Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING
Thursday 22nd October 2020, commencing at 9:00am
via Microsoft Teams

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
PATIENT/STAFF STORY (9:00am-9:15am)							
1.	**20/21/147**	**9:15 (1 min)**	**Apologies.**	Chair	To note apologies.	**N**	For noting
2.	**20/21/148**	**9:16 (1 min)**	**Declarations of Interest.**	All	Board Members to declare an interest in particular agenda items, if appropriate.	**R**	For noting
3.	**20/21/149**	**9:17 (3 min)**	**Minutes of the Previous Meeting.**	Chair	To consider and approve the minutes of the meeting held on: **Tuesday 24th September 2020.**	**D**	Read minutes
4.	**20/21/150**	**9:20 (5 mins)**	**Matters Arising and Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	**A**	Read action log
COVID-19 Assurance Plan - Progress Update and Incident Response							
5.	**20/21/151**	**9:25 (60 mins)**	• **Overview – top level indicators.**	J Grinnell	To update the Board on progress.	**A**	Presentation
			• **Winter Plan progress.**	A Bateman	To update the Board on progress.	**A**	Read report
			• **Access and Restoration of Services.**	A. Bateman	To provide an update on the progress made with the Access & Restoration initiative undertaken. To provide assurance to Trust Board of activity in relation to the Mental Health Act (1983) for the reporting period 1st September 2019 to 31st August 2020.	**A**	Read report
			- **Access to Out of Hospital Care and Mental Health Services.**	L. Cooper		**A**	Read report
			• **Staff/Patient Safety:** - **IPC COVID Assurance Framework.**	N. Murdock/ B. Larru	To provide the Board with an update.	**A**	Presentation

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			- **Flu jab status.**	N. Murdock/ B. Larru	To provide the Board with an update.	**A**	Presentation
			- **Staff absence.**	M. Swindell	To provide the Board with an update.	**A**	Verbal
			• **Financial Framework Update.**	J. Grinnell	To provide an overview of the position for Month 6 and the latest financial guidance.	**A**	Presentation
			• **COVID Risk Register.**	J. Grinnell	To discuss the current 5 Key Risks.	**A**	Read report
Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led							
6.	**20/21/152**	**10:25 (10 mins)**	**Mortality Report, Q1.**	N. Murdock	To present the finding from Q1.	**A**	Read report
7.	**20/21/153**	**10:35 (10 mins)**	**Cumulative Corporate Report Metrics - Top Line Indicators:** • **Quality.** • **Safety.** • **Effective/Responsive.**	N. Murdock/ P. Brown/ A. Bateman	To receive a weekly metrics/monthly report of Trust performance for scrutiny and discussion, highlighting any critical issues.	**A**	Read report
8.	**20/21/154**	**10:45 (15 mins)**	**Serious Incident Report:** • **Pressure ulcer quality summit summary of actions.**	P. Brown	To provide board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.	**A**	Read report Presentation
The Best People Doing Their Best Work							
9.	**20/21/156**	**11:00 (5 mins)**	**Cumulative Corporate Report Metrics - Top Line Indicator:** • **People.**	M. Swindell	To receive a weekly metrics/monthly report of Trust performance for scrutiny and discussion, highlighting any critical issues.	**A**	*(refer to item 7)*
10.	**20/21/157**	**11:05 (10 mins)**	**Alder Hey People Plan Update:** • **EDI Task Force Action Plan.**	M. Swindell/ C. Dove	To provide an update on the People Plan. To provide an update on the EDI Task Force Group Action Plan.	**A**	Read report/ action plan
Game Changing Research and Innovation							
11.	**20/21/158**	**11:15 (10 mins)**	**Research Recovery Plan.**	J. Taylor	To provide a progress update.	**A**	Presentation

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Sustainability through Partnerships							
12.	**20/21/159**	**11:25 (10 mins)**	**Starting Well, Prevention and Alder Hey's Partnership with Liverpool City Council Public Health.**	D. Jones/ M. Campbell	For information and discussion.	**N**	Presentation
Strategic Update							
13.	**20/21/160**	**11:35** **(30 mins)** **(20 mins)**	**Alder Hey in the Park Campus Development update:** • **3D Campus Model Presentation.** • **Engagement Plan.** • **Capacity Lab presentation.**	D. Powell D. Powell M. Flannagan J. Kirkham	To receive an update on key outstanding issues/risks and plans for mitigation. For information and discussion. To receive the proposed approach to engaging with the local community and other stakeholders. To provide an update.	**A** **A** **N** **A**	Read report Presentation Read report Presentation
Lunch (12:25pm-12:45pm)							
Strong Foundations (Board Assurance)							
14.	**20/21/161**	**12:45 (10 mins)**	**Reducing the Burden: Board Assurance Committees Reset – Completion of Phase 1.**	E. Saunders	To provide an update on progress.	**A**	Presentation
15.	**20/21/162**	**12:55 (5 mins)**	**Board Assurance Framework Report.**	E. Saunders	To provide assurance on how the strategic risks that threaten the achievement of the Trust's strategic operational plan are being proactively managed.	**A**	Read report
16.	**20/21/163**	**13:00 (10 mins)**	**Board Assurance Committees; report by exception:** • **Resources and Business Development Committee:** - **Chair's verbal update from the meeting held on the 19.10.20.** - **Approved minutes from the 26.8.20.** - **Approved minutes from the 23.9.20.**	I Quinlan	To escalate any key risks, receive verbal updates and note approved minutes.	**A**	Verbal/ read approved minutes

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
			• **Safety Quality Assurance Committee:** - **Chair's verbal update from the meeting held on the 21.10.20.** • **Innovation Committee:** - **Chair's verbal update from the meeting held on the 12.10.20.** - **Approved minutes from the 6.7.20.** • **Liaison Committee:** - **Approved minutes from the 9.9.20.**	A. Marsland S. Arora D. Powell			
Items for information							
17.	**20/21/164**	**13:10**	**Any Other Business.**	All	To discuss any further business before the close of the meeting.	**N**	Verbal
18.	**20/21/165**	**13:13**	**Review of meeting.**	All	To review the effectiveness of the meeting and agree items for communication to staff in team brief.	**N**	Verbal
Date And Time of Next Meeting: Thursday, 26th November, 9:00am-2:00pm, via Microsoft Teams.							

REGISTER OF TRUST SEAL
The Trust Seal was used in September 2020: - Deed of Novation – Hopkins and Morgan Sindall. - Reversionary Lease – Laidrah Limited.

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION	
Financial Metrics, M6	**John Grinnell**
CQC Action Plan	**Erica Saunders**
Corporate Report	**Executive Leads**

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Confirmed Minutes of the meeting held on **Thursday 24th September 2020 at 9:00am,** via Microsoft Teams

Present:	Dame Jo Williams	Chair/Non-Executive Director	(DJW)
	Mrs. S. Arora	Non-Executive Director	(SA)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Prof. F. Beveridge	Non-Executive Director	(FB)
	Mrs. P. Brown	Acting Chief Nurse	(PB)
	Mrs. K. Byrne	Non-Executive Director	(KB)
	Mrs. C. Dove	Non-Executive Director	(CD)
	Mr. J. Grinnell	Director of Finance/ Deputy Chief Executive	(JG)
	Mrs. A. Marsland	Non-Executive Director	(AM)
	Dr. F. Marston	Non-Executive Director	(FM)
	Dr. N. Murdock	Medical Director	(NM)
	Mrs. L. Shepherd	Chief Executive	(LS)
	Mrs. M. Swindell	Director of HR & OD	(MS)
In Attendance:	Mr. A. Bass	Director of Surgery	(AB)
	Ms. L. Cooper	Director of Community Services	(LC)
	Dr. U. Das	Director of Medicine	(UD)
	Mrs. C. Liddy	Director of Innovation	(CL)
	Mrs. D. Jones	Director of Strategy and Partnerships	(DJ)
	Dr. A. Hughes	Deputy Medical Director	(AH)
	Mrs. K. McKeown	Committee Administrator (minutes)	(KMC)
	Mr. D. Powell	Development Director	(DP)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)
	Mrs. K. Warriner	Chief Information Officer	(KW)
Patient Story	Ms. V. Furfie	Chief Clinical Information Officer, Community Division	(VF)
	Ms. T. Tayor	Parent of patient	(TT)
Item 20/21/130	Ms. K. Turner	Trust Lead for Listening into Action	(KT)
Item 20/21/132	Ms. F. Ashcroft	CEO of the Charity	(FA)
Apologies:	Prof. M. Beresford	Assoc. Director of the Board	(PMB)
	Mr. M. Flannagan	Director of Communications	(MF)
	Miss. J. Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mr. I. Quinlan	Vice Chair/Non-Executive Director	(IQ)

Patient Story

The Chair welcomed Tanya who had been invited to September's Trust Board to share her son's 10 month journey at Alder Hey, his delay in discharge due to the pandemic and the positive impact that the Complex Discharge Team had in resolving this which enabled her son to return home with the correct support. The Chair also welcomed Victoria Furfie, Clinical Information Officer for the Community and Mental Health Division, who was supporting Tanya from an IT perspective during the meeting.

Tanya informed the Board that Kole was admitted to Alder Hey on the 7.9.20 following an accident at home. Kole went into cardiac arrest and had a downtime of fifty-five minutes. Paramedics administered nine rounds of adrenalin and managed to re-start his heart. Tanya

pointed out that Kole was not expected to live but he proved everyone wrong and after being in intensive care for 10 days on a ventilator, started to breath unaided.

Kole was eventually transferred onto Ward 4B where he received intensive rehabilitation. The family were advised not to expect too much of Kole which as Tanya highlighted was a real shock.

Tanya commended the staff who looked after Kole and pointed out how amazing and supportive they were, especially Cathryn Livingstone and Natalie Chong. Psychological support was available within 24 hours and there was always somebody available to speak to regardless of the hour. Tanya informed the Board that her family were never made to feel embarrassed about Kole's accident which has helped with the emotional healing process.

The Board was advised that Alder Hey arranged child care during lockdown for Tanya to enable her to spend time with her son and undergo the training that was required to support Kole at home. Tanya highlighted the caring attitude of staff and drew attention to the fabulous support that she received from the Community Team who were always just a phone call away. As the pandemic unfurled contact ceased but every day without fail Tanya received a phone call from Natalie Chong to see if she was well and had enough supplies for her family. Tanya pointed out that it was very lonely during lockdown as she didn't have any family around to offer support so the daily phone calls that she received from Natalie were a lifeline, lockdown did not stop Alder Hey from offering their help and support.

Tanya informed the Board that Kole is an inspiration, every day he suffers with acute pain but he gets through it. Tanya pointed out that Alder Hey is a magical place, from the cleaners to the porters to the staff in the canteen, everyone is so special and without Alder Hey this conversation wouldn't be taking place as Kole would not have survived.

On behalf of the Trust Board, the Chair thanked Tanya for sharing her family's experience and advised that the positive comments made in respect to the staff at Alder Hey will be fed back.

Louise Shepherd felt that this story should be shared to highlight the positive feedback received from Kole's family and asked Vicky Furfie to liaise with Tanya to gain her approval for the recording to be shared.
Action: VF

20/21/118 Welcome and Apologies

The Chair welcomed everyone to September's Trust Board meeting and noted the apologies that were received.

20/21/119 Declarations of Interest

The Board noted the declaration received from Fiona Marston in relation to her association with CEIDR.

20/21/120 Minutes of the previous meetings held on Tuesday 8th September
Resolved:
It was agreed that the minutes from the meeting held on the 8th September were an accurate record of the meeting.

20/21/121 Matters Arising and Action Log

Action - Patient Story: *Invite Claire and Sean Robinson to participate in the forthcoming work around Therapy Services that is taking place to look at the barriers being experienced by patients/families who have to access services in the*

community following discharge from Alder Hey - Lisa Cooper contacted the family on the 8.7.20 to invite them to be part of the service improvements.
ACTION CLOSED

Action - Patient Story: *Look into the possibility of supporting families without access to technology to enable them to participate in virtual consultations/meetings* - Devices have been issued via the Community Division. This has not been a recurring problem but there are plans in place if an issue is identified.
ACTION CLOSED

Action 20/21/91.1: *Nursing Workforce Report for 2019/20 (provide the Non-Executive Directors with background information on the history of Ward 4A and the recent challenges experienced on the ward)* – A sit rep was shared with the Chair for circulation to the Non-Executive Directors. **ACTION CLOSED**

Action 20/21/91.2: *Year-End Quality Assurance - Q4 Mortality Report (conduct a deep dive into the cases reviewed where a patient is recorded as having learning disabilities. Ensure additional narrative is incorporated in future reports around the conclusion of reviewed cases relating to patients with learning disabilities)* – It was confirmed that additional narrative will be included in future reports around the conclusion of reviewed cases relating to patients with learning disabilities.
ACTION CLOSED

Action 20/21/93.1: *Serious Incident Report (Compare recent Serious Incident figures against data from previous years to ascertain improvement)* – A comparison of figures has been conducted against data from the previous year and included in the Serious Incident report. Kerry Byrne asked if a comparison of the last two to three years could be carried out to look at whether the Trust has more or fewer serious incidents. It was agreed to provide this information via a line graph in the next report.
ACTION TO REMAIN OPEN

Action 20/21/113.1: *Robust response to the 'Black Lives Matter' movement and Improvement Plans for supporting Black, Asian and Minority Ethnic Communities Locally (statement from the Chair and CEO to be sent to all staff making them aware of the creation of the Task Force Group and its remit)* - A statement is in the process of being signed off in preparation for circulation to staff. **ACTION CLOSED**

Phase 3 Covid-19 Response

Louise Shepherd introduced the Trust's Phase 3 response to Covid-19 and provided an outline of the changes that have transpired during the last three weeks which has resulted in the Trust going back into incident management mode. The Board was advised that there will be a focus on the operational aspects of winter, the risks that the Trust faces and the mitigations that are in the process of being implemented. It was pointed out that the Trust will have to manage a certain amount of risk in order to protect staff and patients, an oversight of this will be shared with Board members.

An update will be provided in respect to the Trust's allocated income and the system that will be in place from the 1.10.20 to the 31.3.21, along with an overview of the actions that are being implemented to address the ongoing pressures in the Infection Prevention and Control Service.

20/21/122 *Winter Plan 2020*

It was reported that the Winter and Covid-19 Emergency Response Plan has been combined and has three goals; 1. Provide safe care. 2. Keep staff safe and 3.

Maintain access to children's healthcare. This will include some routine work and urgent and emergency work throughout the winter period. It was pointed out that the Trust is mindful of the displacement of lockdown and the need to do more to protect children's service over the next six months.

The Board received a number of slides which provided the following information:

- Six key deliverables of the plan:
  - Effective testing and tracing service for staff and patients.
  - Adequate forward supply of PPE.
  - Increase capacity, staffing levels and support to emergency and critical care services.
  - Wellbeing and psychology support to staff.
  - Flu vaccination.
  - Reduce transmission through Hands -> Face -> Space and strong infection prevention.
  - Escalation scenario and response framework:
  - Information was provided on the escalation level triggers and the four levels of response to those triggers.

The Board was advised that it is not the Trust's intention to repeat the Covid-19 adult response that the organisation had during the first wave of the pandemic due to the effect it had on the displacement of children's service. It was confirmed that the Trust will request confirmation of its role in the Clinical Care Network when there is pressure on acute and critical care across the region.

It was confirmed that the detailed Winter Plan Report is to be submitted to the Executive Team on the 29.9.20 and will be circulated to Board members following this date.

20/21/122.1 Action: AB

The Chair thanked Adam Bateman for the update and commended the planning that has taken place.

It was reported that a decision has been made by the Executive Team to implement Strategic Command mode w/c 28.9.20 in order to have oversight of the incident/situation and review the Trust's existing plan to maintain services. It was agreed to share the oversight structure with Board members.

20/21/122.2 Action: JG

Financial Update: 2020/21 Financial Plan and Phase 3 Framework

It was reported that the Trust has received an update on the allocation of funds for M7-M12, 2020/21. Within the system envelope there is to be a continuation of block payments at 2019/20 levels, plus inflation. In addition to this there will be a £185m system top up, a £2.6m growth funding and £132m Covid-19 funding that is being shared across the system. Attention was drawn to the risk relating to the funding shortfall that relates to research, catering and education.

The Board was advised that contract methodologies and sanctions have been suspended and Covid funding includes free staff car parking up until the end of March 2020. There is confidence in the national PPE supply therefore it is assumed that there will be no local spend. It was reported that the new model potentially allows trusts to accumulate cash as long as balances aren't excessive. There is additional funding to be made available for NHS 111 first and new

guidance has been published for Commissioned Providers in respect to testing funding.

The Board was advised of the NHSI projected 2020/21 position for all providers based on the new framework and the impact that this will have to Alder Hey. It was pointed out that in the event the Trust doesn't receive central funds it will have a deficit downside of £17.827m. On the basis that the Trust receives the system top up of £6.080m, the Covid reimbursement of £3,400m and commissioner fund investment of £1.536m the Trust will have a residual gap of £6.811m which is driven by Non Clinical income lower than 2019/20 levels, an increase in cost base from 2019/20 and additional costs to restore winter. It was reported that the Trust is fairly certain that it will receive the £11.016m funding as highlighted.

The Trust is going to press its case with the Centre in respect to the Non Clinical income but it was felt that the organisation needs to challenge itself on this matter too. The Board was advised of the next steps; secure Phase 3 funding from system and commissioners, accelerate through managing the Alder Hey pound via cost improvement and restraint, reshape the financial strategy for the next five years under new NHS architecture and complete Phase 3 submissions as required *(C&M system submission date is the 5.10.20 and complete individual organisation plans by the 22.10.20)*

The Board was advised of the element of risk to the organisation as a result of the £2m cost that is required to maintain activities and manage urgent care demands during the winter period. The recommendation to the Board is that the Trust takes a risk based approach in respect to this issue.

The Chair provided a summary of the discussion whilst drawing attention to the importance of acknowledging the £2m investment that is required to restore services during the winter period. Following discussion the Board approved the Trust's approach whilst recognising the £2m financial risk to the organisation.

Louise Shepherd informed that Board of a discussion that took place during a national call with the Chief Operating Officer for NHSI, Amanda Pritchard. The outcome of the discussion highlighted that the national focus at the present time is on staffing/capacity and not funding. Attention was drawn to the importance of preparing for the winter period whilst balancing the risk.

Fiona Beveridge drew attention to the subject of the organisation's cash in respect to the amount that is allocated for projects/programmes, and asked as to whether it would be possible for the Board to receive a high level overview of the plans for the Trust's cash. It was reported that the Trust has £100m of true cash reserves in the bank. The organisation's capital investments programme will reduce the cash balance to £10m after year 4. It was reported that this does carry some risk/pressures.

It was reported that discussions have taken place during RABD regarding this matter and it has been agreed to submit a regular document to the Committee/ Trust Board to outline the cash balance in terms of cash commitment, for example, what has already been contracted/what has been Board approved and waiting to be contracted. Attention was drawn to the Trust's intentions to finalise the proposals for the campus in line with a reasonable plan. A report will be submitted to the Trust Board in due course.

20/21/122.3 Action: JG

The Chair thanked John Grinnell for providing an update on the organisation's financial position.

For noting
The Board approved the £2m investment that is required to restore services during the winter period, whilst recognising the financial risk to the Trust.

Covid Risk Register

The Board received the updated Covid-19 Risk Register which was submitted to provide assurance of the effective management of Covid-19 operational risks, in line with national guidance.

Attention was drawn to the key risks; access to services, staffing fragility in terms of the pandemic, financial risks, equity of access and an ongoing focus to ensure that services are available to the organisation's communities.

Shalni Arora queried the impact to the organisation owing to the loss of research income. It was reported that the organisation has challenged itself to progress the Research Programme and is going live with a commercial research distribution model that will be driven by the Divisions and the Research Team.

For noting

IPC Covid Assurance Framework

A meeting took place on the 9.8.20 with the CQC who are assured that the information being provided to the Board is correct, for example, policies, procedures, etc. A stock take discussion is going to take place between IPC and Estates to ensure we are where we should be.

The Board was advised of the staffing pressures in the IPC department due to sickness absence. Work is taking place to backfill roles but it was pointed out that it is very difficult to recruit IPC professionals. It was reported that a number of staff members have shown an interest in IPC and there is a possibility that these members can be trained in this area of work. Attention was drawn to the importance of strengthening the department to ensure that the IPC service is robust over the next six to twelve months. Recruitment of a DIPC has taken place and the Trust is expected to appoint within the week.

A discussion took place around the benefits of the stock take idea as it was felt that it would be helpful to house relevant information in a central location in order to access it quickly when requested, for example, CQC. It was reported that the Trust has developed a tool using the national IPC BAF tool and the questions set by CQC in order to provide comprehensive in assurance when requested.

It was queried as to whether the IPC Covid Assurance Framework could be combined with the Trust's Board Assurance Framework. It was agreed to discuss this matter outside of the meeting.

20/21/122.4 Action: ES/NM/PB

20/21/123 Division of Surgery: Governance and Safety Rates

Alfie Bass reported that the Division of Surgery (DoS) receives a great deal of oversight from Liverpool CCG (LCCG) and NHS England (NHSE) from a governance

perspective. Meetings take place on a monthly basis and it was confirmed that LCCG and NHSE are pleased with the Division's progress.

The Board was provided with an outline of the headings that the Division is focussing on; **1**. Governance Structure in the DoS – There are three broad aspects that sit under this heading: personnel, process, and enhancing the Integrated Governance group which has oversight and co-ordinates the gathering of information. **2.** Helping Teams Transform Programme. **3**. Liaising with the Ulysses, cleaning the system to make it user friendly and integrating mortality and morbidity information onto the system. It was reported that the Orthopaedic department are going to pilot a mortality and morbidity programme in Ulysses.

There has been a focus on recruiting the right people to in order to support the new governance structure. The DoS has appointed two Band 7 Safety Officers who will commence in post in November 2020. The Safety Officers will assist teams across the Division with reports and the gathering/co-ordinating of correct information. A Medical Lead for governance has also been appointed, this role has a clear reporting structure and will be provided with the correct information.

The Board was advised of the relaunch of the Integrated Governance Committee (IGC) meeting based on exception reports. Templates will be completed on a monthly basis and submitted to the IGC for the DoS. The information that is gathered will be used as part of the Divisional learning sessions in order to focus on two to three key areas across the DoS.

An external Never Event Strategy Review has commenced in Theatres. Focus groups took place on the 11.9.20 and a total of 25 theatre users were interviewed. This data will form part of the two day thematic review that is due to take place in the next four to six weeks. The report will be shared with the Trust Board once it is available.

The Helping Teams to Transform Programme will be launched in pilot form in October 2020, and will be fully rolled out by January 2021. The financial package is due to be reviewed by the Operational and Strategic Delivery Board on the 1.10.20. The programme is being rolled out initially in pilot form as there are only a small amount of trained staff available to deliver the programme.

The Board was advised that the Ward Attender issue that has been on the risk register for a long period of time has been fully resolved for Ward 4A and Ward 3A.

The Chair thanked Alfie Bass for being very open and honest in his appraisal of the Division's situation and felt that it is clear that things are progressing at a great pace. It was agreed that an update would be provided to the Board via presentation on the 28.1.21.

20/21/123.1 Action: AB

20/21/124 Weekly Corporate Report – Top Line Indicators

The Board received the top line quality, safety, effectiveness and responsive indicators highlighted in the weekly Corporate Report. The following points were highlighted:

Safety:

- There were 4 Serious Incidents reported between the 1.6.20 and the 31.8.20; 2 catastrophic and 2 moderate.
- There were no Covid-19 acquired infections reported in month.

• Sepsis – It was reported that the DETECT study has helped with the identification and rapid response for treating patients with Sepsis. It was agreed to invite David Porter and James Ashton to a future Trust Board meeting in order to receive an update on Sepsis.

20/21/124.1 Action: NM

Effectiveness and Responsive:

- The Emergency Department (ED) has treated 93.49% of patients within four hours. The Chief Operating Officer paid tribute to the ED Team for this positive outcome.
- Cancer Care has been sustained throughout the pandemic.
- The Division of Surgery and the Community Division have achieved their target of 0 in respect to patients waiting more than 52 weeks without a clinical review.

Resolved:
The Board noted the top line quality, safety, effectiveness and responsive indicators highlighted in the weekly Corporate Report metrics.

20/21/125 Serious Incident Report

The Serious Incident report was presented to the Board to provide assurance of the efficacy of the Serious Incident Management and Duty of Candour process, focussing on learning from experience. The following points were highlighted:

- The Board was advised that there have been nine Serious Incidents reported to StEIS between the 31.7.20 and the 31.8.20 of which 3 are moderate in terms of StEIS reporting. There were zero incidents reported to StEIS in June 2020.
- Attention was drawn to the learning that has been gained as a result of 72 hour reviews that take place following an incident, of which, the Trust has received positive feedback from LCCG. It was reported that during the pandemic where a comprehensive 72 hour review has been undertaken they may state that we don't need to progress to an RCA Level 2. That is the case with a 72 hour review in relation to a pressure ulcer that was completed.

Nicki Murdock provided some further detail and assurance in relation to a number of incidents within the report. The Board was advised that the cases highlighted are very complex and serious incidents that need to be investigated, but it was pointed out that investigations are still underway and it may be the case that there has been no lapse in care identified once these are concluded.

The Chair thanked Pauline Brown for the excellent work that has taken place to address serious incidents, as highlighted in the report.

Resolved:
The Board received and noted the contents of the Serious Incident report for June, July and August 2020. .

20/21/126 Position Statement for PALS and Complaints, Q1
Resolved:
The Trust Board received and noted the contents of the Complaints and PALS report for Q1, 2020/21.

20/21/127 Infection Prevention Control Report, Q1

The Board received the Infection Prevention Service report for Q1 2020/21. The following points were highlighted:

- It was reported that during April 2020 the Trust had a cluster of VRE cases on PICU. Since the adult patients were discharged there have been no further cases of VRE infection on critical care.
- During Q1 there was one patient who acquired Covid-19 during hospital admission. The patient who was being treated on HDU was diagnosed in April 2020. The patient fully recovered from Covid-19 but remained an inpatient due to having complex medical conditions. There were no other cases on the ward at the time and the source of the infection was unknown.

It was felt that the hand hygiene compliance for Q1 was poor given the emphasis on the current crisis. The Board was advised that 83% compliance is adequate to reduce infection and the Trust is reporting 96.8% compliance.

A query was raised as to whether there are any plans to report surgical site infections. It was reported that this matter will be discussed with the new DIPC.

Resolved:
The Board received and noted the contents of the Infection Prevention Service report for Q1, 2020/21.

20/21/128 Cumulative Corporate Report Metrics – Top Line Indicator

The Board received the top line people indicator highlighted in the weekly Corporate Report. The following points were highlighted:

People

- Overall sickness absence for w/c the 21.9.20 is 6.65%; non Covid related sickness is 5.08%, Covid related sickness is 0.08% and absence related to Covid is 1.50%. It was reported that extra resources have been implemented to support line managers to address sickness levels.

  The Board was informed of the letter that the Trust received from the Chief People Officer regarding sickness absences. It was pointed out that the Trust provided information on its overall absence figures which may have given an elevated view of data. When benchmarking the Trust's sickness absence figures against the rest of Cheshire and Merseyside/Greater Manchester the Trust is not an outlier. This has been highlighted to the region and the Trust has agreed to work with them as well other organisations from a sharing and learning perspective.

- The Trust continues to achieve 90% mandatory training levels overall.
- PDRs have been reinstated following a pause, with simpler paperwork to support this process. Further work is required to improve compliance against target.
- One of the recommendations made by NHSI is for all staff members to participate in a health and wellbeing conversation. It was agreed to incorporate health and wellbeing conversations during appraisals and conduct them by the third week in December. The Board was advised that the Chief People Officer for the country, Prerana Issar, has shared a set of people metrics with the Secretary of State. Once the metrics have been

published this information will be shared with the Board and included in the Trust's People Plan.

Resolved:
The Board noted the top line people indicators highlighted in the weekly Corporate Report metrics.

20/21/129 Alder Hey People Plan Update

The Board was provided with a strategic update against the Alder Hey People Plan for the month of July and August. The following points were highlighted:

- The Board received a brief outline of the three key sections; Wellbeing, Equality, Diversity and Inclusion (EDI) and Flexible Working.
- It was reported that over 300 staff have accessed SALS. The SALS team will continue to provide a range of supportive mechanisms for staff, and will develop the offer in light of staff feedback and the additional actions identified in the national People Plan. A request has been received from Cheshire and Merseyside in respect to sharing the SALS model with them.
- The Terms of Reference for the EDI Task Force have been compiled and the inaugural meeting of the group is due to take place on the 1.10.20.

Erica Saunders advised that Claire Dove has agreed to deliver the key note address at this year's Annual Member's Meeting based on the moving oration that she gave during the Trust Board on the 8.9.20. This will enable Claire's message to reach a larger audience in respect to Alder Hey's robust response to the 'Black Lives Matter' movement and improvement plans for supporting black and minority ethnic communities locally.

Fiona Marston asked as to whether there is a scope for Non-Executive Directors (NEDs) to be invited to the Schwartz Rounds. It was confirmed that there is and it was agreed to circulate the relevant links to NEDs to enable them to participate in forthcoming rounds.

20/21/129.1 Action: MS

Louise Shepherd referred to the letter that had been received from NHSI re sickness absence figures. It was pointed out that the Trust has been very clear in its response, recognising that there is an underlying issue around sickness levels and highlighting the difficulties of achieving a sickness absence target of 5%. It was felt that it would be beneficial to have a discussion about understanding the nature of the community that the organisation works in and the community from who the Trust draws its staff. The Trust has a responsibility to encourage people from disadvantaged backgrounds to become members of the Trust's workforce. The Trust has shared its concerns with NHSI and has asked for a piece of work to be conducted that will involve the Trust, in order to identify why underlying rates are different in this part of the world.

The Chair drew attention to the importance of ensuring appraisals/health and wellbeing conversations take place by the third week in December, and acknowledged the developments that have been made in respect to progressing the EDI Task Force Group. On behalf of the Board, the Chair thanked Melissa Swindell and her team for working so hard to embrace the aspects of the People Plan.

Resolved:
The Board received and noted the contents of the Alder Hey People Plan update

20/21/130 Freedom to Speak Up

The Board was provided with a quarterly update on FTSU activities, including cases brought to the FTSU team in the period and the actions planned for the coming six to twelve month period. The following points were highlighted:

- *Evaluating Guardian/Champion Resource* - It is the aim to hold a recruitment drive for more champions, during October's Speak up Safely campaign; this will serve to promote and enhance the role, and ensure the Trust's vision for FTSU is achieved.
- *Communication Strategy* – October is set to be a busy time for FTSU, as well as a period when the Trust is celebrating its staff, the NGO's 'Speak up Month' runs during this period the Trust is planning to use the alphabet as a way to raise awareness and increase commitment. Work is taking place with the Communications team to re-launch 'Raise it Change it' and FTSU jointly as both of these methods of raising concerns are now accessible via Ulysses. It was reported that the uptake to use Ulysses as a platform to report has been low to date, therefore it was felt that an enhanced communication plan is required which will focus on who has access to the data reported by individuals, other than the Guardian and Champions, as this appears to be where the greatest concern lies for staff.
- *Triangulating Data* - The FTSU round up meeting is scheduled to take place on the 3rd November 2020. In preparation for this meeting, attendees have been asked to collate relevant data, to include incident reporting, sickness reporting, grievance and disciplinary data, SALS data, Raise it Change it queries and exit interviews to enable information to be held centrally to identify potential areas of concern. The outcome of this meeting will be incorporated in the next quarterly report.
- *Themes* – It was reported that there were no concerns being raised about one particular area, but across a range of different matters; the FTSUG will continue to monitor this.
- *Local and National Network* – It was reported that the scheduling of regional meetings have increased from bi-annual to bi-monthly and workshops have been introduced. The Chair congratulated Kerry Turner on her role in the North West and highlighted the opportunity to promote the SALS service with colleagues across the North West.

The Chair highlighted the importance of encouraging more champions and asked as to whether the Trust is doing enough in respect to working with colleagues across the system. It was reported that the Trust is on a par with Morecombe Bay who has a well-established FTSU Guardian. In relation to SALS it was felt that it supports the Trust's FTSU work and could be another avenue for Raise it Change it. Anita Marsland advised the Board that the Trust has a profile across the North West as a result of Kerry Turner's leadership within the network and lots of work has been taking place in the background via Kerry and colleagues

It was queried as to whether it would be possible to combine data from FTSU, SALS and Raise it Change it to gauge the temperature/themes in order to focus on three big impact changes. It was reported that the triangulation of data will generate a report that can be submitted to the Trust Board.

Melissa Swindell referred to the point that was made in respect to SALS supporting FTSU and pointed out that whilst there is an overlap it is imperative that staff members are aware of the FTSU process for clarity purposes. The Board was advised that SALS is a place where staff can obtain advice, concerns will naturally be raised via this route but it is important that the role of the Guardian and FTSU is

kept separate. The Trust needs to very clear on this matter as there will be members of staff who will expect to be able to raise a concern via a formal route. Communications need to be very specific about the mechanism and routes that are in place to enable staff to speak up safely.

The Chair drew attention to the importance of having a culture throughout the Trust that allows staff to feel confident about speaking up, raising concerns and seeking personal support. The Chair thanked Kerry Turner for the great work that is taking place and for providing an update.

Resolved:
The Board received the FTSU report and noted the progress made to date.

20/21/131 Innovation Strategy Update

The Board received a presentation on the draft Innovation Strategy, which received positive feedback from members. The presentation provided information on the following areas:

- ***Introducing the strategy and process:***
  - Style - (edgy and memorable).
  - Iterative process.
  - Co-produced with advisors and LCR partners.
  - Audience.
  - Focus and flexibility.
- ***Strategy themes:***
  - Structure
  - The Dream
  - The ingredients - (more work on partnerships and frame – starting well)
- ***Living Hospital*** - (Alderhey@anywhere and Advancingsafestc@re)
- ***Horizons:***
  - Horizon 1 (Here and Now) – Artificial Intelligence deployed to clinical/ Immersive use cases.
  - Horizon 2 (1-5 years) – Materials technology/Sensor and Med-Tech technology development.
  - Horizon 3 (5-10years) – Quantum computing/Robotics.
- ***Next Steps:***
  - Trust Board feedback.
  - Further development of Mission USP/partnership.
  - Co-production (colleagues and partners/CYP).
  - Brand positioning.
  - LCR Round Table.

Shalni Arora felt that the presentation was outstanding, has a sense of energy and determines the strength of opportunities available to drive this work forward.

Fiona Marston highlighted the importance of being able to define the strategy so that clear communications can take place which in turn will reinforce the brand, and felt that the Trust should be flexible and continue to challenge itself in order to gain real clarity.

Louise Shepherd thanked Board members for their comments and highlighted the importance of supporting Claire Liddy and her team to drive this area of work forward. The Board was advised that there are a lot of opportunities that the Trust needs to link in with from a city perspective as well as regionally and nationally. It

was reported that work is taking place to look at incorporating research into the strategy.

John Grinnell pointed out that one of the challenges for innovation is incorporating this area of work into the Trust's business model from a sustainability perspective. Dani Jones drew attention to the possibility of looking at sustainability from an innovation perspective via the Starting Well lens, for example, prevention/ contribution and use the outcomes to solve some of the health challenges in the city.

Fiona Beveridge highlighted the importance of engaging with universities and suggested having a focus in the strategy on the carbon footprint for sustainable care for the future as this will be a key area of attraction for potential funders.

Adrian Hughes felt that having a simple narrative would help towards effective communication with colleagues, and highlighted the importance of articulating the benefits of the strategy for children and young people to enable the Trust to work with the region and colleagues.

The Chair thanked Claire Liddy and her team for the work that has taken place on the Innovation strategy.

Resolved:
The Board noted the update provided on the draft Innovation Strategy

20/21/132 Charity Update

The Chair extended a warm welcome to the Chief Executive of the Charity, Fiona Ashcroft, and offered thanks for all of the support that has been provided to the Trust by the Charity.

The Board was provided with an update on the Charity's work during the last six months. Fiona Ashcroft advised that the Charity's main focus at the beginning of the pandemic was to look at how it could support Alder Hey. Work took place with Alder Hey to identify areas that required funding, of which, the Charity Board provided a £1.9m emergency Covid-19 funding for a range of equipment and projects with a focus not just on the impact of Covid but on the development of long-term plans for the Trust. This included money for:

- Telemedicine,
- IT equipment to enable staff to work from home.
- Research projects.
- Virtual clinic pods and specialist beds.
- Hand held scanners,
- Exercise equipment for rehabilitation.
- *Staff Wellbeing Activities* - Expanded the employee assistant programme, wellbeing coaching training, dance sessions, care packages for staff and £200k for gifts in kind.

The Board was advised of the launch of an emergency Covid-19 appeal which has raised over £700k in 4 months. It was reported that the pandemic has had a massive impact on fund raising activities and the Charity is predicting a loss of £1.5m (25%) of income in 2020/21 with similar levels in 2021/22. It was pointed out that it will take at least two years to return to a pre-Covid-19 fund raising stage. It was reported that the Charity is looking at alternatives avenues in which to raise funding. Regardless of the reduction in income the Charity is determined to support projects including the 'Seven in Ten' mental health campaign and is looking to raise

£3m for enhancements for two of the Trust's mental health buildings. A focus on mental health fund raising will take place over the next 12months.

The annual Matalan campaign is due to be launched on the 30.9.20. Matalan have agreed to support the mental health project in respect to the money that was raised in 2019 and 2020. It was reported the pyjamas will be on sale from the 30.9.20 and can be purchased on line or via click and collect from the Charity Shop in Old Swan. It was reported that the Charity is planning an exclusive evening for staff on the 30th.

It was confirmed that the Spending Committee has agreed to underwrite the buying of toys for every child over the Christmas period, and the Charity is looking at ways in which to continue to fund health and wellbeing activities for staff. Attention was draw to the £290k that has been donated by Mail Force (Daily Mail Charity) for staff testing at Alder Hey.

On behalf of the Trust Board, The Chair thanked Fiona, the Team and the Charity's Board members for the financial support that has been provided to help the Trust continue to deliver healthcare to patients during the pandemic.

Resolved:
The Board noted the Charity update

20/21/133 Alder Hey in the Park Campus Development Update

The Board received an update on the progress, risks and actions on key capital projects. The following points were highlighted:

- It was reported that the Trust has chosen not to progress its expansion space opportunities therefore a decision has been made not to purchase the property on Prescot Road. Knotty Ash Nursing Home has been reserved for potential clinical use. Discussions are taking place at Executive level in respect to a plan for the relocation of staff in a timely manner.
- Attention was drawn to the importance of making a decision on the Neonatal scheme in order to agree a way forward for the expansion, in line with budget.
- The Developer who has purchased the North East plot of land, is currently in discussion with the Trust to see how the development could support the Trust. Several workstreams are taking place to review potential service enhancements, these include, Rehabilitation, Patient Hotel, independent living accommodation for complex needs for CYP and outpatient rehabilitation. It was pointed out that the Trust will have a six month period in which to enact upon this before the opportunity closes.

Louise Shepherd offered her thanks to Capacity Lab for supporting a robust communication with the local community re the next phase of the park. This has enabled the Trust to liaise with Liverpool City Council and others and have a positive conversation about the next phase of the park development. David Powell advised the Board that Capacity Lab has been invited to October's Board meeting in order to provide an update.

Tier 4 Unit/Clinical Hub - Lisa Cooper drew attention to the impact that the demolition work will have on staff based in the Catkin Building (*Crisis Team*) and their patients, and asked that Executives conduct a walk around of the building on a regular basis in order to engage with staff which will make them feel valued.

John Grinnell advised the Board that an extensive discussion took place during September's RABD Committee meeting. It was confirmed that during October's meeting RABD will receive a report on the overall financial positon for the whole estate so that the projects can progress at a pace.

Resolved:
The Board noted the Park Campus Development update

20/21/134 Reducing the Burden: Board Assurance Committee Re-set Proposal

The Board received the draft Terms of Reference (ToR) for the Board Assurance Committees. It was reported that the Terms of Reference for the Resources and Business Development Committee (RABD) and the Safety and Quality Assurance Committee (SQAC) are still being iterated. The final amendments are as follows:

RABD

- Attendance threshold to be increased.
- Director of Strategy to be a full member.
- Change to duties; approach to having 5 key risks on an annual basis as part of the Committee's business.
- A small number of amendments to be made to the wording in the ToR.

SQAC

- Director of Strategy and CCIO are to become full members of SQAC.

ARC

- All Executive Directors to be attendees of the risk part of the meeting.

The Board was asked to ratify all of the ToR for the Assurance Committees, subject to the final amendments and being formally issued.

Resolved:
The Trust Board ratified the entire ToR for the Assurance Committees, subject to the final amendments being made.

20/21/135 Board Assurance Committees

Audit and Risk Committee: The inaugural meeting of the Audit and Risk Committee took place on the 17.9.20. It was recognised that the Corporate Risk Register has moved on during the last twelve months. The Board was advised that the Trust has delivered a large proportion of the Internal Audit Plan for Q1 and Q2. An audit of the Covid-19 expenditure took place and received positive feedback from MIAA.

RABD: It has been agreed that the Committee will focus on 5 key risk based themes during the year; the Trust's financial position/framework, capital, cash, benefit realisations of investments and productivity.

SQAC: The Committee received a report on Alder Hey's Youth Violence Programme, which was well received.

An in depth conversation took place around the BAF and the different lenses that the new Assurance Committees have on the various aspects of risks. It was felt that there would be value in the Committee Chairs meeting with Dame Jo Williams and Erica Saunders to discuss the interfaces and look at where the lenses come

together to enable the Committees to have an overview of the areas of risk that they are responsible for. It was agreed to arrange a meeting.

20/21/135.1 Action: ES

People and Wellbeing Committee: The inaugural meeting of the People and Wellbeing Committee took place on the 14.9.20. The Committee was informed of the various reports that were submitted to the Committee during September's meeting and the large amount of business that was addressed. Work is going to take place to streamline the agenda going forward to ensure that the Committee is addressing the right areas of work in order to provide assurance to its members the Trust Board.

Resolved:
The Board noted the approved minutes of the respective Assurance Committees.

20/21/136 Board Assurance Framework

The Board was advised that discussions that have been taking place about the Trust's risk profile and whether it has altered as a consequence of having to reshape the hospital and wider organisation due to the pandemic.

Erica Saunders reported on discussions that had taken place around the Board Assurance Framework and the benefit of having a formal risk appetite statement in order to provide clarity and consistency across the Trust. It was confirmed that a further update regarding a formal risk appetite will be provided in the next quarter linked to the emerging issues from the pandemic. It was confirmed that the Board Assurance Framework will continue to have a high level focus.

20/21/136.1 Action: ES

Resolved:
The Board received and noted the contents of the Board Assurance Framework report for July 2020.

20/21/137 Any Other Business

There was none to discuss.

20/21/138 Review of the Meeting

The Chair thanked the respective directors for providing focussed reports/ presentations and keeping Board members informed of the challenges that the Trust faces at the present time.

Date and Time of the Next Meeting: Thursday the 22nd of October at 9:00am via Teams

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log (April 2020-March 2021)

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for the 22nd of October 2020							
07.07.20	20/21/93.1	Serious Incident Report	Compare recent Serious Incident figures against data from previous years to ascertain improvement.	Pauline Brown	22.10.20	On Track	**24.9.20** - A comparison of figures has been conducted against data from the previous year and included in the Serious Incident report. Kerry Byrne asked if a comparison of the last two to three years could be carried out to look at whether the Trust has more or fewer serious incidents. It was agreed to provide this information via a line graph in the next report. **ACTION TO REMAIN OPEN**
08.09.20		Staff Story	Look at the possibility of conducting a Pulse Survey to obtain staff views in respect to the support the organisation has provided during the pandemic.	Melissa Swindell	22.10.20		
08.09.20	20/21/114.2	Plan for Phase 3	*Operational Plan (Expansion of Services)* - Submit a report on the financial element of the workforce requirements in respect to the developments that the Trust would like to progress.	Adam Bateman	22.10.20		
08.09.20	20/21/114.3	Plan for Phase 3	*Financial Risks* - Look at alternative solutions to mitigate the financial risk in the event that the Trust is not recompensed or does not receive the expected funding via the new model that commences on the 1.10.20.	John Grinnell	22.10.20	On Track	
24.9.20	20/21/122.1	Phase 3 Covid-19 Response	*Winter Plan* - Circulate the Winter Plan report with members of the Board following submission to the Exec Team on the 29.9.20.	Adam Bateman	22.10.20	Closed	17.10.20 - This item has been included on October's agenda.
24.9.20	20/21/122.2	Phase 3 Covid-19 Response	*Winter Plan* - Provide the Board with an overview of reactivation of the incident in response to the 2nd wave, and the focus of Gold Command.	John Grinnell	22.10.20	Closed	17.10.20 - This item has been included on October's agenda.
24.9.20	20/21/122.4	Phase 3 Covid-19 Response	*IPC Covid Assurance Framework* - Discuss the possibility of incorporating the IPC Covid Assurance Framework with the BAF	Nicki Murdock/ Pauline Brown/ Erica Saunders	22.10.20		
24.9.20	20/21/124.1	Weekly Corporate Report – Top Line Indicators	*Safety* – Invite James Ashton and David Porter to October's Trust Board to provide an update on Sepsis.	Nicki Murdock	22.10.20	Closed	17.10.20 - It was agreed that the Board did not require a presentation on Sepsis as SQAC is addressing this area of work and provides assurance via the Committee reporting route. **ACTION CLOSED**

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log (April 2020-March 2021)

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
24.9.20	20/21/129.1	Alder Hey People Plan	Circulate the relevant links to the Non-Executive Directors to enable them to participate in forthcoming Schwartz Rounds	Melissa Swindell	22.10.20	Closed	**17.10.20** - This request has been actioned. **ACTION CLOSED**
24.9.20	20/21/135.1	Board Assurance Committees	Arrange for a meeting to take place with the Chairs of the Assurance Committee, Dame Jo Williams and Erica Saunders to discuss the areas of risk that each of Committees are responsible for	Erica Saunders	22.10.20	Closed	**17.10.20** - This meeting has been scheduled to take place on the 20.10.20
24.9.20	20/21/136.1	Board Assurance Framework	Provide an update regarding a formal risk appetite that is to be included in the BAF.	Erica Saunders	22.10.20		
Actions for the 26th of November 2020							
03.03.20	19/20/346	Key Issues/Reflections and items for information	Invite the new Nurse cohort from India to the Trust Board lunch and write a thank you letter to Barclays Bank for their support in setting up bank accounts for the new members of staff.	Pauline Brown	26.11.20	On Track	This item has been deferred until further notice due to the Covid-19 crisis.
07.07.20	20/21/91.3	Year-End Quality Assurance	*The Work of Alder Hey Youth Forum during Covid-19* - Provide an update in October on the work that has taken place between the Youth Forum and the NSPCC.	Lisa Cooper	26.11.20	On Track	
24.9.20	20/21/122.3	Phase 3 Covid-19 Response	*2020/21 Financial Plan and Phase 3 Framework* - Submit a regular update to the Board in order to outline the cash balance in terms of cash commitment.	John Grinnell	26.11.20		
Actions for the 17th of December 2020							
02.06.20	20/21/60.1	Freedom to Speak Up	Compile a breakdown of the issues that SALS have addressed during the current year.	Kerry Turner	17.12.20	On Track	
Actions for the 28th of January 2020							
24.9.20	20/21/123.1	DoS – Governance and Safety Rates	Provide an update a further update on the work that is taking place to address governance in the DoS.	Alfie Bass	28.1.21		

Status	
Overdue	
On Track	
Closed	

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Thursday 22nd of October

Paper Title:	**Alder Hey Winter & COVID-19 Emergency Response Plan**
Report of:	**Preparedness for Winter 2020/21 & COVID-19**
Paper Prepared by:	Adam Bateman, Chief Operating Officer

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	None
Action/Decision Required:	To note ☐ To approve ■
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	No

Alder Hey Children's NHS
NHS Foundation Trust

Alder Hey winter & Covid-19 EMERGENCY RESPONSE PLAN

Approving Committee:	Clinical Quality Assurance Committee
Ratifying Committee:	Trust Board
Author(s):	Alder Hey COVID-19 Strategic Command Team
Version	Version 1
Date published:	
Date ratified:	

Alder Hey Children's NHS Foundation Trust

1. Our mission during winter & the covid-19 pandemic

Through winter and the Covid-19 pandemic we will provide safe care to patients, keep staff safe and maintain access to children's healthcare. As a world-leading children's hospital we are committed to deploying our people, expertise and innovations to provide outstanding care to children and young people.

This plan will cover the period Monday 28th September 2020 through to Wednesday 31st March 2021.

2. Our goals

Our Winter & Covid-19 Emergency Response Plan has three goals:

- Provide safe care
- Keep staff safe
- Maintain access to children's healthcare

3. Our key deliverables

1	**Effective testing & tracing service for our staff and patients**
2	**Adequate forward supply of PPE**
3	**Increase capacity, staffing levels and support to emergency and critical care services**
4	**Wellbeing and psychological support to staff**
5	**Flu vaccination**
6	**Reduce transmission through Hands -> Face -> Space and strong infection prevention**

Alder Hey Children's NHS Foundation Trust

4. Our winter & covid-19 escalation scenario & response framework

Escalation scenario	1 Low pressures	2 Moderate pressures	3 Severe pressures	4 Extreme pressures
Escalation level triggers				
Staff unavailability	5- 7.5%	7.5- 10%	10- 17.5%	> 17.5%
Emergency admissions[1]	100%	105%	110%	110% plus ↑acuity/ LoS
Response				
Team-working split	Consider Team A & B	Consider Team A & B	Team A & B	Team A & B
Service focus	Routine & emergency	Routine & emergency	Urgent & emergency, less routine	Emergency
Staffing arrangements	Normal	Flexible to cover absence[2]	Flexible, support PICU & emergency care	Flexible, support PICU & emergency care
Routine operations[3]	90%	90%	50% -75%	0- 25%
Elective beds Available	52	47	24	10
Escalation beds open	0	0	4	7
Total emergency beds required[4]	152	157	163	180
Bed occupancy	<85%	>85%	90%	95%
Adult care	None	None	None	*Case by case in extremis*

[1] Admissions as a percentage of 2019-20 baseline (October – February, March excluded due to Covid-19 impact)
[2] Flexibility required to offset absence and maintain services
[3] Levels of elective activity compared to pre-covid 19
[4] Demand calculated based on emergency bed days associated with levels of emergency admissions. Baseline bed capacity 124. Ward 3A, 4A, 3C and 4C.

Alder Hey Children's NHS Foundation Trust

5. Departmental escalation plans and preparedness

DEPARTMENTAL ESCALATION PLAN FOR WINTER & COVID-19

Department:		Lead:	

Click here for the Alder Hey Winter & Covid-19 escalation & response framework

Identify critical services that must be maintained throughout winter & covid-19
•
What actions will you take to maintain critical services?
•
In severe (level 3 escalation) and extreme pressures (level 4 escalation), what support could you offer to emergency services and critical care at Alder Hey?
In severe (level 3 escalation) and extreme pressures (level 4 escalation), how would shift the focus of your team and services towards urgent and emergency work?
Are there any concerns that cannot be managed +/- mitigated locally and should be escalated to Tactical Command?

6. Action card for each level of escalation Demand analysis

	Escalation Descriptions	Escalation Triggers	Actions
Level 1 Planned Operational Working	• Demand for ED services within normal parameters in both red and green stream & bed capacity for demand • No delays in ambulance handover, capacity for resus & trauma • No material staffing issues identified • All electives to proceed as planned • No technological difficulties impacting on patient care • Specialist units/beds/wards have capacity • Agreed level of critical care capacity can be maintained • Infection control issues monitored & No evidence of ongoing nosocomial transmission of Covid-19 • Adequate PPE available	• ED attendances 160- 170 • Bed occupancy below 80% • No non medical elective cancellations • > 28 days PPE supplies	• No extra ordinary action required
Level 2 Moderate Pressures	• Anticipated pressure in the ED department • Insufficient discharges to create capacity for the expected emergency activity • Consider opening of escalation beds likely (in addition to those already in use) • Infection control issues emerging • Evidence of ongoing nosocomial transmission of Covid-19 probable • Lower levels of staff available but are sufficient to maintain services • Bed occupancy across Trust rising • Capacity pressure in critical care emerging • Challenged capacity for Covid/virus testing • Some shortages in PPE – less than 21 days	• ED Attendances above 175 • Bed Occupancy >85% • Potentially 1-3 cancelled elective procedures • < 21 days PPE • < 2 PICU beds available • Staff absence 7.5 – 10%	• EDU Capacity to be extended to 8 or more beds • Use of SAFER and Discharge Administrators to push discharges before midday • Staffing huddle prior to bed meetings to ensure activate staff moves and ensure safe staffing across the organisation • Review TCI's for the next day • Escalate PPE shortages through regional call • Scope additional staffing for additional testing capacity • Potentially seek regional IPC support form PHE and NHSE (we need to report them any potential outbreak of Covid-19)

Level 3 Severe Pressures	• Risk of overcrowding in the ED department & lack of resus capacity • Compromised ability to handle major trauma • Patient flow significantly compromised • Unable to meet transfer from Acute Trusts within 48 hour timeframe • Significant PPE and equipment challenges • Significant unexpected reduced staffing numbers in areas where this causes increased pressure on patient flow • Serious capacity pressures escalation beds and on critical care • Materially limited capacity in Covid/virus testing • Problems reported with Support Services (IT, Transport, Facilities Pathology etc.) that cannot be rectified within 2 hours • Evidence of ongoing nosocomial transmission of Covid-19 likely	• ED Attendances above 190 • Bed Occupancy >90% • 3+ cancelled elective procedures • < 14 days PPE • < 1 PICU beds available • Staff absence 10- 17.5% of establishment • Critical staffing gaps resulting in > 10% bed capacity in a ward area to be closed	• All actions at level 2 to be implemented • General Paediatric presence in ED/EDU to support patient • Additional surgical support in ED • Review elective programme and cancellation of elective activity to support emergency pressures if necessary • Cancellation of non-clinical time to assist with staffing shortages • Open all additional escalation beds • Additional emergency theatre lists if required
Level 4 Extreme Pressures	• Severe capacity pressure within Trust • Emergency care pathway significantly compromised • Major Trauma response severely compromised • Severely reduced staffing numbers in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety • Severe capacity pressures critical care • Problems reported with Support Services (IT, Transport, Facilities Pathology etc.) that cannot be rectified within 4 hours • Critical PPE shortage • Infection prevention protocols at risk of being breached. • Evidence of ongoing nosocomial transmission of Covid-19 likely	• ED Attendances above 200 • Bed Occupancy >95% • 5+ cancelled elective procedures • < 5 days PPE • < 1 PICU beds available • Staff absence >17.5% of establishment • Critical staffing gaps resulting in > 15% bed capacity in a ward area to be closed	• All actions at level 1-3 to be implemented • Cancellation of routine elective inpatient electives (urgent and emergency activity only) • Additional emergency theatre lists • Clinical staff to be redirected into frontline roles • Additional testing capacity to activated • Escalation to the C&M for mutual aid for PPE, testing and potentially staff

Alder Hey Children's NHS Foundation Trust

7. Demand analysis

		Winter 2020-21 scenarios			
Patient Group	**Winter 2019/20 (Oct-Mar)**	**Low pressures**	**Moderate pressures**	**Severe pressures**	**Extreme pressures**
ED Attendances	30,689	31,129	32,086	34,242	37,666
Total Emergency admissions (inc RSV, Flu & Covid)	7,496	7,621	8,383	8,889	8,889 @ increased acuity
Flu cases	265	278	292	305	318
Covid admissions	0	0	0-3	3-5	5+
Day case procedures	9,873	8,886	8,886	4,937-7,405	0-2,468
Elective admissions	2,489	2,240	2,240	1,245-1,867	0-622

Percentage change in demand with 2019-20 as baseline index

		Winter 2020-21 scenarios			
Patient Group	**Winter 2019/20 (Oct-Mar)**	**Low pressures**	**Moderate pressures**	**Severe pressures**	**Extreme pressures**
ED Attendances	30,689	100%	105%	112%	123%
Total Emergency Beds required	7,496	98%	101%	105%	116%
Flu cases	265	105%	110%	115%	120%
elective admissions	9,873	90%	90%	50-75%	0-25%

8. Bed capacity

Alder Hey has a baseline inpatient capacity of 240 beds, with an additional 7 escalation beds to open in winter taking the total to 247.

The breakdown by area can be seen below:

Ward	Baseline Capacity	Winter capacity	Escalation Beds
HDU	15	15	
Critical Care	21	21	
1c (Neo and Cardiac)	31	31	
3a (Surg)	32	32	
4a (Surg)	32	32	
3c (Med)	28	32	4
4c (Med)	32	32	
3b (Onc)	23	23	
4b (Neup)	21	24	3
Burns	5	5	
Total IP Bed Capacity	240	247	7

Daycase

Daycase Areas	Baseline Capacity	Winter capacity	Escalation Beds
EDU (<12 hrs stay)	8	12	4
SDC	20		
MDU	11		
Renal	5		
3b	8		
Total Daycase Bed Capacity	52		

9. Staffing Plan

The importance and guidance surrounding safe and sustainable staffing levels is enshrined in national professional nursing and regulatory standards, with compliance synonymous with safe high quality care and a positive patient experience (RCN / BAPM / PICS / QNIC / NQB / Hard Truths). However anticipated winter pressures coupled with the ongoing COVID-19 pandemic and staff's availability to work, may impact on the ability to safely staff all ward and departmental beds, including additional winter beds, and the following model of nursing and support care will therefore be utilised from October 2020 to May 2021.

9.1 Front line nursing availability September 2020 to March 2021

58 new nurses have been recruited regionally and nationally and commence in the Trust between September and November 2020. A further 15 nurses recruited internationally are due to commence in October 2020 however will not be joining the Band 5 nursing workforce fully until January 2020 following OSCE training, testing and NMC registration.

The table below shows the predicted forecast of front line Band 5 nurses during winter based on staff availability to work, taking account of new starters, average leaver rate of 6 WTE per month, long term sickness, short term sickness, maternity leave levels, and staff unavailable to work on the front line due to shielding.

	Staff WTE	Budgeted WTE	Gap WTE
August Contracted	521.72		
Less			
Long Term Sick	19.84		
Short Term Sick	13.33		
Maternity Leave	22.09		
Shielding staff	10.81		
Isolating Staff	15.44		
Available to work in August	440.21	548.13	107.92
Forecast in Sept	454.21	548.13	93.92
Forecast in October	484.21	559.13	74.92
Forecast in November	480.21	559.13	78.92
Forecast in December	474.21	559.13	84.92
Forecast in January	483.21	559.13	75.92
Forecast in February	477.21	559.13	81.92
Forecast in March	471.21	559.13	87.92

Ongoing recruitment, including targeted recruitment to specialist areas, will continue over winter, however it is anticipated that relatively small numbers of staff will be recruited with the next significant group of new starters following commencement of the October 2020 cohort being April 2021 from the Health Education Institutions.

9.2 Ward and Departmental Essential Staffing Principles

At all times, the Trust will strive to maintain safe and appropriate staffing levels on all wards and departments in line with the national standards.

A daily Safe Staffing Huddle will be undertaken at 08.00 hrs to ensure safe and consistent nurse staffing across the organisation with an associated plan identified to address any short notice staffing pressures. The level of staffing pressure (Low / Moderate / Severe / Extreme) will be communicated to the daily Tactical Command meeting.

The following essential principles must always be adhered to:

- Maintaining a consistent staffing level pro rata across all wards and departments. No one ward would be at Red (extreme pressures) status whilst others are Green (low pressures); staff would be redeployed to ensure consistent staffing levels
- Must ensure a Clinical Co-ordinator / Nurse in Charge is assigned to every shift
- Must always have the minimum specified number of Registered Nurses (RN) with specialist knowledge of the patient cohort per shift:
    - Ward 1C Neonatal Unit: minimum of 2 neonatal nurses
    - Ward 1C Cardiac: minimum of 6 cardiac trained nurses

- Ward 3A: General surgery: minimum 4 experienced general surgical nurses; ENT: minimum 1 tracheostomy trained nurse per shift for 1 trachy patient; 2 nurses if multiple tracheostomies
- Ward 3B (Oncology): 4 chemotherapy trained staff Monday to Friday (across ward and day case); 2 at weekend
- Renal Unit: 2 dialysis trained nurses
- Ward 4A: minimum of 6 4A nurses: minimum 2 neuro and 2 orthopaedic
- Ward 4B: LTV patients only nursed on Ward 4B or HDU; minimum 2 LTV trained staff for 4 LTV patients
- Burns: minimum of 1 burns nurse
- DJU: minimum of 1 registered mental health nurse

9.3 Ward and Departmental Winter Optimal and Minimum Staffing Levels

At all times, the Trust will strive to maintain safe and appropriate staffing levels on all wards and departments in line with the national standards. However it is acknowledged that at times of local, regional or national pressure that staffing levels may need to be reviewed in order to keep all beds open an accessible to children and young people needing our care.

The Ward Managers, Matrons, Heads of Nursing and Associate Chief Nurses have reviewed the optimal and minimum staffing levels that could be employed as outlined in Section 9.4 Ward and Departmental Staffing Pressures Action Card.

It is essential to recognise that any specific acuity and dependency has not been accounted for in the model therefore a professional judgement must be made by the senior nurse team (whilst acuity is taken into consideration in the funded establishments of some wards, for example a proportion of patients requiring specialist 1:2 or 1:3 care, it is not provided for in all funded establishments).

It must be acknowledged by the Trust that the minimum staffing model may result in a reduced RN to patient ratio and / or different skill mix where other RN's or Allied Health Professionals (AHP's) are redeployed to inpatient areas. As such, this plan must only be invoked following authorisation of the Chief Nurse or director of Nursing in hours, in collaboration with Tactical Command, or the second on call Executive out of hours in line with the Action Card in Section 9.4. Staff will be redeployed as much as possible in order to maintain optimal staffing levels albeit a different skill mix.

Ward / Dept	Beds	Shift	Current - optimal		Minimum		Essential principles	National standard PICS / RCN / BAPM
			Staff per shift	RN: pt ratio	Staff per shift	RN: pt ratio		
1CN	9	Days	5+1	CC + 1:2.25	4+1	CC + 1:3	Minimum 2 x neonatal trained nurses	CC + 1:2
		Nights	4	CC + 1:3	3+1	CC + 1:4.5		
1CC	23	Days	11+1	CC + 1: 2.3@	9 if own; 10 if not	CC + 1:2.8@	Minimum 6 x Ward 1C cardiac nurses	CC + 10 x 1:2; 13 x 1:3:
		Nights	10+1	CC + 1: 2.5@	8 if own; 9 if not	CC + 1:3.2		CC + 1:2.5@
3A	32	Days	9+5	CC + 1:4	8+3	CC + 1:4.5	Minimum 4 x IV givers; re ENT: minimum 1 tracheostomy trained nurse per shift for 1 trachy patient; 2 nurses if multiple trachies; re general surgery, minimum 4 gen surg nurses	CC + 1:3.5
		Nights	9+3		8+2			
3B	13	Days	6+1	CC + 1:2.6@	5+1	CC + 1:3.25@	Minimum 4 chemotherapy trained staff Mon-Fri (across ward and day case); 2 at weekend	CC + 4 x 1:2; 11 x 1:3:
		Nights	5	CC + 1:3.25@	4	CC + 1:4.3		CC + 1:2.5@
3B Day Case	10	Days	3+AP	CC + 1:3.3	2+AP	CC + 1:5		CC + 1:3.5
3C	28	Days	8+1	CC + 1:4.5	7+1	CC + 1:5.3	Minimum 2 x TPN trained nurses	CC + 1:3.5
		Nights	8+1		7+1			
4A	32	Days	11+1	CC + 1:2.3@	10	CC + 1:3.5@	Minimum of 6 x Ward 4A nurses: minimum 2 neuro and 2 orthopaedic	CC + 10 x 1:2; 22 x 1:3.5:
		Nights	11		10			CC + 1:2.75
4B 4 nts no sleep (W; F-S) (Mon/Tues/Thurs)	19+3 winter	Days	7+5	CC + 1:3.6	6+5	CC + 1:4.4	LTV patients only nursed on Ward 4B or HDU; minimum 2 LTV trained staff for 4 LTV patients	CC + 1:3.5
		Nights	6+5	CC + 1:4.4	5+5	CC + 1:5.5		
4B 3 nts i/c sleep (M-T; Th)	21+3 winter	Days	7+5	CC + 1:3.6	6+5	CC + 1:4.4		
		Nights	7+7		6+7			CC + 2 x 1:2; 22 x 1:3.5
4C	32	Days	9+2	CC + 1:4	8+2	CC + 1:4.5		CC + 1:3.5
		Nights	9+2		8+2			
EDU	11	Days						CC + 1:3.5
		Nights						
HDU	15	Days						1:2 (plus CC / TLs)
		Nights						
PICU	21	Days						1:1 (plus CC / TLs)
		Nights						
Burns	5	Days	3+1	CC + 2.5	2+1	1:2.5	Minimum 1 x Burns nurse	CC + 1:3
		Nights	2	1:2.5	2			
Renal	5	Days	4	1:1.25	3+1	1:1.6	Minimum 2 dialysis trained nurses	CC = 1:2

9.4 Ward and Departmental Staffing Pressures Actions

The table below outlines the scenarios, triggers, actions and authorisation to be undertaken in response to low, moderate, severe or extreme staffing pressures.

Ward / Departmental Staffing Pressures Action Card			
Escalation scenario	**Trigger / Impact**	**Actions**	**Authorisation**
1. Low pressure	**Staffing levels:** Activity and capacity matches staffing numbers **Patient acuity & dependency:** is within usual expected range for the area **Situation:** "business as usual"	All care and routine tasks will be carried out. Allocation of duties, tasks, breaks etc. by Nurse in Charge (NIC)	Nurse in Charge
2. Moderate pressures	**Staffing levels:** A shortfall has occurred to planned duty roster e.g. due to staff	NIC tries to resolve short term issue locally: • Review of nursing rota to ascertain whether staff shifts can be changed to accommodate	Nurse in Charge

	absence and /or **Patient acuity & dependency:** is increased from that usually expected e.g. requiring increased clinical observation levels or other staff intensive interventions **Situation:** A short term (1-2 shifts) increase in activity that can be resolved by short term provision of additional resources Affecting 1-2 wards Lower levels of staff available but are sufficient to maintain services in line with national standards	the need for additional staffing • Ensure all staff are in the numbers ie reschedule management time etc • Review the nurse to patient ratio is appropriate in line with Trust standards and patient dependency • Ensure student nurses are appropriately allocated to the care of patients (under the supervision of a registered nurse) • Review if the RN shift can be safely covered by a Nurse Associate / Assistant Practitioner / HCA NIC escalates to any unresolved issues to Ward Manager / Matron / Senior Clinical Site Coordinator Staffing reviewed at daily Safer Staffing huddles: staff redeployed from another ward as appropriate NHSP bank shifts put out Postpone / cancel non-essential activities until situation is resolved. Review and consider cancelling study leave as appropriate Review the staffing levels in line with the Winter Staffing model	Advise Ward Manager / Matron / Service Manager of situation and actions taken Update the above regarding whether situation resolved fully, partially or not resolved
3. Severe pressures	**Staffing levels:** A shortfall has occurred to the off duty roster that cannot be met in the short term by redeployment of staff from other areas or by Bank staffing Significant reduced staffing numbers in areas where this causes increased pressure on patient flow Staff absence 10- 17.5% of establishment and/or **Patient acuity & dependency:** professional judgement indicates that risks presented are beyond that which can safely be managed without increasing staff numbers **Situation:** An urgent situation that requires immediate extra staffing or a longer term staffing	As per 2. Moderate pressures plus: All non-essential tasks are suspended – specifics agreed by Service Manager and Ward Manager/Nurse in Charge. Review and cancel study leave as appropriate Ensure all clinical staff are in the numbers eg PEFs Staffing reviewed at daily Safer Staffing huddles: • Seek redeployment of staff from other areas • Review of overall dependency and acuity of patients across the Trust and skill set required to safely nurse all patients across the Wards - can staff be redeployed from another ward area to either increase the nurse staffing number on shift; or improve the skill mix on shift (staff exchange) • Review how the maximum number of beds can be open across the Trust based on predicted activity – this may mean that staffing and beds are flexed within a shift particularly at night where escalation beds may be required • Review the staffing levels in line with the numbers set in the Winter Staffing model: **IMPORTANT: must ensure that the essential staffing principles are adhered to; must review the minimum staffing level in view of acuity of patients which is not accounted for in the model; must ensure consistent staffing level pro**	Advise Ward Manager / Matron / ACN / Service Manager (out of hours, Senior Clinical Site Co-ordinator, Manager On Call) of situation and seek authorisation for actions to be taken Authorisation to staff to Winter Staffing model (Section 9.3) by Chief Nurse or Director of Nursing in hours in liaison with Tactical Command; Exec on call

	shortfall (3 shifts+) that requires continued planned allocation of additional staff Affecting 3-5 wards	**rata across all wards and departments. No one ward would be at severe pressure whilst others are at low pressure** Request additional NHSP bank cover and/or agency cover – ensure Golden Key is removed. Consider short / unusual shifts to cover hours of peak activity (eg IV administration) or to fit in with staff availability (eg school hours) Review if additional nursing support available eg CNS / AHP Review the effectiveness of the nursing model being used and consider adapting as appropriate (eg task allocation) Individual patient acuity/dependency will be reviewed by MDT and care plan amendments or onward referral agreed where required Escalation to Director of Nursing / Deputy Director of Nursing	out of hours Agree frequency of review of situation with above: short term issues may be reviewed a number of times within a day, longer term issues reviewed at least daily and involve ACN Update all above as required and advise when situation is resolved
4. Extreme pressures	**Staffing levels:** A shortfall has occurred to the off duty roster that cannot be met in the short term by redeployment of staff from other areas or by Bank staffing Significant reduced staffing numbers in areas where this causes increased pressure on patient flow Staff absence >17.5% of establishment and/or **Patient acuity & dependency:** professional judgement indicates that risks presented are beyond that which can safely be managed without increasing staff numbers or closing beds **Situation:** An urgent situation that requires immediate extra staffing or a longer term staffing shortfall (3 shifts+) that requires continued planned	As per 2 and 3 Moderate and severe pressures plus: Redeploy staff from other services in line with Divisional plans to reduce services in response to Trust Escalation Scenario and Response Framework: Research nurses; Clinical Nurse Specialists; Allied Health Professionals / HCAs. Staffing levels must be in line with the numbers set in the Winter Staffing model as above Inability to staff wards as above will result in the closure of beds. This will be reviewed and undertaken in line with Tactical Command to co-ordinate / prioritise bed provision Escalation to Chief Nurse / Director of Nursing	ACN / Service Manager (out of hours, Senior Clinical Site Co-ordinator, Manager On Call; Exec on call of situation. Authorisation for bed closures as per Bed Management policy Authorisation to staff to Winter Staffing model (Section 9.3) by Chief Nurse or Director of Nursing in hours in liaison with Tactical Command; Exec on call out of hours

	allocation of additional staff Affecting 3-6 wards initially; net impact of invoking levelled staffing across the Trust equals severe to extreme pressures across the Trust		Agreement to redeploy staff from other services in liaison with Divisional leadership team Authorisation for reduction of activity to release staff through Tactical Command

9.5 Redeployment process

Additional training was provided to a critical mass of staff in April 2020 to support staff, who may now once again be asked to assist in times of extreme pressure and move to an inpatient area.

Many health care professionals and services provide a key function in keeping our complex and vulnerable children safe at home and out of hospital, and therefore a cadre of specialist staff will always be required to staff and maintain essential services.

In order to enable the most flexible, appropriately experienced and responsive workforce possible, it has been identified who the most appropriate staff are to align to a different area and / or role in the first instance, based on their existing role, skill set and experience. However this would require other services decreasing or ceasing in line with Divisional and Tactical Command review based on risk assessment in line with the winter and covid-19 escalation scenario and response framework as follows:

Order of Redeployment from other Areas			
PICU	**HDU**	**Wards**	**ED**
PICU RNs not currently working on PICU with recent PICU experience in last 2-3 years (no update training required) PICU RNs not currently working on PICU with previous PICU experience more than 3 years ago (needed to attend 2 day critical care training programme to refresh) Theatre ODP's Theatre Recovery RN's	HDU RNs not currently working on PHDU (no update training required): must maintain a cadre of existing specialist HDU nurses in neuro, cardiac and neonatal care HDU RNs not currently working on HDU with previous experience more than 3 years ago (needed to attend 2 day critical care training programme to refresh) Theatre ODP's	CNS: align specific ward to specialism OPD RN: align to previous ward and / or specialism and / or most appropriate Research RN: align to previous ward and / or specialism and / or most appropriate Retired ward RN: align to previous ward and / or specialism and / or most appropriate	Trainee ANP ED RNs not currently working in ED with recent ED experience in last 2-3 years (no update training required) ED RNs not currently working in ED with previous ED experience more than 3 years ago (needed to attend 1 day ED training programme to refresh) Other Ward RNs

AHPs with respiratory experience CNSs with relevant experience eg cardiac; respiratory; neuro Other Ward RNs and Research RNs HCA role: Theatre HCA's	Theatre Recovery RN's AHPs with respiratory experience Retired critical care nurses CNSs with relevant experience eg cardiac; respiratory; neuro Other Ward RNs and Research RNs HCA role: Theatre HCAs	HCA role: OPD HCAs HCA role: AHPs eg speech therapists; psychology HCA role: Therapy Assistants	HCA role: OPD HCAs HCA role: AHPs eg speech therapists; psychology HCA role: Therapy Assistants

All staff will be aligned as much as possible based on their role, skill set and experience. However in the event of significant pressure, staff may be redeployed to any area.

Any departments such as Radiology, Pharmacy, Pathology, Safeguarding and Bereavement Services that are not required to identify staff for potential redeployment, will continue to enact their local operational plan to manage staffing.

It will not be appropriate to redeploy some staff based on individual risk assessment.

10. Paediatric intensive care unit and high dependency care

Our priority is to maintain, throughout the winter period, critical care services to children requiring emergency or urgent access. Therefore, our plans are centred on resilient staffing and service arrangements to provide care for paediatric patients and not adult patients. If the situation changes to a worst case scenario either nationally or regionally we would work with colleagues in the network and support as needed based on the balance of clinical need across all age ranges.

	Level 3 beds	Level 2 beds	Total
A. Baseline (commissioned)	21	15	36
B. Surge/cohort beds available now	24	19	43
C. Surge beds 'in reserve'	5		48

There is physical in critical care for 43 beds. Therefore, in level 4 'extreme pressures' scenario it is possible to flex capacity up to 43 bed spaces (24 ventilated ICU + 19 HDU). This would be dependent on:

a) number of confirmed COVID-19 positive patients

b) staffing levels with additional support to ensure safe nurse to patient ratios.

In an extreme scenario of > 8 COVID-19 positive patients we could convert a second POD for COVID-19 patients, but this would likely mean a reduction of capacity for elective programme.

In extreme pressure the additional surge beds in reserve would be opened on the Burns Unit and a business continuity plan for Burns would be enacted re-providing the service in a Surgical Ward.

11. Flu vaccination

It is of paramount importance to vaccinate those at risk of contracting and spreading flu in order to protect as much of the population as possible and minimise further impact on the NHS and social care. The flu campaign for 2020/2021 has a clear aim to maximum coverage this year.

Key points of the campaign this year:

- Ambition to vaccinate up to 100% of staff employed by Alder Hey and also include other members of the workforce, for example students and staff within our partner organisations
- Utilising a Flu App through which all staff can register their intention and consent to have the flu vaccination
- Increased numbers of peer vaccinators across the trust
- Live dashboard that will inform the flu steering group of registration status, completion of vaccination and areas of low uptake to be targeted in order to drive focus to the local delivery of the vaccinations
- Divisionally led plans and named leads to support direct and local communications to maximise uptake
- Increased contracted hours through Team Prevent, our Occupational Health provider, providing flexible and adaptable sessions to ensure that we can maximise coverage whilst maintain social distancing

In addition to the staff flu vaccination campaign there is also a project underway to provide flu vaccination to as many of our most vulnerable children and young people under the care of Alder

Hey. This is being planned to be delivered in in-patient/out-patient and community settings with the addition of a referral system from ED. The resource required to deliver this is anticipated to be supported, in part by PHE, and a business case for additional staffing is planned to be submitted to the appropriate committee.

12. Test & trace service

To access the Test & Trace/ Hospital Onset Covid 19 please click here.

12.1 Increasing on-site testing capacity

Our capacity is as follows:

- Cepheid (Gene Xpert)- 10 tests per day
- New device ('Samba II') - 20 tests per day
- BioFire Film Array- 40 tests per day

With additional capacity planned as follows:

- Single analysis device – 1 test per 100 mins from Nov 2020
- BioFire Film Array with additional modules for Flu and Covid 19 testing- 120 tests per day (additional 80 to current capacity)

13. Safe and Timely Emergency Care

Our plan for delivering safe and timely emergency care includes:

- Expansion in the ED workforce
- NHS111 First
- Virtual Emergency Demand service model
- New clinical streams: APNP Led Urgent Care (green) Stream
- ENP See &Treat
- Maintain separate areas for COVID-19/ suspected COVID-19, and non-COVID-19
- Extension of ED waiting area

For further information please see Safe & Timely Emergency Care

14. Patient Flow

To read more about our arrangements for managing patient flow please see Patient Flow to access 'Management of patient flow during winter & COVID-19'.

15. Community and Mental Health Services

The key plans for community and mental health services include:

- Clear Community pathways to be established for ED frequent flyers
- Continuing from last year processes are in place to incorporate CCNT earlier within the patient journey; with a pull model at the front door. By streamlining the processes, patients who attend ED and are suitable for community nursing, can now go home before being admitted to the service. CCNT have reviewed and expanded their admission criteria to ensure maximum use of their service.
- Continuation of the 24/7 Crisis Care Team
- There is a named CCNT link for each ward and in addition, a daily ward round takes place on Ward 4C and Ward 3A to facilitate early discharge where appropriate.
- The bronchiolitis pathway is in use, allowing the patients to go home on oxygen, providing overnight saturation levels are at an acceptable level.
- CCNT are working closely with the hospital Outpatient Parenteral Antimicrobial Therapy (OPAT) Team to facilitate early discharge for children on IV Therapy within the Liverpool, Knowsley and South Sefton area.

16. Infection Prevention & Control

Infection Prevention & Control Policy <<insert link>>

Patient Placement and Cohorting click here .

17. PPE

To access our latest guidance and information on PPE please click here to access the COVID-19 PPE hub.

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD

Thursday 22nd October 2020

Paper Title:	**Access and Restoration**
Report of:	**Chief Operating Officer**
Paper Prepared by:	Lachlan Stark, Associate Chief Operating Officer for Planning & Compliance

Purpose of Paper:	Decision ☐ Assurance ☐ Information ■ Regulation ☐
Background Papers and/or supporting information:	
Action/Decision Required:	To note ☐ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	Non-delivery of restoration targets could lead to a reduction in income.

Introduction

The purpose of this paper is to provide an update on the progress made with the Access & Restoration initiative undertaken at Alder Hey. Alder Hey has been dealing with the COVID-19 pandemic since mid-February which has had a major effect on the way the Trust operates. We have worked through Phase 1 & 2 of the NHS response with Phase 3 now focusing on the national priority for restoration of services. There are clear expectations of delivering elective outpatients and imaging activity to as close as 100% of last year's activity before the end of March 2021. The operating environment has changed significantly since March 2020 presenting unique challenges to the delivery of health services across the system coupled with the onset of winter and potential EU Exit. We have continued to receive planning guidance within which restoration targets have been set which are:

- In September at least 80% of their last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October

- Diagnostics to achieve at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.

- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

- Full restoration of cancer services

To achieve this and manage the backlog of CYP needing to access services the Divisional Teams have been working to develop specialty specific recovery plans in order to reshape plans and services in response phase 3 requirements.

Our Goals

- Increasing capacity to reduce waiting times, improve access to care and keeping C&YP safe
- Support safe staffing by developing a workforce equipped to manage a rise in service capacity whilst addressing staff fatigue post Covid 19 and promoting staff wellbeing
- Improve the experience for children, young people and their families visiting the hospital and being treated digitally
- Improve productivity where we can, and make use of every available appointment and session counts

Summary of progress to date

Our performance for restoration of services in August and September is as follows:

Service	NHSE Plan for September	Aug-20	Sep-20
Outpatients	100%	81.2%	90.3%
IP/DC	80%	80%	80%
Radiology	90%	85.3%	87.8%

We have introduced a forward-look of performance. Restoration in elective and radiology is trending upwards. Outpatient services have the biggest gap in restoration and our actions to address this our

Service	NHSE Plan for October	w/c 5th Oct	w/c 12th Oct
Outpatients	100%	85.6%	86.6%
Elective (IP &DC)	90%	84.2%	91.0%
Radiology	100%	95%	95%

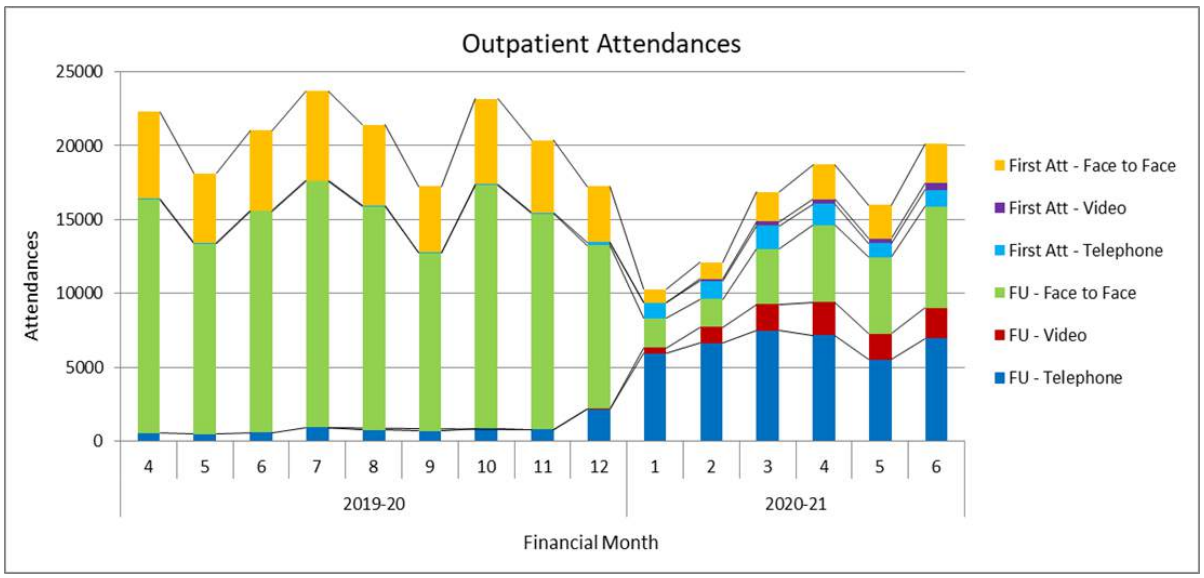
Out Patients

Our high-impact interventions to improve outpatient restoration is to introduce a new outpatient schedule with more capacity on the 26 October 2020, and continue to increase the adoption of digital clinics.

The clinical divisions continue to take additional actions to improve outpatient restoration including:

- Maximising the opportunities that digital and phone clinics create
- Extra Weekend Super Saturday clinics and evening sessions
- Separation of ASD and ADHD pathways to increase capacity for Community Paediatrics
- ENT air filters in clinic to increase available capacity in outpatients
- Review of specialty use of attend anywhere for scope to expand virtual clinics
- Increased Nurse Lead & Registrar clinics
- Developing different clinical pathways

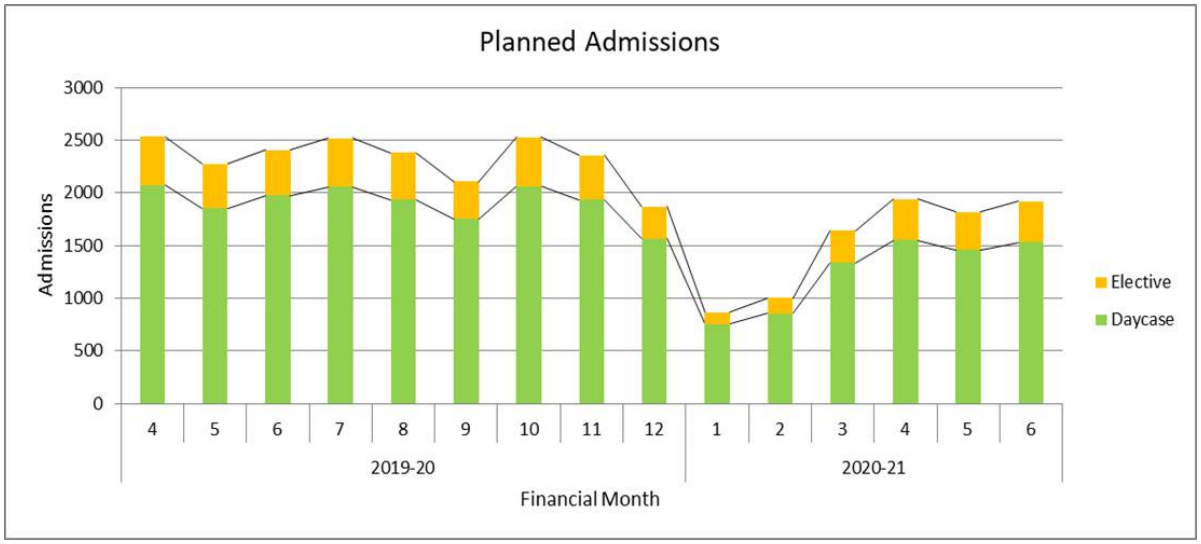
The aggregate activity profile in the table below confirms an increasing number of attendances and split of face to face with other types of attendance.



Elective & Day Case Activity

In elective care we are taking the following actions to further improve resotration:

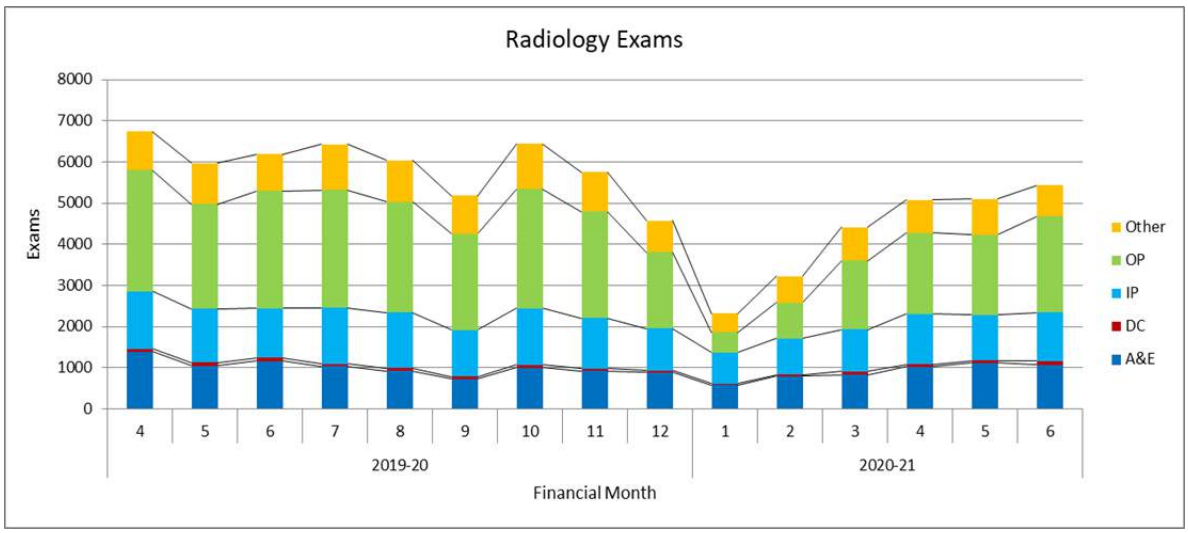
- Focus on day case surgery improvement programme
- Additional Saturday theatre list commenced in October, with dates set for Nov and Dec. Possibility to increase further weekend theatre sessions
- Day Case utilisation improvement programme
- LLP in development to increase uptake of WLI's for additional sessions



Radiology

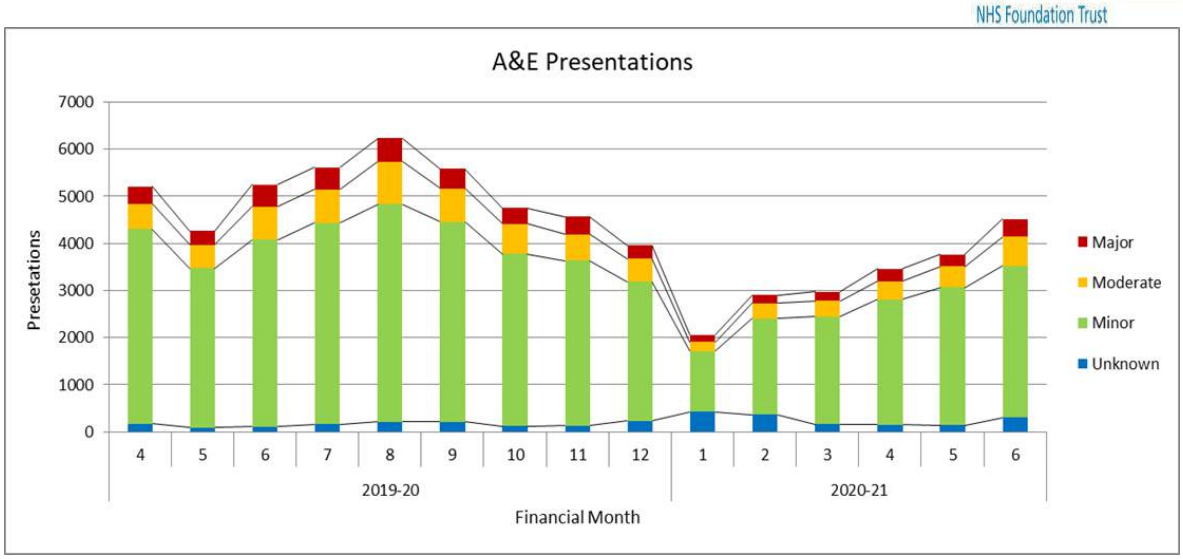
In Radiology excellent progress has been made in restoring services which is increasing the number of children waiting less than 6 weeks for a scan. Radiology are currently exceeding their targets. This has been achieved by the Department undertaking a range of initiatives to maintain increased levels of protection against the virus which has supported staff to return to running full lists. Ongoing work is in place to keep this excellent performance in place for example:

- The department is working up plans to develop increased resilience in Ultrasound and MRI upstairs to enable us to do more elective work.
- Plans being developed to reinstate the second on call for MRI and CT which will support IPC recommendations for donning / doffing over the winter as prevalence is high in attenders for trauma when COVID status is not known.
- Staff welfare/engagement where regular departmental de-brief via teams. Mirrored on the Trust briefing by Louise



ED attendances

ED attendance has also started to increase with a marked change when schools returned after the summer break which is identified in the table below. The team has well developed plans in place to mitigate this and is working to develop the waiting area to manage social distancing challenges. The winter plan is also finalised with a number of specific developments in place to keep our patients and staff well.



ED performance for the year has been consistently above the 95% standard.

Month	Total	Type 1
Apr-20	97.28%	97.28%
May-20	98.14%	98.14%
Jun-20	98.75%	98.75%
Jul-20	97.25%	97.25%
Aug-20	97.79%	97.79%
Sep-20	95.43%	95.43%
Oct-20	97.52%	97.52%

Cancer Performance

Throughout the pandemic we have maintained delivery of robust cancer performance at Alder Hey as reflected in the tables below.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Cancers: 31 day wait until subsequent treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%

Monitoring

Weekly Access to Care meetings continue within which cross divisional representation supports the ongoing management and development of our approach to achieving Access and Restoration targets. This is coupled with our revised set up and approach to managing the hospital with Strategic and Tactical Command running to review and address any issues that affect the running of the hospital. Monitoring systems are constantly being refined and developed to ensure we have visibility of operational issues that could affect us today or in the future.

Conclusion

Despite the challenges that Covid19 presents the teams are continuing to work to improve access to our elective services whilst developing plans to meet the challenges that winter, flu and possibly EU exit presents. Staff unavailability and increased community prevalence has made achieving the restoration targets very challenging for all Trusts. We are looking to focus on improved restoration in outpatients and day case surgery over the next 3 months and we have established transformation programmes to support this.

BOARD OF DIRECTORS

Thursday 22nd October 2020

Paper Title:	Use of the Mental Health Act (1983)
Report of:	Lisa Cooper Director Community & Mental Health Division
Paper Prepared by:	Dr Andrew Kevern Consultant Child & Adolescent Psychiatrist

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	N/A
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	None identified

1. Report Purpose

The purpose of this paper is to provide assurance to Trust Board of activity in relation to the Mental Health Act (1983) for the reporting period 01 September 2019 – 31 August 2020.

2. Background

The use of the Mental Health Act with children and young people has increased over recent years across the country. As the scope of parental responsibility has diminished following relevant case law, concerns about the capacity of the young person to give meaningful consent to treatment has increased. As such it is now recognised that the rights of many young people are actually better protected under Mental Health Act legislation.

There are a number of different legal frameworks under which the Trust treats children and young people aged 0-16 years, which have been determined by Statute and by Case Law.

Most children with physical disorders are treated under their own consent if they are Gillick Competent. That is if they have sufficient intelligence and understanding of the decision to be made; or under Parental Consent if the decision is within the Scope of Parental Responsibility and if parents are believed to be acting in the best interests of the child.

The Scope of Parental Responsibility has some limitations clarified by the Mental Health Act and some limitations clarified by Case Law. Otherwise there has to be a decision made over whether the consent is 'a decision that a parent should reasonably be expected to make' in relation to medical care of their child.

In practice children and young people are detained under the Mental Health Act if they have a mental disorder and;

1. Are refusing admission and require restraint to move them from home to hospital

2. Require intrusive treatments such as restraint for intramuscular injections; if they are extremely agitated and putting themselves and others at risk; after all alternative interventions have failed or such as requiring restraint for nasogastric feeding if they have an eating disorder

3. Require deprivation of their liberty significantly beyond age appropriate levels of parental supervision such as the use of a seclusion room.

4. Refuse admission and/or treatment and are Gillick competent or aged 16+

Children and young people are detained for a period of assessment (Section 2 - up to 28 days) or for a period of treatment (Section 3 - up to 6 months). Children and young people are able to challenge any of these decisions by appealing to a Mental Health Tribunal, to support with an appeal children and young people have access to the support of an Independent Advocate.

Children and young people may be brought to the Emergency Department by police under Section 136 of the Mental Health Act. This is because the Emergency Department is a designated place of safety for those children and young people who appear to a police officer to be suffering from a mental disorder and to be in immediate need of care or control. Once in the Emergency Department these children and young people will receive a mental health assessment which may result in detention under Section 2 or 3.

Children and young people may be detained to Alder Hey or from Alder Hey to another hospital on the recommendations of two doctors and an Approved Mental Health Practitioner (AMHP). If children and young people are being sectioned to another hospital then the detention starts on arrival at that hospital and they are recorded in the destination hospital's figures and not the Trust's.

In order to support both the increase in young people detained under the Mental Health Act and ensure that the administrative processes related to the use of the Mental Health Act e.g. applications for review following the Mental Health Act tribunal process, request for Second Opinion Appointed Doctor opinions and recall under a Community Treatment Order are followed correctly, a service level agreement with Mersey Care NHS Foundation Trust was developed and in place from 01 September 2019. This service level agreement supports the complex administration of the Mental Health Act, facilitates the review of appropriate Trust policies and promotes effective staff training in relation to the Mental Health Act.

The Mental Health Act is subject to Parliamentary review and there can be significant changes to the law which has the potential to impact on practice across the Trust. It is therefore important that the Trust is able to demonstrate responsivity to changes in practice and procedure in relation to the Mental Health Act and Code of Practice and sensitivity to the needs of children, young people and their families at a time of particular stress.

An example of this is the changes made due to Covid-19. The Department of Health and Social Care and NHS England have provided guidance to professionals on:

- The use video technology as part of Mental Health Act assessments
- The use of Section 136 of the Mental Health Act
- The Hospital Managers panel
- Mental Health Tribunals
- Leave and visiting
- The provision of Independent Mental Health Advocates (IMHA)
- The provision of Second Opinion Appointed Doctors (SOADs)

The government has also made some temporary changes to the Mental Health Act which have currently not been used.

3. Detentions under the Mental Health Act

For the reporting period 01 September 2019 – 31 August 2020, the Trust had 13 children and young people detained under a section of the Mental Health Act.

The table below shows the breakdown of children and young people detained under the Mental Health Act for the reporting period. The sections of the Mental Health Act used are shown in **Appendix One**.

Location	Number
Emergency Department	10 (136 room)
Trust Ward	1
Tier 4 In patient Unit	2
Total	**13**

For the reporting period there have also been the following:

- 11 applications for Deprivation of Liberty Safeguards (DoLs) in regard of mental capacity
- 3 Court of Protection DoL in regard of keeping young people safe in placement
- 1 inpatient subject to a court order in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLs). This was updated on 13 May 2020 and expires on 13 May 2021

4. Mental Health Act Training

During 2019 training regarding the Mental Health Act (MHA) was provided via Hill Dickinson to staff working with the Trust's Specialist Mental Health Services. Additional training was also provided to Senior Staff within the Trust and on call managers following learning from a number of inappropriate admissions to the main hospital site for children and young people with mental health concerns.

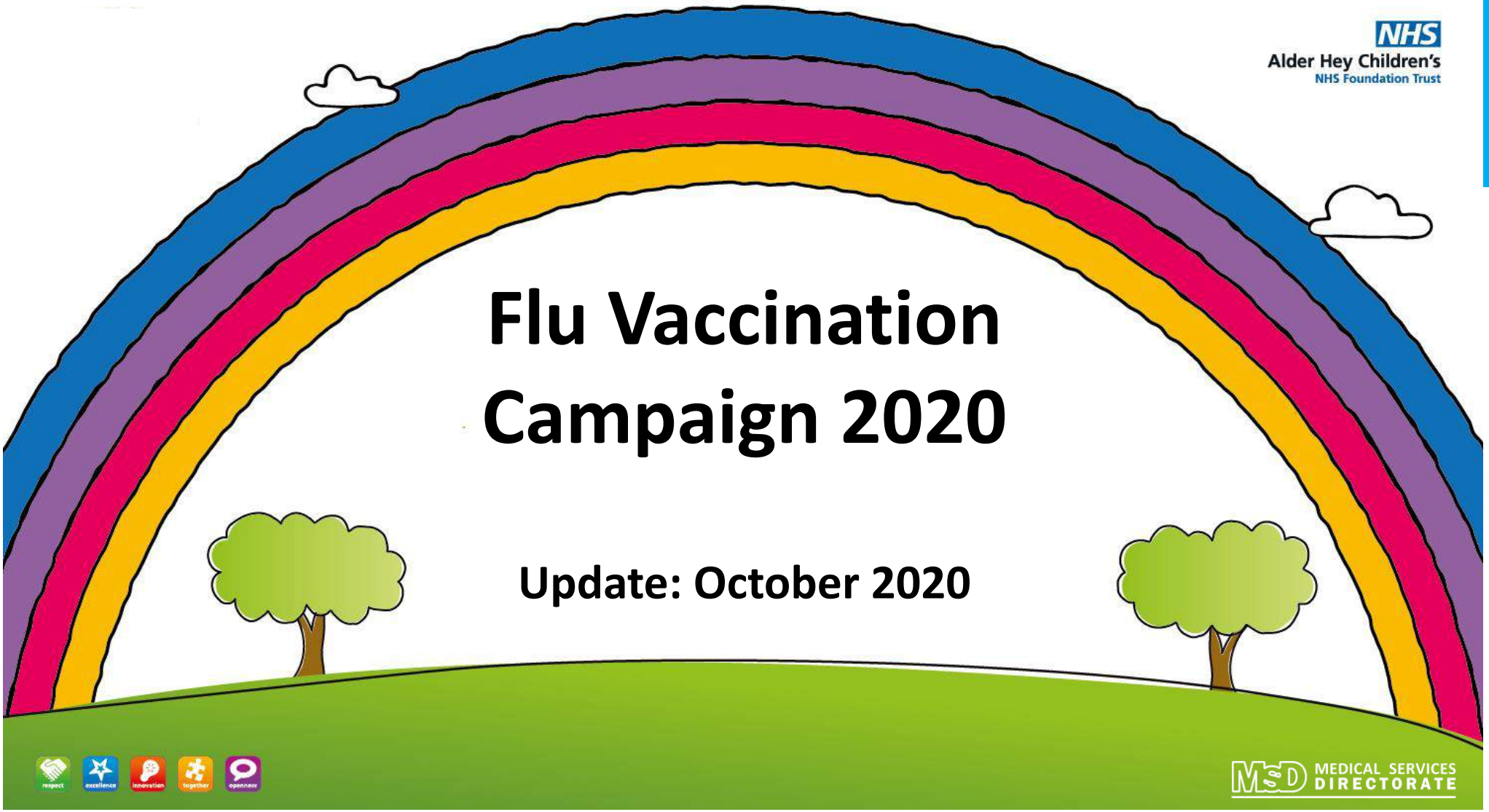
Training was also planned in early 2020 but was suspended due to Covid-19. This training has now been rearranged and will be delivered virtually over the coming months. This will support the Trust to demonstrate compliance with MHA training.

5. Next Steps

The Trust Board are asked to note the contents of this report and be assured that the Trust has in place robust arrangements to deliver the appropriate requirements of the Mental Health Act (1983) and is responsive to the needs of children and young people for whom this applies.

Appendix One: Definitions of sections of the Mental Health Act

Section of Mental Health Act	Definition
Section 2	The criteria for detention under Section 2 of the Mental Health Act 1983 (2007), is if a person is suffering from a mental disorder of a nature or degree which warrants their detention in hospital for assessment and possibly medical treatment for a limited period of 28 days. The assessment will be completed by 2 doctors and an Approved Mental Health Practitioner (AMHP). This section cannot be extended or renewed however the patient may be assessed prior to the end of the 28 days resulting in the section status changing to Section 3.
Section 3	The criteria for detention under Section 3 of the MHA is if a person is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment in hospital. Alternative means of treatment must have been considered prior to the decision of detaining in hospital. The section is valid for up to 6 months and can be renewed by the Responsible Clinician (RC) for a further 6 months. After this, it can be renewed for a period of up to 12 months at a time however the RC has the power to discharge at any time.
Section 19	Section 19 of the Mental Health Act regulates the transfer between trusts and hospitals of those patients who are detained for assessment or treatment, as well as the transfer between detention and Guardianship.
Section 23	Section 23 of the Mental Health Act gives “Hospital Managers” the power to discharge most detained patients and all Community Treatment Order (CTO) patients. They may not discharge patients remanded to hospital under Sections 35 or 36 of the Act or subject to interim hospital orders under section 38, and they may not discharge restricted patients without the consent of the Secretary of State for Justice. “Hospital Managers”- have the authority to detain patients under the Act (e.g. Psychiatrists). They have the primary responsibility for seeing that the requirements of the Act are followed. In particular, they must ensure that patients are detained only as long as the Act allows.
Section 136	Section 136 is an emergency power which allows for the removal of a person who is in a place to which the public have access, to a place of safety.

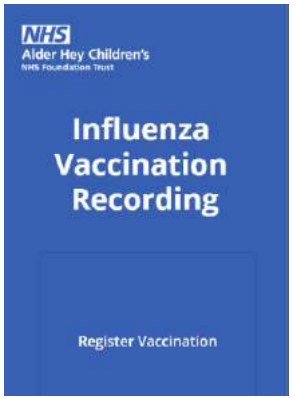

NHS
Alder Hey Children's
NHS Foundation Trust
Flu Vaccination Campaign 2020
Update: October 2020
respect
excellence
innovation
together
openness
MSD MEDICAL SERVICES DIRECTORATE

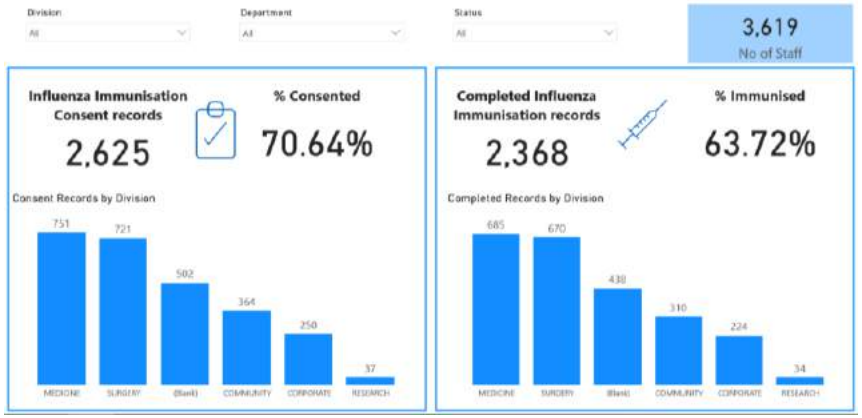
Campaign highlights

APP to register, record and report vaccination activity

Dashboard to measure and focus on improvement

(*figures correct 20/10/2020)





Campaign highlights

NHS
Alder Hey Children's
NHS Foundation Trust

- APP to track activity and automate reminders
- Weekly flu steering group
- 61 peer vaccinators active in most clinical areas
- Partnership working with Team Prevent
- 6567 vaccines donated through UNICEF

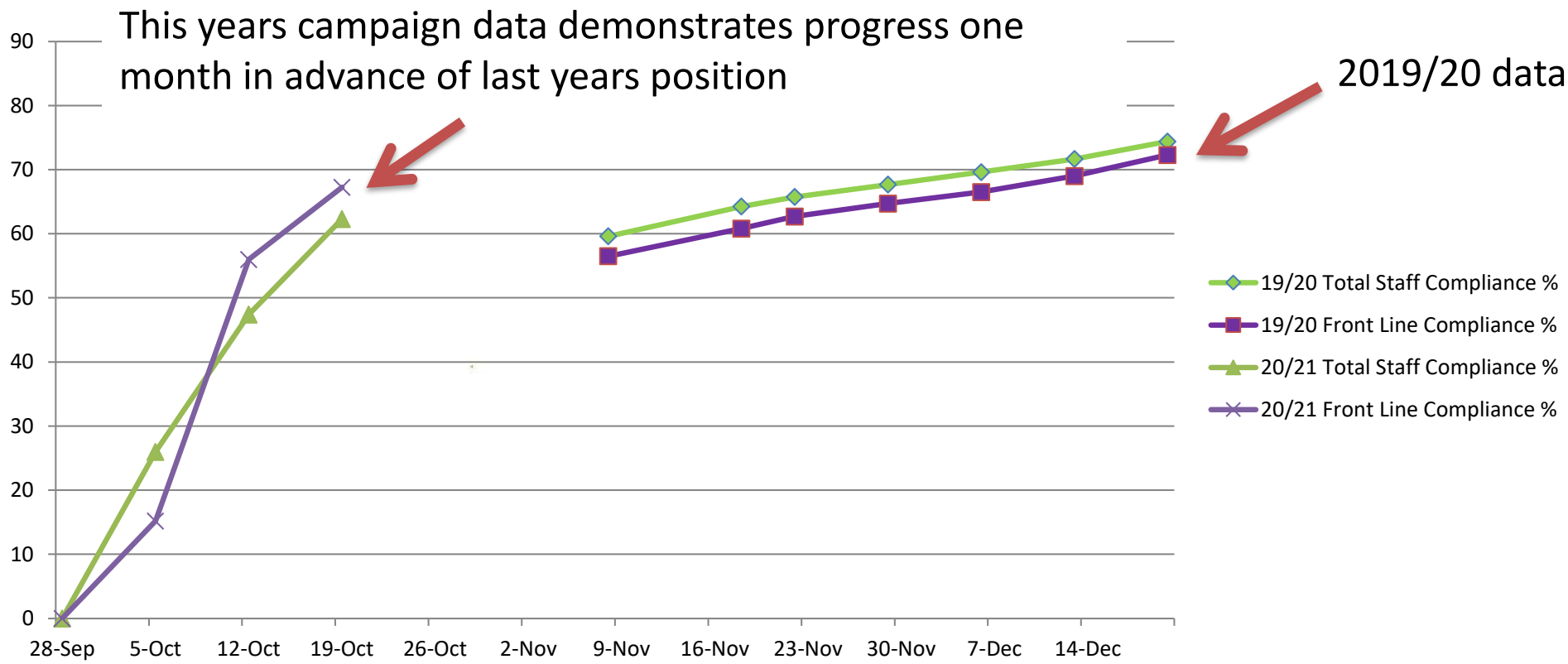
Alder Hey Self-Assessment

NHS
Alder Hey Children's
NHS Foundation Trust

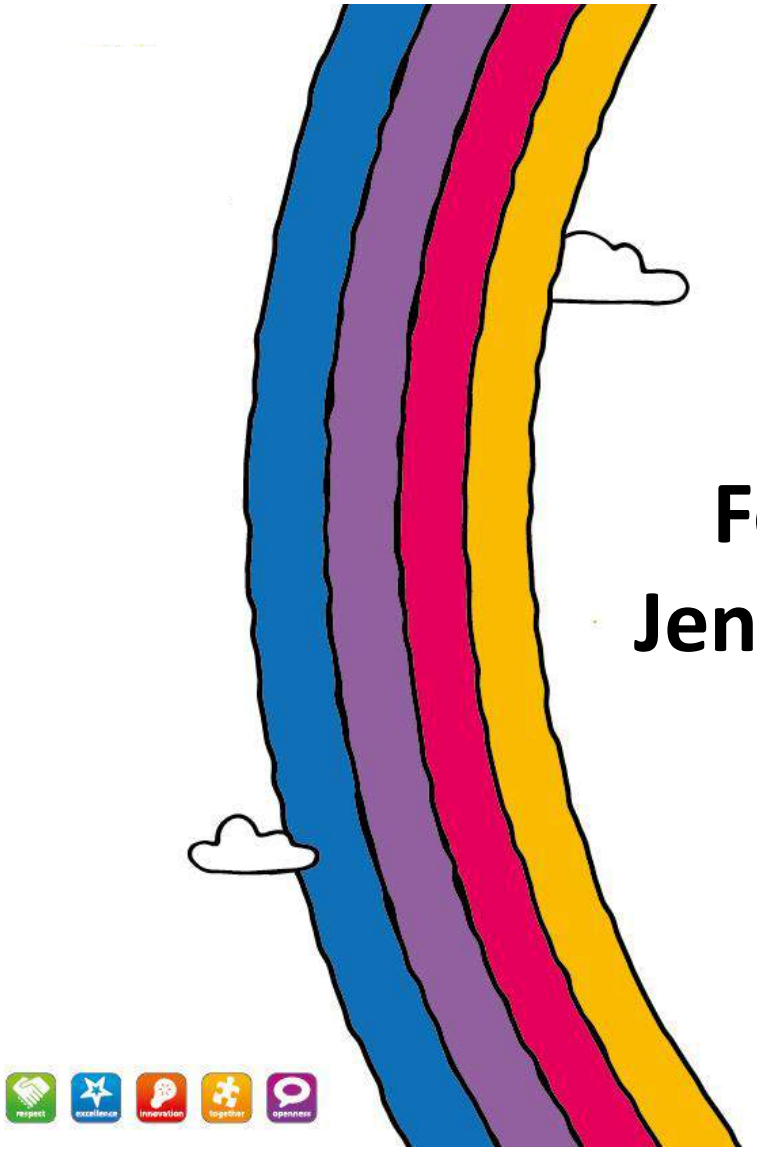
NHSE/I best practice management checklist

A	Committed Leadership	Trust Self-Assessment – updated 07/10/20
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2020	
B	**Communications Plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leader and trade unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be published	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	**Flexible Accessibility**	
C1	Peer vaccinators, ideally one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Progress



MSD MEDICAL SERVICES DIRECTORATE



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NHS Foundation Trust

For more information contact Jennie.Williams@alderhey.nhs.uk

MSD MEDICAL SERVICES DIRECTORATE

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D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Alder Hey Children's NHS
NHS Foundation Trust

TRUST BOARD

Thursday 22nd October 2020

Paper Title:	COVID 19 Risk Register
Report of:	John Grinnell, Deputy CEO/Director of Finance
Paper Prepared by:	Cathy Umbers, Associate Director of Nursing and Governance

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	COVID 19
Action/Decision Required:	To note ☐ To approve ■
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** **Strong Foundations**
Resource Impact:	Identified in the report.

1. Purpose

The purpose of this report is to enable the Trust Board to scrutinise the COVID 19 risk register and provide assurance that the risks are being managed effectively.

2. Summary.

Analysis of the open and closed risks identified on the register shows that the majority of the COVID risks identified since the start of the pandemic have been effectively managed. All high risks have plans in place with evidence of progress to mitigate gaps in controls and these risks are consistently monitored to ensure effective management. However during this reporting period there is evidence that further work is required to meet the expected Trust risk management standards for a few of the lower level risks i.e**. 7** risks without action plans to mitigate the risk, **11** actions past expected date of completion.

The Trust COVID 19 risk profile for this reporting period is provided at **Appendix 1, Table 1** and the current risk heat map is provided at **Table 2** (evaluation of impact x likelihood for risks identified).

The overview at **Appendix 1, Table 3** outlines the high and high moderate risks, including progress with actions and trends. Whilst all identified risks, have actions in place to mitigate the risks; there are limitations in being able to mitigate some risks due to external forces, such as mandated restrictions in place as a result of the pandemic and the recent second wave, recruitment limitations due to restrictions, the impact of winter pressures and financial resource limitations.

There are currently **36** risks identified on the COVID 19 risk register compared to **35** in the previous reporting period to board.

There are **4** high risks identified on the register, compared to **6** during the previous reporting period. There are **2** risks with a risk score of **20**, risk 2182, showing no change in risk position since the last reporting period and a second risk 2138, which was reopened during this reporting period. The other **2** high risks 2143 and 2180 risk position remains the same since the last reporting at **15**.

Risk 2182 (4x5=20) "*Risk of insufficient financial resource to meet demand*". This risk is linked to BAF risk 3.4 "*Financial Environment* (4x5=20) The Trust has recently received the framework for month 7 to 12 and has concluded that there is insufficient funding in the allocations to Alder Hey to meet expected costs. The Trust is currently in active dialogue with NHSI to address the identified defects. In addition, a cost review programme has been activated to mitigate the risk.

Risk 2138 (4x6=20). *"Risk that front line nurse availability will be significantly compromised during winter 2020 / second COVID peak".* This risk is linked to BAF risk 1.1. "*Risk of inability to deliver safe and High quality Services"* (9). The risk was re-opened in month as the Trust faces significant nurse staffing pressures entering the winter period and the second wave of COVID 19. Comprehensive plan developed and activated to mitigate the risk.

Risk 2143: (5x3=15) * **Delay in imaging and subsequent delay in treatment."** This risk is linked to BAF risk 1.1 *Risk of inability to deliver safe and High quality Services"* (9). At time of reporting validation is nearing completion to enable a clean PT. There are just fewer than 5k patients on current wait list. Circa 2.5k patients without a date.

Booking is ongoing to keep within KPI for new and follow up requests post COVID. This risk will not to be reduced until at least the unvalidated patients are reviewed.

Risk 2180: (5x3 =15) Risk *of not securing suitable and sufficient PPE to meet demand, to ensure safety of patients and staff is maintained".* This risk is linked to BAF risk 1.3. "Keeping Children Young People and Families Safe during COVID 19 (5X3 15). The PPE predictor continues to be submitted weekly to the Operational Board and bi-weekly to the PPE Oversight Group. The management of PPE stocks continues to be robustly undertaken and, currently, there are no areas of concern in relation to product shortages or stock levels.

The majority of the risks identified on the register are in the moderate risk category i.e. **26** compared to **22** in the last reporting period. The register shows **5** identified high moderate risks (12), compared to **3** previously.

Number of closed risks removed from the risk register = **4 (refer to appendix 1, Table 4)**

Number of new open risks = **5 (refer to appendix 1, Table 5)**

Number of risks with an overdue review date = **4 (refer to appendix 1, Table 6)**

Number of risks with overdue actions = **11 (refer to appendix 1, Table 7)**

Number of risks with no agreed action plan = **7 (refer to appendix 1, Table 8)**

Number of open risks with increased risk scores = **0 (refer to appendix 1, Table 9)**

Number of open risks with reduced risk scores = **3 (refer to appendix 1, Table 10)**

Number of open risks with no risk rating = **0**

Appendix 1

1. COVID Risk Register Profile - 15th October 2020 (Total 36)

Table 1

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk				No risk rating
1	2	3	4	5	6	8	9	10	12	15	16	20	25	
0	**0**	**0**	**2**	**1**	**3**	**5**	**10**	**6**	**5**	**2**	**0**	**2**	**0**	**0**
0 (0.00%)			**6 (16.67%)**			**26 (72.22%)**				**4 (11.11%)**				**(0.00%)**

2. COVID 19 Risk Register Heat Map – 15th October 2020

Table 2

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	1 Risk (5)	6 risks (10)	2 risks (15)	0 risk (20)	0 risks (25)
4 Major	1 risk (4)	4 risks (8)	5 risks (12)	0 risks(16)	2 risk (20)
3 Moderate	0 risks (3)	3 risks (6)	10 risks (9)	0 risks (12)	0 risks (15)
2 Minor	0 risks (2)	1 risk (4)	0 risks (6)	1 risks (8)	0 risks (10)
1 Negligible	0 risks(1)	0 risks (2)	0risks (3)	1 risks (4)	0 risks (5)

1 - 3	Very Low
4 - 6	Low
8 - 12	Moderate
15 - 25	High/extreme

3. SUMMARY COVID 19 RISK REGISTER (Range 20 high – 12 high moderate)

Key	Medical Division		Surgical Division		Community and Mental Health Division		Research Division		Corporate function(s)	

Table 3

Strategic Objective	CQC Domain	Ulysses Ref.	Risk Description	Current Risk Score CxL	Trend	Target Risk Score CXL	Action plan	Progress update	Risk Owner	Governance
The Best people doing their best work	Well - Led	**2182**	Risk of insufficient financial resource to meet demand	4x5 = 20	↔	3x3 = 9	Action plan in place	The Trust is currently in active dialogue with NHSI to address the identified defects in funding. In addition, a cost review programme has been activated to mitigate the risk.	Deputy CEO/ Director of Finance	RABD
Delivery of Outstanding Care	Safe	**2138**	Risk that front line nurse availability will be significantly compromised during winter 2020 / second COVID peak Consequently compliance with national nursing standards for safe staffing levels on wards and departments will not be met	4x5 = 20	**new**	4x3 = 12	Action plan in place	Validation nearing completion to enable a clean PTL. Just fewer than 5k patients on current wait list. Circa 2.5k patients without a date. Booking ongoing to keep within KPI for new and follow up requests post COVID. Risk is not to be reduced until at least the unvalidated patients are reviewed.	Director of Nursing	SQAC

Delivery of Outstanding Care	Safe	**2143**	Delay in imaging and subsequent delay in treatment.	5x3 =15	↔	5x1 = 5	Action plan in place	Validation is nearing completion to enable a clean PTL; there are just fewer than 5k patients on the current wait list, and circa 2.5k patients without a date. Awaiting OPD templates being opened further than 26.10.20, to enable re-booking of the backlog. Booking ongoing with every endeavour to keep within KPI for new and follow up requests post COVID. Risk of booking outside of timeframes, Risk is not to be reduced until at least the un-validated patients are reviewed.	Medical Division Director	SQAC
The Best people doing their best work	Safe	**2180**	Risk of not securing suitable and sufficient PPE to meet demand, to ensure safety of patients and staff is maintained	5x3 = 15	↔	2x3 = 6	Action plan in place	The management of PPE stocks continues to be undertaken and, currently, there are no areas of concern in relation to product shortages or stock levels. In addition, the PPE Predictor continues to be submitted weekly to the Care Board and bi-weekly to the PPE Oversight Group.	Chief Operating Officer	SQAC
Delivery of outstanding care	Well Led	**2181**	Increased risk to staff mental health and emotional wellbeing	4x3 = 12	↔	3x2 = 6	Action plan in place	Increased resource secured to ensure the sustainability of the Staff Advice and Liaison Service (SALS). Clinical Psychologist (fixed term 6 months part time) appointed (starting 19th October) and SALS	Associate Director OD & CP	WOD

								Manager post out to advert (interviews 16th October). Current capacity sufficient to meet demand and regional Resilience Hub launched. Wellbeing work stream to be re-started with project support.		
The Best people doing their best work	Safe	**2142**	Risk that staff contracting COVID 19. (catering staff)	4x3 =12	↔	3x2 = 6	Action plan to be implemented	Foot fall in Atrium is at an acceptable level, one-way system in place in the Restaurant is working, screens are in place on all counters and till areas, staff continue to wear face masks and socially distance.	Facilities Manager	WOD
Delivery of Outstanding Care	Safe	**2267**	Risk of transmission of COVID 19 due to inability to socially distance from colleagues and potential cross contamination from personal clothing	4x3 =12	**NEW**	Target risk rating not assigned	Action plan in place	Mitigations in place include staff being advised to wear surgical face masks in change facilities; and staff moving to other areas e.g. toilets. Ongoing actions being taken include the exploration of extra changing facilities and lockers.	Director of Nursing	SQAC
Delivery of Outstanding Care	Safe	**2285**	Risk to Operational Delivery Network function as pandemic impacts on the ability of providers within the North West Congenital Heart Disease Network to continue to provide normal services	4x3 = 12	**NEW**	3x2=6	Action plan to be implemented	Risk reviewed by Network Team and scores agreed. Concerns around data quality have been escalated via commissioners and Partnership Board to Executive Level. Continuing to meet with Commissioners every two weeks.	Network Manager	SQAC

Delivery of Outstanding Care	Safe	**2287**	Risk that complex neuro-disability patients who require aerosol generating procedures (AGPs) physical condition will deteriorate further over time	4x3 = 12	**NEW**	4x1 = 4	Action plan in place	Mitigations in place include virtual appointments being facilitated via Attend Anywhere. Actions ongoing including production of a report to review any associated risks to these patients; with a view to increasing staffing numbers.	Division Associate Chief Nurse	SQAC

4. Closed risks

Table 4

Risk reference	Risk description	Target
2215	*Risk of staff contracting the COVID-19 virus* - COVID risk assessments commenced end of July. Progress spreadsheet being developed to be completed by 21/08/2020. **Risk closed 03/09/2020.**	4x1 = 4
2154	*There is lots of research on the benefits of effective appraisals on Staff Engagement and the impacts this can have on staffing levels, motivation, performance and even patient outcomes. Lack of an appraisal could negatively impact on all of these things. However a lot of these are based on the fact that staff feel like management aren't engaging effectively with them so a large mitigation of this would be staff being aware of the reasons behind this. The Appraisal process however is linked directly into the new pay review process and is part of the performance management toolkit* – Risk closed, as rrevised paperwork has been approved and a modified approach in place with an extension to end October 2020. **Risk closed 23/09/2020.**	2x2 = 4
2213	*Increased exposure to a cyber-attack / cyber security incident - which could result in data confidentiality, integrity and availability being, compromised* – Risk closed, as migrated actions to overarching risk relating to Cyber Security – risk 1961. These will be managed via this risk to ensure all controls are put in place. **Risk closed 06/10/2020.**	4x2 = 8
2255	*Risk of deterioration in physical condition due to a lack of face to face physiotherapy* - **Risk closed 15/10/2020** – no rationale as to the reason for closure.	2x1=2

5. New risks identified = 5

Table 5

Risk reference	Risk description	Current risk rating
2138	Risk that front line nurse availability will be significantly compromised during winter 2020 / second COVID peak	4x5= 20
2267	Risk of transmission of COVID 19 due to inability to socially distance from colleagues and potential cross contamination from personal clothing (Surgical Division - PICU).	4x3 = 12
2268	Staff could be exposed to COVID and as a consequence could either become infected or be required to self-isolate (Surgical Division)*.	4x2 = 8
2285	Risk to Operational Delivery Network function as pandemic impacts on the ability of providers within the North West Congenital Heart Disease Network to continue to provide normal services (Surgical Division – Operational Delivery Network).	4x3 = 12
2287	Risk those complex neuro-disability patients who require aerosol generating procedures (AGPs) physical condition will deteriorate further over time (Community Division – Community Physiotherapy Liverpool).	4x3 = 12

6. Number of risks with overdue review date = 4

Table 6

Risk reference	Current Score	Target score
2141	4	4
2165	9	6
2199	8	8
2172	4	2

7. Number of risks with overdue actions = 11

Table 7

Risk reference	Current risk rating	Actions past expected date of completion	Target date set for completion
2118	8	2	30/09/2020
2129	6	1	30/09/2020
2134	10	1	01/10/2020
2141	4	1	30/09/2020

2153	6	2	29/05/2020
2157	9	1	30/09/2020
2164	9	1	01/10/2020
2165	9	1	07/09/2020
2181	12	1	30/09/2020
2228	9	1	04/09/2020
2268	8	1	20/09/2020

8. Number of risks with no agreed actions = 7

Table 8

Risk reference	Current Score	Target score
2119	5	5
2160	9	Not stated
2161	9	9
2142	12	6
2172	4	2
2199	8	8
2285	12	6

9. Number of open risks with increased risk scores = 0

10. Number of risks with reduced risk scores = 3

Table 10

Risk reference	Current Score	Target score
1560	9	3
2178	9	9
2236	8	12

END

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 1 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)

National Changes to the Child Death Mortality Process

The most significant change for mortality reviews is the introduction of the Medical Examiner system which is currently being launched in hospitals across England and Wales. This system will introduce a new level of scrutiny whereby all deaths will be subject to either a Medical Examiner's review or a Coroner's investigation. The Medical Examiner will be employed by the Trust, but their reporting lines will be external and within NHSI. Legislation is currently going through parliament to mandate that this will be a legal requirement for all Trusts to comply with. AHCH is currently considering which would be the best model for the organisation to adopt and how it will work alongside the processes already in place. These are currently being evaluated as it is vital to avoid replication or any additional stress to the family at this difficult time. There have been discussions with other local Trusts and at the national level with the unique position of Alder Hey being a stand-alone paediatric Trust with a very low mortality rate in relation to larger Trusts.

Mortality Figures for the last 5 years

Number of Inpatient Deaths by Year and Month 2014 - 2020

	2014	2015	2016	2017	2018	2019	2020
Jan	2	9	6	4	7	5	(4 in ED)+6
Feb	4	2	7	5	1	6	4
March	3	3	10	9	6	3	7
April	4	7	7	7	6	5	6+4 adult
May	3	3	8	4	4	4	2
June	7	6	6	7	4	1	6
July	6	5	6	5	4	5	(1)5
Aug	2	5	8	6	5	5	(1)8
Sept	6	4	2	5	3	6	
Oct	8	8	8	9	3	3	
Nov	2	3	6	3	7	7	
Dec	7	11	8	5	5	8	
	54	**66**	**82**	**69**	**55**	**58**	**35**

Current Performance of the HMRG

Number of deaths (Jan. 2020– Dec. 2020)	35
Number of deaths reviewed	17
Departmental/Service Group mortality reviews within 2 months (standard)	49/27/31 (87%)
HMRG Primary Reviews within 4 months (standard)	17/17 (100%)
HMRG Primary Reviews within 6 months	6/6 (100%)

The HMRG performance target of 4 months has never previously been 100% and I believe that this has been due to the COVID pandemic resulting initially with decreased elective activity, resulting in the HMRG reviewers having more opportunity to undertake reviews.

The use of TEAMS for the meetings has consistently increased the ability of people to attend within the Trust and outside, enabling more thorough discussions of the cases.

During the COVID pandemic, adult COVID patients were treated at Alder Hey to provide support to our neighbouring Trusts. There were 4 deaths and these will be reviewed by the HMRG next month, with adult expertise available, so that any learning can be obtained prior to winter and any further adult COVID patients that may be admitted.

Outputs of the mortality review process for hospital deaths for 2020

Month	Number of Inpatient Deaths	HMRG Review Completed	Dept. Reviews within 2 month timescale	HMRG Reviews within 4 month timescale	HMRG Reviews within 6 month timescale	Discrepancies HMRG – Dept.	HMRG Review – Death Potentially Avoidable		RCA/72 Hour Review / AAR	Learning Disability
							INT	EXT		
Jan-20	6	6	6	6	6	1				1
Feb-20	4	4	4	4		3				2
Mar-20	7	7	5	7						3
Apr-20	6		5			1				
May 20	2		2							
Jun-20	4		5							
Jul-20	5									
Aug-20										
Sep-20										
Oct-20										
Nov-20										
Dec-20										

Potentially Avoidable Deaths

Over this quarter there have been no potentially avoidable deaths in the cases that the group have reviewed.

Learning disabilities

The output table of the mortality process above records any children/YP that were identified as having learning disabilities. Out of the 17 cases reviewed, 6 have been identified as having learning disabilities. The HMRG policy states that the death register is reviewed every month for any patients who are recorded to have learning disabilities and are reported to the LeDeR (Learning Disabilities Mortality Review) database as soon as they are identified. This is a legal requirement for the Trust. Unfortunately there has been a breakdown in this process which has been addressed by the Learning disability team and there is now safety netting from the HMRG review process. The cases that have not been reported have been identified and now reported.

In the 'Mortality Report Output table', we record all the children/YP that have learning disabilities, regardless of age, whereas the LeDeR requirement is for cases where they are over the age of 4 years. The reason we record all ages is to check there is no trend /issues in patients with learning disabilities which can occur at any age not just over 4.

Table below shows all the cases with learning disabilities since June 2018

(Over 4 years of age)

Date discussed at HMRG	Diagnosis	Recurring Themes
11/10/2018	sepsis with chronic medical condition	potential delay in internal transfer, recording issues, withdrawal
11/10/2018	Acute on chronic medical condition	poor documentation of death certificate ,not able to transfer back to DGH
14/03/2019	Acute on chronic medical condition	recording issues in notes
14/03/2019	chromosomal /genetic anomalies	none other than LD
09/05/2019	Trauma	external avoidable death
08/08/2019	infection on underlying malignancy	Communication issues
12/09/2019	Acute on chronic medical condition, Infection	difference of opinion
12/09/2019	infection with chronic medical condition	withdrawal
10/10/2019	malignancy	communication issues , death inevitable prior to admission
14/11/2019	sepsis with chronic	withdrawal

	medical condition	
14/11/2019	infection with chronic medical condition	none other than LD
09/01/2020	chronic medical condition	None other than LD
13/02/2020	Infection with chronic medical condition	Documentation issues ,withdrawal
12/03/2020	infection with chronic medical condition	good practice ,withdrawal
12/03/2020	infection with chronic medical condition	good practice ,withdrawal
11/06/2020	sepsis with chronic medical condition	good practice
09/07/2020	trauma	good practice
13/08/2020	not coded yet	not coded yet
13/08/2020	Cardiac ,congenital /chromosomal abnormalities	withdrawal

There were no concerning trends or recurrent themes as can be seen by reviewing the table. There are a number of infections and sepsis cases but in view of the underlying conditions that a number of these patients had this is to be expected. They were often more high risk and there were no concerns identified and indeed with some they were recognised as good practice. In some cases, the families expressed their gratitude for the care received.
Learning points if possible are realised from each case and this is consistent with these learning disability cases. One of the main consistent points identified was consistent communication with the families is needed from all the teams involved in the care; and the possibility of some written communication to be given, so the families can review when ready and ask questions.

Family

The bereavement team at Alder Hey provide an exceptional service and support for the family for a considerable time period after a patient has passed away (if wanted). There is ongoing work between HMRG and the bereavement team to improve the feedback that the group receives from families.
Over the last few months, there has been discussion in a number of cases about the support and parallel planning that has been undertaken by the palliative care team. There have been 2 new consultants appointed and they (and their team) have attended HMRG meetings giving us a different insight and providing support to families, patients and indeed the clinicians. Their work has resulted in tragic events being made a little more bearable and as a

Trust; the bereavement and palliative teams are providing an extra level of care and compassion on behalf of all of us.

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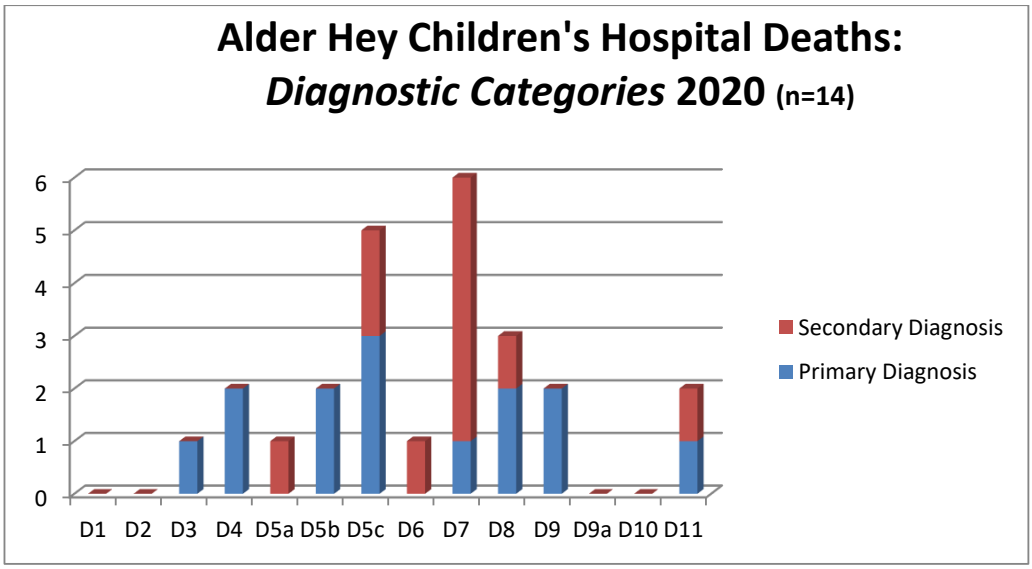
One concerning aspect that has been fed back from families and indeed the two teams mentioned above is the impact that the limited visiting due to COVID is having upon them and indeed the staff involved. The Trust is following national guidance but it is in contrast to our usual visiting policies. Discussion is on – going as to how this can improved whilst not increasing the risk to staff or patients.

There are issues in the bereavement suite with the limitation of visitors whilst observing social distancing which the team are working hard to try and improve. These are issues which are adding stress and anxiety at an already very emotional and difficult time.

Primary Diagnostic Categories



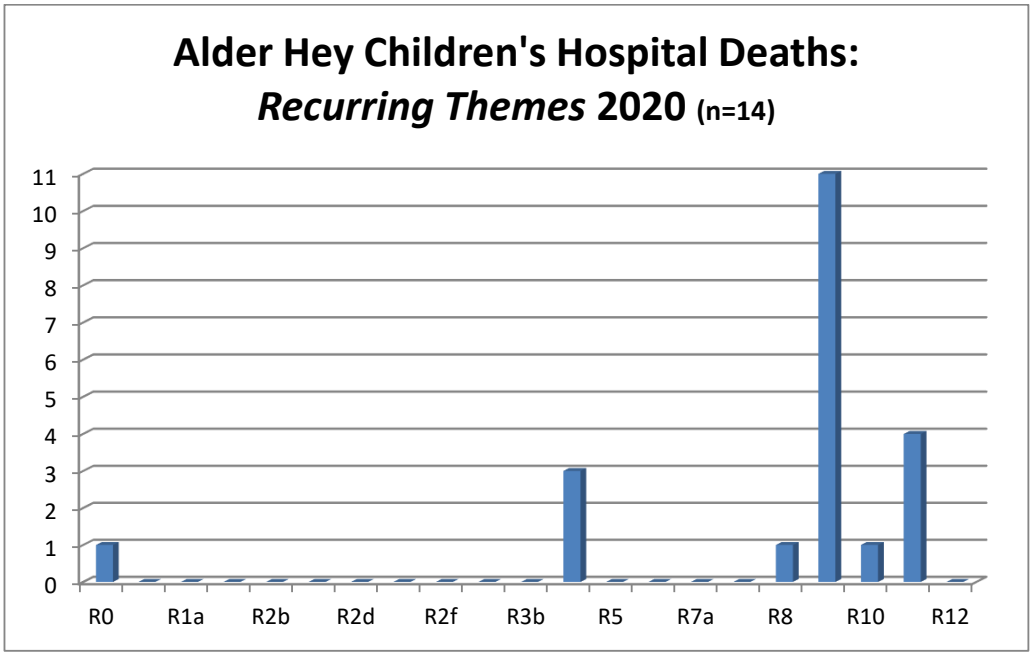
Diagnostic /Disease Categories (based on CEMACH categories - ref Arch Dis Child 2011; 96:922-6 + 927-31)

D1 Deliberately inflicted injury, abuse or neglect
D2 Suicide or deliberately self-inflicted harm
D3 Trauma & other external factors (excludes deliberate self-harm (D2)
D4 Malignancy
D5 Acute Medical or Surgical condition
subcategory D5a. Medical D5b. Surgical D5c. Cardiac
D6 Chronic Medical Condition
D7 Chromosomal, genetic & congenital anomalies
D8 Perinatal/Neonatal Event
D9 Infection/Sepsis (proven or clinical)
subcategory D9a. Healthcare-associated infection (home or away)
D10 Sudden unexplained, unexpected death/SUDI/SUDC - excludes SUDE (D5)
D11 Sepsis

The diagnostic codes cover only 14 deaths because 17 cases have been reviewed but for the other 3 the group have not yet closed and coded due to further information required before completion.
Due to the low numbers, there is no clear leading category but with the expected groups all having a few cases - trauma, malignancy and cardiac deaths.

There were no hospital acquired infections identified in either the primary or secondary diagnostic categories as contributing to death, which is reassuring.

Primary Recurrent Themes



R0	No RT	
R1	Recognise Severity	R1a Failure to ask for Senior/Consultant review
R2.	Mx Issues	R2a Before Arrival
		R2b Delay in transfer
		R2c In Alder Hey
		R2d Delay in supporting services or accessing supporting services
		R2e Difference of Opinion re: Rx - Patients & families
		R2f Difference of Opinion re: Rx - Clinical teams
R3.	Communication	R3a Patients & families
		R3b Clinical teams
R4	Death Inevitable	
R5	Avoidable	R5a Alder Hey
		R5b Medical
		R5c External
R6	Cause(s) of Death Issue	R6a incomplete or inaccurate MCCD
		R6b Should have had post-mortem
		R6c Not agreed
		R6d Failure to discuss with HM Coroner
R7	Documentation	R7a Recording
		R7b Filing
R8	Failure of Follow Up	
R9	Withdrawal	
R10	Good Practice	
R11	Learning Disabilities	
R12	Known to CAMHS	

The commonest recurring theme was the withdrawal of care in 71 % of cases which demonstrates that the intensive care team are providing the best possible care until they feel all treatment options are futile, then with the full agreement of the family, withdrawing intensive care whilst ensuring the child is comfortable.

The next commonest recurrent theme at 29% is the children /young people identified with learning disabilities, whom follow the process described earlier on. This means that 4 out of the 14 cases completed were coded as learning disabilities. This is less than the 6 identified on the output table because there are 2 children in the 3 cases which have not been closed. The percentage seems higher than is normally reported. In a more detailed breakdown – 4 were extremely complicated cardiac cases, one a trauma and lastly an infective cause. There are no worrying recurrent themes apparent but we will closely monitor the learning disability theme to ensure that there are no concerning trends developing.

Learning

The aim of the review process is to ensure that any learning that can be gained from any child/YP's death occurs and is widely shared both within the organisation and outside. This can cover any aspect of care whether it relates to car parking issues or clinical care which can be equally impactful on the family. Communicating this learning effectively throughout the Trust can be difficult and we aim to do this in a number of ways but it is definitely an area which can be improved upon.

The current methods:

1) Via the HMRG members feeding back to their departments
2) Through the divisional governance meetings
3) HMRG web page

Potential options:

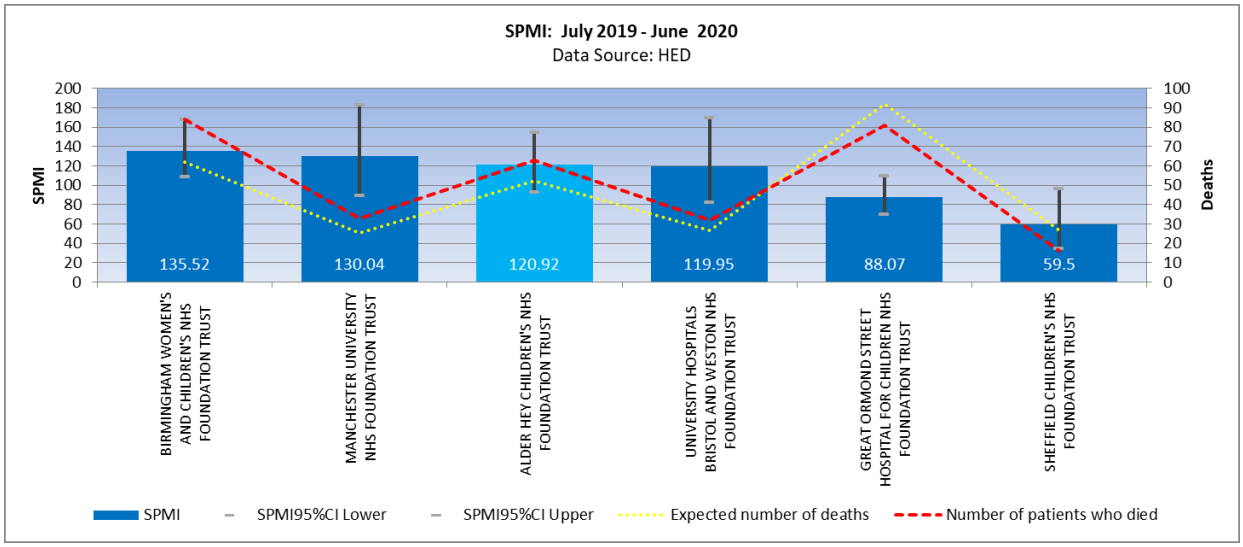
1) Mortality /morbidity day with learning from incidents and complaints from across organization
2) Screen saver option with key learning points highlighted appropriate
3) Discussed options with other organizations but it is an area which everybody finds difficult

Section 2: Quarter 1 Mortality Report: April 2020 – June 2020

External Benchmarking

Standardised Paediatric Mortality Index (SPMI); – HED

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. This is for the period July 2019 to June 2020.

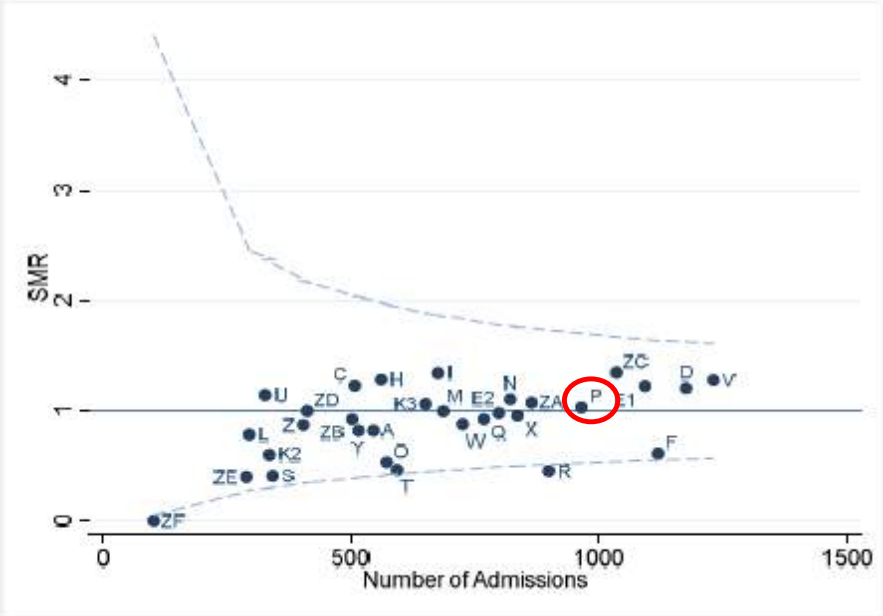


The chart shows that Alder Hey has performance of 63 deaths against 52.1 expected deaths, which is in line with Birmingham and Manchester mortality levels.

-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 (2019 Annual Report of the Paediatric Intensive Care Audit Network January 2016-December 2018), mortality is displayed in funnel plots. The Standardised Mortality Ratios (SMRs) for each organisation are plotted against the number of admissions.

The chart below is taken from PICANet's most recent report, and shows the PICU SMRs by organisation with 99.9% control limits, 2016: PIM3 adjusted.

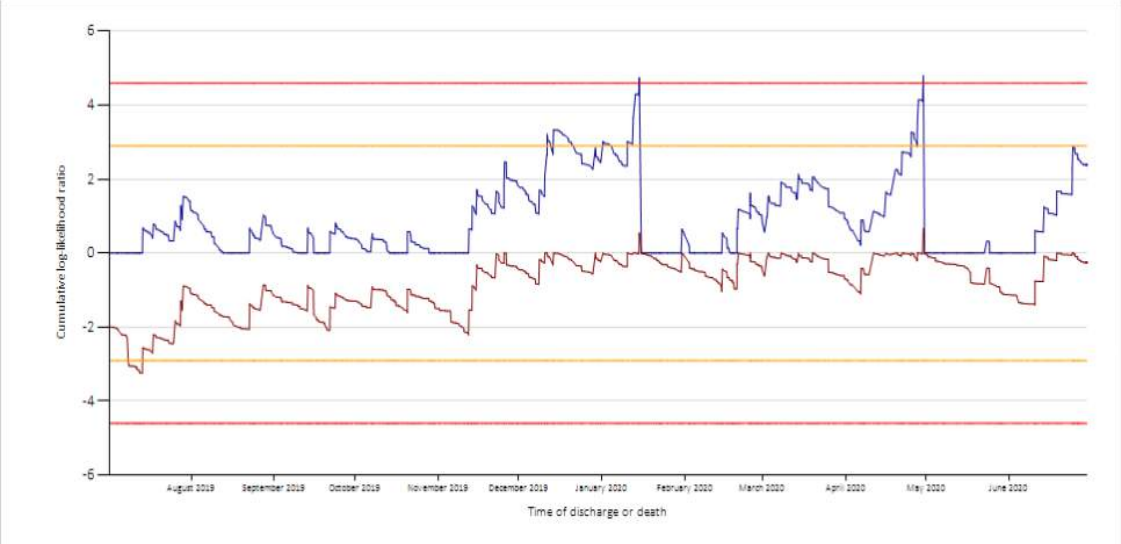


The funnel plot above shows Alder Hey at point 'P'. The SMR for Alder Hey is within the control limits of the funnel plot, suggesting mortality is under control.

Statistical analysis of mortality:

a) RSPRT (Risk-adjusted resetting probability ratio test)

In the RSPRT (Risk-adjusted resetting probability ratio test) Plots present the mortality of your unit cumulatively, based on what is predicted by PIM3 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. This data is nationally validated because it is generated by PICANet.

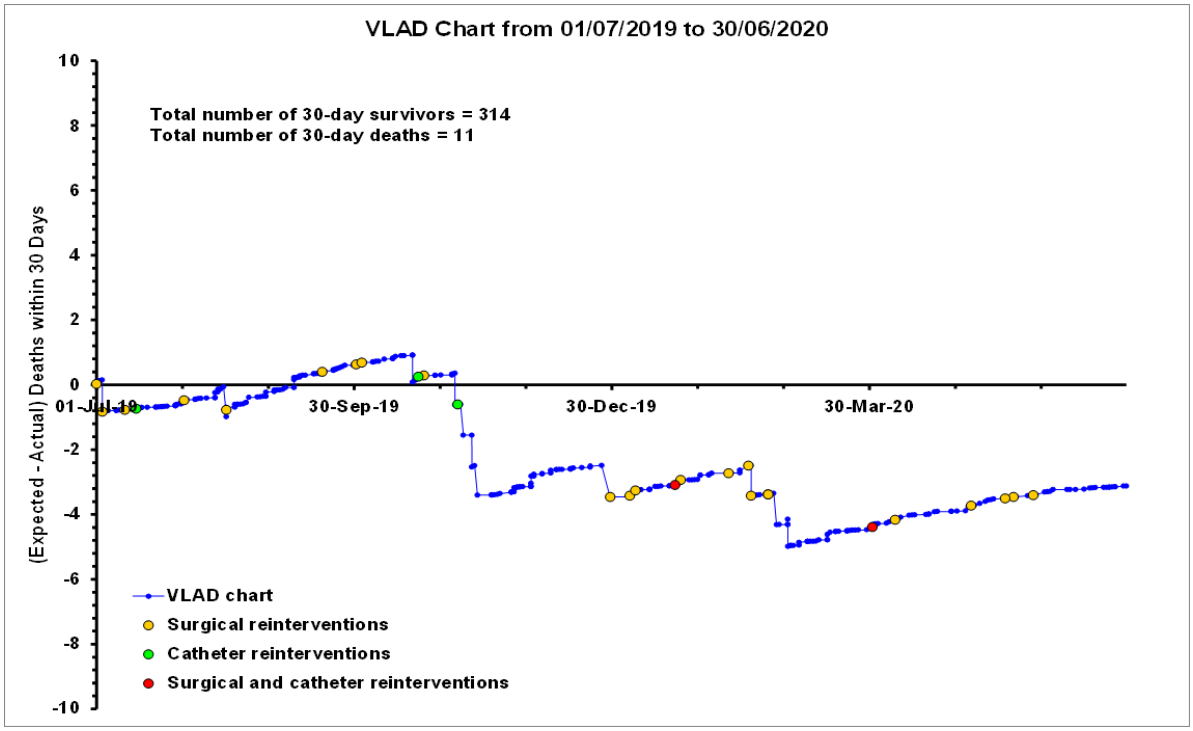


The above RSPRT chart indicates that we had 2 RSPRT spikes, one between January and February 2020, the second peak around May 2020.These spikes have been discussed in the PICU multi-disciiplinary mortality meeting on 8th of July 2020.The first spike was related to a run of 13 deaths, 9 of the 13 were in category of 'death inevitable at the time of admission' and 1 in category of 'chronic conditions + comorbidities', with 3 being 'unexpected'. Second RSPRT spike had a run of 10 deaths, 9 belonged to category 'death inevitable at the time of admission' and 1 had chronic conditions with multiple comorbidities, additionally the COVID-19 adult deaths (n=4) have also been included in the RSPRT data – probably impacting on graph as well.

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 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.

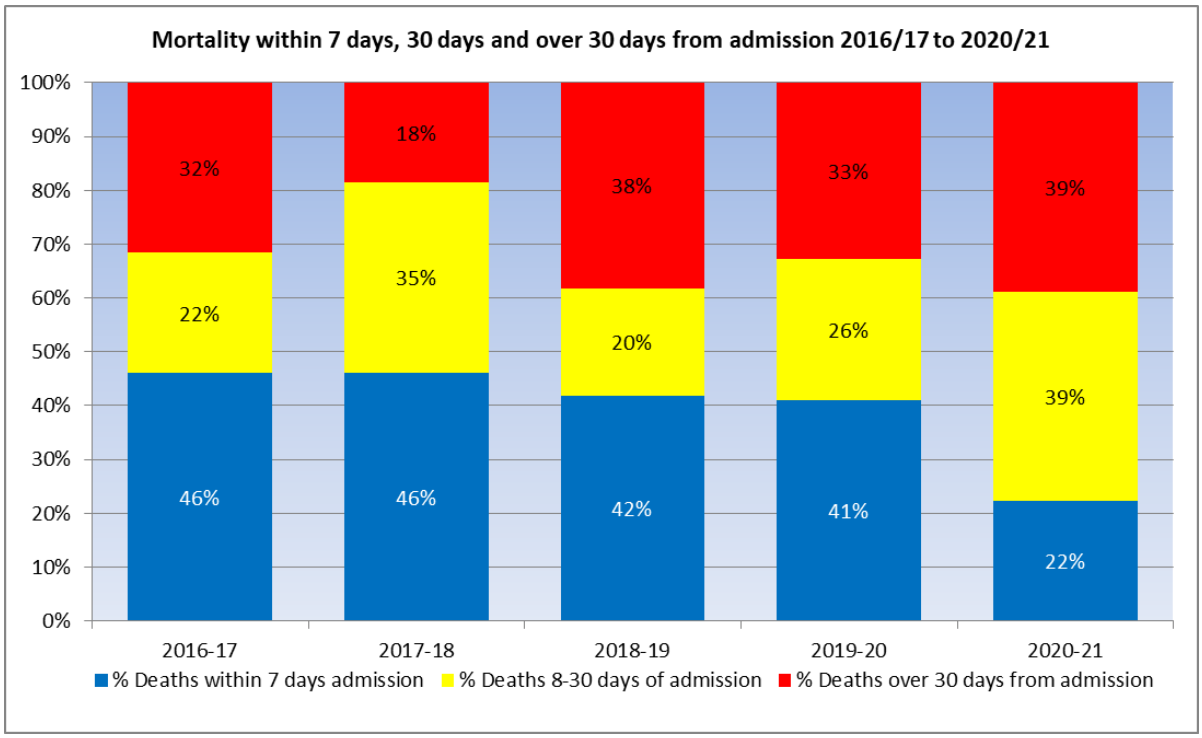


The VLAD chart above shows mortality is occurring lower than expected for the twelve months from July 2019 to June 2020. The survival rate at 30 days was 96.6% against an expected rate of 97.6%.

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 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 42-46% of deaths occur within this time frame. In the current financial year (April 20 – June 20) 22% occurred within 7 days of admission, 39% occurred within 8-30 days from admission, and 39% deaths occurred over 30 days from admission.

Conclusion

The HMRG is functioning extremely well currently but this is due to the COVID pandemic resulting in fewer attendances, and initially with Lockdown in place decreased major traumas. Now that life is returning to the 'new normal 'with the schools open - there will be mixing thus increasing infections and injuries. The HMRG reviewers are busy back working fully in their clinical role and it looks like it is going to be an extremely busy winter.

Immediate issues are the establishing of the Medical Examiner system in whichever format the Trust decides to take. The need to ensure that learning is communicated robustly is a continuing challenge. The establishment of a virtual 'learning day 'may be a possibility and the use of the IT changes which have leapt forward during COVID may offer other possibilities. By continuing to establish links across the city and further afield should continue to improve our process and establish learning across a wider audience.

References

SPMI - 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. **Pg 10**

Benchmarking - 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. **Pg 11**

PICU SMR - The risk adjusted SMR is the ratio of the observed number of deaths in the population against the expected number of deaths predicted by PIM3. 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. **Pg 11**

PRAiS and VLAD charts - 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 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. **Pg 13**

NHS
Alder Hey Children's
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TRUST BOARD Report September 2020

How Did We Do?

Executive Summary **Month: September** **Year: 2020**

Alder Hey Children's NHS

Delivery of Outstanding Care

Safe

6 medication errors resulting in harm in September:

- 44110 – IV Chemotherapy expired before it was administered so hydration had to continue for longer than intended
- 44180 – Paracetamol overdose – patient received 4 doses of 1G but only 43kg so this was above the maximum dose. Required acetylcysteine treatment
- 44239 – Patient on insulin infusion incorrectly managed on a surgical ward - BM 26 recorded.
- 44345 – Test dose for Liposomal Amphotericin not prescribed. Full dose given and patient developed an adverse drug reaction.
- 44295 + 44296 – duplicate reports – have confirmed with the oncology team that there was no harm so we will be downgrading these ones to no harm.

Highlight

- 342 incidents reported resulted in no harm
- 0 incidents resulting in severe, permanent harm
- 99.8% of all incidents no harm, minor harm or near miss

Challenges

- 1 hospital acquired c difficile infection in September. RCA is underway, appropriate stakeholders contacted and panel review has been arranged

The Best People Doing their Best Work

Caring

- PALS numbers down in September
- Friends and Family response numbers have a disproportionate effect on percentage compliance as evidenced again in Community where one negative response has brought the overall percentage score down to 73%.

Highlight

- Complaints back down to 10 in September from 22 in August

Challenges

- Friends and Family numbers recommending the Trust in AED down in month reflecting COVID challenges on waiting times.

Delivery of Outstanding Care

Effective

The timeliness of care in the Emergency Department remains very good with 95.1 % of patients attending the Emergency Department for treatment receiving care within 4 hours.

There were 7 patients who had their operation cancelled in August and did not have their operation completed within 28 days of this. This is a reflection of challenged access to surgical care with a number of new urgent patients being prioritised alongside patients who have cancelled.

The number of operations cancelled for non-clinical reasons increased based on increasing COVID-19 prevalence affecting theatre staff availability and reduced turnaround times for swabs. We are increasing swabbing capacity and on-site lab reporting capacity to mitigate, although staff availability could remain an issue whilst community prevalence is high.

Highlight

- ED waiting times
- Zero PICU admissions within 48 hours of transfer out of unit

Challenges

- Cancelled operations
- Patients re-booked within 28 days

Delivery of Outstanding Care

Responsive

Referral to treatment times against the 18 week standard remain challenging but we are increasing the proportion of patients on an open pathway who are treated within less than 18 weeks; for two consecutive months RTT performance has improved and is now at 49.3%. There has been a notable improvement in the Division of Medicine.

In September there are 145 patients on an incomplete pathway waiting over 52 weeks. All of these patients have a date for treatment in October or a clinical review.

There is a causal association between restoration of capacity and waiting times. Great progress has been made in restoring elective inpatients and radiology services. Transformation plans are in place to increase restoration of outpatient and day case services where we have a gap between current activity levels and pre-COVID-19 levels.

Highlight

- Access to cancer care
- Diagnostics completed within 6 weeks is improving

Challenges

- RTT open pathways
- Patients waiting over 52 weeks for treatment
- Staff availability to support restoration of services

The Best People Doing their Best Work

Well Led

In Month 6, the Trust is reporting a break even control total position as required by NHSI. The new financial regime for 20/21 consists of block contract payments set by NHSI with a retrospective top up made for any additional costs or differences that have not been included to achieve an overall breakeven position.
To achieve a breakeven position, the Trust requires a top up payment under the new financial regime of £3.4m in month 6 and a cumulative top up of £14.9m. The top up consists of 3 elements; COVID-19 expenses (£7.4m), top up payments that NHSI expect to be required (£1.8m) and a further retrospective top up for other costs not covered in the block payments (£5.7m).

Outpatient activity was 88% of September 2019 activity which is below the target of 100%. Elective activity achieved the target of 80%. The elective activity target will increase to 90% from October.

The mandatory training levels have dropped to just below the target at 89.3%. It it essential that this is improved and the target is achieved in future months.

As the PDR window has been reopened the PDR's completed are now low at 29.5%. This is a further increase since last month and it is important that all areas progress with PDR's and complete all within the PDR deadline of the end of October.

Sickness has reduced slightly from last month again but overall remains high at 5.1%.

Highlight

- Activity levels increasing

Challenges

- Sickness Levels
- Mandatory training

Game Changing Research and Innovation

Research and Development

Recovery Programme

- Setup and Delivery of Urgent Public Health (COVID-19) studies
- Continued reactivation of suspended research studies
- New academic and commercial research underway

Visibility

- Internal – Newsletters, Divisional Briefings, Research Clinics
- External – Clinical Research Facility Brochure

LHP Starting Well Programme

- Staff workshops
- Partner engagement

Research & Innovation

- Developing protocols to evaluate innovations

Highlight

- Engagement with partners in relation to LHP Starting Well programme.

Challenges

- COVID-19 impact on delivery

Alder Hey Children's NHS
NHS Foundation Trust

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Leading Metrics

SAFE

Clinical Incidents resulting in catastrophic, death	Hospital Acquired Organisms - C.difficile	Hospital Acquired Organisms - MRSA (BSI)	Medication errors resulting in harm	Never Events	Sepsis: Patients treated for Sepsis - A&E
0	1	0	6	0	85.19 %
Sep 2020	Sep 2020	Sep 2020	Sep 2020	Sep 2020	Sep 2020

Sepsis: Patients treated for Sepsis within 60 mins - Inpatients
86.11 %
Sep 2020

CARING

Friends & Family: Overall Percentage Recommended Trust
90.57 %
Sep 2020

EFFECTIVE

ED: 95% Treated within 4 Hours
95.14 %
Sep 2020

RESPONSIVE

31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	All Cancers: 31 day wait until subsequent treatments	Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	Diagnostics: % Completed Within 6 Weeks
100 %	100 %	100 %	91.83 %
Sep 2020	Sep 2020	Sep 2020	Sep 2020

Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	RTT: Open Pathway: % Waiting within 18 Weeks	Waiting Greater than 52 weeks - Incomplete Pathways	Waiting List Size
100 %	48.04 %	145	11033
Sep 2020	Sep 2020	Sep 2020	Sep 2020

WELL LED

Cash in Bank (£'000s)
108756
Sep 2020

Mandatory Training	Safer Staffing (Shift Fill Rate)	Sickness
89.27 %	94.23 %	5.10 %
Sep 2020	Sep 2020	Sep 2020

Delivery of Outstanding Care

SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG	Comments Available
Proportion of Near Miss, No Harm & Minor Harm	D	99.3%	100.0%	99.8%	99.2%	99.0%	99.8%	100.0%	99.6%	100.0%	100.0%	98.8%	99.1%	99.8%		>=99 % N/A <99 %	✔
Clinical Incidents resulting in Near Miss	D	63	62	70	43	74	72	49	39	49	58	88	58	49		No Threshold	
Clinical Incidents resulting in No Harm	D	277	333	296	222	339	335	236	138	260	286	377	313	343		No Threshold	
Clinical Incidents resulting in minor, non permanent harm	D	72	88	89	92	89	82	62	48	57	89	93	83	70		No Threshold	
Clinical Incidents resulting in moderate, semi permanent harm	D	1	0	1	2	4	1	0	1	0	0	6	1	0		No Threshold	
Clinical Incidents resulting in severe, permanent harm	D	1	0	0	0	1	0	0	0	0	0	0	2	0		0 N/A >0	✔
Clinical Incidents resulting in catastrophic, death	D	1	0	0	0	0	0	0	0	0	0	0	1	0		0 N/A >0	✔
Medication errors resulting in harm	D	1	6	3	3	0	2	2	1	5	7	6	2	6		<=3 N/A >3	✔
Pressure Ulcers (Category 3)	W	0	0	1	0	0	0	0	1	0	0	2	0	0		0 N/A >0	✔
Pressure Ulcers (Category 4)	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Never Events	W	2	0	0	1	0	1	0	0	0	0	0	0	0		0 N/A >0	✔
Sepsis: Patients treated for Sepsis - A&E	D P	77.8%	78.4%	84.2%	76.7%	83.9%	86.5%	83.3%	60.9%	95.5%	96.2%	79.2%	77.3%	85.2%		>=90 % N/A <90 %	✔
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	94.1%	100.0%	93.8%	87.5%	87.5%	88.2%	88.9%	93.8%	87.5%	90.9%	88.5%	85.2%	86.1%		>=90 % N/A <90 %	✔
Number of children that have experienced avoidable factors causing death - Internal	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Hospital Acquired Organisms - C.difficile	D	0	1	0	0	0	0	0	1	0	0	0	0	1		0 N/A >0	✔
Hospital Acquired Organisms - MSSA	D	1	0	1	0	0	2	0	1	0	0	1	4	1		No Threshold	

The Best People doing their best Work

CARING

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG	Comments Available
Friends & Family: Overall Percentage Recommended Trust W	93.5%	92.9%	91.6%	92.2%	94.3%	94.3%		96.9%	94.2%	94.9%	94.5%	93.9%	90.6%		>=95 % >=90 % <90 %	✔
Friends & Family A&E - % Recommend the Trust D	91.1%	83.6%	80.9%	80.8%	88.0%	87.6%		96.1%	92.9%	92.3%	90.7%	91.5%	84.4%		>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust D	91.9%	95.0%	94.1%	91.9%	92.0%	91.8%		100.0%	100.0%	100.0%	92.3%	90.9%	89.1%		>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust D	95.5%	96.5%	95.9%	95.9%	97.1%	95.7%		94.4%	90.8%	93.3%	97.0%	95.1%	92.4%		>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust D	88.5%	66.7%	89.1%	73.1%	90.7%	80.0%		100.0%	90.9%	100.0%	100.0%	82.4%	92.3%		>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust D P	93.8%	95.3%	94.5%	95.7%	95.6%	96.1%		97.4%	96.9%	96.6%	96.0%	95.7%	94.1%		>=95 % >=90 % <90 %	✔
Complaints W	12	4	15	8	8	10	9	8	6	11	4	20	10		No Threshold	
PALS W	130	120	105	67	124	114	74	45	44	86	105	105	77		No Threshold	

Delivery of Outstanding Care

EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG			Comments Available
% Readmissions to PICU within 48 hrs	W	0.0%	1.2%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	4.0%	1.4%	0.0%	0.0%		<=3 %	N/A	>3 %	✔
ED: 95% Treated within 4 Hours	D	89.1%	86.8%	79.2%	85.6%	87.3%	86.8%	89.5%	97.2%	97.8%	98.5%	97.3%	97.7%	95.1%		>=95 %	N/A	<95 %	✔
ED: Number of patients spending >12 hours from decision to admit to admission	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	D	18	34	44	36	20	41	36	6	5	3	7	18	17		<=20	N/A	>20	✔
28 Day Breaches	W	1	0	2	7	10	4	7	24	1	2	0	0	8		0	N/A	>0	✔

Delivery of Outstanding Care

RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG	Comments Available
IP Survey: % Received information enabling choices about their care	W	97.7%	95.7%	96.7%	96.5%	97.3%	97.8%	96.4%	91.5%	93.2%	94.1%	99.3%	95.9%	95.4%		>=95 % >=90 % <90 %	✔
IP Survey: % Treated with respect	W	98.4%	97.7%	97.6%	98.5%	98.7%	97.6%	98.1%	100.0%	97.7%	94.1%	98.5%	97.9%	96.0%		>=95 % >=90 % <90 %	✔
IP Survey: % Know their planned date of discharge	D P	89.2%	92.2%	92.6%	90.2%	90.5%	89.6%	91.1%	87.3%	95.5%	95.8%	98.5%	93.2%	97.1%		>=90 % >=85 % <85 %	✔
IP Survey: % Know who is in charge of their care	W	98.4%	93.7%	98.3%	96.8%	98.0%	97.6%	96.1%	88.7%	90.9%	90.8%	91.1%	99.3%	98.3%		>=95 % >=90 % <90 %	✔
IP Survey: % Patients involved in Play	D	91.5%	92.1%	93.9%	91.2%	95.6%	92.5%	94.2%	60.6%	78.4%	64.7%	72.6%	81.5%	82.3%		>=90 % >=85 % <85 %	✔
IP Survey: % Patients involved in Learning	D	68.3%	73.5%	68.3%	85.4%	85.4%	78.0%	79.2%	74.6%	61.4%	84.0%	83.0%	78.1%	75.4%		>=90 % >=85 % <85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	W	92.0%	92.0%	92.0%	92.3%	92.0%	92.0%	86.7%	66.7%	58.1%	45.9%	39.6%	43.1%	48.0%		>=92 % >=90 % <90 %	✔
Waiting List Size	W	12,826	12,754	12,827	12,879	12,885	12,895	12,162	11,046	10,910	11,248	11,022	11,402	11,033		<=12899 N/A >12899	✔
Waiting Greater than 52 weeks - Incomplete Pathways	W	0	0	0	0	0	0	5	15	52	82	149	127	145		0 N/A >0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W	100.0%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%		100 % N/A <100 %	✔
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
All Cancers: 31 day wait until subsequent treatments	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%		100 % N/A <100 %	✔
Diagnostics: % Completed Within 6 Weeks	W	99.7%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	42.8%	67.0%	81.9%	82.9%	78.9%	91.8%		>=99 % N/A <99 %	✔
PFI: PPM%		99.0%	99.0%	99.0%	99.0%	99.0%	95.0%	99.0%	99.0%	100.0%	100.0%	100.0%	99.0%	99.0%		>=98 % N/A <98 %	✔

The Best People doing their best Work

WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG			Comments Available
Control Total In Month Variance (£'000s)	W	94	-240	-205	358	-172	-488	693	0	0	0	0	0	0		>=-5%	>=-20%	<-20%	✔
Capital Expenditure In Month Variance (£'000s)	W	865	1,909	-115	624	3,126	3,820	300	1,287	1,792	3,503	936	-483	4,518		>=-5%	>=-10%	<-10%	✔
Cash in Bank (£'000s)	W	80,807	81,847	77,896	75,657	76,536	76,536	90,030	107,738	111,270	107,221	107,221	107,763	108,756		>=-5%	>=-20%	<-20%	✔
Income In Month Variance (£'000s)	W	666	1,103	1,387	1,479	1,439	30	6,889	3,146	-692	1,342	1,825	1,077	2,482		>=-5%	>=-20%	<-20%	✔
Pay In Month Variance (£'000s)	W	143	-254	-39	-89	394	-627	-709	-1,433	691	-312	-340	-291	-1,160		>=-5%	>=-20%	<-20%	✔
Non Pay In Month Variance (£'000s)	W	-715	-1,090	-1,552	-1,031	-2,005	110	-5,487	-1,713	1	-1,029	-1,485	-786	-1,333		>=-5%	>=-20%	<-20%	✔
AvP: IP - Non-Elective	W	1,320	1,359	1,406	1,331	1,246	1,181	954	-822	-686	-547	-547	-363	-335		>=0	N/A	<0	✔
AvP: IP Elective vs Plan	W	396	435	451	358	428	407	319	-336	-309	-203	-115	-81	-111		>=0	N/A	<0	✔
AvP: Daycase Activity vs Plan	W	1,967	2,050	1,923	1,745	2,056	1,928	1,560	-1,149	-1,028	-583	-581	-382	-535		>=0	N/A	<0	✔
AvP: Outpatient Activity vs Plan	W	21,499	24,461	22,066	17,837	23,881	21,024	17,975	-6,765	-5,004	-285	620	2,439	2,922		>=0	N/A	<0	✔
PDR	W	89.3%	89.3%	89.3%	89.3%	90.1%	90.1%	90.1%	90.1%	1.3%	5.4%	13.4%	20.7%	29.5%		No Threshold			
Medical Appraisal	W	93.8%	88.5%	69.7%	63.8%	82.7%	90.6%	95.1%	95.6%	95.6%	95.6%	95.6%	95.6%	95.6%		>=95 %	>=90 %	<90 %	✔
Mandatory Training	W	91.1%	91.3%	91.5%	92.1%	94.3%	95.1%	93.2%	92.1%	90.8%	91.0%	90.5%	90.6%	89.3%		>=90 %	>=80 %	<80 %	✔
Sickness	D	5.2%	5.8%	5.7%	6.5%	5.8%	5.7%	6.2%	5.9%	5.3%	5.0%	5.1%	5.1%	5.1%		<=4 %	<=4.5 %	>4.5 %	✔
Short Term Sickness	D	1.4%	1.8%	1.9%	2.0%	1.7%	1.7%	2.3%	1.6%	1.0%	0.9%	1.0%	1.1%	1.4%		<=1 %	N/A	>1 %	✔
Long Term Sickness	D	3.8%	3.9%	3.8%	4.5%	4.1%	4.0%	4.0%	4.3%	4.2%	4.1%	4.1%	4.0%	3.7%		<=3 %	N/A	>3 %	✔
Temporary Spend ('000s)	D	1,051	840	928	833	775	974	1,514	990	740	565	934	946	1,015		<=800	<=960	>960	✔
Staff Turnover	D	10.2%	10.1%	10.0%	10.3%	10.7%	10.8%	10.5%	10.3%	10.4%	10.7%	10.4%	12.2%	12.0%		<=10 %	<=11 %	>11 %	✔
Safer Staffing (Shift Fill Rate)	W	90.8%	92.2%	96.2%	91.6%	90.6%	92.8%		92.2%		95.6%	90.3%	91.3%	94.2%		>=90 %	N/A	<90 %	✔
Domestic Cleaning Audit Compliance	W	90.5%	100.0%	82.0%	100.0%	100.0%	97.7%				100.0%	85.6%	97.0%	93.8%		>=85 %	N/A	<85 %	✔
NHS Oversight Framework	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	<=1	>1	✔

Game Changing Research & Innovation

R&D

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

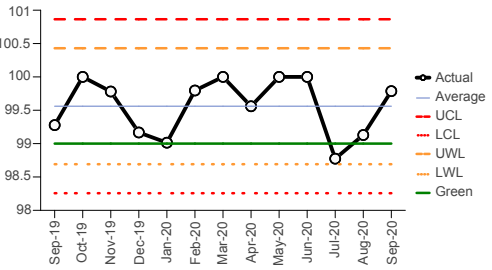
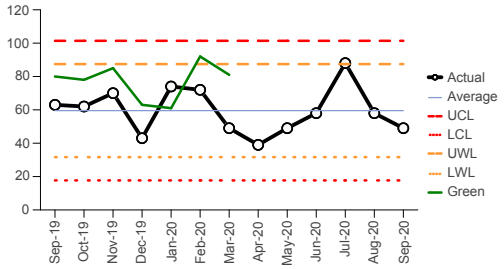
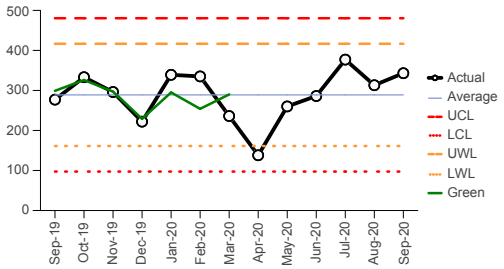
		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG			Comments Available
Number of Open Studies - Academic	W	161	162	167	172	166	165	146	21	23	43	47	50	61		>=130	>=111	<111	✔
Number of Open Studies - Commercial	W	38	42	45	46	46	46	42	21	19	20	25	27	28		>=30	>=21	<21	✔
Number of New Studies Opened - Academic	W	2	2	5	6	3	1	0	4	3	3	1	3	4		>=3	>=2	<2	✔
Number of New Studies Opened - Commercial	W	1	2	6	3	0	1	0	1	0	0	1	2	0		>=1	N/A	<1	✔
Number of patients recruited	W	941	1,228	1,180	1,094	982	917	665	407	537	560	134	508	413		>=100	>=86	<86	✔

Delivery of Outstanding Care

7.1 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

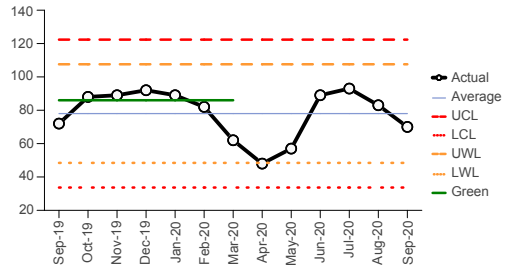
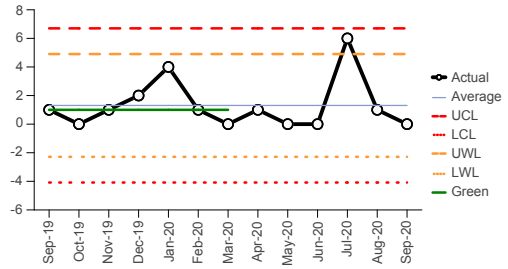
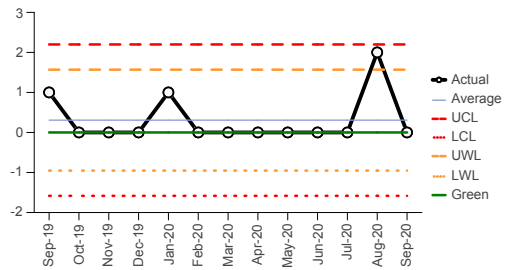
	Description	Performance	Threshold	Trend	Management Action (SMART)
Proprtion of Incidents	**Proportion of Near Miss, No Harm & Minor Harm** D Proportion of Near Miss, No Harm and Minor Harm incidents against all levels recorded. **Exec Lead:** Nicki Murdock **Committee:** SQAC	99.79 %	R <99 % A N/A G >=99 %		No Action Required
Incidents: Increasing Reporting	**Clinical Incidents resulting in Near Miss** D Total number of Near Miss Incidents reported **Exec Lead:** Nicki Murdock **Committee:** SQAC	49	No Threshold		
Incidents: Increasing Reporting	**Clinical Incidents resulting in No Harm** D Total number of No Harm Incidents reported. **Exec Lead:** Nicki Murdock **Committee:** SQAC	343	No Threshold		

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

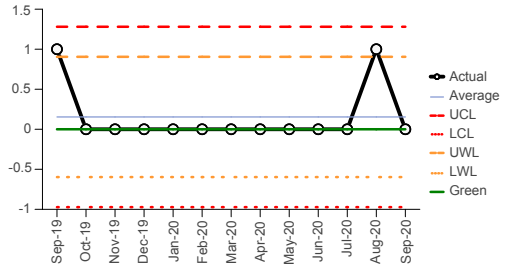
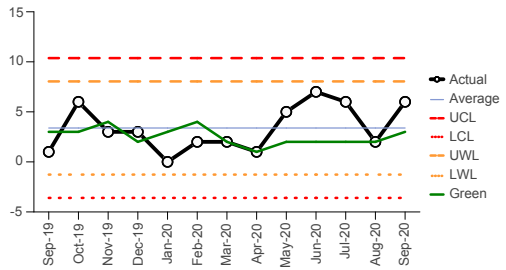
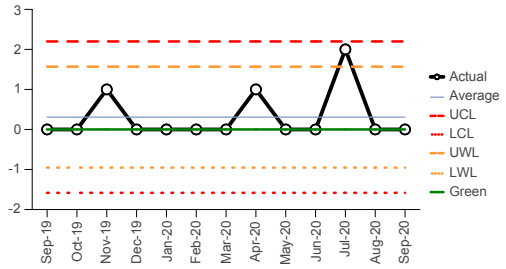
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in minor, non permanent harm** D Total number of Minor Harm Incidents reported. **Exec Lead:** Nicki Murdock **Committee:** SQAC	70	No Threshold		
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** D Incidents reported resulting in moderate harm. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	No Threshold		
Incidents: Reducing Harm	**Clinical Incidents resulting in severe, permanent harm** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 20/21 aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

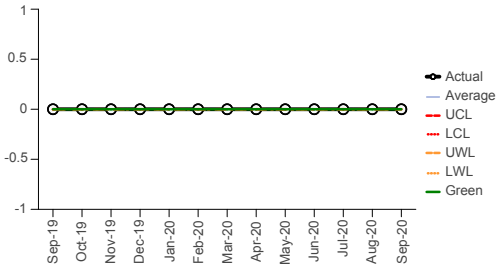
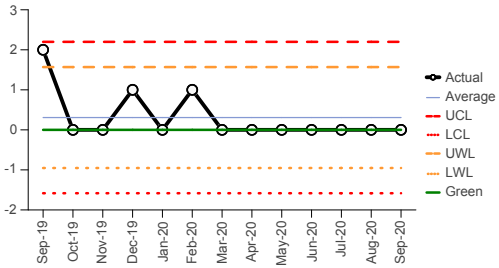
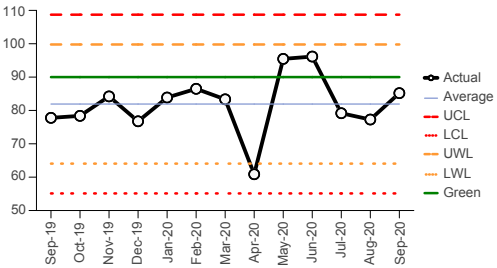
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in catastrophic, death** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 20/21 aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required
Reducing Medication Errors	**Medication errors resulting in harm** D Medication errors reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 20% reduction on the period Apr 19 - Mar 20, on trajectory with WHO global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% by 2022. 20/21 aim is less than 27 annually for the trust. **Exec Lead:** Nicki Murdock **Committee:** SQAC	6	R >3 A N/A G <=3		IV chemotherapy expired resulting in a delayed dose and IV fluids for longer than intended. A patient required treatment after 4 doses of Paracetamol above the maximum dose. A patient on IV insulin was not monitored correctly resulting in a high blood glucose level. A patient did not receive the recommended test dose of Liposomal Amphotericin and developed an adverse drug reaction which quickly resolved. All incidents have been investigated and any learning identified has been disseminated.
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** W Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 20/21 Aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.4 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

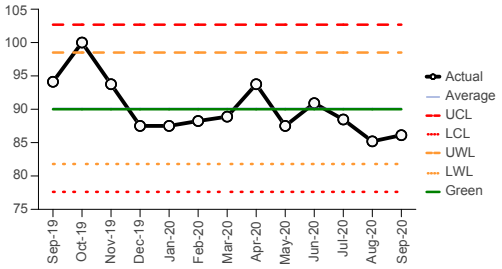
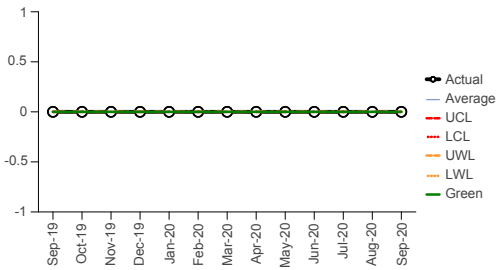
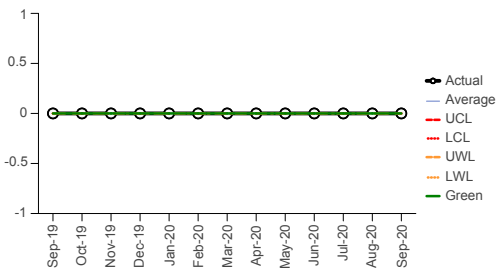
	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Pressure Ulcers	**Pressure Ulcers (Category 4)** W Pressure Ulcers of Category 4. The threshold is based on this event never occuring. 20/21 Aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required
Never Events	**Never Events** W Never Events. The threshold is based on this event never occuring. 20/21 aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 20/21 aim is 90%. **Exec Lead:** Nicki Murdock **Committee:** SQAC	85.19 %	R <90 % A N/A G >=90 %		Four patients did not receive antibiotics within 60 minutes, in the main due to difficult intravenous access and additionally due to language barriers

Delivery of Outstanding Care

7.5 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

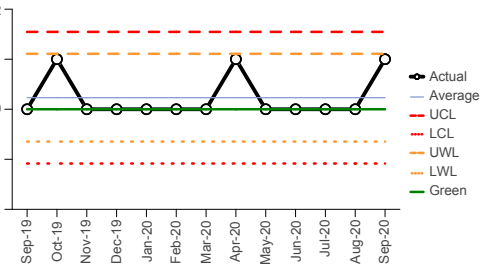
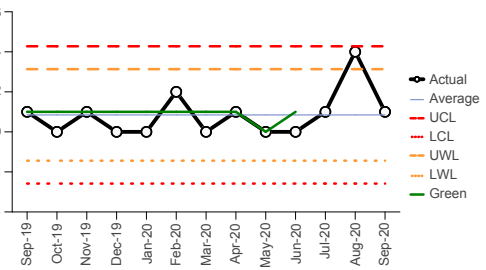
	Description	Performance	Threshold	Trend	Management Action (SMART)
Sepsis	**Sepsis: Patients treated for Sepsis within 60 mins - Inpatients** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 20/21 aim is 90%. **Exec Lead:** Nicki Murdock **Committee:** SQAC	86.11 %	R <90 % A N/A G >=90 %		Four patients did not receive antibiotics within 60 minutes, in the main due to difficult intravenous access and additionally due to language barriers.
Mortality	**Number of children that have experienced avoidable factors causing death - Internal** W Total number of children that have experienced avoidable factors with issues relating to care provided in Alderhey. Figures provided by HMRG group. The threshold for 20/21 is zero. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** D The threshold is based on this event never occuring. 20/21 Aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.6 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - C.difficile** D The threshold is based on this event never occuring. 20/21 Aim is zero annually. **Exec Lead:** Nicki Murdock **Committee:** SQAC	1	R >0 A N/A G 0		reported to the CCG with a clinical investigation underway
Reducing Infections	**Hospital Acquired Organisms - MSSA** D Hospital Acquired Organisms - MSSA . 20/21 aim is to reduce by 10% or more. **Exec Lead:** Nicki Murdock **Committee:** SQAC	1	No Threshold		

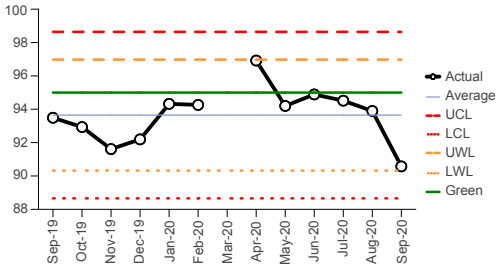
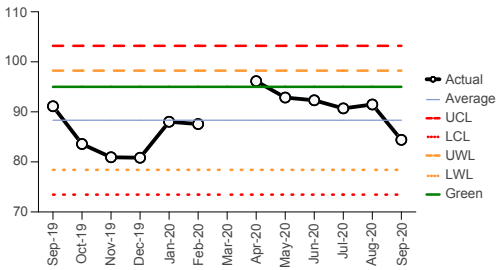
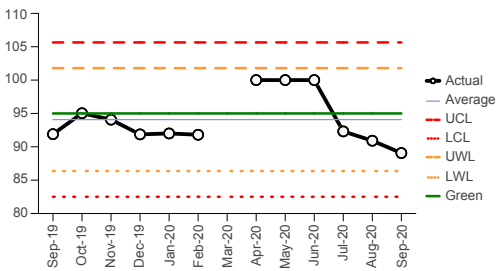
The Best People doing their best Work

8.1 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family: Overall Percentage Recommended Trust** W Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	90.57 %	R <90 % A >=90 % G >=95 %		Overall percentage has decreased by 3.5% from August 2020. No. of responses was the highest since March at 1083, however, September 2019 saw figures of 3233. Response channel continues to be SMS with 97.3% of responses due to the cessation of kiosk and paper feedback methods. An FFT policy and risk assessment is being put in place to increase the number of collections methods. In September 2020, Medicine had a total of 526 responses with 47 negative (8.94%). Surgery had a total of 445 responses with only 12 negative (2.7%). Community had a total of 91 responses with only 5 negative (5.49%).
Friends & Family	**Friends & Family A&E - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	84.40 %	R <90 % A >=90 % G >=95 %		Overall percentage has decreased by 7.1% from August 2020. 327 responses for September 2020, an increase of 34 from August 2020 – 98.8% response via SMS. There are 37 (11.3%) responses that are poor or very poor, an increase of 17 (5.5%) from August 2020. However, the number of very good or good responses has increased by 8 since August 2020. Comment analysis has identified two main trends. Out of the 37 poor or very poor surveys, there were 12 instances of bad staff attitude and behaviour towards patients and families. There were also 4 instances of long waiting times being a main reason.
Friends & Family	**Friends & Family Community - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	89.06 %	R <90 % A >=90 % G >=95 %		Overall percentage has decreased by 17.58% from August 2020. There were 15 responses for September 2020 – 100% response via SMS. There was only 1 (6.67%) response that was either poor or very poor. One response (6.67%) was neither good nor bad, and there were 2 responses (13.34%) which were classified as 'Don't Know'. The 4 aforementioned responses have significantly brought the overall percentage down to 73.33% for September 2020. Comment analysis does not indicate any clear trends in responses for this month due to lack of data.

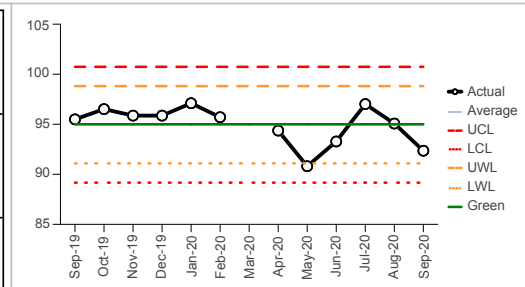
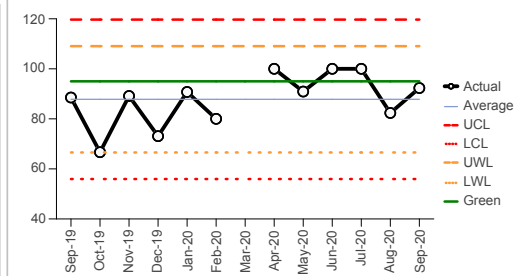
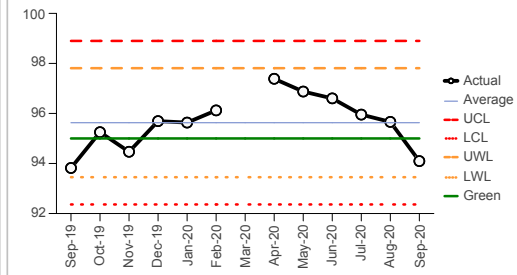
The Best People doing their best Work

8.2 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Inpatients - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	92.35 %	R <90 % A >=90 % G >=95 %		Overall percentage has decreased by 0.75% from August 2020 to 92.35%.170 responses for September 2020, an increase of 25 from August 2020. There are only 4 (2.35%) responses that are poor or very poor. The decrease in overall percentage can be mainly attributed to the 'neither good nor poor' responses (4.1%). The number of very good or good responses has increased by 22 since August 2020. Comment analysis has identified bad nursing staff attitude as a main trend, with 3 of the 4 negative responses received relating to this.
Friends & Family	**Friends & Family Mental Health - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	92.31 %	R <90 % A >=90 % G >=95 %		The percentage has increased by 9.96% since August 2020 (82.35%). September 2020 is 8.26% above the average percentage over the last 12 months (84.04%). The completed number of surveys (13) is significantly lower than before COVID-19 restrictions (122 completed surveys in January 2019), which can distort results. There have been 0 poor or very poor responses in this area. There has been 1 response which is neither good nor poor which has accounted for 7.69% of overall response. The remaining responses have been either good or very good (92.31%).
Friends & Family	**Friends & Family Outpatients - % Recommend the Trust** D P Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Nicki Murdock **Committee:** SQAC	94.09 %	R <90 % A >=90 % G >=95 %		508 responses for September 2020, an increase of 70 from August 2020. 14 (3.54%) responses that are poor or very poor, an increase of 1 (2.97%) from August 2020. However, 478 responses were classified as very good or good (94.09%). Furthermore, 10 responses classified as neither good nor poor accounted for a 2% of responses. Comment analysis has identified communication as a negative trend. Communication in relation to cancellation of appointments, conflicting information given by staff, and general communication and understanding has been highlighted in 7 of the 14 negative responses.

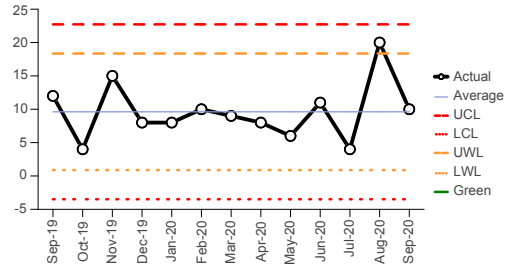
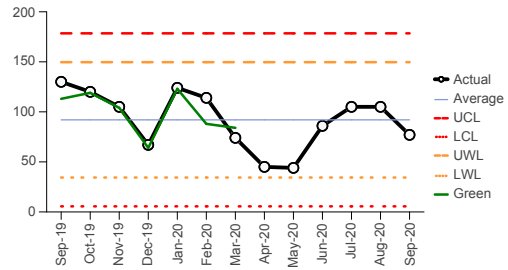
The Best People doing their best Work

8.3 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Complaints	**Complaints** W Total complaints received. **Exec Lead:** Nicki Murdock **Committee:** SQAC	10	No Threshold		
PALS	**PALS** W Total number of PALS contacts. **Exec Lead:** Nicki Murdock **Committee:** SQAC	77	No Threshold		

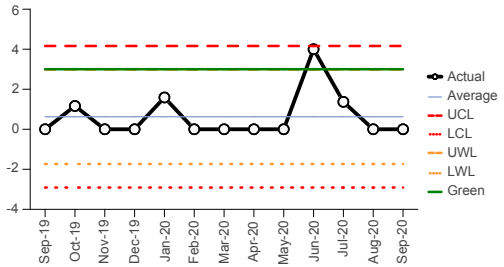
Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

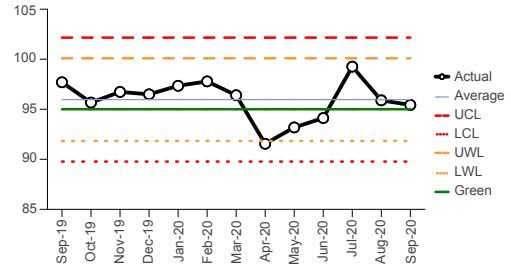
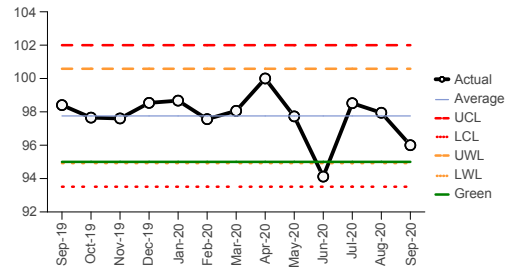
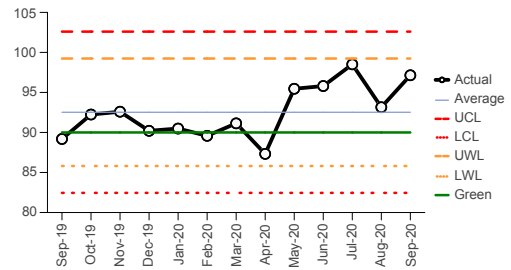
	Description	Performance	Threshold	Trend	Management Action (SMART)
PICU Re-admissions	**% Readmissions to PICU within 48 hrs** W % of discharges readmitted to PICU within 48hrs sourced from PICANet [Paediatric Intensive Care Audit Network]. Threshold agreed with PICU is based on the reported range nationally from all UK PICUs, most recent published range (16/17) was 0-3% averaged over a calendar year. Data is presented as monthly incidence for the purpose of this report. Annual average for this site was 2.4% **Exec Lead:** Nicki Murdock **Committee:** SQAC	0 %	R >3 % A N/A G <=3 %		No Action Required

Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

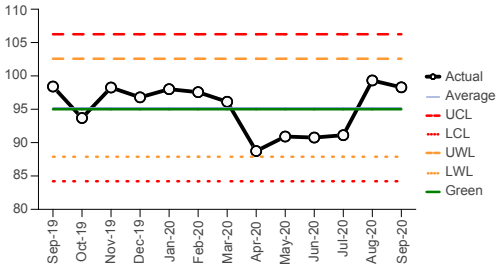
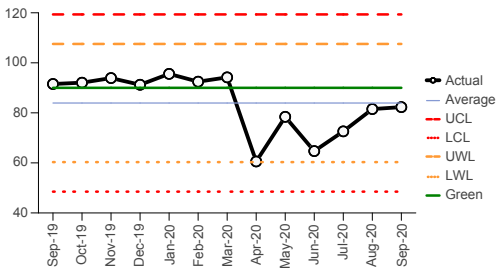
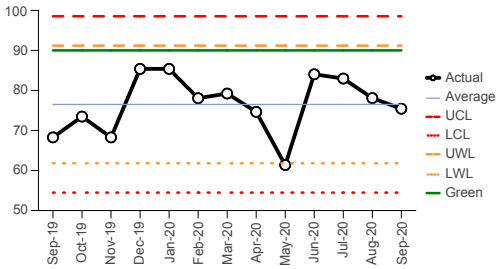
	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Choices	**IP Survey: % Received information enabling choices about their care** W Percentage of patients / families that report receiving information to enable them to make choices. Thresholds are based on previously defined local targets. The 20/21 aim is 95% or above. **Exec Lead:** Nicki Murdock **Committee:** SQAC	95.43 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Respect	**IP Survey: % Treated with respect** W Percentage of children / families that report being treated with respect. Thresholds are based on previously defined local targets. The 20/21 is 100%. **Exec Lead:** Nicki Murdock **Committee:** SQAC	96 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Date of Discharge	**IP Survey: % Know their planned date of discharge** D P Percentage of children / families that report knowing their planned date of discharge. Thresholds are based on previously defined local targets. The 20/21 aim is 90% or above. **Exec Lead:** Nicki Murdock **Committee:** SQAC	97.14 %	R <85 % A >=85 % G >=90 %		No Action Required

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: In Charge of Care	**IP Survey: % Know who is in charge of their care** W % of children / families that report knowing who is in charge of their care. Thresholds are based on previously defined local targets. The 20/21 aim is 95% or above. **Exec Lead:** Nicki Murdock **Committee:** SQAC	98.29 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Play	**IP Survey: % Patients involved in Play** D % of children / families that report engaging in play. Thresholds are based on previously defined local targets. The 20/21 aim is 90% or above. **Exec Lead:** Nicki Murdock **Committee:** SQAC	82.29 %	R <85 % A >=85 % G >=90 %		Percentage of patients that report engaging in play this month was 82.3%, an increase of 0.8% compared to August 2020. Percentage increase is due to the increased capacity of Play specialists and the gradual resumption of services. In surgery, 107 out of 133 responses identified that patients were involved in play (80.45%). In Medicine, 39 out of 42 responses identified patients were involved in play (88.1%). In comparison to August 2020, surgery (82.18% in August) had a decrease in percentage, but medicine (80% in August) had an improvement.
Inpatient Survey: Learning	**IP Survey: % Patients involved in Learning** D % of children / families that report engaging in learning. Thresholds are based on previously defined local targets. The 20/21 aim is 90% or above. **Exec Lead:** Nicki Murdock **Committee:** SQAC	75.43 %	R <85 % A >=85 % G >=90 %		September has shown a decrease in the percentage of inpatient children / families reporting involvement in learning/teaching (75.4%) compared to August 2020 (78.1%). Although this percentage is higher than April (74.6%) and May (61.4%) figures, during the height of the COVID-19 pandemic, there has been a negative trend since June 2020 (84%). Surgery's figures show that 75.19% of inpatient children/families report involvement in learning/teaching in September 2020. Medicine's figures indicate that 76.19% of inpatient children/families report involvement in learning/teaching in September 2020.

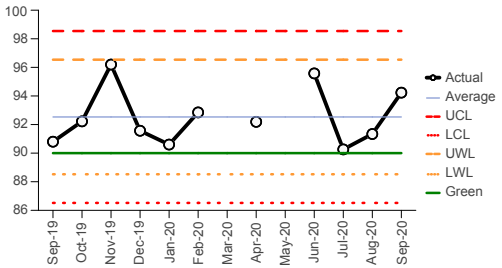
The Best People doing their best Work

11.1 - QUALITY - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

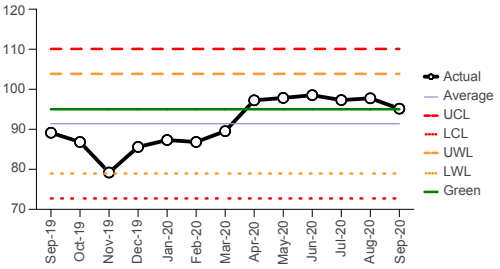
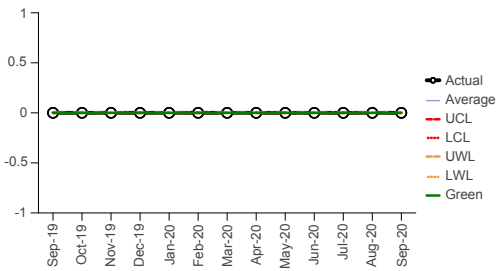
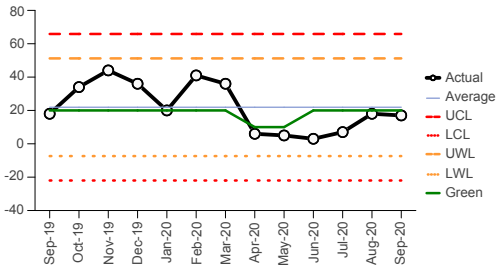
	Description	Performance	Threshold	Trend	Management Action (SMART)
Staffing	**Safer Staffing (Shift Fill Rate)** W Safer Staffing. Threshold is based on National Target of 90% or above. **Exec Lead:** Pauline Brown **Committee:** SQAC	94.23 %	R <90 % A N/A G >=90 %		No Action Required

Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

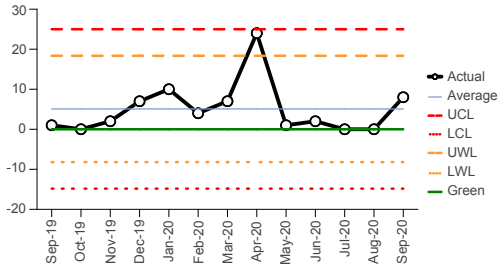
	Description	Performance	Threshold	Trend	Management Action (SMART)
ED 4 Hour Standard	**ED: 95% Treated within 4 Hours** D Threshold is based on National Guidance set by NHS England at 95%. **Exec Lead:** Adam Bateman **Committee:** RABD	95.14 %	R <95 % A N/A G >=95 %		No Action Required
ED 12 Hr Waits	**ED: Number of patients spending >12 hours from decision to admit to admission** W Number of patients spending >12 hours in A&E from decision to admit to admission. This is a national standard with a zero tolerance threshold. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required
Cancelled Operations	**On the day Elective Cancelled Operations for Non Clinical Reasons** D Performance is measured for on the day cancelled elective operations for non clinical reasons. This based on National Guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	17	R >20 A N/A G <=20		The number of patients who had their elective admissions cancelled on the day scheduled reduced from 18 to 15 in September. Unfortunately a few theatre lists were cancelled on the day owing to staff having to isolate due to the Track and Trace policy and protocol. In order to proactively manage possible reduction in staff availability owing to Track and Trace principles we are increasingly monitoring the theatre schedule with daily and weekly reviews to ensure all theatre lists are staffed safely.

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

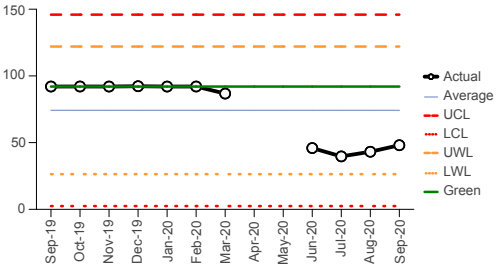
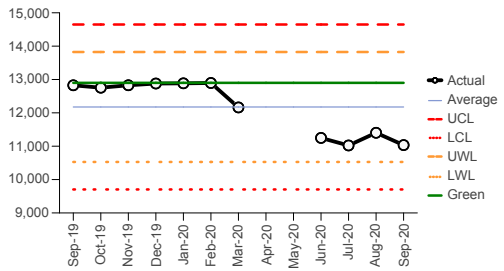
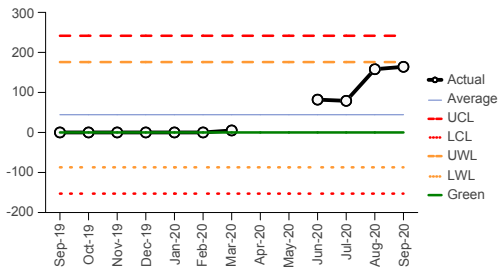
	Description	Performance	Threshold	Trend	Management Action (SMART)
Operation Breaches	**28 Day Breaches** W Standard is when a patients operation is cancelled by the hospital last minute for non-clinical reasons, the hospital will have to offer another binding date with 28 days. This is based on national guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	8	R >0 A N/A G 0		Unfortunately September saw a number of patients not rescheduled with a new theatre date within 28 days of their cancelation. The primary reasons for this include the increase number of cancelations on the day in August resulting in increased demand to accommodate in September. In addition, with a slight reduction in the theatre schedule owing to staffing concerns there was an increase in urgent and semi urgent patients who required theatre with a greater clinical priority to those cancelled on the day

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

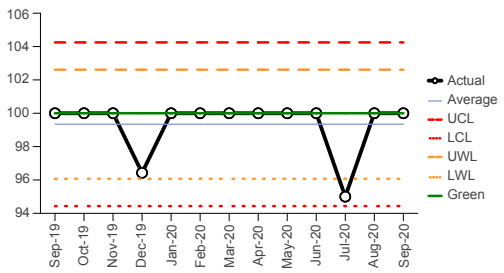
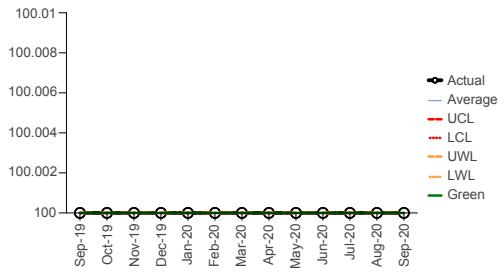
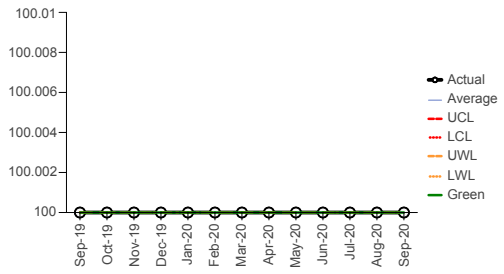
	Description	Performance	Threshold	Trend	Management Action (SMART)
RTT	**RTT: Open Pathway: % Waiting within 18 Weeks** W Percentage of patients waiting within 18 weeks. Threshold is based on previous national target of 92%, this is applied in order to maintain monitoring of measure. **Exec Lead:** Adam Bateman **Committee:** RABD	48.04 %	R <90 % A >=90 % G >=92 %		Performance starting to improve after 4 consecutive months of deterioration. As phase 3 activity improves and increases the RTT performance will also continue with this trajectory.
Waiting Times	**Waiting List Size** W National threshold as part of the 18/19 NHSI plan. The target is to maintain reduction of the total waitlist size from March 2018. **Exec Lead:** Adam Bateman **Committee:** RABD	11033	R >12899 A N/A G <=12899		No Action Required
Waiting Times	**Waiting Greater than 52 weeks - Incomplete Pathways** W Total number of more than 52 weeks for first treatment on an incomplete pathway. The threshold is based on this event never occuring. 20/21 aim is zero annually. **Exec Lead:** Adam Bateman **Committee:** RABD	164	R >0 A N/A G 0		All patients waiting > 40 weeks continue to be clinically reviewed and >52 weeks dated in a chronological order. This is for OP & IP activity and is reliant on AH being able to maintain elective activity through the winter/covid 2nd wave. Plans are developed and in place to mitigate this. This level of 52 week waits is in line with our trajectory submitted to NHSE.

Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

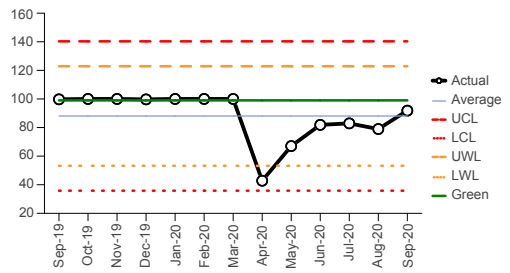
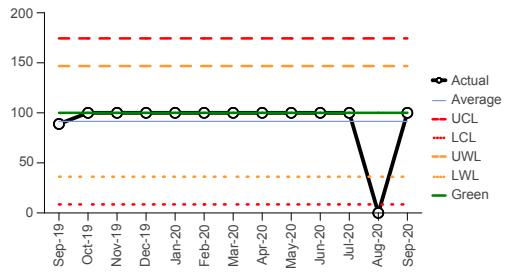
	Description	Performance	Threshold	Trend	Management Action (SMART)
Cancer RTT	**Cancer: 2 week wait from referral to date 1st seen - all urgent referrals** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100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

Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

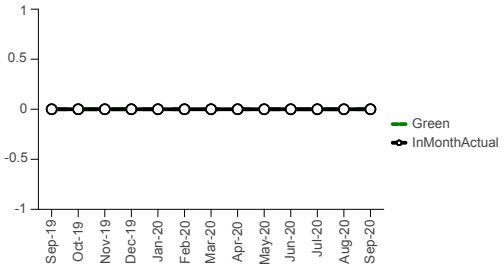
	Description	Performance	Threshold	Trend	Management Action (SMART)
Diagnostics	**Diagnostics: % Completed Within 6 Weeks** W Threshold is based on National Guidance set by NHS England at 99%. **Exec Lead:** Adam Bateman **Committee:** RABD	91.83 %	R <99 % A N/A G >=99 %		Whilst still adhering to social distancing and IPC guidelines, Radiology has seen their activity returning to 85.9% of pre-Covid 19 capacity during this Post-COVID recovery phase.
Cancer RTT	**31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	100 %	R <100 % A N/A G 100 %		No Action Required

The Best People doing their best Work

14.1 - PERFORMANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

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

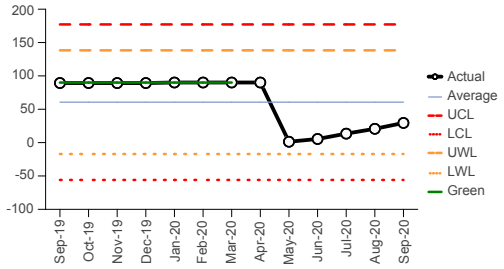
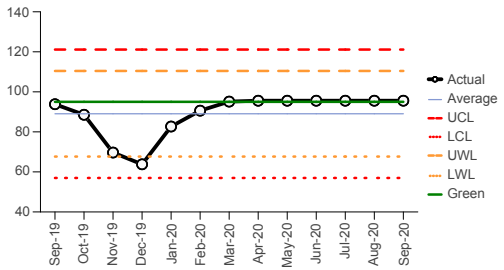
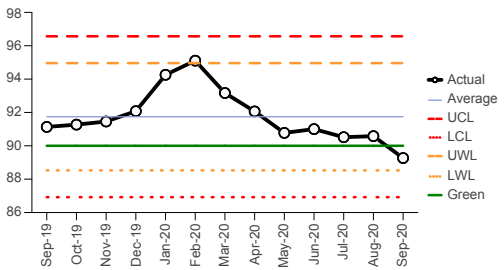
The Best People doing their best Work

15.1 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Personal Development	**PDR** W Trust target, measuring compliance of staff Personal Development Reviews (Non medical). The Trust compliance period is set to be achieved in the first 4 months of each year (April -July). **Exec Lead:** Melissa Swindell **Committee:** WOD	29.48 %	No Threshold		
Appraisal	**Medical Appraisal** W Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	95.56 %	R <90 % A >=90 % G >=95 %		No Action Required
Training	**Mandatory Training** W This is a Trust target that measures all required training including Resuscitation. **Exec Lead:** Melissa Swindell **Committee:** WOD	89.27 %	R <80 % A >=80 % G >=90 %		The current restrictions around education, social distancing and the strain on clinical staff caused by the pandemic is having a particularly negative impact on compliance for competencies that require practical hands on training delivered by and to clinical staff such as Practical Moving and Handling and Resuscitation. Drops in compliance in these topics has taken our overall compliance below 90% for the first time in over 16 months, we are working closely with SME's and leads in both areas to identify ways we can further adapt our practice to ensure compliance returns to 90%

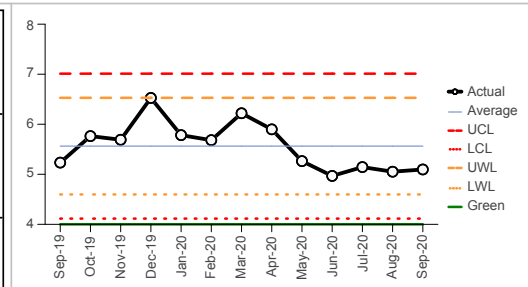
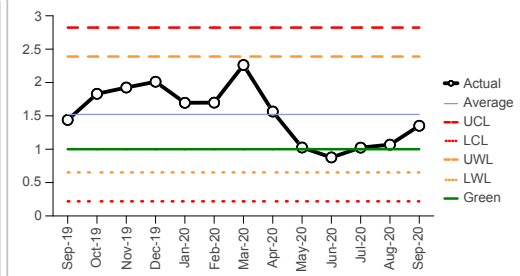
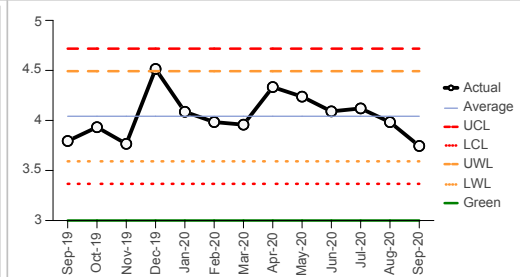
The Best People doing their best Work

15.2 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Sickness	**Sickness** D % of staff who have been absent from work due to sickness, this is broken down into LTS & STS in further metrics **Exec Lead:** Melissa Swindell **Committee:** WOD	5.10 %	R >4.5 % A <=4.5 % G <=4 %		Sickness continues to rise due to increasing absences relating to Covid, the HR team are working in collaboration with Divisions to support manager with staff absences, the SALS Team also providing support to managers and employees. We continue to have staff recorded in the special leave category for self-isolation and medical suspension due to Covid and a comprehensive guide to supporting managers with absences is available through Divisional HR Advisors.
Sickness	**Short Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting less than 28 days **Exec Lead:** Melissa Swindell **Committee:** WOD	1.35 %	R >1 % A N/A G <=1 %		See Above
Sickness	**Long Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting 28 days or more **Exec Lead:** Melissa Swindell **Committee:** WOD	3.74 %	R >3 % A N/A G <=3 %		See Above

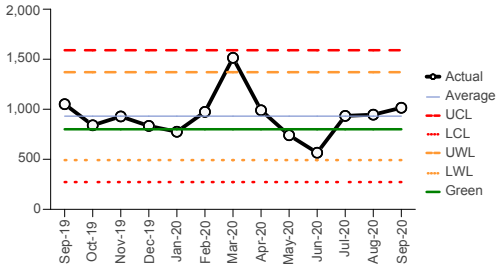
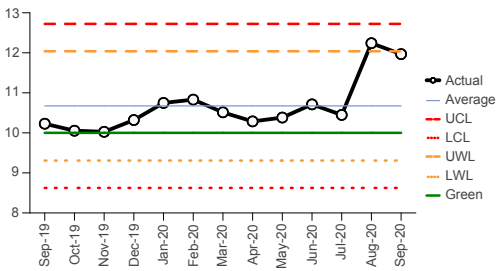
The Best People doing their best Work

15.3 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Temporary Spend	**Temporary Spend ('000s)** D Indicates the expenditure on premium temporary pay spend and monitors the reduction. **Exec Lead:** Melissa Swindell **Committee:** WOD	1014.74	R >960 A <=960 G <=800		Increased in September due to an increase in staff absences/ SI/sickness continuing to work with NHSP to ensure we have the right support in place throughout winter.
Staff Turnover	**Staff Turnover** D Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	11.97 %	R >11 % A <=11 % G <=10 %		Turnover has started to reduce, due to the high number of leavers in August (temp covid staff) this metric will take a bit of time to settle down.

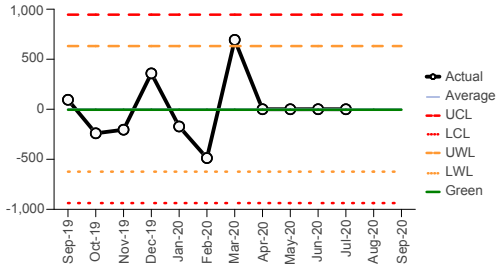
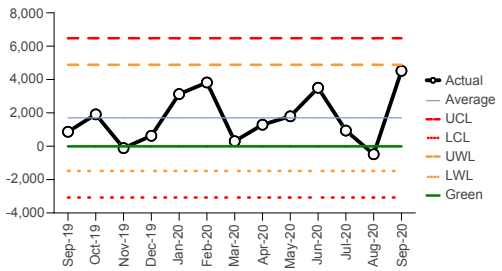
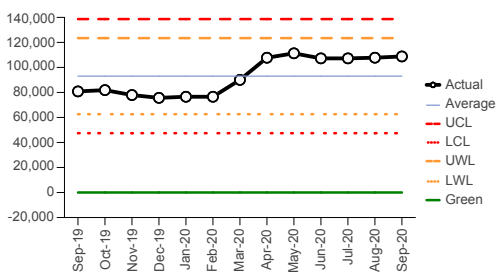
The Best People doing their best Work

16.1 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Control Total In Month Variance (£'000s)** W Variance from Control Total plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	0	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Capital Expenditure In Month Variance (£'000s)** W Variance from capital plan. Variation between months is usual and the threshold of + or - 5% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	4,518	R <-10% A >=-10% G >=-5%		No Action Required
Finance	**Cash in Bank (£'000s)** W Variance from Cash plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	108,756	R <-20% A >=-20% G >=-5%		No Action Required

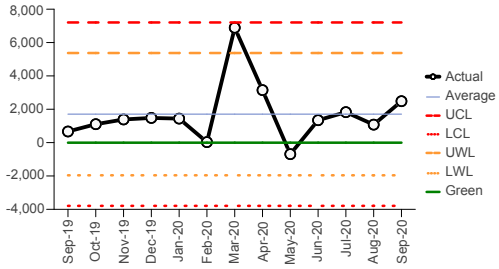
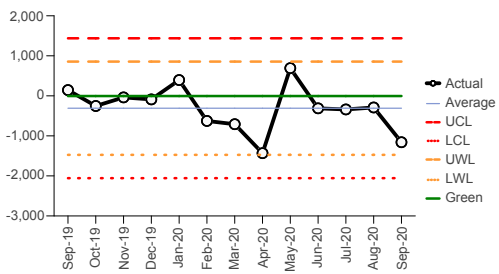
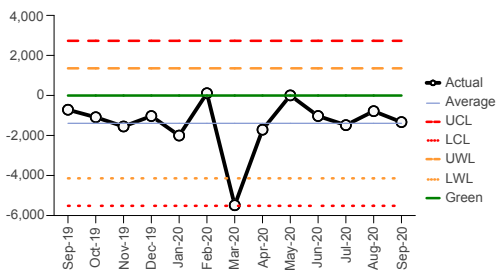
The Best People doing their best Work

16.2 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Income In Month Variance (£'000s)** W Variance from income plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	2,482	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Pay In Month Variance (£'000s)** W Variance from pay plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-1,160	R <-20% A >=-20% G >=-5%		The expenditure on pay in September exceeded the budget by £1.1m. The two main reasons for this were payment of the medical staff pay award which was backdated to April 2020 and also expenditure on staffing relating to the covid pandemic.
Finance	**Non Pay In Month Variance (£'000s)** W Variance from non pay plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-1,333	R <-20% A >=-20% G >=-5%		The expenditure on non pay in September exceeded the budget by £1.3m. The main reasons for this were expenditure incurred as a direct result of covid and expenditure on high cost drugs. Both these issues were offset by income

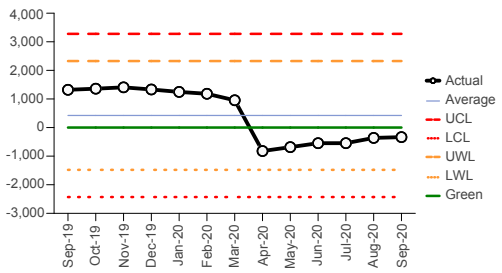
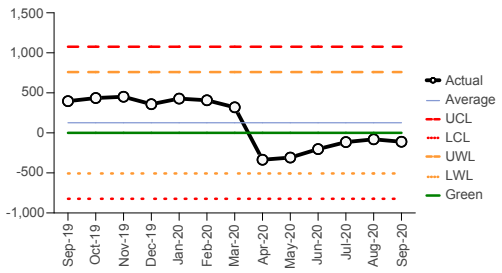
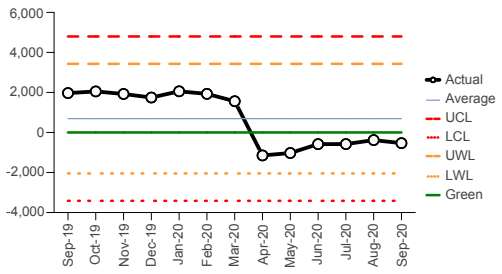
The Best People doing their best Work

16.3 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

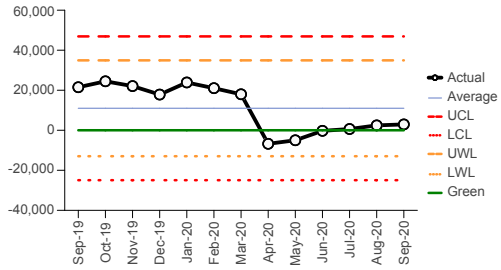
	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: IP - Non-Elective** W Actvity vs Plan for Inpatient Non-Elective Activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-335.47	R <0 A N/A G >=0		Following recovery plans Activity has increased closing the gap against plan within August but performance is still significantly below targets.
Finance	**AvP: IP Elective vs Plan** W Actvity vs Plan for Inpatient Elective activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-111.12	R <0 A N/A G >=0		Following recovery plans Activity has increased closing the gap against plan within August but performance is still significantly below targets.
Finance	**AvP: Daycase Activity vs Plan** W Actvity vs Plan for Daycase activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-534.82	R <0 A N/A G >=0		Following recovery plans Activity has increased closing the gap against plan within August but performance is still significantly below targets.

The Best People doing their best Work

16.4 - FINANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

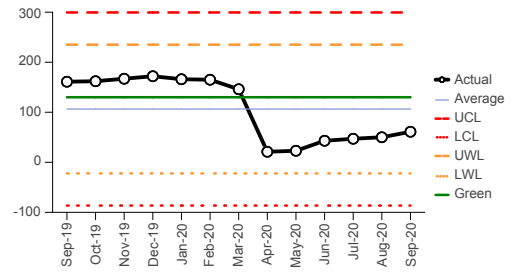
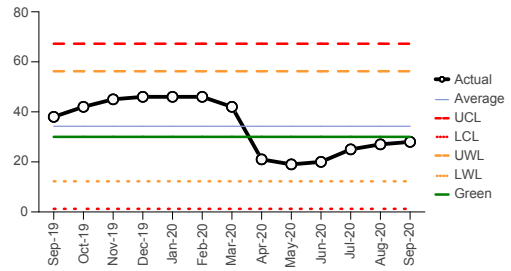
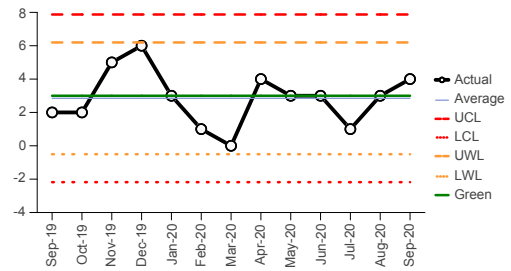
	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: Outpatient Activity vs Plan** W Actvity vs Plan for Outpatient activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	2922.40	R <0 A N/A G >=0		Following recovery plans Activity has increased closing the gap against plan within August but performance is still significantly below targets.

Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of Open Studies - Academic** W Number of academic studies currently open. **Exec Lead:** Jo Blair **Committee:** RMB	61	R <111 A >=111 G >=130		The process of ensuring that 1) the necessary preconditions to safely restart suspended studies and start-up new studies are in place and 2) these studies are prioritised according to level of urgency is ongoing and the Number of Open Academic Studies continues to increase.
Clinical Research	**Number of Open Studies - Commercial** W Number of commercial studies currently open. **Exec Lead:** Jo Blair **Committee:** RMB	28	R <21 A >=21 G >=30		The process of ensuring that 1) the necessary preconditions to safely restart suspended studies and start-up new studies are in place and 2) these studies are prioritised according to level of urgency is ongoing and the Number of Open Commercial Studies continues to increase.
Clinical Research	**Number of New Studies Opened - Academic** W Number of new academic studies opened in month. **Exec Lead:** Jo Blair **Committee:** RMB	4	R <2 A >=2 G >=3		No Action Required

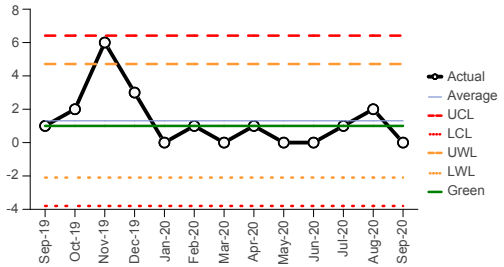
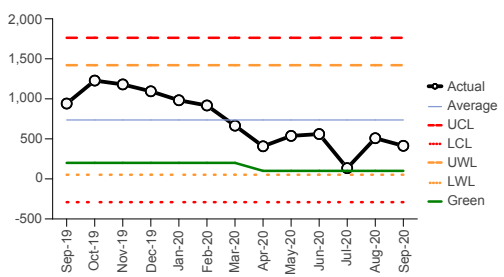
Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

GROW THE FUTURE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

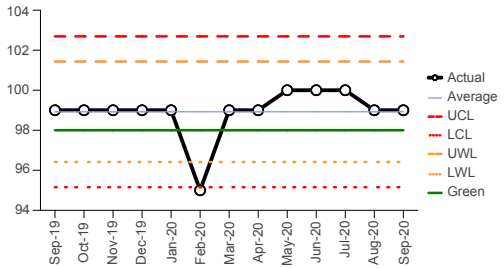
	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of New Studies Opened - Commercial** W Number of new commercial studies opened in month. **Exec Lead:** Jo Blair **Committee:** RMB	0	R <1 A N/A G >=1		The national priority remains the reactivation of NIHR-funded (non-commercial) activity.
Clinical Research	**Number of patients recruited** W Number of patients recruited to NIHR portfolio studies in month. **Exec Lead:** Jo Blair **Committee:** RMB	413	R <86 A >=86 G >=100		No Action Required

Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**PFI: PPM%** PFI: Scheduled maintenance as part of Planned and Preventative Maintenance (PPM) schedule to ensure compliance with statutory obligations and provide a safe environment 98% **Exec Lead:** David Powell **Committee:** RABD	99 %	R <98 % A N/A G >=98 %		No Action Required

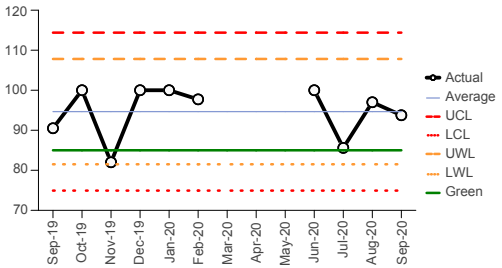
The Best People doing their best Work

19.1 - FACILITIES - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**Domestic Cleaning Audit Compliance** W Auditing for Domestic Services, aim is to ensure National Cleaning Standards. **Exec Lead:** Nicki Murdock **Committee:** SQAC	93.75 %	R <85 % A N/A G >=85 %		No Action Required

All Divisions

D Drive W Watch P Programme

SAFE

		COMMUNITY	MEDICINE	SURGERY	RAG		
Clinical Incidents resulting in Near Miss	D	8	14	23	No Threshold		
Clinical Incidents resulting in No Harm	D	89	93	143	No Threshold		
Clinical Incidents resulting in minor, non permanent harm	D	9	16	38	No Threshold		
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	No Threshold		
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	N/A	>0
Clinical Incidents resulting in catastrophic, death	D	0	0	0	0	N/A	>0
Medication errors resulting in harm	D	0	4	2	No Threshold		
Pressure Ulcers (Category 3)	W	0	0	0	0	N/A	>0
Pressure Ulcers (Category 4)	W	0	0	0	0	N/A	>0
Never Events	W	0	0	0	0	N/A	>0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P		91.7%	75.0%	>=90 %	N/A	<90 %
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	N/A	>0
Hospital Acquired Organisms - C.difficile	D	0	0	1	0	N/A	>0
Hospital Acquired Organisms - MSSA	D	0	0	1	No Threshold		

CARING

		COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	W	2	6	2	No Threshold
PALS	W	26	27	22	No Threshold

EFFECTIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
% Readmissions to PICU within 48 hrs	W			0.0%	<=3 %	N/A	>3 %
ED: 95% Treated within 4 Hours	D		95.1%		>=95 %	N/A	<95 %
ED: Number of patients spending >12 hours from decision to admit to admission	W		0		0	N/A	>0

All Divisions

D Drive W Watch P Programme

		COMMUNITY	MEDICINE	SURGERY	RAG		
On the day Elective Cancelled Operations for Non Clinical Reasons	D	0	2	15	No Threshold		
28 Day Breaches	W	0	3	5	0	N/A	>0

RESPONSIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
IP Survey: % Received information enabling choices about their care	W		92.9%	96.2%	>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect	W		100.0%	94.7%	>=95 %	>=90 %	<90 %
IP Survey: % Know their planned date of discharge	D P		95.2%	97.7%	>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care	W		97.6%	98.5%	>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play	D		88.1%	80.5%	>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning	D		76.2%	75.2%	>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	40.1%	55.5%	46.7%	>=92 %	>=90 %	<90 %
Waiting List Size	W	1,055	2,151	7,765	No Threshold		
Waiting Greater than 52 weeks - Incomplete Pathways	W	10	0	135	0	N/A	>0
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W		100.0%		100 %	N/A	<100 %
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W		100.0%		100 %	N/A	<100 %
All Cancers: 31 day wait until subsequent treatments	W		100.0%		100 %	N/A	<100 %
Diagnostics: % Completed Within 6 Weeks	W		91.4%	100.0%	>=99 %	N/A	<99 %
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W		100.0%		100 %	N/A	<100 %

WELL LED

		COMMUNITY	MEDICINE	SURGERY	RAG
Control Total In Month Variance (£'000s)	W	-70	-1,201	-1,988	No Threshold
Income In Month Variance (£'000s)	W	96	-622	-1,460	No Threshold
Pay In Month Variance (£'000s)	W	-31	-211	-454	No Threshold
Non Pay In Month Variance (£'000s)	W	-135	-368	-73	No Threshold

All Divisions

D Drive W Watch P Programme

		COMMUNITY	MEDICINE	SURGERY	RAG		
AvP: IP - Non-Elective	W		-253	-82	>=0	N/A	<0
AvP: IP Elective vs Plan	W	0	-43	-68	>=0	N/A	<0
AvP: Daycase Activity vs Plan	W		-267	-269	>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W	1,139	1,034	-735	>=0	N/A	<0
PDR	W	41.3%	21.8%	35.5%	No Threshold		
Medical Appraisal	W	100.0%	96.0%	94.1%	>=95 %	>=90 %	<90 %
Mandatory Training	W	91.4%	89.9%	88.0%	>=90 %	>=80 %	<80 %
Sickness	D	3.5%	4.9%	6.0%	<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.1%	1.4%	1.7%	<=1 %	N/A	>1 %
Long Term Sickness	D	2.4%	3.5%	4.4%	<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	169	266	286	No Threshold		
Staff Turnover	D	10.9%	7.5%	10.4%	<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	99.8%	94.9%	93.6%	>=90 %	>=80 %	<90 %

Medicine Division		
SAFE	Zero Never Events; Zero clinical incidents resulting in severe, moderate or permanent harm. No grade 3 or 4 pressure ulcers. No hospital-acquired Infections For MRSA and C Difficile.	**Highlight** • Cleanliness score of 97.9%. • Sepsis patients treated with 60 min has improved to 91.7% • Pharmacy OP time for complex patients 100% • Zero never events, hospital-acquired infections (MRSA, C. difficile) for over 12 months. **Challenges** • OP pharmacy dispensing remains above 30 mins for >16% of patients
CARING	6 complaint and 27 PALS responses.	**Highlight** • **Challenges** • Increasing numbers of complaints that are linked to the Tics and Tourette's patients in neurology
EFFECTIVE	ED Performance continues to meet the national standard 95.1 %. As Emergency attendances continue to creep, consistent delivery of the Emergency Care standard and resilience for winter continues to be one of the Division's top operational priorities.	**Highlight** • Emergency Care Performance • Improved theatre utilisation **Challenges** • Zero 28 day Breaches • WNB rate has continued to remain high at 13.1% and is particularly high at 17% for new appointments
RESPONSIVE	RTT compliance remains challenging at 53.9%, however with the Division's intense focus on restoring capacity and expanding access to care; this has improved on the August position of 45%. There continue to be no patients waiting over 52 weeks for treatment. Diagnostic compliance has improved to 91.4% from 77.9% in August.	**Highlight** ▪ Consistent delivery of all national cancer standards (with one breach for 2ww but still within the 93% national standard) ▪ Continued recovery of the diagnostic target ▪ Pathology turnaround times **Challenges** ▪ OP imaging reporting times
WELL LED	Expenditure within the Division of Medicine remains £1.2m under recovered due to reduced activity and income. There is a focused effort to control expenditure through significant reduction in temporary pay spend. Medical Appraisals are at 96% and Mandatory training is at 89.9 %.	**Highlight** • Safer staffing fill rates • Reduced long term sickness rate **Challenges** • Sickness rates overall • Mandatory training < 90%

Alder Hey Children's NHS
NHS Foundation Trust

Medicine

D Drive W Watch P Programme

SAFE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss (D)	20	16	25	20	35	28	16	13	19	17	29	19	14		No Threshold
Clinical Incidents resulting in No Harm (D)	69	89	76	70	134	92	70	33	64	76	104	75	93		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	19	20	16	23	24	19	7	12	13	19	26	21	16		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	0	0	1	0	1	0	0	0	0	0	2	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	1	0	0	0	0	0	0	1	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Medication errors resulting in harm (D)	0	3	0	2	0	1	0	1	5	3	2	0	4		No Threshold
Medication Errors (Incidents)	21	30	21	22	47	30	15	13	25	29	26	23	19		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	1	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Acute readmissions of patients with long term conditions within 28 days	1	8	4	3	5	1	2	1	1	0	0	1	2		No Threshold
Never Events (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients (D P)	87.5%	100.0%	90.0%	100.0%	100.0%	100.0%	88.9%	100.0%	83.3%	92.3%	100.0%	84.6%	91.7%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)	0	0	1	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI) (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile (D)	0	0	0	0	0	0	0	1	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - CLABSI	2	1	3	1	1	1	0	1	1	1	0	2	0		No Threshold
Hospital Acquired Organisms - MSSA (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		No Threshold
Cleanliness Scores	98.6%	97.9%	97.4%	98.3%	97.8%	97.6%				98.5%	97.7%	97.8%	97.9%		>=90 % >=80 % <80 %
Pharmacy - ASU (Aseptic Service Unit) Environmental Monitoring to include ranking within the region.	99.6%	99.7%	99.7%	100.0%	99.9%	99.8%	99.7%	99.3%	99.3%	99.6%	99.8%	99.8%	99.8%		>=95 % N/A <95 %
Pharmacy - NPP (Near Patient Pharmacy) Medicines Reconciliation, percentage completed.	58.9%	58.9%	58.5%	58.5%			55.7%	55.7%	57.4%	60.0%	63.8%	63.8%	63.8%		>=50 % N/A <50 %
Pharmacy - Dispensing for Out Patients - Routine within 30 minutes	62.0%	59.0%	50.0%	62.0%	47.0%	53.0%	58.0%	65.0%	65.0%	64.0%	78.5%	84.0%			>=90 % >=80 % <90 %
Pharmacy - Dispensing for Out Patients - Complex within 60 minutes	63.0%	100.0%	92.0%	89.0%	84.0%	88.0%	67.0%	67.0%	69.0%	100.0%	100.0%	100.0%			>=90 % >=80 % <90 %

CARING

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Complaints (W)	6	0	1	2	5	5	4	7	2	7	1	11	6		No Threshold
PALS (W)	40	43	38	21	45	44	34	13	18	21	32	49	27		No Threshold

EFFECTIVE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Referrals Received (Total)	1,783	2,103	1,933	1,825	2,012	1,956	1,545	831	984	1,424	1,652	1,547	2,204		No Threshold
ED: 95% Treated within 4 Hours (D)	89.1%	86.8%	79.2%	85.6%	87.3%	86.8%	89.5%	97.2%	97.8%	98.5%	97.3%	97.7%	95.1%		>=95 % N/A <95 %
ED: Percentage Left without being seen (W)	6.2%	5.9%	9.3%	7.0%	4.0%	3.8%	2.7%	0.2%	0.8%	1.1%	1.5%	0.8%	2.0%		<=5 % N/A >5 %
ED: All handovers between ambulance and A & E - Waiting more than 30 minutes (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
ED: All handovers between ambulance and A & E - Waiting more than 60 minutes (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
ED: Re-attendance within 7 days of original attendance (%) (W)	8.8%	8.5%	9.6%	8.5%	8.3%	8.0%	7.4%	8.2%	8.4%	7.5%	7.8%	8.3%	7.0%		No Threshold

Medicine

D Drive W Watch P Programme

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
ED: Number of patients spending >12 hours from decision to admit to admission (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Theatre Utilisation - % of Session Utilised (W)	80.2%	83.9%	79.3%	78.9%	80.7%	85.8%	76.2%	68.1%	76.7%	75.4%	82.0%	82.1%	81.0%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons (D)	2	3	4	1	2	5	0	1	2	0	0	3	2		No Threshold
28 Day Breaches (W)	0	0	1	0	0	0	0	0	1	2	0	0	3		0 N/A >0
Hospital Initiated Clinic Cancellations < 6 weeks notice	39	38	42	26	22	41	67	175	1	2	12	55	20		No Threshold
OP Appointments Cancelled by Hospital %	13.0%	15.0%	13.9%	15.1%	12.8%	15.2%	25.8%	46.0%	21.7%	15.5%	13.0%	11.2%	12.1%		<=5 % N/A >10 %
Was Not Brought Rate (W P)	10.0%	9.7%	10.0%	11.8%	9.2%	10.6%	11.1%	7.6%	9.3%	11.9%	12.3%	13.0%	13.1%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts) (W)	11.0%	12.7%	11.8%	14.2%	11.3%	14.3%	14.9%	16.1%	14.5%	14.9%	15.3%	14.4%	17.1%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) (W)	9.7%	8.9%	9.4%	11.0%	8.5%	9.6%	10.2%	6.1%	8.3%	11.1%	11.7%	12.8%	12.3%		<=14 % <=16 % >16 %
Coding average comorbidities	4.44	4.70	4.67	4.80	4.78	5.06	5.24	5.58	5.48	5.45	5.37	5.31	5.14		No Threshold

RESPONSIVE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Convenience and Choice: Slot Availability	74.9%	84.7%	85.6%	82.7%	95.9%	89.6%	66.7%								
IP Survey: % Received information enabling choices about their care (W)	99.0%	93.8%	96.1%	94.6%	95.5%	97.1%	95.0%	95.0%	100.0%	81.5%	100.0%	95.6%	92.9%		>=95 % >=90 % <90 %
IP Survey: % Treated with respect (W)	99.0%	97.2%	96.6%	97.7%	98.9%	97.6%	98.1%	100.0%	100.0%	88.9%	96.8%	97.8%	100.0%		>=95 % >=90 % <90 %
IP Survey: % Know their planned date of discharge (D P)	89.0%	87.7%	87.1%	92.7%	86.4%	83.5%	91.2%	90.0%	97.1%	85.2%	100.0%	93.3%	95.2%		>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care (W)	98.4%	97.6%	98.3%	92.7%	97.7%	97.1%	95.0%	87.5%	97.1%	85.2%	90.3%	100.0%	97.6%		>=95 % >=90 % <90 %
IP Survey: % Patients involved in Play (D)	93.8%	88.6%	91.0%	90.4%	94.4%	92.9%	93.1%	60.0%	74.3%	63.0%	77.4%	80.0%	88.1%		>=90 % >=85 % <85 %
IP Survey: % Patients involved in Learning (D)	68.1%	72.0%	68.1%	81.6%	81.6%	78.2%	76.1%	77.5%	68.6%	77.8%	87.1%	82.2%	76.2%		>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks (W)	92.9%	93.5%	94.4%	94.2%	94.0%	92.2%	88.1%			46.3%	40.6%	45.0%	55.5%		>=92 % >=90 % <90 %
Waiting List Size (W)	3,195	3,213	3,317	3,420	3,043	3,495	3,361			2,791	2,484	2,420	2,151		
Waiting Greater than 52 weeks - Incomplete Pathways (W)	0	0	0	0	0	0	0			0	0	1	0		0 N/A >0
Waiting Times - 40 weeks and above	0	10	3	1	2	9	14			127	147	181	137		
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals (W)	100.0%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%		100 % N/A <100 %
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients. (W)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %
All Cancers: 31 day wait until subsequent treatments (W)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %
Diagnostics: % Completed Within 6 Weeks (W)	99.7%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	39.1%	64.9%	82.1%	84.6%	77.9%	91.4%		>=99 % N/A <99 %
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers) (W)	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%		100 % N/A <100 %
Pathology - % Turnaround times for urgent requests < 1 hr	91.7%	91.5%	90.9%	89.8%	90.2%	91.0%	86.1%	90.3%	90.4%	90.0%	90.4%	92.7%	89.7%		>=90 % >=85 % <90 %
Pathology - % Turnaround times for non-urgent requests < 24hrs	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%		>=90 % >=85 % <90 %
Imaging - % Report Turnaround times GP referrals < 24 hrs	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%		>=95 % >=90 % <95 %
Imaging - % Reporting Turnaround Times - ED	94.0%	100.0%	92.0%	82.0%	85.0%	88.0%	95.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Inpatients	87.0%	91.0%	85.0%	81.0%	86.0%	90.0%	86.0%		98.0%	98.0%	97.0%	97.0%	98.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Outpatients	94.0%	87.0%	87.0%	92.0%	89.0%	95.0%	75.0%	100.0%	98.0%	97.0%	81.0%	69.0%	71.0%		>=85 % N/A <85 %
Imaging - Waiting Times - MRI % First Diagnostics seen within 6 weeks	76.0%	92.0%	89.0%	82.0%	64.0%	86.0%	84.0%	16.8%	63.6%	62.6%	82.4%	59.1%	98.0%		>=99 % N/A <99 %
Imaging - Waiting Times - CT % First Diagnostics seen within 6 weeks								11.6%	17.2%	35.4%	88.2%	77.8%	100.0%		>=99 % N/A <99 %

Medicine

D Drive W Watch P Programme

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Imaging - Waiting Times - Ultrasound % First Diagnostics seen within 6 weeks								21.6%	70.7%	83.8%	86.4%	95.0%	92.0%		>=99 % N/A <99 %

WELL LED

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W	-45	206	100	501	124	-361	-81	-2,544	-1,842	-1,048	278	-1,111	-1,201		
Income In Month Variance (£'000s)	W	-53	595	678	869	1,315	80	271	-2,416	-2,220	-1,103	347	-1,170	-622		
Pay In Month Variance (£'000s)	W	123	106	150	-28	15	-67	-297	59	99	92	196	62	-211		
AvP: IP - Non-Elective	W	862	929	1,016	941	816	826	611	-670	-559	-468	-422	-241	-253		>=0 N/A <0
AvP: IP Elective vs Plan	W	119	127	136	94	134	107	86	-97	-80	-78	-51	-47	-43		>=0 N/A <0
AvP: OP New		1,455.00	1,340.00	1,335.00	1,093.00	1,443.00	1,133.00	857.00	-762.96	-626.56	-229.05	-414.08	-207.19	-342.20		>=0 N/A <0
AvP: OP FollowUp		3,703.00	4,111.00	4,026.00	3,186.00	4,282.00	3,647.00	3,606.00	-333.69	263.66	979.15	1,090.64	1,182.75	1,620.93		>=0 N/A <0
AvP: Daycase Activity vs Plan	W	1,125	1,173	1,054	1,023	1,198	1,085	977	-433	-394	-210	-295	-164	-267		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W	6,342	6,913	6,650	5,410	7,161	6,072	5,592	-1,756	-877	308	266	671	1,034		>=0 N/A <0
PDR	W	87.8%	87.8%	87.8%	87.8%	87.1%	87.1%	87.1%	87.1%	3.1%	10.7%	12.1%	23.0%	21.8%		
Medical Appraisal	W	92.1%	88.1%	69.8%	65.1%	84.1%	91.5%	94.9%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		>=95 % >=90 % <90 %
Mandatory Training	W	91.4%	91.6%	91.8%	91.6%	94.1%	94.6%	93.1%	92.3%	91.9%	91.6%	91.3%	91.3%	89.9%		>=90 % >=80 % <80 %
Sickness	D	5.3%	5.2%	5.6%	6.1%	5.8%	6.3%	6.0%	5.6%	4.9%	5.4%	5.6%	5.1%	4.9%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	1.6%	1.3%	2.2%	2.2%	1.9%	2.0%	2.4%	1.6%	0.9%	1.0%	0.9%	1.0%	1.4%		<=1 % N/A >1 %
Long Term Sickness	D	3.6%	3.8%	3.4%	3.9%	3.9%	4.3%	3.6%	4.0%	3.9%	4.4%	4.7%	4.1%	3.5%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	295	277	242	222	250	265	347	201	157	108	167	217	266		
Staff Turnover	D	10.5%	9.7%	9.8%	9.5%	9.9%	9.8%	10.0%	10.0%	9.6%	8.8%	8.2%	8.3%	7.5%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	102.9%	99.3%	97.2%	90.7%	91.6%	94.6%		96.5%		97.7%	96.4%	94.9%	94.9%		>=90 % >=80 % <90 %

Surgery Division

SAFE	• Reduction in clinical incidents resulting in near miss 44>31>23 • Clinical incidence resulting in No harm remain stable 172 > 142= 142 • Reduction in clinical incidents resulting in minor, non-permanent harm 48<49<50>38 • No clinical incident resulting in moderate, semi-permanent harm or severe, permanent harm or catastrophic death • 2 medication errors resulting in harm. 4>1<2 • No cat 3 or 4 pressure ulcers. • No never events. • 2 hospital-acquired infections: 1 C. difficile and 1 MSSA. Reduction in MSSA 4>1.	**Highlight** • Reduction in clinical incidents resulting in minor, non-permanent harm. • Reduction in MSSA. • Cleanliness scores 98.2% **Challenges** • Reduction in patients treated for sepsis within 60 mins 83%<86%>75%
CARING	• Reduction in formal complaints from 7>2 • Reduction in PALS from 33>22 • Overarching themes include access to care within anticipated time frames and communication within teams and across specialities and divisions	**Highlight** • Reduction in PALS and formal complaints **Challenges** • Providing access within a timely manner for elective patients
EFFECTIVE	• 0 readmissions to PICU within 48 hours, consistent for two months • Theatre utilisation consistent with last two months 88.6%<89.1%>88.9% • 15 children cancelled on the day of their elective admissions for non-clinical reasons, the same number as August 2020. Themes include cancelation due to staffing on the day • 55 patients cancelled on the day did not receive their op within 28 days of the cancellation.	**Highlight** • No readmissions to PICU within 48 hours for second consecutive month • CCAD cases 29>23<30. **Challenges** • Significant increase in referrals received 2810>2565<3015 • 28-day breaches for the first time since April 2020. • Was Not Brought rate for clinic increased 9.5%< 10.6%<11.0%.
RESPONSIVE	• Reduction in patients who noted that they were treated with respect 99.0%>98.0%>94.7%. • Patients treated with respect 99%>98%>95% • 98.5% of patients noted that they knew who was in charge of their care • Reduction in patients involved with play 71.2%<82.2%>80.5%. • Reduction in patients involved in learning 81.7%>76.2%>75.2%.	**Highlight** • 100% diagnostic tests completed within 6 weeks for the second month running. **Challenges** • % of patients who noted that they were treated with respect below 95% for the first time in over 12 months.
WELL LED	• 35.5% of PDRs completed, increase from 25% • Reduction in mandatory training 89.3%>88.0%. • Increase in short-term sickness of 0.4% and decrease in long-term sickness of 0.4%. overall sickness at 6% • 9.5% staff turnover	**Highlight** • Increase in staff who have received their PDR. **Challenges** •

Alder Hey Children's NHS
NHS Foundation Trust

Surgery

D Drive W Watch P Programme

SAFE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss (D)	29	41	32	17	29	29	22	18	19	29	44	30	23		No Threshold
Clinical Incidents resulting in No Harm (D)	128	146	143	111	143	167	115	76	95	115	172	143	143		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	28	43	52	47	40	40	38	22	26	48	49	50	38		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	1	0	0	2	3	0	0	1	0	0	4	1	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	1	0	0	0	0	0	0	0	0	0	0	1	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	1	0	0	0	0	0	0	0	0	0	0	1	0		0 N/A >0
Medication errors resulting in harm (D)	1	3	3	1	0	0	2	0	0	4	4	1	2		No Threshold
Medication Errors (Incidents)	24	41	55	27	43	38	38	16	22	34	59	36	39		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	1	0	0	2	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Never Events (W)	2	0	0	1	0	1	0	0	0	0	0	0	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients (D P)	100.0%	100.0%	100.0%	60.0%	57.1%	80.0%	88.9%	88.9%	91.7%	88.9%	83.3%	85.7%	75.0%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	1	0	0	2	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI) (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile (D)	0	1	0	0	0	0	0	0	0	0	0	0	1		0 N/A >0
Hospital Acquired Organisms - MSSA (D)	1	0	1	0	0	2	0	1	0	0	1	4	1		No Threshold
Cleanliness Scores	97.7%	97.9%	97.6%	98.0%	99.1%	96.3%				97.9%	98.4%	96.0%	98.2%		>=90 % >=80 % <80 %

CARING

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Complaints (W)	4	1	8	5	1	2	3	1	2	2	0	7	2		No Threshold
PALS (W)	48	39	35	19	29	30	20	13	7	37	39	33	22		No Threshold

EFFECTIVE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Readmissions to PICU within 48 hrs (D)	0	1	0	0	1	0	0	0	0	2	1	0	0		No Threshold
% Readmissions to PICU within 48 hrs (W)	0.0%	1.2%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	4.0%	1.4%	0.0%	0.0%		<=3 % N/A >3 %
Referrals Received (Total)	3,570	3,859	3,317	2,837	3,723	3,633	2,812	1,369	1,779	2,245	2,811	2,566	3,094		No Threshold
Theatre Utilisation - % of Session Utilised (W)	88.3%	86.9%	85.6%	83.6%	89.7%	88.5%	86.2%	65.8%	68.1%	86.6%	88.6%	89.1%	88.9%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons (D)	16	31	40	35	18	36	36	5	3	3	7	15	15		No Threshold
28 Day Breaches (W)	1	0	1	7	10	4	7	24	0	0	0	0	5		0 N/A >0
Hospital Initiated Clinic Cancellations < 6 weeks notice	29	70	57	11	29	41	140	194	2	0	16	70	52		No Threshold
OP Appointments Cancelled by Hospital %	11.9%	12.6%	12.2%	12.9%	14.0%	13.0%	28.6%	55.9%	30.2%	17.3%	14.9%	11.9%	11.1%		<=5 % <=10 % >10 %
Was Not Brought Rate (W P)	9.5%	9.6%	11.1%	12.6%	9.3%	9.7%	10.7%	9.8%	10.5%	8.0%	9.3%	10.5%	11.0%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts) (W)	10.0%	10.0%	11.4%	11.8%	9.3%	10.5%	11.3%	10.2%	11.4%	9.4%	11.5%	11.9%	13.1%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) (W)	9.4%	9.5%	10.9%	12.9%	9.3%	9.3%	10.5%	9.6%	10.1%	7.4%	8.6%	10.0%	10.3%		<=14 % <=16 % >16 %
Coding average comorbidities	4.02	4.13	4.17	4.23	4.16	4.02	4.21	5.25	4.85	4.18	4.09	4.56	4.38		No Threshold
CCAD Cases	38	35	27	26	33	28	36	21	26	24	29	23	30		No Threshold

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RESPONSIVE

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG		
Convenience and Choice: Slot Availability		90.5%	96.9%	99.0%	98.7%	99.0%	89.2%	64.6%										
IP Survey: % Received information enabling choices about their care	W	97.1%	96.8%	97.2%	97.6%	98.5%	98.2%	97.5%	87.1%	88.7%	97.8%	99.0%	96.0%	96.2%		>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect	W	98.1%	98.0%	98.2%	99.1%	98.5%	97.5%	98.0%	100.0%	96.2%	95.7%	99.0%	98.0%	94.7%		>=95 %	>=90 %	<90 %
IP Survey: % Know their planned date of discharge	D P	89.3%	95.0%	96.1%	88.7%	93.1%	93.2%	91.1%	83.9%	94.3%	98.9%	98.1%	93.1%	97.7%		>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care	W	98.4%	91.3%	98.2%	99.3%	98.2%	97.9%	97.0%	90.3%	86.8%	92.4%	91.3%	99.0%	98.5%		>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play	D	90.3%	94.2%	95.7%	91.7%	96.4%	92.2%	95.0%	61.3%	81.1%	65.2%	71.2%	82.2%	80.5%		>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning	D	68.4%	74.3%	68.4%	87.7%	87.7%	77.9%	81.7%	71.0%	56.6%	85.9%	81.7%	76.2%	75.2%		>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	94.5%	93.8%	93.6%	94.5%	93.5%	94.4%	89.0%			47.8%	40.3%	43.2%	46.7%		>=92 %	>=90 %	<90 %
Waiting List Size	W	8,519	8,319	8,166	8,088	8,651	8,238	7,567			7,186	7,431	7,840	7,765				
Waiting Greater than 52 weeks - Incomplete Pathways	W	0	0	0	0	0	0	0			60	67	149	135		0	N/A	>0
Diagnostics: % Completed Within 6 Weeks	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	66.7%	53.3%	100.0%	100.0%		>=99 %	N/A	<99 %

WELL LED

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG		
Control Total In Month Variance (£'000s)	W	525	-406	-65	154	-569	-142	-1,187	-4,228	-3,714	-1,774	-1,985	-1,541	-1,988				
Income In Month Variance (£'000s)	W	747	242	556	541	-184	367	-503	-4,173	-4,172	-1,908	-1,964	-1,428	-1,460				
Pay In Month Variance (£'000s)	W	-97	-267	-194	-18	58	-343	-240	-132	-111	30	65	34	-454				
AvP: IP - Non-Elective	W	458	430	390	390	430	355	343	-163	-127	-79	-125	-122	-82		>=0	N/A	<0
AvP: IP Elective vs Plan	W	277	307	309	264	293	300	232	-239	-229	-125	-65	-34	-68		>=0	N/A	<0
AvP: OP New		2,626.00	3,074.00	2,715.00	2,273.00	2,923.00	2,507.00	2,003.00	-2,476.41	-2,226.56	-1,770.80	-1,941.36	-1,063.44	-1,601.97		>=0	N/A	<0
AvP: OP FollowUp		7,286.00	8,472.00	7,136.00	5,765.00	7,882.00	7,136.00	5,625.00	-2,003.24	-1,776.24	-243.45	686.53	947.59	1,371.14		>=0	N/A	<0
AvP: Daycase Activity vs Plan	W	841	875	867	720	856	843	581	-716	-634	-374	-287	-217	-269		>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W	11,516	13,428	11,416	9,330	12,519	11,111	8,781	-5,395	-4,881	-2,798	-1,972	-556	-735		>=0	N/A	<0
PDR	W	93.3%	93.3%	93.3%	93.3%	94.3%	94.3%	94.3%	94.3%	0.0%	1.1%	17.1%	24.7%	35.5%				
Medical Appraisal	W	94.5%	89.6%	67.7%	65.2%	84.1%	89.7%	94.1%	94.1%	94.1%	94.1%	94.1%	94.1%	94.1%		>=95 %	>=90 %	<90 %
Mandatory Training	W	90.6%	90.3%	89.9%	91.1%	93.0%	92.9%	92.1%	90.6%	88.5%	89.6%	89.1%	89.3%	88.0%		>=90 %	>=80 %	<80 %
Sickness	D	5.8%	6.2%	5.8%	7.1%	6.2%	5.8%	6.3%	6.4%	6.6%	5.7%	5.7%	6.1%	6.0%		<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.6%	1.9%	1.7%	2.2%	2.0%	2.0%	2.2%	1.6%	1.5%	1.0%	1.4%	1.4%	1.7%		<=1 %	N/A	>1 %
Long Term Sickness	D	4.2%	4.3%	4.1%	4.8%	4.2%	3.8%	4.1%	4.8%	5.1%	4.7%	4.4%	4.7%	4.4%		<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	519	419	484	388	343	397	504	457	321	204	310	332	286				
Staff Turnover	D	10.3%	10.4%	10.2%	10.8%	11.1%	11.4%	11.0%	11.0%	10.4%	10.1%	10.5%	10.3%	10.4%		<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	86.1%	89.6%	95.5%	91.7%	89.4%	91.9%		90.3%		94.4%	86.8%	89.1%	93.6%		>=90 %	>=80 %	<90 %

Community & Mental Health Division

SAFE	Lessons learnt from incidents include: • Ensure contact details and records are always checked prior to calling patients or reviewing prescriptions • Ensure regular PPE stock takes in community setting and escalate shortages further in advance • Staff reminded to check any meeting or email invites to ensure only the intended recipients receive this via a secure route	**Highlight** • 137 incidents recorded in September (increase) • Zero incidents recorded of moderate, severe or fatal harm • Zero never events • Zero pressure ulcers **Challenges** • 20 medication incidents recorded (Community Paediatrics – majority lost prescriptions). Project work to improve prescription service is ongoing
CARING	Lessons learnt from complaints include: • Improve communication in complex cases which involve a number of agencies to assist families in navigating complex processes	**Highlight** • 14 excellence reports • 26 compliments • FFT comments relating to Attend Anywhere are positive **Challenges** • 2 formal complaints • 25 PALS (Community Paediatrics)
EFFECTIVE	Significant work taken place to allow services to return to education settings including IPC protocols and enhanced risk assessment.	**Highlight** • Crisis Care continue to provide a 24/7 service • No child or young person waiting over 52 weeks in Mental Health Services **Challenges** • Ongoing challenges with Attend Anywhere connection – DCIO continues to trial potential improvements
RESPONSIVE	Mental Health services were successful in obtaining National Lotter funding to create a 'COVID Support Team', providing group and individual sessions for CYP presenting with deteriorating mental health following lockdown	**Highlight** • 100% compliance for urgent and routine Eating Disorder targets for third consecutive month • Improvement in Referral to Choice metric to 74.3% of young people waiting within 6 weeks (mental health) • Improvement in Referral to First Partnership metric to 59.1% of young people waiting within 18 weeks (mental health) **Challenges** • Decrease in Was Not Brought rates in Community Paediatrics compared to previous months but still remains a challenge • Increase in referrals in Locality Based Mental Health Services
	Divisional Development Day and launch of BAME and White Allies Network across the Division. This includes changes to recruitment and selection	**Highlight** • Staff sickness remains below Trust target at 3.7% • Mandatory training above trust target at 91.4%

WELL LED	processes within the division. Confirmation of 4 children and young people appointed to Board of Governors Launch of Divisional Flu immunisation programme (peer vaccination)	• PDR rates at 41.3% and expected to reach target by end of October **Challenges** • Ongoing discussions continue with commissioners to secure permanent funding for 24/7 Crisis Care Service and Sefton funding that was agree pre-Covid (ASD pathway, Eating Disorders and Crisis Care (on risk register)

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Community

D Drive W Watch P Programme

SAFE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss (D)	8	1	6	2	8	5	5	4	6	6	8	4	8		No Threshold
Clinical Incidents resulting in No Harm (D)	68	85	62	30	46	57	42	29	92	83	83	73	89		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	6	11	9	11	6	10	4	4	3	10	6	5	9		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Medication Errors (Incidents)	9	11	8	9	1	2	6	6	7	6	11	10	20		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Cleanliness Scores	98.9%				100.0%					78.3%	100.0%				No Threshold
CCNS: Advanced Care Plan for children with life limiting condition	8	8	7	8	8	8	8								No Threshold
CCNS: Supported early discharges from hospital care	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%					No Threshold
CCNS: Prescriptions	28	25	21	32	15	22	17	16	12	15					No Threshold

CARING

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Complaints (W)	1	3	5	1	2	3	2	0	2	2	3	2	2		No Threshold
PALS (W)	37	35	21	20	44	36	18	19	19	26	29	22	26		No Threshold

EFFECTIVE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Referrals Received (Total)	815	1,096	932	769	915	949	794	433	463	610	869	632	833		No Threshold
Hospital Initiated Clinic Cancellations < 6 weeks notice	14	20	19	11	18	18	19	17	0	0	4	25	25		No Threshold
OP Appointments Cancelled by Hospital %	12.6%	13.9%	12.6%	12.8%	10.9%	11.3%	18.3%	24.3%	11.9%	6.4%	6.3%	10.5%	10.3%		<=5 % <=10 % >10 %
Was Not Brought Rate (New Appts) (W)	8.7%	8.9%	11.4%	11.7%	9.7%	9.5%	9.7%	9.3%	10.0%	11.2%	10.4%	10.5%	6.9%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) (W)	11.6%	10.4%	10.5%	13.5%	11.1%	10.2%	10.8%	13.0%	14.8%	14.3%	15.0%	13.6%	14.2%		<=14 % <=16 % >16 %
Was Not Brought Rate (New Appts) - Community Paediatrics	10.5%	10.1%	13.3%	14.0%	12.5%	11.7%	9.1%	9.3%	12.3%	11.7%	8.7%	12.3%	9.1%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) - Community Paediatrics	9.6%	9.8%	9.6%	11.3%	9.6%	7.8%	8.2%	13.2%	13.3%	11.0%	14.5%	13.9%	16.5%		<=14 % <=16 % >16 %
Was Not Brought Rate (CHOICE Appts) - CAMHS	10.4%	13.5%	14.2%	16.5%	9.5%	13.1%	24.9%	26.1%	22.4%	28.3%	25.7%	23.6%	9.0%		<=10 % <=12 % >12 %
Was Not Brought Rate (All Other Appts) - CAMHS	13.7%	11.0%	11.5%	15.4%	12.3%	11.9%	12.1%	13.6%	15.8%	16.0%	15.8%	14.0%	14.1%		<=14 % <=16 % >16 %
CAMHS: Tier 4 DJU % Bed Occupancy At Midday	57.1%	58.1%	71.0%	77.9%	92.6%	76.8%	82.5%	90.5%	91.2%	85.7%	87.6%	75.6%	91.4%		No Threshold
CAMHS: Tier 4 DJU Bed Days	180	192	238	278	340	256	296	322	386	360	380	328	384		No Threshold
Coding average comorbidities	5.00	4.00	1.00		3.00		5.00	3.00	3.00		2.00	6.00			No Threshold
CCNS: Number of commissioned packages	10	10	10	10	10	10	10	9	9	9					No Threshold

RESPONSIVE

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
CAMHS: Tier 4 Admissions To DJU		1		1	1	1	1	1	1		1	1	2		No Threshold
CAMHS: Referrals Received	289	418	342	258	354	383	315	110	162	258	262	258	356		No Threshold

Alder Hey Children's NHS
NHS Foundation Trust

Community

D Drive W Watch P Programme

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
CAMHS: Referrals Accepted By The Service	161	251	176	150	207	230	169	67	93	143	154	147	268		No Threshold
CAMHS: % Referrals Accepted By The Service	55.7%	60.0%	51.5%	58.1%	58.5%	60.1%	53.7%	60.9%	57.4%	55.4%	58.8%	57.0%	75.3%		No Threshold
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%						>=96 % N/A <96 %
RTT: Open Pathway: % Waiting within 18 Weeks W	70.8%	76.1%	76.5%	74.3%	76.3%	75.1%	69.3%			34.0%	32.3%	38.1%	40.1%		>=92 % >=90 % <90 %
Waiting List Size W	1,112	1,222	1,344	1,371	1,191	1,161	1,234			1,184	1,032	1,109	1,055		No Threshold
Waiting Greater than 52 weeks - Incomplete Pathways W	0	0	0	0	0	0	5			22	12	8	10		0 N/A >0
CAMHS: Crisis Calls								288	422	413	550	494	516		No Threshold
CAMHS: RTT (First Partnership) % waiting within 18 weeks W	46.2%	48.9%	49.6%	49.0%	58.3%	59.6%	58.6%	53.0%	53.6%	49.3%	44.0%	53.2%	59.1%		>=92 % >=90 % <88 %
ASD: Completed Pathways	86	120	105	60	68	55	51	24	24	79	98	99	54		No Threshold
ASD: Completed Pathway Compliance (% within 18wks)	37.2%	64.2%	58.1%	63.3%	80.9%	72.7%	68.6%	83.3%	70.8%	51.9%	57.1%	68.7%	66.7%		>=92 % >=90 % <90 %
EDYS: Routine Completed Pathways per Month (Seen in 4 wks) (as 95%) P			100.0%	100.0%	87.5%	100.0%	90.9%	69.2%	90.0%	87.5%	100.0%	100.0%	100.0%		No Threshold
EDYS: Urgent Completed Pathways per Month (Seen in 1 wk) (as 95%) P			100.0%	100.0%	100.0%	100.0%		66.7%	100.0%	100.0%	100.0%	100.0%	100.0%		>=95 % >=92 % <92 %
CCNS: Number of Referrals W	133	129	169	107	109	102	131	107	134	149	188	122	141		No Threshold
CCNS: Number of Contacts D	913	951	1,094	863	821	830	986	748	859	812	1,083	803	1006		No Threshold

WELL LED

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s) W	92	-36	22	-9	-58	-65	165	-92	-27	175	-26	0	-70		
Income In Month Variance (£'000s) W	43	74	34	26	104	91	330	-30	-64	139	-49	-44	96		
Pay In Month Variance (£'000s) W	51	-43	15	-30	-90	-87	412	18	131	-29	-64	-98	-31		
AvP: OP New	510.00	631.00	591.00	453.00	552.00	531.00	454.00	-47.86	-57.94	213.15	251.93	137.40	266.23		>=0 N/A <0
AvP: OP FollowUp	2,612.00	2,885.00	2,878.00	2,195.00	3,079.00	2,766.00	2,760.00	281.90	570.71	1,000.52	767.74	916.50	872.72		>=0 N/A <0
AvP: Outpatient Activity vs Plan W	3,132	3,520	3,470	2,650	3,631	3,298	3,214	234	513	1,214	1,021	1,056	1,139		>=0 N/A <0
PDR W	90.1%	90.1%	90.1%	90.1%	91.3%	91.3%	91.3%	91.3%	2.1%	9.8%	16.6%	23.1%	41.3%		
Medical Appraisal W	97.0%	84.8%	78.8%	51.5%	69.7%	91.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=95 % >=90 % <90 %
Mandatory Training W	92.9%	92.7%	93.5%	94.1%	96.7%	95.9%	94.7%	93.8%	93.0%	92.8%	92.1%	92.0%	91.4%		>=90 % >=80 % <80 %
Sickness D	4.3%	6.3%	6.0%	6.5%	4.9%	4.7%	6.3%	4.0%	3.5%	2.7%	2.4%	2.7%	3.5%		<=4 % <=4.5 % >4.5 %
Short Term Sickness D	1.1%	2.4%	2.1%	2.0%	1.2%	1.1%	2.8%	1.4%	0.8%	0.5%	0.6%	0.8%	1.1%		<=1 % N/A >1 %
Long Term Sickness D	3.1%	3.9%	3.9%	4.5%	3.7%	3.5%	3.5%	2.6%	2.7%	2.2%	1.8%	1.9%	2.4%		<=3 % N/A >3 %
Temporary Spend ('000s) D	143	42	104	120	135	148	183	122	47	21	189	194	169		
Staff Turnover D	10.6%	10.6%	11.1%	11.6%	12.3%	12.3%	11.3%	10.8%	12.1%	12.3%	11.7%	11.8%	10.9%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate) W	91.2%	87.6%	100.3%	96.7%	101.0%	94.1%				96.2%	99.5%	99.8%	99.8%		>=90 % >=80 % <90 %

Research Division

SAFE	• Divisional Mandatory training demonstrates good compliance • All current risks compliant with review dates • CRF ward passed ICP audit • All patients screened for potential COVID 19 prior to hospital visit using telephone triage • CRF ward compliant with all standards on Trust Dashboard • All Areas have been certified Covid Secure	**Highlight** • Mandatory Training > 98% • GCP training 97% • ANTT compliance 100%-CRF Ward **Challenges** • All Covid RAs complete for CRD some amber actions to complete • x2 clinical incidents reported- no harm
CARING	• 0 complaints received • Patient centred follow up care for patients on clinical trials • Patient feedback used to improve quality of patient care and experience	**Highlight** • X 0 Complaints • New Children's PRES developed for 20/21 • Positive results from last survey reported **Challenges** • More work to do on local patient internal audits
EFFECTIVE	• Studies selected based on best possible outcomes for children and young people. • No housekeeping allocated to CRF ward. Nursing staff arranging and collection meals for patients. • Clinicians encourage children and young people to make informed decisions about participating in studies.	**Highlight** • Project restart on track current portfolio at 33% • Overall Recruitment figures for UPH studies second highest • X 12 UPH studies open within Trust **Challenges** • CRF housekeeping • Project restart to meet NIHR ambition of 80% • Reduced clinical space on CRF ward due to social distancing measures affects patient activity
RESPONSIVE	• All Staff Risk Assessments completed as required • New local systems and processes have been implemented to improve safety of staff, promote better team working to ensure safe staffing and cover for sickness, leave. • H&S Covid RA's completed for all areas of research • Coordinated and partnership working with local providers to offer joint training programmes.	**Highlight** • COVID secure certificates received • Agile working implemented to reduce footfall • A.H supporting the wider system with Covid UPH activity • HCW study recruitment period extended **Challenges** • Staff working offsite to support adult vaccine studies • Last minute requests for external support • Effective clinical space to deliver HCW study clinics
WELL LED	• PDR compliance increased to 64.06% • LTS absence rates have improved staff are supported through line managers and staff support. • Engagement with partners in relation to upcoming starting well initiatives.	**Highlight** • Sickness levels improving • Staff Shielding have returned. **Challenges** • Late requests for help can be challenging • Increased numbers of staff having to self-isolate with local increased infection rates • Uncertainty regarding long-term management structure

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BOARD OF DIRECTORS

Thursday 22nd October 2020

Paper Title:	Serious Incident Report
Report of:	Nicki Murdock Medical Director Pauline Brown, Acting Chief Nurse
Paper Prepared by:	Cathy Umbers Associate Director of Nursing and Governance
Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	Seven Steps to Patient Safety. National Patient Safety Agency 2004. Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. Revised Never Events Policy and Framework (NHSI 2018) Never Events List 2018. NHS Patient Safety Strategy. NHS Improvement. July 2019.
Action/Decision Required:	To note ■ To approve ■
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	n/a

1. Purpose of the report

The purpose of this report is to provide the Trust Board with an overview of the current position for incidents reported externally to the Strategic Executive Information System (StEIS), including new incident reported 1st September 2020 - 30th September 2020.

1. Background

All investigations are monitored via the performance assurance meetings with individual divisions, focusing on the management of investigations, including lessons learned and assurance of progress with actions for improvement. Furthermore, the divisions present a progress update on investigations and lessons learned to the Clinical Quality Steering Group (CQSG) via their monthly governance assurance reports, with exceptions reported to Clinical Quality Assurance Committee (CQAC). All serious incidents, moderate harm incidents and Never Events are discussed at the weekly Patient Safety meeting, when reported.

2. Summary of Incident management performance

Appendix 1, Section 1

Table 1 shows there were **14** incidents StEIS reported in total during 2019/20, including 4 Never Events. The start of the financial year 2020/21 shows that in April 2020, there were **4** open StEIS reported incidents, of which **3** had been carried forward from the previous financial year.

Table 2 shows there was **1** new StEIS reported incident, **8** open StEIS investigations and **zero** closed investigations during this reporting period.

Appendix 1, Section 2

Table 3: New StEIS reported incident.

There were **zero** serious safeguarding incidents, **zero** 'Never Events' and zero 'moderate harm' incidents reported during this period.

Appendix 1

Section 1

Table 1 StEIS reported Incidents and Never Events performance data 2019/20

Serious Incidents													Cumulative
Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	
New	0	0	2	2	0	4	1	0	3	1	1	0	14
Open	3	2	0	4	4	7	5	5	3	4	4	4	4
Closed	2	1	2	0	0	1	3	5	2	2	1	0	19
Never Events													
Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	
New	0	0	0	0	0	2	0	0	1	0	1	0	4
Open	0	0	0	0	0	0	0	0	0	1	1	0	1
Closed	0	0	0	0	0	0	0	0	2	0	0	0	2

Table 2 StEIS reported Incidents and Never Events performance data 2020/21

StEIS reported Incidents												
Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
New	1	0	0	3	6	1						
Open (Total)	4	4	1	4	7	8						
Closed	1	0	3	1	1	0						
Never Events												
Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
New	0	0	0	0	0	0						
Open (Total)	1	1	0	0	0	0						
Closed	0	0	1	0	0	0						

Note* 3 cases carried over from the previous financial year.

Appendix 1 Section 2: New StEIS reported Incident
Table 3

StEIS Reference	Incident	
2020/18368	Teeth replanted in incorrect sockets (UR 1 & UL1)	
Lessons Learned: 1. We learned that it is difficult to ascertain which tooth is which in the immediate aftermath of trauma with a distressed patient, bleeding and swelling.		
Actions for Improvement: • Investigation underway		

END

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

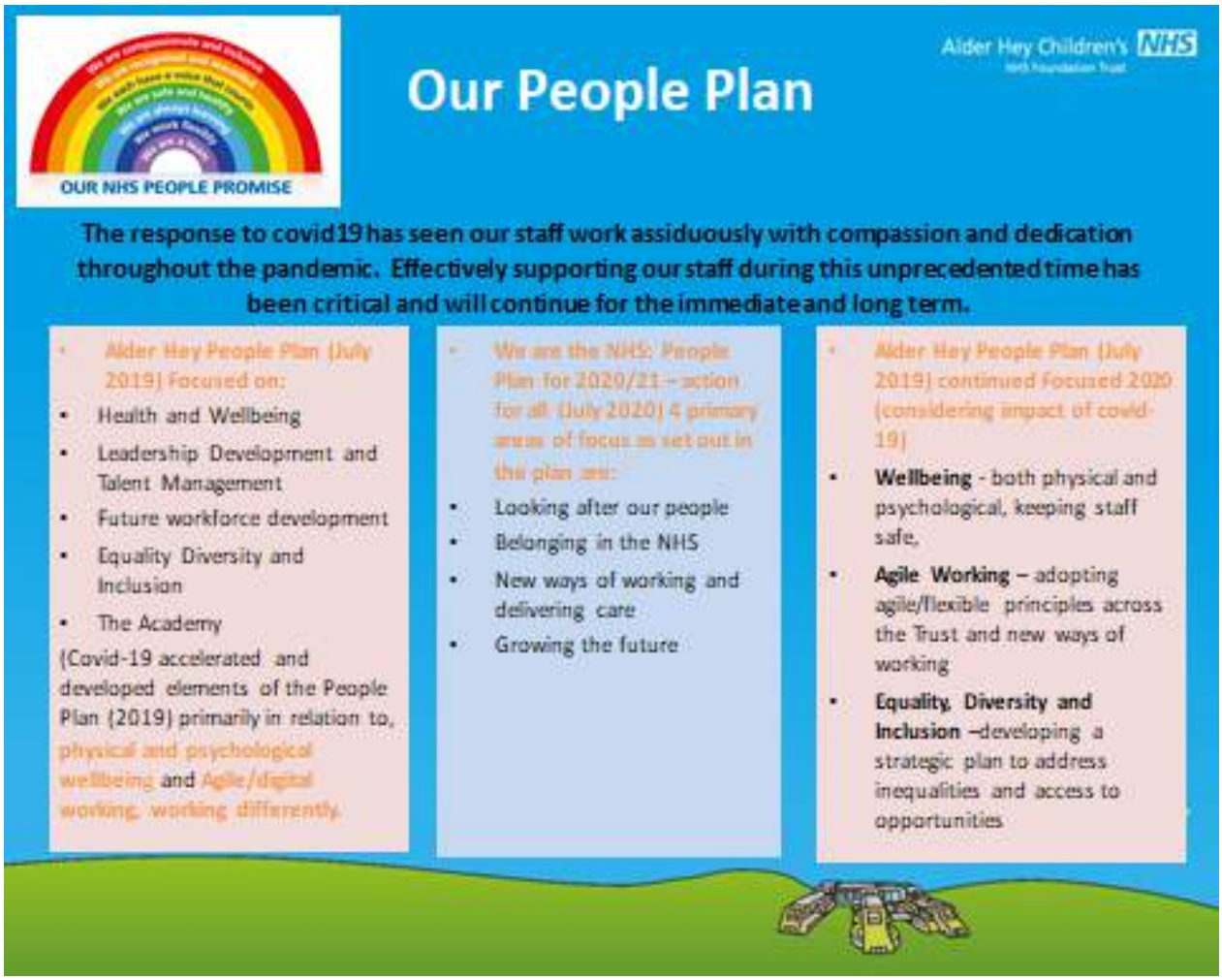
Thursday 22nd October 2020

Paper Title:	**Alder Hey People Plan Update**
Report of:	**Human Resources & Organisational Development**
Paper Prepared by:	**Deputy Director of HR & OD**

Purpose of Paper:	Decision ☐ Assurance ☐ Information X Regulation ☐
Background Papers and/or supporting information:	None.
Action/Decision Required:	To note X To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work X Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations**
Resource Impact:	None

1. Purpose

The purpose of this paper is to provide the Board with a strategic update against the revised approach to the Alder Hey People Plan which focuses activities on three strategic areas; Wellbeing, Flexible Working and Equality, Diversity & Inclusion. In addition we continue ensure the Trust is responding to the additional requirements of the national People Plan.



2. Wellbeing

The focus on staff wellbeing remains of paramount importance. The SALS team continue to provide support and guidance across the organisation. In recognition of the brilliant work the SALS team are doing at Alder Hey the team were invited to take part in a Q&A sessions with HR professionals across the North West to showcase and share learning from the journey so far. There is interest across other Trusts regionally, in replicating the model.

Work continues to build and develop the wellbeing offer available to staff working in partnership with colleagues and external parties to ensure Alder Hey is the best place to work. The team are involved in a number of national and regional initiatives which includes developing the template and training for the national wellbeing conversations

(recommendation from NHS people plan), and representation on the steering group developing the regional resilience hub (a trauma service for frontline healthcare staff).

2.1 Leadership

The Strong Foundations programme was paused in March 2020 with the Covid pandemic and leadership support was prioritised as part of the wider Staff Support Action Plan. This included the development of Leadership Support pages on the Covid hub (staff intranet) and a dedicated leadership support team and email that was promoted and monitored by the OD team. The Strong Foundations leadership team offers to build a circle of safety around leaders and managers with information provided about self care and leading and caring for others.

In response to the Covid crisis, we also developed and ran a training for line managers based on the principles of Psychological First Aid called *Keeping Going Together.* Over 250 people attended the live event in August and a further 117 have accessed the recorded version since that event.

The Strong Foundations leadership programme has been redeveloped for delivery via a virtual platform with enhanced content (e.g. in the Inclusive Leadership section) and was relaunched on the 28th September. The first cohort to access the new training are our 4th Cohort who will complete the final element of the training which focuses on coaching. We then have dates set for the remaining 6 cohorts who had to be rescheduled during the crisis. We aim to have completed training for our first 10 cohorts (each with 18 participants) by beginning of March 2021. The new mode of delivery and revised programme means that we can train approx. 200 leaders and managers per year with current resource (as compared to 100 leaders in the previous face to face version).

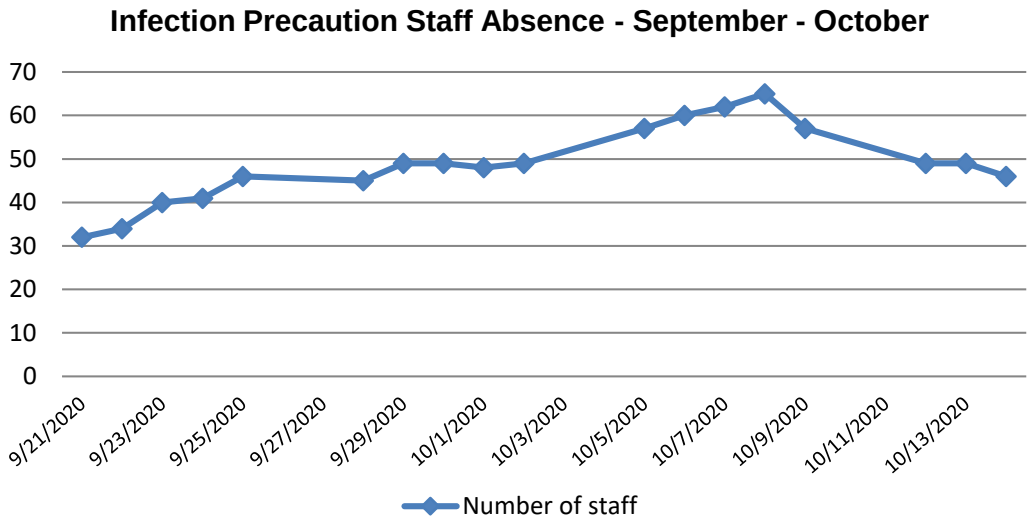
2.2 Staff Availability

Table 1 - Sickness position 14th October 2020

Reason	%	No of Staff
Non Covid Related Sickness	5.27%	203
Covid Related Sickness	0.68%	26
Absence Related to Covid - not inc sickness	1.71%	66
Absence Related to Covid Inc Sickness	2.39%	92

All Absence (total of above)	5.32%	205

In March 2020 the Government announced guidance on shielding which resulted in a number of our staff being absent from work in order to protect their health and wellbeing. Guidance on shielding was changed in August 2020 and over the last 2 months a significant amount of work has been undertaken to ensure that those shielding can return to work safely, with the support and adjustments in place to protect them and their wellbeing. Currently there are 17 staff shielding and of these 9 have return to work plans in place.



The graph above demonstrates the fluctuation we have seen in regards to staff absence due to self-isolating as a result of contact for Test and Trace services or household infection. This continues to be a challenging issue and the HR department have developed guidance to support both staff and managers. Our data currently does not indicate an impact on staffing availability due to school closures; this will continue to be monitored.

2.3 Staff Communication and Engagement

The Staff Survey 2020 launched on 21st September 2020 and is open until 27th November 2020. As a result of COVID-19, the national survey has been amended to include additional questions about staff experience during the pandemic. As in previous years, all staff will receive a survey and we will be encouraging all staff to tell us their stories and give us their feedback.

Table 2- Staff Survey Responses by Division

% Returns	
Directorate	**09/10/2020**
Alder Hey in the Park	17%
Community	16%

Corporate Other Department	40%
Facilities	7%
Finance	24%
Human Resources	25%
IM&T	16%
Medicine	13%
Nursing & Quality	18%
Research & Development	15%
Surgery	9%
Total	**13%**

3. Flexible Working

Across the Trust we still have a large proportion of staff (c1000), clinical and non- clinical, who have embraced the technology available and are supporting the Trust remotely in line with the advice and guidance from the Government.

The messaging to staff working from home has been very clear; we are not looking to bring people back to the office environment in line with the Government guidance on the local Tier 3 lock down measures. We are continuing to work with teams to think about and plan how they will work in the future, with homeworking remaining an integral part of our new working practices.

Working with WKSpace, an organisation who are experienced in helping teams think about their space and how to use it differently, we are developing a plan to support staff and managers to work effectively in this new environment; this will include guidance for individual and teams, and specific support for managers to help them effectively manage remote teams.

4. Equality, Diversity & Inclusion

A Taskforce, commissioned by the Trust Chair and led by Claire Dove OBE, commenced in October 2020, and will be responsible for a focused review of process and practice relating to EDI, with a view to recommending and implementing specific actions to improve EDI across the organisation. This will specifically focus on looking at access to jobs and opportunities, the role the Higher Education Institutions play in increasing diversity and how we use apprenticeships. As part of our recognition of Black History month Claire Dove has been sharing blog posts on her experiences and insights.

5. Governance and Ongoing Business

5.1 Case Management

The national Social Partnership Forum (SPF) issued an updated statement on the management of industrial relations during the pandemic in September 2020.The guidance confirms that disciplinary and other employment procedures will can commence and outlines the need for partnership working with our staff side colleagues to proactively and effectively support staff. Cases continue to be managed on a case-by-case basis with appropriate measures and risk assessments but in place to ensure staff health and wellbeing continue to be prioritised.

In October there were a total of 18 employee relations cases as detailed below.

Table 2- Employee relations activity per division as of 15th October 2020

Division	MHPS	Disciplinary	Grievance	B&H	ET	Total
Surgery	3	2	2	1	0	**8**
Medicine	2	1	1	1	0	**5**
Community	0	1	1	0	0	**2**
Corporate	0	1	1	1	0	**3**
Grand Total	**5**	**5**	**5**	**3**	**0**	**18**

5.2 Workforce Key Performance Indicators – October 2020

KPI	%	Target
Mandatory Training	89.27%	90%
PDR (paused due to pandemic, restarted July 2020)	36.25%	90%
Sickness absence (non-covid related)	5.27%	4%

Alder Hey Children's NHS Foundation Trust

Title :Equality, Diversity & Inclusion / BAME Taskforce Project Action Plan

	Objectives/action	Mitigation	Actions	Timeframe	Current Status	Progress	Lead
1	Communications	Communication Taskforce & future live broadcast	Claire Dove to liase with Colin to provide availabilty for a Wednesday live update	End October	Ongoing	Email sent to CD	**Colin Beaver**
		Create Campaign (Black History Month)	Weekly updates via Communications, continue to	End October	Ongoing	Emails sent via Comms, staff intranet links and updates	**Colin Beaver**
		Listening Event	Confirmed dates: 26th October at 16.00pm 27th October at 16.00pm 2nd November at 12.00pm	November	Ongoing	Await ESR to provide staff list.Dates all confirmed. CR to send electonic invite to all BAME staff & letter to follow 21.10.20	**Claire Dove**
		Schwartz Round BAME	Confirm & communicate Schwartz round. Topic: BAME	November	Ongoing	Date to be confirmed	**Jo Potier**
	Policies	Recruitment Policy	Look at different recruitment methods & revise policies	TBC	Ongoing	**under review**	**Sharon Owen**
		Apprenticeships	Look at advertiscing to local schools, colleges ? Nurse recruitment through apprentichships	TBC		**under review**	**Sharon Owen & Geraldine Thomas**
		Job advertisement	Look at advertisig in the community, job centre	TBC		**under review**	**Sharon Owen**
	Data	WRES	Analyse & breakdown	TBC		Emailed Alison Mellor	**Alison Mellor**
	Taskforce	Monthly meeting	Coordinate monthly meeting & send to all taskforce members	12.10.20		Confirmed meetings, sent Microsoft Teams invite to all taskforce members	**Clare Rider**
		Develop strategy	Work with strategic partnets, embed values work with universities, schools, create working groups			Agenda item on next meeting	**Claire Dove**
		TOR agreed	Agree TOR at 1st taskforce meeting	1.10.20		TOR agreed by all memebers of the taskforce	**Claire Dove**

DIVISION OF CLINICAL RESEARCH

NHS
Alder Hey Children's
NHS Foundation Trust

Research Recovery Plan

Trust Board – Thu 22nd Oct 2020

Jason Taylor

DIVISION OF CLINICAL RESEARCH

Recovery Plan

NHS Alder Hey Children's NHS Foundation Trust

Work Streams:

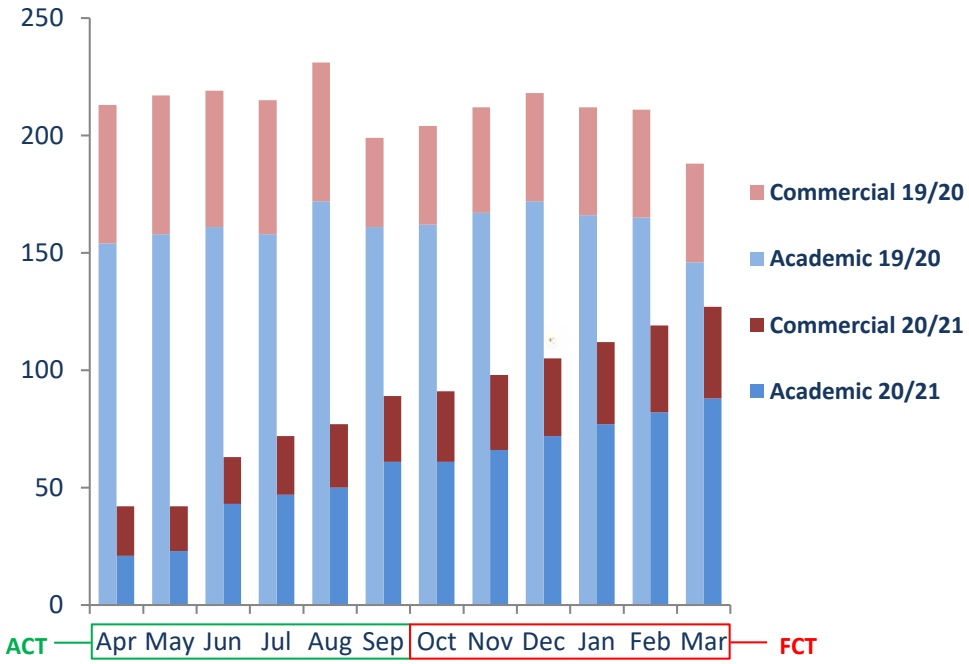
- **Delivery**
- **Partnerships**
  - Starting Well, Innovation, Commercial
- **Enablers**
  - Visibility, Future Talent, Reach

DIVISION OF CLINICAL RESEARCH

Research Delivery

NHS Alder Hey Children's NHS Foundation Trust

Active Research Studies: Actual & Forecast



Outbreak Response

- **170** Studies suspended
- **32** Patient Safety Studies maintained

Delivery Objectives

- Prioritise **Urgent Public Health (UPH)** Studies
- Reactivate **80%** of Suspended CRN studies
- Commence **New Research**

Progress

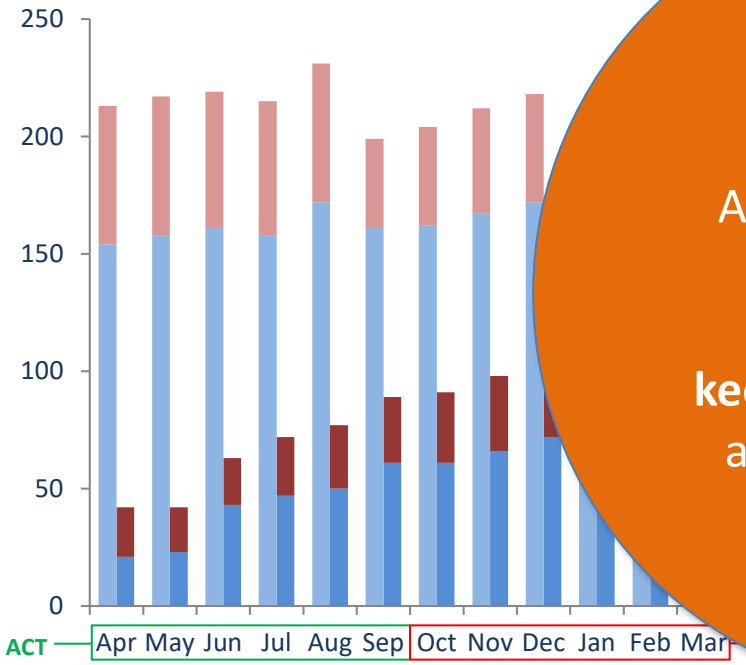
- 13 UPH Studies Delivered/In Progress/Pipeline
- 33% CRN Studies Reactivated
- 12 New Academic & Commercial Studies

DIVISION OF CLINICAL RESEARCH

Research Delivery

NHS Alder Hey Children's NHS Foundation Trust

Active Research Studies: Actual & For



LAVA Study

Alder Hey to sponsor **UPH study** into rapid testing to **keep children in school** and **parents in work**

eak Response

tudies suspended

nt Safety Studies maintained

tives

gent Public Health (UPH) Studies

0% of Suspended CRN studies

New Research

udies Delivered/In Progress/Pipeline

Studies Reactivated

Academic & Commercial Studies

Partnerships > Starting Well

The aim of the **Starting Well** programme is to improve health outcomes in pregnancy and for babies, children and young people.

- **Two workshops with Alder Hey staff** to help develop research questions and partnerships
- Monthly meeting with Starting Well programme team to **align Starting Well and Alder Hey research portfolios**
- Membership of the **Starting Well Strategic Oversight Group**
- 17 joint applications to the **Hugh Greenwood Legacy Fund** (a philanthropic gift of 800K to support outstanding children's health research)
- **Merseycare** collaboration under development

Partnerships > Innovation

CLIK

Supporting the innovation team to effectively evaluate an application (CLIK) that gamifies audiology testing.

Apple & University of Liverpool

Exploration of remote monitoring solutions including blood flow, sleep and gait analysis.

DIVISION OF CLINICAL RESEARCH

Partnerships > Commercial

NHS Alder Hey Children's NHS Foundation Trust

Commercial Research Unit to be established

- Enabling an **increase in the breadth and depth of commercial services**
- New **Research Incentive Scheme** launched:
  - Divisions/Departments/PIs receive a proportion of income
  - A new Commercial Capacity Fund supports investment in commercial research infrastructure
- **Business Development Manager** to start November 2020
- **10 Year Plan** to be presented to Research Management Board in November

Enablers > Visibility

Internal – Staff Engagement

Virtual Research Clinics

Divisional Briefings

Research Newsletters

External – Industrial & Academic Engagement

CRF Brochure

Enablers > Future Talent

10 Health Care Professionals (+ 1 AH Funded Post)

Mentoring Team

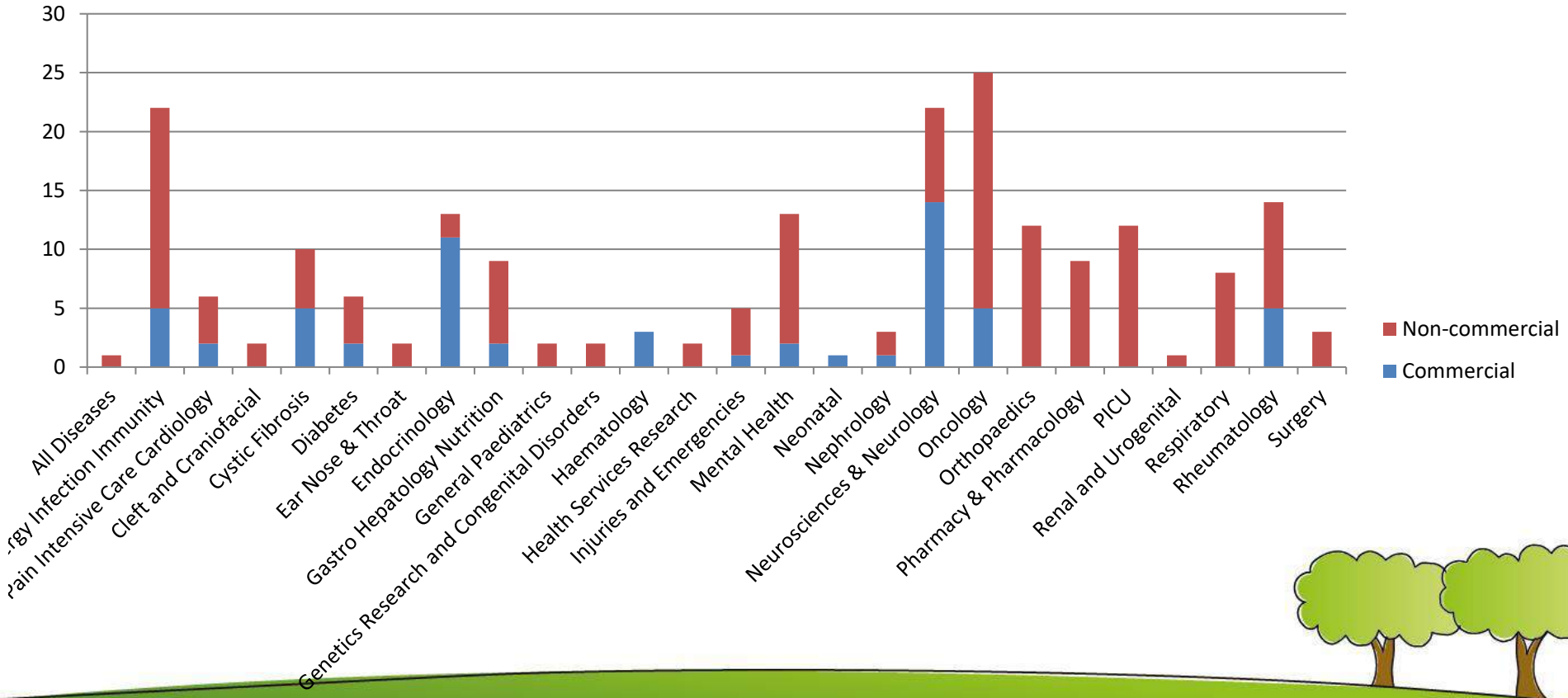
Future Researchers Programme

£340K investment by Alder Hey Charity to support development of research capacity over two years.

Progress Update

- Research cohort forum established
- Mentoring and support in place
- Multiple research projects underway

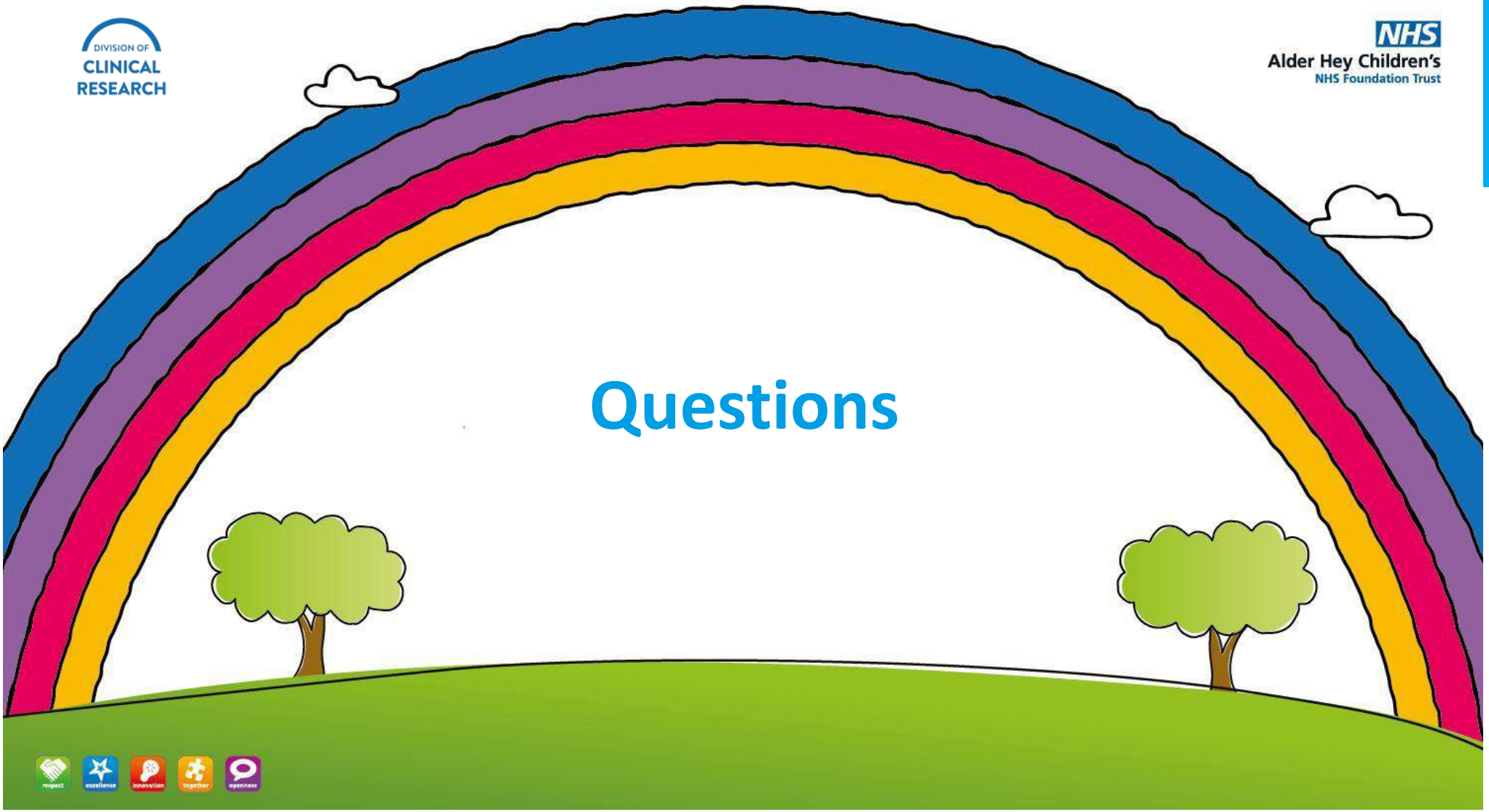
Enablers > Reach



DIVISION OF CLINICAL RESEARCH

NHS
Alder Hey Children's
NHS Foundation Trust

Questions



DIVISION OF CLINICAL RESEARCH

Appendix 1 - LHP: Urgent Public Health Portfolio

NHS Alder Hey Children's NHS Foundation Trust

Project Short title	Alder Hey	CCC	LHCH	LUFT	LWH	Merseycare	TWC	Total
5773 Safety and Antiviral Activity of Remdesivir for severe COVID-19				2				**2**
5774 Safety & Antiviral Activity of Remdesivir for moderate COVID-19				1				**1**
Coronavirus infection in immunosuppressed children	63							**63**
DIAMONDS Search	139			36				**175**
GenOMICC	2		8	112			0	**122**
Investigating a Vaccine Against COVID-19 (COV002)				785				**785**
ISARIC	42	7	94	1625	15	120	54	**1957**
Otilimab in patients with severe coronavirus related lung disease.				1				**1**
Pregnancy and Neonatal Outcomes in COVID-19					35			**35**
RECOVERY - Respiratory Support				4				**4**
RECOVERY trial	2			81	0		2	**85**
REMAP-CAP	0		0	12				**12**
Repair of ARDS by Stromal Cell Administration (REALIST)				0				**0**
SARS-COV2 immunity and reinfection evaluation (SIREN)	**77**	226		442				**668**
The PRIEST Study	54			231				**285**
UKOSS: Pandemic Influenza in Pregnancy					19			**19**
Total	**379**	**233**	**102**	**3332**	**69**	**120**	**56**	**4214**

Alder Hey Children's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust

Board of Directors

Thursday 22nd October 2020

Report of	Development Director
Paper prepared by	Associate Development Director-Site (09/09/2020)
Subject/Title	Development Directorate Campus Development report on the Programme for Delivery
Background papers	Nil
Purpose of Paper	The purpose of this report is to update the Trust Board on the Campus delivery.
Action/Decision required	The Board is asked to acknowledge the content of the report, the current status, risks and actions.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢ Sustainability through external partnerships
Resource Impact	Capital projects budget.

Alder Hey Children's NHS
NHS Foundation Trust

Board of Trust Directors Report

October 2020

Campus Development report on the Programme for Delivery

1. Introduction

The purpose of this report is to keep the Board informed of progress, risks and actions on the key capital projects as they arise.

As of Month 1 in Quarter 3 of 2020/21 the programme Delivery Timetable rag rates projects against planned commencement date.

2. Programme Delivery Timetable

A new row has been added to the programme plan for monitoring of relocations from retained estate.

Table1. Sets out the planned programme for the years 2019-2023 (financial years).

Table 1.	19/20	20/21				21/22				22/23
Scheme	Qtr. 4	Qtr.1	Qtr.2	Qtr.3	Qtr.4	Qtr.1	Qtr.2	Qtr.3	Qtr.4	Year
Initial Park Reinstatement (Phase 1)										
Alder Centre occupation										
Acquired buildings occupation Future use under review										
Police station (LF) occupation				**						
Commence relocations from retained estate.										
Decommission & Demolition Phase 3 (Oncology, boiler house, old blocks)										
Main Park Reinstatement (Phase 2/90%)										
Infrastructure works & commissioning										
Clinical Hub Construction										
Clinical Hub Occupation										
Dewi Jones Construction										
Dewi Jones Occupation										
Demolition Phase 4 (Final)										
Final Park Reinstatement (Phase 3)										
Neonatal Development Tendering and Design										
Neonatal Construction										
Neonatal Occupation										

*Current relocation date or the Alder centre is mid November, service functional from 3rd week in November.

** Police still unable have any discussions on the lower floor of the police station occupation due to COVID and additional policing numbers.

Capital Cost

The development team fully appreciate the relevance of projects costs extending beyond available budget and how this could impact the overall capital monies available to the Trust. The current financial status of projects is as follows:

Table 2: Capital programme to beginning of October 2020

Estates Savings Target	Budget	Best Case	Most Likely	Worst Case	Aug Comments
The Park	1,750	3,234	3,454	3,634	Based on estimates following quotes for Phase 1
Attenuation	600	600	750	800	The charity have now underwritten the funding shortfall @ £204k. Remaining overspend £113k which is under review with the architects. Most likely includes estimate for path
Alder Centre	2,184	2,297	2,347	2,367	
C Cluster Hub & Dewi	19,822	19,822	20,017	20,017	As agreed by Trust Board - £195k overspend
Infrastructure - Utilities	1,200	1,200	1,320	1,440	
Landscaping	481	481	529	577	Slight risk as the plan has not been developed. However there is potential to combine this with the Neonates
Infrastructure - Roads (inc s278)	858	858	944	1,030	
Demolition and decomm	2,356	2,831	2,831	3,000	Asbestos removal costs will exceed budget as higher than the cost estimated prior to CHP development – pressure is C. £300k. Possible increase in costs further £175k spend which would be paid for using Critical Infrastructure funding and offset with revenue savings.
Relocations	1,227	1,100	1,227	1,227	Mersey design working on police ground floor £6.5k
Neonatal	11,869	16,750	17,300	17,800	The Trust has agreed up to £16m. The current estimates are £17.3m
Development team	1,100	1,135	1,135	1,135	Slightly over budget
Institute re-works	360	120	300	360	
Office Requirement	3,000	2,570	2,570	3,050	Decision taken not to purchase Prescott Road following a review of desk requirements in light of gains made from home working during the covid 19 situation.
Staff removals	250	250	250	250	
Car Park	100	100	100	100	
Land Buy Back Scheme		1,000	1,500	2,000	Budget yet to be identified and value of purchase to be assessed
Critical Infrastructure Risk (CIR)	557	0	0	0	PDC funded scheme - to be used for Demolition and Infrastructure
ED Enhancements (UEC)	1,441	1,441	1,441	1,585	PDC funded scheme
Isolation Pods (Covid)	1,800	1,400	1,500	1,800	PDC funded scheme
	50,955	**57,189**	**59,515**	**62,172**	
Revised Budget	50,916	50,916	50,916	50,916	
Under/(Over) Budget	**-39**	**-6,273**	**-8,599**	**-11,256**	

The format of this table shows a range of values from 'best case', 'most realistic' and 'worst case'. The principal over spending projects remain as:

- Neonatal potential overspend over revised budget of £16.8m of between £0.3m - £0.5m

Work is ongoing with both of these schemes in an attempt to bring them within budget.

3. Project updates

Park Reinstatement Phase 1

Current status	Risks & Issues	Actions/next steps
Horticon have now commenced the park works and will complete Phase 1 in late December 2020. Discharge of planning conditions has been achieved, however, the planners have raised an objection to the location of the Multi-Use Games Area (MUGA) which as shown on the consented drawings, is by the Alder Road boundary. Urgent meetings are taking place to resolve this location to avoid delays to the completion date. Plan can be viewed in the PDF LD6074-003E-Contextual_plan (3) 29 jur	Presence of asbestos and other contaminants in the ground could be disturbed by development works to phase one of the park plans. (Risk 2116- Score 6) Location of the MUGA could cause delays to the completion of phase 1. Drainage design, acceptance with United Utilities and agreement of costs with Beech Group. Public perception that the park phase one is not being delivered	Remediation and asbestos management plans have been drawn up and have been adopted by contractors involved in working on this site once passed by LCC. Monitoring of contractors implementation of plan will be undertaken by independent consultants who will complete a verification report. Urgent meetings with planners and LCC parks officers to resolve the location. Discussions with United Utilities to gain acceptance to design. Capacity lab to engage with groundworks on a regular basis and involve stakeholders.

Alder Centre

Current status	Risks & Issues	Actions/next steps
Final external works will be completed before the opening of the Unit planned for the first two weeks in November. Furniture delivery is now back on track following COVID 19 delays with expected delivery commencement in mid-October The expenditure against the budget has undergone a review the predicted final spend will be over budget C. £186K, this is due to both COVID reasons and a number of small variations to the build. A temporary external footpath is required to connect to the car park, this sits approximately 3m above the building level and will require ramps to meet DDA/Part M requirements.	Delay on Furniture order due to COVID 19 (Included in Risk 2203- score 9) Expenditure to complete the Alder centre will exceed the budget available. (included in risk register 2226 - score 12)	This risk will remain on the register until we take delivery of the furniture however we have assurance it will arrive when due by the suppliers. The capital overspend will need to be incorporated into the overall capital budget with compromises/Value engineering/saving achieved against other projects within the campus programme.

Acquired Buildings Occupation (neighbouring sites)

Current Status	Risks/issues	Action/next steps
Knotty Ash Nursing Home **Acquired future plan/usage currently under review.** **Ability to expand campus and link into the hospital –**the Trust are still in the view that the most viable option for long term expansion space (Clinical services) would be to acquire the and will be seeking to discuss commercial deals that could be completed over the next 3-5 years with current occupiers/owners.		Keep up to date with business future plans/lease and potential for purchase of said buildings. Seek to maintain an interest and respond accordingly to any opportunities which present.

Police Station (lower floor) occupation

Current status	Risks/issues	Actions/next steps
Status unchanged since last report The Police have recently postponed any discussion about the Trust taking space in their building as they intend to use it themselves over the Covid crisis. It is unclear at present how long this postponement is likely to last.	Police do not release the space while decisions are made in regards to additional police funding and its use. (2088 risk rating 12) Alternative arrangements are being sought to vacate the old management block before it delays demolition of the building.	Development team together with the Director of HR and OD are currently working up the contingency plan.

Relocations

Current status	Risks/issues	Actions
A set of moves have been agreed with the following departments in order to allow decommissioning and demolition of the Oncology, Genetics, Boiler House and Management Block. • The Medical Records have been moved into modular accommodation to facilitate the medical records staff moving into Catkin • Transcription will also move to the Catkin Building in October. There are still some outstanding relocation plans to be confirmed this month relating to smaller departments currently housed in Genetics and the management block. A further phase of this relocation plan is still being progressed with input from the executive team in relation to a wider strategy and flexible working.	Timely relocation and redirection of services are delayed (2104 risk rating 9 and 2105 risk rating 12)	Executive approval for all relocations as they are required. Liaison with all service providers /departments to ensure timely planning for works to be completed.

Demolition Phase 3 (Oncology, boiler house, old blocks)

Current status	Risks/issues	Actions
Works are now progressing on temporary services and diversions to enable demolition, although more planning is required to co-ordinate these activities. .	Timely relocation and redirection of services are delayed (2104 risk rating 9 and 2105 risk rating 12)	Executive approval for all relocations as they are required. Liaison with all services/departments.

Park reinstatement Phase 2/3

Current status	Risks/issues	Actions
The current plan is to commence demolishing building still occupied on the retained estate in the Autumn of 2020 as they are vacated. A draft document setting out the options the formation of a Community Interest Company has been shared and presented to the Campus Steering Group. The next stage is that capacity Lab are discussing this with the local community to gain consensus to the preferred approach/option They have a plan through a partnership and bid approach to generate funding and work with all stakeholders across the community and wider region. It is anticipated the partnership model will bring in funding to advance works beyond the base park (base park to be funded by Alder Hey in line with the land exchange agreement with LCC) in order to deliver the full vision for the park.	Funding required is not delivered through the partnership approach. (relates to risk 1241 , score 12) LCC do not agree to a future Community Interest Company for Sustainability.	Weekly review of the programme and progress with Capacity Lab, with weekly presence on site. Capacity lab to hold regular discussion with LCC and also keep the local community up to date with progress.

Infrastructure works & commissioning

Current status	Risks/issues	Actions
Masterplan of Infrastructure works is currently being prepared. Roads and landscaping – the Trust is looking to appoint a design team during Qtr. 2.	Nil at present time.	Ensure timely process /programme is adhered to.

Clinical Hub and Dewi Jones Construction

Current status	Risks/issues	Actions
Contract with Galliford Try was signed by the Chief Executive in July. Main works commenced early August and remains on programme. Liverpool City Council has approved the changes to the envelope design.	Ongoing design development raises issues of quality leading to increases on cost.	Continue with weekly meetings with Galliford Try and challenge design where necessary.

Demolition Phase 4 (Final)

Current status	Risks/issues	Actions
N/A at current time, planned for Qtr. 4. 21/22	Cost may exceed current allocated budget.	Monitor demolition budget management on a monthly basis and work up contingency plan.

Neonatal Development

Current status	Risks/issues	Actions
A great deal of work has been undertaken by the entire team (clinical, ops, finance and development) to review the clinical model, changes that have occurred and the options to provide further budget subject to RABD approval. Budget may be moved from underspending projects to increase the budget to £16.8m (subject to RABD approval). The costs have been reduced from £17.8m to £17.1 with a target to get back to the revised budget of £16.8m. This has introduced a months delay to the overall programme. .	Costs of new unit exceed current financial envelope. Project Co engagement extending the programme and increasing costs; Planning and any unknown Section.106 or section S.278 costs Impact of Covid-19 on construction costs. Planning permission fails to be achieved within the timescale of the overall programme delivery.	Work with the design team and team to further reduce costs through the Stage 3 design. Continue working with Project Co to mitigate impact. Work with LCC planners to minimise impact Monitor the market for construction cost inflation and robustness of supply chain Maintain open communication with the LCC planning departments.

North East Plot Development

Current status	Risks/ Issues	Actions/next steps
StepPlaces, the Developer who has purchased the north east plot of land, is currently in discussion with the trust on how the development could support Several workstreams are taking place to review potential service enhancements. These include, Rehabilitation, Patient/Family Hotel, independent living accommodation for complex needs CYP and outpatient rehabilitation.	Local community resistance to Trust non-development aspects and planning submission.	Maximise our offering/ support /negotiation on development content and opportunities. Work through each workstream and provide a business case for each to

		demonstrate requirements, sustainability and affordability.
Business cases for each of the workstreams will be brought forward over the next 4 to 6 months.	Cost of providing the developments do not match income from commissioners	Produce robust business cases to highlight any issues/risks.

Communications

Current status	Risks / issues	Actions/next steps
Comprehensive Communication plan developed which requires finalising and Trust Board Sign off. Due to COVID 19 this has not progressed over the last month. Weekly meetings between development team and Communications department are now in place to cover the park development. Fortnightly meetings established to discuss wider campus development progress.	Loss of reputation, locally and regionally. Lack of engagement internally and externally	Maintain links with community and support their development work.

Car Parking

Current status	Risks/Issues	Actions/next steps
As reported above as part of the overall reduction required (250 spaces) some 90 have been handed over to GT for their compound and around 50 spaces have been removed in order to site some additional facilities to support COVID. Still to be removed by the end of September is 110 spaces. The Trust have agreed a lease for space at the Thomas Lane playing fields, This will provide 134 spaces and will be open from 6am-6pm Monday to Friday. The lease is with the LCC for signing.	Car parking cannot sustain a reduction to current Numbers by June 30th 2020 (risk 2202-score 12) Staff resistance to change. Travel plan from Mott	Sign the lease option with LCC and implement a plan for staff to relocate to the new car park during September 2020. Car parking group to continue to work with Mott MacDonald and internal group members to produce

The criteria for allocating spaces are currently being agreed and will be rolled out communicated by the end of the Month.	MacDonald does not provide realistic and evidenced solution.	an overall green travel plan. Review car parking requirements in view of the home working currently in play due to COVID 19 and what the future requirements might look like.

4. Trust Board of Directors

The Trust Board of Directors is requested to receive and acknowledge the update provided as of September 2020.

Trust Board

Thursday 22nd October 2020

Report of	Marketing and Communications and Development Teams
Paper prepared by	David Powell, Director of Development Mark Flannagan, Director of Marketing and Communications
Subject/Title	**Springfield Park engagement**
Background papers	Nil
Purpose of Paper	To update the Board on the progress of restoration of Springfield Park, the local community engagement that underpins this and emerging plans for enhanced features.
Action/Decision required	**For information**
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	➢ Delivery of outstanding care ➢
Resource Impact	

1. Summary

Alder Hey has a long standing commitment to reinstate and return Springfield Park to Liverpool City Council and the Community as soon as possible. There have been delays in our original timetable for a renewed park, for example because we experienced delays in relocating remaining hospital services and, most recently, due to Covid-19, but we are now on track with a new timetable approved by the Board in 2019 and agreed with Liverpool City Council.

To deliver against this commitment we are actively engaging with our local community to share our plan to deliver the core park and also to explore a viable plan for an enhanced park, enabling us to "hand back" to Liverpool City Council an asset they value and are fully committed to.

To do this, it was agreed with the Council to engage Capacity to support wide engagement with the Community and to explore ways in which these enhancements might be delivered, to ensure there is both funding and support for these enhancements in the long-term, above and beyond what the Council are able to provide through their parks normal maintenance.

This report sets out progress to-date, the local community engagement that underpins this and emerging plans for enhanced features.

2. Reinstatement of the park

Phase 1 will be completed in December 2020, with transfer of ownership to Liverpool City Council in January 2021. This will return 34% (2 hectares) and will be a significant and visible moment for our community.

Phase 1 will include paths, planting, informal mounds for children to play on and grassy areas (seeded, not turfed). Since work began in June 2020, phase 1 reinstatement is going well, with most of the sub-soil now in situ; the play mounds have been formed and stepping logs and climbing boulders are on site, path edgings are in place.

Following an engagement zoom hosted by Capacity in June 2020, local residents felt that a car park should be added into Phase 1 to open up public access, particularly for disabled parking. As a result, a subsequent planning amendment was made, and passed, which brings forward the inclusion of the car park and a Multi-Use Games Area (MUGA) into Phase 1.

The rest of the timetable is:

April 2021	Phase 2 starts
April – Dec 2021	Phase 2 reinstatement = 83% of the park. Transfer to Liverpool City Council.
April- Dec 2022	Phase 3 reinstatement = 100% of the park. Transfer to Liverpool City Council

Phase 1 of the park is progressing well. The bulk of the works to date has included the importing of soils to remediate the site along with the formation of the new footpath network throughout the park. Works are to commence on the new park car park and planting will commence in November.

Alder Hey staff have shown local Councillors around the site and have continued to meet on-site with local residents as concerns or questions about park developments have been raised.

The vision, for Alder Hey, remains to deliver a park that sits alongside the Alder Hey Health Campus and that we hope will work in harmony with its goals. This includes a significant focus on: healthy activity (for example, through walking, running and cycling); healthy eating (for example through food growing programmes for the local community and the hospital); inclusion (through provision of access and equipment that allows everybody of all abilities use the park).

3. Engagement activity to date

At its meeting in March 2020 the Board received a presentation about our proposed engagement plan concerning the Alder Hey Campus. This Plan seeks to ensure that engagement activity around the Alder Hey Campus, from our own new facilities, to the restoration of Springfield Park as promised, to the development by Step Places of local housing and other buildings, are well managed, and work within our Alder Hey Values.

Since that Board meeting work has been conducted on engaging with the local community. As an expert on this field Capacity Lab were asked to lead on this engagement, with a brief to reach all parts of the community. To date they have engaged with over 150 people or organisations. (Appendix 1).

4. Further engagement to be done

There is clearly a continuing need to ensure all our local councillors, the City Council and our local Community are kept fully informed and supportive of the vision through ongoing engagement on an individual and collective level. Fundamentally, Alder Hey need to remain clear that we will fulfil our obligations to fully reinstate the Park to the core specification required by the Council and return it to Council ownership in the phases/timescales outlined above.

At the same time, we understand that there are high expectations set by the planning application concerning the park reinstatement, itself the product of an extensive consultation and engagement exercise with the local community and interested organisations. These expectations go well beyond the functions of a basic park and, for that reason, will require enhanced funding if they are to be realised. For this ambition to be fulfilled, the City Council has therefore proposed that a separate organisation, responsible to the Community, ultimately needs to take responsibility for the Park's future running and development.

One of Capacity's tasks has therefore been to re-start the engagement with the Community and potential service providers to create and communicate this shared delivery approach and secure the resources to create the enhanced features that would deliver a truly outstanding park. Their approach has been to include as wide a base as possible of potential "providers" and the community in order to flesh out in more detail how this organisation will ultimately take responsibility for these enhancements in the long-term, above and beyond what the Council are able to provide through their parks normal maintenance. Considerations for how such enhanced features will fit into the current park phasings and how they will be sustained long after the works are completed must be understood and agreed from the outset.

5. Next Steps

Coordinating community activities in a Covid safe environment is restrictive. It is difficult to identify and develop activities that can increase the profile of the park and increase park use whilst remaining Covid secure. The Trust remains committed, however, to supporting Capacity with this important work.

In the light of the above we need to focus within the next immediate period (winter) on:

5.1. Bringing the Community together to develop a clear shared vision

Fortnightly sessions have been organised by Capacity. The plan is to meet with all interested community parties soon to discuss the emerging plan, how everyone can be involved in shaping this and the eventual future model for bringing sustainability to this plan.

5.2. Enable local residents to visit the site routinely

Where we can, within the constraints of Covid, we need to "open up" our site to local residents of all kinds to show them progress made on the Campus, to give them a chance to see on the ground the shape of the park emerging and to provide them with the opportunity to ask direct questions of our development team.

5.3. Reach those not already involved

Using the opportunities presented by key moments, such as completion of Phase 1 and good news stories generated such as new funding announcements, we will seek to reach the widest possible audience through generation of stories of interest and production of future edition of our Health Campus News stakeholder newsletter.

6. Recommendation

The Board is asked to note the contents of this report and approve the key actions outlined for further engagement.

Mark Flannagan
Director of Marketing and Communications

David Powell
Director of Development

Appendix 1: Organisations and individuals Capacity have engaged with since March 2020

- Local schools, exploring ways schools might use the park. There have been good conversations with Blackmoore Park Junior School, Phoenix Primary School, West Derby School, Holly Lodge Girls School and Sandfield Park School
- Local residents and park users
- Local organisations who can deliver activities in the park. This includes LFC Foundation and Liverpool Dogs School.
- Local enterprises and businesses to whom we have been showcasing the park as a potential aide for enterprise. These have included a city- based independent coffee provider.
- Alder Hey colleagues who can support and connect into our work. These have included leads in volunteering, physiotherapy and catering (exploring 'growing our own').
- Alder Hey Youth Forum, which is enthusiastic and keen to work with all stakeholders to share ideas and support the reinstatement of the park.
- Priority Youth, a local youth organisation that is very keen to help shape a safe environment that includes opportunities for local young people both during and after the reinstated park.
- Members of Community of Springfield Park and local residents, who are keen to work collaboratively with stakeholders to realise the vision of the park.
- Radiate Arts, and arts and wellbeing organisation keen to deliver activities in the park and who have provided a fully costed up proposal for e-bike hub which would add to the cycling offer at Springfield Park.
- Wheels for All, an inclusive cycling charity which has a presence in other Liverpool Parks but is keen to provide accessible cycling via a hub in the park.
- Running Head First, a north-west based running and mental health organisation keen to maximise the use of running and green space for local people as well as opportunities for Alder Hey staff wellbeing activities
- Transition Liverpool, an environmental organisation keen to think creatively about the use of green space
- Sustrans- land owners of the Liverpool Loop line- who are keen to coordinate their ambitions of improving accessibility to ensure that any improvements/developments compliment and support activities which may take place on the new Springfield Park
- Local councillors who want to be kept up to date with progress with the park.
- A number of colleagues from Alder Hey who are keen to maximise the park in their care and treatment. These range from FRESH CAMHS to staff who want to mobilise a Junior Park Run.
- Liverpool City Council: close contact has taken place with the Council to discuss possible enhancement of park facilities and funding streams available through third parties for these.

Appendix 2 - Emerging plan for the park

Capacity is working with stakeholders to:

1. Increase use of the park through increased activity
2. Fundraise for enhanced features of the park
3. Incubate/establish a robust vehicle that can raise and hold funds, who can work independently, and alongside key stakeholders, to help sustain Springfield Park and its enhancements for future generations

Working from July 2020 Capacity has been engaging a range of people connected to and using the park to understand the local perception and ambition for the reinstatement. The primary goal is to identify local people and assets that can ensure the reinstatement of the park flourishes well beyond 2022. Working to the above brief has delivered the following:

Community organisation

Capacity has worked to identify and engage a range of stakeholders and has had conversations with over 150 people or organisations to inform them of Alder Hey's reinstatement timeline and engage them in the idea of the park. These include users, people who want to deliver activities in the park and people who care about the future of the space. Friends of Springfield Park have, to date, chosen not to engage.

Based on engagement and research Capacity has drafted a plan which outlines the options for a community vehicle that will ensure the park can be held in a community-led form that is sustainable and fully engages a wide stakeholder base. This was circulated to all stakeholders and several follow up discussions with interested parties took place including local councilors and residents.

In relation to this Capacity held a kick-off meeting with interested parties to explore interest around the development of a Charitable Community Benefit Society. This was attended by local residents, young people representatives, local councilors and local organisations. A further meeting has been held, maintaining 10-13 individuals around the table. Capacity will continue to meet with this open group to develop the purpose and governance of the group.

The ambition is that this group is representative of all stakeholders connected to Springfield Park.

Fundraising

There have been several conversations with grants making organisations and charitable Trusts to explore funding available to ideas being generated. Alder Hey Charity has been kept aware of these.

Whilst there is interest to support the park, there is a requirement for the funds to be held and led by a local organisation committed to the park. Whilst there are a range of stakeholders connected to the park, we have been unable to work with one group to lead fundraising and need to address this.

We have met with several enthusiastic organisations keen to deliver activities in the park. For example, Wheels for All are looking to develop a range of cycling activities in the park. We have been working with them to identify funds.
We are currently through to the second stage of a £150k bid from a local grant fund which, if successful, could see a cycle hub being developed in the park.

Maintaining interest

To maintain interest in the park there have been a number of initiatives. For example, a photography competition was launched and communicated to a range of stakeholders including residents and schools, seeking entries for photos of the park from young people. The winning photographs will be displayed in the park around the current children's play area. The aim is to encourage visits to the park.

There is planned a Halloween Explorer Trail for October half term. Designed as a family friendly fun navigation challenge that is educational and gives children a sense of adventure as they explore the park to find the markers. Families must pre-book their places and bookings will be staggered to prevent mixing- this is supported by Liverpool City Council and, to date, can go ahead, following the guidance and recommendations set out by the NGB (British Orienteering). We will continue to review government and LCC advice and will cancel should it be required https://capacitylab.co.uk/portfolio/sp-halloween-xplorer/

Capacity are in contact with a range of local organisations to look at delivery community of activities and are currently working to risk assess in light on changing local restrictions. These range from arts sessions through to Walking for Health.

Appendix 3

Note from Step Places concerning its Consultation & Stakeholder Engagement on North East Plot

On the 24th July, Step Places started its formal consultation and stakeholder engagement process by issuing a press release aimed at generating awareness of this mixed use development. Over a period of 6 weeks, Step Places delivered a number of consultation activities that included -

- The distribution of an information leaflet to residents in Knotty Ash & West Derby.
- Letters to key stakeholders and businesses on Eaton Road & East Prescot Road.
- A Springfield Gardens Development website- with information on our proposals, a survey and regular updates on our developments.
- 2 digital Virtual Village Hall meetings.
- A small "face to face" meeting with local councillors and representatives of the Alder Hey Community Action Group. In addition to offering residents the opportunity for a telephone discussion with a member of their team

Up until the 10th October, from a statistical perspective, the Development website has attracted 500 unique visits with 33 individuals posting comments on their proposals. 80 people originally signed to the Virtual Village Hall event. 46 individuals actually attended the event, with 37 people watching the event on replay.

Some of the comments received by Step Places ranged from objections to housing being built on this brownfield site to whether the small retail offer within the Development would have a detrimental effect on business on Eaton Road. Questions were raised about parking ratios to the number of houses built, would there be enough demand from key workers for the houses on offer, and what would be the impact, and accompanying linkages between the Development, the Health Campus and the restatement of Springfield Park. Step Places have received positive comments on the quality of the Development's design, the amount of thought and time into their proposals and their appreciation of the locality and the other community regeneration initiatives that are being delivered.

Step Places have made the commitment that Trust staff will have the first opportunity to either rent or buy the homes that will be made available. This commitment is welcomed from the residents' feedback obtained by Step Places. Over the last 12 months, Step Places have conducted two surveys with Trust staff, to assess the level of demand and interest in the homes being built and the other elements of Step Places Development. More information on the surveys is available, but some of the main outcomes include –

1. In the July 2019 survey 136 members of staff said they would be interested in accommodation closer to the hospital. 113 replied to say they would either rent or purchase a property closer to the hospital if it was available.

2. In the more recent survey. 86% of respondents said they welcome a number of the new homes designated for key workers and Trust staff. 155 who responded said they would be interested in a key worker home.

3. In this survey, 77% of staff who responded said they would choose to buy a home if they were looking to move nearer to their workplace. 80% of staff said that health and wellbeing would be a key factor in their decision about where to live.

Alder Hey Children's NHS Foundation Trust

BOARD OF DIRECTORS

Thursday, 22nd October 2020

Paper Title:	**Board Assurance Framework 2020/21 (September)**
Report of:	Erica Saunders, Director of Corporate Affairs
Paper Prepared by:	Executive Team and Governance Manager

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Background Papers and/or supporting information:	Monthly BAF Reports
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations** ■
Resource Impact:	Non achievement of the Trust's objectives could have a negative impact on the services provided by the Trust.

Board Assurance Framework 2020/21

1. Purpose

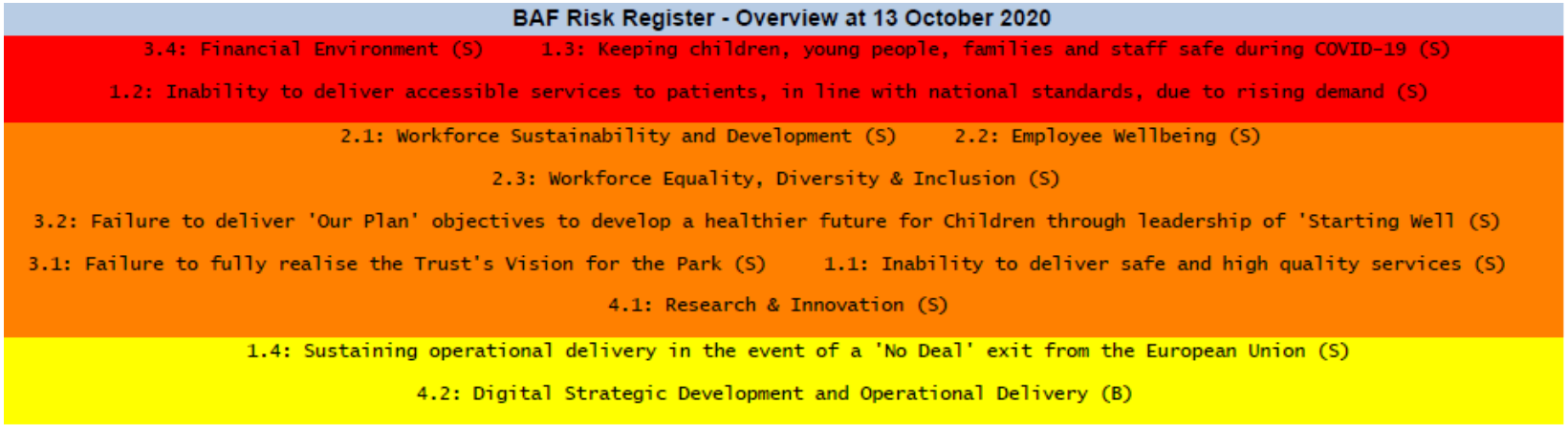
This report is a summary of the current Board Assurance Framework (BAF) for review and discussion. The purpose of the report is to provide the Board with assurance on how strategic risks that threaten the achievement of the trust's strategic plans and long term objectives are being proactively managed, in accordance with the agreed risk appetite.

2. Review of the BAF

The diagram below gives a high level heliview of the current version, followed by a summary and a brief on the changes since the last Board meeting.

Board members will notice that corporate risks are now linked to BAF Risks – a summary of these risks can be found at appendix A. The full BAF document is included as Appendix B.

BAF Risk Register - Overview at 13th October 2020



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

3. Summary of BAF - at 12th October 2020

The diagram below shows that all risks remained static in-month, with the exception of 'Digital Strategic Development and Operational Delivery' which saw an improved position due to actions completed in relation to completion of phase 2 infrastructure resilience.

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 PB	**Inability to deliver safe and high quality services**	3x3	2x2	STATIC	STATIC
1.2 AB	**Inability to deliver accessible services to patients, in line with national standards, due to rising demand**	**3x5**	3x2	STATIC	STATIC
1.3 JG	**Keeping children, young people, families and staff safe during COVID-19**	**5x3**	3x3	STATIC	STATIC
1.4 JG	**Sustainable operational delivery in the event of a 'No Deal' exit from EU**	3x2	3x1	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work					
2.1 MS	**Workforce Sustainability and Development**	4x3	4x2	STATIC	STATIC
2.2 MS	**Employee Wellbeing**	3x4	3x3	STATIC	STATIC
2.3 MS	**Workforce Equality, Diversity & Inclusion**	3x4	3x2	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships					
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**	3x3	3x2	STATIC	STATIC
3.2 DJ	**Risk of failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's system partnerships**	4x3	4x2	STATIC	STATIC
3.4 JG	**Financial Environment**	**4x5**	4x3	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation					
4.1 CL	**Research & Innovation**	3x3	3x2	STATIC	STATIC
4.2 KW	**Digital Strategic Development and Operational Delivery**	4x1	4x1	STATIC	IMPROVED

8. Summary of September updates:

External risks

- ***Risk of failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's system partnerships (DJ)***

  Risk reviewed; no change to score in month. Second wave of Covid underway - significant system planning. Progress made in Liverpool and Sefton on alignment of plans and programme resource for C&YP.

- ***Workforce Equality, Diversity & Inclusion (MS)***

  A EDI taskforce group has been set up and led by Non-Executive Director, Clare Dove. The inaugural meeting has set clear objectives to increase representation across the Trust at all level.

- ***Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (JG)***

  New Series of Monthly meetings to commence w/c 7th Sep. Each lead has been tasked with liaising with their professional bodies to scope out current guidance and feedback on any risks/issues for the group to consider. No new National Guidance has been issued. Await 15th October deadline.

Internal risks:

- ***Inability to deliver accessible services to patients, in line with national standards, due to rising demand (AB)***

  The number of patients waiting over 52 weeks is 145. Of which there are 10 patients in community paediatric. In community there is a plan to increase capacity to bring the maximum wait down to 46 weeks. The majority of long-wait patients are awaiting surgical care. There is focus on increasing surgical and outpatient capacity, see actions below, to reduce long waiting times but the issue of staff availability is affecting our ability to do this. At the end of September our level of restored services is as follows: 90.3% outpatient restoration, 80% inpatients/daycase restoration and 87.8% Radiology. Actions taken to reduce the gap between current restoration and target: 1. new outpatient schedule is on-track to go-live on Monday 26 October and it will increase F2F outpatient capacity and support delivery of the 100% restoration target. 2. Additional Attend Anywhere training w/c 12/10 to increase use of digital consultations 3. Additional weekend activity in outpatients (weekend spinal and cardiology lists) and in theatres (Saturday 17/10) 4. Extended day for ultrasound and MRI scanning Challenges to staff availability are increasing with three staff outbreaks in September, one of which was potentially hospital-acquired (Radiology). In theatres the reduction in anaesthesia availability affected theatre restoration; 12% of theatre sessions On Safe Waiting List Management, a detailed report was delivered to RABD on the response to this. As of the 13 October 2020 100 of the 102 inpatients who were waiting over 52 weeks as at July 2020 have now received treatment. The remaining 2 patients have been contacted to access treatment but there are some challenges in arranging this with the families. No harm has been reported on Ulysses relating to the delay in treatment. Nonetheless, on the 12 October 2020 it was agreed with the COO and the Divisional Director for Surgery that a more formal post-treatment harm review will take place.

- ***Keeping children, young people, families and staff safe during COVID-19 (JG)***
  Winter Plan and Covid phase 3 approved by Board with implementation underway. Gold Command initiated given the scale of the response required. Key areas of focus are on staff availability and our role in maintaining access to C&YP across Cheshire & Mersey.

- ***Inability to deliver safe and high quality services (PB)***
  Winter and Covid staffing plan devised in collaboration with Ward Managers, Matrons, Heads of Nursing, ACNs defining clear escalation and "red line" staffing levels in times of extreme pressure. Registered nurse to patient ratios to be presented at Execs; signed off by incoming Chief Nurse. Regional C&M work to agree staffing ratios underway; Alder Hey model to be shared with ACCN to benchmark Continued recruitment particularly to specialist areas. Low vacancies however large number of staff unavailable to work linked with sickness, shielding and self-isolation. 20 nurses have started in September with further 38 in October and 15 international nurses who undertake OSCE 22nd December. Review of NHSP rates underway. Pressure Ulcer Quality Summit held September 29th with 55 staff in attendance and CCG attendance. Outputs and next steps for wide dissemination.

- ***Financial Environment (JG)***
  Extension of current framework and arrangements for COVID reimbursement and top up has been confirmed to end of September. Awaiting guidance from NHSI on Phase 3 expected September.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Review prior to October Trust Board.

- ***Digital Strategic Development and Operational Delivery (KW)***
  Risk rating reduced due to actions completed in relation to completion of phase 2 infrastructure resilience.

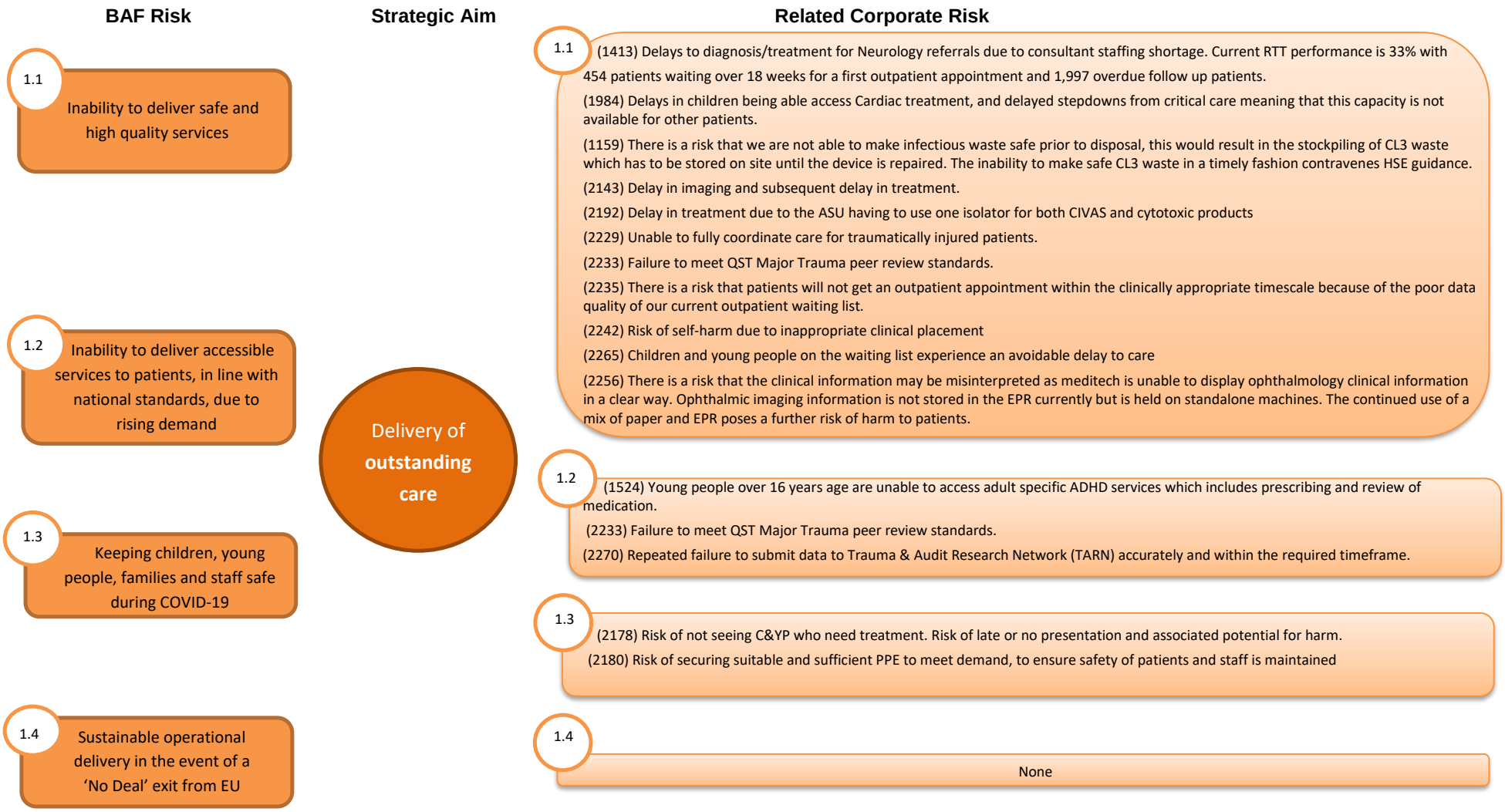
- ***Workforce Sustainability and Development (MS)***
  Actions from both the NHS people plan and the Trust people plan are being progressed in respect of workforce planning

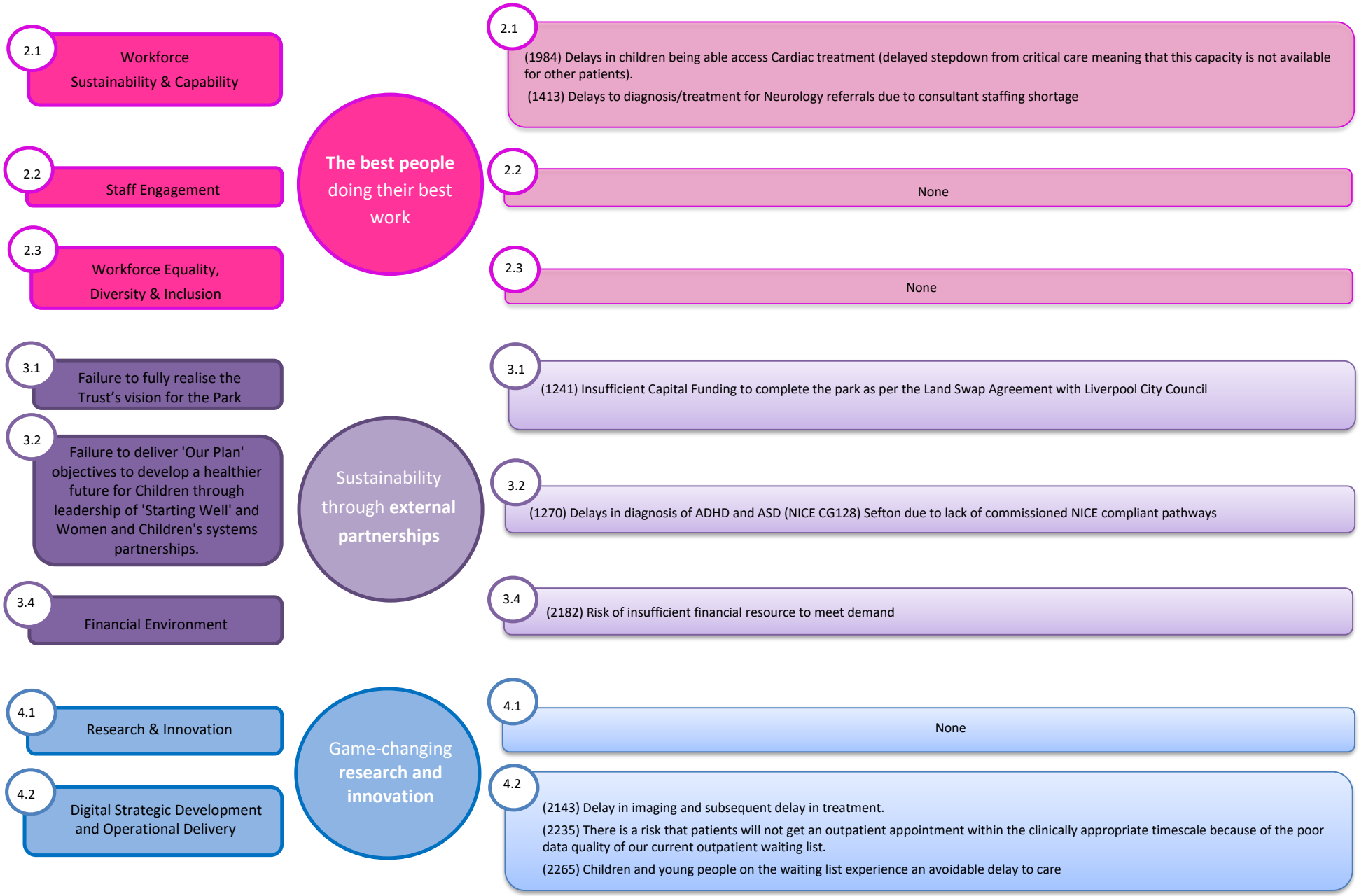
- ***Employee Wellbeing (MS)***
  Risk and associated actions reviewed. Wellbeing coaches are being developed throughout the month of November, to support the wellbeing conversations identified though the NHS people plan.

- ***Research & Innovation (CL)***
  Risk reviewed - no change to score. Actions reviewed - all on track.

Erica Saunders
Director of Corporate Affairs

Appendix A
Links between BAF and high scored risks – as at 8th October 2020




2.1
Workforce Sustainability & Capability
2.2
Staff Engagement
2.3
Workforce Equality, Diversity & Inclusion
The best people doing their best work
2.1
(1984) Delays in children being able access Cardiac treatment (delayed stepdown from critical care meaning that this capacity is not available for other patients).
(1413) Delays to diagnosis/treatment for Neurology referrals due to consultant staffing shortage
2.2
None
2.3
None
3.1
Failure to fully realise the Trust's vision for the Park
3.2
Failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's systems partnerships.
3.4
Financial Environment
Sustainability through external partnerships
3.1
(1241) Insufficient Capital Funding to complete the park as per the Land Swap Agreement with Liverpool City Council
3.2
(1270) Delays in diagnosis of ADHD and ASD (NICE CG128) Sefton due to lack of commissioned NICE compliant pathways
3.4
(2182) Risk of insufficient financial resource to meet demand
4.1
Research & Innovation
4.2
Digital Strategic Development and Operational Delivery
Game-changing research and innovation
4.1
None
4.2
(2143) Delay in imaging and subsequent delay in treatment.
(2235) There is a risk that patients will not get an outpatient appointment within the clinically appropriate timescale because of the poor data quality of our current outpatient waiting list.
(2265) Children and young people on the waiting list experience an avoidable delay to care

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.1	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver safe and high quality services		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 1984, 1413, 2233, 2235, 2242, 2265, 2192, 2143, 2256, 1159		
Exec Lead: Pauline Brown	Type: Internal, Known	Current IxL: 3x3	Target IxL: 2x2	Trend: STATIC

Risk Description

Not having sufficiently robust, clear systems, processes and people in place to respond to competing demands presented by the current health and social landscape.

Existing Control Measures	Assurance Evidence (attach on system)
Quality Impact Assessments and Equality Impact Assessments completed for all planned changes (NHSE/I). Change programme assurance reports monthly - change programme currently on hold during Covid pandemic response and resetting	Annual QIA assurance report and change programme assurance report
Risk registers including corporate register inform Board assurance.	Risk assessments etc. and associated risks monitored via the Integrated Governance Committee. Trust Board informed vis IGC minutes. Divisional Integrated Governance Committee Minutes.
Quality section of Corporate Report including incidents, complaints, infection control including sepsis, friends and family test, best in acute care, best in surgical care, performance managed at Clinical Quality Assurance Committee and Trust Board.	Clinical Quality Assurance Committee, Trust Board and Divisional Quality Board minutes
Division and Corporate Quality & Safety Dashboards in place and monitored consistently via performance framework. This includes safety thermometer i.e. infections, falls, pressure ulcers, medication, workforce 'Hard Truths', sickness, appraisals, etc.	Corporate Report - quality section, Trust Board and Divisional Quality Board minutes
Patient Safety Meeting monitors incidents, including lessons learned, immediate actions for improvement and sharing Trust wide.	Minutes from trust Board, CQAC, Weekly Patient Safety Group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Also MIAA Audit Report
Programme of quality assurance rounds, developed and implemented across all services, aligned to Care Quality Commission, Key lines of enquiry (KLOE).	Reports and minutes from Clinical Quality Assurance Committee and Divisional Integrated Governance Committees
Annual clinical workforce assurance report presented to Board, aligned to Relevant Professional Standards.	Annual Medical Appraisal Report and Nurse staffing report to Trust Board biannually and associated minutes
Quality Strategy 2016/2021, Quality Improvement Change Programme established - associated workstreams subject to sub-committee assurance reporting.	Board and sub-board committee minutes and associated reports
Governance including risk processes from Ward to Board, linked to NHSI Single Oversight Framework	Minutes from NHSI Quarterly engagement meetings, CQC engagement meetings, Trust Board, Clinical Quality Assurance Committee, Executive Committee, Weekly patient safety group, Clinical Quality Steering Group, Divisional Integrated Governance Committees. Patient survey reports and associated action plans
Acute Provider Infection Prevention and Control framework and associated dashboards and action plans for improvement.	IPC action plan and Trust Board, Clinical Quality Assurance Committee, Integrated Governance Committee, Divisional Quality Board minutes.
Internal Nursing pool established and funded	Nursing Workforce report and associated Board minutes.
Nursing leadership in alignment with Royal College of Nursing and Midwifery Standards.	Trust Board (Nursing Workforce Report)
Annual Patient Survey reports and associated action plans	Patient survey reports and associated action plans, Trust Board, Clinical Quality Steering Group, Workforce and Organisational Development Committee, Divisional Quality Board minutes.
Trust policies underpinning expected standards	Trust audit committee reports and minutes
CQC regulation compliance	CQC Action Plan monitoring via Board and sub-committees
CQC Regulation Inspection	Evidence accrued to support inspection process. Policies and pathways updated

Gaps in Controls / Assurance

1. Increasing demand system-wide
2. Workforce supply and skill mix

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. International recruitment in line with UK Guidance International nurses commenced in post Feb 20	31/10/2020	Nurses who joined the Trust from India in February have undertaken OSCE training in preparation for their OSCE test - this paused during peak of Covid however an NMC requirement again now

		In respect of the cohort of nurses who were delayed joining the Trust in April due to Covid, the Indian and UK Governments have formed an 'air bubble' and direct flights from India to the UK have started to resume as of 17 August 2020. Nurses will be required to quarantine for 14 days on arrival in the UK. As such, now progressing with next cohort
Alignment of workforce plans across the system	31/12/2020	Winter and Covid staffing plan devised in collaboration with Ward Managers, Matrons, Heads of Nursing, ACNs defining clear escalation and "red line" staffing levels in times of extreme pressure. Registered nurse to patient ratios to be presented at Execs; signed off by incoming Chief Nurse. Regional C&M work to agree staffing ratios underway; Alder Hey model to be shared with ACCN to benchmark Continued recruitment particularly to specialist areas. Low vacancies however large number of staff unavailable to work linked with sickness, shielding and self isolation. 20 nurses have started in September with further 38 in October and 15 international nurses who undertake OSCE 22nd December Review of NHSP rates underway

Executive Leads Assessment

October 2020 - Pauline Brown
Winter and Covid staffing plan devised in collaboration with Ward Managers, Matrons, Heads of Nursing, ACNs defining clear escalation and "red line" staffing levels in times of extreme pressure. Registered nurse to patient ratios to be presented at Execs; signed off by incoming Chief Nurse. Regional C&M work to agree staffing ratios underway; Alder Hey model to be shared with ACCN to benchmark

Continued recruitment particularly to specialist areas. Low vacancies however large number of staff unavailable to work linked with sickness, shielding and self isolation. 20 nurses have started in September with further 38 in October and 15 international nurses who undertake OSCE 22nd December
Review of NHSP rates underway

Pressure Ulcer Quality Summit held September 29th with 55 staff in attendance and CCG attendance. Outputs and next steps for wide dissemination

August 2020 - Pauline Brown
CQC report published and associated comprehensive action plan submitted and underway to address the 1 "must do" and 51 "should do's" - number of actions already completed including the specific action plan to address the "must do".

CQC have conducted an assessment of IPC BAF in August to identify themes, trends and risks that will inform the regulatory response and national oversight. The report is not a published report however has been shared with the Trust and is positive. High quality assurance reports received and presented at CQSG from Divisions including lessons learned and thematic analysis. Trust wide Quality Summit arranged for September to review systems in place to prevent avoidable Category 3 pressure ulcers as 3 have occurred this year.

July 2020 - Philip O'Connor
no change to BAF score. Rota hub continues to be operational. New Roster implementation manager recruited. Safe staffing huddles embedded and recruitment plans in place both internally and externally

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Inability to deliver accessible services to patients, in line with national standards, due to rising demand		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective		Link to Corporate risk/s: 1524, 2233, 2270		
Exec Lead: Adam Bateman	Type: Internal, Known	Current IxL: 3x5	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to meet targets and internal performance metrics due to poor flow and lack of capacity to fulfil activity plans and respond to increasing demand. A loss of capacity during COVID-19 has made access to care extremely challenging.

Existing Control Measures	Assurance Evidence (attach on system)
Controls for waiting time in the Emergency Department (ED): - Winter Plan with additional staffing and bed capacity - ED Escalation & Surge Procedure - Additional shifts to increase staffing levels to deal with higher demand - Trust-wide support to ED, including new in-reach services (physiotherapy, Gen Paeds & CAMHS)	- Daily reports to NHS England - Daily performance summary - Monthly performance report to Operational Delivery Group - Performance reports to RABD Board Sub-Committee - Bed occupancy is good
Controls for referral-to-treatment times for planned care: - Weekly oversight and management of waiting times by specialty - Weekly oversight and management of long wait patients - Use of electronic system, Pathway Manager, to track patient pathways - Additional capacity in challenged specialties - Access to follow-up is prioritised using clinical urgent signified by tolerance for delay	- Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee - Use of electronic patient pathway forms to signify follow-up clinical urgency and time-frame
Controls for access to care in Community Paediatrics: - Use of external partner to increase capacity and reduce waiting times for ASD assessments - Investment in additional workforce for Speech & Language service in Sefton - Weekly oversight and management of long wait patients	- Significant decrease in waiting times for Sefton SALT - Corporate report and Divisional Dashboards - Performance reports to RABD Board Sub-Committee
Controls for access to care in Specialist Mental Health Services: - Investment in additional workforce in Specialist Mental Health Services - Extension of crisis service to 7 days - Weekly oversight and management of long wait patients	- Monthly performance report to Operational Delivery Group - Corporate report and Divisional Dashboards
Use of Challenged Area Action Boards for collective improvement in waiting times	Challenge boards live for ED, Radiology and community paediatrics
Transformation programme: - SAFER - Best in Acute Care - Best in Outpatient Care - Best in Mental Health care	- Monthly oversight of project delivery at Programme Board - Bi-monthly transformation project update to CQAC
Performance management system with strong joint working between Divisional management and Executives	- Bi-monthly Divisional Performance Review meetings with Executives - Weekly 'Executive Comm Cell' meeting held - Operational Delivery Board as a forum to collectively address challenged areas and to submit cases for investment where access to care is challenged
Urgent clinic appointment service established for patients who are clinically urgent and where a face-to-face appointment is essential	New outpatient schedule in situ
Digital outpatient channel established - 'Attend Anywhere'	Weekly tracking of training compliance and number of patients consulted via a digital appointment
Urgent operating lists	
Weekly access to care meeting to review waiting times	Minutes

Gaps in Controls / Assurance

1.ED workforce plan aligned to demand and model of care aligned to type of presentations
2.Enhanced paediatric urgent care services required in primary care and the community
3.Additional capacity required in Specialist Mental Health Services and Community Paediatrics (ASD & ADHD). Request submitted to Sefton CCG for urgent investment and commissioning of NICE compliant ASD & ADHD diagnostic pathways.
4.Comprehensive, real-time and digital access times dashboard for Community Paediatrics and Specialist Mental Health Services.
5.Dynamic emergency demand and capacity model to reduce cancelled operations and more precisely predict surges in demand

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
i. New theatres, radiology and outpatients future service offer ii. Integrate workforce plan into the service plans so it is aligned to the goals of the service, the capacity they require and their new model iii. agree pay arrangements for additional work	28/09/2020	The outpatients schedule is on track to go-live on Monday 26 October 2020. Due to issues with staff availability we will not achieve 120% restoration. Initially, we are focused on delivering the NHSE submission of 90% restoration . Recruitment and productivity

iii. PPE sourcing strategy to ensure adequate suppliers		activities are commenced to support this

Executive Leads Assessment

October 2020 - Adam Bateman
The number of patients waiting over 52 weeks is 145. We are not . Of which there are 10 patients in community paediatric. In community there is a plan to increase capacity to bring the maximum wait down to 46 weeks. The majority of long-wait patients are awaiting surgical care. There is focus on increasing surgical and outpatient capacity, see actions below, to reduce long waiting times but the issue of staff availability is affecting our ability to do this. At the end of September our level of restored services is as follows: 90.3% outpatient restoration, 80% inpatients/daycase restoration and 87.8% Radiology. Actions taken to reduce the gap between current restoration and target: 1. new outpatient schedule is on-track to go-live on Monday 26 October and it will increase F2F outpatient capacity and support delivery of the 100% restoration target. 2. Additional Attend Anywhere training w/c 12/10 to increase use of digital consultations 3. Additional weekend activity in outpatients (weekend spinal and cardiology lists) and in theatres (Saturday 17/10) 4. extended day for ultrasound and MRI scanning Challenges to staff availability are increasing with three staff outbreaks in September, one of which was potentially hospital-acquired (Radiology). In theatres the reduction in anaesthesia availability affected theatre restoration; 12% of theatre sessions On Safe Waiting List Management, a detailed report was delivered to RABD on the response to this. As of the 13 October 2020 100 of the 102 inpatients who were waiting over 52 weeks as at July 2020 have now received treatment. The remaining 2 patients have been contacted to access treatment but there are some challenges in arranging this with the families. No harm has been reported on Ulysses relating to the delay in treatment. Nonetheless, on the 12 October 2020 it was agreed with the COO and the Divisional Director for Surgery that a more formal post-treatment harm review will take place.

September 2020 - Adam Bateman
Through the hard-work, determination and ingenuity of our teams we have made significant progress in restoring clinical services to children and young people. This is illustrated in the table and charts below. At the end of August 2020 we were ranked first in Cheshire & Merseyside for progress in restoring services.

Level of capacity restored in August 2020 as a percentage of pre-Covid capacity:

Outpatients	Consultations	88%
Emergency Department	Attendances	88%
Planned care	Operations	80%
Diagnostics	Examinations	83%

Despite this good progress, the number of patients waiting a long time (including over 52 weeks) is high and is not yet reducing. The patients are reportable in line with NHS guidance are waiting to access care in the Division of Surgical Care.

We have experienced an issue relating to a reporting inaccuracy of long wait patients. Risk 2265 has been created to assess this risk and record our response to the issue. Our Safe Waiting List Management Programme is diagnosing the root causes of some of the challenges, which includes data quality, complex EPR and sub-optimal training, and our response to ensure no child experiences an avoidable delay in our care.

August 2020 - Adam Bateman
The effects of the increase in waiting times caused by COVID-19 have led to non-compliance with the referral to treatment time standard and 52 week standard. The services most significantly affected are learning disabilities, paediatric surgery, spinal surgery and ENT. We are now ensuring all patients who have had waited over 52 weeks have had a clinical review to expedite treatment where required or confirm they are safe to wait longer. We will continue to increase capacity in outpatients and surgery to ameliorate the waiting times being experienced. We have stabilised the number of children and young people waiting over 52 weeks for treatment. There were 91 patients waiting over 52 weeks in specialties reportable under national guidelines. 85 patients have had a clinical review with the remaining 6 patients being tracked for review within 7 days. In learning disability services (ASD & ADHD) we remain significantly concerned about the number of long waiting patients. In ASD there is 920 patients waiting over 52 weeks. In ADHD there are 670 patients on the waiting list for a new patient appointment or MDT assessment. In June we continued to make good progress in re-introducing surgical services and the full theatre schedule (n= 139 theatre sessions per week) is restored. We are now seeing improved utilisation (85.4%) of the operating lists, which is closer to pre-Covid-19 levels. In operative care, 68 our inpatient operating levels are at 71% of last year's activity. In day case. we are operating at 78% of last year's activity The Emergency Department is seeing attendance levels at 75% of our pre-COVID activity for this time of year. The highest day for attendances last week saw 130 patients treated. Radiology has restored c. 80% of pre-Covid 19 capacity. In outpatients we provided 1,989 face to face consultations last week compared to 4,854 pre-Covid-19. However, we have increased significantly the number of digital consultations and telephone consultations, which when added to the face-to-face consultations takes the total outpatient consultations 92% of pre-COVID levels.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.3	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Keeping children, young people, families and staff safe during COVID-19		
Related CQC Themes: Responsive, Safe, Effective, Well Led, Caring		Link to Corporate risk/s: 2170, 2180, 2178		
Exec Lead: John Grinnell	Type: External,	Current IxL: 5x3	Target IxL: 3x3	Trend: STATIC

Risk Description

There are risks to the physical and psychology safety and wellbeing of children and young people, and staff as a result of the effects of COVID-19. This includes, but is far from limited to, the potential for physical and psychological harm as a result of delayed access to care, isolation, psychological impact of lockdown, and risk of contracting the virus.

Existing Control Measures	Assurance Evidence (attach on system)
Formal strategic and tactical command arrangements in place	agendas & minutes
Detailed COVID-19 Plan agreed and being deployed	
Work programme on keeping our staff safe enacted	
Plan to establish adult invasive capacity progressed	
COVID Specific Scorecard in place	Scorecard to Strategic Meetings
Work Programme established looking at keeping Children & Young People safe	Agendas / Minutes / Actions
Access to Care Group re-established to monitor waiting lists	
24/7 CAMHS crisis line in-situ	Staff rota
Access to emergency and urgent operating theatres	Weekly capacity plan
Clinical review of waiting lists to identify clinically urgent patients requiring assessment and/ or intervention	Electronic patient record
Urgent face-to-face outpatient appointments maintained and digital outpatient consultations established	Outpatient schedule
Waiting list monitoring via weekly Access to Care Delivery Group	Minutes
All vulnerable patient cohorts across specialities (Medical and Surgical) identified	
Specialities have populated vulnerable patient template to outline risk, considerations that may affect current pathway and identify alternative	
Continued to update vulnerable shielding patients with guidance and support as per government advice	
Face masks introduced for staff and visitors	
New environment designed in the hospital and community setting to sustain social distancing and achieve high standards of IPC	
PPE suppliers and innovations strategy to ensure adequate supply	PPE predictor 4 week forward look
Operational plan to increase restoration of capacity	Tracked weekly though Communication Cell Metric Report in Operational Delivery Board
Covid-19 testing service	
Covid-19 test and trace policy	

Gaps in Controls / Assurance

Staff availability to meet capacity plans through the winter

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
complete risk assessments for staff who are shielding	30/09/2020	Over the month of August we have seen a reduction in the numbers of staff who had previously been shielding. Ongoing individual risk assessments and environmental assessment are enabling staff to return to work in some capacity be that to site in own roles with measure in place to mitigate risk, or redeployed or working from home. There are currently 48 staff still shielding and these are all under review.
complete covid secure risk assessment	28/08/2020	action merged with 11218
Increase awareness and vigilance around keeping staff safe from Covid-19 by maintaining social distancing.	30/10/2020	Ongoing vigilance required being overseen by gold command

Awareness campaign of core messages relating to keeping staff safe from Covid-19 Programme of audits in local teams to check that compliance with core standards relating to keeping staff safe		
Ensure actions that have been identified through COVID-secure risk assessments take place	30/10/2020	All Covid secure risk assessments have taken place and their status are live on the Covid hub. Final actions required particularly relating to protective screening
Oversight Group initiated focussing on redeployment, temporary staffing, sickness, shielding and self-isolation, rota hub deployment, recruitment	31/03/2021	

Executive Leads Assessment

October 2020 - John Grinnell
Winter Plan and Covid phase 3 approved by Board with implementation underway. Gold Command initiated given the scale of the response required. Key areas of focus are on staff availability and our role in maintaining access to C&YP across Cheshire & Mersey.

September 2020 - Adam Bateman
On keeping staff safe: Over the month of August we have seen a reduction in the numbers of staff who had previously been shielding. Ongoing individual risk assessments and environmental assessment are enabling staff to return to work in some capacity be that to site in own roles with measure in place to mitigate risk, or redeployed or working from home. There are currently 48 staff still shielding and these are all under review.

We have made good progress in completing environmental risk assessments. However, in September our level of concern relating to potential hospital transmission amongst staff has increased following an incident on ward 3B and then in theatres which has led to a number of staffing having to isolate. Additional action will be taken around vigilance relating to PPE and environment.

Our PPE predictor models shows adequate supplies, or appropriate mitigation, for the next 4 weeks.

On keeping patients safe: We have had no hospital acquired cases of COVID-19. We have had one inpatient with Covid-19 since the last review.

In terms of patients waiting a long-time for treatment, we continue to have high rates of clinical review for patients waiting over 52 weeks.

The number of ED attendances is rising but we continue to provide timely care to these patients.

August 2020 - Adam Bateman
On keeping staff safe: We have high compliance in the completion of risk assessment for at risk staff groups. Environmental risk assessments to identify and create covid-secure areas started the w/c 3 August. We had an incident with fit-testing of FFP3 masks and we have been working with the Health & Safety Executive to create an effective response plan and incorporate learning. We have no evidence of harm to staff but it has caused anxiety. Staff were fit-tested to US settings rather than UK settings. This has been corrected and we are re-fit testing staff. We are going to enhance our training to staff delivering the re fit-testing to be Fit2Fit accredited. Our PPE predictor models shows adequate suppliers, or appropriate mitigation, for the next 4 weeks. On keeping patients safe: We have had no hospital acquired cases of COVID-19. We have prioritised a clinical review of patients who are waiting over 52 weeks to check whether they are indicated as safe to wait or whether their treatment needs to be expedite. Of the 91 patients 88 patients have received a clinical review, with the 3 outstanding being managed for completion. By making good progress in restoring capacity we have consolidated the number of patients waiting over 52 weeks to treatment and we expect to reduce this number in August.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 1.4	Strategic Objective: Delivery Of Outstanding Care		Risk Title: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union		
Related CQC Themes: Safe, Effective, Responsive			Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: External,		Current IxL: 3x2	Target IxL: 3x1	Trend: STATIC

Risk Description
Failure of measures put in place nationally and locally in the event of a 'no deal' exit from the EU to safeguard the organisation's ability to deliver services safely and maintain business continuity. 11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020. No further updates received from NHSE as of at 12/10/2020

Existing Control Measures	Assurance Evidence (attach on system)
National NHS EU coordination centre established to oversee planning and provide support to local teams to resolve escalating issues. Internal team in place to implement operational guidance.	all previous plans held in abeyance for the moment. Project team are still present and able to mobilise as required. Work stream leads identified; previous risk assessments undertaken.

Gaps in Controls / Assurance
There maybe some very limited supply issues when we move from transition at the end of December 2020 but there is no immediate risk to supply other than business as usual fluctuations which would be considered as normal within the current risk profile. As we are in the midst of the pandemic we are unable to forecast future shortages or challenges with this. Group restarting from Sep 20

Executive Leads Assessment
October 2020 - Lachlan Stark New Series of Monthly meetings to commence w/c 7th Sep. Each lead has been tasked with liaising with their professional bodies to scope out current guidance and feedback on any risks/issues for the group to consider. No new National Guidance has been issued. Await 15th October deadline
September 2020 - Lachlan Stark New Series of Monthly meetings to commence w/c 7th Sep. Each lead has been tasked with liaising with their professional bodies to scope o9ut current guidance and feedback on any risks/issues for the group to consider. No new National Guidance has been issued.
February 2020 - Lachlan Stark Following review with specialty leads no issues identified

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 2.1	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Sustainability and Development		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: 1984, 1413		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 4x3	Target IxL: 4x2	Trend: STATIC

Risk Description

Failure to deliver consistent, high quality patient centred services due to
1. Not having workforce pipelines to ensure the Trust has the right people, with the right skills and knowledge, in the right place, at the right time.
2. Not supporting the conditions under which people can continuously learn, develop and grow in order to keep pace with the strategic development of the organisation

Existing Control Measures	Assurance Evidence (attach on system)
Workforce KPIs tracked through the corporate report and divisional dashboards	Corporate Report and KPI Report to WOD
Bi-monthly Divisional Performance Meetings.	Regular reporting of delivery against compliance targets via divisional reports
High quality mandatory training delivered and reporting linked to competencies on ESR	-Monthly reporting to the Board via the Corporate Report -Reporting at ward level which supports Ward to Board
Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.	ESR self-service rolled out
Permanent nurse staffing pool to support nurse staffing numbers	Large-scale nurse recruitment event 4 times per year
HR Workforce Policies	All Trust Policies available for staff to access on intratet
Attendance management process to reduce short & long term absence	Sickness Absence Policy
Wellbeing Steering Group established	Wellbeing Steering Group Terms of Reference
Training Needs Analysis linked to CPD requirements	New Learning and & development Prospectus Launched - June 2019
Apprenticeship Strategy implemented	Bi-monthly reports to WOD and associated minutes
Engaged in pre-employment programmes with local job centres to support supply routes	Bi-monthly reports to WOD and associated minutes
Engagement with HEENW in support of new role development	Reporting to HEE
People Plan Implementation	People Strategy report monthly to Board
International Nurse Recruitment	75 skilled nurses to join the organisation across 2020/21
PDR and appraisal process in place	Monthly reporting to Board
Apprenticeship Strategy implementation	Bi-monthly reports to WOD OFSTEAD Inspection
Leadership Strategy Implementation	Bi-monthly reports to WOD

Gaps in Controls / Assurance

1. Not meeting compliance target in relation to some mandatory training topics
2. Sickness Absence levels higher than target.
3. Lack of standard methodology to workforce planning across the organisation
4. Succession plans Board to Ward

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Continue with regular reporting of data target hotspot areas and staff groups review methodology of accessing training	30/11/2020	Mandatory training available for all mandatory topics, reporting has been re-established. Further work ongoing to provide more access for those topics that require / benefit from face to face interaction such as Resus / Moving and Handling. We are currently working closely with these topics' Subject Matter Experts as well as topics under 90% to improve compliance and delivery models.
2. Action plan developed in conjunction with NHSI to support the reduction of sickness absence across the organisation. This includes the introduction of a pilot wellbeing team to support the management of sickness absence. Target is 4% absence rates across the organisation.	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
3. Development of a methodology to roll-out across the organisation. Plan for a workforce summit in June/July 2019	30/09/2020	Progress on activities attributed to this risk have been delayed. The NHS People Plan was published at the end of July 2020,

		activities to be reviewed in line with the Plan in September 2020
4. Succession planning to be completed for the Executive Team. To be rolled out to the Divisional senior management teams in January 2020	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
Executive Leads Assessment		
October 2020 - Sharon Owen Actions from both the NHS people plan and the Trust people plan are being progressed in respect of workforce planning.		
September 2020 - Sharon Owen Action plans from the NHS people plan are being worked through by specific leads.		
August 2020 - Zoe Connor Activities related to this had been paused until end of June 2020. Action plans are being drawn up to implement key requirements to progress mitigations against this risk.		

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 2.2	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Employee Wellbeing		
Related CQC Themes: Effective, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x4	Target IxL: 3x3	Trend: STATIC

Risk Description

Failure to support employee health and wellbeing which can impact upon operational performance and achievement of strategic aims

Existing Control Measures	Assurance Evidence (attach on system)
The People Plan Implementation	Monthly Board reports
Wellbeing Strategy implementation	Wellbeing Strategy. Wellbeing Steering Group ToRs
Action Plans for Staff Survey	Monitored through WOD (agendas and minutes)
Values and Behaviours Framework	Stored on the Trust intranet for staff to readily access
Staff Temperature Check Reports to Board (quarterly)	Board reports and mintues
Values based PDR process	New template implemented and available on intranet. Training for managers (appraisers) delivered.
Listening into Action Guidance and Programme of work	Dedicated area populated with LiA info on Trust intranet
Staff surveys analysed and followed up (shows improvement)	2018 Staff Survey Report
Reward and Recognition Group schemes in place: Annual Awards, Star of the Month and quarterly Long Service Recognition Event, Annual Fab Staff Change Week.	Reward and Recognition Meetings established; reports to Wellbeing Steering Group
BAME, Disability and LGBTQI+ Staff Networks	Meetings minuted and an update provided to WOD
LGBTQI+ Network launched December 2018	Monthly network meetings established and open to any staff member or volunteer who identifies as LGBTQIA+.
Leadership Strategy	Strategy implemented October 2018
Freedom to Speak Up programme	Board reports and minutes
Occupational Health Service	Monitored at H&S Committee
Time to Change implementation	Time to Change implementation

Gaps in Controls / Assurance

1. Staff Advice and Liaison Service (SALS) not yet implemented
2. Wellbeing team to support sickness absence not yet implemented
3. Junior Doctor experience not as positive as it should be

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Develop a proposal to implement a SALS service	30/06/2020	SALS is being progressed, as is the implementation of the wellbeing team.
2. Appoint to the wellbeing team	30/06/2020	Team Leader appointed; team to be appointed Jan 2020
3. Detailed action plan in response to 2018 HEE visit. Use of £60k welfare monies to re-purpose a new JD mess. JD Forum refreshed	30/06/2020	JD mess agreed, will be fully in place February 2020

Executive Leads Assessment

October 2020 - Sharon Owen
Risk and associated actions reviewed. Wellbeing coaches are being developed throughout the month of November, to support the wellbeing conversations identified though the NHS people plan.

September 2020 - Sharon Owen
Work on wellbeing continues via HR, SALS and the wellbeing team - there are a number of specific actions from the NHS People plan in relation to Wellbeing which are currently being addressed by allocated leads.

August 2020 - Zoe Connor
The SALS team and Wellbeing Team have been established. Ongoing work taking place to review the Wellbeing offer available

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 2.3	Strategic Objective: The Best People Doing Their Best Work		Risk Title: Workforce Equality, Diversity & Inclusion		
Related CQC Themes: Well Led, Effective			Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: External, Known		Current IxL: 3x4	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to proactively develop a future workforce that reflects the diversity of the local population, and provide equal opportunities for career development and growth for existing staff.

Existing Control Measures	Assurance Evidence (attach on system)
WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.	- Bi-monthly reporting to Board via WOD on diversity and inclusion issues - Monthly Corporate Report (including workforce KPIs) to the Board
Wellbeing Steering Group	Wellbeing Steering Group ToRs, monitored through WOD
Staff Survey results analysed by protected characteristics and actions taken by EDI Manager	monitored through WOD
HR Workforce Policies	HR Workforce Policies (held on intranet for staff to access)
Equality Analysis Policy	- Equality Impact Assessments undertaken for every policy & project - EDS Publication
Equality, Diversity & Human Rights Policy	- Equality Impact Assessments undertaken for every policy & project - Equality Objectives
BME Network established, sponsored by Director of HR & OD	BME Network minutes
Disability Network established, sponsored by Director of HR & OD	Disability Network minutes
Actions taken in response to the WRES	-Monthly recruitment reports provided by HR to divisions -Workforce Race Equality Standards - Bi-monthly report to WOD
Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	Diversity and Inclusion Action Plan reported to Board
LGBTQIA+ Network established, sponsored by Director of HR & OD	LGBTQIA+ Network Minutes
Time to Change Plan	Time to Change Plan
Actions taken in response to WDES	- Monthly recruitment reports provided by HR to divisions - Workforce Disability Equality Standards - Bi-monthly report to WOD
Leadership Strategy; Strong Foundations Programme includes inclusive leadership development	11 cohorts of the programme fully booked until Nov 2020
BAME Risk assessments during COVID19. Evidence suggests that our BAME staff are potentially at greater risk if they contract covid 19- enhanced risk assessments have been conducted to date with 90% of BAME STAFF. Outstanding risk assessments are currently being addressed with departmental leads and managers.	90% completion of BAME risk assessments to date

Gaps in Controls / Assurance

1. Workforce not representative of the local community we serve
2. BME staff reporting lower levels of satisfaction in the staff survey

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. Work with the BME and Disability Networks to develop specific action plans to improve experience.	30/09/2020	HR Team supporting the development of WDES action plans to support activities attributed to this risk
1. Work with Community Engagement expert to develop actions to work with local community	30/09/2020	Activities attributed to this risk have been paused. EDI provision being reviewed with potential collaboration opportunities with other Trusts

Executive Leads Assessment

October 2020 - Sharon Owen
A EDI taskforce group has been set up and led by Non Executive Director, Clare Dove. The inaugural meeting has set clear objectives to increase representation across the Trust at all level.

September 2020 - Sharon Owen
EDI action plans as identified through the NHS people plan are being addressed with specific leads

August 2020 - Zoe Connor
Ongoing consultations taking place with BAME colleagues during pandemic. Demographic risk assessments also in place to support staff during the ongoing response to COVID

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 3.1	Strategic Objective: Sustainability Through External Partnerships		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led			Link to Corporate risk/s: 1241		
Exec Lead: David Powell	Type: Internal, Known		Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

The Alder Hey long term vision for the Park and Campus development which will support the health and wellbeing of both our patients, families , staff and local communities will not be deliverable within the planned timescale or budget and in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures	Assurance Evidence (attach on system)
Business Cases developed for various elements of the Park & Campus	Approved business cases for various elements of the Park & Campus
Monitoring reports on progress	Monthly report to Board Stakeholder events / reported to Trust Board
Heads of Terms agreed with LCC for joint venture approved	
Campus Steering Group	Reports into Trust Board
Monthly reports to Board & RABD	Highlight reports to relevant assurance committees and through to Board
Capacity Lab have been engaged for a period of 3 months to complete a piece of work/proposal for setting up a Community Interest Company as well as supporting the Trust to bring partners on board with the development and providing some financial contributions	
Planning application for full park development.	Full planning permission gained in December 2019 for the park development in line with the vision, awaiting written confirmation.
Weekly review of status in respect of Covid 19 impact	Meeting record
The impact of Covid-19 is both on physical progress on site and from an inability to engage with community stakeholders however the team continue to pursue works liaising with the appointed contractor.	The Trust is in contact with the City Council to discharge pre-commencement conditions so that once demolition is completed the Phase 1 park reinstatement works can commence in late summer.
The Trust Development team continues to liaise closely with Liverpool City Council and the planning department to discharge pre-commencement conditions	Minutes of park development meeting
The Trust has appointed Capacity Lab for an 18 month period, they are responsible for working with the local community, planning activities in the park, supporting the local community to form an Enterprise/Community Interest Company. Whilst completing this work they will be engaging with Liverpool City council and local councillors. The work has already begun and feedback from the community is positive	Minutes of meetings SLA

Gaps in Controls / Assurance

1. Fully reconciled budget with Plan.
2. Risk quantification around the development projects.
3. Absence of final Stakeholder plan
4. COVID 19 is impacting on the project milestones

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Complete cost plan	02/11/2020	Turkington martin who provided the overall plan/vision for the park have been approached and a meting diarised to start to further develop the plan which can then go to tender, some estimation of cost will be achieved through working the plan up with Turkington Martin (Landscaping architects)
2. Agree Park management approach with LCC	30/11/2020	Discussions with LCC continue and most recently positive feedback on an agreement to lease additional car park space off site at Thomas lane sports field/car park. This is to be be agreed within the next month and lease put into place. A whole internal process on management of this is currently under discussion
Prepare Action Plan for NE plot development	30/11/2020	Workshop with PWC occurred on the 25th June, outputs to be formulated and fed back to the Trust

Executive Leads Assessment

October 2020 - David Powell
Review prior to October Trust Board

September 2020 - David Powell
Prior to September Board

Board Assurance Framework 2020-21

July 2020 - David Powell Prior to Campus Steering Group
May 2020 - David Powell Review pre-June Trust Board
April 2020 - Susan Brown Reviewed actions due to the impact of COVID and to update on progress of the cluster project/budget discussions and VE exercise.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 3.2	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well' and Women and Children's systems partnerships.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led		Link to Corporate risk/s: 1270		
Exec Lead: Dani Jones	Type: External, Known	Current IxL: 4x3	Target IxL: 4x2	Trend: STATIC

Risk Description

Risk of failure to:
- Deliver care close to home, in partnerships
- Develop our excellent services to their optimum and grow our services sustainably
- Contribute to the public Health and economic prosperity of Liverpool

Existing Control Measures	Assurance Evidence (attach on system)
Divisional Performance Management Framework - includes clear trajectories for challenged specialties to deliver	Monthly to Board via RABD and Board. (Example of monthly divisional-level detail attached)
Compliance with All Age ACHD Standard	ACHD Level 1 service now up and running; developing wider all-age network to support - agreement to host at Alder Hey
Capacity Plan identifies beds and theatres required to deliver BD plan	Daily activity tracker and forecast monitoring performance for all activity.
Sustainability through external partnerships is a key theme in the Change Programme: assurance received through Programme Board and Trust Board	Growth of specialist services through partnerships included in approved trust strategic plan to 2024 (Our Plan). Monitored at Programme Board and via Strategy and Operations Delivery Board.
Internal review of service specification as part of Specialist Commissioning review	Compliance with final national specifications
Compliance with Neonatal Standards	Single Neonatal Services Business Case approved by NHS England.
Alder Hey working in partnership with Manchester Children's to ensure collaboration/sustainability where appropriate, and support North West in national centralisation agenda	MOU with Manchester approved at Trust Board July 19. Work plan governed via NW Partnership Board (quarterly)
'Our Plan' - Final - Strategic Plan to 2024: Explicit and clear about partnership plans, our role in the system and growth that supports children and young people's needs as well as system needs	'Our Plan' approved at Trust Board October 2019
'One Liverpool' plan to 2024: system plan detailing clear strategic intent re: Starting Well and children and young people's services	Evidences alignment of Alder Hey's plan with those of our integrated care system and evidences the drivers for key partnerships within.
Involvement of Trust Executives, NEDs and Governors in partnership governance arrangements	ToR & minutes - NW Paediatric Partnership Board
Gap / risk analysis against all draft national service specification undertaken and action plans developed	Annual assessment against all service specifications led through quality team; SDIPs put in place in agreement with commissioners as a result to reach compliance
Involvement of Trust Executives in partnership governance arrangements	ToR & minutes - NW Paediatric Partnership Board
Implementation of the 'Starting Well' partnership group for One Liverpool(developing - replaces Children's Transformation Board). SRO Louise Shepherd confirmed.	
C&M C&YP Recovery Plan - Alder Hey Leadership ensures alignment with Our Plan	C&M C&YP Recovery Plan Narrative
One Liverpool - Provider Alliance action plan	Agreed plan per Provider Alliance 25.9.20 - inclusive of Children, Young People and Families priorities.

Gaps in Controls / Assurance

1. Inability to recruit to highly specialist roles due to skill shortages nationally.
2. 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.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. Develop Sefton and Knowsley plans for C&YP - align with One Liverpool where possible/appropriate	30/10/2020	Sefton C&YP priorities agreed with C&YP leaders and reported into Sefton Provider Alliance 9th September. Inclusive of C&YP MDTs and Mental Health in schools - alignment with One Liverpool.
5.Develop Business Model to support centralisation agenda and Starting Well	30/10/2020	Programme resource identified through Liverpool Provider Alliance. One Liverpool C&YP priorities refreshed and complete (evidence attached to controls). Approved at Liverpool Provider Alliance 9th September 20 and reported through ICPG. Starting Well governance under agreement with LCC PH, LCC D. of Childrens and AH CEO. Inaugural board to be scheduled for Oct/Nov 20. Business Plans and developments to follow.
6.Develop Operational and Business Model to support	30/11/2020	Paused due to Covid. Consideration to take place following Phase

International and Private Patients		3.
1. Strengthening the paediatric workforce	30/11/2020	Continuation of mutual aid planning and joint system working ongoing throughout 2nd wave of Covid - multiple services and partner organisations inc. S&O, StHk, RMCH etc.

Executive Leads Assessment
October 2020 - Dani Jones Risk reviewed; no change to score in month. Second wave of Covid underway - significant system planning. Progress made in Liverpool and Sefton on alignment of plans and programme resource for C&YP.
September 2020 - Dani Jones Risk reviewed - no change to score in month. Additional control added re: Alder Hey's leadership of C&M Paediatric recovery.
July 2020 - Dani Jones Risk reviewed; action plans updated. Impact of Covid continues though work ongoing to shape the strategic direction for paediatrics across the region. No change to score in month. Pending review of BAF at September trust board.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 3.4	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: 2182		
Exec Lead: John Grinnell	Type: Internal, Known	Current IxL: 4x5	Target IxL: 4x3	Trend: STATIC

Risk Description

Failure to deliver Trust control total and affordability of Trust Capital requirements.

Existing Control Measures	Assurance Evidence (attach on system)
Organisation-wide financial plan.	Monitored through Corporate Report
NHSi financial regime and Use of Resources risk rating.	Specific Reports (i.e. NHSI Plan Review by RABD)
Financial systems, budgetary control and financial reporting processes.	- Daily activity tracker to support divisional performance management of activity delivery - Full electronic access to budgets & specialty performance results - Financial in-month and forecast position reported through SDG, Exec Team, RABD Ops Board and Trust Board - Financial recovery plans reported through SDG and RABD - Internal and External Audit reporting through Audit Committee.
Capital Planning Review Group	5 Year capital plan ratified by Trust Board
Monthly performance review meetings with Divisional Clinical/Management Team and the Executive	Monthly Performance Management Reporting with '3 at the Top'
Weekly meeting with divisions to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	Monitored through Exec Comm Cell and Exec Team
Weekly Sustainability Delivery Group overseeing efficiency programme	Weekly Financial Sustainability delivery meeting papers
CIP subject to programme assessment and sub-committee performance management	Tracked through Execs / RABD
RABD deep dive into key financial risk areas at every meeting	RABD Agendas, Reports & Minutes
Weekly COVID financial update to Strategic Command	Agenda and Presentations

Gaps in Controls / Assurance

1. New COVID Financial Framework creates greater uncertainty
2. Affordability of Capital Plans
3. Cost of Winter escalating
4. Long Term Plan shows £3-5m shortfall against breakeven
5. Long Term tariff arrangements for complex children
6. Potential COVID Capital costs not covered centrally

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
4. Long Term Financial Plan	31/10/2020	Financial guidance now received from NHSI and are required to submit a plan mid October. Awaiting confirmation from C&M region on how system funding will be allocated and the unresolved gap for Alder Hey.
2. Five Year capital plan	30/10/2020	Significant aspects of Capital Programme progressing e.g. cluster, Dewi, Neo. Further review of long term capital plan to be revisited once clearer8 the impact of COVID on our wider finances
3. Cost of Winter	31/10/2020	Divisions have forecast expected costs of Winter and funding has been allocated to be prioritised on Winter/Restoration costs. Monitoring of both spend and activity will be through care delivery board.
1. RABD to oversee productivity and waste reduction programme	31/03/2021	
5. Childrens Complexity tariff changes	31/10/2020	Continued dialogue with NHSI pricing team, awaiting outcome of tariff paper.
1. Revised financial plan pending updated guidance from NHSI	31/10/2020	New framework guidance now received and trust are due to submit plan mid October to NHSi, awaiting confirmation from C&M region on how system funding will be allocated.

Executive Leads Assessment

September 2020 - Rachel Lea
Extension of current framework and arrangements for COVID reimbursement and top up has been confirmed to end of September. Awaiting guidance

from NHSI on Phase 3 expected September.
July 2020 - Claire Liddy COVID Financial arrangements including COVID reimbursement and top-up. Regime now extended until September 2020
June 2020 - John Grinnell Financial arrangements beyond M4 still remain unclear as national guidance awaited. Significant work underway with all divisions to create a new financial framework that will be fit for purpose in this new environment.
May 2020 - John Grinnell Month 1 position is break-even subject to reimbursement of COVID costs and top-up shortfall. Critical going forward that robust financial governance arrangements ensure overall cost base is reasonable given the operating environment.

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 4.1	Strategic Objective: Game-Changing Research And Innovation		Risk Title: Research & Innovation		
Related CQC Themes: Responsive, Well Led			Link to Corporate risk/s: No Risks Linked		
Exec Lead: Claire Liddy	Type: Internal, Known		Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description
Failure to grow research & innovation due to potential weaknesses in R&I Strategies

Existing Control Measures	Assurance Evidence (attach on system)
RABD review of commercial contracts per SFI. Trust Board oversight of shareholding and equity investments.	Reports to RABD / Trust Board and associated minutes
Establishment of Research Management Board	Research Management Board established.
Establish Innovation Board Committee	Committee oversight of Innovation strategy with NED expertise
Innovation team re-organised and funded to ensure adequate capability. Establish role of Managing Director of Research and Innovation to provide unified vision.	
Alder Hey Innovation LTD governance manual established	
Plans for joint research & innovation clinical leadership being explored	

Gaps in Controls / Assurance
1. Availability and incentivisation model for resources to deliver strategy. 2. Capacity for business development and inward investment. 3. External factors such a Covid and Brexit creating delays in expansion plans.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Development and deployment of the 2030 Innovation Strategy	31/03/2021	
Approval of the research commercial case (core)	21/12/2020	
Research Covid restoration planning	31/03/2021	

Executive Leads Assessment
October 2020 - Claire Liddy Risk reviewed - no change to score. Actions reviewed - all on track.
September 2020 - Claire Liddy risk review - no change
July 2020 - Claire Liddy No change

Board Assurance Framework 2020-21

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Digital Strategic Development and Operational Delivery		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: 2235, 2265, 2143		
Exec Lead: Kate Warriner	Type: Internal, Known	Current IxL: 4x1	Target IxL: 4x1	Trend: IMPROVED

Risk Description

Failure to deliver a Digital Strategy which will place Alder Hey at the forefront of technological advancement in paediatric healthcare, failure to provide high quality, resilient digital and Information Technology services to staff.

Existing Control Measures	Assurance Evidence (attach on system)
Improvement scheduled training provision including refresher training and workshops to address data quality issues	Working towards Informatics Skills and Development Accreditation (Aug 2019). Training improvements identified through refreshed Digital Strategy Update Sept: ISD Excellence in Informatics Level 1 accreditation achieved
Formal change control processes in place	Exec agreed change process for IT and Clinical System Changes
Executive level CIO in place	Commenced in post April 2019
Quarterly update to Trust Board on digital developments, Monthly update to RABD	Board agendas, reports and minutes
Digital Oversight Collaborative in place & fully resourced - Chaired by Medical Director	Digital Oversight Collaborative tracking delivery
Clinical and Divisional Engagement in Digital Strategy	Implementation of fortnightly huddle with divisions from April 2019. Divisional CCIOs recruited. Divisional IT Leads in place.
NHSE & NHS Digital external oversight of programme	NHSD tracking of Programme through attendance at Programme Board and bi-monthly assurance reports.
Digital Strategy approved by Board July 2019, mobilisation in place to new governance and implementation arrangements	Digital Futures Strategy
Disaster Recovery approach agreed and progressed	Disaster recovery plans in place
Monthly digital performance SMT meeting in place	ToRs, performance reports (standard agenda items) KPIs developed
Capital investment plan for IT including operational IT, cyber, IT resilience	Capital Plan

Gaps in Controls / Assurance

Cyber security investment for additional controls approved - dashboards and specialist resource in place
Transformation delivery at pace - integration with divisional teams and leadership from divisional CCIOs

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Implementation of cyber actions including managed service and cyber essentials accreditation	31/03/2021	Plans progressing with regards to cyber essentials accreditation
Commission Meditech DR at CCC and move primary Meditech infrastructure to AH	30/09/2020	Action completed

Executive Leads Assessment

October 2020 - Kate Warriner
Risk rating reduced due to actions completed in relation to completion of phase 2 infrastructure resilience

August 2020 - Kate Warriner
BAF reviewed. Good progress against plans. Risk likely to reduce to target rating in next reporting period.

July 2020 - Kate Warriner
BAF reviewed, good progress made against actions. Target to reduce risk following actions in September / October 2020.

Alder Hey Children's NHS
NHS Foundation Trust

Resources and Business Development Committee
Confirmed Minutes of the meeting held on Wednesday 26th August 2020 at 9:30pm, via Teams

Present:	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Adam Bateman	Chief Operating Officer	(AB)
	Claire Dove	Non-Executive Director	(CD)
	John Grinnell	Director of Finance	(JG)
	Kate Warriner	Chief Digital & Information Officer	(KW)
In attendance:	Sue Brown	Associate Development Director	(SB)
	Alison Chew	Associate Finance Director Operational Finance	
	Dani Jones	Director of Strategy	(DJ)
	Ken Jones	Associate Finance Director Financial Control & Assurance	
	Mark Flanagan	Director of Communications	(MF)
	Rachel Lea	Acting Deputy Director of Finance	(RL)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Julie Tsao	Committee Administrator (*minutes*)	(JT)
Apologies:	Graeme Dixon	Head of Building Services	(GD)
	Russell Gates	Associate Commercial Director Development	RG)
	Claire Liddy	Director of Operational Finance & Innovation	(CL)
	Melissa Swindell	Director of HR & OD	(MS)
	David Powell	Development Director	(DP)

20/21/52 **Minutes from the meeting held on 29th July 2020.**
Resolved:
The minutes of the last meeting were approved as an accurate record.

20/21/53 **Matters Arising and Action log**
The Handrail update had been deferred until the September RABD, all other actions were due next month.

The PFI report had not been included in the papers this would be circulated via email once received.

20/21/54 **Declarations of Interest**
There were no declarations of interest.

20/21/56 **Finance Report**
Month 4
In Month 4, the Trust is reporting a break even position as required by NHSI. The trading position, excluding any COVID costs, in Month 4 is a £1.5m deficit, which is £1.2m more than NHSI had planned for. A formal letter has been submitted to NHSI on specific issues that are driving the need for an increased top up under the new framework, specifically increase of expenditure on NICE approved drugs and agreed investment in Community and Mental Health services. It is expected that this will be resolved under the new framework from October but confirmation has not yet been received.

The Trust spend on revenue directly relating to COVID 19 for M4 is £1.6m. RL noted the high spend included a large bulk order for PPE, spends in relation to COVID 19 will reduce in M5.

Cash in the bank at the end of July was £108m.

Income had increased this month, reflecting the increase of activity as the hospital continues to treat more patients.

Providers are no longer required to sign 2020/21 contracts, block payments will continue until month 6.

Overall Trust temporary spend has increased in month at £0.9m (£0.6m last month). It is currently under investigation at a divisional level and additional controls and approvals are being introduced.

The Community Division were behind plan for month 4 by £26k but ahead of plan by £29k year to date.

The Division of Medicine were ahead of plan by £0.3m in July and behind plan by year to date due to reduced levels of activity relating to Covid 19.

The Surgical Care Division was behind plan in July.

Corporate Divisions were overspent against run rate in month by £149k.

The total value of strategic financial risks is circa £47m, a number of these risk are to be reviewed once the new financial framework has been received. RL agreed to look into best and worse case scenarios, the findings would be presented at the September RABD.
Action: RL

Resolved:
RABD received and noted the M4 Finance report.

20/21/57 **2021 Framework - Phase 3 Planning submission**

The Phase 3 COVID NHSI Framework guidance was due to be received this month however this has been delayed. RL presented the follow assumptions based on recent updates, however this is not yet confirmed:

- Block payments to continue for 2020/21- confirmation to be received on whether this will include the increase of costs to NICE drugs.
- It is unlikely a Cost Improvement Plan will be required.
- Control Total's for individual Trust's is unlikely to continue, this is to be replaced with a CT for Cheshire & Merseyside.
- No further top ups to be received from M7 onwards, CCG to manage allocated funding for C&M. As the Trust is one of the higher spenders in relation to COVID 19 RABD noted the risks around this.

A slide was received on the proposed incentive model for C&M, activity targets as well as the payments and deductions that would be received if the targets are/are not met. AB advised that the targets in relation to Inpatients are being met, targets for Outpatients are being worked through.

RL went through the draft phase 3 submission due on 1st September with final plans submitted on 21st September 2020.

Four workstreams with the following leads are being developed to drive better value. It was noted there may be changes to leads as they are worked through:

- Repurposing, Kate Warriner, Chief Digital & Information Officer
- Non Clinical Review, Director of Finance
- Productivity, Associate Chief Operating Officers
- Covid Spend, Chief Operating Officer

Resolved:
RABD received assumptions on the 2020/21 Framework.

20/21/58 **Assurance on RABD Key Risk**

As Productivity and Benefits Realisation had been deferred RABD received the current position of the three key risks below:

Cash

KJ presented risks, actions and mitigations, key risks are noted below:

- Uncertainty in relation to the block contract and how shortfalls will be addressed.
- Re-forecasting of the Capital Programme

Once agreement has been received on the Financial Framework a detailed Cash will be presented to RABD at the October meeting.
Action: KJ

Capital

AC highlighted the capital plan for the year is £45.8m, forecast for the year is £47.2m. The increase is in relation to additional central funding that has been received for approved capital schemes included expansion to the ED department and Critical Infrastructure. A breakdown of the capital plan was provided to RABD with latest forecasts by scheme.

SB and RG's were asked to provide a recast of the estates spend for the September RABD.
Action: SB & RG

Alder Hey in the Park Campus Development Update

SB highlighted key achievements:

- Phase One Park work commenced, completion due by December 2020.
- Car parking plan supported by the Operational Delivery Group and additional off site car parking agreed with Liverpool City Council for Thomas Lane Football car park (will be under a 2 year lease agreement)
- Staff survey completed to gauge interest in new developments in relation to the North East plot.

SB went through the main risks for: Neonatal Development project, North East Plot, Alder Centre, Park Development and Community Cluster noting actions being taken forward. A number of points were raised in relation to the Park that wouldn't affect the scheme and would reduce the overall spend. MF suggested once plans

were in the later stages if Capacity Lab would be willing to provide an update to RABD. SB agreed to take this forward.
Action: SB

Resolved:
RABD received and noted updates against the key risks.

20/21/59 **North East Plot Update: Land buy back**
JG updated the Committee as to options being explored currently with the developer.

Resolved:
RABD noted the current position:
- The request to enhance the Innovation Hub and institute as interim step to ensure sufficient innovation space is available.
- To ensure options of all developers have been explored.
- JG to update RABD further in due course.

20/21/60 **Month 4 Corporate Report**
97.2 % of patients attending the Emergency Department for treatment received care within 4 hours. Under the highlight section AB noted a correction to be made as the point should read: Low on-the-day cancellations although driven by lower levels of operations taking place), the report would be updated, before further circulation.

Cancer Care performance remains at 100% for both 31 day and 62 day treatment.

AB highlighted the continued efforts with Radiology to restore levels of service to pre-Covid 19.

The main area of focus is access to care and reduce waiting times. Due to Covid19, groups of patients across the specialties have gone over the standard waiting time of 52 weeks with more patients going over the standard each week. AB advised that whilst these patients have not yet been seen, their cases are clinically reviewed and cases requiring urgent care are seen, this is tracked weekly at Access to Care. AB agreed to update RABD on specialties that have high waiting lists and present details of plans to reduce these lists in September.
Action: AB

AB noted a cancer patient through parent choice had chosen to wait past the local recommended standard, (this is still compliant against the 93% national standard).

Resolved:
RABD received M4 Corporate report.

20/21/61 **Digital Update**
KW presented the report highlighting:

- The Planning and Design phase of the Programme is nearing completion and the final version of the PID is to be signed off at the next AlderC@re Programme Board. Subject to agreement it is estimated that the PID will go live in Summer 2021. KW noted the fast pace by the team following the reinstatement of the Programme since Covid19. Detailed updates will be presented to RABD in due course.

- Digital Oversight Collaborative met yesterday and agreed to meet monthly going forward due to the significant amount of work that is required going forward.
- Medical Records continue to reduce the historic legacy of paperwork at a fast pace.

JG noted the detail in the paper and the changes teams are going through with the introduction of upgrades or new systems and queried whether there were concerns this may have an impact on teams. KW noted the positive impact the Chief Clinical Information Officers have had as well as the focus on customer experience and improving services. NM flagged the loss of a drop in service due to the large numbers of staff WFH however did note the use of Teams and online services.

Resolved:
RABD received and noted the Digital Report in relation to the development of an EPR system for the Alder Centre, progress with the technology roadmap and digital maturity programmes.

20/21/62 **Relocations plan, potential purchase of 410 East Prescot Road**

It was originally agreed in October 2019 for the Trust to purchase two buildings, 410 Prescot Road (office accommodation with approximately 70 desks) and the Knotty Ash Nursing Home. Both buildings were to provide corporate office accommodation and space. Subsequently the Trust withdrew from the purchase of 410 Prescot Road which was approved by RABD in April 2020. Some changes have occurred since this decision was taken.

SB went through the paper noting a number of decisions and the current position.

A workshop was held to look at what opportunities there are for accommodating both teams that need to relocate now and future plans. At this point it was realised that even with a 50% flexible approach applied more office space would still be required to offset the loss of the Nursing home originally planned as office accommodation. This required a re-examination of any opportunities including utilising our current office accommodation differently and potentially reconsider purchasing 410 Prescot Road.

Comments:
NM requested that further analysis was carried out before reaching a decision, this was supported by RABD. DJ asked for evidence on what each team requires percentage wise in office accommodation. AB and KW agreed that a Trust wide agile plan/strategy to demonstrate what is required is needed, this requires MS involvement as the Director of HR and OD and as the Lead for the agile work stream

Following discussions it was agreed that MS & SB should to present an Agile Strategy in October 2020 to RABD.
Action: SB/MS

Resolved:
RABD noted the content of the paper/discussions and requested an Agile Strategy is presented at the October RABD.

20/21/63 **Any Other Business**

No further business was discussed.

Date and Time of Next Meeting: Monday 21st September 2020, 09:30, via Teams.

Alder Hey Children's NHS Foundation Trust

Resources and Business Development Committee
Confirmed Minutes of the meeting held on Wednesday 23rd September 2020 at 4:00pm, via Teams

Present:	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Shalni Arora	Non-Executive Director	(SA)
	Adam Bateman	Chief Operating Officer	(AB)
	John Grinnell	Director of Finance	(JG)
	Kate Warriner	Chief Digital & Information Officer	(KW)
In attendance:	Alison Chew	Associate Finance Director Operational Finance	
	Raman Chhokar	ACOO, Medicine	(RC)
	Russell Gates	Associate Commercial Director Development	RG)
	Rachel Greer	ACOO, Community	(RGr)
	Dani Jones	Director of Strategy	(DJ)
	Ken Jones	Associate Finance Director Financial Control & Assurance	(KJ)
	Rachel Lea	Acting Deputy Director of Finance	(RL)
	Claire Liddy	Director of Innovation	(CL)
	Andy McColl	ACCO, Surgery	(AMc)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Melissa Swindell	Director of HR & OD	(MS)
	Julie Tsao	Committee Administrator (*minutes*)	(JT)
Apologies:	Sue Brown	Associate Development Director	(SB)
	Claire Dove	Non-Executive Director	(CD)
	Mark Flanagan	Director of Communications	(MF)
	Graeme Dixon	Head of Building Services	(GD)
	David Powell	Development Director	(DP)

20/21/66 **Minutes from the meeting held on 26th August 2020.**
Resolved:
The minutes of the last meeting were approved as an accurate record.

20/21/67 **Matters Arising and Action log**
Actions had been included on the agenda, the Handrail update had been deferred until the October RABD.

20/21/68 **Declarations of Interest**
There were no declarations of interest.

20/21/69 **Finance Report**
Month 5
RL reported a trading deficit position in the month, this was in relation to the reduction of activity due to COVID 19. £900k spend was in relation to COVID costs, this was a reduction in the month from previous spend. NHSI had confirmed a top would be received under of 3 elements: COVID-19 expenses, top up payments that NHSI expect to be required and a further retrospective top up for other costs not covered in the block payments. This will bring the Trust back to breakeven position.

Cash in the bank is £108m, which is above plan this mainly due to a payments being received earlier from commissioners.
RL highlighted the risks in relation to the 5 year cash and capital plan. The Chair queried the approval process in relation to Capital Plan schemes as a number of projects have overrun and are also over the agreed budget. RG advised a new process is to be finalised by November 2020. One change going forward would be to include a review of the estimated costs from an external cost management consultant. CL requested that the revised policy was included within the Corporate Governance Manual. RG agreed to present a draft revised Capital Plan Policy for the October RABD.
Action: RG

SA asked for detail on the cash account for the Trust in relation to treasury management. KJ agreed provided a detailed email response and present the Treasury Management Policy to RABD in October for information.
Action: KJ

The Trust has improved its position with payments being received within 30 days as requested by NHSI.

Resolved:
RABD received and noted the M5 Finance report.

20/21/70 **2021 Framework - Phase 3 Planning submission**

RL went through the headlines of the new phase 3 framework that would be live from 1st October 2020 – 31st March 2021:

- A system envelope for C&M – This ends any future top ups from NHSI as funding is to be agreed within the C&M envelope.
- Block payments will continue
- Non-Clinical payments are expected to return to pre covid – risks around this had been highlighted within the Financial report.
- £185m will be set aside for C&M to support them with a breakeven position
- £26m has also been set aside for growth expansion again details on how this will be shared between Trust's is to be received.
- £132m has been set aside for the rest of the financial year in relation to COVID.
- Free staff Car parking is to continue until the end of March 2021.
- No further local PPE spending is expected

A slide was shared on how costs had been broken down for AH and NHIS expectation of £6m deficit is expected at the end of 2021. RL went through the breakdown noting AH assessment deficit is expected to be higher than this. To support reducing the deficit a number of areas will be reviewed including: non-clinical spends, growth spending and cost reduction.

JG noted the levels of financial uncertainty noting this would be further discussed at Trust Board tomorrow.

SA noted the scrutiny that would take place around Alder Hey's cash balance and the caution that would need to be taken around the capital programme spends. RL agreed with this advising that a number of contracts have already been approved however caution will be taken going forward. After discussions RABD agreed to bring the approved 5 year capital plan to RABD to confirm all of the projects still require to go ahead.
Action: RL

Resolved:
RABD received the 2020/21 Framework.

20/21/71 **Assurance on RABD Key Risk**

Productivity
AB gave an overview highlighting 4 new measures against productivity, noting a number of risks, with one being staffing availability due to the impact of COVID and isolation.

Each of the divisions provided an update on their current position and future plans in place.

Surgery:
AMc went through the improvements implemented around Theatre start times.

DJ queried ENT cases and whether there was an option for cases to be transferred to General Hospitals. AMc noted this would be looked into by the team.

Medicine:
CL noted issues for both Surgery and Medicine in relation to late Theatre start times and suggested a multi skill approach including Innovation and Digital. The divisions welcomed this noting it was important to understand the root cause of each case.

Community: RL highlighted the increase in digital sessions that has increased the number of outpatient sessions over the last few months.

RABD thanked the division for slides and the focus on the 4 key areas.

Cash
This item had been covered within the monthly finance report earlier in the meeting.

Benefits and Realisation
AC gave an overview of the Investment Review Group (IRG) and its purpose to co-ordinate and oversee all business cases and investments.

Digital benefits are due to be presented at RABD next month.

AC brought attention to the need to implement a robust exit strategy for Business Cases that do not deliver as expected and that this is being included in a revision to the business case template.

AC provided assurance that there is a review methodology process in place.

Capital
AC highlighted the capital plan for the year is £45.8m, forecast for the year is £47.2m. The increase is in relation to additional central funding that has been received for approved capital schemes included expansion to the ED department and Critical Infrastructure. A breakdown of the capital plan was provided to RABD with latest forecasts by scheme. Monthly calls continue with NHSI.

Campus Development Update
RG presented the financial risks in relation to the campus and progress to date.

Park Phase One works approval to Commence
RG provided background to RABD on the previously agreed arrangements and the current position. Approval was sought for:

- Approval of the Phase 1 costs (exclusive of VAT which is expected to be recoverable);
- Approval to enter into the contract with Horticon Ltd for phase 1 (exclusive of VAT which is expected to be recoverable)

Details on the scope of the work had been included in the paper. Progress to reduce costs within phase 2 and 3 will continue.

After a lengthy discussion on whether any other options were available RABD APPROVED Phase 1 costs and to enter into the contract with Horticon Ltd for phase 1. RG agreed to re-present plans for phase 2 and 3 focusing on cost reduction.
Resolved: RG

Resolved:
RABD received and noted updates against the key risks as well as the APPROVAL of Phase 1 costs and to enter into the contract with Horticon Ltd for phase 1.

20/21/73 **Neonatal Business Case update**
RG presented a paper on the Neonatal/EDU development and requested approval to proceed with costs in relation to the planning of the scheme.

SA asked if material costs would be included as well as the design. RG advised that this would be included in the full update to be received at October RABD.
Action: RG

Resolved:
RABD APPROVED the costs in relation to the planning scheme.

20/21/74 **Month 5 Corporate Report**
AB highlighted:

ED's waiting times remain positive with 97.7% of patients being seen within 4 hours. Zero readmissions to PICU within 48 hours. Treatment to cancer care also remains positive measure.

Referral to treatment times against the 18 week timeline remains a challenge and is being managed by the Divisions. An update was received in relation to patients waiting over 52 weeks and would be covered in more detail in the following report.

Resolved:
RABD received M5 Corporate report.

20/21/75 **Restoration progress and waiting time forecasts**
Medicine
RC provided a breakdown for each of the following service areas, RTT, radiology, Emergency Care and Elective Care.

Community
RTT RG noted pre-covid the division had a backlog in relation to this service and this has continued. RG went through the improvement plan noting the reduced numbers expected by the end of the month.
Surgery As AMc had left for a separate meeting slides on the divisions position and improvement plan would be circulated to RABD.

Resolved:
RABD noted the position and improvement plans.

20/21/76 **Safe Waiting List Management**
AB updated on changes to the reporting system for waiting list management. AB referred to the external assessment that is in place, a completed report is due to be received at the end of October 2020.

AB advised that all patients referred to in the July report have had a clinical review, all patients by the end of September will have either received or are booked in for treatment. AB agreed to provide an update at the October RABD.
Action: AB

The Chair asked for assurance in relation to the new reporting system. AB provided this highlighting that re-training across the divisions is also in place.

The CCG and NHSE are aware of the omission and will also receive the external assessment report once received.

Resolved:
RABD noted the omission in relation to reported number of patients over 52 weeks within the July report as well as progress to date in terms of future reporting.

20/21/77 **Digital Update**
KW presented the report highlighting:

A productive Digital and Oversight Collaboration meeting.
Good progress against the technical road map project continues.
The secondary data site for Meditech at the Clatterbridge Centre has now been completed, this was the final part of the phase two resilience plans.
New data in relation to training numbers has been included, it was noted IT training services in relation to what is offered and how this is accessed is under review.

Resolved:
RABD received and noted the Digital Report in relation to the development of an EPR system for the Alder Centre, progress with the technology roadmap and digital maturity programmes.

20/21/78 **PFI Report**
Resolved:
RABD received and noted the PFI report.

20/21/79 **Patient Access Policy**
The policy and an overview of the changes had been received. AB provided assurance from the Operational Board of the support for the changes in relation to recording patient pathways.

Resolved:
RABD APPROVED the amended version of the Patient Access Policy.

20/21/80 **Board Assurance Framework**
Resolved:
RABD noted areas of risk had been covered earlier in the meeting and received the report.

20/21/81 **CQC Action Plan**
RABD noted the risk in relation to fridge temperatures. ES suggested PFI are asked to provide an annual update to RABD through their reporting managed by Graeme Dixon.
Action: GD

Resolved:
RABD received the CQC Action Plan noting the action above.

20/21/82 **Terms of Reference**
The Chair noted expected attendance of 75% seemed low and suggested missing 2 meetings would be 84% attendance and should be the target.

Under Conduct the Chair asked for this section to include: Agreement of 5 Key risks to be agreed at the beginning of each financial year.

Membership to be amended to 3 Non-Executive Directors.

To remove assurance required on the GDE Project as this has now been completed and replace with assurance on the Digital Programmes. KW agreed to forward Jill Preece wording on this.

Resolved:
Above amendments to be made to the Terms of Reference before final approval at the October RABD.

20/21/83 **RABD Workplan**
Further updates would be requested for a Greener Alder Hey sustainability programme.
Action: MF

Procurement updates would be amended to quarterly.

Resolved:
Subject to the above changes RABD APPROVED the workplan.

20/21/84 **Any Other Business**
No further business was discussed.

20/21/85 **Review of Meeting**
Whilst the meeting had overran members agreed there had been positive discussions.

Date and Time of Next Meeting: Monday 19th October 2020, 09:30, via Teams.

Alder Hey Children's NHS
NHS Foundation Trust

Innovation Committee

Confirmed Minutes of the meeting held on **Monday 6th July 2020**
via Teams

Present:	Mrs. S. Arora	Non-Executive Director (Chair)	(SA)
	Mr. J. Grinnell	Director of Finance	(JG)
	Mrs. C. Liddy	Director of Operational Finance and Innovation	(CL)
	Dr. F. Marston	Non-Executive Director	(FM)
	Mrs. L. Shepherd	Chief Executive	(LS)
	Mrs. K. Warriner	Chief Information Officer	(KW)
In Attendance:	Mr. M. D'Abbadie	MSIF (External Advisor)	(MDA)
	Mr. J. Hague	External Advisor.	(JH)
	Mr. I. Hennessey	Clinical Director of Innovation	(IH)
	Mrs. E. Hughes	Assoc. Chief Innovation Officer	(EH)
	Mrs. K. McKeown	Committee Administrator	(KMC)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)
Apologies:	Prof. F. Beveridge	Non-Executive Director	(FB)
	Prof. I Buchan	Appointed Governor (External Advisor)	(IB)
	Mr. M Flannagan	Director of Communications	(MF)
	Mrs. N. Murdock	Medical Director	(NM)
	Mr D Powell	Development Director	(DP)
Item 5	Mr. P. Duong	Consultant Paediatric Cardiologist.	(PD)
	Mr. R. Guerrero	Clinical Director of Innovation and Consultant Congenital Cardiac Surgeon.	(RG)

20/21/03 **Apologies**

The Chair noted the apologies that were received.

20/21/02 **Declarations of Interest**

The Innovation Committee noted the declaration received from Fiona Marston in relation to her association with CEIDR.

20/21/03 **Minutes of the previous meeting held on 11th May 2020**
Resolved:
The minutes from the meeting held on the 11th of May were agreed as an accurate record of the meeting.

20/21/04 **Matters Arising and Action log**

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Action 19/20/24: *Innovation Limited update (Committee to be provided with an update on Acorn going forward)* – This item has been included on the agenda.
ACTION TO REMAIN OPEN

Action 19/20/34: *Asthma Wearables (provide an update on the patent and data protection)* – This item is to be addressed at a later date.
ACTION TO REMAIN OPEN

Action 19/20/34: *Working and Learning (agree a plan to operationalise the deployment of aps and how they will be managed)* – This item is to be addressed at a later date. **ACTION TO REMAIN OPEN**

Action 20/21/04.1: *Immersive City Building Business Case (re-set the project plan for this business case and provide an update on the 6.7.20)* **–** This item is to be addressed at a later date. **ACTION TO REMAIN OPEN**

Action 20/21/05.1: *Covid-19 Response Summary (ICL Visor) provide an update on the revenue share for the licence of the ICL visor* – The licencing deal has not come into fruition as the initial set-up was conducted via an informal process. The design of visors has since moved on and the market is now flooded with lots of alternatives. **ACTION CLOSED**

Action 20/21/06.1: *Hy-genie Investment Proposal (share requested documentation and compile a report to enable Committee approval of the requested £44.5k in return for a future share in the Hy-genie option agreement)* – This item has been included on the agenda.

Action 20/21/06.2: *Hy-genie Investment (Invite Richard Cooke to the July's meeting)* – It was decided not to invite Richard Cooke to July's meeting. **ACTION CLOSED**

Action 20/21/08.1: *Health Innovation Liverpool (share the proposed governance for Health Innovation Liverpool with members of the Committee)* - A report will be submitted to the Committee as work progresses. **ACTION TO REMAIN OPEN**

Action 20/21/08.2: *Health Innovation Liverpool (provide an update on the progress of Health Innovation Liverpool during July's meeting)* – This item has been included on the agenda. **ACTION CLOSED**

Action 20/21/09.1 *Innovative Solutions Portal (provide an update on the Innovative Solutions Portal during July's meeting)* - This item has been included on the agenda. **ACTION CLOSED**

Action 20/21/10.1: *Short-term Innovation Strategy (look into the possibility of establishing a Stimulus Board to obtain feedback on the strategy from outside the sector and acquire examples from other organisations)* – Jonathan Hague has agreed to establish a Stimulus Board. **ACTION CLOSED**

Action 20/21/11.1: *Innovative Research (Look into the possibility of bringing research and innovation together in a systemised way)* – It was confirmed that Matthew Peak has stepped down from his role as Director of Research in order to focus on personal interests in the final year of his career. When the Trust recruits to this post, the role will cover innovation as well as research. **ACTION CLOSED**

Action 20/21/12.1: *Rapid Prototyping (Committee to have sight of the agreements in order to have an overview of the expected income/expenditure of contracts)* – This item has been included on the agenda. **ACTION CLOSED**

Action 20/21/12.2: PR Plan *(liaise with the Comms Team for an update on the PR Plan for Innovation)* – An update will be provided during October's meeting.

Action 20/21/14.1: *Board Assurance Framework (Additional work to take place to reframe the respective risks around finance and business modelling to ensure that the Committee is fully sighted on emerging risks)* - This item has been included on the agenda. **ACTION CLOSED**

Action 20/21/15.1: *Any Other Business (Committee members to provide feedback on the overall outcome of May's meeting)* – This action has been addressed.
ACTION CLOSED

20/21/20 NW HEALTHCAREVOLUTION: The role of Immersive Technology

Mr. Guerrero and Mr. Duong delivered a presentation on the North West HEALTHCAREVOLUTION: 'The role of Immersive Technology', which received positive feedback from members of the Committee. The presentation provided information on the cardiac intervention that has taken place during the pandemic via the use of the HoloLens suite, Immersive Technology in cardiac patient care and the vision/strategy for the future.

The Chair thanked Mr. Guerrero and Mr. Duong for sharing the presentation on the innovative work that has taken place to enable the Trust to deliver its cardiac service to patients during the pandemic, and felt that the information shared with the Committee will help set the scene for the strategic discussion taking place later on in the meeting.

Fiona Marston queried the cost of the HoloLens headset and asked as to whether this would become a limitation in achieving the vision highlighted in the presentation, also from a risk perspective how would the Trust deal with the possible loss of wireless connection during operations when using this piece of equipment? It was reported that the cost of a headset is approximately £2.8k and it is envisaged that each ward will require one headset with services requiring two; therefore licence costs should be minimal. The Committee was advised that a cost efficiency of the overall technology will need to take place. In respect to addressing the loss of connection issues that may occur, discussions have been taking place with Microsoft around the Trust's requirements and it was pointed out that the back-up of 5G would help significantly

Jonathan Hague felt that it would be beneficial to compile a business case for this area of work. It was pointed out that a study would need to take place prior to this to ensure that the project provides a return on investments and is cost effective.

Kate Warriner confirmed that licences are more expensive than the hardware and felt that it might be useful to conduct a six month trial with Microsoft in order to identify the benefits. Mr. Guerrero advised the Committee that an appropriate evaluation has to be carried out in partnership with other hospitals. In order to do this Alder Hey has joined Leeds Children's Hospital and other Trusts to participate in a quality improvement process study.

Resolved:
The Committee received and noted the presentation on the 'The role of Immersive Technology'.

20/22/21 Acorn General Update

The Committee was provided with a summary and recap of the terms of engagement with Acorn ventures, the commercial and practical implications, and the current steps Alder Hey management are taking to evaluate and preserve Alder Hey's current commercial and clinical interests.

It was pointed out that in order to mitigate Alder Hey's risk and exposure to the dilution of equity, Alder Hey management are refocussing on efforts in all existing Acorn ventures; closure of ventures identified as having no clinical or commercial

value to focus on, developing remaining business interests with value at pace. The Committee was furnished with a list of companies that the Trust has instructed to be closed. It was confirmed that the companies were reviewed and assessed for potential IP and taxation liability before the decision was made to wind them up.

It was reported that there are three remaining business interests that the Trust wish to develop. An audit review of these three companies has been conducted with the support of KPMG, and financial/commercial due diligence is taking place to review paperwork from previous years to look at how these companies can be progressed.

Hand Hygiene Solutions and Audiology Metrics Limited have undergone a significant review, and a further five companies are undergoing the same process in order to understand the accounts and intellectual property before a decision can be made to wind them up or develop them.

The Trust has a good oversight of the projects and is implementing a system of recording clinical and commercial resource input as 'sweat equity' currency for future equity claims and to provide a factual financial record to offset any future tax liability that might result from a future profitable sale or floatation.

Jonathan Hague queried as to whether there is a criteria for closing companies down/progressing them and if so how is a judgement made. It was reported that a judgement is based on the progress a company has made in respect to developing their technology and assessing the market, for example, Nova Group look at market reviews, compile business cases and develop technology. The Committee was informed that the companies that the Trust has instructed to close haven't developed their technology, engaged with end users that they were proposing was their market and therefore haven't progressed. It also may be the case that they haven't got a clinical founder.

Marc D'Abbadie asked as to whether the Trust has discussed the list of companies that are being closed down with Nova Group and Deepbridge Capital. It was confirmed that discussions have taken place, and it was pointed out that the Financial Directors of Nova Group are responsible for managing the accounts of these companies, of which, some need to be updated before they can be officially closed with Companies House. The Chair queried as to whether Nova Group and Deepbridge Capital are in agreement with the winding up of these companies. It was confirmed that they are.

Marc D'Abbadie enquired as to what happens to the Intellectual Property (IP) when a company is wound up. It was reported that the IP remains with the company but in the event a company is closed down discussions take place to enable each party to agree their IP input. The Committee was advised that the Trust has concluded with Nova Group that the companies being closed down are inactive and have failed for quite a long period of time and there is nothing significant in terms of the IP. In the event there is any IP, arrangements will be made for it to be transferred back to Alder Hey via the services of a Solicitor.

The Chair requested that a timeline be shared with the Committee to enable members to have an overview of the timeframe that is in place for winding up the respective companies; include any barriers that that are being experienced from Nova Group.

20/21/21.1 Action: CL

Fiona Marston provided some background information on the process for winding up a company and suggested having a lessons learnt session in the near future in

order to review a number of case studies to see how these companies were set up, identify when the equity altered and the reason for the change so that the Trust can learn for the future.

Resolved:
The Committee agreed to support the steps Alder Hey management have taken to mitigate the risks and retain clinical and commercial value given the partial control and influence Alder Hey are able to exert in all Acorn ventures.

Hand Hygiene Investment Proposal

In December 2017 following a successful competitive process, Hand Hygiene Solutions was created with Richard Cooke as the founder, Nova Group providing technical expertise, Deepbridge Capital as venture capital investors and Alder Hey as an investor.

The Innovation Committee was asked to approve the Hand Hygiene Investment proposal. This entails purchasing the necessary equipment and trialling it on the site of Alder Hey. Governance has been established by the Trust in terms of raising a purchase order to ensure the Trust takes ownership of all of the equipment, software and hardware after the trial has been completed along with the data from the trial. Terms are to be agreed in respect to Alder Hey becoming a pilot site, along with commercial fees. The Committee was advised that this process is the best way in which to validate the technology and therefore make the company more valuable, whilst fast tracking the solutions to support Alder Hey during the pandemic.

Review of Audiology Metrics Limited

In April 2017 following a successful competitive process, Audiology Metrics Limited was created with Alistair Marsden as the founder/recently appointed CEO, Nova Group providing technical expertise, Deepbridge Capital as venture capital investors and Alder Hey as an investor. From the initial share allotment Alder Hey received 30% equity which equates to 225,000 shares.

The Committee was advised that Audiology Metrics Limited have a prototype technology that requires further trails prior to implementation. In return for putting additional investment and sweat equity into the company, Audiology Metrics have asked Alder Hey to support them by conducting a clinical trial. It was pointed out that a minimal investment from Alder Hey will increase the worth of the company.

Mr. Guerrero asked as to whether the outcome of the research for both projects has been published, or is the Trust planning to invest prior to the completion of studies? It was reported that the founder of Hand Hygiene Solutions, Richard Cook, has completed several research studies on the Hand Hygiene concept which have been published. The Trust is looking to accelerate the project by becoming the test site for the first clinical trial which will result in further research.

Jonathan Hague drew attention to the lack of visibility in the reports around commercial scale plans, possible further investment, market pathway and future profits in the event the clinical trials are successful. It was reported that the companies being discussed are limited companies, they are self-sufficient and their goal is to make a profit. Hand Hygiene Solutions is a more established company and has a dedicated CEO whose role is to grow the company's business and profits. It was reported that discussions have taken place between Hand Hygiene Solutions and the Trust which has provided reassurance and an understanding of their market pathway. The Trust has sight of the company's quarterly Board reports

but hasn't received a sophisticated business plan to date. A request has been made for this to be shared with the Trust.

The Committee was advised that each company has a business case that will be submitted to Deepbridge Capital during the next round of investments. Following a positive outcome of the trials taking place at Alder Hey the respective companies will be able to access EIS investments for full clinical trials. Deepbridge Capital has expressed an investment interest and from a long term perspective the Trust will look towards selling out of these companies.

The Chair felt that the Trust should be receiving management accounts from Hand Hygiene Solutions and Audiology Metrics Limited on a regular basis, and is within its rights to request a seat on the Board of each company as an observer in order to be part of the decision making process. Following a discussion it was agreed to liaise with the investors to request observer status on the Board of each company, and request a copy of the business plans and management accounts to ensure the Trust is fully versed.

20/21/21.2 Action: EH

Marc A'dabbadie asked as to whether the Trust has taken independent tax advice from an EIS status. It was reported that Alder Hey has received advice especially around dry tax relating to EIS and SEIS schemes from the Trust's/founders perspective. It was pointed out that Trust hasn't made any equity investments into either of the companies but is discussing the purchase of clinical trials and the kit to enable the trails to go ahead.

The Chair suggested that the Trust seek independent advice on this specific tax area to ensure that there is no risk to Alder Hey as a result of any actions. It was also agreed to schedule a meeting to discuss the Trust's investment for the clinical trial relating to Audiology Metrics Limited.

20/21/21.3 Action: CL/SA

The Chair concluded the agenda item by advising that the Committee was unable to approve the initial proposals for Hand Hygiene Solutions and Audiology Metrics Limited from a governance/risk perspective until the Trust is in a position to make an informed decision following receipt of all relevant paperwork and independent advice.

Resolved:
The Committee noted the update provided on the Acorn ventures.

20/21/22 Health Innovation Liverpool

It was reported that discussions are taking place between the Trust and Liverpool University in respect to Alder Hey being part of the next phase of Health Innovation Liverpool. Strategic work is taking place around the creation of an innovation brand for the city. The Committee was advised that a report will be submitted as work progresses in order to provide clarity in respect to the roles of each constituents, the decision makers, the proposed governance, mapping and outputs.

Resolved:
The Committee noted the Health Liverpool Innovation update.

20/21/23 Cheshire and Merseyside Innovative Solutions Portal Update

The Committee was advised that work is taking place around alternative solutions for PPE; combined purchasing for masks and gowns, promoting reusable PPE. The Innovation Centre is looking to use the open portal to attract more innovations and pool resources. Work will commence during the forthcoming weeks to look at how the Trust will utilise the portal as well as continuing to broaden the organisation's relationship with Cheshire and Merseyside Trusts and the Innovation Agency.

Resolved:
The Committee noted the Cheshire and Merseyside Innovative Solutions Portal update.

20/21/24 Innovation Strategy Discussion

Attention was drawn to the amount of thought and discussion that has taken place in respect to the next steps for Alder Hey, along with the questions that have been raised, for example, how will Alder Hey make an impact? What is the next big strategic move for the Trust from an innovation perspective?

Louise Shepherd highlighted the importance of linking in with the city/city region in order to access existing and forthcoming opportunities. It was pointed out that Alder Hey is in a great position to progress to the next level, as demonstrated in the presentation delivered by Mr. Guerrero and his team. The Committee was informed that work is taking place to hone down on the organisation's next big strategic item, whilst looking at the Trust's overall direction so that innovation will become central to Alder Hey 's next steps and strategic direction.

Louise Shepherd advised of the meeting that took place with Jonathan Hague which provided an insight of the vision and landscape of the city/city region. It was felt that today's opportunity for a discussion should help initiate thoughts on where the Trust should position itself and the strategic direction it should take.

The Chair advised that a working group has been established and is due to meet in the next two weeks, where discussions will continue following today's meeting. Louise Shepherd thanked everyone involved and advised that the Trust Board is in full support of this work being progressed.

The Committee received a presentation on the Trust's vision for becoming a world leading hub that accelerates the impact of game changing innovation for the next generation. The following information was provided:

- The Trust's vision and objectives.
- Environmental review; internal pipeline/external partners.
- Approach and philosophy for the strategy.
- The Goal – Impact and Partnership.
- The Living Trust Hospital 'Immersive Healthcare'
- A Big Vision for 2030 – Immersive City

Jonathan Hague provided an overview of the innovation landscape in the city, referring to a piece of work that was commissioned three years ago following on from a science innovation order that was requested by the Government. As a result of this three big strengths were realised with a supporting evidence base; infectious disease, material chemistry and high performance and cognitive computing.

The Committee was advised that these are the areas of work that the regions are addressing and planning for. There is a big drive to invest funding in the next generation; high performance and cognitive computing via the Science and Technology Council, 118 million consortiums have just been announced for infectious disease, along with the establishment of a materials chemistry national packaging centre through the Material Innovation Factory.

Jonathan Hague asked if Alder Hey was to set about being the global leader in immersive health tech for children and young people would it be able to compile the evidence base to make it the fourth major theme for the city region in addition to infectious disease, materials chemistry and high performance cognitive computing. If so, this could be put forward as a proposal to the city/city region. Jonathan Hague felt that something as specific as becoming the fourth pillar is required for the Trust's next steps rather than trying to focus on numerous areas. It is imperative that the vision is sharp and the stretch ambition is there.

Jonathan Hague drew attention to the importance of having evidence base to build around the Trust's vision and pointed out that the reputation of Alder Hey is second to none in respect to being able to position itself in a way that would help to galvanise collaboration and opportunities with major institutions.

Fiona Marston queried as to whether the Trust has conducted an audit on its competitive competence in order to benchmark itself against other competitors.

Mr. Guerrero referred to the discussion around the Trust's vision and felt that Alder Hey should focus on specific areas of work rather than numerous ones in order to achieve a greater impact. Mr. Guerrero pointed out that from an innovation perspective you either make money or save money and it is important to have an awareness of this whilst being mindful that there are other organisations that will have greater funding to produce innovative products quickly.

The Chair queried as to whether there are any factors driving the timetable for a proposal for the region. It was reported that there is no specific timeframe at the present moment. Jonathan Hague advised the Committee of the work that the Innovation Board has commenced to address the city's transformation of its R&D spend. The Committee was informed that Alder Hey's Innovation Strategy will be incorporated into this work and it was suggested that discussions take place at a later date with the Government in respect to Alder Hey's commitment to projects.

The Chair advised the Committee that work will continue to progress with the compilation of the Trust's strategy to ensure Alder Hey is able to take advantage of the forthcoming opportunities.

Resolved:
The Committee received and noted the presentation on the Trust's vision for becoming a world leading hub that accelerates the impact of game changing innovation for the next generation.

20/21/25 Rapid Prototyping – Alder Hey Face Cover Partnership with English Fine Cotton

The Committee was provided with an overview of the collaboration with English Fine Cotton to co-create patient and family friendly face covers for distribution when patients and their families attend appointments and visit Alder Hey.

It was reported that the Heads of Terms for establishing the Trust's relationship with English Fine Cotton are in the process of being agreed. The upside of this in terms of the Trust selling masks to other parties is currently £0.30p per mask. This will be negotiable depending upon the deals made with partners. There is to be a review of commercial opportunities, and it was reported that the face cover is with the Cabinet Office for BSI/MIT testing purposes as the Trust believes that this face covering is more efficient than others on the market. Attention was drawn to the commercial discussions that have commenced with Carex, Veri and Matalan. It was also reported that work is taking place with the Charity in respect to providing them with a retail outlet via their website.

Jonathan Hague felt that it would be a great opportunity to be able to offer cleaning advice if the masks were reusable. It was confirmed that the face coverings are reusable and can be washed up to a hundred times. Attention was drawn to the development of an anti-viral coating for the masks, whilst the anti-viral coating has been proven to be effective further testing is required to see how the coating fares under washing conditions.

The Chair highlighted the importance of finding a way to maintain a good relationship with English Fine Cotton whilst moving forward with commercial opportunities. It was reported that the Trust has established its terms with English Fine Cotton and the Heads of Terms will be finalised by the 17.7.20. There is also an agreement in place that in the event the patent is sold the Trust will receive a share.

Resolved:
The Committee noted the update on the Alder Hey Face Cover Partnership with English Fine Cotton

20/21/26 Board Assurance Framework

The Committee received and noted the contents of the Board Assurance Framework for June 2020/21. It was reported that a review of the organisation's strategic risks is going to take place to separate some of the issues and better reflect the Trust's strategic direction.

A discussion has taken place between Erica Saunders and Emma Hughes since the last meeting and it was agreed that the Committee must be mindful of the risks attached to emerging work with partners, commercial risks and clinical risks that may arise as a result of dealing with leading edge technology. Attention was drawn to the importance of having transparency and a working knowledge of the new risks that emerge.

Emma Hughes agreed to circulate the outline of new operational risks; commercial and clinical along with the new mitigations that relate to risks incorporated in the BAF, in preparation for the next Committee meeting.

20/21/26.1 Action: EH

The Chair felt that the BAF/Risk Register does not provide the Committee with clarity in respect to the areas of risk that it should be managing and queried as to whether risks could be categorised to enable the Committee to hone down on its respective area/s. It was reported that there are a number of principles starting to come together following the reset of the Trust's overall governance that need to be built upon and fed into the BAF.

Jonathan Hague advised the Committee that the company he works for use specific policies for managing risk in innovation and offered to share some of these policies with members of the Committee. The Chair agreed that this information would be helpful and felt that it may help towards framing the role of the Committee.

20/21/26.2 **Action: JH**

Resolved:
The Committee received and noted the Board Assurance Framework for June 2020/21.

20/21/27 **Any Other Business**

There was none to discuss.

Date and Time of next meeting: Monday 12th of October 2020, at 1:00pm via Microsoft Teams.

ALDER HEY CHILDREN'S HEALTH PARK LIAISON COMMITTEE

Title	**Liaison Committee Meeting Minutes**	
Date / time	Wednesday 9th September, 1330hrs	
Location	MS Teams	
Present	**Trust:**	John Grinnell (Trust Deputy CEO & Finance Director) **JG** Rachel Lea (Trust Associate Director of Development) **RL** Graeme Dixon (Head of Building Services) **GD** Russell Gates (Associate Director of Development) **RG**
	Project Co Directors:	Alan Travis (Laing O'Rourke, Explore Investments) **AT**
	Other Project Co Attendees:	Andrew Saunders (Project Co Representative) **AJS** Mark Cade (HCP) **MC** Carl Roberts (Interserve FM) **CR**
Apologies	Louise Shepherd (Trust CEO) **LS** David Powell (Development Director) **DP** Claire Liddy (Trust Representative) **CL** Andy Pearson (John Laing Investments Ltd) **AP**	

Item	**Discussion**	**Action**
1.0	**Quorum** – the meeting was quorate as defined within clause 12.1 of the PA.	**Note**
2.0	**Previous Minutes dated 22 July 2019** – Trust to issue previous minutes.	**Trust**
3.0	**Discussion & assurance**	
3.1	**Corroded pipework** MC gave an update on progress stating that the surveys in 3A and 4A showed pipes were generally OK. Next area is to be 1C where leaks had been found previously. GD raised concerns there had been subsequent failures in plant rooms that had already been surveyed. MC stated that the surveyors would return to plant areas and increase the sample size to give a more accurate picture of the areas. There will also be an interim report at the end of September to review what had been done to date and what the next actions were.	**MC/AS**
3.2	**Energy centre**	

	GD again raised concerns over the theatre temperatures. MC stated that a review of the maintenance regime had been carried out and there were issues raised. A detailed review of the controls to ensure that all actuators and controls were performing as the BMS. Also flow rates and flow temperatures were being checked against the BMS to ensure performance as per design. AS is attending a meeting during w/c 14/9 and will report back to GD/RG to report back after meeting on next actions. A programme through to resolution will be developed and shared with the trust so that progress can be monitored.	**AS** **AS/MC**
3.3	**Rainwater ingress** Concern raise by GD that work on the roof lights in ICU/HDU will need to be postponed until April 2021 due to bed pressures. Assurance was given by AS that the same team would return to site next year to complete the work. The temporary canopies will be left in place and AS assured the trust that there would be checked regularly and after high winds.	**AS/MC**
3.4	**Green roof** Remedial work will be complete by 30/09/20. The replacement matting has been delivered and is being installed. 2 points of water ingress in zone 1 & 2 have been repaired and will be tested in the next week. 29 days have been lost to inclement weather, wasps and helicopter movements. Trust need to internal comms manage expectations on the appearance of the green roof through the seasons. CR stated that he could compile information boards for the atrium so that staff and members of the public can understand the green roof.	**AS** **RG/GD** **CR**
3.5	**Insurance** It was noted that the trust had rejected the last report and will now schedule a meeting with Project Co and both sets of insurance advisers.	**RL**
3.6	**Small works** GD raised the issue of small works being rejected and having to submit as a TVE. AS will issue a paper from Interserve setting out Project Co's position and then a meeting will be convened.	**AS**
3.7	**Pharmacy Isolator** RG raised concerns that it had taken a long time to get the new isolator on order and whilst the trust was deferring SFPs and deductions this could not continue of there was no positive action. AS stated that some of the delays were at the trust end and RG will review this. GD will get user sign off so that the new isolator can be put on order.	**GD**
4.0	**Merger of Interserve to Mitie**	

4.1	Mitie are awaiting the CMA sign off of the merger and this is expected at the end of November	**Note**
5.0	**Any Other Business**	
5.1	GD requested that the drains that continue to get blocked be surveyed for any defects (as found in ED). AS will respond to the June letter.	**AS**
5.2	GD wished to pass on the trust's thanks to Bob from LOR as he had been instrumental in making progress on the issues. Also, to Cliff for his handling of the theatre ventilation issues.	**Note**
6.0	**Next Meeting**	
6.1	TBA	**Note**