | 114 | 72 | -42 | £123,439 | £88,522 | -£34,917 | £10,373 | -£45,289 | |
| | | Excess Bed Days | 19 | 8 | -11 | £10,350 | £4,063 | -£6,287 | -£332 | -£5,955 | |
| | **Oral Surgery Total** | | **566** | **456** | **-110** | **£681,290** | **£700,912** | **£19,622** | **£147,123** | **-£127,500** | |
| | Orthodontics | Daycase | 1 | 1 | 0 | £786 | £522 | -£264 | -£555 | £291 | |
| | | Non Elective | 0 | 1 | 1 | £0 | £980 | £980 | £0 | £980 | |
| | | Outpatient New | 47 | 42 | -5 | £7,545 | £6,932 | -£613 | £144 | -£757 | |
| | | Outpatient Follow-up | 147 | 278 | 131 | £12,261 | £22,850 | £10,589 | -£283 | £10,872 | |
| | | OP Procedure | 118 | 221 | 103 | £15,075 | £29,437 | £14,363 | £1,245 | £13,118 | |
| | **Orthodontics Total** | | **313** | **543** | **230** | **£35,667** | **£60,721** | **£25,054** | **£551** | **£24,504** | |
| | Paediatric Surgery | Daycase | 1,031 | 1,020 | -11 | £1,210,619 | £1,218,894 | £8,276 | £21,043 | -£12,767 | |
| | | Elective | 416 | 382 | -34 | £1,766,738 | £1,558,420 | -£208,318 | -£63,777 | -£144,541 | |
| | | Non Elective | 1,120 | 1,252 | 132 | £4,366,670 | £3,857,329 | -£509,341 | -£1,025,371 | £516,030 | |
| | | Excess Bed Days | 2,270 | 889 | -1,381 | £896,675 | £353,457 | -£543,217 | £2,328 | -£545,545 | |
| | | Outpatient New | 1,662 | 1,584 | -78 | £294,202 | £280,014 | -£14,187 | -£375 | -£13,812 | |
| | | Outpatient Follow-up | 2,615 | 2,606 | -9 | £302,553 | £298,371 | -£4,182 | -£3,141 | -£1,040 | |
| | | Ward Attender | 638 | 730 | 92 | £73,804 | £83,505 | £9,701 | -£956 | £10,657 | |
| | | Ward Based Outpatient | 278 | 70 | -208 | £32,155 | £8,007 | -£24,147 | -£92 | -£24,056 | |
| | | OP Procedure | 1 | 6 | 5 | £125 | £997 | £873 | £314 | £559 | |
| | | Neonatal HDU | 1,396 | 2,161 | 765 | £990,418 | £990,418 | -£1 | £0 | -£1 | |
| | **Paediatric Surgery Total** | | **11,426** | **10,700** | **-726** | **£9,933,957** | **£8,649,412** | **-£1,284,545** | **-£1,070,027** | **-£214,518** | |
| | Plastic Surgery | Daycase | 574 | 699 | 125 | £590,335 | £707,767 | £117,431 | -£10,986 | £128,417 | |
| | | Elective | 218 | 68 | -150 | £329,868 | £130,730 | -£199,138 | £27,600 | -£226,738 | |
| | | Non Elective | 931 | 674 | -257 | £1,147,728 | £901,439 | -£246,289 | £70,393 | -£316,682 | |
| | | Excess Bed Days | 34 | 36 | 2 | £7,650 | £12,154 | £4,504 | £3,995 | £509 | |
| | | Outpatient New | 2,060 | 2,001 | -59 | £293,235 | £287,317 | -£5,918 | £2,528 | -£8,446 | |
| | | Outpatient Follow-up | 3,886 | 3,609 | -277 | £430,107 | £394,051 | -£36,056 | -£5,416 | -£30,640 | |
| | | Ward Attender | 22 | 126 | 104 | £2,434 | £13,540 | £11,106 | -£475 | £11,581 | |
| | | Ward Based Outpatient | 89 | 32 | -57 | £9,858 | £3,494 | -£6,364 | -£65 | -£6,299 | |
| | | OP Procedure | 576 | 981 | 405 | £68,810 | £122,994 | £54,184 | £5,706 | £48,479 | |
| | **Plastic Surgery Total** | | **8,388** | **8,226** | **-162** | **£2,880,025** | **£2,573,485** | **-£306,539** | **£93,280** | **-£399,819** | |
| | Spinal Surgery | Daycase | 3 | 5 | 2 | £5,334 | £11,689 | £6,354 | £3,402 | £2,953 | |
| | | Elective | 116 | 95 | -21 | £3,073,168 | £2,930,977 | -£142,190 | £421,931 | -£564,121 | |
| | | Non Elective | 0 | 4 | 4 | £0 | £29,395 | £29,395 | £0 | £29,395 | |

**Year-to-date**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Spinal Surgery | Excess Bed Days | 0 | 197 | 197 | £0 | £60,795 | £60,795 | £0 | £60,795 | |
| | | Outpatient New | 190 | 402 | 212 | £32,030 | £67,720 | £35,690 | -£171 | £35,862 | |
| | | Outpatient Follow-up | 655 | 709 | 54 | £69,678 | £72,989 | £3,311 | -£2,387 | £5,698 | |
| | | OP Procedure | 0 | 8 | 8 | £0 | £1,373 | £1,373 | £0 | £1,373 | |
| | **Spinal Surgery Total** | | **965** | **1,420** | **455** | **£3,180,210** | **£3,174,938** | **-£5,272** | **£422,774** | **-£428,046** | |
| | Trauma And Orthopaedics | Daycase | 378 | 387 | 9 | £554,601 | £593,541 | £38,940 | £25,921 | £13,019 | |
| | | Elective | 555 | 479 | -76 | £2,081,075 | £2,202,419 | £121,343 | £406,621 | -£285,278 | |
| | | Non Elective | 585 | 488 | -97 | £1,465,828 | £1,257,352 | -£208,476 | £34,980 | -£243,456 | |
| | | Excess Bed Days | 332 | 244 | -88 | £112,728 | £90,806 | -£21,922 | £7,911 | -£29,833 | |
| | | Outpatient New | 6,470 | 5,787 | -683 | £975,339 | £872,565 | -£102,775 | £211 | -£102,985 | |
| | | Outpatient Follow-up | 9,619 | 12,255 | 2,636 | £971,087 | £1,219,900 | £248,813 | -£17,278 | £266,091 | Activity high due to physio activity recorded under this spec |
| | | Ward Attender | 2 | 12 | 10 | £221 | £1,075 | £854 | -£136 | £990 | |
| | | Ward Based Outpatient | 0 | 10 | 10 | £0 | £978 | £978 | £0 | £978 | |
| | | OP Procedure | 372 | 2,422 | 2,050 | £65,299 | £616,734 | £551,435 | £191,601 | £359,834 | Activity high due to fracture clinic coding |
| | | Gait New | 190 | 214 | 24 | £222,974 | £250,808 | £27,834 | -£306 | £28,140 | |
| | | Gait Follow-Up | 155 | 196 | 41 | £181,233 | £229,712 | £48,479 | £549 | £47,930 | |
| | **Trauma And Orthopaedics Total** | | **18,659** | **22,494** | **3,835** | **£6,630,386** | **£7,335,889** | **£705,502** | **£650,074** | **£55,429** | |
| | Urology | Daycase | 1,258 | 1,876 | 618 | £1,177,706 | £1,813,156 | £635,450 | £57,272 | £578,178 | |
| | | Elective | 109 | 163 | 54 | £427,704 | £572,384 | £144,680 | -£64,464 | £209,144 | |
| | | Non Elective | 28 | 30 | 2 | £98,956 | £91,787 | -£7,170 | -£13,670 | £6,500 | |
| | | Excess Bed Days | 51 | 14 | -37 | £21,324 | £5,834 | -£15,491 | £19 | -£15,509 | |
| | | Outpatient New | 920 | 928 | 8 | £165,724 | £166,944 | £1,220 | -£187 | £1,407 | |
| | | Outpatient Follow-up | 1,918 | 2,137 | 219 | £292,238 | £319,995 | £27,757 | -£5,539 | £33,295 | |
| | | Ward Attender | 30 | 36 | 6 | £4,500 | £5,391 | £891 | -£93 | £984 | |
| | | Ward Based Outpatient | 3 | 46 | 43 | £500 | £6,889 | £6,388 | -£119 | £6,508 | |
| | | OP Procedure | 1 | 0 | -1 | £189 | £0 | -£189 | £0 | -£189 | |
| | **Urology Total** | | **4,320** | **5,230** | **910** | **£2,188,842** | **£2,982,378** | **£793,536** | **-£26,782** | **£820,318** | |
| **Surgery CBU Total** | | | **109,183** | **110,181** | **998** | **£62,665,523** | **£61,972,293** | **-£693,230** | **-£224,900** | **-£468,330** | |
| Medicine CBU | Accident & Emergency | Daycase | 2 | 1 | -1 | £1,289 | £1,294 | £5 | £579 | -£574 | |
| | | Elective | 1 | 0 | -1 | £1,419 | £0 | -£1,419 | £0 | -£1,419 | |
| | | Non Elective | 4,376 | 3,478 | -898 | £2,009,345 | £2,447,853 | £438,508 | £850,758 | -£412,250 | |
| | | Excess Bed Days | 59 | 38 | -21 | £21,245 | £15,465 | -£5,779 | £1,678 | -£7,457 | |
| | | Outpatient New | 1,850 | 1,488 | -362 | £623,583 | £502,408 | -£121,175 | £922 | -£122,097 | |
| | | Outpatient Follow-up | 195 | 91 | -104 | £65,759 | £30,725 | -£35,034 | -£0 | -£35,034 | |
| | | Ward Attender | 4 | 0 | -4 | £1,478 | £0 | -£1,478 | £0 | -£1,478 | |
| | | Ward Based Outpatient | 0 | 1 | 1 | £0 | £338 | £338 | £0 | £338 | |
| | | OP Procedure | 0 | 1 | 1 | £0 | £134 | £134 | £0 | £134 | |
| | | A&E Attendance | 42,109 | 43,449 | 1,340 | £4,000,252 | £3,797,270 | -£202,982 | -£330,312 | £127,330 | |
| | **Accident & Emergency Total** | | **48,596** | **48,547** | **-49** | **£6,724,370** | **£6,795,487** | **£71,118** | **£523,624** | **-£452,507** | |
| | Allergy | Outpatient New | 557 | 506 | -51 | £128,246 | £117,099 | -£11,147 | £579 | -£11,727 | |
| | | Outpatient Follow-up | 624 | 678 | 54 | £88,056 | £96,189 | £8,132 | £509 | £7,623 | |
| | | Ward Attender | 3 | 6 | 3 | £400 | £842 | £443 | -£4 | £447 | |
| | | Ward Based Outpatient | 2 | 1 | -1 | £266 | £140 | -£126 | -£1 | -£125 | |
| | | OP Procedure | 3 | 29 | 26 | £416 | £3,899 | £3,484 | £227 | £3,257 | |
| | **Allergy Total** | | **1,189** | **1,220** | **31** | **£217,384** | **£218,170** | **£786** | **£1,310** | **-£524** | |
| | Dermatology | Daycase | 17 | 6 | -11 | £10,636 | £3,752 | -£6,884 | -£40 | -£6,844 | |
| | | Outpatient New | 1,487 | 1,405 | -82 | £201,183 | £190,005 | -£11,178 | -£135 | -£11,043 | |
| | | Outpatient Follow-up | 4,876 | 5,165 | 289 | £480,437 | £505,750 | £25,313 | -£3,207 | £28,520 | |
| | | Ward Attender | 5 | 0 | -5 | £539 | £0 | -£539 | £0 | -£539 | |
| | | Ward Based Outpatient | 71 | 53 | -18 | £7,008 | £5,181 | -£1,827 | -£42 | -£1,786 | |
| | | OP Procedure | 792 | 722 | -70 | £91,070 | £82,934 | -£8,136 | -£69 | -£8,067 | |
| | **Dermatology Total** | | **7,248** | **7,351** | **103** | **£790,873** | **£787,622** | **-£3,252** | **-£3,493** | **£242** | |
| | Diabetes | Outpatient New | 265 | 84 | -181 | £56,338 | £17,732 | -£38,606 | -£119 | -£38,487 | |
| | | Outpatient Follow-up | 23 | 173 | 150 | £2,543 | £17,090 | £14,547 | -£1,759 | £16,306 | |
| | | Ward Based Outpatient | 3 | 0 | -3 | £358 | £0 | -£358 | £0 | -£358 | |
| | **Diabetes Total** | | **292** | **257** | **-35** | **£59,239** | **£34,822** | **-£24,417** | **-£1,877** | **-£22,539** | |
| | Endocrinology | Daycase | 821 | 794 | -27 | £857,146 | £856,323 | -£822 | £27,826 | -£28,648 | |
| | | Elective | 66 | 45 | -21 | £95,105 | £61,528 | -£33,577 | -£2,879 | -£30,698 | |
| | | Non Elective | 23 | 13 | -10 | £35,576 | £37,969 | £2,393 | £17,435 | -£15,042 | |
| | | Excess Bed Days | 124 | 262 | 138 | £45,835 | £92,176 | £46,341 | -£4,393 | £50,734 | |
| | | Outpatient New | 580 | 518 | -62 | £232,774 | £207,380 | -£25,394 | -£545 | -£24,849 | |
| | | Outpatient Follow-up | 3,236 | 2,630 | -606 | £625,864 | £517,939 | -£107,925 | £9,318 | -£117,242 | |
| | | Ward Attender | 146 | 154 | 8 | £28,143 | £29,787 | £1,644 | £4 | £1,640 | |
| | | Ward Based Outpatient | 293 | 747 | 454 | £56,710 | £144,485 | £87,775 | £19 | £87,756 | |
| | | OP Procedure | 0 | 1 | 1 | £0 | £172 | £172 | £0 | £172 | |
| | **Endocrinology Total** | | **5,290** | **5,164** | **-126** | **£1,977,152** | **£1,947,758** | **-£29,393** | **£46,786** | **-£76,179** | |
| | Epilepsy | Outpatient New | 101 | 77 | -24 | £22,430 | £16,833 | -£5,597 | -£262 | -£5,335 | |
| | | Outpatient Follow-up | 235 | 152 | -83 | £42,883 | £26,693 | -£16,190 | -£1,101 | -£15,089 | |
| | **Epilepsy Total** | | **336** | **229** | **-107** | **£65,313** | **£43,527** | **-£21,787** | **-£1,364** | **-£20,423** | |
| | Gastroenterology | Daycase | 1,155 | 1,046 | -109 | £1,267,586 | £1,190,358 | -£77,228 | £42,023 | -£119,251 | |
| | | Elective | 364 | 267 | -97 | £698,369 | £491,017 | -£207,351 | -£20,547 | -£186,804 | |
| | | Non Elective | 99 | 73 | -26 | £262,569 | £219,798 | -£42,771 | £27,108 | -£69,879 | |
| | | Excess Bed Days | 1,662 | 682 | -980 | £656,527 | £270,533 | -£385,995 | £1,059 | -£387,053 | |
| | | Outpatient New | 910 | 772 | -138 | £241,289 | £206,313 | -£34,976 | £1,543 | -£36,520 | |
| | | Outpatient Follow-up | 2,441 | 1,873 | -568 | £387,836 | £292,150 | -£95,687 | -£5,400 | -£90,287 | |
| | | Ward Attender | 54 | 167 | 113 | £8,490 | £26,050 | £17,561 | -£394 | £17,955 | |
| | | Ward Based Outpatient | 1,858 | 760 | -1,098 | £294,198 | £118,552 | -£175,645 | -£1,795 | -£173,850 | |
| | **Gastroenterology Total** | | **8,543** | **5,640** | **-2,903** | **£3,816,864** | **£2,814,772** | **-£1,002,092** | **£43,597** | **-£1,045,689** | |
| | Haematology | Daycase | 211 | 257 | 46 | £254,720 | £279,188 | £24,469 | -£30,367 | £54,836 | |
| | | Elective | 27 | 28 | 1 | £185,325 | £121,859 | -£63,465 | -£73,532 | £10,067 | |
| | | Non Elective | 153 | 160 | 7 | £459,866 | £252,907 | -£206,959 | -£227,564 | £20,605 | |
| | | Excess Bed Days | 37 | 110 | 73 | £15,961 | £35,911 | £19,950 | -£11,790 | £31,740 | |
| | | Outpatient New | 194 | 208 | 14 | £89,044 | £96,858 | £7,814 | £1,583 | £6,231 | |
| | | Outpatient Follow-up | 1,350 | 454 | -896 | £294,670 | £100,216 | -£194,454 | £1,131 | -£195,585 | |
| | | Ward Attender | 706 | 1,584 | 878 | £154,033 | £339,110 | £185,078 | -£6,614 | £191,692 | |
| | | Ward Based Outpatient | 1 | 17 | 16 | £239 | £3,642 | £3,403 | -£69 | £3,472 | |
| | | OP Procedure | 1 | 0 | -1 | £137 | £0 | -£137 | £0 | -£137 | |
| | **Haematology Total** | | **2,680** | **2,818** | **138** | **£1,453,993** | **£1,229,691** | **-£224,302** | **-£347,222** | **£122,921** | |
| | Immunology | Outpatient New | 114 | 168 | 54 | £26,204 | £38,866 | £12,662 | £179 | £12,483 | |
| | | Outpatient Follow-up | 83 | 291 | 208 | £11,741 | £42,010 | £30,270 | £944 | £29,325 | |
| | | Ward Attender | 37 | 165 | 128 | £5,275 | £23,164 | £17,890 | -£121 | £18,010 | |
| | | Ward Based Outpatient | 147 | 419 | 272 | £20,721 | £58,823 | £38,102 | -£306 | £38,408 | |
| | **Immunology Total** | | **381** | **1,043** | **662** | **£63,940** | **£162,864** | **£98,923** | **£697** | **£98,226** | |
| | Metabolic Disease | Outpatient New | 44 | 39 | -5 | £17,086 | £14,976 | -£2,110 | £0 | -£2,110 | |
| | | Outpatient Follow-up | 268 | 252 | -16 | £103,076 | £96,768 | -£6,308 | £3 | -£6,311 | |
| | | Ward Based Outpatient | 0 | 23 | 23 | £0 | £8,832 | £8,832 | £0 | £8,832 | |
| | **Metabolic Disease Total** | | **313** | **314** | **1** | **£120,162** | **£120,576** | **£413** | **£3** | **£411** | |
| | Nephrology | Daycase | 845 | 777 | -68 | £544,990 | £664,855 | £119,865 | £163,726 | -£43,861 | |
| | | Elective | 278 | 74 | -204 | £177,105 | £114,831 | -£62,274 | £67,721 | -£129,995 | |
| | | Non Elective | 36 | 49 | 13 | £67,694 | £109,350 | £41,656 | £17,289 | £24,367 | |
| | | Excess Bed Days | 158 | 103 | -55 | £59,236 | £44,157 | -£15,079 | £5,481 | -£20,560 | |
| | | Outpatient New | 140 | 219 | 79 | £16,575 | £25,851 | £9,276 | £0 | £9,276 | |
| | | Outpatient Follow-up | 1,119 | 1,230 | 111 | £132,042 | £145,189 | £13,147 | -£2 | £13,149 | |
| | | Ward Attender | 709 | 671 | -38 | £83,692 | £79,205 | -£4,487 | -£0 | -£4,487 | |
| | | Ward Based Outpatient | 504 | 570 | 66 | £59,540 | £67,165 | £7,625 | -£118 | £7,743 | |
| | | OP Procedure | 0 | 1 | 1 | £0 | £172 | £172 | £0 | £172 | |
| | **Nephrology Total** | | **3,789** | **3,694** | **-95** | **£1,140,873** | **£1,250,774** | **£109,901** | **£254,097** | **-£144,196** | |
| | Neurology | Daycase | 75 | 91 | 16 | £86,381 | £104,894 | £18,513 | £280 | £18,232 | |
| | | Elective | 54 | 73 | 19 | £114,588 | £135,727 | £21,139 | -£18,373 | £39,512 | |
| | | Non Elective | 77 | 78 | 1 | £151,931 | £248,127 | £96,196 | £93,350 | £2,847 | |
| | | Excess Bed Days | 496 | 1,854 | 1,358 | £201,202 | £695,142 | £493,940 | -£56,277 | £550,217 | |
| | | Outpatient New | 801 | 885 | 84 | £222,924 | £245,054 | £22,129 | -£1,151 | £23,280 | |
| | | Outpatient Follow-up | 2,324 | 2,099 | -225 | £635,419 | £581,587 | -£53,833 | £7,795 | -£61,628 | |
| | | Ward Attender | 20 | 115 | 95 | £5,460 | £31,879 | £26,420 | £0 | £26,420 | |
| | | Ward Based Outpatient | 212 | 86 | -126 | £58,842 | £23,840 | -£35,002 | £0 | -£35,002 | |
| | **Neurology Total** | | **4,060** | **5,281** | **1,221** | **£1,476,747** | **£2,066,249** | **£589,502** | **£25,625** | **£563,877** | |
| | Oncology | Daycase | 1,582 | 832 | -750 | £1,205,175 | £925,413 | -£279,763 | £291,424 | -£571,187 | |
| | | Elective | 235 | 269 | 34 | £1,431,147 | £1,544,359 | £113,212 | -£93,013 | £206,226 | |
| | | Non Elective | 331 | 475 | 144 | £836,478 | £1,090,982 | £254,504 | -£109,237 | £363,742 | |
| | | Excess Bed Days | 275 | 449 | 174 | £125,084 | £189,358 | £64,274 | -£14,619 | £78,893 | |
| | | Outpatient New | 90 | 59 | -31 | £23,327 | £15,277 | -£8,049 | -£0 | -£8,049 | |
| | | Outpatient Follow-up | 2,232 | 2,516 | 284 | £576,479 | £650,975 | £74,496 | £1,172 | £73,324 | |
| | | Ward Attender | 124 | 452 | 328 | £31,932 | £117,041 | £85,109 | £304 | £84,805 | |
| | | Ward Based Outpatient | 162 | 103 | -59 | £41,823 | £26,671 | -£15,152 | £69 | -£15,221 | |
| | | DCHEMO | 1,231 | 1,472 | 241 | £410,729 | £488,969 | £78,240 | -£2,119 | £80,359 | |
| | **Oncology Total** | | **6,262** | **6,627** | **365** | **£4,682,173** | **£5,049,045** | **£366,873** | **£73,981** | **£292,891** | |
| | Paediatrics | Daycase | 279 | 229 | -50 | £233,257 | £132,770 | -£100,487 | -£58,693 | -£41,794 | |
| | | Elective | 117 | 40 | -77 | £131,119 | £90,649 | -£40,470 | £45,811 | -£86,282 | |
| | | Non Elective | 2,506 | 2,999 | 493 | £2,841,295 | £3,296,464 | £455,169 | -£104,054 | £559,223 | |
| | | Excess Bed Days | 579 | 928 | 349 | £215,011 | £317,685 | £102,673 | -£27,101 | £129,774 | |
| | | Outpatient New | 2,750 | 2,791 | 41 | £633,206 | £644,301 | £11,096 | £1,601 | £9,494 | |
| | | Outpatient Follow-up | 3,768 | 3,608 | -160 | £531,741 | £506,496 | -£25,244 | -£2,651 | -£22,593 | |
| | | Ward Attender | 159 | 69 | -90 | £22,389 | £9,687 | -£12,702 | -£50 | -£12,652 | |
| | | Ward Based Outpatient | 1,448 | 454 | -994 | £204,280 | £63,737 | -£140,543 | -£331 | -£140,212 | |
| | | OP Procedure | 2 | 15 | 13 | £277 | £2,574 | £2,297 | £674 | £1,623 | |
| | **Paediatrics Total** | | **11,607** | **11,133** | **-474** | **£4,812,576** | **£5,064,363** | **£251,787** | **-£144,794** | **£396,582** | |
| | Radiology | Daycase | 963 | 1,089 | 126 | £977,113 | £1,714,078 | £736,965 | £608,715 | £128,250 | |

**Year-to-date**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Radiology | Elective | 125 | 50 | -75 | £208,642 | £125,034 | -£83,608 | £41,830 | -£125,438 |
| | | Non Elective | 26 | 16 | -10 | £172,320 | £146,974 | -£25,346 | £40,515 | -£65,861 |
| | | Excess Bed Days | 571 | 318 | -253 | £232,798 | £129,102 | -£103,696 | -£492 | -£103,204 |
| | **Radiology Total** | | **1,685** | **1,473** | **-212** | **£1,590,873** | **£2,115,188** | **£524,315** | **£690,568** | **-£166,253** |
| | Respiratory Medicine | Daycase | 88 | 212 | 124 | £87,103 | £191,525 | £104,421 | -£18,247 | £122,669 |
| | | Elective | 44 | 26 | -18 | £104,599 | £46,911 | -£57,688 | -£14,898 | -£42,790 |
| | | Non Elective | 591 | 821 | 230 | £555,263 | £973,507 | £418,243 | £201,828 | £216,415 |
| | | Excess Bed Days | 458 | 953 | 495 | £145,101 | £336,922 | £191,821 | £34,679 | £157,142 |
| | | Outpatient New | 671 | 521 | -150 | £199,612 | £154,619 | -£44,993 | -£432 | -£44,560 |
| | | Outpatient Follow-up | 2,263 | 1,971 | -292 | £339,861 | £312,676 | -£27,184 | £16,657 | -£43,841 |
| | | Ward Attender | 8 | 38 | 30 | £1,148 | £5,810 | £4,661 | £112 | £4,550 |
| | | Ward Based Outpatient | 1,217 | 1,064 | -153 | £182,445 | £167,069 | -£15,376 | £7,521 | -£22,897 |
| | | OP Procedure | 1,232 | 863 | -369 | £178,211 | £148,115 | -£30,096 | £23,232 | -£53,328 |
| | **Respiratory Medicine Total** | | **6,570** | **6,469** | **-101** | **£1,793,343** | **£2,337,154** | **£543,810** | **£250,452** | **£293,358** |
| | Rheumatology | Daycase | 1,527 | 1,622 | 95 | £1,280,055 | £1,277,473 | -£2,582 | -£81,793 | £79,211 |
| | | Elective | 178 | 38 | -140 | £180,774 | £88,493 | -£92,280 | £49,872 | -£142,153 |
| | | Non Elective | 14 | 12 | -2 | £13,575 | £22,329 | £8,754 | £10,275 | -£1,521 |
| | | Excess Bed Days | 100 | 190 | 90 | £38,353 | £73,766 | £35,413 | £841 | £34,572 |
| | | Outpatient New | 492 | 516 | 24 | £74,133 | £77,601 | £3,468 | -£85 | £3,553 |
| | | Outpatient Follow-up | 1,491 | 1,470 | -21 | £224,545 | £219,269 | -£5,277 | -£2,048 | -£3,229 |
| | | Ward Attender | 224 | 150 | -74 | £33,733 | £22,258 | -£11,475 | -£301 | -£11,174 |
| | | Ward Based Outpatient | 109 | 156 | 47 | £16,455 | £23,310 | £6,855 | -£150 | £7,006 |
| | | OP Procedure | 1 | 10 | 9 | £131 | £1,651 | £1,521 | £457 | £1,063 |
| | **Rheumatology Total** | | **4,137** | **4,164** | **27** | **£1,861,753** | **£1,806,151** | **-£55,602** | **-£22,930** | **-£32,672** |
| | Sleep Studies | Elective | 219 | 148 | -71 | £399,643 | £232,617 | -£167,026 | -£37,535 | -£129,491 |
| | | Non Elective | 0 | 6 | 6 | £0 | £21,907 | £21,907 | £0 | £21,907 |
| | | Excess Bed Days | 0 | 40 | 40 | £0 | £12,229 | £12,229 | £0 | £12,229 |
| | **Sleep Studies Total** | | **219** | **194** | **-25** | **£399,643** | **£266,753** | **-£132,890** | **-£37,535** | **-£95,355** |
| **Medicine CBU Total** | | | **113,196** | **111,618** | **-1,578** | **£33,047,272** | **£34,110,964** | **£1,063,693** | **£1,351,524** | **-£287,831** |
| Community CBU | CAMHS | Elective | 2 | 0 | -2 | £2,128 | £0 | -£2,128 | £0 | -£2,128 |
| | | Outpatient New | 1,721 | 2,123 | 402 | £0 | £427 | £427 | £427 | £0 |
| | | Outpatient Follow-up | 8,576 | 13,683 | 5,107 | £119,701 | £97,622 | -£22,079 | -£93,370 | £71,291 |
| | **CAMHS Total** | | **10,299** | **15,806** | **5,507** | **£121,829** | **£98,049** | **-£23,780** | **-£92,943** | **£69,163** |
| | Community Medicine | Daycase | 0 | 1 | 1 | £0 | £862 | £862 | £0 | £862 |
| | | Outpatient New | 3,264 | 2,633 | -631 | £263,529 | £143,052 | -£120,477 | -£69,560 | -£50,917 |
| | | Outpatient Follow-up | 6,420 | 5,268 | -1,152 | £39,194 | £34,153 | -£5,041 | £1,994 | -£7,035 |
| | | Ward Attender | 0 | 16 | 16 | £0 | £0 | £0 | £0 | £0 |
| | | Ward Based Outpatient | 8 | 0 | -8 | £0 | £0 | £0 | £0 | £0 |
| | | OP Procedure | 1 | 0 | -1 | £125 | £0 | -£125 | £0 | -£125 |
| | **Community Medicine Total** | | **9,693** | **7,918** | **-1,775** | **£302,847** | **£178,067** | **-£124,780** | **-£67,565** | **-£57,215** |
| **Community CBU Total** | | | **19,992** | **23,724** | **3,732** | **£424,676** | **£276,116** | **-£148,561** | **-£160,508** | **£11,948** |
| **Grand Total** | | | **242,371** | **245,523** | **3,152** | **£96,137,471** | **£96,359,373** | **£221,903** | **£966,116** | **-£744,213** |

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

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Summary

## Change Programme (work stream reports attached for reference)

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

The assurance dashboard shows that many projects are evidencing slipped milestones and are under review by their teams to realign delivery and assurance reporting, which is to be endorsed at the relevant sub-Committees. The Programme office is now commenced a formal close down of 2016, the assurance ratings will be frozen at this point to allow planning for 2017. The only exception, is where the following work streams will be formally be carried over 'Developing Park and Estate' and 'Transition of community services' to 2017.
The Internal Recovery meetings, continue to closely manage the financial position, with the current control total gap between £1m and £1.8m (best and worst case).
As 2017 will be a challenging year, future focus should be on using the information provided to understand, address and resolve any issues which are highlighted via the assurance ratings in a timely manner. 2017 programme documentation is due for submission by 31st January.

**C Liddy – 30 January 2017**

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

1. This Board reports integrates the assurance reporting received (from the work streams) by CQAC on 18 Jan 17, REIC WOD on 19 Jan 17 and R&BD on 27 Jan 17.
2. The shortfall in the planned level of CIP attributed to the work streams in the programme continues to be actively managed, on a weekly basis, through the Internal Financial Recovery mechanism (as well as the programme assurance framework).
3. The planning process for FY17/18 is underway but now needs to be accelerated to fully scope all programmes before the start of the new financial year; given the size of the efficiency challenge, Executive Sponsors of all programmes need to focus on how they will exploit the assurance evidence to drive the programme in FY 2017/18.

**J Gibson 26 Jan 17**

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

The Month 9 CIP performance across the Trust showed an over achievement of £78k. The largest variances to date are Surgery (£0.5 ahead of plan), facilities (£0.3m behind target). The main reason behind slippage is the timing of schemes starting. The full year forecast is £6.5m a gap of £0.7m. The Trust needs to plan to £7.2m recurrently, currently the gap is £1m.

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 forecast for this workstream remains broadly the same as last month at £970,253, with the gap at £76,622.

Assurance ratings have been suspended for **Implementing New Quality Strategy** and **Improving Flow** as the teams are working on Closure Reports which will be presented to the February CQAC meeting.

In respect of **Improving Outpatients**, the team are working on a report which, again, will be presented to the February CQAC meeting. This report will provide an update on which workstreams have been closed as the actions are complete and will propose revised milestones for some workstreams which have experienced delays, or for which additional actions have been identified.

Ratings are static for the **Best in Operative Care** and **Complex Care** projects as discussions are underway with the teams with respect to closing the existing projects and identifying which workstreams/actions are to transfer to the new programme for 17/18. Dates for presentation to CQAC will be confirmed with the teams at the earliest opportunity.

**Claire Liddy - 11 January 2017**

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

Having discussed this work stream with the Sponsor of the Assurance framework and the Programme Manager (for assurance), it is appropriate (and the best use of the limited assurance capacity) to now suspend these ratings so that the maximum effort can be focussed on the planning of projects for FY17/18.

However, closure reports – including benefits – or a summary closure report for the work streams should be made available to the sub-committee; it is suggested that the timescale for this should be no later than the end of April 2017.

**Joe Gibson 12 January 2017**

# 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 | |
|---|---|---|---|
| Workstream Name | Our Patients at the Centre | Executive Sponsor | Mags Barnaby/ Hilda Gwilliams |

## Current Dashboard Rating:

| Project Ref | Project Title | Project Description | Executive Sponsor Assures the project | OVERALL PROJECT RAG status | An effective project team is in place | Scope and Approach is defined | Targets / benefits defined/on track | Milestone plan is defined/on track | Stakeholders engaged | Risks are identified and being managed | Quality Impact Assessment | Equality Analysis | Comments for attention of the Project Team, Steering Group and sub-Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.0 Our Patients at the Centre 16/17 £1m and 17/18 £2m | | | | | | | | | | | | | |
| CQA 3.1 | Implementing New Quality Strategy | To implement a Quality Strategy characterised by a strong Clinical Cabinet with strong clinical leadership to deliver improvements in patient safety, patient experience and clinical effectiveness | Hilda Gwilliams | | G | G | G | G | G | G | G | G | Project ratings have been suspended as Closure Report is being prepared and is due to be presented to CQAC meeting in February 2017. |
| 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 | | G | G | A | R | G | A | G | G | SG notes available. Detailed tracking available for benefits starting 04/16 showing areas for focus. Milestone Plan requires fully updating and shows delays (revised dates to be confirmed). Comms /Engagement plan developed. Risk log requires evidence of review. Last updated 20 December 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 | | A | G | A | R | A | G | G | G | PID/scope & team confirmed. Targets/benefits tracker created, showing areas for focus. Milestone Plans available for each workstream which are under review by team - delays evidenced, some tasks on hold linking to risks identified. Evidence of comms activities required for each workstream. Risk log reviewed. Last updated 5 January 2017 |
| 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 | | G | A | A | R | A | G | G | G | Steering Group notes available. Benefits tracker has been created and is updated regularly. Detailed plan is available, delays evidenced and NSW/Rehab position to be clarified. Comms tracker available, shows delays with activities. Risk Log reviewed. Last updated 2 December 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 | | G | G | A | R | A | A | G | G | Project ratings have been suspended as Closure Report is being prepared and is due to be presented to CQAC meeting in February 2017. |
| CQA 3.6 | Clinical Support Services | Resolve the potentially conflicting priorities of making efficiencies whilst continuing to provide a flexible approach to supporting clinical services, maintaining a focus on delivering high quality services to patients | Mags Barnaby | | | | | | | | | | Project ratings have been removed as confirmation has been received that this will form part of Internal Recovery/CIP. |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| Best Operative Care | G/A | 505,304 | 584,005 | 78,701 | |
| Improving Outpatients | G/A | 156,250 | 136,744 | (19,506) | |
| Complex Care Made Simple | A | 291,571 | 174,504 | (117,067) | |
| Clinical Support Services | G/A | 93,750 | 75,000 | (18,750) | |
| Total | | 1,046,875 | 970,253 | (76,622) | |

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)

Assurance ratings have been frozen on the projects within this workstream as the team are working on Closure Reports which will be presented to RABD in due course.

**Claire Liddy – 18 January 2017**

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

Having discussed this work stream with the Sponsor of the Assurance framework and the Programme Manager (for assurance), it is appropriate (and the best use of the limited assurance capacity) to now suspend these ratings so that the maximum effort can be focussed on the planning of projects for FY17/18.

However, closure reports – including benefits – or a summary closure report for the work streams should be made available to the sub-committee; it is suggested that the timescale for this should be no later than the end of April 2017.

**Joe Gibson 23 Jan 2017**

# 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 – Debbie Herring
- 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** | Partnership with LWH regarding single service provision for Neonates is progressing through clinical task and finish group. | |
| **International/Non NHS** | Closure report for International/Non NHS Clinical Business Project (16/17) has been submitted to the PMO team and is under review by Executive Sponsor. | Yes |
| | Visiting fellows expected to attend Alder Hey from January have been deferred to February due to Visa delays in China | Yes |

**Milestones for Next Month:**

| Project | Key tasks to be delivered in month |
|---|---|
| **Strategic Partnerships** | UHNB sub group meetings for Cardiac and Paediatric Surgery.<br>Plan to commence ENT theatre lists at Warrington, subject to RTT pathway. |
| **International/Non NHS** | Develop 17/18 International programme of work |
| | Arrangements in place for further international visitors to attend Alder Hey in the February in partnership with Valette's Business School, Manchester. |

**Issues for Escalation to Sub-Committee:**

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework

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

| Sub-Committee | RABD | Report Date | 17 January 2017 |
|---|---|---|---|
| Workstream Name | Developing Our Business | Executive Sponsor | Claire Liddy |

**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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| 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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| R&BD 2.3 | Other Business Development | CBU Business Development Plans | Jonathan Stephens | | | | | | | | | | Financial tracking information now available. Programme Assurance information/details to be reviewed end of June 2016. |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| Strategic Partnerships | R | 114,600 | 39,919 | (74,681) | |
| International Clinical Business | G | 112,000 | 185,562 | 73,562 | |
| CBU Business Development | R | 1,273,400 | 369,164 | (904,235) | |
| Total | | 1,500,000 | 594,645 | (905,354) | |

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Summary
## Developing IM&CT and EPR

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

There remains little assurance evidence available against the EPR Development and Community Infrastructure projects, with last updates to SharePoint on 27 July and 24 October 2016 respectively.

All actions on the current plan within the Imaging project are complete and the team should confirm the next steps for the projects within this workstream.

**Claire Liddy – 18 January 2017**

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

The lack of assurance evidence means that under the terms of the Alder Hey assurance framework, the EPR Development and Community Infrastructure projects do not meet any reasonable governance threshold.

The sub-Committee will need to be cognisant of the risk that engenders and direct action to resolve the situation.

**Joe Gibson 23 Jan 2017**

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework
# Developing IM&CT and EPR Update

**Work Stream Summary:** **Work is continuing as planned on the EPR Programme.**

## Work Stream Progress:

| Project | Key tasks delivered in month | Milestones on Track (Y/N) |
|---|---|---|
| **EPR** | • Remaining ED pathways agreed an development underway.<br>• Implementation of clinical documentation for the IBD pathway<br>• ePMA: Configure and rollout MAR assessments<br>• Trauma Rehabilitation Prescription<br>• PCS Fluid balance enhancements<br>• Urology Document enhancements<br>• Craniofacial measurements clinical documentation<br>• Sleep Study assessment<br>• Work ongoing to support Scheduling optimisation workstream.<br>• Fast user switching roll out ongoing | Y |
| **Imaging** | • Work continuing on improvements and software changes for Medical Photography on PACS.<br>• Testing of Clinical Collaboration tool underway for ECG and GAIT lab.<br>• Agreement in place with Carestream to scope all future areas | Y |

| Project | Key tasks to be delivered next month |
|---|---|
| **EPR** | • Infection control surveillance query link<br>• Reconfiguration of ward status boards for Special Indicators<br>• PEW Tool Enhancement for clinical panel<br>• CUR LLP system implementation and associated iLaunch button to clinician worklists<br>• ENT nurse specialist documentation<br>• Pain team clinical documentation enhancements |
| **Imaging** | Go live of ECG (date tbc) using PACS<br>Progression of scoping and eSaturnus integration |

**Issues for Escalation to Sub-Committee: None**

# Programme Assurance Framework

Alder Hey Children's NHS Foundation Trust

## Developing IM&CT and EPR 16/17 (Completed by Assurance Team)

| Sub-Committee | RABD | Report Date | 17 January 2017 |
|---|---|---|---|
| Work stream Name | Developing IM& CT and EPR | Executive Sponsor | Claire Liddy |

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6.0 Developing IM&CT and EPR | | | | | | | | | | | | | |
| R&BD 6.2 | EPR Development | O/S issues from P1& 2 (technical & process related) as well as deferred work from P1 & the list of potential projects for P3: need prioritisation & wider discussion to ensure org ownership | Jonathan Stephens | | | | | | | | | | PID available. Details and evidence required for benefits. Milestone plan to be fully developed and updated. Evidence required of comms/engagement activities. Risks identified in Programme Risk Log, however these need full details (ie target scores) and review. EA/QIA to be completed. **Last updated 27 July 2016** |
| R&BD 6.1 | Imaging | Project aims to digitise all existing paper records, implement a full electronic patient record solution and provide a repository for all clinical images | Jonathan Stephens | | | | | | | | | | PID available on SharePoint. More details required of benefits, including baseline data and start date. All actions in current plan complete - next steps to be agreed. Comms/Engagement to be evidenced. Risk log up-to-date. EA/QIA complete. **Last updated 12 January 2017** |
| R&BD 6.3 | Other Clinical Systems | To implement full electronic patient record in PICU, allowing recording, maintenance & reporting, in addition to interface with relevant systems including PAS, pathology & key medical devices | Jonathan Stephens | | | | | | | | | | Confirmed at RABD June 2016 that progress will be monitored via other IT projects. |
| R&BD 6.4 | Community Infrastructure | This workstream will cover IT connectivity at off site locations and interoperability and projects that it is hoped to implement as part of the iLinks programme | Jonathan Stephens | | | | | | | | | | PID available. More details required for benefits, including metrics and start date. Milestone plan needs updating. Evidence required of comms/engagement activities. Risks identified in Programme Risk Log, however these need full details (ie target scores) and review. EA/QIA to be fully completed and signed. **Last updated 24 October 2016** |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| N/A | N/A | | | | Non-financial projects |

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Summary

## Developing The Park, Community Estate and Facilities

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

Following last month's assurance update which highlighted some slipped milestones on projects within this workstream, confirmation of future dates should be provided to the sub-Committee as soon as possible and the project plans amended to reflect the revised dates.

**Claire Liddy – 18 January 2017**

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

The ratings for team effectiveness, milestones and stakeholder engagement should be managed closely - across all projects - to avoid lowering the confidence levels around delivery.

The 'Agile Working' project milestones Plan and PID need to be fully aligned; this is a high impact project in terms of risk to the Trust and should be closely monitored.

**Joe Gibson 23 Jan 2017**

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework January 2017

## Site Development Update - Park, Community Estate and facilities

### Work Stream Summary:

This work stream consists of a number of projects which focus on development of the park, land, additional campus buildings and relocation of existing services including the community services . Demolition , decommissioning, temporary departmental moves, residential and the corporate /clinical block have all commenced and are at varied stages of their specific project programme.

### Work Stream Progress:

**Due to demolition works having slipped, the whole programme key milestone plan has been reset from Jan 2017 as demolition work now commenced due to the dependency on demolition for all projects***

| Project | Key tasks delivered in month | Milestones on Track (Y/N) |
|---|---|---|
| **Community Estate** | Lots of changes are playing into the and will effect any long term development.<br>A useful meeting has been held with CBU leads and a workshop initially planned January 2017 has been re-dated to occur in February | Y *dates reset |
| **Residential/land project** | Dialogue discussions concluded presentation/recommendation taken to trust Board. The trust and LCC are awaiting the outcome of outline planning processes before final award of the Bid outcome to the preferred bidder., anticipating this to be 14th February. | Y |
| **Decommission/demolition** | Phasing of demolition has slightly changed to support the release of land for site developers. Demolition has commenced with internal strip out of old A&E building, and visible site of building coming down will commence end of January. Asbestos assessment works are on track. | Y *dates reset |
| **Corporate/clinical block** | This building project has been put on hold pending the outcome of the residential project, allowing due consideration of a variant bid. Realigned plans to go out to RIBA completion on design, design brief and documents are ready should the decision be to go to OJUE procurement. | Y*dates reset |
| **Park development** | Liaison with local community groups and schools continues .Options for grants and funding avenues continue to be explored. Head Terms of reference remain under discussion with the local Authority. Events plan for next year making progress.<br>Progress towards setting up the Community interest Company are moving forward | Y*dates reset |
| **Alder centre** | LIBOR bid was successful on achieving the full amount required for the Alder centre build. Draft design brief and supporting OJEU documentation developed, planning to issue this before the end of January | Y |
| **Agile working** | PID revised, re-scoping of project and project time table together with the approach to the project. | y*dates reset |
| **R & E ll** | Discussion on going with Morgan Sindell as to price, plan to commence build following demolition of old A&E block. | Y*dates reset |
| **Project** | **Key tasks to be delivered in Quarter** | |
| **Community Estate** | Output specification delivery and workshop to confirm model and possible locations for the service. | |
| **Residential/land project** | Preferred bidder award 14th February 2017. | |
| **Alder centre** | Go out with adverts with procurement process/RIBA for design of buildings | |
| **Park development** | Confirm contribution from LCC as part of the HoT | |

**Issues for Escalation to Sub-Committee:**

- **Park- HoT not as yet agreed although ongoing discussions continue.**
- **Staff and department lead engagement on agile working project.**
- **Communications with Local residents and the media on the park development continue**
- **Residual and Corporate projects should form one project- combine in corporate project.**

# Programme Assurance Framework

Alder Hey Children's NHS Foundation Trust

## Developing The Park, Our Community Estate and Facilities 16/17 (Completed by Assurance Team)

| Sub-Committee | RABD | Report Date | 17 January 2017 |
|---|---|---|---|
| Work stream Name | Developing The Park, Our Community Estate and Facilities | Executive Sponsor | David Powell & 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8.0 Developing The Park, Our Community Estate and Facilities | | | | | | | | | | | | | |
| R&BD 8.1 | Decommission & Demolition | The aim of the project is to move out from and make safe the old hospital ready for demolition | David Powell | | | | | | | | | | Steering Group notes available. PID complete and contains details of expected benefits, tracking to be confirmed. Plan on Sharepoint requires fully populating with actions, currently shows delays of 3+ months (removal of data/phone network & isolation of services - revised dates to be confirmed via RABD). Evidence of risk review required. **Last updated 9 December 2016** |
| R&BD 8.2 | Park | To set up a JV with LCC & the local community to create a world class Springfield Park that complements & adds value to the New Alder Hey in the Park & the local area | David Powell | | | | | | | | | | SG notes available. PID contains details of expected benefits, tracking/ evidence to be confirmed. Plan updated shows delays (Land tfr/Governance Framework/Mgt Model/LCC sign off - revised dates to be confirmed via RABD). Evidence of comms/stakeholder engagement to be provided. Risk Log requires review. EA/QIA complete. **Last updated 30 December 2016** |
| R&BD 8.3 | Temporary Moves | Project aims to survey and establish departments to be retained on-site, not already incorporated in new build, and provide the office estate to achieve this | David Powell | | | | | | | | | | Actions in plan complete. |
| R&BD 8.4 | Agile Working | The aim of the project is to deliver an agile working solution for the Trust that complements the on site and off-site developments | Melissa Swindell | | | | | | | | | | PID is available (awaiting approval) which contains details of benefits. Milestone plan requires updating in line with revised PID. Risk Log available, some risks require review. EA/QIA complete. **Last updated 13 January 2017** |
| R&BD 8.5 | Research & Education | The aim of the project is to complete Phase 2 of the RI & E building to a world class standard | David Powell | | | | | | | | | | Design work may continue - subject to approval - in advance of funding being secured |
| R&BD 8.6 | Community Services | The aim of the project is to create a suitable home for our network of community services | David Powell | | | | | | | | | | Project Team meeting notes available for September. PID complete, which contains details of benefits. Milestone Plan to be fully developed, shows delay with confirming model. Evidence of comms/engagement required. Risks Log up-to-date. EA/QIA complete. **Last updated 31 December 2016** |
| R&BD 8.7 | Corporate Offices and On-site clinical Services | The aim of the project is to create a suitable home for the corporate clinical and associated staff/services on the Alder Hey campus | David Powell | | | | | | | | | | Steering Group notes available. PID complete which contains details of benefits. Milestone Plan shows delays. Evidence required of comms/engagement. Risks reviewed. EA/QIA complete. **Last updated 6 January 2017** |
| R&BD 8.8 | On Site Residual Services | The aim of the project is to create a suitable home for the residual services on the Alder Hey campus | David Powell | | | | | | | | | | PID complete which contains details of benefits. Milestoner Plan available, showing initial delays. Evidence required of comms/engagement. Risk log reviewed. EA/QIA complete. **Last updated 30 December 2016** |
| R&BD 8.9 | Residential Development | To create a high quality residential scheme that co-ordinates with the themes and activities within the wider park site | David Powell | | | | | | | | | | Steering Group notes available. PID complete, which contains details of benefits. Milestone plan shows delays of current and future dates pushed back. Comms/Engagement details to be evidenced. Risk log reviewed. EA/QIA complete. **Last updated 5 January 2017** |
| R&BD 8.10 | Alder Centre | To plan, develop and construct the new Alder Centre within the park setting | David Powell | | | | | | | | | | Steering group notes available. PID complete which contains details of benefits. Milestone Plan available, showing actions on track so far. Evidence required of comms/engagement activities. Risk Log reviewed. EA/QIA complete. **Last updated 5 January 2017** |
| R&BD 8.11 | Commercial | TBC | David Powell | | | | | | | | | | Not stand-alone, to be included in Residential Project. |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| N/A | N/A | | | | Non-financial projects |

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)

Assurance ratings have been frozen on the projects within this workstream as the team are working on Closure Reports which will be presented to RABD in due course

**Claire Liddy – 18 January 2017**

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

Having discussed this work stream with the Sponsor of the Assurance framework and the Programme Manager (for assurance), it is appropriate (and the best use of the limited assurance capacity) to now suspend these ratings so that the maximum effort can be focussed on the planning of projects for FY17/18.

However, closure reports – including benefits – or a summary closure report for the work streams should be made available to the sub-committee; it is suggested that the timescale for this should be no later than the end of April 2017.

**Joe Gibson 23 Jan 2017**

# Programme Assurance Framework

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

Alder Hey Children's NHS Foundation Trust

| Sub-Committee | RABD | Report Date | 17 January 2017 |
|---|---|---|---|
| Workstream Name | Supporting Front Line Staff | Executive Sponsor | Claire Liddy/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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| 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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| 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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| 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 | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |
| R&BD 7.5 | Pathfinders | To embed SLR costing information and introduce Pathfinders to improve Trust financial health and clinical engagement | Jonathan Stephens | | | | | | | | | | Ratings suspended as team are working on a Closure Report. To be presented to RABD at earliest opportunity (comments updated 13.1.17) |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| Procurement | A | 1,018,000 | 679,115 | (338,884) | |
| Coding & Data Capture | G | 900,000 | 2,464,003 | 1,564,003 | |
| Medicines Optimisation | A | 500,004 | 327,856 | (172,148) | |
| Facilities | R | 500,000 | 219,186 | (280,814) | |
| Total | | 2,918,004 | 3,690,160 | 772,156 | |

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)

Assurance ratings have been frozen on the projects within this workstream as the team are working on a Closure Report for New Services in Communities which will be presented to RABD in due course and The Developing a Partnership Model project is currently under review.

The PID for the Transition of new Community Services is now available on SharePoint and this will form part of future assurance reporting.

**Claire Liddy – 18 January 2017**

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

Having discussed this work stream with the Sponsor of the Assurance framework and the Programme Manager (for assurance), it is appropriate (and the best use of the limited assurance capacity) to now suspend these ratings so that the maximum effort can be focussed on the planning of projects for FY17/18.

However, closure reports – including benefits – or a summary closure report for the work streams should be made available to the sub-committee; it is suggested that the timescale for this should be no later than the end of April 2017.

**Joe Gibson 23 Jan 2017**

# Programme Assurance Framework

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

Alder Hey Children's NHS
NHS Foundation Trust

| Sub-Committee | RABD | Report Date | 17 January 2017 |
|---|---|---|---|
| Workstream Name | New Services in Communities | Executive Sponsor | TBC/Mags Barnaby |

**Current Dashboard Rating:**

| Project Ref | Project Title | Project Description | Executive Sponsor Assures the project | OVERALL PROJECT RAG status | An effective project team is in place | Scope and Approach is defined | Targets / benefits defined/on track | Milestone plan is defined/on track | Stakeholders engaged | Risks are identified and being managed | Quality Impact Assessment | Equality Analysis | Comments for attention of the Project Team, Steering Group and sub-Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.0 New Services in Communities 16/17 £200k and 17/18 £2m | | | | | | | | | | | | | |
| R&BD 4.1 | Developing a Partnership Model for Community Services | The aim of the project is to work with partners to work out what an integrated model for childrens services in Liverpool will look like | Therese Patten | | | | | | | | | | Project ratings have been suspended. Partnership Model project is under review. The team to confirm whether this forms part of 17/18 planning. |
| 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 | | | | | | | | | | Project ratings suspended as team are working on Closure Report with details of benefits realisation to be presented to RABD meeting. |

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| Existing Community Services | G/A | 200,000 | 172,000 | (28,000) | |
| Total | | 200,000 | 172,000 | (28,000) | |

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)

Of the three projects with a financial value within this Workstream, the forecast for Commercial Research is reporting Green – with delivery of the full target. However, the forecast for Innovation Machine and Alder Hey Academy are both reporting as NIL against a target of £100,000 and £200,000 respectively.

The Digital Hospital project documentation is updated regularly, however there is no assurance evidence within the Innovation Machine project (last updated November 2016) and the team should address this issue.

**Claire Liddy – 12 January 2017**

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

The sub-Committee will want to investigate any final opportunities, during the final financial quarter, of increasing the £100k forecast contribution to the overall target of some £400k in FY 16/17.

The work stream should be required to briefly document the reasons for the lack of contribution thus far in year and ensure that the planning and estimates for FY17/18 are underpinned by that insight and learning.

The Executive Sponsor should now be working to meet all planning milestones for the FY17/18 work stream and CIP.

**Joe Gibson 12 Jan 17**

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework
# Digital Alder Hey – App development Update

## Work Stream Summary:

**Development of the app is a collaborative venture funded by the charity that will exploit digital technology to enhance the patient experience of care at Alder Hey . With additional monies being secured via the Global Digital Excellence fund the app will be further enhanced into a resource combining magic and functionality to help children and young people**

- **become familiar with the physical environment of Alder Hey**
- **be distracted by state of the art features within the app**
- **earn rewards for positive health behaviours**

**The app will also become the home for the conversational capability of IBM Watson.**

| Project | Key tasks delivered in month | Milestones on Track (Y/N) |
|---|---|---|
| **App development** | Feedback from Discovery Phase | Y |
| **App development** | Planning for build phase of the app | Y |
| **Watson training** | All three initial modules questions answered and live testing completed | Y |
| **Watson development** | New head injury module in development | Y |
| **Project** | **Key tasks to be delivered in month** | |
| **App development** | Sign off App build plans | |
| **App development** | App build to commence | |
| **Watson training** | Additional resource recruited | |
| | | |

## Issues for Escalation to Sub-Committee:

**None**

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework

## InnovationCo Update (to be completed by Executive Sponsor)

### Work Stream Summary:

**The InnovationCo project aims to establish an arms length trading company to accommodate the activities and arrangements of the Alder Hey Innovation Team. The concept of InnovationCo was approved at the Trust Board. Following that the project has developed a number of work-streams to bring the InnovationCo to life. The first and most critical initially relates to InnovationCo funding and a financial model has been developed showing the total current known income streams and the expected InnovationCo resource and none resource costs over a three year period. This has identified the financial gap that the InnovationCo would need to fill through 'trading activity' and/or investment. The team are now actively working on this gap and options to bring InnovationCo into financial balance over a three year period. Aligned to the Funding Work-stream is the resourcing work-stream and the Innovation Team are looking to secure the right level and types of resources to meet InnovationCo's future needs.**

| Project | Key tasks delivered in month | Milestones on Track (Y/N) |
|---|---|---|
| **Funding Stream** | Financial Plan developed, budget agreement in process | Y |
| **Resourcing Stream** | Resource requirements identified | Y |
| **Business Development Stream** | Pipeline in development | Y |
| | | |

### Milestones for Next Month:

| Project | Key tasks to be delivered in month |
|---|---|
| **Funding Stream** | Budget and financial plan agreed, funding gap options identified |
| | |
| | |
| | |

### Issues for Escalation to Sub-Committee:

| |
|---|
| **None** |

Alder Hey Children's NHS
NHS Foundation Trust

# Programme Assurance Framework
# Research, Education & Innovation Update (to be completed by Assurance Team)

| Sub-Committee | RE & I | Report Date | 12 January 2017 |
|---|---|---|---|
| Workstream Name | Research, Education & Innovation | Executive Sponsor | David Powell, Rick Turnock, Louise Dunn, Melissa Swindell |

## Current Dashboard Rating:

| Project Ref | Project Title | Project Description | Executive Sponsor Assures the project | OVERALL PROJECT RAG status | An effective project team is in place | Scope and Approach is defined | Targets / benefits defined/on track | Milestone plan is defined/on track | Stakeholders engaged | Risks are identified and being managed | Quality Impact Assessment | Equality Analysis | Comments for attention of the Project Team, Steering Group and sub-Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5.0 Research Education & Innovation 16/17 £400k and 17/18 £900k | | | | | | | | | | | | | |
| RE&I 5.1 | Digital Hospital | Create & deploy application to allow state of the art interaction to achieve tech integration with IBM Watson cognitive computing platform provided by Hartree as part of government funded deployment | David Powell/ Rick Turnock | | | | | | | | | | Regular meetings in place - notes/actions to be uploaded to Sharepoint as evicence. PID complete, contains details of benefits. Milestone Plan shows some delays. Evidence and details of comms/ stakeholder engagement required. Risk Log reviewed. EA/QIA complete. **Last Updated 10 January 2017** |
| RE&I 5.2a | The Innovation Machine | The development directorate is seeking to restructure its team to enable fluid exploration, creation, and commercialisation of technology products through the innovation team | David Powell/ Rick Turnock | | | | | | | | | | No meeting notes/actions since August. PID complete. Benefits tracker commenced, evidence required where possible. Milestone plan shows significant delays and requires updating. Comms/Engagement tracker available - to be updated and evidence provided. Risk log requires review. EA/QIA complete. **Last updated 17 November 2016** |

## Financial Reporting:

| Project Title | RAG Rating | Budget £ | Forecast £ | Variance £ | Comments |
|---|---|---|---|---|---|
| Innovation Machine | B | 100,000 | 0 | (100,000) | |
| Commercial Research | G | 100,000 | 100,000 | 0 | |
| The Alder Hey Academy | B | 200,000 | 0 | (200,000) | |
| **Total** | | 400,000 | 100,000 | (300,000) | |

Alder Hey Children's NHS
NHS Foundation Trust

# Board of Directors
## *Tuesday 7 February 2017*

| | |
|---|---|
| **Report of** | Director of Corporate Affairs |
| **Paper prepared by** | Quality Assurance Officer |
| **Subject/Title** | Integrated Governance Committee Assurance Report (Jan 2017) & Board Assurance Framework Update |
| **Background papers** | Bi-monthly IGC Assurance Reports<br>Quarterly Corporate Risk Register Reports<br>Monthly BAF Reports |
| **Purpose of Paper** | To provide the Board with the assurance report from the Jan IGC meeting & BAF update report |
| **Action/Decision required** | The Board is asked to discuss and note the IGC Assurance Report (January 2017) and changes to the Board Assurance Framework |
| **Link to:**<br>➢ **Trust's Strategic Direction**<br>➢ **Strategic Objectives** | By 2020, we will:<br>➢ be internationally recognised for the quality of our care ***(Excellence in Quality)***<br>➢ be recognised for the exceptional care we provide to our children, that is technologically enabled and matched by exceptional facilities ***(Patient Centred Services)***<br>➢ have a fully engaged workforce that is actively driving quality improvement ***(Great Talented Teams)***<br>➢ 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)***<br>➢ 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 – 7 February 2017**

**Assurance Report from the Integrated Governance Committee**

**(11 January 2017)**

## 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 11 January 2017.

## 2. Recommendation

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

## 3. Key Points of Assurance and any associated gaps

- **Fire Safety Training**

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

  - Evacuation drill for clinical areas: A fire evacuation exercise was conducted on PICU on Friday 16 December 2016. The exercise was beneficial for all those who participated. An action plan and lessons learnt will be compiled by the Emergency Planning Team including an update to the Fire Policy.
    The Pharmacy fire evacuation exercise was cancelled due to Christmas lights / CBBC event; plans are in place to reschedule.

- **Risk Management Improvement Plan**

  Progress since the September meeting was highlighted with the majority of the improvement actions identified in the Plan now implemented; two matters that remain outstanding on the RMIP tracker which will be picked up through the IGC agenda:

  - Develop KPIs for the management of risk across CBUs and corporate areas in line with risk maturity model
  - Develop Ulysses form for H&S Risk Assessments. Liaison with Ulysses continues on this area and a webinar session arranged to view and consider the options available in implementing this module.

  - **Ongoing support to business units in embedding risk management:** The devolved quality & governance model was implemented in December 2016. This is still in its infancy and will take some time to embed and become a robust way of working.

During this time central specialist advice will be available in relation to utilisation of Ulysses and the processes around management of risk registers and management of incidents.

- **Develop Risk Management Maturity Model (with MIAA):** The MIAA audit of local Risk and Governance systems and processes has been deferred to begin in March 2017. The new CBU structures will be more embedded at that point with the Heads of Quality, and local Quality Improvement Teams established and able to begin to address local deficiencies in the management of risk registers.
- **Risk Management Strategy review**: The revised draft Risk Management Strategy was presented to IGC. The Strategy now places strong focus on the principles of the Risk Management Maturity Model that will move the Trust towards being recognised as a 'risk enabled' organisation, driving a culture of proactive risk management at all levels throughout the organisation. The Strategy was ratified by the Committee, the Board is now asked to approve the Strategy.
- **Changes to Ulysses:** Ulysses has now been restructured to reflect the new CBU structures with their associated wards and departments. The Trust will maintain close contact with Ulysses for any further developments that should be required as highlighted through CBUs / Heads of Quality.

## 4. Risk Registers

- **CBU Risk Register Drill Down Reports: Medicine & Surgery CBUs**

The first deep dive reports from the Medicine & Surgery CBUs were received.

Demonstrable improvements were seen regarding each of the CBU Risk Registers in terms of proactive management of risks at CBU level. Thorough reviews have been undertaken to sanitise, remove old, mitigated and duplicate risks. High level risks were reviewed during this initial exercise; phase II will now see CBUs focussing on scoring risks and departmental risks.

Heads of Quality are now in place for each CBU whose role includes developing, promoting and embedding a cohesive Quality Improvement and Governance Strategy across the CBU that supports implementation of the Trusts Quality Strategy. This includes ensuring systems are in place at all levels in the CBU to ensure issues and risks are identified and effectively managed at a local level utilising the Trust incident and risk reporting system and these are escalated when required. Assessment of training needs with regards to updating Risk Registers will be undertaken within each CBU to support the Risk Management Strategy.

- **Corporate Risk Register (CRR)**

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

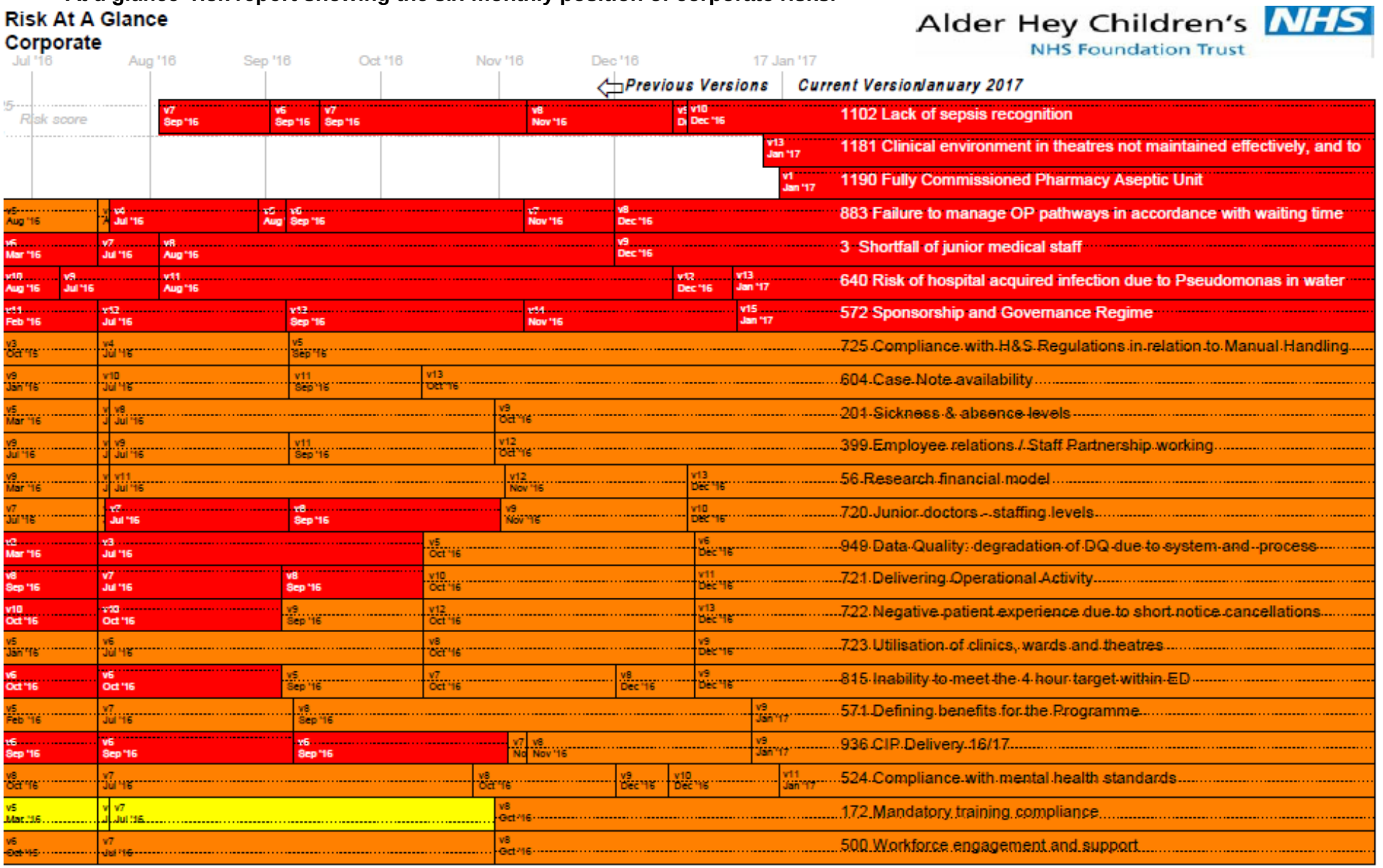
The table below provides an overview of which risks were considered for escalation / de-escalation / closure at the meeting.

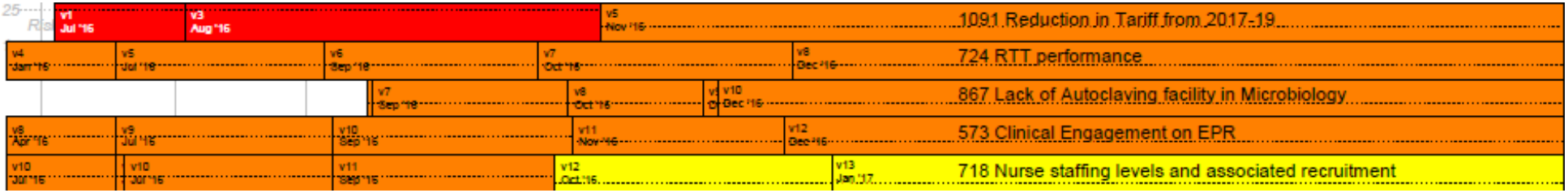
| CRR Risks presented for escalation this meeting | Decision |
|---|---|
| 1. Door hold opens not effective / in place. Fix to one particular set of doors has caused damage to door.<br>2. PPM programme for theatres is not robust and actions required are not completed in a timely fashion. Outstanding issue with ventilation in TH5 & TH6 which is yet to be actioned following validation in November 2016.<br>3. Unable to escalate serious patient safety risks through the BST and estates provider to gain resolution in a timely manner.<br>4. Environmental Issues Pharmacy Aseptic Unit<br>5. Pharmacy Aseptic Suite Plant Failure<br>6. Preparation of aseptic products within an un-validated/un-commissioned unit<br>7. ED patients violence and aggression pathway<br>8. Lack of Trust Emergency Planning Lead<br><br>**Risks escalated at the meeting = 2** | Escalated (merging required)<br><br>Escalated (merging required)<br><br>Not escalated<br>Not escalated |
| **Risks presented for closure / de-escalation** | **Decision** |
| Risk of loss of Burns Centre status as a result of National Peer Review | Now being managed at CBU level |

| Analysis of corporate risk register current set of open risks by Trend | |
|---|---|
| **Risk getting worse = 0** | |
| **Risks getting better = 1** | **Risk of loss Burns Centre as a result of National Peer Review** |
| **Risks closed = 0** | |
| **Risks remaining static = the rest** | |

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

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






- **CHP - Post Occupation Risk Register**

  The five remaining risks on the CHP post occupation register have remained static pending appointment of an external reviewer. IGC were advised that the Trusts had now appointed and that the external review would begin imminently.

## 5. Assurance reports from Sub Committees and Groups:

- **Emergency Preparedness**
  - Staff are not able to receive **emergency bleeps or mobile phone calls** in certain areas of **Radiology.** In order to progress this issue appropriately, ownership of this risk was transferred to an individual within the IM&T Team.
  - **Fire Alarm Panel displaying incorrect information.** Two incidents have occurred where the fire alarm panel in switchboard did not provide the correct fire location. An interim measure has been identified for the security officer to confirm the location to the switchboard operator. A full resolution to this issue was requested to the next IGC.
  - **Research Institute Fire** highlighted that there is no longer an interim estate shift engineer on site 24/7; new arrangements for fire team response on the interim estate are under finalisation. The interim estate fire team consists of a security guard and the interim estate shift engineer.
  - **PPM schedules** remain outstanding despite numerous requests to Interserve.
  - Water Safety: **flushing compliance** is at 90% and being monitored by the Health & Safety Team.
  - During preparation works for the demolition of the retained estate, an **asbestos breach** was experienced. The incident has been reported to the HSE and an investigation underway.
  - **Multi-Storey Car Park** – Standing water and ingress of water from upper levels is causing **slipping incidents** due to a potential drainage issue. IFM/BST to confirm the cause and action required to resolve.

- **Infection Control**
  - The 2016/17 Infection Prevention and Control Strategy & **Delivery Plan** report was received and progress against actions to Q2 was noted.

- **Hand hygiene** tool developed and awareness campaign underway.
- **Pseudomonas** in the water supply **risk** has been **reduced** to amber due to improvement in water quality / use of bacterial filters.

- **Information Governance (IG)**
  - **Data Protection Legislation** (GDPR) (to come into effect from May 2018).
- **Building Services Team**
  - **Endoscopy Washers** are now back in use and a schedule for weekly testing implemented.
  - End of line **water temperatures** have now been **reviewed** which show good control.
  - Investigations into the high bacteria readings in the **Hydro pool** concluded that this had been an error in reporting.

## 6. Review of the BAF

- The diagram below gives a high level view of the BAF as updated at 30 January 2017.

Alder Hey Children's NHS
NHS Foundation Trust

| BAF Risk Register - Overview at 30 November 2016 |
|---|
| 3.1: Financial Environment (W) |
| 3.2: Business Development and Growth. (S) 2.3: IT Strategic Development (S) |
| 3.3: Developing the Paediatric Service Offer (S) 4.1: Workforce Sustainability & Capability (S) 4.2: Staff Engagement (S) |
| 4.3: Workforce Diversity & Inclusion (S) 2.1: New Hospital Environment (S) |
| 2.2: Failure to fully realise the Trust's Vision for the Park (S) 5.1: Research, Education & Innovation (S) |
| 1.1: Maintain care quality in a cost constrained environment (S) |
| 1.2: Mandatory & compliance standards (S) |

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

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

- **Changes since January 2017 Board meeting**

The diagram above shows that the majority of risks on the BAF remained static with the exception of Failure to fully realise the Trust's Vision for the Park.

## External risks

- ***Business development and growth (CL)***
  Director of Strategy commenced. Work underway to agree priorities for 2017 as part of programme development.

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

- ***Developing the Paediatric Service Offer (RT)***
  No change in-month

## Internal risks:

- ***Maintain care quality in a cost constrained environment (HG)***
  Sepsis roll out plan in place to be monitored by Sepsis Steering Group; new PEWS Policy out for consultation; comms to staff re sepsis recognition reinforced.

- ***New Hospital Environment (DP)***
  Building Services Teams main focus is clearing legacy defect issues with LOR

- ***Financial Environment (CL)***
  Month 9 (December): results ahead of plan by £80k, residual risk to control total for full year of £1m best -£1.8m worst case. RR of a 3. CBU working towards control totals and additional measures including technical review to close gap under review.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Risk increased due to poor reception of planning application. Now need to reassess process and approach.

- ***IT Strategic Development (CL)***
  Funding Agreement received and approved by Trust Board. PID and milestones to be formalised as part of programme assurance.

- ***Workforce Sustainability & Capability (MS)***
  Apprenticeship Strategy now ratified, and we are now working on implementation. Resource secured for additional Manual Handling Training to support improved compliance. First Workplace Coaching programme delivered in January 17 with a positive response.

- ***Staff Engagement (MS)***
  Initial Staff Survey Results shared with Senior Management Team. Plan agreed to ensure a staff survey conversation will take place with every department in February and March. Listening into Action continues with the teams progressing well with their improvements. Communications team engagement exercise with staff around the development of the new internet and intranet going well. Initial Staff Survey Results shared with Senior Management Team. Plan agreed to ensure a staff survey conversation will take place with every department in February and March. Listening into Action continues with the teams progressing well with their improvements. Communications team engagement exercise with staff around the development of the new internet and intranet going well.

- ***Workforce Diversity & Inclusion (MS)***
  A Listening into Action improvement team has been launched to support the development of a BME network for staff. BME T&F group continues their work on progressing the agenda.

- ***Research, Education & Innovation (DP)***
  General Manager now appointed for the HUB.

**Full BAF document is included as Appendix B.**

**7. Policies ratified:**

The Committee ratified the following Policies and Equality Analyses at its January meeting:

- Security Policy
- Lockdown Policy
- Child Abduction Policy

**Erica Saunders**
**Director of Corporate Affairs**
**February 2017**

# 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: New Risk |

**Risk Description**

Failure to maintain appropriate levels of care quality in a cost constrained environment

**Existing Control Measures**

| | |
|---|---|
| • Quality impact assessment of all planned changes | • Risk assessment and utilisation of risk registers in responding to incidents and other drivers. |
| • Quality Report performance against quality aims scrutinised at CQAC and Board. | • CBU and Corporate Dashboards in place and are part of updated Performance Framework. |
| • Weekly Meeting of Harm | • Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the WMoH quarterly report. |
| • Refresh of CQAC to provide a more performance focussed approach | • Changes to ESR to underpin workforce information - |
| • New Change Programme established - associated workstreams subject to sub-committee assurance reporting | • Robust risk & governance processes from Ward to Board, linked to NHSI Single Oversight Framework |
| • Quality Strategy 2016-2020 implemented to deliver safe and effective services demonstrated via measurable Quality Aims and Sign up to Safety campaign | • External review on IPCC issues to eradicate reportable HAIs |
| • "Our Patients at the Centre" projects subject to assurance committee monitoring (CQAC) | • Quarterly 'themes' report from Weekly Meeting of Harm to CQSG |

| **Assurance Evidence** | **Gaps in Controls/Assurance** |
|---|---|
| Monthly reporting to CQSG.<br>CQAC focus on performance.<br>Analysis of incident reports.<br>Monthly reporting of the Corporate Report to Board.<br>Improved reporting - in the top 20% of NRLS nationally<br><br>45 new nurses recruited, commenced in September 2016<br>Further national open recruitment exercise in September 2016<br>PEWS audit scores on improvement trajectory | Reduced investment opportunity to respond to clinical development as a result of financial situation.<br>Full electronic access to specialty performance results<br>Sign up to Safety 'resource' ended in July 2016 (new CQC style ward accreditation (Journey to the Stars) has remained static.<br>Roll out of support structure for Sepsis 6 yet to be fully implemented |

| **Actions Required to Reduce Risk to Target Rating** | **Latest Progress on Actions** |
|---|---|
| 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 | Co-director of transformation and patient experience now appointed - will embed PFCC in all projects. |
| Continue to maintain nurse staffing pool | Ongoing |
| Support structure for Sepsis 6 to be fully implemented | Full time Senior Nurse identified for secondment |

**Executive Lead's Assessment**

OCT 2016: Five places for ANP development - process for recruitment completed.
NOV 2016: On-going recruitment in place & confirmation from CCG funding for complex patient requiring 1:1 care approved resulting in additional 5.2WTE registered nurses. Sepsis 6 to be key focus in the next month to ensure full roll out completed.
DEC 2016: Additional staff taken on to enable EDU winter beds to fully open.
JAN 2017: Sepsis roll out plan in place to be monitored by Sepsis Steering Group; new PEWS policy out for consultation; comms to staff re sepsis recognition reinforced.

# Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

**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 - now in place |
| • 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. Continued positive efforts of thew Gastroenterology team has resulted in RTT being met. We have resulted in four applications for current consultant vacancy. | |

| Assurance Evidence | Gaps in Controls/Assurance |
|---|---|
| Regular reporting of delivery against compliance targets through CQSG, CQAC & Board.<br>Monthly reporting to the Board via the Corporate Report.<br>Monitor / NHSI governance risk rating<br>Operational effectiveness measures (key risks with early warning measures) to RABD<br>CQC Action plan reviewed at Execs and Operational Delivery Group<br>Compliance assessment against Monitor Provider Licence to go to Board<br>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.<br><br>Theatre and bed capacity<br>Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance relating to learning disabilities declaration<br>Assurance required to underpin CBU reporting on CQC standards<br>'Horizon scanning' to anticipate risks & issues now implemented through performance review meeting<br>Work with CCG to manage demand & develop / fully utilise existing capacity across PC |

| Actions Required to Reduce Risk to Target Rating | Latest Progress on Actions |
|---|---|
| Review bed capacity and staffing model for seasonal variation | As at January 2017, the Winter Plan is effective. |
| Implement devolved governance structure (quality governance teams within CBUs) | 1 December 2016 implementation |

**Executive Lead's Assessment**

NOV 2016: Trust sustained stronger performance and compliance whilst financial risks continue to be a challenge; close monitoring continues to ensure delivery of financial plan. Endoscopy equipment decontamination service temporarily provided by the Countess of Chester Hospital; short term adverse impact on elective activity and performance.
DEC 2016. ED performance will fail quarter 3 (predicted 92.5%). Year to date 94.5%. Recovery Trajectory being finalised for quarter 4, in order to deliver year to date 95%. High level of confidence.
JAN 2017: ED performance for the month was 97.12%. For many days in the month Alder Hey was in the top 3 reporting Trust's in the country.

# 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: New Risk |

**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 |
| • Survey of all departmental users to assess quality of service | |

| Assurance Evidence | Gaps in Controls/Assurance |
|---|---|
| Tracker in place.<br>Reporting compliance of PFI Services against contract to Trust Board.<br>Confirmation that invoices and sums are charged correct (Finance Lead to approve all invoices and expenditure).<br>Number of reported faults is falling.<br>The items on the 'red list' i.e. main snags have reduced significantly.<br>Further meeting arranged to review energy performance | Delay in commissioning external Health & Safety Review.<br>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 |
| Finalisation of external (wider) review | On-site review conducted 24 Jan 2017 |
| Closure of legacy commissioning issues | Case study review session with Project Co. and service users scheduled 8 Feb 2017 |
| Reviewing Health & Safety interface with Estates and Building Services Team | |

**Executive Lead's Assessment**

NOV 2016: Deal with Project Co. confirmed. Action Plans for water temperatures and theatre floors tbc.
DEC 2016: Still awaiting initial results from water temperature review. Plan agreed for theatre floors. Review of performance planned with Project Co. for February 2017.
JAN 2017: Teams main focus is clearing legacy defect issues with LOR

# 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: New Risk |

**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<br>Approved Business Cases for various elements of the Park & Campus approved<br>Every Project has a dedicated Project Manager assigned to it<br>End user consultation events held<br>Highlight reports to relevant assurance committees and through to Board<br>Representation at Springfield Park Shadow Board<br>Stakeholder events held<br>Representation at Friends of Springfield Park Group | Fully reconciled budget with Plan.<br>Risk quantification around the development projects.<br>Joint business case approval with LCC |

| Actions Required to Reduce Risk to Target Rating | Latest Progress on Actions |
|---|---|
| Broaden stakeholder engagement | Produced & circulated newsletter. Held 3 meetings of Shadow Board |
| Approval of Business Case at LCC / Discuss park Heads of Terms with LCC | Meeting held with LCC Team. Heads of Terms under review |
| Income generation opportunities to be thoroughly explored (grant applications) and reconcile requirement for funding versus available | Review of income opportunities under way |
| Agree a way forward on planning with LCC | |

**Executive Lead's Assessment**

NOV 2016: Business Case with LCC for consideration. £1.3 received as government grant for Alder Centre.
DEC 2016: Outline planning for houses submitted - negative response on social media etc. Outline planning for Park to be submitted. Comms plan agreed with comms team. Shortlist interviews with developers completed.
JAN 2017: Risk increased due to poor reception of planning application. Now need to reassess process and approach.

# 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:** Claire Liddy | **Type:** Internal, Known | | Current IxL: 3-4 | Target IxL: 3-2 | Trend: New Risk |

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

| Actions Required to Reduce Risk to Target Rating | Latest Progress on Actions |
|---|---|
| IM&T Strategy development & approval | Trust GDE bid submitted and approved by Board and NHSE Nov / Dec 2016. NHSE undertaking due diligence review pre sign off and approval of funding agreement. Full I&MT strategy to be updated Q4 2016/17 |
| Continual improvement of MEDITECH and other clinical systems as prioritised by the Clinical Systems Informatics Steering Group | changes to software tracked by and reported to the Clinical Informatics Steering Group |
| Engage with iLinks programme to progress interoperability | |
| Link to innovation partnerships in paediatric healthcare | |
| Conclude the review of IM&T Infrastructure | currently being reviewed in relation to GDE bid and business case |

**Executive Lead's Assessment**

NOV 2016: Trust shortlisted and joining due diligence process. Invited to attend presentation to GDE panel on 21 December 2017. Will become regular board update one formally approved by NHSE/ DH. IM&T Strategy will be finalised thereafter.
DEC 2016: Trust formally approved as GDE centre and pending due diligence and funding agreement will be awarded £10m funding to deliver proposal over next 3 1/2 years. Formal approval of funding due January 2017 - first phase funding to be received Q4 2016/17. Risk score in future to reflect progress against agreed GDE business case milestones.
JAN 17: Funding Agreement received and approved by Trust Board. PiD and milestones to be formalised as part of programme assurance.

# 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:** Claire Liddy | **Type:** Internal, Known | | Current IxL: 5-4 | Target IxL: 4-2 | Trend: New Risk |

**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.<br>Specific Reports (i.e. Monitor Plan Review by RBDC)<br>Monthly Performance Management Reporting with General Managers.<br>Internal and External Audit reporting through Audit Committee.<br>Daily activity tracker to support CBU performance management of activity delivery<br>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.<br>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<br>Ongoing cost of temporary staff<br>CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan.<br>'Grip' on CIP<br>Based on month 7 run rate performance (£0.3m adrift in month overall from recovery profile) and update projections and risks reported by Clinical Business Units, heightened risk of failure to deliver target control. In order to address emerging risk CBU control targets issued to address risk profile gap of circa £2.7m. (£3.7m gross but £1m mitigation identified). |

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

**Executive Lead's Assessment**

NOV 2016: risk profile increased from 16 to 20 based on actual results for October (M7) where performance and run rate £0.3m off track overall. In addition further financial risks to achieving year end control target raised by CBUs including a deterioration in forecast performance on both activity delivery and cost control. Risk gap now £3.7m with circa £1m mitigation identified. All tactical savings schemes initiated and achievement of control total essential. Therefore CBUs issued with individual financial control totals with the requirement to present plans to mitigate full £3.7m risk and provide assurance on activity delivery over the remaining 4 months of the year. 1st update feedback from CBUs due Monday 5th December. Review fcast based on Q3.
DEC 2016: Month 8 (November) results in line with plan but residual risk to delivery of year end control circa £2m. CBUs required to deliver against notified control totals to support achievement of financial plan and progress monitored weekly. As previously reported, review of forecast post Q3 actual results. To - date £0.4m behind plan (net of STF funding). No change to risk rating.
JAN 17: month 9 (December): results ahead of plan by £80k, residual risk to control total for full year of £1m best -£1.8m worst case. RR of a 3. CBU working towards control totals and additional measures including technical review to close gap under review.

# 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:** Claire Liddy | **Type:** External, Known | Current IxL: 4-3 | Target IxL: 4-2 | Trend: New Risk |

**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.<br>Business Development Committee and reported regularly to Board via RBDC.<br>Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report.<br>Daily activity tracker and forecast monitoring performance for all activity.<br>CIPs in new Change Programme subject to assurance and sub-committee performance management | Ability to respond swiftly to potential problems.<br>Workforce constraints in specialised services.<br>Early warning indicators for leading indicators.<br>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**

NOV 2016: Contract signed with Al Jalila for first phase of consultancy support - working on more long term arrangement for phase 2. Team mobilising delivery of phase 1. Stock cardiac - meeting to sort transport arrangements prior to change in patient referrals - unlikely to result in increase in activity in 201617 but opportunity for 1718.
DEC 2016: No material changes - but note that 2017/18 and 2018/19 contracts with CCGs and Specialist commissioners have been signed off and agreed. All contracts reflect forecast outturn and consolidate current over performance trends. New Director of Strategy starts early January will help accelerate relationship with Stoke and other network opportunities. CBU's finalising local business development plans as part of the 1718 business planning round.
JAN 17: Director of strategy commenced. Work underway to agree priorities for 2017 as part of programme development.

# 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: New Risk |

**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.<br>Monitored at Performance Management Group.<br>Monthly to Board via RABD & Board<br>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.<br>Potential elective underperformance due to cancelled sessions.<br>Awaiting final results re. CHD service at national level.Working with partners including CMFT to progress transfer of adult CHD services and to support partners during transition |

| Actions Required to Reduce Risk to Target Rating | Latest Progress on Actions |
|---|---|
| Clear plan for delivery of strategic services (cardiac, neonatal, rehab, community care, primary care, Vanguard, CAMHS) | |
| Pursue the community tender incorporating the public health offer | |
| Pro-active recruitment in identified areas. | Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service |
| Monitoring of action plans. | Now working with NHS England to secure a resolution for the North |
| progress neonatal T&F group under Spec Comm leadership | T & F group scheduled to report recommendations by end March 2017 |

**Executive Lead's Assessment**

NOV 2016: Neonatal T& F output should improve risk rating
DEC 2016: Neonatal T & T Group scheduled to report back by end March 2017
JAN 2017: No change in-month

# Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

| BAF 4.1 | **Strategic Objective:** Great Talented Teams | | Risk Title: Workforce Sustainability & Capability | | |
|---|---|---|---|---|---|
| **Related CQC Themes:** Safe, Effective, Responsive, Well Led, Well Led | | | | | |
| **Exec Lead:** Melissa Swindell | **Type:** Internal, Known | | Current IxL: 4-3 | Target IxL: 4-5 | Trend: New Risk |

**Risk Description**

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

**Existing Control Measures**

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

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

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

**Executive Lead's Assessment**

NOV 2016: Nurse Agency spend remains low. Working with NHSP to reduce further the other areas of concern. Apprenticeship Strategy in development. Talent Management £2k grant secured from NW Leadership Academy.
DEC 2016:No Change
Jan 2017: Apprenticeship Strategy now ratified, and we are now working on implementation. Resource secured for additional Manual Handling Training to support improved compliance. first Workplace Coaching programme delivered in January 17 with a positive response.

# 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: New Risk |

| **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.<br>PDR completion rates<br>Monthly Engagement Temperature Check reported to the Board.<br>Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally.<br>Ongoing consultation and information sharing with staff side and LNC<br>Progress reports from LiA to Board | Overarching Engagement Strategy<br>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** |
|---|
| NOV 2016: Staff Survey 37% response rate (29/11/16). LiA pass it on event successful. Review of formal staff recognition scheme underway.<br>DEC 2016: Staff Survey closed on the 2/12/16. Final response rate 39%, just below national average. Awaiting data from the survey.<br>JAN 2017: Initial Staff Survey Results shared with Senior Management Team. Plan agreed to ensure a staff survey conversation will take place with every department in February and March. Listening into Action continues with the teams progressing well with their improvements. communications team engagement exercise with staff around the development of the new internet and intranet going well. |

# Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

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

**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<br>Quarterly reports to the Board via WOD on the Workforce Strategy and Workforce Plan<br>Monthly Corporate Report (including workforce KPIs) to the Board<br>Taking forward actions for LiA - enabling achievement of a more inclusive culture<br>Equality Impact Assessments undertaken for every policy & project<br>Workforce Race Equality Standards | Proactive working with partners to promote our commitment to diversity and inclusion<br>Recruitment Strategy to focus on specific groups |

| Actions Required to Reduce Risk to Target Rating | Latest Progress on Actions |
|---|---|
| Increase declaration rates with Equality Act 2010 | Actioned, with all organisation reports reporting on protected characteristics where required |
| Work with partner organisations to develop effective BME recruitment strategy | Underway, and plan to be produced |
| Workforce Planning Policy | Draft policy produced, however future work is to focus on identifying priority workforce needs in light of current financial position |
| Deliver on our new Recruitment and Retention Strategy to ensure an optimum workforce is in place and that the workforce reflects the diversity of the local community | Currently being drafted with action plan to support |
| Proactively utilise the EDS2 results to establish the composition of our workforce in order to target areas for improvement | Currently being refreshed with action plan to support |

**Executive Lead's Assessment**

NOV 2016: Task and Finish Group continue to progress actions
DEC 2016: Apprenticeship Strategy approved at WOD, outlining the actions to engage with the local community to support inclusive recruitment.
JAN 2017: a Listening into Action improvement team has been launched to support the development of a BME network for staff. BME T&F group continues their work on progressing the agenda.

# Board Assurance Framework 2016-17

Alder Hey Children's NHS Foundation Trust

| BAF 5.1 | **Strategic Objective:** International Innovation, Research & Education | Risk Title: Research, Education & Innovation | | |
|---|---|---|---|---|
| **Related CQC Themes:** Responsive, Well Led | | | | |
| **Exec Lead:** David Powell | **Type:** Internal, Known | Current IxL: 4-2 | Target IxL: 4-1 | Trend: New Risk |

**Risk Description**

Failure to develop a cohesive approach to research, innovation & education.

**Existing Control Measures**

| | |
|---|---|
| • Establishment of RIEC Steering Board | • Steering Board reporting through to Trust Board |
| • RABD review of contractual arrangements | • Programme assurance via regular Programme Board scrutiny |

| Assurance Evidence | Gaps in Controls/Assurance |
|---|---|
| Research Strategy Committee set up as a new Board Assurance Committee<br>Research, Education and Innovation Committee established<br>Secured ERDF funding for Innovation Team | Lack of integration with other academic partners<br>Commercial research offer not quantified<br>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. | Presentation to Board of Charity Trustees |
| Educational Partnerships to be cemented | Academy proposals to be discussed Feb 2017 |
| Develop a robust commercial Education Business Model | First cut academy model completed |
| Appointment of commercial post to support implementation | Interim now appointed |
| Finalise digital exemplar budget and reconcile with charity contribution | |
| Refine Innovation Co proposal and produce draft budget | |
| Turn Outline Business Case into definitive action plan | |
| Establish pipeline structure for census including finances | |

**Executive Lead's Assessment**

NOV 2016: Interim Commercial Post appointed to explore issues.
DEC 2016: First cut review paper of academy. Digital Global Exemplar focus agreed in principle. Approach to development of exemplar funds on Digital App. agreed with Charity.
JAN 2017: General Manager appointed for HUB

Alder Hey Children's NHS
NHS Foundation Trust

**Resource and Business Development Committee**
Minutes of the meeting held on: **Wednesday 21st December 2016**, **at 9:30am, Room 5, Level 1**

| | | | |
|---|---|---|---|
| **Present:** | Ian Quinlan (Chair) | Non-Executive Director | IQ |
| | Mags Barnaby | Interim Chief Operating Officer | MB |
| | Claire Dove | Non-Executive Director | CD |
| | Claire Liddy | Deputy Director of Finance | CL |
| | Jonathan Stephens | Director of Finance | JS |
| | Melissa Swindell | Director of HR | MS |
| **In Attendance:** | Sue Brown | Project Manager and Decontamination Lead | SB |
| | Graham Dixon | Head of Building | GD |
| | Louise Dunn | Director of Marketing | LD |
| | Joe Gibson | External Programme | JG |
| | Steve Igoe | Non-Executive Director | SI |
| | Anita Marsland | Non-Executive Director | AM |
| | Laurence Murphy | Head of contracting | LM |
| | Phil O'Connor | Deputy Director of Nursing | POC |
| | Erica Saunders | Director of Corporate Affairs | ES |
| | Lachlan Stark | Head of Planning and Performance | LS |
| | Rick Turnock | Medical Director | RT |
| | Julie Tsao | Committee Administrator | JT |
| | Jo Williams | Non-Executive Director | JW |
| **Apologies:** | Janette Richardson | Programme Manager | JR |
| | Louise Shepherd | Chief Executive | LS |
| | Peter Young | External IM&T Consultant | PY |
| | Christian Duncan | Director of Surgery | CD |
| | Mary Ryan | Director of Medicine | MR |

**16/17/162 Minutes of the previous meeting held on 30th November 2016**
**Resolved:** RABD received and approved the minutes of the previous meeting.

**16/17/163 Matters Arising and Action log**
**Health Care Assistant Apprenticeship Scheme**
A discussion was held at the last meeting on whether an option for the Trust would be to offer HCA apprenticeship schemes. Melissa Swindell confirmed this would be an option and was being looked into.

All other actions for this meeting had been included as an item on the agenda. The action log was updated accordingly.

**16/17/164 Final Operational Plan (FOP)**
The Chair welcomed Board members: Steve Igoe, Anita Marsland and Jo Williams to the meeting. Board members had been invited to approve the final operational plan.

Erica Saunders gave an overview of the FOP highlighting the earlier and longer plan this year that had been put in place to support STP and the 'financial reset'.

Lachlan Stark went through the planned and forecasted activity and performance for 2016/17 highlighting plans for the next 2 years.

A discussion was held around clinical effectiveness along with service transformation and the focus to align with STP. RABD noted the recruitment of Rachel Greer and 2 clinicians to support this going forward.

Erica Saunders went through the detail of assurance provided on quality.
Jonathan Stephens provided further details on the financial headlines. A discussion was held on communicating the success across the Trust with staff in early 2017.

Laurence Murphy updated RABD on the robust contracts with NHS England and CCG.

Claire Liddy discussed the focus this year on financial recovery plans.

High risks for executive mitigation are below, a discussion was held on processes in place to reduce these risks.
**Elimination of overspends.** Proposed budget assumes CBU budgets do not over spend i.e. large overspending budgets in 16/17 must be resolved e.g. Facilities (£1.3m), energy (£1.0m), Nursing (£1.2m), Junior doctor rota gaps.
**Limited Capex.** Cash is tight in the next two years Medical equipment, the demand for equipment is larger than available cash. Trust must prioritise appropriately.
**STF Funding.** Achievement of quarterly performance and financial targets.
**Activity Run rate.** CBUs must achieve recurrent run rate and resolve issues in specialities with service / capacity issues
**CiP Plan.** 17/18 CiP plan is not finalised and contains gap of £4.5m. The Trust has provided a £1.5m CiP contingency but planning must be expedited.

Melissa Swindell went through workforce planning assumptions including no growth in total workforce numbers, unless activity and income align. An update on workforce developments was received.

**Resolved RABD:**
a) Approved the final 17/18 and 18/19 Budget and noted the associated risks and issues for action and resolution, subject to any changes that may arise with regards to NHS I guidance.
b) Approved 'acceptance' of control totals.

**16/17/65 Performance**
Lachlan Stark presented the activity plan, actual activity and re-forecast plan for each of the CBUs from April to November 2016.

**Resolved RABD:**
a) Received an update on the targeted and actual performance on each of the CBUs from April to November 2016.
b) Requested a 3 month forward look to be included in future updates.

**16/17/166 Finance report**
For the month of November the Trust is reporting a trading surplus of £1.1m which is in line with budget. The CBU forecast for month 8 provided at month 7, was £0.1m surplus in the month, therefore the Trust exceeded by £0.9m. This overachievement was largely related to surgery £0.5m and Medicine £0.15m.

Income is ahead of plan by £0.3m but is offset by expenditure. The year to date deficit is £2.7m which is £0.4m behind plan (control total).

The Use of Resources risk rating is 3 in line with plan and cash in the bank of £5.4m.

The Trust forecast for the year is to achieve the annual budget (control total). (excluding technical items such as impairments and disposals). The figures reported are as at quarter

two. NHSI have advised that forecasts should be revised only at each quarter end and, should Trusts report a position worse than control, prior approval is to be sought from NHSI using their standard protocol. Work is continuing on the internal recovery process supported by the executive team.

Cumulatively trading income is ahead of plan by £1.8m.

Elective income is behind plan by £1.4m, non-elective income is behind plan by £0.1m and outpatient income is behind plan by £0.1m; off-set by other income which is ahead of plan by £3.4m. Other income benefits from £2.0m contingency in respect of post move operational time-lag.

Note that there is £2.4m of income CIP within the other income plan – most of which is profiled across the last two quarters of 2016/17. Clinical income will need to over perform plan by £2.4m if this is to be achieved.

**Cash Flow**

Cash in the bank was £5.4m, £2.4m greater than plan. positive variance noted above.

Cash and control payments to creditors continued to be monitored. Debt escalation policy had been successful in securing settlement of a long standing disputed debt with Central Manchester Foundation Trust (£93K).

There is a KPMG desktop review of cash management planned in early January.

Capital was an overspend against plan in month of £10k and an YTD under spent position of £1,074k.

**Agency Compliance Report**
**Resolved:**
Overall for month 8 agency and bank costs were down. Locum and overtime costs were up, this was in relation to a high number of Theatre temporary staff, this had now been reviewed and was expected to come down.

**Resolved RABD:**
Received and noted the content of the Finance report for month 8.

**Service Line Report (SLR)**
**Resolved RABD:**
Received a report on the service line steering group and progress to date.

**Internal Financial Recovery**
**Resolved:**
Following the emergence of other adverse issues the remaining gap against the plan as at month 8 gap is between £2m to £2.3m. This gap was apportioned and all CBU's were given a year end 'control total'. The paper provided an update on the year end forecast, following the month 8 reporting process, and progress that CBU's have made in reaching their control total.

**Corporate report**
RABD received the CR for month 8.

**Challenges**

4 hour standard & cancer 2 WW standard failed. RSV peak higher than prediction; overall ED aggregate attendance within prediction; variation in attendance volumes noted. EDU unable to open from 8 to 11 beds & 3C unable to open further 4 beds required within winter plan due to staff availability. Changes to agency availability within cap should ease availability from Dec. Attendance to IP conversion rates has increased by 0.1% from M7 to M8. Decontamination issue challenging our ability to maintain Diagnostic standard plus further reducing daycase activity in 2 dependent specialties (gastro & resp) requiring further revisions to forecast. Activity behind plan; recovery actions in force.

**Resolved:**
The report for November Month 8 was received.

**16/17/167 Programme Assurance 'developing our business'**
A review of the management was due to start soon, it was noted the process would include the close down of projects that were now completed.

**Developing our business Work-stream**
On the third slide the updated dates were highlighted and queried whether correct. Executive sponsors agreed to query this with the PA team.

**Services in Communities Work-stream**
**Supporting Frontline Staff Work-stream**
**Developing IMCT and EPR**
**Par, Community Estates and Facilities**
**Resolved:**
An update on the Work-streams above was received.

**16/17/168 Monthly Debt Write Off**
**Resolved:**
RABD APPROVED the monthly debt write offs for November total of £4,833.39.

**16/17/169 Contract Income Monitoring**
Laurence Murphy presented the Contract report for October 2016.

Total income cumulative to the 31st October was £123,282 which represents an overperformance of £1,440k (1.2 %) compared to the profiled plan for the period of £121,842k . There was an in-month underperformance of £375k however November overperformed by £329k bringing the current income overperformance back to the end of September position of £1.8m.

**Resolved:**
RABD are asked to note the report, indicating an income over performance of £1,440k (1.2 %) for the 1st 7 months of the year, the good progress made on the contract discussions with Commissioners for 2017-19 in advance of the sign-off deadline of the 23rd December.

**16/17/170 PFI Contract Monitoring report**
Graeme Dixon presented the above report, in particular item 2.5 Energy and Utilities. Discussions with the Special Purpose Vehicle (SPV) and Interserve in regards to the actual use of energy compared to the predicted energy model are continuing to take place.

Graeme explained the underutilisation of the Bio Fuel Combined Heating Power (CHP), the Building Management System, (BMS) which controls and adjusts the power and energy usage to ensure best efficiency and the Ground Source Heat Pump (GSHP).

As part of the contract an energy usage was agreed, if the Trust goes over this by 10% an adjustment gain will be given to the Trust in 2 years.

As the annual energy target for the year has already been met the team were working on an investigation case and hoped to have this completed by the end of February 2017.

The timescale for resolution of the energy to be brought in to line with the expected usage is 12 – 18 months due to the complexities of the contract and the 2 year target setting date highlighted above. The Trust will continue to seek compensation in line with the contract and may well be offered a lifetime deal if the energy target cannot be achieved in line with the contract set points.

Next steps included contacting a Trust in Scotland with a PFI contract to see if they had similar issues and how they have been resolved.

**Resolved RABD:**
Received an update on the PFI monitoring report, in particular progress to date against Energy contract.

**16/17/171 Weekly waiting times update**

The incomplete pathway and diagnostic standards have all been achieved. 1 patient has breached the 2 week wait cancer standard which means that this specific element of the cancer standard has failed.

4 hour standard has not been achieved for November. Attendances have increased in line with prediction however the volume of RSV/Infectious disease patients has peaked early and more than doubled on some days. This coupled with staff vacancies (medical and nursing) has meant that planned assessment capacity and extra beds has not been realised resulting in exit block with ED and 4 hour breaches.

**Resolved:**
RABD received the content of the weekly waiting times report.

**16/17/172 Board Assurance Framework**

**Resolved:**
RABD received and noted the content of the BAF update.

**16/17/173 Marketing and Communication Activity report**

The Marketing and Communications Plan for November was reviewed. It is a busy time with a number of good news items to share including a number of grants and awards in key areas (the Clinical Research Facility was funded by NIHR, Alder Centre rebuild funded by the LIBOR Fine Fund) and the preparations for Christmas (to come in December report).

The Matalan Pyjama campaign had been successful, all stores had now sold out. It was noted that the planning for Christmas started much earlier this year, and as a result all the live TV events, visits and activities had run much more smoothly. Louise Dunn thanked the Operational team for their support with major events at the Trust.

New internal and external websites are being created and are due to be launched in April 2017. This will greatly enhance internal and external communications as our current web sites are not up to standard.

**Resolved:**
RABD received and noted the contents of the November report.

**16/17/174 Any Other Business**

**Jonathan Stephens**

The Chair gave his best wishes to Jonathan Stephens in his next role and thanked Jonathan for all his support in particular strong financial understanding and advice.

**16/17/175 Date and Time of the next meeting:** Wednesday 25th January 2017 at 9:30am, Level 1, Room 5.

**NB: The next RABD meeting was later changed to: Friday 27th January at 1300, Large Meeting Room, Institute in the park.**

Alder Hey Children's NHS
NHS Foundation Trust

**Research, Education and Innovation Committee**
Minutes of the meeting held on **Thursday 10th November 2016,**
Room 6 Mezzanine, Level 1 Alder Hey Children's NHS Foundation Trust

| | | | |
|---|---|---|---|
| **Present:** | Mr Ian Quinlan (Chair) | Non-Executive Director | (IQ) |
| | Prof Michael Beresford | Brough Chair, University of Liverpool | (MB) |
| | Ms Louise Dunn | Director of Marketing and Communications | (LD) |
| | Mr Rafael Guerrero | Consultant Cardiac Services | (RG) |
| | Mr Iain Hennessey | Director of Innovation | (IH) |
| | Mr G Lamont | Director of Medical Education | (GL) |
| | Prof Matthew Peak | Director of Research | (MP) |
| | Mr David Powell | Development Director | (DP) |
| | Ms Erica Saunders | Director of Corporate Affairs | (ES) |
| | Mr Jonathan Stephens | Director of Finance | (JS) |
| | Mrs Melissa Swindell | Director of HR | (MS) |
| **In Attendance:** | Mr Joe Gibson | External Programme Lead | (JG) |
| | Mrs Catherine Kilcoyne | Commercial Project Manager | (CK) |
| | Dr Charlie Orton | Clinical Research Unit Senior Manager | (CO) |
| | Mr Peter Young | Chief Information Officer | (PY) |
| | Mr Jason Taylor | Innovation Project Manager | (JT) |
| | Mrs Julie Tsao | Committee Administrator | (JT) |
| | Mr P Young | Chief Information Officer | (PY) |
| **Apologies:** | Mr Tim Andrews | External Commercial Advisor | (TA) |
| | Miss Abbey Gore | Innovation Coordinator | (AG) |
| | Sir David Henshaw | Chairman | (DH) |
| | Mrs Janette Richardson | Programme Manager | (JR) |
| | Mrs Louise Shepherd | Chief Executive | (LS) |
| | Mr Rick Turnock | Medical Director | (RT) |

**16/17/33** **Declarations of Interest**
No declarations were declared.

**16/17/34** **Minutes of the previous meeting held on Thursday 7th July 2016**
Minutes of the previous meeting were agreed as a true and accurate record.

**16/17/35** **Matters Arising**
**Working with other countries**
Following on from discussions held at the last meeting Erica Saunders presented documents on:

- Enhancing the NHS through International Engagement
- Overseas Business Risk – Saudi Arabia
- List of 30 Foreign and Commonwealth Office Human Rights Priority Countries

Following discussion of the risks associated with working in unfamiliar business cultures, it was agreed that each opportunity would need to be assessed on a case by case basis and the appropriate due diligence undertaken. With this in mind, David Powell agreed to provide any background documentation relating to those companies that had been contacts provided by UKTI to the Trust so that the Committee could be assured with regard to these projects.

Iain Hennessey had been introduced to a Saudi company based in American who had been approved by UK Trade and Investment. The company specialise in 3D

printing and had offered to provide services to Alder Hey. As part of a contract the company had requested to use the Trust logos. Louise Dunn responded advising the Trust have an Endorsement policy and asked that this is used through the process if a contract is agreed.

**Resolved:**
For the next meeting Erica Saunders, Jason Taylor and Louise Dunn agreed to present a Standard Operating Procedure on overseas partnerships.

**16/17/36** **Committee Work-plan**
**Resolved:**
It was agreed this item would be deferred until the January meeting.

**16/17/37** **Programme Assurance - Research, Education and Innovation**
**Resolved:**
The programme assurance for RE&I project was presented. The difficulty in predicting activity over a 12 month period was noted.

**Digital Alder Hey App Development Programme Initiation Document**
The App will enhance the way Alder Hey communicates with the children and young people who are accessing services at the hospital. In common with other innovative products in the new and emerging digital healthcare space the Alder Hey App will be a pioneering piece of work.

**Resolved:**
REIC approved the Digital Alder Hey App Development Programme Initiation Document.

**16/17/38** **Alder Hey Innovation Enterprise**
The Innovation Team at Alder Hey has been established for over 2 years and has operated as a virtual business unit within the Development Directorate during that period with financial support being provided by the Trust and the Charity during this initial phase.

It has been proposed that to achieve this, the Innovation Team's activities should be transferred to an arms-length trading entity which could take the form of a limited company or an LLP.

**Resolved:**
REIC approved the proposal to transfer the Innovation team's activity to a limited company or LLP.

**16/17/39** **The Apps Hopper/Innovation Factory**
Alder Hey had agreed a contract with Nova, a games company to develop ideas. CAMHS had submitted a number of socialising projects and an Asthma product was be developed. Proposals to produce a product on Nurse Revalidation was being looked into.

**Resolved:**
REIC received an update on the Apps Hopper/Innovation Factory.

**16/17/40** **John Moores Joint Venture**
Alder Hey and Liverpool John Moores University was to commence in a joint venture to develop sensor technology including alarms to alert children before bed wetting

implanted into a cannula dressing to indicate extravasation (liquid, be it drugs or fluids leaked under the skin).

As there had been little development on the joint venture it was agreed this item would be re-presented when there had been further progress.

**Resolved:**
REIC received an update on the Liverpool John Moores joint venture.

**16/17/41** **Virtual World**
A virtual walkthrough of a patient's journey was to be developed using engineering technologies used at Bentley. It was agreed a draft of arrangements would be presented at the January meeting.

**Resolved:**
To receive a draft agreement of arrangements at the January meeting.

**16/17/42** **European Regional Development Fund (ERDF) Bid**
Jason Taylor reported on the Liverpool City Region Health Enterprise Hub funded by ERDF to develop innovative products and services. The hub had been set up with a total of 7 partners including Alder Hey. The first payment would be received around March 2017.

**Resolved:**
An update on the ERDF Bid was received.

**16/17/43** **Alder Hey Academy**
Melissa Swindell provided an update on the development of an Alder Hey Academy to provide apprenticeships and accreditations. A working group had been established to progress.

**Resolved:**
REIC received an update on the Alder Hey Academy.

**16/17/44** **Edge Hill update**
**Resolved:**
This item was noted for information.

**16/17/45** **Commercial Trails in Paediatrics**
Charlie Orton provided an update on the scoping exercise to define the hypothecated potential volume and value of commercial research relevant to the paediatric population served by Alder Hey Children's NHS Foundation Trust.

A manual exercise to identify and review all "under 18, UK, on-going and not approved studies" from EU Clinical Trials Register was to take place. With the current resources within research this piece of work would take around 2-3 months to complete. David Powell agreed to provide support on this from the Development team.

A structure to review commercial research trails was to be implemented.

**Resolved:**
REIC agreed to receive a further update at the January meeting.

**16/17/46** **Any Other Business**

No other business was reported.

**Date and Time of next meeting:**
**Thursday 19th January 2017, 1300, Room 7, Level 1 Mezzanine, Alder Hey Children's NHS FT.**

**Audit Committee**
Minutes of the meeting held on **Thursday 24th November 2016,**
**Room 7, Mezzanine, Level 1**

| | | | |
|---|---|---|---|
| **Present:** | Mr S Igoe (Chair) | Non-Executive Director | (SI) |
| | Mrs J France-Hayhurst | Non-Executive Director | (JFH) |
| **In Attendance:** | | | |
| | Mrs L Cobain | Assistant Director | (LC) |
| | Mr J Gibson | Programme Director | (JG) |
| | Mrs H Gwilliams | Chief Nurse | (HG) |
| | Mrs A Latham | Director, KPMG | (AL) |
| | Mrs M McMahon-Joseph | Senior Audit Manager | (MMc) |
| | Mrs E Saunders | Director of Corporate Affairs | (ES) |
| | Mr J Stephens | Director of Finance/Acting CEO | (JS) |
| | Mrs M Swindell | Director of HR | (MS) |
| | Mrs J Tsao | Corporate Administrator | (JT) |
| **Apologies:** | | | |
| | Mrs C Liddy | Deputy Director of Finance | (CL) |
| | Miss E Kirby | Assistant Manager KPMG | (EK) |
| | Mrs V Martin | Counter Fraud Specialist | (VM) |
| | Mrs A Marsland | Non-Executive Director | (AM) |
| | Mrs K Wheatcroft | Director of MIAA | (KW) |

**16/17/46 Minutes of the previous meeting held on 22nd September 2016**
**Resolved:**
The Committee approved the minutes of the previous meeting.

**16/17/47 Matters Arising and Action list**
There were no matters arising; the action list was updated accordingly.

**16/17/48 Internal Audit Progress Report**
The following three audits have been completed since the last Audit Committee:
IG Stocktake
Audit Committee noted the challenges on completing the IG Stocktake due to the small team and thanked those involved. The outcome of the audit had been rated as: significant assurance.

Change Programme Assurance Framework
A number of recommendations have been recommended, as this was an item on the agenda it was agreed this would be covered then.

Composite Follow up
11 reviews taken place between 2013-2016. From those reviews there had been 48 recommendations:
11 implemented
9 partially implemented
28 not implemented – These recommendations have been rated as: 15 high risk, 14 medium risk and 8 low risk.

**Resolved**
Audit Committee:
a) Received the content of the Internal Progress report.
b) Requested an update on outstanding recommendations under composite follow up in January 2017 with all recommendations completed by March 2017.

c) Approved the request to transfer the days originally allocated within the plan for Post Occupancy review/Benefits realisation to the contingency element of the plan, for future use.

**16/17/49 Follow up Audits**

A follow up report on November 2016 position was given. The findings showed: 11 reviews had taken place with 48 recommendations and 28 outstanding, 8 were in relation to clinical audit, a separate document on their position had been included.

**Resolved**

Audit Committee:

d) Received the Follow up report.

e) Requested an update on outstanding recommendations in January 2017 with all recommendations completed by March 2017.

**16/17/50 Internal Audit Charter**

**Resolved:**

The internal audit charter establishes the internal audit activities position within the Trust and was received.

**16/17/51 MIAA Insight – Audit Committee update November 2016**

**Resolved:**

MIAA Insight was received.

**16/17/52 KPMG Technical update**

The Department of Health group accounting manual includes mandatory accounting guidance for the DH group bodies and had now been published.

The Single Oversight Framework (SOF, which is designed to help NHS providers attain and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'.

Peter Young, Chief Information Officer, Louise Shepherd, Chief Executive with leads are to present the proposals for the Global Digital Exemplar in London next month. The Chair requested a paper on any accounting policies for the next meeting.

**Resolved:**

Audit Committee received the content of the KPMG Technical report.

**16/17/53 6 month programme assurance review**

Following approval of a revised programme assurance process in April 2016, Audit Committee had requested and commissioned a 6 month review.

The methodology of the review considered the evidence and the governance of the programme. The findings of these areas were included in the report. Contributors to review included a across section of staff.

**Resolved:**

Audit Committee

a) Received positive assurance.

b) Approved all 9 recommendations.

**16/17/54 Monitor Quarterly submissions**

Following on from the last meeting Erica Saunders reported the Single Oversight Framework (SoF) had been received and approved at the last Resource and Business Development Committee. Guidance on the governance of (SoF) was awaited from NHSI.

Jonathan Stephens highlighted pressures around ensuring the Trust meets the agreed Control Total, noting it would be important for the Trust to engage in conversations with the regulator if required.

**Resolved:**
Monitor Quarter 2 received.

**16/17/55 Integrated Board Assurance report**

Following Auditors reflections all sub committees of the Board now receive the Board Assurance Framework (BAF).

Auditors gave their comments on the BAF noting good content and strong progress of risks.

To provide further detail it was agreed Tony Rigby, Quality Assurance Officer would be invited to attend the January meeting.

**Resolved:**
Audit Committee received and noted the content of the Integrated Board Assurance report.

**16/17/56 Policy Register report**

The policy review report highlighting progress and policies outstanding was received.

A table on the 12 outstanding HR policies and progress to date was presented. The delay with a number of policies had been around meeting with staff side. Melissa Swindell reported on a recent meeting with the staff side chair and agreement on a number of principles. For the next meeting Melissa agreed to provide timescales for when the policies would be completed.

Phil O'Connor, Clinical Quality Steering Group chair would be invited to present this item going forward.

**Resolved:**
Audit Committee received the progressed policy report

**16/17/57 Corporate Governance Manual**

Audit Committee received the Corporate Governance Manual.

It was noted page 101 item 11.2 was to be changed from Department of Health to NHSI.

The governance manual would be signed off with all budget holders. In early 2017 a pocketbook for operational use would be available.

**Resolved:**
Audit Committee received the Corporate Governance Manual.

**16/17/58 Wavier activity report**

Audit Committee received and reviewed the losses and special payments for the period from 15th September – 25th October 2016. 22 waivers had been approved for the total amount of £ 899,325.23.

**Resolved:**
Wavier activity report was received.

**16/17/59 Meeting Review**

Audit Committee agreed the meeting had gone well and ran to time.

**16/17/60 Any other business**

No other business was reported.

**Date and Time of next meeting: - Thursday 26th January 2017 2016 at 1400, Room 7, Level 1 Mezzanine.**

**ALDER HEY IN THE PARK PROJECT**

| **HIGHLIGHT REPORT**<br>**Site & Park Development** | **Date: 30/01/17** | | | | | | | | | **Period: January 2017** | | | | | | | | | | | | | | | | **SRO: David Powell** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Report Number:** | | | | | | | | | **8** | | | | | | | | | | | | | | | | **Author: Chris McCall** |
| **Programme 2016/17** | **Dec-16** | | | | **Jan-17** | | | | | **Feb-17** | | | | **Mar-17** | | | | **Apr-17** | | | | **May** | | | | |
| **Week Commencing** | **5** | **12** | **19** | **26** | **2** | **9** | **16** | **23** | **30** | **6** | **13** | **20** | **27** | **6** | **13** | **20** | **27** | **3** | **10** | **17** | **24** | **1** | **8** | **15** | **22** | **19** | |
| Temporary Moves | | | | | | | | | | | | | | | | | | | | | | | | | | | **Project completed** |
| Decommissioning & Demolition (Phase 1 & 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | Asbestos surveys completed and tenders issued. Phase 1a demolition (A&E Building) commenced internal strip out of building. Knocking down of the building to commence week of 30th Jan. |
| Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | Progressing on programme. Recommendation of Preferred Bidder taken to Trust Board - awaiting the outcome of Outline Planning Application prior to appointing PB. Concerns have been expressed by the public with regard to the impact on traffic and schools. Trust is in discussion with LCC to identify mitigations. |
| Park | | | | | | | | | | | | | | | | | | | | | | | | | | | Engagement with local community and exploring grant/funding options continues. Discussions ongoing with LCC regarding the Heads of Terms |
| Corporate Offices/Clinical on-site | | | | | | | | | | | | | | | | | | | | | | | | | | | Design competition deferred pending outcome of residental bid. |
| Research & Education Phase II | | | | | | | | | | | | | | | | | | | | | | | | | | | Final price agreed with Morgan Sindall. Currently in the process of signing off funding agreements with the Universities. Building will commence following the demolition of A&E block. |
| Community | | | | | | | | | | | | | | | | | | | | | | | | | | | Meeting held with CBU leads to develop high level Schedule of Accommodation which needs further interrogation. A detailed audit programme is being developed in order to define actual requirements. Workshop planned for January has been re-scheduled to February. |
| Agile Working | | | | | | | | | | | | | | | | | | | | | | | | | | | PID has now been finalised and submitted for approval. Finalising plans to commence pilots in February. |
| On-site Residual | | | | | | | | | | | | | | | | | | | | | | | | | | | Whole process and requirements to be reviewed in line with potential for new office block to be developed within the residential bidder offers |
| Alder Centre | | | | | | | | | | | | | | | | | | | | | | | | | | | Discussions ongoing with the Charity regarding grant document. OJEU developed and will be issued on Monday 6th February. |