Alder Hey Children's **NHS**
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

Tuesday 5th May 2020 commencing at 9:00 am

via 'Microsoft Teams'

AGENDA

VB no.	Agenda Item	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
		STAFF STORY (9:00am-9:15am)				
1.	20/21/24	**Apologies.**	Chair	To note apologies:	N	For noting
2.	20/21/25	**Declarations of Interest.**	All	Board Members to declare an interest in particular agenda items, if appropriate.	R	For noting
3.	20/21/26	**Minutes of the Previous Meeting.**	Chair	To consider and approve the minutes of the meeting held on: **Tuesday 7th April 2020.**	D	Read Minutes
4.	20/21/27	**Matters Arising and Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	A	Read log
		Response to COVID-19				
5.	20/21/28	**COVID-19 Programme update – Sit-rep from the last 4 weeks:** • **COVID Performance scorecard.** • **COVID-19 Risk Register.** • **Next phase for COVID-19.**	Executive Leads	To present an update on the current position. To provide assurance on how the risks that threaten the Trust's Covid-19 operational plan are being proactively managed. To brief the Board on the latest national position.	A	Read report/ Presentation
		Board Assurance				
6.	20/21/29	**Board Assurance Framework.**	Executive Leads	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
		Delivery of Outstanding Care: Safe, Effective, Caring, Responsive and Well Led				
7.	20/21/30	**Corporate Report:** - **Deep Dive into Quality**	Executive Leads and	To receive the monthly report of Trust performance for scrutiny and discussion against CQC domains:	A	Read report/ Presentation

VB no.	Agenda Item	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
		Issues - **Updates by exception.**	Divisional Directors	**Safe, Caring, Effective, Responsive and Well Led,** highlighting any critical issues/actions needed by exception.		
8.	20/21/31	**Serious Incident Report.**	P. Brown/ N. Murdock	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.	A	Read report
9.	20/21/32	**Clinical Quality Assurance Committee; report by exception.**	P. Brown/ N. Murdock	To escalate any key risks.	A	Verbal
10.	20/21/33	**Integrated Governance Committee; report by exception.**	A. Bateman/ J. Grinnell	To escalate any key risks.	A	Verbal
The Best People Doing Their Best Work						
11.	20/21/34	**Deep Dive into Key People Issues Arising from COVID-19.**	M. Swindell	To receive an update on the actions taken to ensure staff safety and support during the pandemic.	A	Presentation
12.	20/21/35	**Workforce and Organisational Development Committee; report by exception.**	M. Swindell	To escalate any key risks.	A	Verbal
Research and Innovation						
13.	20/21/36	**COVID19 Response – National and Local:** - **Update on Kawasaki Disease.**	M. Peak E. Carrol/ A. Riordan	To brief the Board on latest developments. For information.	A	Presentation Presentation
14.	20/21/37	**Covid-19 Innovation Response.**	C. Liddy	To brief the Board on latest developments.	A	Read report
Strategic update						
15.	20/21/38	**Alder Hey in the Park Campus Development update.**	D. Powell	To receive an update on key outstanding issues/risks and plans for mitigation.	A	Read report
Strong Foundations						
16	20/21/39	**Year-end Close Down Update and Financial Plan.**	J. Grinnell	To brief the Board on the current financial position		Presentation
17.	20/21/40	**Resources & Business Development Committee; report by exception.** - **Approved minutes from the 25.3.20.**	J. Grinnell	To escalate any key risks and to receive the approved minutes of the meeting that took place on the 25.3.20.	A	Verbal/ Read minutes

Alder Hey Children's **NHS**

VB no.	Agenda Item	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
18.	20/21/41	**Audit Committee:** - **Chair's verbal report from the meeting held on 30.4.20.** - **Approved minutes from the 16.1.20.**	K. Byrne	To receive a verbal update of key issues from the April meeting and to receive the approved minutes of the meeting that took place on the 16.1.20.	A	Verbal/ Read minutes
19.	20/21/42	**Ensuring Board oversight going forward:** • **Correspondence from Sir Simon Stevens (NHSE/I) – 29.4.20** • **Correspondence from Bill McCarthy (NHSE/I) – 29.4.20.**	Chair/All	For discussion.	D	Verbal/ Read attachments
Items for information						
20.	20/21/43	**Any Other Business**	All	To discuss any further business before the close of the meeting.	N	Verbal
21.	20/21/44	**Items for Communication**	All	Key items that have emerged from May's Trust Board meeting.	N	Verbal
Date And Time of Next Meeting: Tuesday 2nd June 2020 at 10:00am, Tony Bell Board Room, Institute in the Park and via Teams						

REGISTER OF TRUST SEAL
The Trust Seal was used in April 2020: -   S106 Agreement re Planning Application (Ref 18F/2773)

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION	
Finance Metrics - Month 12	**J. Grinnell**

Alder Hey Children's **NHS**
NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Confirmed Minutes of the meeting held on **Tuesday 7th April 2020 at 10:00am,**
Lecture Theatre 4, Institute in the Park and via Microsoft Teams

Present:	Dame Jo Williams	Chair	(DJW)
	Mrs. S. Arora	Non-Executive Director	(SA)
	Prof. F. Beveridge	Non-Executive Director	(FB)
	Mrs. K. Byrne	Non-Executive Director	(KB)
	Mrs. C. Dove	Non-Executive Director	(CD)
	Mr. J. Grinnell	Director of Finance/Deputy Chief Executive	(JG)
	Dr. F. Marston	Non-Executive Director	(FM)
	Dr. N. Murdock	Medical Director	(NM)
	Mr. I. Quinlan	Vice Chair	(IQ)
	Mrs. L. Shepherd	Chief Executive	(LS)
	Mrs. M. Swindell	Director of HR & OD	(MS)
In Attendance:	Prof. M. Beresford	Assoc. Director of the Board	(PMB)
	Mr. A. Bass	Director of Surgery	(AB)
	Ms. L. Cooper	Director of Community Services	(LC)
	Mr. M. Flannagan	Director of Communications	(MF)
	Dr. A. Hughes	Director of Medicine	(AH)
	Mrs. D. Jones	Director of Strategy and Partnerships	(DJ)
	Mrs. K. McKeown	Committee Administrator (minutes)	(KMC)
	Mr. D. Powell	Development Director	(DP)
	Ms. E. Saunders	Director of Corporate Affairs	(ES)
		Committee Administrator (minutes)	(JT)
	Mr. R. Turnock	Interim Deputy Medical Director	(RT)
	Mrs. K. Warriner	Chief Information Officer	(KW)
Observer:	Ms. Sue De	Staff Governor – Medical and Dental	(SD)
Apologies:	Mr. A. Bateman	Chief Operating Officer	(AB)
	Mrs. H. Gwilliams	Chief Nurse	(HG)
	Mrs. A. Marsland	Non-Executive Director	(AM)
	Miss. J. Minford	Director of Clinical Effectiveness and Service Transformation	(JM)

20/21/01 Welcome and Apologies

The Chair welcomed everyone to April's Trust Board meeting and thanked them in advance for their patience and contribution at the inaugural meeting of the Trust Board to be held via Microsoft Teams.

The Chair drew attention to the amazing work that has taken place during the last three weeks to ensure that Alder Hey is prepared for the impending Covid-19 surge, and on behalf of the Board offered thanks and appreciation for the hard work and effort of all those involved in supporting the Trust during this crisis.

The Chair noted the apologies received from Adam Bateman, Hilda Gwilliams, Anita Marsland and Jo Minford.

20/21/02 Declarations of Interest

There were none to declare.

20/21/03 Minutes of the previous meetings held on Tuesday 3rd of March

Page **1** of **7**

It was agreed that the minutes from the meeting held on the 3rd of March 2020 were an accurate record of the meeting.

Resolved:
The Trust Board approved the minutes from the meeting held on the 3rd of March 2020.

20/21/04   Matters Arising and Action Log

It was confirmed that all of the actions incorporated in the log have been addressed.

20/21/05   Revised Governance Arrangements - 'Reducing the Burden'

The Board received the proposal for the revised governance arrangements that will be applied during the pandemic. The Board was advised of the key principles and requirements, the national position along with the revised local arrangements.

Ian Quinlan highlighted his concerns about the cancellation of committee meetings for the next three months, especially in light of the changing situation and the need for a quick decision making process. Louise Shepherd pointed out that the Board needs to be clear as a whole about how decisions are made and risks are managed whilst executing the Covid-19 operational plan/programme structure for the next three months. The Board was advised of the request from NHSE/I to slim governance to a minimum and the need to make a decision as to what the process will look like for Alder Hey to make sure that the organisation remains abreast of the issues it is facing, whilst ensuring that quick decisions can be made at Board level and Exec level.

Following discussion, it was agreed to cancel separate assurance committee meetings for the present time and have a regular item on the Board agenda to cover key quality, safety and financial risks, together with reporting of urgent items by exception to act as a proxy for essential committees. In the event of any issues occurring in between Board meetings the lead Executive will escalate the matter to the respective committee chair/s to ensure they are sighted on the issue. If a decision needs to be made then a core group of the Board will convene to agree the relevant action.

Kerry Byrne queried as to whether there would be a detailed formal risk management process for risks relating to Covid-19. John Grinnell advised that the organisation's risk register will focus mainly on Covid-19 issues but will also incorporate other significant risks to the Trust. The Board was advised that the Trust will be keeping a regular account of reporting and will deal with any major issues that arise, but for the next three months the organisation will focus on core operational areas rather than dealing with intervention/improvement work.

Shalni Arora drew attention to the amount of innovative work that is taking place in the Innovation Hub and queried as to whether the team is going to share its alternative solutions for PPE, etc. nationally. The Board was advised that the Innovation Team is going to conduct a system wide piece of work for Cheshire and Merseyside via the national procurement room. This will include involvement from the knowledge quarter, universities, LEP and industry partners. Other areas of work that have been released as an open source internationally are a contact-free door opener and a staff absence tracking application. John Grinnell agreed to provide a summary of the activities that have taken place in the Innovation Hub to support the Covid-19 crisis.

20/21/05.1 Action: JG

Board of Directors Meeting (Public)
7th April 2020

The Chair felt that the following areas were crucial in keeping the organisation safe and requested that members of the Board approve the proposal:

- Maintain monthly Board meetings with focus on COVID-19 response and related assurance.
- Weekly NED briefing by CEO/Deputy covering main issues.
- Key safety metrics and risks to form the second part of the Board agenda but be discussed by exception.
- Any urgent decisions to be taken virtually by core Board members (a minimum of CEO/Deputy plus one other Exec and two NEDs/ Chair), recorded and minuted at next available Board meeting
- Transparency for the Board on:
    - Core non-COVID work plan (*must do's e.g. CQC response*).
    - Strategic plan (*work on pause*).
    - Recovery plan (*prioritisation and timescale*).

It was pointed out that as a result of the relaxation of non-essential items there is an implication for the Trust's governors. Erica Saunders agreed to discuss this matter with the Chair outside of the meeting.

20/21/05.2 Action: ES

Resolved:

The Board approved the proposal for revised governance arrangements and agreed to receive further updates as the local and national position develops.

20/21/06   CEO Update

Louise Shepherd advised the members of the Board that there wouldn't be a CEO's update during April's meeting as the time set aside was to concentrate solely on the Trust's plans to address Covid-19

20/21/07   Coronavirus/Covid-19

System Context/Alder Hey's Role

Dani Jones presented a number of slides to the Board in order to provide information on the current modelling in the North West (NW), the availability of critical care beds across Cheshire and Merseyside (C&M) and the plans to increase critical care capacity to meet demand for the expected peak. Attention was also drawn to Alder Hey's role during OPEL 3 surge and OPEL surge 4.

The Trust Board received the latest bed status for C&M as of 7.4.20 at 8:00am, along with an overview of the chain of command for Incident Command and Control from a national perspective to a local perspective.

It was reported that presently Alder Hey are to receive all new NW paediatric burns patients and all paediatric critical care transfers from a NW DGH. During OPEL surge 4 the Trust will provide care for paediatric major trauma, paediatric cardiac, paediatric urgent and emergency surgery and paediatric critical care for the NW. During OPEL 3 surge and OPEL 4 surge, capacity otherwise will be sought across the NW as in normal PIC surge.

Alder Hey Children's **NHS**
NHS Foundation Trust

Strategic Aims/Programme Structure

John Grinnell submitted a presentation to update the Board on the Trust's strategic aims of its Covid-19 plans along with the Covid-19 programme structure. It was reported that the overall purpose of the plan is to ensure Alder Hey is prepared as a result of the recent crisis, and to expand critical care capacity whilst keeping both staff and patients safe. The Board was presented with information on the following areas:

- Aims for increasing capacity, success factors and measures of success.
- Safe staffing aims, success factors and measures of success.
- Safe care aims and success factors.
- Post Covid-19 aims.
- Covid-19 capacity model.
- Covid-19 reporting structure.
- Covid-19 Programme teams.

Louise Shepherd drew attention to the phenomenal amount of work that has taken place over the last two weeks to mobilise the plan that the organisation is intending to implement. It was pointed out that a lot of thought has been given to the dashboard, staff safety, addressing staff concerns, along with being able to offer assurance and clarity on critical success factors to senior leaders and members of the Trust Board.

Following the presentation the Chair raised a number of questions in relation to the issue of acquiring supplies of PPE, staff testing and patient safety in the community following a reduction in ED attendances. The Chair also thanked Nicki Murdock, Rick Turnock and the team for the work that has taken place to create an ethically-based framework and a 24/7 helpline to support clinicians when having to make difficult decisions during the Covid-19 crisis. Nicki Murdock informed the Board that requests have been received from other organisations asking Alder Hey to share the ethical framework template with them.

For noting

Following discussion, the Board agreed to share the Trust's ethically based framework with external organisations.

The Chair queried as to whether the input of a Non-Executive Director (NED) was required to support the ethical work going forward. Nicki Murdock agreed to discuss this matter with Professor Fiona Beveridge outside of the meeting.

20/21/07.1 Action: NM

In response to the Chair's queries it was reported that the Trust is experiencing an issue around the delivery of PPE gowns but it was pointed out that further stock is expected by the 9.4.20. Attention was drawn to the internal PPE guidance that has also been compiled for staff which provides information on the type of protection that should be worn in the various areas across the hospital. From a staff testing perspective, it was confirmed that the organisation is going to increase the amount of testing that is being conducted when staff report Covid-19 type symptoms.

Louise Shepherd advised the Board of the concerns that are being raised nationally following a reduction of patients presenting at emergency departments, along with a drop in referral figures for cancer/serious diseases. It was reported that Mr. Simon Kenny has raised these issues at national level to try to ensure that cohorts of vulnerable children aren't lost in the system. To address this matter locally, Alder Hey is in the process of contacting GPs, influencing NHS 111 and having discussions with clinical commissioning groups to emphasise that the Trust is open and able to treat

Page **4** of **7**

patients in ED and receive and manage referrals as usual. There is also an appropriate process in place to manage patients on the organisation's waiting list.

The Chair felt that the context of the information provided to the Board was comprehensive and helped members to understand Alder Hey's position, the pressures being experienced and the Trust's role from a local and regional perspective.

Resolved:

The Board received the Trust's Coronavirus/Covid-19 Operational Plan and noted the operational update.

20/21/08   Board Assurance Framework
Resolved:
The Board received and noted the contents of the 2019/20 Board Assurance Framework year-end review and March update.

20/21/09   Alder Hey in the park Campus Development

The Board was provided with an update on the programme delivery for the campus development, along with the risks and actions on the key capital projects.

Alder Centre – Construction of the Alder Centre building is progressing slowly due to delays in supplies to site.

Acquired Buildings Occupation – Discussions are currently taking place with the Executive Team to agree as to whether the Trust should go ahead with the purchase of 410 Prescot Road.

Site Demolition – Following government guidance, contractors are now back on site and work is progressing on the schemes.

Neonatal Scheme – An option appraisal has been developed and the following options have been assessed:
- Option 1 – New build at level 1c which utilises some space from EDU (clinically preferred option).
- Option 2 – Extension to the end of 1c (current neonatal unit, least preferred option by clinicians).
- Option 3 – New build to level 1 PICU, this would extend finger 1-2.

It was confirmed that option 3 is the preferred option. Board approval of the neonatal scheme will be required during May's Trust Board meeting in order to progress with the design for the third option.
20/21/09.1 Action: DP

Clinical Hub and Dewi Jones Construction – Costs have been received from Galliford Try but further assessment and incorporation of 'Value Engineering' is required in order to bring the project within budget.

The additional cost of the extended piece of work which includes detailed room data sheets across the development is £50k; work has now commenced with clinical teams and will occur over an 8 week period.

Market testing for component packages is currently ongoing.

Board of Directors Meeting (Public)
7th April 2020

A list of value engineering options has been completed; this could translate into some reduction in space of the proposed orthotics area (shell and core only). The Trust is currently assessing the costs and plans submitted by two contractors for construction of the gabion wall.

It was confirmed that a report will be submitted for approval to the Board in May to enable the Trust to enter in to a contract to commence the construction of the clinical hub and Dewi Jones unit.

20/21/09.2 Action: DP

Kerry Byrne queried as to whether the issue relating to pipework was a priority during the Covid-19 crisis. It was reported that a meeting took place between Alder Hey and the directors of Project Co in order to reiterate the Trust's concerns and highlight the need for pace of delivery. Project Co has since sent a comprehensive update which will be shared with the Board. It has been agreed that ultrasound testing will commence in the next two weeks and Project Co are also putting additional resources in place to address a leak, if the situation occurs.

Resolved:
The Board noted the update and received the approved minutes from the Liaison Committee meeting that took place on 10.12.19

20/21/10   Corporate Report
Resolved:
The Board received and noted the contents of the corporate report for February 2020.

20/21/11   Serious Incident Report
Resolved:
The Board received and noted the contents of the Serious Incident report for February 2020.

20/21/12   Quarterly Mortality Report
Resolved:
The Board received and noted the contents of the Mortality report for Q3 2019/20

20/21/13   Clinical Quality Assurance Committee
Resolved:
The Board received the Chair's highlight report from the meeting held on 31.3.20 and noted the approved minutes from the meeting held on 12.2.20.

20/21/14   Workforce and Organisational Development Committee
Resolved:
The Board noted the approved minutes from the meeting held on 10.12.19.

20/21/15   Resource and Business Development Committee
Resolved:
The Board received the Chair's highlight report from the meeting held on 25.3.20 noted the approved minutes from the meeting held on 26.2.20.

20/21/16   Any Other Business
There was no further business to discuss.

20/21/17   Review of the meeting

The Chair felt that the inaugural 'Teams' meeting of the Trust Board went well and thanked everyone for their contribution. The Board expressed how proud they were of

Page **6** of **7**

Board of Directors Meeting (Public)
7th April 2020
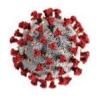
staff members and the way they are addressing the current situation and asked for this message to be relayed to staff. It was confirmed that this message would be shared with staff members during the daily 12:30pm staff briefing.

Date and Time of next meeting: Tuesday 5ᵗʰ May 2020 at 10:00 in the Tony Bell Board Room, Institute in the Park and via Microsoft Teams.

Page **7** of **7**

Board of Directors Meeting (Public)
7ᵗʰ April 2020

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log

Alder Hey Children's NHS
NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
**Actions for 5th of May 2020**
03.03.20	19/20/343	Corporate Report	To include compliments received for each Division within the Corporate report	Divisional Directors	07.04.20		**28.4.20** - Compliments received for each Division are to be included in April's Corporate report. **ACTION CLOSED**
07.04.20	20/21/05.1	Revised Governance Arrangements - 'Reducing the Burden'	Provide a summary to the Board of the activities that have taken place in the Innovation Hub to support the Covid-19 crisis.	John Grinnell	05.05.20		
07.04.20	20/21/05.2	Revised Governance Arrangements - 'Reducing the Burden'	Discuss the implications for Governors as a result of the relaxation of non essential items during the pandemic.	Dame Jo Williams/ Erica Saunders	05.05.20		
07.04.20	20/21/07.1	Coronavirus/Covid-19	Discuss the possibility of Fiona Beveridge's involvement to support the Trust's ethical work going forward.	Nikki Murdock	05.05.20		
07.04.20	20/21/09.2	Alder Hey in the Park Campus Development	Request Board approval to enter in to a contract to commence the construction of the clinical hub and the Dewi Jones unit.	David Powell	05.05.20		**28.4.20** - This item has been included on May's agenda. **ACTION CLOSED**
**Action for the 2nd of June 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.	Hilda Gwilliams	07.04.20		This item has been deffered until further notice due to the Covid-19 crisis.
03.03.20	19/20/350	Board Assurance Framework	To present a paper on the improvement waiting times that is being developed with the commissioners for ADHD patients	Lisa Cooper	07.04.20		This item has been deffered until further notice due to the Covid-19 crisis.
07.04.20	20/21/09.1	Alder Hey in the Park Campus Development	Request Board approval of the Neonatal Scheme in order to progress with the design of the third option.	David Powell	02.06.20		**28.4.20** - This item is to be submitted to the Trust Board on the 2.2.20.
Status							
Overdue							
On Track							
Closed							

COVID 19 Response – Trust Board 5th May 2020

- Look back on last 4 weeks against our objectives:
  - Supporting the wider NHS system
  - Increase capacity to support the surge
  - Keep our CYP Safe
  - Keep our staff safe
- Impact on shape of hospital for last 4 weeks
- Record COVID Financial costs
- COVID Risk Register
- Deep Dive – Quality & Safety
- Deep Dive – Best People
- Deep Dive – R & I
- Discuss Next Phase response
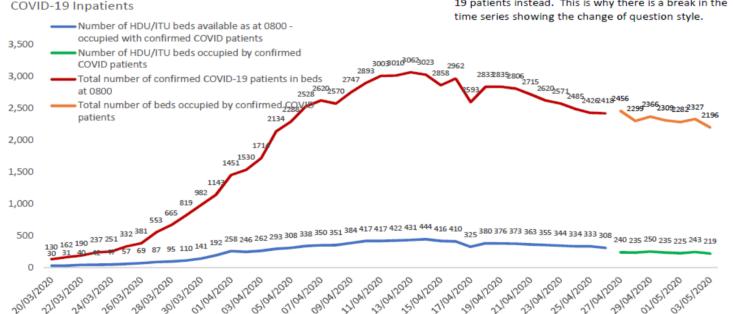
NW Region: Covid-19 Daily Inpatients (3.5.20)

Alder Hey Children's **NHS** NHS Foundation Trust

In the previous 24 hours there were 35 reported new admissions to inpatient beds with Covid-19 symptoms, a decrease of 3 from yesterday.

Currently there are 2,196 inpatient Covid-19 patients reported. There are 872 patients awaiting swab results.

Inpatients Today			
Total	ITU/HDU	IDU	Other
2,196	219	153	1,824

From 27th April the COVID-19 SitRep stoped asking about numbers of COVID-19 patients in HD/ITU beds and asks for the number of HD/ITU beds occupied by COVID-19 patients instead. This is why there is a break in the time series showing the change of question style.

COVID-19 Inpatients

- Number of HDU/ITU beds available as at 0800 - occupied with confirmed COVID patients
- Number of HDU/ITU beds occupied by confirmed COVID patients
- Total number of confirmed COVID-19 patients in beds at 0800
- Total number of beds occupied by confirmed COVID patients

Alder Hey's role in the system

Achieved in last 4 weeks:

- Adults in AH Critical Care
- Liverpool Neonatal Partnership
- C&M Paeds Network MDT
- Single point of access for Surgery & Medicine
- 24/7 C&YP MH Crisis line
- Public Comms aligned to RCPCH
- AH receiving all NW Burns (40 ward patients; 13 Manc)
- AH receiving all NW DGH CC transfers (10 PICU from wider NW)
- Opel 4 plan for NW Major Trauma

Global
National
Regional
Local

What do we want to lock in next?

- Surgical prioritisation criteria & recovery plans (NW)
- NW 'PIC Winter/Covid' plans
- National direction for C&YP in light of Covid
- Liverpool system capacity plan (Phase 2)
- 111 for Paediatrics
- C&M Paeds Network joint plan given long term impact of Covid
- Telemedicine: C&M, Neonatal ++
- NW joint comms for parents

Phase 1 - Our Goals

Alder Hey Children's NHS Foundation Trust

INCREASE CAPACITY	**SAFE CARE**	**SAFE STAFF**

INCREASE CAPACITY

Alder Hey Children's **NHS** NHS Foundation Trust

1. Triple our Critical Care Capacity	2. Sufficient Teams in place	3. Safely care for Positive or Suspected COVID-19 Adults and Children	4. Adapted our Environment to ensure age appropriate

1. Triple our Critical Care Capacity

- **Created capacity for 19 adults- 11 treated (7 repatriate 4 died)**
- **Increased l2/3 crit. care capacity from 36 to 91**
- Adequate oxygen supply secured
- Access to all critical care consumables and equipment secured
- **New central Rotahub in place**

2. Sufficient Teams in place

- **Absence levels peaked at 20% and have reduced to <12%**
- Full business continuity plans in place for each Dept.
- **122 staff trained to work on wards**
- **112 HCA's upskilled**
- **104 'Yellow helpers' trained and deployed**

3. Safely care for Positive or Suspected COVID-19 Adults and Children

- PPE supply secured and maintained
- Adults consumables and equipment secured
- **248 staff trained in crit. care**
- **Formal adult clinical oversight with LUFT in place**

4. Adapted our Environment to ensure age appropriate

- **Cohort plan enacted with adult/child separation**
- **Step down agreed back to referring hospital**
- **New hospital plan for revised patient flow implemented**

SAFE CARE
SUCCESS FACTORS

Alder Hey Children's **NHS**
NHS Foundation Trust

1. Children we are not seeing are Safe

- **Model to ensure we are alerted to a deteriorating child and mechanisms for escalation**
- **Robust process for triage prior to cancellations**
- **Increased theatre – 8 now running daily**
- **Work with primary care to ensure families continues to access services**
- **Virtual clinics in place**

2. Clear Professional and Ethical Decision Making processes

- **Forum established in partnership with the University of Liverpool to assist with ethical decision making**
- **Support for clinical decision making available 24/7**

3. Protect most Vulnerable Children

- Risks identified for cohorts of our vulnerable patients and support provided to patients and families to mitigate them
- Provide alternative ways for assessment, treatment and aftercare to reduce risk to vulnerable patients
- Discharge as many vulnerable children as possible

4. IPC and Professional Standards

- Clear profession standards in place for evolving context
- PPE Guidance and training in place
- Clear IPC support for all teams
- **1 hospital acquired COVID infection**
- Clear testing regime in place for staff and patients

SAFE STAFF

Alder Hey Children's **NHS**
NHS Foundation Trust

1. Staff are able to work in new environment

- **1000+ staff are now actively working from home**
- **850 virtual clinics/consultations held**
- **New communications in place with daily briefings, COVID hub and significant staff guidance material**
- **1000+ TEAM meets/chats per day**
- **2116 staff trained in wearing PPE**
- **2068 staff FIT tested**

2. Ensure our staff are physically as safe as they can be

- Strict entrance protocol to hospital
- Social distancing/hand hygiene measures enacted
- **PPE secured at all times**
- Staff accommodation secured
- **Free food and drink in place with deliveries to front line**
- **Staff testing protocol in place (282 tested to date)**
- Enhanced shower facilities in situ

3. Ensure our staff are as psychologically well as they can be
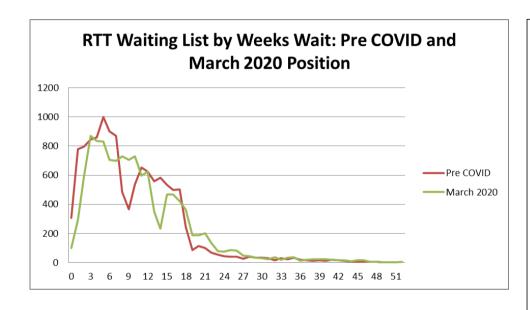
- **24/7 counselling and support line live**
- **Staff Advice Liaison Service (SALS) helpline live**
- Welfare hub in place for all staff
- Wider support package available to staff
- **New communication channels with 20,000+ views of live broadcasts**

4. Maximising our Innovation Culture

- Innovation led alternative supply group secured significant PPE supply
- Innovation led C & M supply portal live
- Progress on a number of COVID response innovations launched (see separate agenda item)
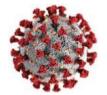
Changing shape of our demand and capacity

Alder Hey Children's **NHS**
NHS Foundation Trust

RTT Waiting List by Weeks Wait: Pre COVID and March 2020 Position

Legend: Pre COVID / March 2020

Versus same period last year

- Overall 70% reduction in referrals

- GP down 70% & urgent 68%

- 63% reduction in non electives

- 73% reduction in electives

- 58% reduction in day cases

- 67% reduction in outpatients

- Of O/P delivered 74% delivered virtually

19/20 COVID Expenditure

Alder Hey Children's NHS Foundation Trust

- As at the 31st March, the costs incurred in response to COVID 19 was:
- Revenue   £1.3m
- Capital   £0.239m
- Lost income   £0.182m

NHSI have confirmed reimbursement of the revenue and lost income for 19/2 and this has been reflected in the 19/20 year end position. We are awaiting confirmation of the capital reimbursement but are expecting this to be fully reimbursed.

Revenue Spend:

Description	Spend to 31st March £
Cleaning	67,880
Comms	1,290
IT	379,176
PPE	174,722
Staffing	564,921
Stock	10,000
Training	108,859
Total	**1,306,848**

Lost Income

Description	Income Lost to 31st March £
Car Parking	15,000
Catering	20,000
Overseas and Private Patients	22,000
Research and Development	30,690
Education and Training	94,000
Total	**181,690**

Capital Spend:

Description	Spend to 31st March £
A&E POD and Mortuary Works	111,793
Labs Interface	30,000
Ecmo Cart	61,200
3 Ventilators	35,676
Total	**238,669**

20/21 COVID Expenditure for April

Alder Hey Children's **NHS**
NHS Foundation Trust

- The April forecast for 20/21 COVID expenditure is £2.3m revenue and £0.2m loss of income
- Latest estimate of the 20/21 capital cost is £2.3m (includes £1.8m for isolation pods)

FCT Revenue Spend in April:

Description	Estimated Spend in April £
Consumables	859,061
IT Equipment/staff/software	401,000
Staffing	389,796
Showers/Changing	271,000
Equipment	102,629
Suites hotel	75,825
Training	72,573
Facilities Costs	56,000
Cleaning	44,550
Other Non Pay	20,805
Consultancy	6,562
Grand Total	**2,299,799**

FCT Lost Income: in April:

Description	Estimated Lost Income April £
Car Parking	60,000
Catering	80,000
Overseas and Private Patients	22,000
Research and Development	30,690
Education and Training	47,000
Total	**239,690**

FCT Capital Spend: in 20/21:

Description	Estimated Capital 20/21 £
Equipment	60,241
Infrastructure Works	68,000
Infusion Pumps - 30	50,220
Permanent ICU Isolation PODS	1,500,000
Radiology Large Detector	45,600
Radiology Mini C Arm	72,533
Radiology Nano	60,000
Temporary ICU isolation PODS	300,000
Belmont Rapid Infuser	20,747
Beds/cots	65,568
Drip stands	50,220
Ultraviolet machines - to detect infection	60,000
Grand Total	**2,353,129**

COVID – KEY RISKS

Alder Hey Children's NHS Foundation Trust

INCREASE CAPACITY	SAFE CARE	SAFE STAFF	POST COVID
• Lack of Staff availability – high sickness • Lack of clinical expertise/experience of treating adults • Lack of supplies (PPE,Oxygen,Drugs, Consumables, Equip) • Hospital design not suited to adult provision • Individual Departments capacity compromised	• Avoidable hospital Acquired Infections • Not seeing CYP puts them at risk • Delaying CYP treatment puts them at risk • Vulnerable CYP compromised • Challenged ethical decision making • Professional standards compromised	• Avoidable hospital acquired infections • High levels of sickness • Staff welfare compromised, morale impacted • Long term impact on staff welfare • Lack of PPE and associated training	• Significant backlog of CYP needing treatment/care • Supply chain fragility impacts service delivery • CYP demand/flows across the system changes alter significantly • Financial landscape constrains strategy

Alder Hey Children's **NHS**
NHS Foundation Trust

COVID – Keeping CYP we are not seeing Safe

Key Risks

1. Not seeing CYP puts them at risk	2. Delaying treatment puts CYP at risk	3. Vulnerable CYP compromised
• Comms - Public & Professionals • 111 for paediatrics • C&M Paediatric Network • Monitoring Late Presentations • Early identification of trends • Early warning: Trauma & ED	• Access to Care - standardised approach to W/L • Additional theatre list • Clinical Prioritisation • New Outpatient model (digital first)	• Vulnerable patient work stream • Safeguarding

Mitigation

Risk Reference   RR: 2178   BAF 1.3   RR: 2166, 2143, 2096   RR: 2167, 2174, 2156, 2146

COVID – Maintaining Quality and Safety

Alder Hey Children's NHS
NHS Foundation Trust

Key Risks

Mitigation

1. Incident reporting	2. Safe care	3. Safe staffing
• Patient Safety Meeting continued via Teams • Key message to keep reporting • AARs and RCAs commissioned as appropriate • Key lessons learned eg pressure are management in adult intensive care	• Professional standards: policies and procedures – BAU – key message • Complaints management • Infection control: VRE • Risk of inpatients getting COVID (rating 10: 2199); staff getting Covid (rating 8: 2118) • Medicines management in adults • National learning eg proning rounds • Safety Thermometer and Perfect Ward • FFT	• Risk of staff shortage (rating 12: 2138) • Staffing availability through training and redeployment plan
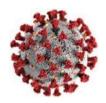
People Issues 1 - Wellbeing

Alder Hey Children's **NHS**
NHS Foundation Trust

Psychological Support
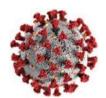
- Staff Advice and Liaison Service
- Alder Centre
- First Care
- Resilience
- Leadership support
- Nationally available resources (www.people.nhs.uk)

Physical Support

- Health & Safety support
- Occupational Health
- PPE & FIT Testing
- Staff Testing
- Social Distancing/Environment
- Catering/Car Parking

People Issues 2 – Advice and Guidance

Alder Hey Children's **NHS**
NHS Foundation Trust

T&C
- Pay
- Absence Management
- Redeployment
- Annual Leave

Other
- Health & Safety support
- Risk Assessments
- Specific support for BAME Colleagues
- Comprehensive Communication Strategy
- Care Packages (Charity partnership)

Covid-19 Response – Phase 2

NHSE Letter – Second Phase of NHS Response to COVID-19

- **Ongoing management of COVID-19**

- Testing all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients,

- **Staff**

- regular testing to asymptomatic staff; assess at risk staff; safety & learning culture; psychological support; protect BAME.

Community & mental health
Open access crisis service ; prepare for longer-term demand in MH; proactively contact existing patients.

Plan for utilising surge capacity
Anticipate rebound in emergency demand; step-up non-COVID urgent services; assess routine non-urgent elective

Lock in beneficial changes

Alder Hey Children's **NHS**
NHS Foundation Trust

Short term Capacity Management Plan

National Comms Campaign →

National Frameworks and Contracts →

← Use latest National Modelling

← Simon Stevens letter to steer

Principles

1. Working at whole system hospital and out of hospital cell level – not individual organisations
2. Mental health, learning disability and autism services to have parity with acute services
3. Activity, capacity planning and management in real time to provide system agility. Maintaining NW critical care planning assumption of 1, 200 critical care beds.
4. Equality of access through active management of system level capacity
5. National command and control and financial regime remain in place.
6. Active oversight of community, primary care, care homes to understand capacity and resilience

9 Communication to build confidence to the public to access NHS care

1 Assess Covid demand

2 Agree clinical non-Covid priorities and assess capacity to commence services

Assess supply constraints
- PPE
- Drugs & consumables
- Staff absence

8

Workforce resilience
- Attendance (testing)
- Health, well being and psychological support
- Returners, student and other staff redeployment

7

Build Nightingale and IS into capacity management plan – ensuring

6 Agree bed occupancy never above X%

5 Infection control flow strategy including testing strategy

4 Assess contingency for out of hospital resilience

3

Hospital and Out of Hospital System Capacity Plan and Management Process

4 – 6 weeks

And refresh in fuller form to the end of the financial year

Extend the short-term plan to embed capacity and innovation over the next 9 months

← National IPC Guidance

Alder Hey Children's **NHS**
NHS Foundation Trust

Move away from an emergency response …

…to how we will work at Alder Hey in 2020 …

…to reflect a new reality

Alder Hey Children's **NHS**
NHS Foundation Trust

WHAT HAS WORKED WELL & SHOULD BE SUSTAINED?

- **FOCUS –** We have achieved so much by focussing on common goals

- **ROLES –** Professional boundaries have been crossed and more matrix work required

- **STAFF WELFARE –** Keeping staff physically and mentally safe

- **SPACE TO DELIVER –** through less bureaucracy

- **MUTUAL AID –** C&M Cell, North West, National

- **DIGITAL –** A Digital first culture

- **INNOVATION –** Integrated with delivery teams

- **COMMUNICATION –** a new way of connecting with our staff

- **ETHICS –** more supported decision making
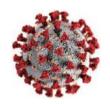
Immediate priority: define Phase 2 model

Finalise the Phase 2 model (next 6 weeks). Launch 6th May

This will require:

- Collective effort to re-introduce **non-COVID urgent services** and **some routine non-urgent elective care**

- Developing a **new theatre schedule**

- Develop new **outpatient schedule**, with digital consultations

- **Allocate** and **support hundreds of staff** to align to the Phase 2 model

- **Environment** and **patient flow** that supports social distancing, PPE supply and co-horting

- **Testing** for inpatient admissions, electives and asymptomatic staff
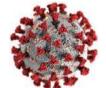
What are we trying to achieve?

Alder Hey Children's **NHS**
NHS Foundation Trust

1. To do all we can to provide access to care for children and young people and their families in order to provide them with the help, support, care and treatment they need

2. Protect staff and their welfare

3. Sustain best practice and new service models for the long term locking in a new role in the wider system

4. Optimise our environment to reduce the spread of COVID-19 and reflect new working practices

Alder Hey Children's **NHS**
NHS Foundation Trust

- Safety thread through org.
- Daily communication huddle
- Control Cell [Command Centre]
- E-rostering
- RotAHub

Operational Excellence

Digital outpatients

Staff welfare

Research, Innovation & Education

Agile Working

New service models & Campus Plan
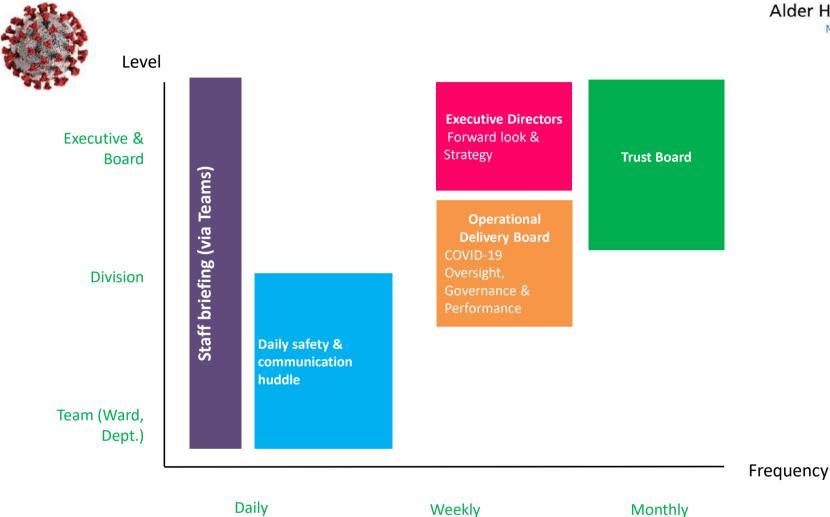
A change in approach…

	Onset of COVID-19	**From May 2020**
Overall approach	Emergency Response	How we will work
Engine Room	Command teams (Tactical & Strategic)	Divisions
Day-to-day management of COVID-19	Tactical Command	Daily safety & communication huddle
COVID-19 Strategic Response & Overshight	Strategic Command	Weekly Operational Delivery Board
Strategic Planning	**Paused**	Executive Team: Forward View Meetings
Service Transformation	**Paused**	Focused Programme

Alder Hey Children's **NHS**
NHS Foundation Trust

Level

Executive & Board

Division

Team (Ward, Dept.)

Staff briefing (via Teams)

Daily safety & communication huddle

Executive Directors
Forward look & Strategy

Operational Delivery Board
COVID-19 Oversight, Governance & Performance

Trust Board

Frequency

Daily

Weekly

Monthly

TRUST BOARD
5th May 2020

Paper Title:	COVID 19 Risk Register
Report of:	John Grinnell, Deputy Chief Executive/Director of Finance
Paper Prepared by:	Cathy Umbers, Associated 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:	Resources identified to support management of COVID 19 risks as required.

Page **1** of **6**

1. **Purpose of the report**

The report is presented to the board, to provide assurance of the effective management of COVID 19 operational risks in line with National guidance.

2. **COVID 19 Risk register.**

There are currently **49** risks on the COVID 19 risk register. The Trust has rigorously managed risk during the pandemic and as a result the majority of the identified risks are currently either low moderate or low i.e.**36**.

However as outlined at **appendix 1** the Trust is currently managing **5** high risks, risk 2178 and risk 2182 with a risk rating of **20**,   risk 2181, risk 2143, and 2180 with a risk rating of **15**. In addition, there are **5** identified high moderate risks (**12**) and 3 moderate risks (**10**). The overview shows that each of the risks has robust controls and actions to prevent the risks being realised. Nevertheless some of the mitigations are dependent on external forces including ongoing developments around the pandemic.

3. **Themes**

The primary themes identified on the COVID 19 register are as follows.

Patient focused risks around delays in accessing services and the potential short and long term impact on patient safety. The highest scoring risk (20) in this category is *"Risk of not seeing C&YP who need treatment and the associated risk of late or no presentation and associated potential for harm*. Also within this theme a further high risk is identified "*Delay in imaging and subsequent delay in treatment*" (15).

Financial focused risks particularly the highest scoring risk (20) "*Risk of Insufficient financial resource to meet demand".* This risk cuts across many of the 'business as usual' risks on the Trust risk register, with the potential to increase the level of many of these risks going forward.

Staff focused risks feature across the COVID 19 risk register, with the highest risk identified scoring 15 "*Risk of short and long term negative effect on staff mental wellbeing".* Additional staffing risks identified relate to staffing levels, training and development, maintaining professional standards. These risks have sufficient controls and actions to address gaps in controls to ensure there is no imminent threat of the risks being realised.

Equipment focused risks has been primarily focused on Personal Protective Equipment (PPE). Although the primary PPE risk "*Risk of securing suitable and sufficient PPE to meet demand, to ensure safety of patients and staff is maintained"* remains high (15), it has continued to be managed effectively in 'real time' to keep both patients and staff safe "

Infection, prevention and control focused risks are clearly identified on the COVID 19 register, *Risk of Staff acquiring COVID 19 in the work place* (current score 8), Risk of Patients acquiring COVID 19 whilst an inpatient at the Trust (10). The Trust has strong controls in place to mitigate these risks and continue to follow national guidance.

Page **2** of **6**

Appendix 1. COVID 19 RISK REGISTER

Ref	Risk Cause	Risk Description	Current	Target	Agreed Mitigation/Action	Risk Owner
2178	Public Behaviours during lockdown and potential for parental anxiety around visiting a hospital / clinical setting during Covid-19	(	20	9	Public Communication - Message to Parents from Alder Hey re: where and when to bring your child in if they are sick Professional Communication - to referrers that Alder Hey open for business during Covid-19 Keeping Children and Young People we are not seeing Safe work stream established as part of Covid-19 response National 'NHS Open for Business' Communication Campaign launched Actions to mitigate Develop 111 for paediatrics; both through C&M Paediatric network local approach, and national approach led through NHSE/I and RCPCH. Phase 2 IPC and estate development plan for whole Trust Establish approach to routine capture of late presentation; national guidelines from RCPCH to drive approach Review risk rating and subsequent activity data in line with any lifting of lockdown (partial or full)	Director of Strategy
2182	Unknown financial architecture of NHS going forward, due to significant pause of business as usual, i.e. CIP, increased running costs, increased volume of referrals, increased volume of activity e.g. surgical procedures, supplier hikes	Risk of Insufficient financial resource to meet demand	20	9	operational plan in place operational plan in place New financial model in place April - July 2020 Agreement from centre that COVID 19 costs will be covered Board and RABD oversight	Deputy CEO Director of Finance
2181	Fear of unknown, becoming infected, infecting patients they are caring for, their families, that colleagues will become sick.	Risk of short and long term negative effect on staff mental wellbeing	15	6	Staff advice and Liaison service (SALS) - Staff support services Care first - online Employees Assistance programme Counselling and Psychological support - Alder Centre Daily Trust briefs- keeping staff informed Spiritual Care support Trust Wellbeing team	Director of HR & OD
2143	Due to the current ongoing COVID-19 Pandemic elective work has ceased from 23rd March 2020. Causing an increase in the backlog of patients awaiting imaging across all modalities. There has also been an average 90% decrease in GA list allocations, currently down from 7 (general and Cardiac) GA lists to x5 patients per week.	Delay in imaging and subsequent delay in treatment.	15	5	Contingency plans - to ensure no child unaccounted for Radiology medics have vetted every imaging request again to identify routine / semi urgent / urgent work. These have all been rag rated into a 9 tier system 1, 3, 5 for routine / semi urgent and urgent. All patients who have had an imaging request postponed have received a letter to ask them to contact their referring clinician to discuss if concerned re symptoms or queries. Linking in with all specialties to understand their demand and	Director of Medical Division

Page **3** of **6**

					backlogs. Linking in with the Cheshire and Mersey Imaging Network to scope out help if needed.	
2180	Global shortage of Personal Protective equipment (PPE) to meet demand	Risk of securing suitable and sufficient PPE to meet demand, to ensure safety of patients and staff is maintained	15		Contingency planning. - Alternative PPE product sourced to meet demand as required. (signed off by Infection Prevention and control Regional and National mutual aid processes Communication via National Supply Disruption route to source products. 3 times weekly huddles	
2138	Increased absence, reduced availability of front-line nursing and AHP staff due to sickness and other COVID related reasons. Additional nursing staff required to work in the Intensive Care Unit in order to provide surge capacity for critical care beds for children and adults. RCN have not set out guidance or agreed RN to patient ratio during pandemic / crisis	There is a risk that compliance with national nursing standards for safe staffing levels on wards and departments will not be met	12	6	Local nurse staff modelling developed and agreed (Green, Amber, Red) Guidance on setting crisis staffing models discussed with regional chief nurse. Staffing model shared with the Association of Chief Children's Nurses to benchmark model against other stand alone children's hospitals. Staffing models agreed via local governance processes. Staff training and redeployment work stream set up March 2020 with the aim of being able to train and redeploy a critical mass of staff to Intensive Care or Wards in the event of surge in number of critical care patients and / or increased staff absence due to higher than normal sickness / absence due to COVID-19 related reasons (staff identified to attend the appropriate training days): 2 day critical care training 1 day ward training 1 day ED training 1/2 day Health Care Assistant training Safety huddles	Acting Chief Nurse
2150	Receiving adult patients in ICU	Lack of experience/expertise in providing pharmaceutical care to adult patients	12	8	Training via clinical supervision provided and ongoing BNF - access to both adult and paediatric drug reference resource - British national Formulary adult medicine guidelines from Royal Liverpool Hospital e.g. Injectable therapy guidelines; medical management of COVID 19 in adults Access to adult reference resources Adult British National Formulary Adult COVD 19 guidelines	Chief Pharmacist

Page **4** of **6**

2173	Lack of appropriately trained Advanced Paediatric Nurse Practitioners (APNP) to cover an increased 7 day rota in response to Covid pandemic. Currently the rota is staffed by two clinicians.	Risk of not preventing usual avoidable admission from the local complex needs caseload of patients to Alder Hey	12	8	National Guidance re COVID 19 Additional support identified and implemented	Associate Chief Nurse Community and Mental Health
2174	Lack of PPE provision, fit testing and general PPE guidance and SOP availability for external providers of packages of care and respite provision	Risk of preventing usual avoidable admission of vulnerable children and young people with complex healthcare needs to Alder Hey Hospital (PPE)	12	8	Alder Hey IPC Policies and SOPs relating to PPE are being used to advice and support external organisations External organisations being provided with advice and guidance on request by Senior Management Team in the Community and Mental Health Division Providing fit test provision / train the trainer training for varying external organisations Escalate to local CCGs and Commissioning Support Unit (CSU) issues identified regarding lack of provision / governance for PPE requirements to enable identification of support via those organisations.	Director of Community and Mental Health
2142	Government advice in response to Covid-19 pandemic specific to adherence to social distancing. Serving catering staff are not able to maintain 2m social distancing due to work environment	Catering staff may become unwell contracting corona virus, and the potential consequence of this to short and long term health	12	6	Existing business continuity plans have not had to consider the impact of a pandemic (has considered flu pandemic) Daily monitoring by catering management and facilities team to ensure optimum safe working arrangements Traffic/ footfall of customers enabling enforcement of social distancing in place (use of controlling numbers entering restaurant, floor markings to reinforce safe distancing Physical Perspex barrier erected in front of hot food serving area Trust took decision to ensure food provision to staff would be free therefore reducing need for cash./payment handling Review of working conditions undertaken with Serving food trolleys spaced to enable higher compliance with social distancing of 2m Changes in place as part of Covid plan to provide food/ meals to patients and family members on ward, as well as the provision of food to institute and ward based staff to reduce footfall to restaurant. Access to atrium being monitored/ controlled by security personnel to reduce risk of those people visiting. Covid specific infection prevention and control guidance	Facilities Manager
2119	Failure to adhere to Isolation precautions, staff with mild undiagnosed COVID symptoms coming into work	Risk of Patients acquiring COVID 19 whilst an inpatient at the	10	5	Isolation of patients with confirmed & suspected COVID 19 Exclusion of Staff members with Covid symptoms for 7 days or until negative Covid test 2-4 days after onset of symptoms Visiting restrictions as per national guidelines to restrict likelihood of Covid 19 infection being brought onto the premises Staff wear PPE within 2 metres of patients	Associate Director of Infection Prevention and Control

Page **5** of **6**

					Additional actions Screening of all patients on admission Covid negative patients only in bays	
2134	Staff shortages and/or relaxing of national guidance for acceptance of blood spot samples during the Covid-19 pandemic.	Risk of missed or delayed diagnosis for a baby with one of the disorders detected by the Newborn Screening programme	10	5	The Newborn Screening laboratory is following national guidance provided to laboratories by Public Health England. This guidance is also summarised in local guidelines. Records of any bloodspot samples accepted during the Covid-19 pandemic that would normally be rejected are being maintained. Training of laboratory staff from other areas in order to support the Newborn Screening laboratory ensures continuity of service. Introduction of home working and flexible working for staff who are at risk or self-isolating. Support from other Newborn Screening laboratories. Ongoing review of staffing rotas	Consultant Clinical Scientist
2170	Temporary shower units for Covid are powered by diesel operated generators.	Risk of fire/ fumes/smoke affecting hospital building/individuals.	10	5	Units covered (mostly) by CCTV Action Risk assessment	Associate Director Development

END

Page **6** of **6**

NHS
Alder Hey Children's
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 5 May 2020

Paper Title:	**Board Assurance Framework 2020/21 (April)**
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.

Page **1** of **6**

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 28 April 2020

BAF Risk Register - Overview at 28 April 2020

3.4: Financial Environment (S)

1.3: Sustaining operational and clinical delivery during the Corona Virus Pandemic and protecting our staff and families (S)

1.2: Inability to deliver accessible services to patients, in line with national standards, due to rising demand (W)

2.1: Workforce Sustainability and Development (S)   2.2: Employee Wellbeing (S)

2.3: Workforce Equality, Diversity & Inclusion (S)   3.1: Failure to fully realise the Trust's Vision for the Park (S)

3.2: Failure to deliver 'Our Plan' objectives to develop a healthier future for Children through leadership of 'Starting Well (S)

4.1: Research & Innovation (S)   1.1: Inability to deliver safe and high quality services (S)

4.2: Digital Strategic Development and Operational Delivery (S)

1.4: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (S)

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

Page 2 of 6

3. Summary of BAF - at 28 April 2020

The diagram below shows that risk 1.2 increased in-month.

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 HG	**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	**INCREASED**
1.3 AB	**Sustaining operational and clinical delivery during the Corona Virus Pandemic and protecting our staff and families**	**5x4**	3x3	**NEW**	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**	3x4	3x2	**INCREASED**	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	**INCREASED**	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**	4x3	4x2	STATIC	STATIC

8. Changes since 7 April 2020 Board meeting

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; continued Covid-related delays to actions. Risk score remains static for May given strategic nature of 3.2; experience same system-wide. 'Our Plan' in light of long term impact of Covid to be explored through Trust Board during remainder of Q1.

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

  Risk reviewed - , activities attributed to this risk continue to remain on hold during the covid19 pandemic - review in June 2020.

- ***Sustaining operational and clinical delivery during the Corona Virus Pandemic and protecting our staff and families (AB)***

  COVID programme continues to be reviewed at Trust Board monthly.

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

  Following review with specialty leads no issues identified.

Internal risks:

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

  The level of activity for non-urgent outpatient, diagnostic and theatre appointments has significantly recued. In April activity levels in outpatients and theatres is approximately one third of the level of activity before COVID-19. This means it is not possible to sustain the 52 week waiting time target and 18 weeks RTT. However, we do have processes to book patients to outpatients and theatres such that will prioritise long wait patients and clinically urgent patients to make the best of the available capacity we do have. In May we will re-introduce more of our services whilst maintaining social distance, use of personal protective equipment, testing and cohorting patients. In outpatients we are embracing telephone consultations and digital consultations. In April over 500 patients were assessed using a digital consultation. COVID-19 has significantly recued the number of attendances to ED and in April we achieved the 95% waiting time standard.

- ***Inability to deliver safe and high quality services (HG)***

  No change to BAF score in month. New risk and associated controls and actions added to Risk Register (2138) regarding potential risk to staffing related to COVID-19 pandemic due to surge in critical care patients and / or staffing shortages due to increased sickness. Workstream for redeployment of staff established. Staffing models of Amber and Red devised in response to major surge / sickness however there has not been a requirement to work to these staffing levels and staffing has remained in line with national nursing

standards (RCN / PICS / BAPM).   20 nurses from India joined Alder Hey in March 2020. Due to COVID-19 pandemic, national strategy implemented to enable the nursing staff to join the NMC register with immediate effect. The nurses have been allocated appropriately with the majority being allocated to work in critical care based on service requirement and their knowledge, skill and expertise.   An additional cohort of 10 nurses from India has had to be postponed due to COVID restrictions.   23 nurses from HEI commenced in the Trust in April 2020. 47 3rd year students who were due to complete their degree in September 2020 have signed up voluntarily to join the workforce and will be added to the NMC register. This cohort of nurses constitutes our usual pipeline of new starters in October 2020 therefore will be allocated in line with expected October position and opening of winter beds   Professional standards workstream established as part of Trust COVID response   Draft CQC report received and undergoing factual accuracy.

- ***Financial Environment (JG)***
  Trust delivered 2019/20 control total subject to final audit. Focus for first quarter of 2020/21 is having clear financial framework and governance associated with COVID financial arrangements. Key risk during this period is lost cost control and/or any COVID costs not covered by the centre.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Reviewed actions due to the impact of COVID and to update on progress of the cluster project/budget discussions and VE exercise.

- ***Digital Strategic Development and Operational Delivery (KW)***
  BAF reviewed. Good progress against plans.

- ***Workforce Sustainability and Development (MS)***
  Activities attributed to this have been paused until June due to Covid19*.*

- ***Employee Wellbeing (MS)***
  Reviewed risk - all actions on track.

- ***Research & Innovation (CL)***
  Review - static status. Two overdue actions that have been affected by delays relating the COVID-19 workstream.

Erica Saunders
Director of Corporate Affairs
5 May 2020

Appendix A.   Links between BAF and high scored risks – as at 28 April 2020

BAF Risk	Strategic Aim	Related Corporate Risk

1.1 Inability to deliver safe and high quality services

1.2 Inability to deliver accessible services to patients, in line with national standards, due to rising demand

Delivery of outstanding care

1.3 Sustaining operational and clinical delivery during the Corona Virus Pandemic and protecting our staff and families

1.4 Sustainable operational delivery in the event of a 'No Deal' exit from EU

(1921) Delay in patient care if a bleep call fails

(1984) Delays in children being able access Cardiac treatment (delayed stepdown from critical care meaning that this capacity is not available for other patients).

(1169) insufficient paediatric consultant Haematologists at Alder Hey and nationally

(1131) Potential for incorrect treatment and management for patients in the Community and Mental Health Division

(1715) Current Software is not sufficient to view ECHO scans. Inability to review echo images.

None

None

None

2.1 Workforce Sustainability & Capability

The best people doing their best work

2.2 Staff Engagement

2.3 Workforce Equality, Diversity & Inclusion

(1984) Delays in children being able access Cardiac treatment (delayed stepdown from critical care meaning that this capacity is not available for other patients).

(1169) insufficient paediatric consultant Haematologists at Alder Hey and nationally

None

None

3.1 Failure to fully realise the Trust's vision for the Park

Sustainability through external partnerships

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

None

None

None

4.1 Research, Education & Innovation

Game-changing research and innovation

4.2 Digital Strategic Development and Operational Delivery

None

(1715) Current Software is not sufficient to view ECHO scans. Inability to review echo images.

Board Assurance Framework 2020-21

NHS 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: 1921, 1131, 1984, 1715		
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 assessment completed for all planned changes(NHSe). Change programme assurance reports monthly	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	30/06/2020	20 nurses from India joined Alder Hey in March 2020. Due to COVID-19 pandemic, national strategy implemented to enable the nursing staff to join the NMC register now without undertaking their OSCE. The nurses have been allocated appropriately with the majority being allocated to work in critical care based on service requirement and their knowledge, skill and expertise.

Board Assurance Framework 2020-21

			An additional cohort of 10 nurses from India has had to be postponed due to COVID restrictions. 23 nurses from HEI commenced in the Trust in April 2020 40 3rd year students who were due to complete their degree in September 2020 have signed up voluntarily to join the workforce and will be added to the NMC register (national decision being made as to whether temporary or full registration at this point). This cohort of nurses constitutes our usual pipeline of new starters in October 2020 therefore will be allocated in line with expected October position and opening of winter beds
Alignment of workforce plans across the system		30/06/2020	During March and April 2020, significant modelling of bed number, case mix, and associated staffing requirements has been undertaken in response to the COVID-19 pandemic

Executive Leads Assessment

April 2020 - Pauline Brown
No change to BAF score in month. New risk and associated controls and actions added to Risk Register (2138) regarding potential risk to staffing related to COVID-19 pandemic due to surge in critical care patients and / or staffing shortages due to increased sickness. Workstream for redeployment of staff established. Staffing models of Amber and Red devised in response to major surge / sickness however there has not been a requirement to work to these staffing levels and staffing has remained in line with national nursing standards (RCN / PICS / BAPM).   20 nurses from India joined Alder Hey in March 2020. Due to COVID-19 pandemic, national strategy implemented to enable the nursing staff to join the NMC register with immediate effect. The nurses have been allocated appropriately with the majority being allocated to work in critical care based on service requirement and their knowledge, skill and expertise.   An additional cohort of 10 nurses from India has had to be postponed due to COVID restrictions.   23 nurses from HEI commenced in the Trust in April 2020. 47 3rd year students who were due to complete their degree in September 2020 have signed up voluntarily to join the workforce and will be added to the NMC register. This cohort of nurses constitutes our usual pipeline of new starters in October 2020 therefore will be allocated in line with expected October position and opening of winter beds   Professional standards workstream established as part of Trust COVID response   Draft CQC report received and undergoing factual accuracy. Risk owner changed to Pauline Brown

March 2020 - Philip O'Connor
Risk reviewed - no change to score in month but progress made re International recruitment and CQC compliance. All actions remain on track

February 2020 - Hilda Gwilliams
Risk Reviewed - no change to score in-month. Actions remain on track

Board Assurance Framework 2020-21

NHS
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		
Exec Lead: Adam Bateman	Type: Internal, Known		Current IxL: 3x5	Target IxL: 3x2	Trend: INCREASED

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

Existing Control Measures	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

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
1. 5 year workforce plan, model of care and investment case for the urgent and emergency care	30/11/2020	Outline business case has been prepared detailing workforce requirements over the next 3-5 years to redesign the emergency care pathway within the department, with a view to address the high volume of low acuity patients that present to an acute care setting. The case also considers our opportunity to work with primary care partners in light of the system's Urgent Care Review and the opportunity to link into Alder Hey's future building programme.
2. Increase in capacity and new pathways of care in community paediatrics for ASD & ADHD diagnostics	30/06/2020	Impact of COVID-19 has resulted in more activities within the ASD/ADHD assessment service being carried out via telephone

Board Assurance Framework 2020-21

		and video call. Use of further external support being progressed to ensure delivery of activity during Q1 20/2. Staffing levels to support service is impacted by staff absence and requirement to support acute. Monitoring in place to ensure any impact is understood and acted on within Division.
4.Completion of detailed actions for specialties with a Challenged Action Board	31/12/2020	Challenge Action Boards reviewed at Operational Delivery Board and Executive Directors Meeting to monitor and support progress
3. Additional workforce capacity in Specialist Mental Health Services and new pathways	30/06/2020	The service has successfully recruited to additional posts across all areas including Educational Mental Health practitioners (EMHPs) and a number of apprenticeship appointments have been made. This will support the delivery of capacity and new pathways in the service. Impact of COVID-19 has resulted in some clinical activity being converted to telephone and video clinics.

Executive Leads Assessment

April 2020 - Adam Bateman
The onset of the COVID-19 public health emergency is having an adverse effect on access to care because of the need to direct staff and capacity to deal with the pandemic. Focus is on maintain access to care for children who require urgent treatment.

The Emergency Department, as part of its improvement plan, is focused on improving time-to-triage. Nonetheless, a huge effort has gone in to redesigning the ED layout to be COVID-19, and to support the testing of suspected patients. This effort has detracted from wider waiting time improvement efforts.

In learning disability services a significant investment has been secured to increase the workforce and reduce waiting times. There is now an improvement trajectory to reduce waiting times such that all new referrals triage within 12 weeks and diagnosis within 18 weeks from April 2020, subject to re-assessment of trajectory following COVID-19.

February 2020 - Adam Bateman
ED waiting time performance in January improved to 87.6%. There has been a delay in completion of the ED business case as the new Clinical Director and ACOO evaluate demand, workforce requirements and model. The case will be concluded in March.   As pressures have lessened and flow in ED has improved relative to November we have stood down the incident management group and are managing this as business as usual.   In ED we are increasing staffing levels to have a second triage nurse and to appoint additional ANPs to reduce time to treatment.   In order to further support patient flow in ED, we have agreement through the Best in Acute Care Group a new Paediatric Assessment Unit. The business case will be submitted in March and the pilot is expected to start in July 2020.

January 2020 - Adam Bateman
Overall access to planned care and cancer care is outstanding and in line with national standards at the aggregated level. Nonetheless, in community paediatrics there are delays to follow-up appointments and long waiting times for ASD and ADHD diagnosis.
We have faced exceptional pressures in the Emergency Department due to unprecedented volumes of patients attending which has led to an increase in the number of patients waiting over 4 hours for treatment. Maintaining safe emergency care has been our top priority and we have taken a number of exceptional actions to enhance staffing levels (HCA in waiting room and additional night shift) and increase capacity (Daily emergency access clinic and respiratory physiotherapy appointments).

Board Assurance Framework 2020-21

NHS
Alder Hey Children's
NHS Foundation Trust

BAF 1.3	Strategic Objective: Delivery Of Outstanding Care		Risk Title: Sustaining operational and clinical delivery during the Corona Virus Pandemic and protecting our staff and families		
Related CQC Themes: Responsive, Safe, Effective, Well Led, Caring			Link to Corporate risk/s: No Risks Linked		
Exec Lead: Adam Bateman	Type: External,		Current IxL: 5x4	Target IxL: 3x3	Trend: STATIC

Risk Description
Failure to safeguard the organisation's ability to deliver services safely and protect our staff and families during the coronavirus (COVID-19) outbreak.

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	

Gaps in Controls / Assurance
Recovery plan (protecting staff and recovering access times for patients) for phase 2 to be finalised

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
System wide response for pandemic influenza, focused on the continuity of public and critical services	29/05/2020	
From 13 March 2020 our Personal Protective Equipment (PPE) training will be modified to be COVID-19 PPE specific, and consistent with the latest Public Health England guidance.	29/05/2020	
Increased testing aligned to national guidance	29/05/2020	
Restricted visiting; this will allow us to reduce the possibility of the virus inadvertently being bought into the hospital and help to keep our vulnerable children safe.	29/05/2020	
Non-Clinical Corporate Services Working from Home where possible	29/05/2020	
Internal Response Plan - Strategic Command Team in place	29/05/2020	
Workstream established to review external supplies. Group meeting three times per week to review key actions, decisions and risks/issues/opportunities	29/05/2020	
All elective surgery being clinically led with prioritised step down of non urgent work - clinical prioritisation leadership structure in place and ethics	29/05/2020	
Staff being redeployed where possible support potential surge	30/06/2020	
Clinical Advisory Board in place covering clinical prioritisation, ethics, vulnerable children and infection prevention control	30/06/2020	
Staff welfare and guidance workstream established	30/06/2020	
Develop and implement COVID phase 2 plan enabling the delivery of increased elective capacity whilst maintaining the ability to respond in the event of a further surge	29/05/2020	

Executive Leads Assessment
April 2020 - John Grinnell COVID programme continues to be reviewed at Trust Board monthly
March 2020 - John Grinnell COVID programme to be reviewed at Trust Board each month

Board Assurance Framework 2020-21

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.

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.	Internal team meets regularly; work stream leads identified; risk assessments undertaken. Assurance framewroks completed and submitted to NHSE.

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.

Executive Leads Assessment
February 2020 - Lachlan Stark Following review with specialty leads no issues identified
January 2020 - Lachlan Stark 11 month transition period underway within which plans will be developed and finalised in readiness for full exit on the 31st Dec 2020.
December 2019 - John Grinnell Risk reviewed in line with 31 January 2020 scheduled exit. Business to remain 'as is' given 12 month transition period. Business continuity plans to remain in place ready for resurrection if required.

Board Assurance Framework 2020-21

NHS
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, 1169		
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	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
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	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
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
April 2020 - Sharon Owen Activities attributed to this have been paused until June due to Covid19.

Board Assurance Framework 2020-21

March 2020 - Melissa Swindell Given the rapid development of the response required to the Covid pandemic, activities attributed to this risk have been paused, with a view to review in June 20.
February 2020 - Sharon Owen reviewed Actions and actions on track
January 2020 - Melissa Swindell Risk reviewed and updated to reflect changes. All gaps in controls have associated actions

Board Assurance Framework 2020-21

NHS 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
April 2020 - Sharon Owen Reviewed risk - all actions on track.
March 2020 - Melissa Swindell This workstream has been accelerated specifically by the need to support staff through the COVID pandemic. SALS is being progressed, as is the implementation of the wellbeing team.
February 2020 - Sharon Owen Risk reviewed, all actions on track. Lead for wellbeing team appointed to and some of the team. Hope all team will be in post ready to launch 1st April 2020.

Board Assurance Framework 2020-21

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

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.	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.
1. Work with Community Engagement expert to develop actions to work with local community	30/06/2020	activities attributed to this risk have been paused, with a view to review in June 20.

Executive Leads Assessment
April 2020 - Sharon Owen Risk reviewed - , activities attributed to this risk continue to remain on hold during the covid19 pandemic - review in June 2020.
March 2020 - Melissa Swindell Given the rapid development of the response required to the Covid pandemic, activities attributed to this risk have been paused, with a view to review in June 2020.
February 2020 - Sharon Owen Risk reviewed, actions updated

Board Assurance Framework 2020-21

NHS 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: No Risks Linked		
Exec Lead: David Powell	Type: Internal, Known		Current IxL: 3x4	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to fully realise the Trust's vision for the Park and campus, in partnership with the local community and other key stakeholders as a legacy for future generations

Existing Control Measures	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.

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 market test and scheme rationalisation and secure sign off	12/05/2020	VE exercise is underway and conclude by 25th April, with a view to the scheme being back inline with the budget and with an aim of gaining Trust Board sign off in May.
Complete cost plan	30/04/2020	
2. Agree Park management approach with LCC	29/06/2020	Outline process agreed with LCC
Prepare Action Plan for NE plot development	19/05/2020	Draft Action plan in place, final action plan will be delayed due to COVID 19, as this required input form PWC, Capacity and Senior Trust stakeholders
Prepare revised plan for park clearance	28/04/2020	some delay to this due to the COVID19 work being undertaken by the team and also there will be a delay to the planned programme for the Nursing home refurbishment and strip out, which is needed in order to clear the site for the next phase. Tender documents for the refurbishment works are ready and tender will go to the market on Monday 27th April.
Prepare plan to respond to impact of the virus	24/04/2020	

Executive Leads Assessment

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.

March 2020 - David Powell
Review with regard to Covid 19 planning.

February 2020 - David Powell
Review prior to March Board

Board Assurance Framework 2020-21

NHS
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: No Risks Linked		
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
Children's Transformation Programme - established and running - planning underway to become the 'Starting Well' delivery vehicle for One Liverpool(developing). SRO Louise Shepherd confirmed.	

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
6.　Develop Operational and Business Model to support International and Private Patients	01/06/2020	
1. Strengthening the paediatric workforce	31/03/2020	6 monthly audit of 7-day standards is subject to external scrutiny. Global Digital Excellence has improved measurement capability. Adrian Hughes is now leading as one of the top 5 Operational Priorities known as 'New Models of Care'. In addition, junior doctor numbers were bolstered during the winter which improved cover and consultant arrangements.
2. Develop Sefton and Knowsley plans for C&YP - align with One Liverpool where possible/appropriate	03/07/2020	Positive progress in Sefton with development of Children's Partnership Board; delay to progress expected due to Covid though plans in place to resume once appropriate (assume 3mths)
3.Collaboration with LCCG and system leaders to develop 28/02/2019 next stage of One Liverpool; develop the programme of work for C&YP / Starting Well - Children's transformation partnership to take a leadership role	03/07/2020	System already experiencing delay to progress due to COVID; assume 3 months impact, though this will be assessed monthly.

Board Assurance Framework 2020-21

4.Continue to develop joint partnership hosting arrangements for existing and pending ODNs with RMCH	03/07/2020	Significant progress in ODN development planning at North West Paediatric Partnership Board in March. Spec Com agreement to delay subsequent actions during Covid; assume 3mth delay initially (to be reviewed monthly).
5.Develop Business Model to support centralisation agenda and Starting Well	03/07/2020	Development of governance for Starting Well underway which is a step towards defining business model. however, impact of COVID will cause a delay in progress; currently working to assumption 3 months delay (to be reviewed monthly).

Executive Leads Assessment
April 2020 - Dani Jones Risk reviewed; continued Covid-related delays to actions. Risk score remains static for May given strategic nature of 3.2; experience same system-wide. 'Our Plan' in light of long term impact of Covid to be explored through Trust Board during remainder of Q1.
March 2020 - Dani Jones Risk reviewed; Covid-related delays to actions. Risk score remains static given strategic nature of 3.2, and all system partners experiencing same delays. Situation to be closely monitored and assessed each month.
February 2020 - Dani Jones Risk reviewed; updates to actions and controls re: Starting Well. No change to score in month.

Board Assurance Framework 2020-21

NHS
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: No Risks Linked		
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

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
4. Long Term Financial Plan	30/06/2020	Financial gap remains unresolved as progress with NHSI has been paused due to COVID-19. Financial planning formally paused
2. Five Year capital plan	30/06/2020	Given COVID-19 longer term financial plans on hold and suggest this is revisited when the COVID-19 position is clearer.
4. Cost of Winter	30/06/2020	Winter pressures superseded by COVID-19, will revisit as part of 2010/21 operational plans
5. Childrens Complexity tariff changes	30/06/2020	Case for 2020/21 on pause pending COVID-19. Longer term tariff work continues with a due for completion June 2020
1. Develop COVID-19 financial plan to align to revised commissioner and central finding arrangements	22/05/2020	Initial framework taken to RABD and Board. Four month COVID Plan still to be finalised

Executive Leads Assessment
April 2020 - John Grinnell Trust delivered 2019/20 control total subject to final audit. Focus for first quarter of 2020/21 is having clear financial framework and governance associated with COVID financial arrangements. Key risk during this period is lost cost control and/or any COVID costs not covered by the centre.
March 2020 - John Grinnell Risk reviewed in month, score increased to 20 to recognise uncertainties relating to COVID-19
February 2020 - Claire Liddy Month 10 financial results are a £0.2m adverse variance in month and £1.8m forecast risk to control total. Clinical and corporate divisions have been set improvement targets which are being tracked.
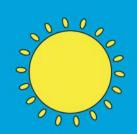
Board Assurance Framework 2020-21

NHS
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 gaps in capacity and funding

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
Programme assurance via regular Programme Board scrutiny	Reports to Programme 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	

Gaps in Controls / Assurance
Re-energise Research governance processes Reporting frameworks and standards for all services to be agreed/harmonised

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Complete collaboration contract with University of Liverpool. This is a strategic agreement - deadline reset to March 2020 as part of 3 year join planning with UoL VP. Create standard approach to agree 3 year strategic R&I roadmaps with each University Partner	31/03/2020	Plans, data and costs now exchanged but final agreement still to be reached. Longstop date Dec 2019, but conclusion expected before this; timescale therefore revised.
Agree incentivisation framework for staff and teams: for research time & innovation time.	31/03/2020	Research time now under pilot phase. Innovation and addressing a culture of innovation to be included in innovation 10 year strategy production. Innovation Committee strategy session planned in Q4 2019/20.

Executive Leads Assessment
April 2020 - Claire Liddy Review - static status. Two over due actions that have been affected by delays relating the COVID-19 workstream.
March 2020 - Jason Taylor Risk reviewed. No change to score; actions on track.
February 2020 - Claire Liddy Risk reviewed; no change to score; actions on track

Board Assurance Framework 2020-21

NHS
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: 1715		
Exec Lead: Kate Warriner	Type: Internal, Known		Current IxL: 4x2	Target IxL: 3x2	Trend: STATIC

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
Lack of secondary data centre / disaster recovery - significant progress with new arrangements in place 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 accreditation	29/05/2020	Work continues to progress - cyber deep dive planned in May to agree accreditation dates.
Testing and commissioning of secondary data centre	29/05/2020	Progress continues, server migration in progress.

Executive Leads Assessment
April 2020 - Kate Warriner BAF reviewed. Good progress against plans.
March 2020 - Kate Warriner BAF Risk viewed, significant progress made in 19/20 with technology roadmap divisional integration and resilience / cyber. A number of risks significantly mitigated.
February 2020 - Kate Warriner Reviewed BAF including key actions which are on track. Good progress being made.

TRUST BOARD Report March 2020

How Did We Do?

Executive Summary   **Month: March   Year: 2020**

Alder Hey Children's NHS Foundation Trust

Delivery of Outstanding Care

Safe	
• 0 clinical incidents reported resulting in moderate harm or above • Lower numbers of incidents reported as a consequence of impact of COVID 19	**Highlight** • 0 hospital acquired infections recorded • Continued uptrend of patients treated for sepsis within an hour in the inpatient area **Challenges** • 3 medication errors resulting in harm albeit all minor harm

---

The Best People Doing their Best Work

Caring	
• PALS and complaints numbers are low in month probably a reflection of reduced activity associated with COVID 19 • NHSE have suspended all Friends and Family reporting until July because of COVID 19	**Highlight** **Challenges**

Delivery of Outstanding Care

Effective

Waiting times in the Emergency Department improved, relative to February, with performance in March at 89.4%. The improvement was driven by tests of change the Departments have undertaken, such as a new triage process, and by a reduction in attendances following the COVID-19 lockdown. The ED has made a significant contribution to delivering the COVID-19 testing service for patients and staff.

The higher number of cancellations was driven by largely by demand being higher than available capacity for surgical beds and critical care beds. In March no operations were cancelled on the day due to COVID-19 as families were contact ahead of their date for surgery.

The majority of patients who had a cancelled operation in February had their operation re-booked and performed within 28 days. There were, however, 7 patients who waited longer than 28 days for this.

Highlight

- Improvement in scanning turnaround times

Challenges

- On-the-day cancellations

- 28 day breaches

Delivery of Outstanding Care

Responsive

Access to cancer care and diagnostics was good.

The size of the waiting list has reduced in part because of a reduction in referrals from primary care; a consequence of the COVID-19 lockdown. Alder Hey is contributing to a wider campaign to communicate to families and communities that if their child is unwell they should still access the NHS for care.

There is deterioration in referral to treatment times for patients on non-urgent open pathways; this is a result of the cancellation of routine elective and outpatient work from the 23 March 2020, a decision taken through the COVID-19 Emergency Response Plan. The same factors also contributed to some patients waiting over 52 weeks for treatment. This will be a challenge over the next few months as routine services have been paused to focus on the COVID-19 response.

Highlight

- Access to cancer care

- Access to diagnostics

- Waiting List Size

Challenges

- RTT open pathway times increasing

- 5 patients waited over 52 weeks for treatment

The Best People Doing their Best Work

Well Led

In Month 12 we achieved a £2.8m surplus which was ahead of plan by £0.9m. This meant that we achieved a surplus for the year of £1.9m which was ahead of our Control Total plan by £0.3m. The costs which were incurred in relation to Covid-19 were fully reimbursed.

Activity levels were behind plan in all POD's which was expected. A&E activity was 28% behind plan whilst Elective activity was 29% behind plan and Non Elective was 31% behind plan. Outpatients were 27% behind plan. The Trust income was not adversely affected by this as we received a year end settlement from our commissioners.

Both pay and non-pay exceeded budget in month 12 but these overspends were offset by income.

The CIP target for the year of £6m was fully achieved.

Cash holdings for the year end were £90m which was significantly higher than plan driven mainly by capital slippage.

A concerted effort has meant we continue to achieve mandatory training levels again. It is key that this is sustained.

Completion of PDR's are just ahead of the target of 90% and a concerted effort is required by all areas to maintain and improve this further. Additionally medical appraisals have improved further and now exceed 95%.

Sickness levels have increased to 6.9%. There is work underway to support specific teams where sickness levels are high.

Highlight

- Exceeding year end Control Total

- Achievement of CIP target

- PDR's

Challenges

- Covid 19

- Sickness levels

Game Changing Research and Innovation

Research and Development

	Highlight
• Director of Research co-leads NHS response to management of clinical research in response to COVID-19 (reporting to DHSC & NHSE/I).	• Alder Hey Charity donate 300K for COVID-19 research.
	Challenges
• Research Portfolio Stratified - 'Elective' studies suspended, Priority studies remain open/opened.	• Suspension of research studies due to impact of COVID-19.
• Core team retained to co-ordinate and deliver Priority research, remaining clinical and non-clinical staff available for redeployment to support Trust COVID-19 plan.	

Alder Hey Children's **NHS**
NHS Foundation Trust

Contents

Contents

Alder Hey Children's **NHS**
NHS Foundation Trust

Contents

Contents

Alder Hey Children's **NHS**
NHS Foundation Trust

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	0	0	3	0	83.33 %
Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 2020

Sepsis: Patients treated for Sepsis within 60 mins - Inpatients
88.89 %
Mar 2020

CARING   **EFFECTIVE**   **RESPONSIVE**

Friends & Family: Overall Percentage Recommended Trust	ED: 95% Treated within 4 Hours	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
	89.36 %	100 %	100 %	100 %	100 %
Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 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	Waiting List Size
		100 %	86.75 %	5	12162
		Mar 2020	Mar 2020	Mar 2020	Mar 2020

WELL LED

Cash in Bank (£'000s)	Control Total In Month Variance (£'000s)	Mandatory Training	NHSI Use of Resources	Safer Staffing (Shift Fill Rate)	Sickness
90030	880.69	93.17 %	3		6.79 %
Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 2020	Mar 2020

Delivery of Outstanding Care

SAFE

BRILLIANT BASICS

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG			Comments Available
Proportion of Near Miss, No Harm & Minor Harm	D	100.0%	100.0%	100.0%	99.5%	99.2%	99.8%	99.3%	100.0%	99.8%	99.2%	99.0%	99.8%	100.0%		>=99 %	N/A	<99 %	✔
Clinical Incidents resulting in Near Miss	D	76	59	83	58	114	52	63	63	70	44	75	72	50		>=81	>=77	<77	✔
Clinical Incidents resulting in No Harm	D	280	301	296	296	322	287	277	330	296	219	336	333	234		>=290	>=276	<276	✔
Clinical Incidents resulting in minor, non permanent harm	D	104	94	108	77	62	70	72	91	89	94	91	84	64		<=86	N/A	>86	✔
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	1	4	1	1	0	1	2	4	1	0		<=1	N/A	>1	✔
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	1	0	0	1	1	0	0		0	N/A	>0	✔
Clinical Incidents resulting in catastrophic, death	D	0	0	0	1	0	0	1	0	0	0	0	0	0		0	N/A	>0	✔
Medication errors resulting in harm	D	2	6	3	3	1	1	2	6	3	3	0	2	3		<=2	N/A	>2	✔
Pressure Ulcers (Category 3)	W	0	0	0	1	0	1	0	0	1	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	✔
Never Events	W	0	0	0	0	0	0	2	0	0	1	0	1	0		0	N/A	>0	✔
Sepsis: Patients treated for Sepsis - A&E	D P	79.4%	58.8%	71.1%	65.2%	79.3%	76.7%	77.8%	78.4%	84.2%	76.7%	83.9%	86.5%	83.3%		>=90 %	N/A	<90 %	✔
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	73.3%	81.8%	71.4%	90.9%	80.0%	100.0%	94.1%	100.0%	93.8%	87.5%	87.5%	88.2%	88.9%		>=90 %	N/A	<90 %	✔
Number of children that have experienced avoidable factors causing death - Internal	W	0	0	0	0	1	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	1	0	0	0	0	0	0	1	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MSSA	D	4	1	1	0	0	1	1	0	1	0	0	2	0		<=1	N/A	>1	✔

The Best People doing their best Work

CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG	Comments Available
Friends & Family: Overall Percentage Recommended Trust	W	93.2%	91.1%	90.8%	89.7%	90.6%	92.4%	93.5%	92.9%	91.6%	92.2%	94.3%	94.3%			>=95 % >=90 % <90 %	✔
Friends & Family A&E - % Recommend the Trust	D	89.5%	78.8%	87.7%	80.4%	82.8%	88.1%	91.1%	83.6%	80.9%	80.8%	88.0%	87.6%			>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust	D	98.6%	88.4%	100.0%	93.8%	92.9%	92.9%	91.9%	95.0%	94.1%	91.9%	92.0%	91.8%			>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust	D	97.8%	97.3%	90.6%	90.1%	93.2%	92.5%	95.5%	96.5%	95.9%	95.9%	97.1%	95.7%			>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust	D	82.9%	80.8%	88.7%	100.0%	33.3%	78.8%	88.5%	66.7%	89.1%	73.1%	90.7%	80.0%			>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust	D P	91.1%	92.7%	91.7%	93.5%	91.2%	94.4%	93.8%	95.3%	94.5%	95.7%	95.6%	96.1%			>=95 % >=90 % <90 %	✔
Complaints	W	16	7	9	6	15	13	12	4	15	8	8	10	9		No Threshold	
PALS	W	95	109	103	121	128	93	130	120	105	67	123	114	74		<=84 <=93 >93	✔

Delivery of Outstanding Care

EFFECTIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive **W** Watch **P** Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG			Comments Available
% Readmissions to PICU within 48 hrs	W	2.5%	2.7%	2.1%	1.3%	5.3%	4.1%	0.0%	1.2%	0.0%	0.0%	1.6%	0.0%	0.0%		<=3 %	N/A	>3 %	✔
ED: 95% Treated within 4 Hours	D	95.6%	93.5%	91.3%	89.3%	91.7%	94.6%	88.9%	86.8%	79.2%	85.9%	87.3%	86.8%	89.4%		>=95 %	N/A	<95 %	✔
ED: Number of patients spending >12 hours from decision to admit to admission	W	0	0	1	0	1	0	0	0	0	0	0	0	0		0	N/A	>0	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	D	12	9	24	15	37	35	18	34	44	36	20	41	37		<=20	N/A	>20	✔
28 Day Breaches	W	1	0	0	1	2	0	1	0	2	7	10	4	7		0	N/A	>0	✔
Average Scanning Turnaround - Inpatient	D	49.00	49.00	50.00	55.00	55.00	65.00	71.25	73.00	74.00	64.00	70.00	76.00	15.00		<=7	N/A	>7	✔
Average Scanning Turnaround - Outpatient	D	23.00	24.00	21.00	23.00	23.00	31.50	32.25	9.00	10.00	24.00	1.00	2.00	2.00		<=5	N/A	>5	✔

Delivery of Outstanding Care

RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS NHS Foundation Trust

D Drive W Watch P Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG			Comments Available
IP Survey: % Received information enabling choices about their care	W	95.7%	98.3%	96.6%	97.5%	97.6%	95.7%	97.7%	95.7%	96.7%	96.5%	97.3%	97.8%	96.4%		>=95 %	>=90 %	<90 %	✔
IP Survey: % Treated with respect	W	99.5%	99.3%	99.0%	98.1%	99.2%	97.5%	98.4%	97.7%	97.6%	98.5%	98.7%	97.6%	98.1%		>=95 %	>=90 %	<90 %	✔
IP Survey: % Know their planned date of discharge	D P	80.6%	88.8%	84.1%	87.9%	87.8%	87.1%	89.2%	92.2%	92.6%	90.2%	90.5%	89.6%	91.1%		>=90 %	>=85 %	<85 %	✔
IP Survey: % Know who is in charge of their care	W	93.4%	99.3%	90.5%	96.3%	90.8%	98.0%	98.4%	93.7%	98.3%	96.8%	98.0%	97.6%	96.1%		>=95 %	>=90 %	<90 %	✔
IP Survey: % Patients involved in Play	D				93.3%	94.5%	95.3%	91.5%	92.1%	93.9%	91.2%	95.6%	92.5%	94.2%		>=90 %	>=85 %	<85 %	✔
IP Survey: % Patients involved in Learning	D				70.9%	75.6%	72.1%	68.3%	73.5%	68.3%	85.4%	85.4%	78.0%	79.2%		>=90 %	>=85 %	<85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	W	92.0%	92.0%	92.0%	92.1%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	86.7%		>=92 %	>=90 %	<90 %	✔
Waiting List Size	W	12,746	12,871	12,876	12,843	12,883	12,874	12,826	12,754	12,827	12,879	12,885	12,895	12,162		<=12899	N/A	>12899	✔
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	5		0	N/A	>0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	96.4%	100.0%	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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 %	N/A	<100 %	✔
Diagnostics: % Completed Within 6 Weeks	W	99.5%	100.0%	99.8%	100.0%	99.8%	100.0%	99.7%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%		>=99 %	N/A	<99 %	✔
PFI: PPM%		98.0%	98.0%	98.0%	98.0%	100.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	95.0%	99.0%		>=98 %	N/A	<98 %	✔
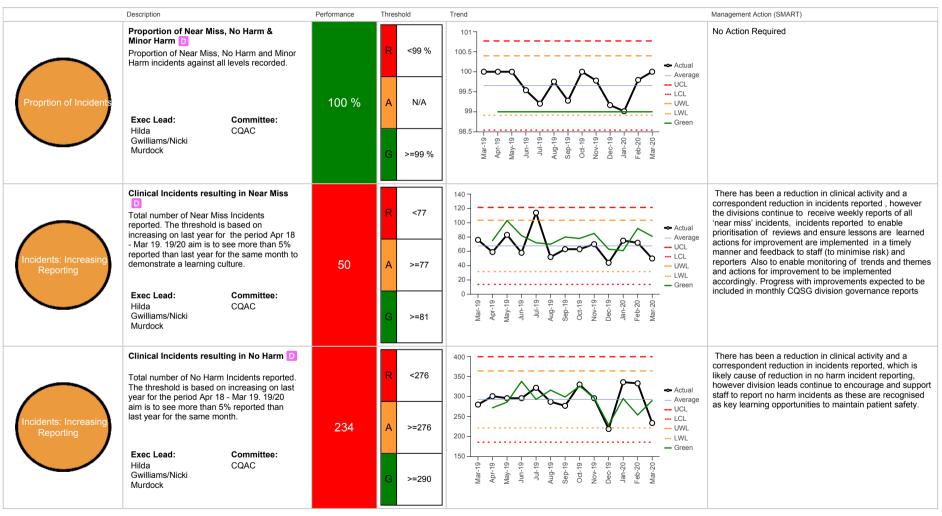
The Best People doing their best Work

WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

Metric		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG			Comments Available
CIP In Month Variance (£'000s)	W	-75	-163	-54	-47	-26	176	-165	-22	57	-147	-297	-228	941		>=-5%	>=-20%	<-20%	✔
Control Total In Month Variance (£'000s)	W		-394	-165	596	-848	852	94	-240	-205	358	-207	-498	881		>=-5%	>=-20%	<-20%	✔
Capital Expenditure In Month Variance (£'000s)	W	1,610	1,030	640	728	694	1,239	865	1,909	-115	624	3,126	3,820	300		>=-5%	>=-10%	<-10%	✔
Cash in Bank (£'000s)	W	33,699	34,361	34,449	37,415	79,086	80,174	80,807	81,847	77,896	75,657	76,536	76,536	90,030		>=-5%	>=-20%	<-20%	✔
Income In Month Variance (£'000s)	W	19,495	-612	21	846	-52	1,348	666	1,103	1,387	1,479	1,404	18	6,863		>=-5%	>=-20%	<-20%	✔
Pay In Month Variance (£'000s)	W	-495	183	-25	-130	-260	273	143	-254	-39	-89	394	-627	-709		>=-5%	>=-20%	<-20%	✔
Non Pay In Month Variance (£'000s)	W	-942	34	-161	-119	-537	-769	-715	-1,090	-1,552	-1,031	-2,004	111	-5,273		>=-5%	>=-20%	<-20%	✔
NHSI Use of Resources	W	1	1	3	3	3	3	3	3	3	3	3	3	3		<=2	N/A	>2	
AvP: IP - Non-Elective	W		53	58	109	158	132	54	-19	-97	-109	-229	-123	-421		>=0	N/A	<0	
AvP: IP Elective vs Plan	W		-45	-23	-41	-79	18	-66	-67	29	-42	-52	-27	-196		>=0	N/A	<0	
AvP: Daycase Activity vs Plan	W		-53	-133	-240	-45	79	58	-76	-32	-20	-6	33	-567		>=0	N/A	<0	
AvP: Outpatient Activity vs Plan	W		915	329	1,605	2,388	2,995	2,657	3,493	2,449	1,723	3,375	2,688	-3,904		>=0	N/A	<0	
PDR	W	92.2%	4.8%	20.7%	47.3%	86.4%	89.3%	89.3%	89.3%	89.3%	89.3%	90.1%	90.1%	90.1%		>=90 %	>=85 %	<85 %	
Medical Appraisal	W	100.0%	99.7%	98.1%	97.8%	95.7%	96.6%	93.8%	88.5%	69.7%	63.8%	82.7%	90.6%	95.1%		>=95 %	>=90 %	<90 %	✔
Mandatory Training	W	89.6%	90.0%	88.4%	90.5%	90.8%	91.9%	91.1%	91.3%	91.5%	92.1%	94.3%	95.1%	93.2%		>=90 %	>=80 %	<80 %	✔
Sickness	D	5.3%	5.2%	5.5%	5.2%	5.2%	5.0%	5.2%	5.8%	5.7%	6.5%	5.8%	5.8%	6.8%		<=4 %	<=4.5 %	>4.5 %	✔
Short Term Sickness	D	1.6%	1.5%	1.5%	1.4%	1.3%	1.0%	1.4%	1.8%	1.9%	2.0%	1.7%	1.6%	2.1%		<=1 %	N/A	>1 %	✔
Long Term Sickness	D	3.7%	3.7%	4.0%	3.9%	3.9%	4.0%	3.8%	3.9%	3.7%	4.5%	4.1%	4.1%	4.6%		<=3 %	N/A	>3 %	✔
Temporary Spend ('000s)	D	1,269	1,039	994	820	972	896	1,051	840	928	833	775	974	1,514		<=800	<=960	>960	✔
Staff Turnover	D	9.9%	9.7%	9.9%	9.8%	9.3%	10.0%	10.3%	10.1%	10.1%	10.4%	10.7%	10.8%	10.4%		<=10 %	<=11 %	>11 %	✔
Safer Staffing (Shift Fill Rate)	W	95.4%	95.3%	95.2%	92.6%	92.0%	93.5%	90.8%	92.2%	96.2%	91.6%	90.6%	92.8%			>=90 %	N/A	<90 %	✔
Domestic Cleaning Audit Compliance	W	86.0%	81.5%	100.0%	81.2%	97.2%	92.5%	90.5%	100.0%	82.0%	100.0%	100.0%	97.7%			>=85 %	N/A	<85 %	✔
Performance Against Single Oversight Framework Themes	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

GROW THE FUTURE

D Drive W Watch P Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG			Comments Available
Number of Open Studies - Academic	W	153	154	158	161	158	172	161	162	167	172	166	165	146		>=130	>=111	<111	✔
Number of Open Studies - Commercial	W	60	59	59	58	57	59	38	42	45	46	46	46	42		>=30	>=21	<21	✔
Number of New Studies Opened - Academic	W	3	1	5	4	2	3	2	2	5	6	3	1	0		>=3	>=2	<2	✔
Number of New Studies Opened - Commercial	W	4	2	1	2	2	2	1	2	6	3	0	1	0		>=1	N/A	<1	✔
Number of patients recruited	W	314	234	221	350	431	165	941	1,228	1,180	1,094	982	917	665		>=200	>=171	<171	✔

Delivery of Outstanding Care

7.1 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	100 %	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. The threshold is based on increasing on last year for the period Apr 18 - Mar 19. 19/20 aim is to see more than 5% reported than last year for the same month to demonstrate a learning culture. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	50	R <77 A >=77 G >=81		There has been a reduction in clinical activity and a correspondent reduction in incidents reported , however the divisions continue to receive weekly reports of all 'near miss' incidents, incidents reported to enable prioritisation of reviews and ensure lessons are learned actions for improvement are implemented in a timely manner and feedback to staff (to minimise risk) and reporters Also to enable monitoring of trends and themes and actions for improvement to be implemented accordingly. Progress with improvements expected to be included in monthly CQSG division governance reports
Incidents: Increasing Reporting	**Clinical Incidents resulting in No Harm** D Total number of No Harm Incidents reported. The threshold is based on increasing on last year for the period Apr 18 - Mar 19. 19/20 aim is to see more than 5% reported than last year for the same month. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	234	R <276 A >=276 G >=290		There has been a reduction in clinical activity and a correspondent reduction in incidents reported, which is likely cause of reduction in no harm incident reporting, however division leads continue to encourage and support staff to report no harm incidents as these are recognised as key learning opportunities to maintain patient safety.

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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. The threshold is based on a reduction for the period Apr 18 - Mar 19. 19/20 aim is to see volume reported less than last year for the same month. **Exec Lead:** **Committee:** Hilda Gwilliams/Nicki Murdock CQAC	64	R	>86		No Action Required
			A	N/A		
			G	<=86		
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** D Incidents reported resulting in moderate harm. The threshold is based on achieving a 10% reduction on the period Apr 18 - Mar 19. 19/20 aim for the trust is 11 or less, annually. **Exec Lead:** **Committee:** Hilda Gwilliams/Nicki Murdock CQAC	0	R	>1		No Action Required
			A	N/A		
			G	<=1		
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. 19/20 aim is zero annually. **Exec Lead:** **Committee:** Hilda Gwilliams/Nicki Murdock CQAC	0	R	>0		No Action Required
			A	N/A		
			G	0		

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

BRILLIANT BASICS

Alder Hey Children's NHS
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. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	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 18 - Mar 19, on trajectory with WHO global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% by 2022. 19/20 aim is less than 34 annually for the trust. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	3	R >2 A N/A G <=2		3 errors resulted in mild harm but all patients recovered: A patient developed an adverse reaction to morphine/midazolam despite the correct doses being given. A patient received 10 times the intended dose of heparin due to an incorrectly programmed infusion pump - further training has been provided. A patient received 4 times the recommended dose of hydrocortisone due to confusion over the appropriate dose - strategies to prevent similar errors are being discussed with the endocrine team.
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** W Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.4 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R	>0			No Action Required
			A	N/A			
			G	0			
Never Events	**Never Events** W Never Events. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R	>0			No Action Required
			A	N/A			
			G	0			
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 19/20 aim is 90%. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	83.33 %	R	<90 %			= 83% Data verified by Lead sepsis nurse specialist as ED Sepsis Nurse Specialist required to work clinically due to Covid-19 pressures. Number of patients requiring resus and high level care plus multiple aspects of sepsis bundle care management. Longest delay due to requiring interepreter, no harm or further clinical deterioration to patients where ivab administered over 60 mins. Alongside pressure in March and the restructuring of ED to account for Covid-19, strong evidence and clinical documentation to support continued awareness about sepsis and appropriate case management.
			A	N/A			
			G	>=90 %			

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

7.5 - QUALITY - SAFE

BRILLIANT BASICS

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	88.89 %	R	<90 %		Continued awareness around sepsis and its management. Good correlation between the cases recorded as 'Treat as sepsis' and these being true/highly probable sepsis cases. Delays no harm to patients, one required fluid bolus prior to ivab, one was difficult cannulation excalated quickly for senior support ivab administered in under 90 mins and last case unclear documentation time thereofr classed as delay. Continued support given for training all clinical staff during period of COVID-19.
	Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 19/20 aim is 90%.		A	N/A		
	Exec Lead: Hilda Gwilliams/Nicki Murdock		G	>=90 %		
				Committee: CQAC		
Mortality	**Number of children that have experienced avoidable factors causing death - Internal** W	0	R	>0		No Action Required
	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 19/20 is zero.		A	N/A		
	Exec Lead: Hilda Gwilliams/Nicki Murdock		G	0		
				Committee: CQAC		
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** D	0	R	>0		No Action Required
	The threshold is based on this event never occuring. 19/20 Aim is zero annually.		A	N/A		
	Exec Lead: Hilda Gwilliams/Nicki Murdock		G	0		
				Committee: CQAC		

Alder Hey Children's NHS
NHS Foundation Trust

Delivery of Outstanding Care

7.6 - QUALITY - SAFE

BRILLIANT BASICS

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. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R	>0		No Action Required
			A	N/A		
			G	0		
Reducing Infections	**Hospital Acquired Organisms - MSSA** D Hospital Acquired Organisms - MSSA . 19/20 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0	R	>1		No Action Required
			A	N/A		
			G	<=1		

The Best People doing their best Work

8.1 - QUALITY - CARING

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % A >=90 % G >=95 %		Suspended by NHSE during COVID-19 outbreak.
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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % A >=90 % G >=95 %		Suspended by NHSE during COVID-19 outbreak.
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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % A >=90 % G >=95 %		Suspended by NHSE during COVID-19 outbreak.

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 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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % / A >=90 % / G >=95 %		Suspended by NHSE during COVID-19 outbreak.
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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % / A >=90 % / G >=95 %		Suspended by NHSE during COVID-19 outbreak.
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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC		R <90 % / A >=90 % / G >=95 %		Suspended by NHSE during COVID-19 outbreak.

Friends & Family (x3)

The Best People doing their best Work

8.3 - QUALITY - CARING

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive   W Watch   P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Complaints	**Complaints** W Total complaints received. **Exec Lead:** **Committee:** Hilda Gwilliams/Nicki Murdock CQAC	9	No Threshold		
PALS	**PALS** W Total number of PALS contacts. Threshold is based on a 10% Reduction on 18/19. 19/20 aim is to reduce by 10% or more for the same month last year. **Exec Lead:** **Committee:** Hilda Gwilliams/Nicki Murdock CQAC	74	R >93 A <=93 G <=84		No Action Required

Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

Alder Hey Children's **NHS**
NHS Foundation Trust

BRILLIANT BASICS

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:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	0 %	R	>3 %		No Action Required
			A	N/A		
			G	<=3 %		

Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

Description	Performance	Threshold		Trend	Management Action (SMART)
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 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock	**Committee:** CQAC	96.40 %	R <90 % A >=90 % G >=95 %		No Action Required
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 19/20 is 100%. **Exec Lead:** Hilda Gwilliams/Nicki Murdock	**Committee:** CQAC	98.06 %	R <90 % A >=90 % G >=95 %		No Action Required
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 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock	**Committee:** CQAC	91.14 %	R <85 % A >=85 % G >=90 %		No Action Required

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	96.12 %	R	<90 %		No Action Required
			A	>=90 %		
			G	>=95 %		
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 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	94.18 %	R	<85 %		No Action Required
			A	>=85 %		
			G	>=90 %		
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 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdock **Committee:** CQAC	79.22 %	R	<85 %		
			A	>=85 %		
			G	>=90 %		

The Best People doing their best Work

11.1 - QUALITY - WELL LED

Alder Hey Children's NHS NHS Foundation Trust

BRILLIANT BASICS

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:** CQAC		R <90 % A N/A G >=90 %		Suspended by NHSE during COVID-19 outbreak.

Alder Hey Children's **NHS**
NHS Foundation Trust

Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

BRILLIANT BASICS

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	89.36 %	R <95 % A N/A G >=95 %		Although still below the 95% standard, the percentage of patients waiting under four hours in our emergency Department has increased from 86.58% in February to 89.36% in March. This performance standard continues to be our top operational pressure and priority. Improvement huddles and weekly meetings continue to monitor progress against a robust rapid improvement plan, which involves alternative pathways for nonemergency patients and to ensure robust processes during the current climate.
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. Threshold aims to reduce cancellations by 16% based on 18/19 overall performance. This is inline with trajectory from Oct 18 - Mar 19 **Exec Lead:** Adam Bateman **Committee:** RABD	37	R >20 A N/A G <=20		Unfortunately a few cancellations were experienced owing to COVDI19 in addition to access to ward beds and high demand on the emergency theatre.

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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	7	R	>0		Unfortunately owing to the reduced theatre schedule in operation in response to COVDI19 we had reduced resource in order to accommodate these patients. In addition, a few of the parents requested their child's procedures were delayed until the national position surrounding COVID19 was cleared.
			A	N/A		
			G	0		
Scanning	**Average Scanning Turnaround - Inpatient** D Days from being clinically coded following inpatient discharge to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	15	R	>7		Currently we have cleared all the back log and are now working to the 2 day SLA, currently we are putting the records received into quarantine for 24hrs.
			A	N/A		
			G	<=7		
Scanning	**Average Scanning Turnaround - Outpatient** D Days from Clinic attendance to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	2	R	>5		This remains at 2 day SLA , again these documents will be quarantined.
			A	N/A		
			G	<=5		

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

BRILLIANT BASICS

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	86.75 %	R	<90 %		During March and prior to capacity reduction due to COVD19 a higher Number of patients refused to attend for treatment due to the perceived risks surrounding COVID19. Some patients requested to commence treatment when associated risks reduced however following national guidelines we are unable to apply pauses in patient pathways. This has resulted in increased waits greater than 18 weeks and 52 weeks for treatment. From March 23rd we were directed to stop all elective surgery and only operate on urgent/critical cases therefore some routine patients have experienced increased waiting times.
			A	>=90 %		
			G	>=92 %		
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	12162	R	>12899		No Action Required
			A	N/A		
			G	<=12899		
Waiting Times	**Waiting Greater than 52 weeks** W Total number of more than 52 weeks for first treatment. The threshold is based on this event never occuring. 19/20 aim is zero annually. There is a financial and contractual penalties in the failure to achieve this. **Exec Lead:** Adam Bateman **Committee:** RABD	5	R	>0		We are reviewing capacity plans in response to COVID19 recommendations and considering further options to recommence increased surgical capacity and improve our ability to schedule patients waiting for treatment. Additional capacity is scheduled to commence from May 2020 and a further detailed recovery plan will be planned for the remainder of 2020.
			A	N/A		
			G	0		

Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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	100 %	R	<100 %		No Action Required
			A	N/A		
	Committee: RABD		G	100 %		
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	100 %	R	<100 %		No Action Required
			A	N/A		
	Committee: RABD		G	100 %		
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	100 %	R	<100 %		No Action Required
			A	N/A		
	Committee: RABD		G	100 %		

Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold		Trend	Management Action (SMART)
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 %		No Action Required
			A	N/A		
			G	100 %		
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	100 %	R	<99 %		No Action Required
			A	N/A		
			G	>=99 %		

The Best People doing their best Work

14.1 - PERFORMANCE - 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)
Performance Against Single Oversight Framework Themes W	0	R	>1		No Action Required
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).		A	<=1		
Exec Lead: **Committee:** Erica Saunders CQAC		G	0		

Governance

The Best People doing their best Work

15.1 - PEOPLE - WELL LED

Alder Hey Children's NHS NHS Foundation Trust

BRILLIANT BASICS

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	90.07 %	R	<85 %		No Action Required
			A	>=85 %		
			G	>=90 %		
Appraisal	**Medical Appraisal** W Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	95.12 %	R	<90 %		There are a small number of appraisals that have not been completed due to the Covid-19 outbreak. The GMC has put all outstanding appraisals on hold for the foreseeable future.
			A	>=90 %		
			G	>=95 %		
Training	**Mandatory Training** W This is a Trust target that measures all required training including Resuscitation. **Exec Lead:** Melissa Swindell **Committee:** WOD	93.17 %	R	<80 %		No Action Required
			A	>=80 %		
			G	>=90 %		

The Best People doing their best Work

15.2 - PEOPLE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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	6.79 %	R	>4.5 % A <=4.5 % G <=4 %		Sickness has spiked due to the Covid-19 outbreak but is being reported on daily both nationally and to the Trust Strategic Command. Non covid related absence levels have remained quite static in comparison to previous months.
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	2.14 %	R	>1 % A N/A G <=1 %		See Sickness narrative 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	4.65 %	R	>3 % A N/A G <=3 %		See Sickness narrative above.

The Best People doing their best Work

15.3 - PEOPLE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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	1513.91	R	>960 A <=960 G <=800		Businss partners together with Finance Accountants and Accociate COOs regularly review status in Divisions and advise on actions appropriate. Monthly temporary staffing reviews also take place with the Director/Deputy Director sof Finance & HR.
Staff Turnover	**Staff Turnover** D Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	10.41 %	R	>11 % A <=11 % G <=10 %		There has been a decrease in staff turnover in the 12 months to March 20, our turnover rate remains close to the Trust target of 10%.

The Best People doing their best Work

16.1 - FINANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

	Description	Performance	Threshold		Trend	Management Action (SMART)
Finance	**CIP In Month Variance (£'000s)** W Variance from Sustainability plan (CIP). 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	941	R	<-20%		No Action Required
			A	>=-20%		
			G	>=-5%		
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	881	R	<-20%		No Action Required
			A	>=-20%		
			G	>=-5%		
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	300	R	<-10%		No Action Required
			A	>=-10%		
			G	>=-5%		

The Best People doing their best Work

16.2 - FINANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

	Description	Performance	Threshold		Trend	Management Action (SMART)
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	90,030	R A G	<-20% >=-20% >=-5%		No Action Required
				Committee: RABD		
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	6,863	R A G	<-20% >=-20% >=-5%		No Action Required
				Committee: RABD		
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	-709	R A G	<-20% >=-20% >=-5%		No Action Required
				Committee: RABD		

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)
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	-5,273	R A G	<-20% >=-20% >=-5%		The most significant adverse variances are in A&E (168 spells down on plan) and General Paeds (130 down)
NHSI Use of Resources W NHSI Use of Resources Metric indicates financial sustainability of the Trust. This varies from 1 to 4 with 1 being the highest score possible and 4 being the lowest **Exec Lead:** John Grinnell **Committee:** RABD	3	R A G	>2 N/A <=2		The NHSI Use of Resources metric is a 3 which has been consistent for each month in 19/20
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	-420.54	R A G	<0 N/A >=0		The most significant adverse variances are in A&E (168 spells down on plan) and General Paeds (130 down)

The Best People doing their best Work

16.4 - FINANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

	Description	Performance	Threshold		Trend	Management Action (SMART)
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:** **Committee:** John Grinnell RABD	-196.50	R <0 A N/A G >=0			The most significant adverse variances are in sleep studies (47 spells down) and ENT (42 spells)
Finance	**AvP: Daycase Activity vs Plan** W Actvity vs Plan for Daycase activity. The threshold is based on achieving plan or higher. **Exec Lead:** **Committee:** John Grinnell RABD	-566.61	R <0 A N/A G >=0			The most significant adverse variance is in urology (86 spells down)
Finance	**AvP: Outpatient Activity vs Plan** W Actvity vs Plan for Outpatient activity. The threshold is based on achieving plan or higher. **Exec Lead:** **Committee:** John Grinnell RABD	-3903.79	R <0 A N/A G >=0			The most significant adverse variances are in ophthalmology (942 attends) and orthopaedics (932 attends)

Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

GROW THE FUTURE

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:** Matthew Peak **Committee:** REIC	146	R	<111 A >=111 G >=130		No Action Required
Clinical Research	**Number of Open Studies - Commercial** W Number of commercial studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	42	R	<21 A >=21 G >=30		No Action Required
Clinical Research	**Number of New Studies Opened - Academic** W Number of new academic studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	0	R	<2 A >=2 G >=3		Opening of new studies restricted due to Urgent Public Health research activity.

Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

GROW THE FUTURE

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:** Matthew Peak **Committee:** REIC	0	R	<1		Opening of new studies restricted due to Urgent Public Health research activity.
			A	N/A		
			G	>=1		
Clinical Research	**Number of patients recruited** W Number of patients recruited to NIHR portfolio studies in month. **Exec Lead:** Matthew Peak **Committee:** REIC	665	R	<171		No Action Required
			A	>=171		
			G	>=200		

Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

Description	Performance	Threshold		Trend	Management Action (SMART)
Facilities	99 %	R	<98 %		No Action Required
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		A	N/A		
		G	>=98 %		

Trend chart legend:
- Actual
- Average
- UCL
- LCL
- UWL
- LWL
- Green

The Best People doing their best Work

19.1 - FACILITIES - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

BRILLIANT BASICS

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:** Hilda Gwilliams/Nicki Murdock	**Committee:** CQAC	R	<85 %		Due to the onset of Covid 19 it was initially not possible to complete audits due to the lack of Domestic Supervisors and then IPC advised against entering numerous areas and they are now auditing cleaning on a temporary basis.
			A	N/A		
			G	>=85 %		

All Divisions

D Drive W Watch P Programme

SAFE

		COMMUNITY	MEDICINE	SURGERY	RAG		
Clinical Incidents resulting in Near Miss	D	5	17	22	No Threshold		
Clinical Incidents resulting in No Harm	D	41	67	117	No Threshold		
Clinical Incidents resulting in minor, non permanent harm	D	4	8	39	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	1	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		88.9%	88.9%	● >=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	0	● 0	N/A	● >0
Hospital Acquired Organisms - MSSA	D	0	0	0	No Threshold		

CARING

		COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	W	2	4	3	No Threshold
PALS	W	18	31	21	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		89.4%		● >=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

		COMMUNITY	MEDICINE	SURGERY	RAG		
On the day Elective Cancelled Operations for Non Clinical Reasons	D	0	0	37	No Threshold		
28 Day Breaches	W	0	0	7	● 0	● N/A	● >0

RESPONSIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
IP Survey: % Received information enabling choices about their care	W		95.0%	97.5%	● >=95 %	● >=90 %	● <90 %
IP Survey: % Treated with respect	W		98.1%	98.0%	● >=95 %	● >=90 %	● <90 %
IP Survey: % Know their planned date of discharge	D P		91.2%	91.1%	● >=90 %	● >=85 %	● <85 %
IP Survey: % Know who is in charge of their care	W		95.0%	97.0%	● >=95 %	● >=90 %	● <90 %
IP Survey: % Patients involved in Play	D		93.1%	95.0%	● >=90 %	● >=85 %	● <85 %
IP Survey: % Patients involved in Learning	D		76.1%	81.7%	● >=90 %	● >=85 %	● <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	69.3%	88.1%	89.0%	● >=92 %	● >=90 %	● <90 %
Waiting List Size	W	1,234	3,361	7,567	No Threshold		
Waiting Greater than 52 weeks	W	5	0	0	● 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		100.0%	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	165	-2	-1,188	No Threshold
Income In Month Variance (£'000s)	W	330	271	-478	No Threshold
Pay In Month Variance (£'000s)	W	412	-250	-233	No Threshold
Non Pay In Month Variance (£'000s)	W	-577	-23	-476	No Threshold

All Divisions

		COMMUNITY	MEDICINE	SURGERY	RAG		
AvP: IP - Non-Elective	W		-343	-78	● >=0	● N/A	● <0
AvP: IP Elective vs Plan	W	0	-87	-110	● >=0	● N/A	● <0
AvP: Daycase Activity vs Plan	W		-222	-347	● >=0	● N/A	● <0
AvP: Outpatient Activity vs Plan	W	34	-1,268	-3,089	● >=0	● N/A	● <0
PDR	W	91.3%	87.1%	94.3%	● >=90 %	● >=80 %	● <85 %
Medical Appraisal	W	100.0%	94.9%	94.1%	● >=95 %	● >=90 %	● <90 %
Mandatory Training	W	94.7%	93.1%	92.1%	● >=90 %	● >=80 %	● <80 %
Sickness	D	7.0%	6.6%	6.9%	● <=4 %	● <=4.5 %	● >4.5 %
Short Term Sickness	D	2.7%	2.2%	2.0%	● <=1 %	● N/A	● >1 %
Long Term Sickness	D	4.3%	4.4%	4.9%	● <=3 %	● N/A	● >3 %
Temporary Spend ('000s)	D	183	348	504	No Threshold		
Staff Turnover	D	10.9%	9.9%	10.9%	● <=10 %	● <=11 %	● >11 %
Safer Staffing (Shift Fill Rate)	W	94.1%	94.6%	91.9%	● >=90 %	● >=80 %	● <90 %

How did we do?

Executive Summary

BRILLIANT BASICS

GROW THE FUTURE

Alder Hey Children's NHS
NHS Foundation Trust

Medicine Division

SAFE	Zero Never Events; Zero clinical incidents resulting in severe or moderate harm. Cat 3 and 4 Pressure Ulcers; Hospital-acquired Infections For MRSA and C Difficile.	**Highlight**
		▪ Cleanliness score of 97.6%. ▪ No clinical incidents resulting in permanent or severe harm ▪ Zero never events, hospital-acquired infections (MRSA, C. difficile) for over 12 months.
		Challenges
		▪ Sepsis treatment within 60 mins 88.9% following five months of >90 % performance
CARING	3 complaints and 31 PALS responses.	**Highlight**
		▪ Overall complaint numbers remain low
		Challenges
		▪ Complaints have increased from < 2 complaints per month for the last six months. Plan to engage with the new quality team post Covid to improve response times and follow up actions.
EFFECTIVE	ED Performance is at 89.4 %, improving against February (86.8%). Delivery of the Emergency Care standard continues to be the Division's top operational pressure and priority. The end of March saw a marked decrease in attendances which helped improve performance at the end of the month. Overall an ED action plan continues to make progress with the imminent implementation of a pilot to reconfigure patient flow and improve triage times.	**Highlight**
		▪ Coding comorbidity average remains is 5.16, above 4.4 for 8th consecutive month.
		Challenges
		▪ ED performance (see to the left). ▪ Clinic session utilisation deteriorates to 64.6% due to Covid cancellations
RESPONSIVE	Pathology turnaround times remain good consistently. Concern over MRI, CT, Ultrasound and Nuclear Medicine.	**Highlight**
		▪ Overall waiting list size reduced compared to the previous month. ▪ ED imaging Turnaround times at 95% after three months below 90%.
		Challenges
		▪ Slot availability has fallen below 90% due to OP Covid response and limiting slots. ▪ Inpatient reporting turnaround times remain challenged ▪ RTT at 88.1% for the first time over 12 months due to Covid cancellations from 23rd march. ▪ Imaging waiting times, particularly MRI (see left) as well as CT, ultrasound and nuclear medicine.
WELL LED	Delivery of financial control total and year end forecast of £350k surplus. Significant improvement in medical appraisals, reaching 94.9%	**Highlight**
		▪ Mandatory training is above 90% for 9th consecutive month and is at 93.1%
		Challenges

Alder Hey Children's NHS
NHS Foundation Trust

Medicine

D Drive W Watch P Programme

SAFE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Clinical Incidents resulting in Near Miss	D	30	19	29	20	36	11	20	16	25	20	35	27	17		No Threshold		
Clinical Incidents resulting in No Harm	D	89	103	88	78	105	76	69	87	76	69	132	94	67		No Threshold		
Clinical Incidents resulting in minor, non permanent harm	D	37	38	25	23	20	9	19	21	16	23	24	19	8		No Threshold		
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	0	0	1	0	0	1	0	1	0	0		No Threshold		
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	0	0	0	1	1	0	0		0	N/A	>0
Clinical Incidents resulting in catastrophic, death	D	0	0	0	1	0	0	0	0	0	0	0	0	0		0	N/A	>0
Medication errors resulting in harm	D	1	4	3	0	0	0	0	3	0	2	0	1	1		No Threshold		
Medication Errors (Incidents)		34	51	40	24	37	32	21	30	21	22	47	30	14		No Threshold		
Pressure Ulcers (Category 3)	W	0	0	0	0	0	1	0	0	1	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		2	2	3	3	4	4	1	8	5	3	5	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	63.2%	100.0%	66.7%	85.7%	83.3%	100.0%	87.5%	100.0%	90.0%	100.0%	100.0%	100.0%	88.9%		>=90 %	>=80 %	<90 %
Pressure Ulcers (Category 3 and above)		0	0	0	0	0	1	0	0	1	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	0	0	0	0	0	0		0	N/A	>0
Hospital Acquired Organisms - CLABSI		1	0	0	2	1	1	2	1	3	1	1	1	0		No Threshold		
Hospital Acquired Organisms - MSSA	D	1	0	0	0	0	1	0	0	0	0	0	0	0		No Threshold		
Cleanliness Scores		98.6%	97.2%	98.3%	91.8%	96.4%	98.5%	98.6%	97.9%	97.4%	98.3%	97.8%	97.6%			>=90 %	>=80 %	<80 %
Pharmacy - ASU (Aseptic Service Unit) Environmental Monitoring to include ranking within the region.			99.5%	99.5%	99.7%	100.0%	99.5%	99.6%	99.7%	99.7%	100.0%	99.9%	99.8%	99.7%		>=95 %	N/A	<95 %
Pharmacy - NPP (Near Patient Pharmacy) Medicines Reconciliation, percentage completed.			65.6%	55.0%	55.0%	58.9%	58.9%	58.9%	58.9%	58.5%	58.5%			55.7%		>=50 %	N/A	<50 %
Pharmacy - Dispensing for Out Patients - Routine within 30 minutes		62.0%	63.0%	54.0%	63.0%	52.5%	52.5%	62.0%	59.0%	50.0%	62.0%	47.0%	53.0%	58.0%		>=90 %	>=80 %	<90 %
Pharmacy - Dispensing for Out Patients - Complex within 60 minutes		95.0%	60.0%	75.0%	100.0%	87.5%	87.5%	63.0%	100.0%	92.0%	89.0%	84.0%	88.0%	67.0%		>=90 %	>=80 %	<90 %

CARING

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Complaints	W	4	2	1	3	2	4	6	0	1	2	5	5	4		No Threshold
PALS	W	23	40	35	41	40	33	40	42	38	21	45	45	31		No Threshold

EFFECTIVE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Referrals Received (Total)		2,185	2,025	2,118	1,972	2,204	1,708	1,781	2,100	1,927	1,823	2,002	2,231	2,494		No Threshold		
ED: 95% Treated within 4 Hours	D	95.6%	93.5%	91.3%	89.3%	91.7%	94.6%	88.9%	86.8%	79.2%	85.9%	87.3%	86.8%	89.4%		>=95 %	N/A	<95 %
ED: Percentage Left without being seen	W	3.4%	3.9%	5.2%	6.8%	4.9%	3.6%	6.1%	5.9%	9.3%	7.0%	4.0%	3.8%	2.7%		<=5 %	N/A	>5 %
ED: All handovers between ambulance and A & E - Waiting more than 30 minutes	W		1	0	1	1	1	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	N/A	>0
ED: Re-attendance within 7 days of original attendance (%)	W	8.5%	8.5%	7.8%	8.3%	7.8%	7.8%	8.9%	8.6%	9.8%	8.7%	8.3%	8.0%	7.4%		<=10 %	<=12 %	>10 %

Alder Hey Children's NHS
NHS Foundation Trust

Medicine

D Drive W Watch P Programme

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
ED: Number of patients spending >12 hours from decision to admit to admission W	0	0	1	0	1	0	0	0	0	0	0	0	0		0	N/A	>0
Theatre Utilisation - % of Session Utilised W	83.6%	81.8%	83.3%	82.9%	83.6%	86.2%	80.2%	83.9%	79.3%	78.9%	80.7%	85.8%	78.6%		>=90 %	>=80 %	<80 %
On the day Elective Cancelled Operations for Non Clinical Reasons D	0	1	1	1	2	5	2	3	4	1	2	5	0		No Threshold		
28 Day Breaches W	0	0	0	0	0	0	0	0	1	0	0	0	0		0	N/A	>0
Clinic Session Utilisation D P	87.2%	85.3%	85.2%	84.6%	85.5%	81.6%	85.3%	84.6%	85.8%	80.9%	87.3%	84.4%	64.9%		>=90 %	>=80 %	<85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice	32	64	62	62	40	43	39	38	42	26	22	41	67		No Threshold		
OP Appointments Cancelled by Hospital %	13.5%	17.1%	17.9%	16.0%	14.6%	16.1%	13.0%	15.1%	13.9%	15.1%	12.9%	15.3%	25.9%		<=5 %	N/A	>10 %
Was Not Brought Rate W P	9.6%	10.8%	10.7%	9.9%	11.0%	12.1%	9.7%	9.5%	9.8%	11.6%	9.1%	10.6%	11.2%		<=12 %	<=14 %	>14 %
Was Not Brought Rate (New Appts) W	10.6%	13.6%	13.6%	10.1%	13.2%	14.7%	11.0%	12.6%	11.8%	14.2%	11.3%	14.1%	15.2%		<=10 %	<=12 %	>12 %
Was Not Brought Rate (Followup Appts) W	9.3%	9.9%	9.7%	9.9%	10.3%	11.2%	9.3%	8.5%	9.2%	10.7%	8.4%	9.6%	10.3%		<=14 %	<=16 %	>16 %
Coding average comorbidities	3.93	4.39	4.37	4.40	4.49	4.66	4.43	4.69	4.70	4.80	4.74	5.04	5.16		No Threshold		

RESPONSIVE

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Convenience and Choice: Slot Availability	78.0%	63.1%	66.8%	64.5%	64.7%	72.9%	74.9%	84.7%	85.6%	82.7%	95.9%	89.6%	66.7%		>=96 %	N/A	<96 %
IP Survey: % Received information enabling choices about their care W	94.2%	98.6%	94.8%	97.9%	97.4%	95.4%	99.0%	93.8%	96.1%	94.6%	95.5%	97.1%	95.0%		>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect W	99.4%	99.3%	98.6%	97.9%	99.5%	97.0%	99.0%	97.2%	96.6%	97.7%	98.9%	97.6%	98.1%		>=95 %	>=90 %	<90 %
IP Survey: % Know their planned date of discharge D P	76.0%	85.0%	82.1%	82.8%	84.1%	83.8%	89.0%	87.7%	87.1%	92.7%	86.4%	83.5%	91.2%		>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care W	92.9%	98.6%	91.5%	95.8%	88.4%	97.0%	98.4%	97.6%	98.3%	92.7%	97.7%	97.1%	95.0%		>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play D				92.7%	94.7%	94.4%	93.8%	88.6%	91.0%	90.4%	94.4%	92.9%	93.1%		>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning D				69.4%	86.2%	75.1%	68.1%	72.0%	68.1%	81.6%	81.6%	78.2%	76.1%		>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks W	93.9%	94.6%	94.3%	94.7%	94.3%	93.5%	92.9%	93.5%	93.9%	94.2%	94.0%	92.2%	88.1%		>=92 %	>=90 %	<90 %
Waiting List Size W	3,355	3,434	3,771	3,565	3,762	3,501	3,195	3,213	3,332	3,420	3,043	3,495	3,361		No Threshold		
Waiting Greater than 52 weeks W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0
Waiting Times - 40 weeks and above	15	7	5	5	7	11	9	10	18	1	2	9	14		No Threshold		
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals W	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	96.4%	100.0%	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	99.6%	100.0%	100.0%	100.0%	99.8%	100.0%	99.7%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%		>=99 %	N/A	<99 %
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers) W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 %	N/A	<100 %
Pathology - % Turnaround times for urgent requests < 1 hr	90.8%	92.4%	91.0%	92.7%	93.4%	90.8%	91.7%	91.5%	90.9%	89.8%	90.2%	91.0%	86.1%		>=90 %	>=85 %	<90 %
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=90 %	>=85 %	<90 %
Imaging - % Report Turnaround times GP referrals < 24 hrs	99.0%	99.0%	99.0%	99.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=95 %	N/A	<95 %
Imaging - % Reporting Turnaround Times - ED	92.0%	75.0%	83.0%	94.0%	86.0%	96.0%	94.0%	100.0%	92.0%	82.0%	85.0%	88.0%	95.0%		>=90 %	>=85 %	<90 %
Imaging - % Reporting Turnaround Times - Inpatients	86.0%	84.0%	84.0%	88.0%	92.0%	82.0%	87.0%	91.0%	85.0%	81.0%	86.0%	90.0%	86.0%		>=90 %	>=85 %	<90 %
Imaging - % Reporting Turnaround Times - Outpatients	85.0%	88.0%	86.0%	96.0%	92.0%	93.0%	94.0%	87.0%	87.0%	92.0%	89.0%	95.0%	75.0%		>=85 %	N/A	<85 %
Imaging - Waiting Times - MRI % under 6 weeks	66.0%	67.0%	64.0%	63.0%	73.0%	78.0%	76.0%	92.0%	89.0%	82.0%	64.0%	86.0%	84.0%		>=95 %	>=90 %	<95 %
Imaging - Waiting Times - CT % under 1 week	89.0%	81.0%	82.0%	85.0%	87.0%	88.0%	84.0%	84.0%	80.0%	89.0%	87.0%	91.0%	91.0%		>=90 %	>=85 %	<90 %

Alder Hey Children's NHS
NHS Foundation Trust

Medicine

D Drive W Watch P Programme

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Imaging - Waiting Times - Plain Film % under 24 hours	92.0%	91.0%	92.0%	92.0%	92.0%	91.0%	92.0%	89.0%	89.0%	90.0%	91.0%	90.0%	91.0%		>=90 %	>=85 %	<90 %
Imaging - Waiting Times - Ultrasound % under 2 weeks	81.0%	85.0%	78.0%	90.0%	86.0%	89.0%	88.0%	86.0%	87.0%	88.0%	88.0%	85.0%	87.0%		>=90 %	>=85 %	<90 %
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	81.0%	100.0%	60.0%	78.0%	68.0%	68.0%	100.0%	82.0%	83.0%	79.0%	61.0%	47.0%	100.0%		>=95 %	>=90 %	<95 %

WELL LED

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Control Total In Month Variance (£'000s)	W		-140	-302	-215	-308	946	-8	199	66	494	122	-350	-2		No Threshold		
Income In Month Variance (£'000s)	W	416	-225	-298	86	79	676	-53	595	678	869	1,315	80	271		No Threshold		
Pay In Month Variance (£'000s)	W	-244	-51	98	37	-79	291	129	126	162	-12	21	-62	-250		No Threshold		
AvP: IP - Non-Elective	W		17	21	89	111	67	3	-33	-73	-129	-251	-110	-343		>=0	N/A	<0
AvP: IP Elective vs Plan	W		-30	-26	-30	-56	-1	-36	-41	-5	-41	-28	-38	-87		>=0	N/A	<0
AvP: OP New			-31.10	-56.48	35.41	119.12	177.81	200.81	-45.52	40.78	19.30	107.65	-71.87	-562.70		>=0	N/A	<0
AvP: OP FollowUp			-167.82	-311.12	-78.98	91.27	253.81	244.43	257.99	379.97	241.31	589.30	327.76	-289.88		>=0	N/A	<0
AvP: Daycase Activity vs Plan	W		-6	-119	-154	-65	100	39	-37	-61	21	29	10	-222		>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W		-69	-404	22	245	564	458	366	524	331	760	331	-1,268		>=0	N/A	<0
PDR	W	89.2%	2.8%	14.1%	37.4%	83.8%	87.8%	87.8%	87.8%	87.8%	87.8%	87.1%	87.1%	87.1%		>=90 %	>=85 %	<85 %
Medical Appraisal	W			98.4%	97.6%	93.7%	93.7%	92.1%	88.1%	69.8%	65.1%	84.1%	91.5%	94.9%		>=90 %	>=90 %	<90 %
Mandatory Training	W	90.7%	90.7%	89.7%	92.0%	91.2%	91.9%	91.4%	91.6%	91.8%	91.6%	94.1%	94.6%	93.1%		>=90 %	>=85 %	<80 %
Sickness	D	4.8%	4.5%	4.7%	4.6%	5.3%	5.0%	5.3%	5.2%	5.6%	6.1%	5.8%	6.4%	6.6%		<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	2.0%	1.6%	1.4%	1.1%	1.6%	1.2%	1.6%	1.3%	2.2%	2.2%	1.8%	1.9%	2.2%		<=1 %	N/A	>1 %
Long Term Sickness	D	2.8%	2.9%	3.3%	3.4%	3.8%	3.8%	3.6%	3.8%	3.4%	3.9%	4.0%	4.5%	4.4%		<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	326	270	271	263	247	282	300	284	247	224	252	267	348		No Threshold		
Staff Turnover	D	8.1%	8.0%	8.5%	8.8%	8.9%	9.8%	10.6%	9.8%	9.8%	9.5%	9.9%	9.8%	9.9%		<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	103.2%	100.2%	101.0%	97.5%	97.8%	98.8%	102.9%	99.3%	97.2%	90.7%	91.6%	94.6%			>=90 %	>=85 %	<90 %

How did we do?   Executive Summary

Surgery Division

SAFE	• Reducing in clinical incidents resulting near miss 31 > 23 and no harm 164>116, although this is proportionate with reduction in patient activity in last week of March. • No clinical incidents resulting in moderate, semi-permanent or severe harm • Medication errors resulting in harm 2 increase from 0 • No never events • 1 CLABSI in ICU and no other hospital required infections	**Highlight** • No level 3 or 4 pressure ulcers • Improvement in patients treated for sepsis within 60 mins 80% >89% **Challenges** • Ensuring safe care for all patients during Covid 19 planning, with elective care suspended from 23rd March.
CARING	• Complaints 2< 3 • Reduction in PALS from 31 >21	**Highlight** • Developments to support regional response to COVID19 **Challenges** • Response to complaints within target response times
EFFECTIVE	• No readmission to PCI within 48 hours for two consecutive months • Increase in hospital initiated cancelations within 6 week as expected during COVDI19 • "Was Not Bought" 9.7% increase to 11.7% • Reduction in theatre utilisation from 89%< 86% • Clinic utilisation fell from 86% to 70% • Increase in 28 day breaches from 4 to 7 • Slight increase in on the day cancellation to theatre from 36 to 37	**Highlight** • CCAD cases increased from 28 to 32. Total of 398 CCAD cases for the year Apr-Mar. **Challenges** • Utilisation and Access to Care impacted by reductions in routine activity due, in part due to Covid 19 response.
RESPONSIVE	• Initial response to COVID10	**Highlight** • Preparedness to rearrange surgical capacity and services in order to support adult ICU capacity within the north west **Challenges** • Immediate reduction in theatre capacity, with routine elective care suspended from 23rd March • 18 week Pathway target feel from 94% >89% • 52 week breaches anticipated in April.
WELL LED	• Increase in Medical Appraisals 89.7% <94.1% • Increase in sickness rate from 6%<7%	**Highlight** • Theatre response to COVID • ICU plan to increase from 21 beds to 65 beds to support paed and adult patients **Challenges** • Annual Plan was presented to Exec Team, with Divisional Strategy and priorities, but implementation plans will be reviewed following Covid19.

Alder Hey Children's NHS Foundation Trust

Surgery

D Drive W Watch P Programme

SAFE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss	D	34	28	30	20	59	27	29	42	32	19	29	31	22		No Threshold
Clinical Incidents resulting in No Harm	D	139	143	142	163	144	137	130	145	143	110	141	164	117		No Threshold
Clinical Incidents resulting in minor, non permanent harm	D	43	38	67	37	28	39	27	45	52	49	42	44	39		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	1	3	0	1	0	0	2	3	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	1	0	0	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death	D	0	0	0	0	0	0	1	0	0	0	0	0	0		0 N/A >0
Medication errors resulting in harm	D	1	2	0	3	1	1	1	3	3	1	0	0	2		No Threshold
Medication Errors (Incidents)		44	38	57	49	28	45	24	41	54	27	42	38	38		No Threshold
Pressure Ulcers (Category 3)	W	0	0	0	1	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
Never Events	W	0	0	0	0	0	0	2	0	0	1	0	1	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	90.9%	75.0%	75.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	60.0%	57.1%	80.0%	88.9%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)		0	0	0	1	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	1	0	0	0	0	0	0	1	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - MSSA	D	3	1	1	0	0	0	1	0	1	0	0	2	0		No Threshold
Cleanliness Scores		98.0%	98.2%	97.7%		97.0%	97.2%	97.7%	97.9%	97.6%	98.0%	99.1%	96.3%			>=90 % >=80 % <80 %

CARING

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Complaints	W	6	1	2	2	8	7	4	1	8	5	1	2	3		No Threshold
PALS	W	30	33	31	26	42	21	48	40	35	19	28	31	21		No Threshold

EFFECTIVE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Readmissions to PICU within 48 hrs	D	2	2	2	1	5	3	0	1	0	0	1	0	0		No Threshold
% Readmissions to PICU within 48 hrs	W	2.5%	2.7%	2.1%	1.3%	5.3%	4.1%	0.0%	1.2%	0.0%	0.0%	1.6%	0.0%	0.0%		<=3 % N/A >3 %
Referrals Received (Total)		4,018	3,754	4,079	3,777	4,160	3,312	3,564	3,847	3,310	2,821	3,690	3,656	3,226		No Threshold
Theatre Utilisation - % of Session Utilised	W	90.4%	89.7%	90.0%	88.6%	89.4%	90.8%	88.3%	86.9%	85.6%	83.6%	89.7%	88.6%	86.1%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons	D	12	8	23	14	35	30	16	31	40	35	18	36	37		No Threshold
28 Day Breaches	W	1	0	0	1	2	0	1	0	1	7	10	4	7		0 N/A >0
Clinic Session Utilisation	D P	88.7%	87.9%	87.3%	87.3%	89.1%	87.2%	86.6%	87.1%	85.0%	81.6%	86.3%	85.5%	70.5%		>=90 % >=80 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice		58	53	41	40	43	37	29	70	57	11	29	41	140		No Threshold
OP Appointments Cancelled by Hospital %		13.6%	13.3%	12.9%	12.8%	11.9%	12.1%	11.9%	12.6%	12.2%	12.9%	13.7%	13.1%	28.7%		<=5 % <=10 % >10 %
Was Not Brought Rate	W P	10.6%	11.8%	11.1%	9.5%	9.6%	10.4%	9.6%	9.6%	11.0%	12.6%	9.4%	9.5%	10.7%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts)	W	10.8%	11.4%	10.8%	10.5%	10.2%	11.5%	10.1%	10.1%	11.3%	11.9%	9.4%	10.5%	11.8%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts)	W	10.5%	12.0%	11.2%	9.1%	9.3%	10.0%	9.4%	9.5%	10.9%	12.9%	9.4%	9.2%	10.2%		<=14 % <=16 % >16 %
Coding average comorbidities		3.92	4.09	4.24	4.15	4.13	4.25	4.06	4.15	4.16	4.26	4.15	4.00	4.11		No Threshold
CCAD Cases		42	30	36	31	43	35	38	35	27	23	32	28	32		No Threshold

Alder Hey Children's **NHS**
NHS Foundation Trust

Surgery

D Drive W Watch P Programme

RESPONSIVE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Convenience and Choice: Slot Availability		87.0%	80.0%	76.5%	90.0%	89.7%	82.0%	90.5%	96.9%	99.0%	98.7%	99.0%	89.2%	64.6%		>=96 %	N/A	<96 %
IP Survey: % Received information enabling choices about their care	W	96.8%	98.0%	97.9%	97.2%	97.7%	95.9%	97.1%	96.8%	97.2%	97.6%	98.5%	98.2%	97.5%		>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect	W	99.5%	99.3%	99.3%	98.3%	99.0%	97.8%	98.1%	98.0%	98.2%	99.1%	98.5%	97.5%	98.0%		>=95 %	>=90 %	<90 %
IP Survey: % Know their planned date of discharge	D P	83.8%	92.4%	85.6%	91.3%	90.1%	89.0%	89.3%	95.0%	96.1%	88.7%	93.1%	93.2%	91.1%		>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care	W	93.7%	100.0%	89.7%	96.5%	92.4%	98.6%	98.4%	91.3%	98.2%	99.3%	98.2%	97.9%	97.0%		>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play	D				93.8%	94.4%	95.9%	90.3%	94.2%	95.7%	91.7%	96.4%	92.2%	95.0%		>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning	D				72.1%	68.9%	70.4%	68.4%	74.3%	68.4%	87.7%	87.7%	77.9%	81.7%		>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	94.0%	93.6%	94.0%	94.0%	93.8%	94.1%	94.5%	93.8%	93.7%	94.2%	93.5%	94.4%	89.0%		>=92 %	>=90 %	<90 %
Waiting List Size	W	8,129	8,165	7,712	7,939	7,765	8,266	8,519	8,319	8,157	8,088	8,651	8,238	7,567		No Threshold		
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0
Diagnostics: % Completed Within 6 Weeks	W	92.3%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=99 %	N/A	<99 %

WELL LED

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG		
Control Total In Month Variance (£'000s)	W		-405	-63	282	-525	455	531	-399	-59	159	-567	-186	-1,188		No Threshold		
Income In Month Variance (£'000s)	W	364	-372	159	370	53	775	771	266	580	565	-160	392	-478		No Threshold		
Pay In Month Variance (£'000s)	W	-274	23	-7	-34	-165	-117	-116	-286	-213	-37	42	-405	-233		No Threshold		
AvP: IP - Non-Elective	W		36	36	20	48	65	51	14	-23	21	21	-13	-78		>=0	N/A	<0
AvP: IP Elective vs Plan	W		-15	3	-10	-25	18	-30	-27	29	-1	-26	11	-110		>=0	N/A	<0
AvP: OP New			-209.97	-306.45	-342.11	-236.53	-173.56	-327.33	-187.46	-329.84	-257.44	-224.65	-319.44	-1,292.84		>=0	N/A	<0
AvP: OP FollowUp			442.69	275.90	902.71	1,036.55	1,386.07	1,305.96	1,748.97	826.38	672.95	1,282.64	1,272.14	-1,173.82		>=0	N/A	<0
AvP: Daycase Activity vs Plan	W		-46	-15	-86	17	-23	18	-42	27	-43	-37	23	-347		>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W		401	70	666	995	1,635	1,190	1,954	718	519	1,282	1,073	-3,089		>=0	N/A	<0
PDR	W	96.6%	11.6%	42.7%	74.4%	93.8%	93.3%	93.3%	93.3%	93.3%	93.3%	94.3%	94.3%	94.3%		>=90 %	>=85 %	<85 %
Medical Appraisal	W			97.6%	97.6%	97.0%	98.2%	94.5%	89.6%	67.7%	65.2%	84.1%	89.7%	94.1%		>=95 %	>=90 %	<90 %
Mandatory Training	W	89.4%	88.8%	87.3%	88.6%	89.3%	90.3%	90.6%	90.3%	89.9%	91.1%	93.0%	92.9%	92.1%		>=90 %	>=85 %	<80 %
Sickness	D	5.1%	5.2%	6.1%	6.5%	6.4%	5.8%	5.8%	6.2%	5.8%	7.1%	6.3%	5.9%	6.9%		<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.6%	1.6%	1.7%	1.6%	1.6%	1.1%	1.5%	2.0%	1.8%	2.2%	2.0%	1.9%	2.0%		<=1 %	N/A	>1 %
Long Term Sickness	D	3.5%	3.6%	4.4%	4.9%	4.8%	4.7%	4.3%	4.2%	4.0%	4.8%	4.3%	4.0%	4.9%		<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	504	440	438	382	442	417	519	419	484	388	344	397	504		No Threshold		
Staff Turnover	D	10.6%	10.7%	11.1%	11.4%	9.9%	10.6%	10.6%	10.6%	10.4%	10.9%	11.1%	11.2%	10.9%		<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	89.4%	91.9%	91.0%	89.1%	89.4%	92.5%	86.1%	89.6%	95.5%	91.7%	89.4%	91.9%			>=90 %	>=85 %	<90 %

How did we do? | Executive Summary

Community & Mental Health Division

SAFE	Lessons learnt from incidents in March include: • Ensuring correct GP registration, particularly for families close to LA borders • Staff to ensure sufficient time is taken when labelling samples and independent checking to take place in a quiet area	**Highlight** • Zero moderate or severe harms • Zero never events • Zero pressure ulcers **Challenges** • Delay in receiving stock on Dewi Jones Unit – supported by Procurement and now resolved.
CARING	ASD dedicated advice & guidance helpline set up to support families, staffed daily by clinical staff Lessons learnt from formal complaints closed in March include importance of identifying a private area in outpatients for families to raise concerns confidentially	**Highlight** • Reduction in PALs in March (18) compared to February (35) • 68 Compliments from 01 January – 31 March 2020 **Challenges** • 2 new formal complaints received in March, both relating to appointment waiting times in Community Paediatrics
EFFECTIVE	Significant changes made to outpatient services to manage COVID-19 situation, supported by outpatient, reception and booking & scheduling teams	**Highlight** • Successful adoption of digital processes for appointments across the division to ensure children and young people are being supported appropriately during the COVID situation – both single and group therapy sessions. **Challenges** • WNB rates increased (12.2% New, 15% Follow up)
RESPONSIVE	Crisis Care service extended to offer 24/7 service to children and young people to support reduction in ED attendances and access to 136 room	**Highlight** • No urgent breaches for Eating Disorders team • RTT for Eating Disorder routine appointments was 95.2% **Challenges** • Ongoing challenge with Liverpool Speech Therapy waits at 21 weeks. There is an action plan in place to reduce over next 2-3 months to within 18 weeks.
WELL LED	74 staff in the division received training for them to be redeployed to a ward area	**Highlight** • Mandatory training at 94.7% • Medical appraisal compliance is at 100% **Challenges** • Sickness rose in March to 6.9% – the division completes the daily sit rep each day and continues to monitor sickness levels

Alder Hey Children's NHS — NHS Foundation Trust

Community

D Drive W Watch P Programme

SAFE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Clinical Incidents resulting in Near Miss	D	3	6	15	7	5	7	8	1	6	2	8	5	5		No Threshold
Clinical Incidents resulting in No Harm	D	41	48	54	41	53	57	68	85	62	30	46	57	41		No Threshold
Clinical Incidents resulting in minor, non permanent harm	D	6	6	2	7	8	7	6	11	9	11	6	9	4		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	0	1	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)		5	12	6	3	6	5	9	11	8	9	1	2	6		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					99.5%			98.9%				100.0%				No Threshold
CCNS: Advanced Care Plan for children with life limiting condition		0	10	10	10	10	9	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%	100.0%	100.0%			No Threshold
CCNS: Prescriptions		0	12	24	17	21	32	28	25	21						No Threshold

CARING

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Complaints	W	6	4	4	1	4	2	1	3	5	1	2	3	2		No Threshold
PALS	W	33	30	30	43	37	28	37	35	22	20	44	35	18		No Threshold

EFFECTIVE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Referrals Received (Total)		1,090	919	1,072	930	1,038	626	824	1,114	940	787	917	962	767		No Threshold
Clinic Session Utilisation	D P	85.9%	77.9%	81.2%	80.3%	82.5%	81.5%	83.0%	82.4%	84.0%	79.3%	80.2%	84.3%	69.8%		>=90% >=85% <85%
Hospital Initiated Clinic Cancellations < 6 weeks notice		16	20	14	14	8	7	14	20	19	11	18	18	19		No Threshold
OP Appointments Cancelled by Hospital %		22.8%	20.2%	17.1%	18.9%	16.0%	11.2%	12.6%	13.9%	12.7%	12.7%	10.9%	11.2%	18.3%		<=5% <=10% >10%
Was Not Brought Rate (New Appts)	W	10.0%	10.8%	11.9%	9.7%	11.3%	9.5%	8.6%	8.9%	11.6%	11.5%	9.3%	9.2%	11.6%		<=10% <=12% >12%
Was Not Brought Rate (Followup Appts)	W	11.4%	13.2%	12.3%	11.9%	12.0%	13.6%	11.6%	10.3%	10.7%	13.5%	11.1%	10.6%	13.4%		<=14% <=16% >16%
Was Not Brought Rate (New Appts) - Community Paediatrics		13.3%	12.7%	16.0%	12.0%	14.1%	9.6%	10.5%	10.1%	13.8%	13.7%	12.5%	11.4%	14.1%		<=10% <=12% >12%
Was Not Brought Rate (Followup Appts) - Community Paediatrics		6.9%	12.1%	9.9%	10.3%	8.7%	10.1%	9.5%	9.6%	9.7%	11.5%	9.4%	7.8%	10.4%		<=14% <=16% >16%
Was Not Brought Rate (CHOICE Appts) - CAMHS		14.9%	15.8%	12.9%	13.5%	19.1%	21.0%	10.4%	13.7%	13.8%	16.7%	9.7%	13.1%	24.6%		<=10% <=12% >12%
Was Not Brought Rate (All Other Appts) - CAMHS		13.6%	13.8%	13.9%	12.7%	14.0%	16.4%	13.7%	11.0%	11.8%	15.4%	12.4%	12.5%	15.0%		<=14% <=16% >16%
CAMHS: Tier 4 DJU % Bed Occupancy At Midday		118.9%	115.7%	100.0%	91.4%	98.2%	86.2%	84.8%	65.9%	71.0%	77.9%	92.6%	76.8%	82.5%		No Threshold
CAMHS: Tier 4 DJU Bed Days		474	424	404	322	364	310	296	226	238	278	340	256	296		No Threshold
Coding average comorbidities		6.00	4.00	2.50	3.00	3.00	5.50	5.00	4.00	1.00		3.00		5.00		No Threshold
CCNS: Number of commissioned packages		0	10	10	10	10	10	10	10	10	10	10	10	10		No Threshold

RESPONSIVE

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
CAMHS: Tier 4 Admissions To DJU		2			1	1		1		1	1	1	1	1		No Threshold

Alder Hey Children's NHS
NHS Foundation Trust

Community

D Drive W Watch P Programme

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
CAMHS: Referrals Received		402	325	346	310	326	185	289	418	342	258	352	383	288		No Threshold
CAMHS: Referrals Accepted By The Service		232	190	218	173	175	125	161	251	176	150	205	242	191		No Threshold
CAMHS: % Referrals Accepted By The Service		57.7%	58.5%	63.0%	55.8%	53.7%	67.6%	55.7%	60.0%	51.5%	58.1%	58.2%	63.2%	66.3%		No Threshold
Convenience and Choice: Slot Availability		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=96 % N/A <96 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	74.2%	75.2%	74.9%	73.9%	76.4%	71.6%	70.8%	76.1%	76.8%	74.3%	76.3%	75.1%	69.3%		>=92 % >=90 % <90 %
Waiting List Size	W	1,262	1,272	1,393	1,339	1,356	1,107	1,112	1,222	1,338	1,371	1,191	1,161	1,234		No Threshold
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	5		0 N/A >0
CAMHS: Crisis / Duty Call Activity		425	343	337	343	315	266	294	471	384	250	410	378	345		No Threshold
CAMHS: RTT (First Partnership) % waiting within 18 weeks	W		63.6%	66.0%	61.1%	54.7%	49.6%	46.2%	48.9%	49.6%	49.0%	58.3%	59.6%	58.6%		>=75 % >=70 % <70 %
ASD: Completed Pathways		78	68	64	84	46	74	79	96	87	46	49	41	31		No Threshold
ASD: Completed Pathway Compliance (% within 18wks)		59.0%	60.3%	31.2%	25.0%	15.2%	28.4%	32.9%	55.2%	50.6%	52.2%	75.5%	65.9%	51.6%		>=92 % >=90 % <90 %
EDYS: Routine Completed Pathways per Month (Seen in 4 wks) (as 95%)	P			66.7%	70.0%	75.0%	72.7%	75.0%	93.8%	100.0%	100.0%	87.5%	100.0%	95.2%		>=95 % >=92 % <92 %
EDYS: Urgent Completed Pathways per Month (Seen in 1 wk) (as 95%)	P			50.0%		66.7%	0.0%		0.0%	100.0%	100.0%	100.0%	100.0%			>=95 % >=92 % <92 %
CCNS: Number of Referrals	W		138	163	156	147	149	133	129	169	107	109	102	124		No Threshold
CCNS: Number of Contacts	D		886	919	894	921	893	913	951	1,094	863	821	830	986		No Threshold

WELL LED

		Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W		-66	75	-12	-13	27	92	-36	22	-9	-58	-65	165		No Threshold
Income In Month Variance (£'000s)	W	336	-111	177	36	-47	57	43	74	34	26	104	91	330		No Threshold
Pay In Month Variance (£'000s)	W	-307	181	-69	-64	2	-4	51	-43	15	-30	-90	-87	412		No Threshold
AvP: OP New			-0.48	-10.08	-5.63	28.14	-4.08	114.22	191.67	179.19	115.32	129.17	162.40	-5.82		>=0 N/A <0
AvP: OP FollowUp			18.13	102.99	362.17	305.03	144.10	272.13	282.48	427.78	210.82	542.85	474.82	39.56		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W		18	95	360	336	143	394	478	608	327	672	638	34		>=0 N/A <0
PDR	W	93.7%	1.4%	10.8%	48.6%	87.1%	90.1%	90.1%	90.1%	90.1%	90.1%	91.3%	91.3%	91.3%		>=90 % >=85 % <85 %
Medical Appraisal	W			100.0%	100.0%	97.0%	100.0%	97.0%	84.8%	78.8%	51.5%	69.7%	91.2%	100.0%		>=95 % >=90 % <90 %
Mandatory Training	W	90.3%	92.2%	89.2%	90.2%	92.0%	93.2%	92.9%	92.7%	93.5%	94.1%	96.7%	95.9%	94.7%		>=90 % >=85 % <80 %
Sickness	D	7.4%	6.7%	6.4%	4.9%	4.3%	4.4%	4.2%	6.3%	6.0%	6.4%	4.9%	4.7%	7.0%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	1.8%	1.4%	1.6%	1.2%	0.9%	0.8%	1.1%	2.4%	2.1%	1.9%	1.2%	1.1%	2.7%		<=1 % N/A >1 %
Long Term Sickness	D	5.6%	5.2%	4.8%	3.7%	3.4%	3.6%	3.1%	3.9%	3.9%	4.5%	3.7%	3.6%	4.3%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	367	198	226	96	158	122	143	42	104	120	135	148	183		No Threshold
Staff Turnover	D	12.8%	11.8%	11.7%	9.9%	10.1%	10.2%	10.6%	10.5%	11.1%	11.5%	12.1%	12.1%	10.9%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	106.0%	100.0%	102.0%	97.0%	87.0%	87.3%	91.2%	87.6%	100.3%	96.7%	101.0%	94.1%			>=90 % >=85 % <90 %

NHS
Alder Hey Children's
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th May 2020

Paper Title:	Serious Incident Learning Assurance Report
Report of:	Director of Nursing
Paper Prepared by:	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 2019. 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

Page 1 of 7

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

1. **Purpose of the report**

The report is presented to the board monthly, to provide assurance of the efficacy of the Serious Incident Management and Duty of Candour process, focusing on learning from experience.

2. **Summary of Serious Incidents, Never Events and moderate harm incidents.**

Appendix 1 shows the Trust's in financial year (2019/2020) position i.e. number of Serious incidents reported requiring investigation (SIRI) including 'Never Events'.

The cumulative total of serious incidents including Never Events in year is **14**. There were **0** Serious Clinical Incidents or serious safeguarding incidents and **0** Never Event reported in March 2020. In addition, there were **0** moderate harm incident reported during this period.

Appendix 2 shows the progress position with the **4** open SI investigations. All **4** SI investigations have required extensions, primarily due to the COVID 19 pandemic commitments required from staff. There were **0** completed investigations during this reporting period.

Page 3 of 7

Appendix 1

Table 1 StEIS reported Serious Incidents and Never Events performance date

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

Note: Five Incidents were carried over from the previous year, which were completed and closed.

Appendix 2

Ongoing SIRI investigations update					
StEIS reference	Incident Type	Duty of Candour in line with regulation 20	Immediate lessons Learned	Immediate actions	Further action to be taken
2020/2282	Never Event - Wrong site surgery (Squint surgery)	Completed Compliant	Specific muscle to be operated on, not noted on consent form. Specific muscle not identified on whiteboard in the operating theatre which would assist the surgeon. The Surgeon sat in wrong position at beginning of case. There was no Registrar available to assist the Surgeon with the surgery.	In cases of Squint surgery the muscle to be operated on is to be identified prior to the commencement of the surgery on the whiteboard in the operating theatre – this will be completed by the operating Surgeon and verified with his/her assistant. Verbal confirmation of procedures with the team prior to knife to skin (as per the WHO 5 steps to safer surgery) If the surgeon requires assistance for a procedure and does not have a trained surgical first assistant assigned to the case, or a registrar, the procedure must not go ahead.	**Progress Update March 2020:** **Level 2 investigation** First panel meeting held on the 01/04/2020; second panel meeting held 23/04/2020. Extension granted to 22/05/2020
2020/608	Diagnostic incident including delay meeting SI criteria Misdiagnosis of the grading of a tumour 2011	Completed Compliant	Routine practice at that time (2011) was for only one pathologist reviewed samples. On occasions samples would be sent elsewhere for second opinion.	At the time there was no awareness that this was a risk, and it was the accepted practice in this MDT in 2011. These risks do not now apply as there is in-house 'double reporting' in all cases.	**Progress Update March 2020:** External review panel to be sourced; Extension granted to the 25/06/2020 due to the complexity of the case.

| 2019/28203 | Sub-optimal care of the deteriorating patient.

Escalation delay | Completed Compliant | Need for escalation to Registrar to be made aware of patient's on going PEWS score by SHO or nursing staff. Senior medical review as per PEWS policy. Patient transferred to Critical Care earlier. Robust, concise patient documentation from nursing and medical staff. Full documentation of PEWS and recorded in a timely manner. | Safety notice – Importance of following PEWS policy. | RCA level 2 investigation underway.

Progress Update
March 2020:

The draft report has been written and undergone internal quality check processes x2; further work required.

Extension granted to the 08/05/2020. |
| 2019/27191 | Patient underwent an unnecessary MRI under General Anaesthetic (GA) | Completed Compliant | When a discrepancy on the ordering of investigations is discovered it should be escalated immediately to the Service Manager who would arrange a clinical review of all patients seen during the clinic. This will ensure that all investigations have been correctly ordered. It is good practice to ensure that clinical staff do not view more than one patient record via Meditech at any one time

The Consultant will undergo standard | Clinical Director circulated a Trust wide Safety Alert to reiterating that staff are to only view one patient record at any one time on Meditech to minimise risk of incident recurring. | RCA level 1 investigation underway.

Progress Update
March 2020:

The draft report has been written and reviewed via internal quality check processes x2; further work required.

Extension granted to the 08/05/2020. |

			clinical systems training on each visit.		

END

Research and Innovation
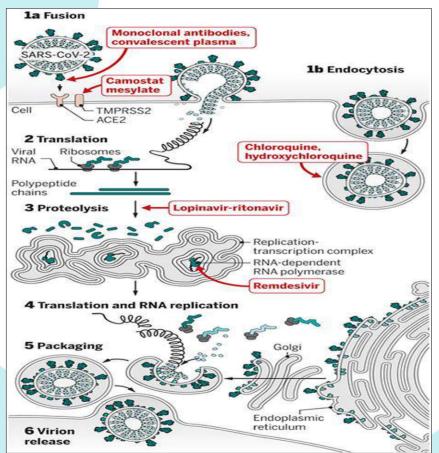
Matthew Peak

Claire Liddy
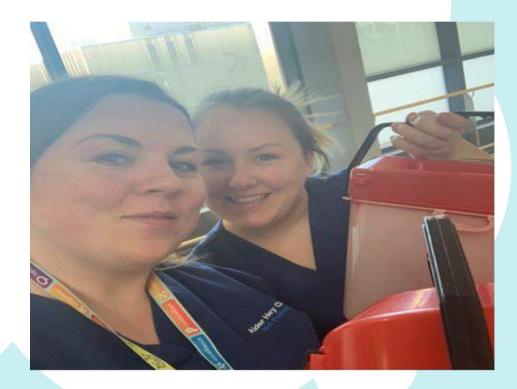
Alder Hey Children's **NHS**
NHS Foundation Trust

Research COVID-19 Response

Responding to COVID-19

National Leadership

Setting the NHS R&D response to COVID-19 through UKRD leadership

Working with NHSE/I to develop tools to identify research studies to continue/suspend

Link to COVID treatment

Clinical trials will be part of treatment options for many COVID-19 patients

Research in support tools for clinical decision making

Avoiding unlicensed/off-label drug use through trials

Urgent Public Health (UPH) Studies

Requirement by CMO/DHSC to deliver UPH studies
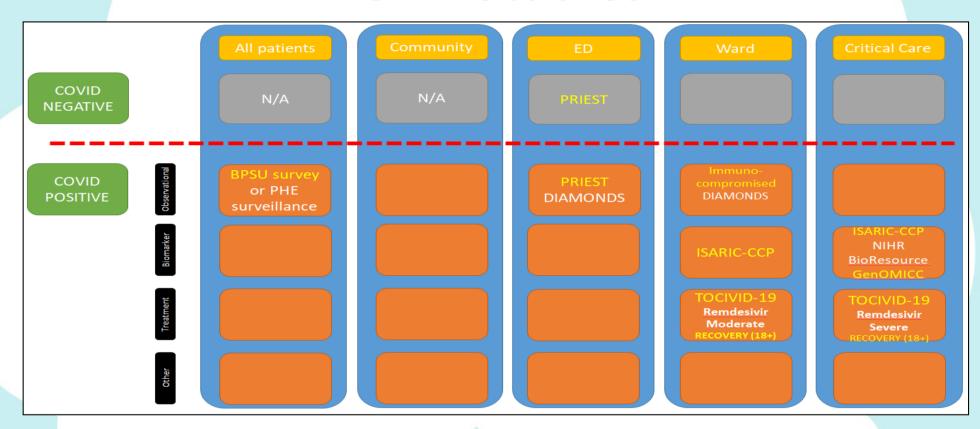
This will include adult patients in UPH studies at Alder Hey

COVID Research Group to identify relevant UPH studies and capacity to deliver

Rapid approvals and set-up
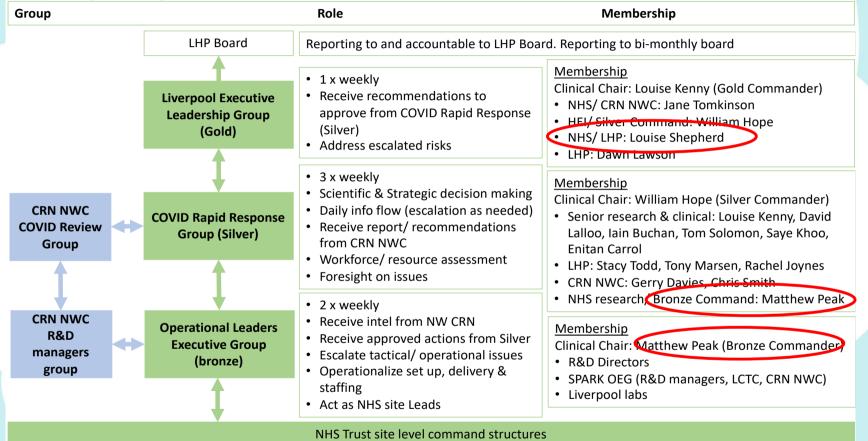
Requirement for clinical and non-clinical research delivery staff to match capacity and demand for UPH studies

Already ten UPH studies open/in set-up

UPH Studies

National discussions re experimental medicine studies

COVID Rapid Response & Command Structures - LHP

Group	Role	Membership
LHP Board	Reporting to and accountable to LHP Board. Reporting to bi-monthly board	
Liverpool Executive Leadership Group (Gold)	• 1 x weekly • Receive recommendations to approve from COVID Rapid Response (Silver) • Address escalated risks	**Membership** Clinical Chair: Louise Kenny (Gold Commander) • NHS/ CRN NWC: Jane Tomkinson • HEI/ Silver Command: William Hope • NHS/ LHP: Louise Shepherd • LHP: Dawn Lawson
COVID Rapid Response Group (Silver)	• 3 x weekly • Scientific & Strategic decision making • Daily info flow (escalation as needed) • Receive report/ recommendations from CRN NWC • Workforce/ resource assessment • Foresight on issues	**Membership** Clinical Chair: William Hope (Silver Commander) • Senior research & clinical: Louise Kenny, David Lalloo, Iain Buchan, Tom Solomon, Saye Khoo, Enitan Carrol • LHP: Stacy Todd, Tony Marsen, Rachel Joynes • CRN NWC: Gerry Davies, Chris Smith • NHS research/ Bronze Command: Matthew Peak
Operational Leaders Executive Group (bronze)	• 2 x weekly • Receive intel from NW CRN • Receive approved actions from Silver • Escalate tactical/ operational issues • Operationalize set up, delivery & staffing • Act as NHS site Leads	**Membership** Clinical Chair: Matthew Peak (Bronze Commander) • R&D Directors • SPARK OEG (R&D managers, LCTC, CRN NWC) • Liverpool labs

CRN NWC COVID Review Group

CRN NWC R&D managers group

NHS Trust site level command structures

Contributing to Evidence

AH Charity

£300k donated for independent paediatric COVID-19 research

Review of potential studies provided by CEIDR (University of Liverpool/LSTM)

Six studies funded with paediatric relevance

Testing

Exploring validation of a serological test for COVID-19 antibodies
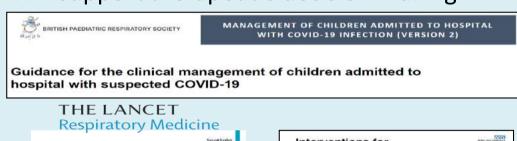
Potential for staff testing and re-testing

Evidence Generation

Ongoing systematic review of evidence from controlled trials of COVID-19
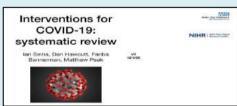
Leading nationally/internationally in the creation and dissemination of evidence based practice for children with COVID-19

Will support therapeutic decision making

LEAD APPLICANT	UoL / LSTM	PROJECT TITLE	PROJECT DURATION	TOTAL FUNDS REQUESTED	FUNDS REQ'D 2019/20 (to Jul20)	UoL Funds £400k	HPRU Funds £150k	Alder Hey Funds £300k	LSTM CEIDR-I Funds £250k
Collins, Andrea	LSTM	Biomarkers in Respiratory Immunology - requested £52,500	12mths	£ 25,000	£ 3,000			£ 12,500	£ 12,500
French, Neil	UoL	Liverpool Household COVID-19 Cohort Study	6mths initially	£ 119,100	£ 84,000			£ 119,100	
Kenny, Louise	UoL	COVID-PREP (Pregnancy Testing Pilot)	12mths	£ 69,006	TBC			£ 69,006	
Lissauer, Samantha	UoL	COVID-19 in pregnant women, neonates and children presenting to QECH, Malawi – an in-depth study using ISARIC protocol (requested £145k)	12mths	£ 50,000	£ 135,000			£ 50,000	£ -
McNamara, Paul	UoL	protecting children from severe acute respiratory syndrome in COVID-19 disease, and severe	18mths	£ 38,000	£ 38,000			£ 38,000	
Theobald, Sally	LSTM	Area D: Distortion of Health and Social Care Systems	12mths	£ 25,000	TBC		£ 15,000	£ 10,000	
TOTALS								£ 298,606	

Business Continuity

Redeployment

Clinical and non-clinical staff redeployed to frontline teams

Requirement to recover staff as UPH study volumes increase

Future activity

Requirement for non-COVID studies to be continued to be contracted and set up to avoid delay in activity in future

Infrastructure for set up of UPH studies

Continuing studies

300 ongoing studies at AH reviewed with UKRD-NHSE/I clinical stratification tool

Ongoing management of patients in studies unsafe to stop

Communication with study sponsors on outcome of stratification

Communication with patients families of ongoing trials

Use of remote monitoring where possible

Continuity of DETECT study

Staff required for all of above

INNOVATION COVID-19 RESPONSE

Approach

- Establish a COVID linked strategic innovation programme - that is sustainable

- Accelerate our innovation strategy – open innovation portal

- Establish great strategic partnerships in LCR

- Join-up projects with Research

Strategy April – September 20

NHS Alder Hey Children's NHS Foundation Trust

INNOVATION

COVID problem solving

- Innovative sourcing
- Rapid proto-typing
- Rapid digital improvements
- Hacks

Impact

☑ Improve safety for CYP

☑ Improve CYP and family experience

☑ Improve Staff Safety

☑ Improve staff experience

☑ Improve operational efficiency

#BeatCOVID

Exploiting Our Strengths and Capabilities

Technology

- Artificial Intelligence – Watson chat bot, Power BI
- Automation Apps - RPA, Power Apps

Skills

- Open innovation problem solving methodology – sprint
- Rapid proto-typing & clinical test bed & hacks
- Partnerships working – industry
- Open innovation portal - accelerate

Measures of Success

1. **Innovation promoted** and used routinely to solve Alder hey core running the hospital problems with disruptive methodology

2. Improved innovation **culture** - More staff involved with innovation

3. Number of **deployed** solutions in alderhey and **shared** with others

4. **Partnerships** – Alder hey positioned in the system as a innovation partner

5. **Innovation Brand and Profile** – effective comms/marketing plan to promote and propel our offer to national visibility

6. Increased Funding and inward **investment**

3 weeks Quick Wins

#BeatCOVID

Staff and CYP experience

Chat Bots – SALI

Team Trak

Infographics

Digital Front Door

AlderPlayv2

CYPMH – single referral

NICU Virtual Visiting procured

Operational Excellence

Command Centre. Power BI – COVID dashboards

RPA

Keeping staff safe

The Distance

Alternative PPE supplies

Hygenie – hand washing sensor

Inventory App

Keeping patients safe

Telehealth – intouch

Potential to support Keeping Children safe – advanced algorithms (DETECT+)

a) A&E/urgent

b) Outpatient list digital triaige

For support

- **Ambition agreed**. Innovation service brought in early to scope hospital problems – e.g. keeping children safe
- **Problem** based method adopted. Innovative Solutions portal used
  - Internally go to place for COVID problems
  - C&M partnership
- **Promote hacks** – celebrate small wins and create capacity to allow rapid proto-typing
- National **Marketing** plan activated
- **Automation** work stream supported by divisions to improve how the hospital works. Embrace digital workers / bots
  - AI HQ
  - RPA
  - Power App

AI HQ (inc BI Power Apps)

- **Staff Support**
  - SALI – staff virtual assistant
  - Team Trak
  - Team Rota
  - Food Delivery App

- **Procurement**
  - Supplies dashboard
  - Inventory Tracking App

- **Command Centre Dashboards**
  - Hospital Live Status
  - Ward Boards
  - Outpatient Board

- **Keeping Children Safe**
  - Parent Detect Tool
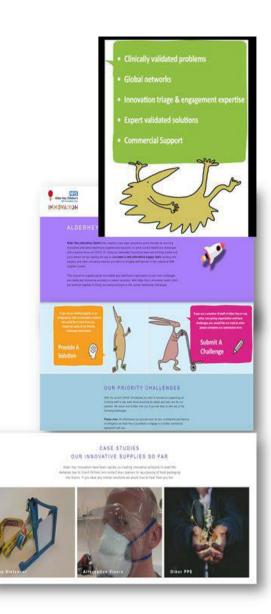
Innovative Solutions Portal

- **Alder Hey Innovation Centre** new online portal for sourcing innovative alternative healthcare supplies and solutions to urgent healthcare challenges – C&M Region

https://www.alderheyinnovation.com/solutions-portal

- Using our Innovation team, working with the Industry and SME ecosystem we are leading the way to **co-create a new alternative supply chain**

- To date we have already **designed**, **prototyped**, **tested**, sourced and **manufactured** the delivery of:
  - **52,000 Visors**
  - **70, 3D printed door openers (4000 in production)**
  - **Created new gown design**
  - **Connected >60 innovative cross industry suppliers / innovative solutions**

PPE Equipment

Alternative sourcing for:

- **Visors** – including making our own for training purposes and used our contacts to source a frequent supply

- **Masks** – with help of the charity we are in talks with Matalan to help produce reusable masks

- **Cough Catchers** -

#BeatCOVID

Safety

Training

- Creating digital registration forms to keep track of the staff being trained
- Exploring different platforms to deliver ongoing training for new staff

TeleHealth

- 2nd April – first virtual ward around from Alder Hey to Liverpool Women's
- Virtual Visiting - Screen2Screen

COVID Comms Platform

- A Covid-19 Information Hub created on SharePoint (cloud Based)- This will make it easier for all staff to access the information regarding the trust's response to COVID-19.
- Support Data Command Centre: BI Dashboards

#BeatCOVID

Virtual Assistants - SALI & Ask Oli

Development Phase

Products
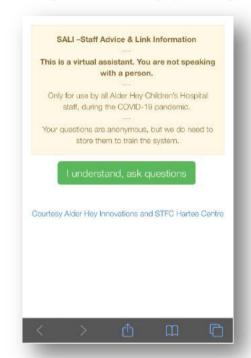
- SALI - Staff Advice & Link Information VA
- Ask Oli – Public facing VA
- Trusted and current source of organisation validated information for all our staff.

Benefit

- Respond 24/7 directly to questions.
- Reduce demand on Communications and Operational Teams to answer common queries.

Status

- SALI - In development with our partners at STFC Hartree; pilot version launched
- Ask Oli – Repurposing current to address common queries re Covid-19. Commence review of questions; w/c20 Apr

#BeatCOVID

Team Trak APP (Prototype)

COVID 19 Staff location, status and communications tool
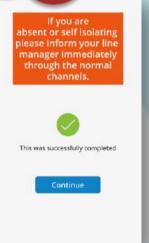
Benefits/Features:

- Full insight to staffing levels and gaps
- Monitor available resource
- Trend analysis (Self Isolating / Covid19 Symptoms)
- Easy access and Flexibility reporting for staff
- Link to staff helpline, information hub & email
- Link to staff virtual assistant

Status

- Team Trak Frontend App Completed
- Aligned with HR Sitrep & ESR pay requirements
- Over 195 staff piloting inc clinical teams, wards & corporate
- Backend Reporting to be developed further once launched with enough data
- Team Trak data to be linked Team Rota App for rostering

"Great effort - works really well - and the guidance is very intuitive"

"This looks great!! We've had real difficulty capturing some of this data"

"App is brill"

The Distancer

Product

A simple low-cost 3D printed handheld device.

Benefit

Helps reduce the risk of contamination when moving through buildings and provides peace of mind.

Status

Aluminum mould has been finalised. Mass production of 4000 end April.

Hygenie

Product:

Tracking hand hygiene compliance ward by ward and improving management information

Benefit:

Driving compliance and behavior change. Also good way to validate a business that AH has some ownership of

Status:

Current reviewing proposal costs and legal agreements, then move to database development and hardware manufacture ~4-6 weeks before deployed on site

#BeatCOVID

ALDERPLAY

Product:
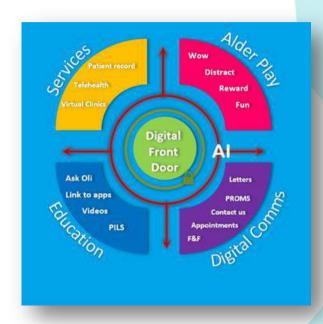
Child focused platform for use at home or in the hospital for communication, information and entertainment.

Benefit:

Reduce stress by familiarising, distracting and rewarding children coming into Alder Hey at this stressful time.

Status:

- Fast tracking ability to add more content
- Supplier selected and proposal agreed
- Development to commence this week

COVID19 positive children
at Alder Hey; n=10
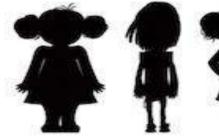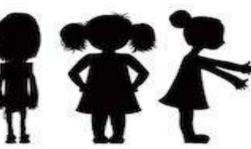
8 female; 2 male

3 chromosome abnormalities

C/O Fever (9), URTI (7), D&V (5)

7 already discharged when result available

None needed PICU

One given treatment

Acute inflammation in UK children during COVID-19

- Rise in PICU admissions of children presenting with multisystem inflammation – mostly in London:
  - Overlapping features of toxic shock syndrome & Kawasaki's disease
  - Blood parameters consistent with severe COVID-19
  - Abdo pain/GI symptoms common
  - Cardiac inflammation
  - Some SARS-CoV-2 PCR positive, some negative

Acute inflammation in UK children during COVID-19

- Rise in PICU admissions of children presenting with multisystem inflammation – mostly in London:
  - Overlapping features of toxic shock syndrome & Kawasaki's disease
  - Blood parameters consistent with severe COVID-19
  - Abdo pain/GI symptoms common
  - Cardiac inflammation
  - Some SARS-CoV-2 PCR positive, some negative
- Alert sent to Paediatric Intensive Care and Infection doctors
- Alert also sent to GPs in North London
- Tweeted………….

38 cases between March 25th and May 1st

Demographic features

Age	1 – 16 years (Median 11 years)
Sex	62% male (23 /37)
Co-morbidities	1 asthma, 1 epilepsy

Location of reported cases

New syndrome in children?

Top stories

What is the new illness affecting children, and is it linked to coronavirus?

The Guardian · 2 days ago

Italy, UK explore possible COVID-19 link to child inflammatory disease

Reuters · 2 days ago

Coronavirus: Matt Hancock 'worried' over new disease in children possibly linked to COVID-19

Sky News · 2 days ago

More cases of rare syndrome in children reported globally

3 days ago - "These **children** have had a severe and prolonged **inflammatory** response to **Covid**-19 infection and they have not had severe lung disease, .."

New syndrome in children?

Top stories

What is the new illness affecting children, and is it linked to coronavirus?
The Guardian · 2 days ago

Italy, UK explore possible COVID-19 link to child inflammatory disease
Reuters · 2 days ago

Coronavirus: Matt Hancock 'worried' over new disease in children possibly linked to COVID-19
Sky News · 2 days ago

More cases of rare syndrome in children reported globally
3 days ago - "These **children** have had a severe and prolonged **inflammatory** response to **Covid**-19 infection and they have not had severe lung disease, .."

"This is not something people should be panicking about"   Dr Liz Whittaker
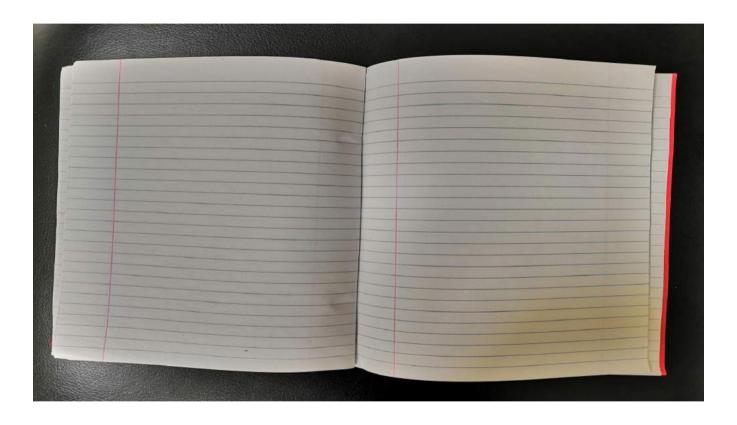
Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19

Most children are asymptomatic or exhibit mild symptoms from COVID-19 infection. However, in the last two months a small number of children have been identified who develop a significant systemic inflammatory response. All children have been diagnosed and managed appropriately along standard referral pathways. Affected children may require paediatric intensive care and input from paediatric infectious diseases, cardiology, and rheumatology.

This rare syndrome shares common features with other paediatric inflammatory conditions including: Kawasaki disease, staphylococcal and streptococcal toxic shock syndromes, bacterial sepsis and macrophage activation syndromes. It can also present with unusual abdominal symptoms with excessive inflammatory markers.

What we know about cause and treatment:

Approval for COVID19 treatment
– outside of clinical trial

1. Alder Hey ID/ PICU +/- Rheum approval

2. External ID approval (GOS or RLUH)

3. CDEG/MMOC approval

4. Clinical Decision Making Committee approval

What we don't know

- NEED clinical trial data for children with COVID-19
  - Rationale for anti-viral and immunomodulators?
- Is COVID-19 responsible?
  - If so how should we treat?

Diagnosis and Management of Febrile Illness using RNA Personalised Molecular Signature Diagnosis

DIAMONDS overview

- Derivation of a host gene expression-based test that can diagnose multiple conditions simultaneously at the point of testing
  - Concept: clinically similar conditions have unique or unique pattern of gene expression as measured in blood (ie some genes switched on, others switched off)

  - A single test that measures a modest (50-150) gene transcripts will accurately identify a broad range of infectious and inflammatory conditions

  - This principle is called **Personalised Molecular Signature Diagnosis (PMSD)**
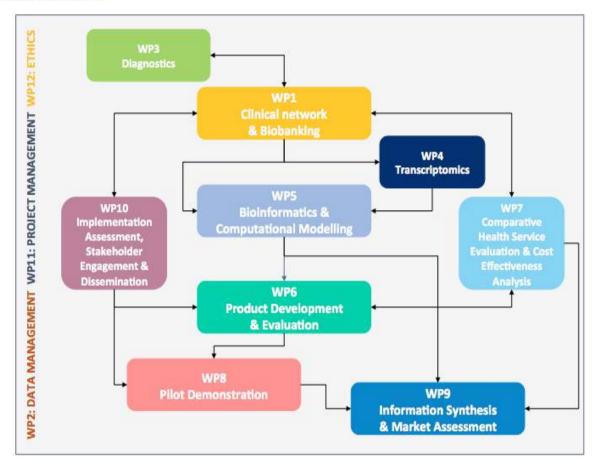
DIAMONDS aims

1. Discover the best set of transcripts that can make-up a PMSD test that will cover common and important diagnoses in infection and inflammation

2. Work with engineering and biotechnology teams to develop platforms that can convert a PMSD signature into a useable clinical diagnostic test

3. Provide evidence of cost-benefit for the introduction of such a test

4. Carry out a pilot demonstration of such a test

5. Make recommendations to the EU about the utility of introducing such a test

Project work packages and their interaction

WP2: DATA MANAGEMENT   WP11: PROJECT MANAGEMENT   WP12: ETHICS

WP3
Diagnostics

WP1
Clinical network
& Biobanking

WP4
Transcriptomics

WP10
Implementation
Assessment,
Stakeholder
Engagement &
Dissemination

WP5
Bioinformatics &
Computational Modelling

WP7
Comparative
Health Service
Evaluation & Cost
Effectiveness
Analysis

WP6
Product Development
& Evaluation

WP8
Pilot Demonstration

WP9
Information Synthesis
& Market Assessment

Research

Diagnosis of Kawasaki Disease Using a Minimal Whole-Blood Gene Expression Signature

Victoria J. Wright, PhD; Jethro A. Herberg, PhD; Myrsini Kaforou, PhD; Chisato Shimizu, MD; Hariklia Eleftherohorinou, PhD; Hannah Shailes, PhD; Anouk M. Barendregt, BSc; Stephanie Menikou, PhD; Stuart Gormley, MRes; Maurice Berk, PhD; Long Truong Hoang, PhD; Adriana H. Tremoulet, MD; John T. Kanegaye, MD; Lachlan J. M. Coin, PhD; Mary P. Glodé, MD; Martin Hibberd, PhD; Taco W. Kuijpers, PhD; Clive J. Hoggart, PhD; Jane C. Burns, MD; Michael Levin, FRCPCH; for the Immunopathology of Respiratory, Inflammatory and Infectious Disease Study (IRIS) Consortium and the Pediatric Emergency Medicine Kawasaki Disease Research Group (PEMKDRG)

A 13-transcript signature was identified that accurately discriminated Kawasaki disease from comparator febrile diseases in discovery and validation cohorts.

Meaning: A diagnostic blood test based on measurement of small numbers of host gene transcripts might enable early discrimination of Kawasaki disease from other infectious and inflammatory conditions.

DIAMONDS and the COVID pandemic
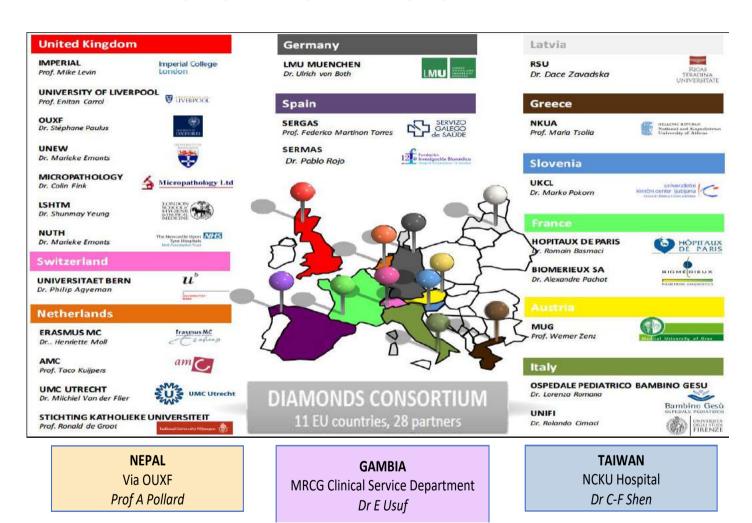
- Non-COVID-19 research has been suspended

- But RNA expression has potential to help explain immunopathogenesis, and identify predictive markers

- DIAMONDS has CMO approval as national priority project to address COVID-19, as we are well-placed to tackle these questions:
  - Is there a host-based signature for COVID-19?
  - Can it discriminate pure SARS-CoV-2 disease from coinfections, for instance with bacteria
  - Do different clinical manifestations have distinct host signatures, for instance, mild vs severe; inflammatory vs uncontrolled viral disease
  - Might a gene expression signature predict progression?

DIAMONDS priorities during the pandemic

- We aim to deliver a compressed DIAMONDS project applied to COVID-19 over next few months
- URGENT recruitment of adults and children with suspected/proven COVID-19 across the full spectrum:
  - mild (not admitted)
  - moderate (not ITU)
  - severe (ITU)
- We are aiming for rapid recruitment using a simplified consent and sampling process, and an abbreviated CRF
- We will return to the wider aims of DIAMONDS once the pandemic is controlled, expanding recruitment to other conditions

CLINICAL NETWORK IN DIAMONDS

NEPAL	GAMBIA	TAIWAN
Via OUXF	MRCG Clinical Service Department	NCKU Hospital
Prof A Pollard	*Dr E Usuf*	*Dr C-F Shen*

DIAMONDS Search – Inclusion criteria

A patient of any age who attends or who is admitted at a participating hospital

AND who has one or more of the following:

- fever (≥38.0 °C), or history of fever in the preceding 24 hours
- symptoms (including non-specific signs) suggestive of infection
- symptoms suggestive of inflammation (including exacerbation of pre-existing inflammatory disease), and including non-specific signs/symptoms such as fever, joint pains, muscle pains, headaches, lymphadenopathy/fatigue, abdominal pain, rashes, mucosal inflammation, elevated inflammatory markers, unexplained cytopenias.

- AND EITHER who gives consent for samples to be taken for research
- OR who retrospectively gives consent, according to a deferred consent model in which consent is obtained after initial sample collection

Target conditions

- **Emerging pathogens** such as SARS-CoV-2

- **Autoinflammatory diseases**: for instance, PFAPA Syndrome, Familial Mediterranean Fever, among others.

- **Rheumatological and inflammatory diseases**: including those affecting the young (e.g. Kawasaki disease, systemic JIA) and adults (e.g. rheumatoid arthritis, vasculitis, lupus); inflammatory bowel disease

- **Immunodeficiencies**: including (a) co-morbidities or immunosuppressive conditions, such as HIV or underlying cancer; (b) iatrogenic immunosuppression, such as chemotherapy or steroids; (c) primary immunodeficiencies

- **Patients with underlying complex diseases and/or co-morbidities** (including major post-operative patients, onco-hematologic disorders, pulmonary disorders (COPD, asthma), metabolic disorders or chronic neurological disorders)

- **Neonates** with suspected sepsis or encephalopathy caused by infection, hypoxic brain insult or cerebral bleed

- **Geographically located and atypical infections**: TB, Rickettsial infection, Tick Borne Encephalitis, severe enterovirus infection, leishmaniasis, brucellosis and mycoplasma infection. Patients with confirmed or suspected Lyme disease may also be included.

In a child presenting with persistent fever, inflammation (neutrophilia, elevated CRP and lymphopaenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder) with additional features, DIAMONDS will help differentiate;

Acute Covid-19

Other respiratory viruses

Post-Covid-19

"Novel hyperinflammatory syndrome"

Kawasaki

Toxic shock

"Kawa –shocky"

Group A Strep

Rheumatology/inflammatory flare-up without infection

ISP Board Paper

Innovative Solutions Portal Overview
Trust Board 5th May

1.0 Introduction

The purpose of this paper is to provide the Trust Board an overview of the Alder Hey Innovative Solutions Portal (ISP) and the collaboration between Alder Hey, The Innovation Agency and Cheshire and Merseyside Health and Care Partnership, Covid 19 Supply Response team (CSR).

2.0 Background

The COVID-19 pandemic has catalysed a nationwide response to problems and needs that the healthcare industry has never seen before and many external companies have been approaching hospitals and other health and care services, offering their support and products. Cheshire and Merseyside are home to 18 trusts across the region. While each trust works in its own way for BAU and NHS supply, it became apparent that many hospitals were seeing similar issues around identical needs, as well as being inundated with offers of support creating repeated duplication of efforts.

3.0 Collaboration

Alder Hey Innovation Centre have created a new open innovation portal https://www.alderheyinnovation.com/solutions-portal focused on sourcing innovative alternative healthcare supplies and solutions. During this Covid 19 pandemic we have expanded our innovation portal to support the region and beyond by providing the portal as a single route for alternative suppliers to be channeled and matched with the critical needs for the region. To support this initiative, Alder Hey are working with the Innovation Agency (the AHSN for the North West Coast) and The Cheshire and Merseyside Health and Care Partnership's COVID-19 Supply Response Team (CSR Team) who have been working hand-in-hand with NHS Procurement Teams across the region. Needs that cannot be met through either BAU supply or PPE channels will be collated by the CSR and requirements passed to the Alder Hey Innovation team. Each partner role is detailed in APPENDIX 2

4.0 Status

Legal advice has been sought and terms and conditions (APPENDIX 1) provided by Bevan Brittan LLP. These terms and conditions will be provided on the portal and agreed to prior to submission by all solutions providers and suppliers. Furthermore a disclaimer is also created to re-enforce that whilst we might put forward suppliers and solution providers we are not endorsing them or confirming suitability.

The front end website is created and the back end submission form and administration portal https://alderhey.nhs.yet2.com/ is in final development with T&Cs updates to be made.

5.0 Recommendation

The collaboration is finalising the process with regional procurement leads and proposes launch of the full service and portal end of week beginning 4th May

ISP Board Paper

Appendix 1

Disclaimer

*"AlderHey Children's NHS Foundation Trust (the "**Trust**") has set up a portal focused on collating and coordinating innovative alternative healthcare supplies and solutions for Covid-19 and non-Covid-19 related needs (the "**Portal**"). The Portal has been developed to provide a single route of access for non-traditional NHS suppliers and innovative solution providers to respond to regional healthcare needs and challenges. The Portal, and information shared as an output from the Portal, is not a route to NHS supply chain or a replacement for the usual NHS procurement and supply procedures. The case studies included are provided for information, and by way of example only of the partners the Trust have worked with recently on innovative solutions to current needs. None of the information shared by the Trust amounts to an endorsement or verification by the Trust of the status of the providers or their proposals, or an active promotion or opinion on the suitability of their solutions or products for any given purpose. Any party wishing to engage the suppliers or utilise proposals or products referenced will be required to carry out their own due diligence and follow their own procurement and supply procedures."*

1 PORTAL TERMS OF USE

1.1   AlderHey Children's NHS Foundation Trust (the "**Trust**") has set up the Alder Hey Innovation OI Portal managed by yet2 (at https://www.alderheyinnovation.com/solutions-portal) focused on collating and coordinating innovative alternative healthcare supplies and solutions for Covid-19 and non-Covid-19 related needs (the "**Portal**").

1.2   The Portal has been developed to provide a single route of access for non-traditional NHS suppliers and innovative solution providers to respond to healthcare needs and challenges in the Cheshire and Mersey region.

1.3   The terms and conditions below apply to the use of the Portal and the submission of proposals. Use of the Portal and submission of a proposal shall be deemed to be acceptance of all conditions established in this document. If a participant does not accept the terms of this document, it should not submit a proposal.

Submission of proposals

1.4   Individuals and organisations wishing to submit a proposal must first do so on a non-confidential basis via the Portal. The Trust will not respond to or accept proposals made outside the Portal.

1.5   If a participant submits a joint proposal, it will be assumed that the submitting participant acts on behalf of and with the authority of the other participants.

1.6   Upon registering proposals, participants accept that the Trust may request further information in relation to the proposals.

Review

1.7   The Trust will complete an initial review of the proposals submitted by participants through the Portal.   The review shall be undertaken at a high level to consider matters such as:

1.7.1   the party submitting the proposal is currently in existence (for example, is a recognisable legal entity or identifiable individual);

1.7.2   the submitted proposal relates to a realistic offer of help and/or an innovative solution for Covid-19 or other non-Covid related needs in the region.

1.8   The Trust reserves the right to decide at its discretion whether a proposal meets these minimal requirements. Participants acknowledge that the Trust, in its sole discretion, may select or reject a proposal or any portion thereof.

1.9   If in the Trust's opinion, the proposal submitted meets the initial minimum requirements, the Trust may share the proposal with third parties including its affiliates, regional procurement hubs or innovation agencies ("**Affiliates**"). The Trust has no obligation to share all, or any, proposals.

Confidential Information and Intellectual Property

1.10   The Trust requests all interested participants to withhold from revealing sensitive technical information about their proposals at this stage and to only include non-confidential information in the proposal.

1.11   By submitting a proposal, you represent that the response does not contain and will not be deemed to contain any confidential information of any kind. The Trust accepts no obligations, and no obligations whatsoever shall be created, relating to the submission of and the content of a proposal through the Portal. This includes, but is not limited to, no obligation on the Trust to maintain confidentiality, consider as proprietary, acknowledge receipt, review, respond or send back a participants proposal.

1.12   The Trust may, among other things, share the proposal with Affiliates, or publish or disclose publicly any proposal in any way it sees fit. By submitting a proposal, participants agree that the Trust have the right to use the information free of charge and as the Trust sees fit, including to disclose it to Affiliates for full use and disclosure as they see fit.

1.13   By submitting proposals, participants warrant that they have the right to disclose the information to the Trust, that the disclosure does not breach any contract or obligation between the participant and a third party and that, to the best of the participants knowledge the possession or use of the information by the Trust or any Affiliates does not misappropriate or infringe any intellectual property rights of others.

Status of proposals

1.14   The Portal and the submission of proposals or any other documents through the Portal does not represent an invitation to bid, a formal tender procedure or commercial offer of any kind. All participants should note that the Portal and the proposals submitted through it, are not a route to NHS supply chain or a replacement for usual NHS procurement and supply procedures.

1.15   Nothing in these terms or the Portal, or the submission of a proposal or the review or sharing of a proposal:

    1.15.1   places any obligation on the Trust to implement, practice, license, purchase or provide any solutions, recommendations, inventions, intellectual property, products, concepts, systems, techniques or services, or to enter into any relationship or agreement with any participant;

    1.15.2   creates a relationship of agency, partnership, joint venture, or license between the Trust and any participant; or

    1.15.3   amounts to an endorsement or verification by the Trust of the status of a participant or its proposal, solution or products.

1.16   Participants acknowledge that the Trust may currently or in the future be developing, acquiring or licensing information, inventions, intellectual property, products, concepts, systems, techniques or services similar to those being requested through the Portal. Nothing in these terms or the Portal, or the submission of a proposal or the review or sharing of a proposal shall be construed as a

representation or agreement that the Trust will refrain from developing or authorising another to develop any products, concepts, systems or techniques that are similar to those contemplated in the submission of proposals through the Portal.

Personal Data

1.17   The Trust do not anticipate that the use of the Portal or submission of proposals shall require the processing of personal data. In so far as the use of the Portal or submission of proposals involves the processing of personal data, participants agree that the Trust may process the personal data for the purposes of assessing the proposal and contacting participants as required and that the Trust may share the personal data with Affiliates for the same purposes and in accordance with the Trust privacy policy found at [insert link to privacy policy].

Governing Law
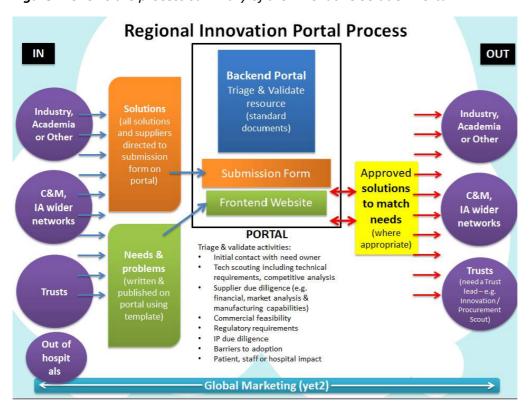
1.18   The Portal and these terms and any dispute or claim arising out of or in connection with it or its subject matter shall be governed by and construed in accordance with the law of England and subject to the exclusive jurisdiction of the English courts.

ISP Board Paper

Appendix 2

Figure 1. Shows the process summary of the Innovative Solution Portal

Roles and Responsibilities

This collaboration will collate a range of needs which have arisen due to the COVID-19 pandemic from across the region and source, track, triage and validate solutions which have been presented by providers and suppliers.

Alder Hey Innovation Team

- Creation and Management of Front end website for hosting and collection of needs and solutions
- Create and publish content on the frontend website,
- Receive all offers from companies and others and needs from the health system
- Publish of newly identified needs from the system.
- Management of backend administration portal
- Proactive scouting of solutions for needs where necessary
- Resource for triage and validation of each submission.
- Matching needs to validated and approved solutions.
- Pushing validated solutions to the required need owners or representatives eg C&M

ISP Board Paper

Innovation Agency

- Promoting the website and solutions portal to AHSN SME networks
- *Providing suppliers with the portal address and directing them to the submission form.*
- *Supporting suppliers to understand the required standardsProactive scouting of solutions.*
- *Resource to support triage and validation of submissionsDissemination of solutions to Local Resilience Forums/CCG links*
- *Making links across Lancashire and South Cumbria if purchasing at scale is required.*

Covid19 Supply Response Team

- *Collation of needs across C&M Trusts*
- *Identification of Needs for Alternative sourcing*
- *Providing suppliers with the portal address and directing them to the submission form.*
- *Support for Dissemination of solutions*
- *Developing route to collate out of hospital needs?*
- *Coordination of procurement where bulk buying is required?*

Alder Hey Children's **NHS**

NHS Foundation Trust

Board of Directors
7th May 2020

Report of	Development Director
Paper prepared by	Associate Development Director-Site
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.

1

Alder Hey Children's **NHS**
NHS Foundation Trust

Board of Trust Directors Report

Campus Development report on the Programme for Delivery

7th May 2020

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 the March Board and coming to the end of Qtr4 for 19/2020 the programme Delivery Timetable will rag rate projects from there planned commencement date.

2. Programme Delivery Timetable

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)		[amber]	[light blue]							
Alder Centre occupation		[amber]								
Acquired buildings occupation			[amber]							
Police station (LF) occupation			[amber]							
Decommission & Demolition Phase 3 (Oncology, boiler house, old blocks)				[light blue]	[light blue]					
Main Park Reinstatement (Phase 2/90%)						[blue]	[blue]	[blue]		
Infrastructure works & commissioning				[light blue]	[light blue]					
Clinical Hub Construction	[red]	[red]	[blue]	[blue]	[blue]	[blue]	[blue]	[blue]		
Clinical Hub Occupation								[light blue]		
Dewi Jones Construction	[red]	[red]	[blue]	[blue]	[blue]	[blue]	[blue]	[blue]		
Dewi Jones Occupation									[light blue]	
Demolition Phase 4 (Final)									[blue]	[blue]
Final Park Reinstatement (Phase 3)										[light blue]
Neonatal Development Tendering and Design	[amber]	[amber]	[blue]	[blue]						
Neonatal Construction						[light blue]	[light blue]	[light blue]		
Neonatal Occupation									[blue]	

The Alder Centre construction remains rated as amber due to the contractor leaving site because of a lack of availability of materials. Whitfield & brown, the contractor, furloughed their labour for 3 weeks whilst trying to secure the critical materials to be able to complete the works.

Clinical Hub and Dewi construction will not commence before the end of Qtr. 1, hence the red RAG rating.

2

Alder Hey Children's NHS
NHS Foundation Trust

Phase one park works have been delayed and will therefore now deliver in Qtr. 3, this is due to some conditions of planning approval being executed and the extended investigation for the presence of Asbestos.

The Nursing home occupation will deliver within Qtr. 2 however it is amber to highlight the tight timescale for its delivery of the tender process and refurbishment works which may be impacted by COVID19.

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 and have continued to pursue a reduction in the overall projected capital spend. Within the month the withdrawal of the purchase of off-site office accommodation has had a positive impact to the total predicted capital spend with a movement of - £572k.
The finance department continues to support the Team in monitoring and taking relevant actions to stay within the financial envelope available.

Table 2. Demonstrates the current anticipated capital cost of all projects for the campus developments along with relevant comment as of April 2020.

Estates Savings Target	Budget	Apr Estimate	Apr Comments
The Park	1,750	3,000	Alternative funding options focus on tendering for a lead partner(s) to support income generations, contribution and management/maintenance of the park (this will require agreement from LCC)
Alder Centre	2,184	2,184	The charity have now underwritten the funding shortfall @ £204k
C Cluster Hub	9,828	11,128	Potentially indicating £1.3m overbudget over two schemes. The charity have agreed best endeavours to raise additional £1m. The remaining £0.3m is expected to be split between the Trust and Galliford Try (TBC).
C Cluster Dewi	8,994	8,994	
Infrastructure - Utilities	1,200	1,200	
Landscaping	481	500	Slight risk to £500k as the plan has not been developed. However there is potential to combine this with the Neonates
Attenuation	600	600	
Infrastructure - Roads (inc s278)	858	858	
Demolition and decomm	2,356	2,656	Asbestos removal costs will exceed budget as higher than the cost estimated prior to CHP development – pressure is C. £300k
Relocations	1,227	1,227	Mersey design working on police ground floor £6.5k
Neonatal	11,869	14,000	The £14m cost includes just Neonatal but this cost could increase to £16m to include A&E expansion/EDU to the lower floor. This is yet to be decided.
Institute retention	0	0	
Development team	1,100	1,135	Slightly over budget
Office sunk costs	0	0	
Job Shop	0	0	
Vet	0	0	
Long term corporates	0	0	
Community/Off site	300	300	
NE Site Development	0	0	
Institute re-works	360	360	
Office Requirement	2,700	2,520	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. Nursing home tender on refurbishment works - risk of £130k over budget
Medical Records	0	0	
Staff removals	250	250	
Car Park	100	100	
	46,157	51,012	
Revised Budget	46118	46,118	
Under/(Over) Budget	-39	-4,894	

3

Alder Hey Children's **NHS**
NHS Foundation Trust

3. Project updates

Park Reinstatement Phase 1

Current status	Risks & Issues	Actions/next steps
Beech Demolition LTD returned to site following clarification by the UK Government on contractors working during this time. The contractor was away for 2 weeks and is making progress but there are areas that may still be affected by the need for social distancing which may slow progress. This has a direct impact on the completion of demolition works and will impact on the Park reinstatement work. A revised end date is difficult to accurately predict, however it is anticipated this will before the end of Qtr. 3. Capacity Lab have been working on a programme for delivery of the full park reinstatement over a further two phases producing the tender documentation for engaging partners who can support funding for elements of the long-term vision. There were some planning conditions which we are just in the process of implementing e.g. tree protection.	The impact of Covid 19 had halted demolition work which delayed the start of the reinstatement work. Presence of asbestos and other contaminants in the ground could be disturbed by development works to faze one of the park plans. (Risk 2116-Score 6)	Continue with the implementation of the planning conditions. Capacity lab engage with groundworks on a regular basis and involve stakeholders

Alder Centre

Current status	Risks & Issues	Actions/next steps
Price and programme was determined and agreed with contactor during March, the design team are working to the agreed budget Construction of the Alder Centre Building currently is in delay as the contractor has furloughed staff due to unavailability of critical materials. The contractor is	Delay to works due to COVID 19 Landscaping and external perimeter wall construction will not be delivered in line with	Monitors weekly the Impact of COVID19 on construction and if required alter the programme for final delivery and commissioning

4

still attempting to obtain the materials so that he can recommence as soon as possible.	occupation dates. (2101- score of 9)	
The occupation of the building will be further delayed but may still be available for occupation prior to the end of June.	New service model structure currently not agreed and worked up across the Alder Centre Unit. (Current Manager vacancy)	Ensure the Division address the vacancy /cover and service model is fully developed and agreed prior to occupation of the new building. **Plan now agreed with the division for work to be completed before occupation.**
The NEC form of contract has been used for this project and under Force Majeure conditions the contractor is allowed to claim compensation for delays and/or disruption. To date the contractor has not made reference to any claims for delays or disruption		
The landscaping design is being scaled back to a simpler design to enable works to commence within the current budget available.		
Dates for meeting in the run up to the move with the Alder centre team with divisional input have now commenced.		

Acquired Buildings Occupation (neighbouring sites)

Current Status	Risks/issues	Action/next steps
410 Prescot Road- Decision taken on 28th April to withdraw from the purchase of 410 Prescot Rd (following a desk top exercise on potential impact of increased levels of remote working on future desk requirements) and develop a plan for an extension of agile/remote working percentages applied in 2019. This will also now take into account the further COVID19 requirement for extended period of social distancing. **Knotty Ash Nursing Home** Transaction/purchase completed and we are now the registered owner of the property. Initial refurbishment/re-design plans have been drawn up by the Mersey Design Architects, with the aim of temporarily re-	Resistance from staff to move to neighbouring location. (2102 risk score 9)	Undertake a focused piece of work on increasing the level of remote working, with involvement of the Director of Human Resources and Organisational Development and the Chief Digital Information Officer.

5

locating some services to allow demolition and park advancement to occur late this year. Ultimately this building will provide accommodation for corporate functions in two years' time. The initial pre-tender estimate has shown the refurbishment works to be over budget and therefore a value engineering exercise has been undertaken to bring the project back within budget. The project will now be market tested before seeking further savings for the project from actual prices. Tenders issued week commencing the 27th April.	Medical records storage exceeds the space available. Refurbishment works not delivered to planned timetable. Capital budget may not cover the full refurbishment cost.	M&T currently working up a programme for digitisation of all stored records. Receive and evaluate tenders and choose preferred contractor. Negotiate/value engineer as appropriate.

Police Station (lower floor) occupation

Current status	Risks/issues	Actions/next steps
The Police has 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 8) This will mean a delay to the old management block being vacated and therefore delay to demolition of the building.	Weekly discussion and communication with the police estates departments. Development team are currently working up the contingency plan. Expected to complete this end of January. This will need executive approval but will initially go to the newly formed agile working group lead by the Director of HR&OD.

6

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

Current status	Risks/issues	Actions
This is currently at the planning stage and will be reliant on relocation of current building occupants to other locations and installation /diversion of current engineering and IM&T services.	Timely relocation and redirection of services are delayed (2104 risk rating 9 and 2105 risk rating 12)	Executive approval for the first group of moves and the longer term solution for some of these services such as Transcription and Medical records.) Liaison with all service providers /departments to ensure timely planning for works to be completed.

Park reinstatement Phase 2/3

Current status	Risks/issues	Actions
Capacity Lab have been engaged to provide a team of people to replace the Park Co-ordinator for the next 6 months (with option to extend) to work up a plan with a partnership 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 add to the contribution from the Trust to deliver the full vision for the park. LCC have requested Simon O'Brien to lead a piece of work across the community on delivering the stakeholders vison, Simon will also link with Capacity Lab and groundworks. We are awaiting an update from Liverpool City Council.	Funding required is not delivered through the partnership approach. (relates to risk 1241 actions) 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. Maintain regular discussion with LCC, make contact with Neil Coventry until such a point in time the Lead for leisure Services is appointed.

7

Alder Hey Children's NHS
NHS Foundation Trust

Infrastructure works & commissioning

Current status	Risks/issues	Actions
Masterplan of Infrastructure works is currently being prepared, planning application to be submitted in April and out for tender in May 2020.	Nil at present time.	Ensure timely process /programme is adhered to.

Clinical Hub and Dewi Jones Construction

Current status	Risks/issues	Actions
Following an extension period throughout March and April of reviewing and clarifying the components of a fixed price proposal for construction. It is the intention to take the final fixed price offer to the May Trust Board meeting for approval to enter in to a contract, subject to any anticipated impact of Covid 19. If approved Galliford Try could be on site starting advanced works in June 2020.	Final construction cost of project exceeds the allocated budget. (1948 risk rating 9) Delay to full contract agreement. (2106 risk rating 12)	RABD and Trust Board approval prior to final contract signature/sign off will occur in April. Continue with weekly meetings with Galliford Try.

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.(2003 risk rating 12)	Monitor demolition budget management on a monthly basis and work up contingency plan.

8

Neonatal Development

Current status	Risks/issues	Actions
Design brief has been developed and costed. Th procurement route has been agreed in principle with Project Co. The 2 options for putting the building over the ED car park are being considered and revenue costed by Finance. A business case is being developed for June Board which will include what has been learned in new ways of working through the Covid-19 period. The development team are prepared to progress to stage 2 design for the development.	Costs of new unit exceed current financial envelope. Cost of PFI management of the Process versus VAT savings. Not reaching agreement with PFI risks a workable interface with the CHP being achieve Planning permission fails to be achieved within the timescale of the overall programme delivery.	Division of Surgery to take a revised and final Business Case to the Trust board for approval in June. Design Architects to work up current option 1 to RIBA Stage 1, which would provide Gross Internal Floor Area (GIFA), Schedule of Accommodation (SOC), room adjacencies and estimated Cost in readiness for next stage. **Complete.** Maintain open communication with the LCC planning departments. Move to next stage of the design process.

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 some of Alder Hey's vision for the future some of the discussions currently include development of : • A Gym	Local community resistance to Trust non-development aspects and planning submission.	PWC engaged to look at other opportunities for using the site for other complimentary uses, this is part complete but delayed by Covid-19.

9

• A Nursery with an increase potentially of 40 providing 100 places in the future • Science/Knowledge building • Varied accommodation's which could be offered to staff, trainees etc…. • Supported living accommodation and homes retirement/ ADHD/Disabled Children and families • Provision of commercial opportunities to compliment the Eaton road current offering.		Maximise our offering/ support /negotiation on development content and opportunities. Appoint to a commercial part time role to lead on the East Plot development on behalf of the Trust. **Complete**

Communications

Current status	Risks / issues	Actions/next steps
Draft Comprehensive Communication plan developed which requires finalising and Trust Board Sign off. Due to COVID 19 this has not progressed over the last month. Fortnightly meetings between development team and Communications department are now in place.	Loss of reputation, locally and regionally. Lack of engagement internally and externally	Maintain links with Friends of Springfield park groups and actively support their development work. Team brief to include updates on campus/park development. Feature paper/spread in Qtr. 4 aiming to communicate over all campus development plans incorporating an easy to read roadmap.

Car Parking

10

Current status	Risks/Issues	Actions/next steps
No further work had progressed over the last Month due to COVID 19. There was a planned staff survey due to be completed in March, this has been delayed and is required to complete the Mott MacDonald report. Last Month's status There is a requirement to reduce the overall parking spaces on the current estate with particular need on the retained estates and the temporary car parking solution in situ (from a planning perspective we have permission to utilise the large temporary car until the end of 2021. However there is public pressure to reinstate the parkland as part of the land exchange agreement which is currently 2 years behind plan. In addition to this the developer who purchased the East plot is from early discussion with the planning department going to have difficulty in gaining planning permission for residential parking if Alder Hey do not reduce the current parking numbers. Retained estate planned reduction are detailed in the table below.	Car parking cannot sustain a reduction to current Numbers by June 30th 2020 Staff resistance to change. Travel plan from Mott MacDonald does not provide realistic and evidenced solution.	Car parking group to continue to work with Mott MacDonald and internal group members to produce an overall plan.

Spaces reduced (number)	Date	Which part of the site/ Additional detail
50-60	16th March 2020	Overflow at Catkin.
97	30th June 2020	Catkin (effectively close this car park and reallocate some patient spaces with in the temp car park with a direct path to new entrance into the catkin building)
91	30th June 2020	Temp car park reduction
248 in total		
187	Dec 2021	When the Cluster opens we have 68 spaces in the under croft, but under planning conditions we have to close the Temp car park.

11

This will prove to be very challenging and the car parking group is looking at a number of options to incentivise staff to use alternative modes of transport or alternative ways of working. Mott MacDonald a travel consultancy has also been engaged to advise Alder Hey on proven methods for reduced parking. Future Board reports will provide updates on progress.				

4. Trust Board of Directors

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

12

Alder Hey Children's **NHS**
NHS Foundation Trust

Resources and Business Development Committee
Confirmed **Minutes of the meeting held on Wednesday 25 March 2020 at 9:30pm, via Teams**

Present	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Dame Jo Williams	Chair	(JW)
	John Grinnell	Director of Finance	(JG)
	Claire Liddy	Director of Operational Finance	(CL)
	Kate Warriner	Chief Digital & Information Officer	(KW)
In attendance	Amanda Graham	Committee Administrator (*minutes*)	(AG)
	Rachel Lea	Acting Deputy Director of Finance	(RL)
	Dani Jones	Director of Strategy	(DJ)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Lachlan Stark		
	Russell Gates		
	Graeme Dixon (part)		(GD)
Apologies	Claire Dove	Non-Executive Director	(CD)
	Adam Bateman	Chief Operating Officer	(AB)
	Melissa Swindell	Director of HR & OD	(MS)
	Nicki Murdock	Medical Director	(NM)
	David Powell	Development Director	(DP)
	Sue Brown	Associate Development Director	(SB)
	Mark Flanagan	Director of Communications	(MF)
	Stuart Atkinson	Associate Director Estates	(SA)

19/20/172   Apologies
The Chair noted the apologies received from Claire Dove, Adam Bateman, Melissa Swindell, Sue Brown, David Powell, Nicki Murdock, Mark Flanagan and Stuart Atkinson.

19/20/173   Minutes from the meeting held on 26 February 2020
Resolved:
The minutes from the meeting held on the 26 February were approved subject to correct recording of initials.

19/20/174   Matters Arising and Action log
There were no matters arising. The Action Log was updated.
Action log – recovery plan from medicine – now moved on & closed (remove)
Facilities recovery plan summer.

19/20/175   Declarations of Interest
.   There were no declarations of interest.

19/20/176   Neonatal Business Case Update
Aiming to bring updated BC to RABD & April Board, approx. 4 weeks behind now with current COVID situation. Heavy investment in staff before building opens –

1 | P a g e

Resources and Business Development Committee
18/06/2020

Commissioners have asked for refresh on that which will be closed off within next week. Addendum to business case around the number of cots, changes to mix of babies & to fitting out, also changes to level of staffing investment around national standards> There is a need to be fluid with this but hoping to move forward for next meeting. Potential options on style & design, choice between single/double storey which give different flexibility, also release of bed capacity when new NICU open. Currently looking at options for that space whether international, changes to surgical programme etc. Need to keep as an agenda item to ensure don't lose sight.

19/20/177   **Cluster / Dewi Construction Contract**

RG - Currently halfway through reviewing tender returns, getting closer to pre-tender estimates than previously, working to get packages within budget, need 3-4 more days to complete. Currently at £14.3m, have other savings to incorporate which may reduce further to £13.8m, target is £13.7m but moving in right direction. With current market & situation with COVID, would be a mistake to run & try to get on sight and find works are stopped immediately. Would suggest the Trust use the time to refine further and look for confirmed start after Easter - recommendation is not to go ahead with advance works and hold until after Easter. IQ noted best to go with recommendation. JW noted perhaps should consider signing contract to secure costs; IQ agreed to seek a fixed contract on price with flex in start date within 90 days.

ACTION: To seek contracts with flexible start date within 90 days (RG)

19/20/178   **Finance Report**

Key highlights – M11 £0.3m deficit, £0.8m deficit YTD, healthy cash balance; Elective work down with start of COVID impact; Divisions slightly higher costs due to increase in temp spend, all behind on monthly plan; CIP behind but still forecast to achieve target of £6m. Need to bear in mind underachieved from last year, also gap of £1.8m.

Risks – capital unaffordability gap needs to be talked through further; tariff gap work with national team still currently ongoing; commissioner challenges being managed through contract negotiations; emerging costs pressures for 20/21; Neonatal piece of work going to April Board.

Cash balance higher than plan; trying to recover debt to reduce receivables; further slippage on Capital spend against plan which will be reported.

IQ queried the land sale option arrangement – JG clarified the option to take strip of land in the NE Plot back as agreed with the developer Step Places. JG noted may need to look closely at Step Places programme – RG noted they are not currently able to undertake public consultations so are behind programme and will not be submitting their planning application in June.

IQ queried level of shortfall in Corporate budget / forecasting; JG noted this needs to be focussed upon with aim that some new ways of working collaboratively will favourably impact upon that.

IQ queried large differential within pay; RL noted some of this related to a high month in Medical expenditure related to surgery initiatives.

Resources and Business Development Committee
18/06/2020

JW noted some anxiety for protection of capital and that some unexpected expenditure is not recouped or stripped back through contracts. JG defence could incorporate being ready to press go on build contracts and that our two biggest projects are patient safety-related.

COVID Financial Arrangements / Impact

Daily guidance over last two weeks around operational finance, along with good financial stewardship.

Initial claim £1.7m from NHSI. CL asked what defines "reasonable" costs; RL noted there is no prescriptive guidance, but must be true additional cost incurred responding to COVID, not necessarily healthcare - includes IT, equipment, pathology etc. Some Capital costs have also been claimed with a further return for Capital expected in next few days. KW noted in relation to IT costs that the trust appears to be two weeks ahead of curve and central support has not yet caught up on support and guidance.

DJ noted that currently awaiting guidance centrally but are looking to potentially be able to take on role as central paediatric critical care hospital for Cheshire & Mersey area and potentially considering taking Adults too.

JG noted that the Charity are looking to donate up to £1m immediately but also looking to support telehealth, agile working, innovation (more details to become). JW noted that the Charity are very keen to help and support in the short term. CL noted that the Innovation team are refocussed to working on COVID such as a staff app, staff chat-bot, work around 3D printing. If these help with the COVID situation, with the Charity's support they could potentially share commercially & philanthropically and changing the way the Trust works. IQ noted that any products should be protected so not exploited. JW noted this should be debated at Trust Board and potentially consult regionally to benefit from opportunity. CL noted this is an opportunity; KW telemedicine is a massive area for exploitation with leadership mapping piece to complete for Trust Board.

Operational Plan 20/21 process has now been suspended, with no further plans to be submitted. New framework now in place to ensure stability April to July with block contract payments to be made based on Month 9 run-rate with no growth, no CIP delivery and including inflation and CNST, with intention to ensure cost-bases are covered based on M9 expenditure. Top-up will be given against contract if required, plus COVID reimbursement. However, anything not already in our expense base will not be funded April-July – not yet sure how that will impact but currently being worked on and waiting for guidance. RL noted need for paper trail on all decisions and noted that senior Finance staff are already ensuring trail of decisions.

The following recommendations were put forward for approval:

1. To agree strategy to meet 19/20 control total through commissioner contracts and COVID reimbursement
2. To pause of all new revenue investments that are not already in run rate or that do not respond to the COVID 19 situation
3. For an updated corporate governance approach to be implemented that aligns with the emerging COVID 19 response

Resources and Business Development Committee
18/06/2020

4. That an Executive panel over de minimus be established to approve financial investments/decisions for COVID 19 to ensure appropriate stewardship and governance

JW asked whether content with #4 or whether it would need to be NED & Exec panel; ES suggested the latter with KB included as Chair of Audit Committee. JG asked for a version to be brought for formalising at Trust Board.

ACTION: Innovation and telehealth developments formulated within the Trust to be taken to Trust Board for discussion (CL/KW)
ACTION: Non-Executive & Executive panel to be established to approve financial and investment decisions for COVID-19 (ES/JG)

19/20/179   COVID Financial Governance Arrangements

Clear financial governance is essential but also an opportunity to refresh and review SOPs, SFIs etc to ensure swift purchasing; ES also reviewing to ensure alignment. Currently transformation planning is continuing as a support to COVID planning alongside future changes. No cash risk expected with regular monthly payments from Central. Currently awaiting guidance around future capital payments.

JG noted unique situation, never worked under such circumstances and need to work with that to make sure rapid decision making & governance arrangements fit with the basis of central mandate versus need, with necessity of oversight on everything. Also need to be mindful of what is COVID-related and what is not, need to keep working on that while keeping safe. JG noted that being unable to take on new investments may not have huge impact as potentially do not have capacity, not necessarily negative but positive to focus on small number to support COVID.

JW noted governance and decision-making – as a Unitary board there is a need to ensure the Non-Execs wrap around the Execs to support decision making, possibly achieved by drawing NEDs into decisions. IQ noted good idea to do this, maybe to set up a committee to quickly assemble to receive and review decisions. ES noted assurance processes need to remain intact and robust both now and long-term, are more than capable to make some decisions quickly within existing accountability framework. ES and JG to work up for approval. IQ asked that minutes of all decisions are taken; ES agreed
also noting need a discussion of what the future may look like around governance.

LS asked whether Divisions are ready for a new landscape; JG noted will need to do a piece to share with Divisions; RL noted need to make Divisions aware that no new contracts can be signed at present.

ACTION: Revised financial governance framework to be established to support decisions around COVID-19 work and beyond (ES/JG)
ACTION: Divisions to be made aware that no contracts can currently be signed (RL)

Resources and Business Development Committee
18/06/2020

19/20/180   COVID Capital Approvals

Recognition of investments made & £1.8m. CL noted that the team turned isolation room capital bid around in 24 hours led by LS.

19/20/181   M11 Corporate Report

LS noted slightly unusual month with evolving COVID. (highlights) broadly in line with seasonal variation. Increase in OTD cancellations and increasing trend in non-elective length of stays. Also achieved 18-week target and had no 52w breaches. Achieved performance in an overall difficult situation.

Finance accepted as read.
Workforce accepted as read

19/20/182   Top 5 Risks/Key Priority Areas for 2019/20

RABD received the latest updates on the areas below:

PFI

Headlines – performance from Interserve good, 99% with outstanding 1% within 48 hours
Ventilation essential works ongoing.
Handrail report discussed with Exec leads, delayed as cannot bring surveyor onsite but ongoing.
Corroded pipe works have now resulted in £12k deductions after two rooms were out of use for 48 hours. A further letter has been sent to Project Co executives with a call planned for early April to discuss.
Redecoration now suspended
February report from project Co stands at £12k deductions.
Currently 7 Isolation rooms within ICU/HDU area, looking to increase by 2 (check detail)
No leaks reported. IQ asked whether testing will go ahead – GD noted awaiting confirmation of expected start date of 26 March. IQ noted another month of good progress.

CIP

No update (included in Financial Report)

Capital

Impact of COVID on Capital has been on Demolitions – site closed and left; Alder Centre site impact maybe on delays to deliveries. No construction work on other projects, need to take views on whether can move on these. NE Plot planning expected to submit in June but likely to be delayed. Reports are expected within next 2 weeks but experiencing delays. Project Co are in line for NICU. Park project partly dependant on demolition works and office moves are dependant on works being finished in 410 East Prescot Road (contract not yet gone through), Knotty Ash Nursing Home and Police Station (lease not yet in place). KW noted that there have been talks previously around digital working and does there need to be a

Resources and Business Development Committee
18/06/2020

step-back on capital to check strategically whether we still wish to go the same way. CL noted that remote working and telemedicine at scale has been switched on, needs to be a piece of work and then conversation around this and whether this is now a sustainable model to be continued. LS noted capital works will have parking impact of -240 spaces by end of year. DJ suggested planning for how to move forward on this; CL noted some Trusts are developing a Post-COVID workstream which this could focus upon. JW noted a need to get something out to the community to explain why delays due to demolition stopping.

ACTION: To consider Post COVID-19 Workstream (JG)

19/20/183   Any Other Business

IQ noted admiration for the way and speed staff are working now, as a management team there needs to be thought of resilience for Exec team.
IQ noted a need for piece of work to define which current ways of working can be embedded in the normal way of working and noted thanks to everyone.
JW noted thanks for the way everyone is working in a difficult time.

19/20/184   Board Assurance Review

The Board Assurance Summary was discussed for submission to the next Trust Board meeting in March.

Date and Time of Next Meeting: Wednesday 29 April 2020, 09:30, Tony Bell Board Room, Institute in the Park.

Resources and Business Development Committee
18/06/2020

NHS
Alder Hey Children's
NHS Foundation Trust

Audit Committee

Confirmed Minutes of the meeting held on **Thursday 16th January 2020**
Tony Bell Board Room, Institute in the park

Present:	Mrs K Byrne (Chair)	Non-Executive Director	(KB)
	Mrs A Marsland	Non-Executive Director	(AM)
In Attendance:	Mr G Baines	Assistant Director, MIAA	(GB)
	Ms K Stott	Senior Audit Manager, MIAA	(KS)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs V Martin	Counter Fraud Specialist, MIAA	(VM)
	Mrs R Lea	Associate Director of Finance	(RL)
	Mrs C Liddy	Director of Operational Finance	(CL)
	Ms K Jenkinson	Interim Accountant	(KJ)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr R Tyler	E&Y Accounts Manager	(RT)
	Mrs J Tsao	Committee Administrator *(minutes)*	(JT)
Apologies:	Mr H Rohimun	Executive Director, Ernst and Young	(HR)

19/20/59 **Minutes of the previous meeting held on 21st November 2019**
Resolved:
Audit Committee approved the minutes from their last meeting held on 21st November 2019.

19/20/60 **Matters Arising and Action List**

All actions are incorporated into agenda items except the following:

19/20/37 Anti-Fraud Progress Report Quarter 2: As Melissa Swindell hadn't been able to attend the meeting today Erica Saunders updated the committee on the action to introduce an eLearning module for fraud awareness. Erica advised that that the Education Governance Committee are due to meet on Monday 20th January and are to agree the mandatory training programme going forward, it was agreed a further update would be received at the next Audit Committee on 23rd April 2020.
Action: MS

19/20/44 Loses and Special Payments: Following a request from the committee to advise if an electric shock could have been avoided the outcome report had been circulated to the committee on 9th January 2020. This action could now be closed.

19/20/43 Acorn Assurances Review: Claire Liddy advised that the Acorn Assurance Review was in progress. 'We Are Nova' have received their actions and an update is awaited.

Active projects will continue to be managed through Innovation Committee with no new projects being added. It was agreed the current action would be closed. An

update on the recommendations would be received at the Audit Committee on 21st May 2020.
Action: CL/RL

19/20/61 Internal Audit Progress Report, MIAA
Audit Committee received an update on the three finalised audit reports:

Data Quality/KPIs – Substantial Assurance
Audit Committee noted the good system of control and the two actions that are to be completed by September 2020. These will be monitored through the Follow Up Report.

ESR (HR/Payroll Interface) – Substantial Assurance
The summary highlighted the robust systems in place between the payroll provider and the HR team. Four actions are to be completed by September 2020 and will be monitored through the Follow Up Report.

Financial Systems Key Controls – High Assurance
The review concluded high assurance for the key controls within the General Ledger, Accounts Receivable, Treasury Management and Budgetary Control (including CIP) areas. However, the review identified that the Supplier Bank Amendments process within the Accounts Payable area had not been in place for the whole period under review and a substantial assurance was provided for this area. Claire Liddy noted that whilst the new system hadn't been in place for the whole period fraud checks were in place and there had been no concerns raised.

An update on the four areas of work in progress was received with the updates below:

All fieldwork in relation to Infrastructure had now been completed.

Safeguarding review is with Hilda Gwilliams, Chief Nurse for final approval.

Further fieldwork had been requested on Conflicts of Interest due to a new system that was introduced in 2019, the collation of the data is in progress.

Delays were noted in relation to the Non-Clinical Claims review as the lead had been absent due to sickness. MIAA had tried to meet with a junior member of staff however they were unable to provide the data. The lead was due to return to work shortly.

The Chair queried how Conflicts of Interest had proceeded to Draft Report stage and then for further fieldwork to be requested. Erica Saunders advised that difficulties had been experienced in extracting data from the new system and that further evidence was therefore available that addresses some of the findings.

The Chair clarified the general principle that all information should be provided at the time of audit fieldwork, and that following agreement of findings additional information should only be provided if there is a misunderstanding between auditor and auditee and the information was available at the time of fieldwork but not

Audit Committee Minutes
16th January 2020

provided due to the misunderstanding. If Internal Audit are asked to undertake additional work (which will go beyond their original audit budget) management need to evidence that the information was available at the time of the audit. If significant work is undertaken after the fieldwork visit this can be highlighted within the management response and internal audit will then validate this during the follow up process.

Resolved:
Audit Committee received and noted the Internal Audit Progress Report.

19/20/62 Follow Up Audits
Audit Committee received the above report noting progress against the 16 overdue recommendations.

Kath Stott advised a meeting was in place in relation to the Consultant Job Planning audit to move forward.

Audit Committee discussed the revised deadline of 31st January 2020 for the Divisional Governance Arrangements. Erica Saunders explained further evidence was being collated.

The Chair noted the good work that had been undertaken in implementing the actions outstanding from a number of audit reports including Cyber Security (2017/18), Discharge Planning, Activity Data and DNA KPIs (2018/19).

Resolved:
Audit Committee received and noted the Follow Up Audit Report.

19/20/63 Draft Internal Audit Plan – 2020/21
MIAA presented the draft Internal Audit Plan noting meetings that had taken place with Executive Leads, Senior Manager and members of the Audit Committee to agree audit areas. The draft plan had been included in appendix A.

The Chair asked for the final plan to include a table with audits carried out over the last 5 years, days planned to spend on each audit in 2020/21 and the timings agreed with the auditee for each audit to take place. Gary Baines advised this would be included.
Action: GB

Anita Marsland advised that she had been pleased to take part in a discussion with the internal auditors and the Audit Committee Chairman to feed in to the committee members views into the annual planning process.

Resolved:
Audit Committee received the draft audit plan noting the final version would be received at the April meeting.

19/20/64 Board Assurance Framework (BAF) – Benchmarking
MIAA presented the above benchmarking exercise noting there were no concerns.

Resolved:

Page **3** of **6**

Audit Committee Minutes
16th January 2020

Audit Committee received BAF Benchmarking against three local Trusts.

19/20/65 Anti-Fraud Progress Report
Virginia Martin presented the report noting the following key areas:

In line with the new requirements of Standard 1.4 of the Standards for NHS Providers 2019-20, the risk register is under review in relation to assessment of fraud risk with completion due by the end of the financial year.

Virginia Martin reported on a request to HR to share details of an ongoing Fraud Investigation. HR had advised that the case was confidential and they wouldn't be able to share any details. The Audit Committee Chair advised that there should be no information or data that is confidential to Internal Audit or the Counter Fraud Specialist (CFS) and therefore this information should be provided. It was however noted that HR was being cautious before releasing information which was not a bad thing.
Action: MS to provide the CFS with the information requested in relation to the fraud investigation.

As requested previously by the Committee additional fraud awareness sessions had been completed for HR and IT staff.

Resolved:
Audit Committee received and noted the Anti-Fraud Progress report.

19/20/66 EY Technical Update Report Quarter 4
Richard Tyler presented the above report highlighting the 2019-20 NHS accounts timetable.

Resolved:
Audit Committee received and noted EY's Technical Update Report Quarter 4**.**

19/20/67 EY 2020 Planning Report
Richard Tyler presented the above report noting audit risks and areas of focus. There are no significant risks to the Trust, this will be re-assessed following CQC inspection.

Resolved:
Audit Committee received and noted EY 2020 Planning Report.

19/20/68 External Audit Strategy and Accounting Issues
Two key accounting issues were detailed in the report which was presented by Claire Liddy:

Land Sale
Audit Committee noted the ongoing position with the land sale and that there would be no charge in the 2019/20 accounts.

Purchase of Property
The Trust is in the process of purchasing two properties on East Prescot Road. Both transactions are expected to be completed before 31st March 2020.

Page **4** of **6**

Audit Committee Minutes
16th January 2020

Other accounting issues noted included:

- the ongoing capitalisation of demolition costs for the old estate;
- the Alder Hey Living Hospital Joint Venture which has not previously been consolidated due to immateriality. Whilst there have been no changes to date to the Joint Venture discussions are progressing with regards to the future plans for the investment held by the Trust and the Alder Hey Charity. An update would be received at the February Trust Board;
- the minority shareholding in innovation companies via the ACORN partnership which may be exited before the year end;
- the change of name of Alder Hey Ventures Ltd to Alder Hey Innovation Ltd and the ongoing narrative disclosures;
- an anticipated impairment on the Alder Centre;
- expected disclosures in relation to IFRS 16;
- confirmation of the expected second cash receipt in March 20 following the commercial agreement in March 2018 with Project Co to re-set contractual thresholds.

Resolved:
The Audit Committee noted the key accounting issues in preparation of the Trust's Annual Accounts.

19/20/69   Audit Committee Effectiveness Review
Resolved:
The Chair thanked the Audit Committee members and attendees for their input into the review. The AC approved the 8 recommendations noting that to address them will involve the following:

- inclusion into either the Audit Committee Terms of Reference or the Workplan (recommendations 1, 5 & 8);
- liaison with the Integrated Governance Committee as part of the ongoing review of risk management within the Trust (recommendation 2) **Action: (see below)**
- Clinical Audit to provide written reports to Audit Committee (recommendation 3) **Action: (see below)**;
- CQAC co-ordinating the input of Audit Committee in the annual planning discussions for the Clinical Audit Workplan and also in providing updates to Audit Committee throughout the year where appropriate (recommendations 3 & 4) **Action: (see below)**;
- updates to Annual Reports of board sub-committees (recommendation 6) **Action 19/20/69.1: ES**.

Action 19/20/69.2: Audit Committee Chair to ensure co-ordination between IGC and AC during the ongoing review of risk management within the Trust

Action 19/20/69.3: Audit Committee Chair to refer to CQAC the request for:
- **AC involvement in the Clinical Audit Annual planning process;**
- **CQAC to update the Audit Committee of any significant findings from Clinical Audit throughout the year;**
- **Clinical Audit to provide AC with copies of their Audit Workplan and Annual Report following approval by CQAC**

Page **5** of **6**

Audit Committee Minutes
16th January 2020

19/20/69.4: Jill Preece to update the Audit Committee Workplan for recommendations 1, 5 & 8)

19/20/70 Board Assurance Framework (BAF)
Following a strategic workshop looking at risks on the BAF in light of the refreshed Strategic Plan, a revised 2019/20 BAF was presented.

Resolved:
Audit Committee received and noted the contents of the revised BAF including the ongoing scrutiny of all strategic risks by the relevant assurance committee.

19/20/71 Any Other Business
External Audit Contract
Following the recruitment process of the external auditors EY in September 2017 a paper for approval would be submitted to the Council of Governors at their next meeting on 12th March 2020 to extend the EY contract for a further 2 years.

19/20/72 Meeting Review
The following matters are to be referred to other committees:
- 19/20/60 – progress reports to be received of completion of ACORN assurance review actions – refer to Innovation Committee;
- 19/20/69 – the recommendations in relation to Clinical Audit arising from the Audit Committee Self-Assessment – refer to CQAC.

Date and Time of next meeting: Thursday 23rd April 2020, at 14:00, Tony Bell Board Room, Institute in the Park.

Page **6** of **6**

Audit Committee Minutes
16th January 2020

NHS

Skipton House
80 London Road
London SE1 6LH
england.spoc@nhs.net

*From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard*

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

29 April 2020

Dear Colleague,

IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO COVID19

We are writing to thank you and your teams for everything you have achieved and are doing in securing the remarkable NHS response to the greatest global health emergency in our history.
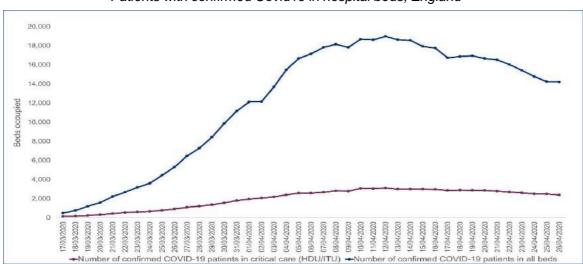
On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, on 17th March we wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

This has enabled us in the space of the past six weeks to go from looking after zero such patients to caring for 19,000 confirmed Covid19-positive inpatients per day, many of whom have needed rapidly expanded critical care support. Alongside this, the majority of patients the Health Service has continued to look after have been receiving care for other important health conditions. Despite real concern going in to the pandemic – following difficult international experience – every coronavirus patient needing hospital care, including ventilation, has been able to receive it.

This has largely been possible as a result of the unparalleled commitment and flexibility of NHS staff, combined with the public's 'social distancing' which remains in

1

place to cut the spread of the virus. We have also been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; 607,000 NHS volunteers; and the work of our partners in local government, social care, the military, the voluntary sector, hospices, and the private sector.

Sadly coronavirus looks set to be with the us for some time to come, so we will need continuing vigilance. We are, however, now coming through this peak of hospitalisations, as seen by the drop of nearly 5,000 in the daily number of confirmed Covid19-positive patients in hospitals across England over the past fortnight.

Patients with confirmed Covid19 in hospital beds, England

As the Prime Minister set out on Monday, we are therefore now entering the second phase in the NHS's response. We continue to be in a Level 4 National Incident with all the altered operating disciplines that requires. NHS organisations therefore need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The purpose of this letter is to set out the broad operating environment and approach that we will all be working within over the coming weeks.

Based on advice from SAGE, we still expect to be looking after several thousand **Covid19-positive patients**, though hopefully with continuing weekly decreases. This means:

- Ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

- In response to the global shortage, DHSC and the Cabinet Office together with BEIS (for UK manufacture) and DIT (for international suppliers) continue to expand the sourcing and procurement of HSE/PHE-recommended PPE for the NHS, social care and other affected sectors of the UK economy, but it is likely that current Covid-specific logistics and distribution arrangements will need to continue for the time being.

- Increased lab capacity now enables testing of all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff. The corollary is the operational importance of fast turnaround times for test result reporting.

The pressure on many of **our staff** will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety.

- Increased testing capacity means that we will now be able to extend the offer of regular testing to asymptomatic staff, guided by PHE and clinical advice. This approach is being piloted in a number of acute, community and mental health providers this week, which will inform further roll out from next week.

- As set out in our letter of 17th March, NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.

- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.

- Now more than ever a safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff. As we know, diverse and inclusive teams make better decisions, including in the Covid19 response.

- Employers are also asked to complete the process of employment offers, induction and any necessary top-up training within the next fortnight for all prospective 'returners' who have been notified to them.

We are going to see increased demand for Covid19 aftercare and support in **community health services, primary care, and mental health.** Community health services will need to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing health support. High priority actions for mental health providers in this next phase are set out in the Annex. General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.

Given the scale of the challenges they face, we must also continue to partner with **local authorities** and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in **social care**, including care homes. This includes:

- Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid19; care homes can also check that these tests have been carried out.

- Under the direction of the LRF, local authority public health departments and CCG infection control nurses can help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control - particularly focusing on those care homes that lack the infrastructure of the bigger regional and national chains.

- To further support care homes, the NHS will bring forward from October to May 2020 the national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service. Further detail will be set out shortly.

- Opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who have offered to help (subject to appropriate personal risk assessment, as described above).

As also seen in a number of other countries, **emergency activity** has sharply reduced in recent weeks. Last week emergency hospital admissions were at 63% of their level in the same week last year. This is likely due to a combination of: a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy tens of thousands of hospital beds which have not had to be used for that purpose over the past month or so.

This means we need to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals. The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals. Independent hospitals and diagnostics should be used for the remainder of the current contract which runs to the end of June. Please also start now to build a plan for each STP/ICS for the service type and activity volumes that you think could be needed beyond the end of June, which can inform discussions during May about possible contract extensions with the independent sector.

4

Over the next six weeks and beyond we have the opportunity to begin to release and redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply.

This means <u>we are now asking all NHS local systems and organisations working with regional colleagues fully to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including those set out in the Annex.</u> This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.

In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some **routine non-urgent elective care**. Provisional plans will need to factor-in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. We will continue to provide new ventilators to trusts over the coming weeks so as to sustain critical care 'surge' capacity should it again be needed in future, while progressively returning operating theatres and recovery suites to their normal use.

We should also take this opportunity to **'lock in' beneficial changes** that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

In terms of wider action that will also be underway, DHSC will be designing and establishing its new 'Test, Track & Trace' service. The leadership and resourcing of local authority public health departments will be vital. Trusts and primary care networks should continue to support clinicians to enrol patients in the three major phase III clinical trials now underway across the NHS, initially testing ten potential Covid19 treatments. In addition, at least 112 Covid19 vaccines are currently in development globally. We also expect an expanded winter flu vaccination campaign alongside a school immunisation 'catch up programme'.

Looking forward, at the right time and following decision by Government, we will then need to move into the NHS's phase three 'recovery' period for the balance of the 2020/21 financial year, and we will write further at that point.

In the meantime, please accept our personal thanks and support for the extraordinary way in which you and your staff have risen to this unprecedented global health challenge.

With best wishes,

Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX

ACTIONS RECOMMENDED FOR URGENT CLINICAL SERVICES OVER THE NEXT SIX WEEKS

Urgent and routine surgery and care

- Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.
- Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.
- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.
- Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf)
- In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.
- Solid organ transplant services should continue to operate in conjunction with the clinical guidance developed and published by NHS Blood and Transplant.
- Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.

Cancer

- Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.

6

- Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.
- Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.
- High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.

Cardiovascular Disease, Heart Attacks and Stroke

- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.
- Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.
- Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

Maternity

- Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.
- Ensure obstetric units have appropriate staffing levels including anaesthetic cover.

Primary Care

- Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In

7

particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.

- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Community Services

- Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people's own homes; and making full use of available hospice care.
- Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.
- Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.

Mental Health and Learning Disability/ Autism services

- Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.
- For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.
- Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.
- Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.
- Annual health checks for people with a learning disability should continue to be completed.
- Ensure enhanced psychological support is available for all NHS staff who need it.
- Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.

8

- Care (Education) and Treatment Reviews should continue, using online/digital approaches.

Screening and Immunisations

- Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.
- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- Antenatal and Newborn Screening Services must be maintained because this is a time critical service.
- Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.

Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care

- In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.
- Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).
- All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if required.

Our Ref: BM HH 2020-04-29

Bill McCarthy
North West Region
5th Floor
3 Piccadilly Place
Manchester
M1 3BN

**TO ALL CHAIRS AND CHIEF EXECUTIVES OF
NHS ORGANISATIONS ACROSS THE NORTH WEST**

E: bill.mccarthy@nhs.net

(Sent by email)

Wednesday 29 April 2020

Dear Colleagues,

Many thanks to you and all your teams for the remarkable commitment, professionalism and resilience that you have shown since the early days of the COVID-19 emergency. You should be very proud of the NHS response to this crisis at an incredibly difficult time. Many of you will have lost members of staff to the virus, and it was a moment of real sadness, when we paused yesterday morning to remember those health and care workers who have lost their lives. Of course, we shall carry on and keep serving our communities and patients; but we shall not forget our colleagues no longer with us.

At yesterday morning's Chief Executive and Chair briefings I outlined the next phase of the emergency and how we shall take this forward in the North West. I promised to write to you with a summary, and I am attaching the slide I spoke to.

Over the coming days, I am expecting 3 further important pieces of national guidance: the letter from Sir Simon Stevens setting out priorities for this next phase; guidance on Infection Prevention and Control arrangements in a COVID-19 world; and demand modelling for COVID-19 and other urgent care over the coming 3 months. These, together with the approach and processes we have outlined, will put systems in NW in as good a position as possible to plan and manage capacity across primary, community, mental health and hospital care.

But before going onto the key elements of our approach, I want to remind you of the current position in NW:

- COVID-19 cases per million population and deaths per million population in the NW are the second highest in the country behind London. It is much too early to understand why we have relatively high incidence, but it is at least plausible that this reflects our high urbanization, and poor underlying health status compared to other regions.

- The first peak of COVID-19 cases has reached NW later than London and some other regions; so, we are still managing relatively high levels of disease.

- Nevertheless, we are very concerned that people are not accessing other important non COVID-19 care as they need to – partly because of understandable anxiety about

NHS England and NHS Improvement

using services at this time, but also because we have reserved significant capacity to deal with the pandemic. This will have an impact of their health.

- Currently, occupancy levels in hospital are historically low, and primary care – particularly with the innovations around use of technology – also has capacity available.

- Our understanding of the disease is still at a low level given its newness. For example, we are still learning about the volume of asymptomatic cases and how they transmit the virus; vaccines are still in the development and early testing phases, with widespread availability likely to be many months away; at some stage the Government will start relaxing some of the social distancing rules, and we shall need to prepare for possible upturns in prevalence. So, we must keep planning and providing for COVID-19 caseload over an extended period, with the ability to respond quickly and effectively to any future peaks.

- Taken together, this means that we should work on the basis that the COVID-19 emergency period will extend to the end of this financial year, with the national command and control arrangements that implies; and that we shall need to make very effective use of the regional and system arrangements we have in place for the emergency to plan and manage capacity for COVID-19 and non- COVID-19 patients alike.

The attached slide summarises the steps we shall be taking to move through the next phase – likely to stretch over the next couple of months at least. And also, how this approach will be applied to the period beyond that running up to March 2021. The key points:

- The yellow arrows set out the national inputs that frame the environment we shall be working in.

- The blue segments set out the logical steps that need to be taken to be in a position to plan and manage capacity: understanding the likely demand on the full range of services, including assessing the impact of potential resilience problems in the care sector; recognising the supply side constraints we are likely to face – staff resilience, PPE and other supplies, and importantly the expected guidance on infection control that is likely to require new patient flows and estate zoning, along with intensive testing regime, to minimise cross infection.

- The white centre places the responsibility on our hospital and out of hospital cells, working together, to develop capacity plans and capacity management processes that ensure the greatest benefit for COVID-19 and non- COVID-19 patients alike. This will need to be an agile function that brings on as much urgent non COVID-19 work as quickly as we can, but safely and without compromising our ability to respond immediately to the pattern of COVID-19 over the next 12 months.

The box on the left sets out the principles we are working to. In particular, I want to highlight the importance of tackling inequality of access. Enhancing equality and tackling health inequality is a core value for the region. I am very concerned that we must embed this in the way we approach the next stage in this emergency. If we allowed ourselves to slip back towards organisational level planning and capacity management, it is all too clear what risk we would run. The early pattern of the disease is that people from BAME communities and those with underlying health problems (frequently associated with poverty) are at higher risk. If capacity planning was at organisational level, we know that parts of the NHS serving

these populations would remain with higher COVID-19 levels; and those groups would suffer in their ability to access non- COVID-19 services. Inequality of access would be worsened. Taken together with the need to plan new pathways and organisation of care in response to infection control, this is a compelling reason for establishing and following our first principle: that capacity planning and management in the NW will be through the system level Out of Hospital and Hospital cells.

In practice, this means for example that decisions about "clean" and COVID-19 pathways; about switching on elective capacity; about prioritising investment to sustain care over the next period, about access and use of Nightingale and IS capacity (and other similar capacity decisions) will be made in the Out of Hospital and Hospital cells with the agreement of the Region. We shall continue to meet with the cell leaders each week and will continue to advocate strongly on behalf of the region on matters of national resource allocation. These arrangements are designed to make sure that local organisations can work effectively, within clear plans and with the assurance of agile and prompt mutual aid and support, to deliver the care and the services that communities across the NW depend so much on.

The next steps will be for the Out of Hospital and Hospital cells, working together, to prepare capacity plans, supported by clarity of capacity management arrangements, for the period to end of June by 15 May. The cells will not need to wait for any sign off, or indeed completion of a formal plan, to start releasing capacity for urgent non COVID-19 work as long as they have strong oversight arrangements in place that accord with the plan approach diagram. But Region will support and advise as you progress and will therefore be well placed to agree the submission. By the end of June plans should extend across the rest of the financial year.

I have been deeply impressed by the spirit of partnership and collaboration that has marked the first phase of this emergency. Collective leadership expressed through the hospital and out of hospital arrangements has been superb. This collaboration has got us through some exceptionally challenging times; it has helped save lives. I am sure that by building on this collaboration for the next phase we shall be able to save many more lives of people with the virus, and just as importantly people with other serious conditions. Many thanks again for your remarkable work.

Yours sincerely

Bill McCarthy

Bill McCarthy
Regional Director (North West)

cc. Local Resilience Forum Chairs for the North West

Capacity Planning and Management for Community, MH, Primary Care and Hospitals

Principles

1. Working at whole system hospital and out of hospital cell level – not individual organisations
2. Mental health, learning disability and autism services to have parity with acute services
3. Activity, capacity planning and management in real time to provide system agility. Maintaining NW critical care planning assumption of 1, 200 critical care beds.
4. Equality of access through active management of system level capacity
5. National command and control and financial regime remain in place.
6. Active oversight of community, primary care, care homes to understand capacity and resilience

National Comms Campaign →

National Frameworks and Contracts →

← Use latest National Modelling

← Sir Simon Stevens letter to steer

← National IPC Guidance

Extend the short-term plan to embed capacity and innovation over the next 9 months

Hospital and Out of Hospital System Capacity Plan and Management Process

Next 2 months ↔ And refresh in fuller form to the end of the financial year

1. Assess Covid demand
2. Agree clinical non-Covid priorities and assess capacity to commence services
3. Assess contingency for out of hospital resilience
4. Infection control flow strategy including testing strategy
5. Agree bed occupancy never above X%
6. Build Nightingale and IS into capacity management plan – ensuring
7. Workforce resilience
   • Attendance (testing)
   • Health, well being and psychological support
   • Returners, student and other staff redeployment
8. Assess supply constraints
   • PPE
   • Drugs & consumables
   • Staff absence
9. Communication to build confidence to the public to access NHS care