Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Tuesday 1 March 2016 commencing at 1000

Venue: Institute in the Park Boardroom, Alder Hey Children's Foundation Trust

Item	Time	Items for Discussion	Owner	Board Action	Metrics	BAF Risks	Preparation
10:00				**PATIENT STORY**			
Board Business							
1.	**1000**	**Apologies**	D Henshaw				--
2.	**1000**	**Declarations of Interest**	All	Board Members to declare an interest in particular agenda items, if appropriate			--
3.	**1000**	**Minutes of the Previous Meeting**	D Henshaw	To consider the minutes of the previous meeting held on **2 February 2016** and check for amendments and approve			Read Minutes (15/16/129)
4.	**1005**	**Matters Arising and Board Action List**	D Henshaw	To discuss any matters arising from previous meetings and provide updates and review where appropriate			Verbal
5.	**1010**	**Key Issues/Reflections**	All	The Board to reflect on key issues.			Verbal
Strategic Update							
6.	**1015**	**Draft Monitor Plan 2016/17**	J Stephens/J Adams	Receive the draft operational plan for 2016/17 including approval of Annual budget.			Read Report (15/16/130)
7.	**1045**	**Implementing the Forward View: Part of a series of roadmaps that draw on messages from the NHS Planning**	J Stephens/L Shepherd	To receive the latest planning guidance document and discuss developing national context.			Read Report (15/16/131)
8.	**1100**	**Service Strategy updates:** - **Paediatric Rehabilitation**	J Adams	To receive a progress update for each area.			Verbal

Item	Time	Items for Discussion	Owner	Board Action	Metrics	BAF Risks	Preparation
		- **Cardiac** - **Neonatal** - **Community** - **Vanguard Bid**	L Shepherd T Patten T Patten T Patten				Verbal Verbal Presentation Verbal
9.	**1145**	**IM&T Review Progress update**	P Young	To provide an update of the IM&T review.			Presentation
12:00 Break for Lunch							
Excellence in Quality: Are we effective? Are we safe? Are we patient centred and caring?							
10.	**1230**	**Serious Incidents Report**	H Gwilliams	To inform the Board of the recent serious incidents at the Trust in the last calendar month		1.1	Read Report (15/16/132)
11.	**1235**	**CQC Final Inspection report**	J Adams	To receive the final CQC Inspection report from new hospital inspection			Read Report (15/16/133)
12.	**1250**	**NHS Preparedness for a major incident**	H Gwilliams	Letter received from major incident assurance letter from Dame Barbara Hakin, NHS England.			Read Report (15/16/134)
Great Talented People: Are we well led?							
13.	**1300**	**People Strategy Update**	M Swindell	To provide an update on the strategy			Read report (15/16/135)
14.	**1315**	**Workforce & Organisational Development Committee: Chair's Update**	C Dove	To receive the minutes from the meeting held on 9th December 2015 and the key chairs report from the meeting held on 10th February 2016			Read Report (15/16/136)
The New Hospital							
15.	**1315**	**Programme Assurance Update**	J Gibson	To receive an assurance report on the Programme of Change		7.1	Read Report (15/16/137)

Item	Time	Items for Discussion	Owner	Board Action	Metrics	BAF Risks	Preparation
Business Development/Financial Sustainability/Ensuring Good Governance: Compliance with mandatory requirements							
16.	**1330**	**Integrated Assurance Report and Supporting Documents**	E Saunders	To receive and review the Integrated Assurance Report incorporating the following documents: • Board Assurance Framework	All		Read Reports (15/16/138)
17.	**1345**	**Corporate Report**	J Stephens / J Adams/G Core/ M Swindell	To note delivery against financial , operational, HR metrics and mandatory targets within the Corporate Report for the month of December 2015		1.2	Read Report (15/16/139)
18.	**1400**	**Resources & Business Development Committee: Chair's Update**	I Quinlan	To receive the minutes from the meeting held on 27th January 2016		1.1 and 6.1	Read Report (15/16/140)
14:00	**Date and Time of Next Meeting: Tuesday 5 April 2016** at **10:00am, Institute in the Park Boardroom**						

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 2nd February 2016**
Institute in the Park Boardroom at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA))
	Ms G Core	Chief Nurse	(GC)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr J Stephens	Director of Finance	(JS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)
	Mr I Quinlan	Non-Executive Director	(IQ)
In Attendance:	Prof M Beresford	Assoc. Director of the Board	(MB)
	Ms L Dunn	Director of Marketing and Coms	(LD)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator	(JT)
Apologies:	Mrs H Gwilliams	Director of Nursing	(HG)

15/16/182 Declarations of Interest
None Declared.

15/16/183 Minutes of the previous meeting held on 12th January 2016
The Board reviewed the minutes of the last meeting held on Tuesday 12th January 2016.

Resolved:
The Board approved the minutes of the previous meeting.

15/16/184 Matters Arising and Board Action list
As the main part of the February Board meeting had been dedicated to strategic planning, there would be minimal Board business this month, focusing on operational performance.

15/16/185 Serious Incident Report
GC presented the January 2016 Serious Incident report. There were three new incidents to report and performance on open incident targets was being maintained.

GC further noted that there was an additional possible never event, a wrong site surgery that had occurred the previous day. Early indications were that the surgical outcome was successful and there was a difference of opinion amongst surgical staff as to technique and site of incision. It had been agreed amongst senior staff that the incident would be reported as a never event whilst further

work took place to identify the details of the case and if necessary it could be de-escalated at a later date.

Further information will be shared as it becomes available.

Resolved:
The Board received the content and the verbal update of the Serious Incident report.

15/16/186 Corporate Report – Operational and Financial Performance

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31 December 2015.

At the end of December the Trust is reporting a deficit position of £4.3m which is £1.3m behind plan. Income is behind plan by £3.2m largely relating to elective activity which is behind plan by 5% and outpatient activity which is behind by 11%.

The Trust achieved compliance with all cancer, diagnostic and 18 week RTT standards in month. Cancelled operations performance also improved in month although due to the high volume of cancellations in November the 28 day standard was not achieved. Both theatre and outpatient utilisation remain below the expected rate and work is underway across CBUs to focus upon improving this in the final quarter of the year.

The Chief Operating Officer reported on the increase of activity within A&E compared to the previous year; variation in January 2016 compared to January 2015 ranges from 8-34% on any given day. As the trend of increased activity pointed to a new peak in the evening, the rotas included additional consultants at this time to support the management of flow. JA reported on the additional piece of work in partnership with the local GP Federation to review ways in which they could partner to address the increase of primary care attendances/activity within A&E.

Resolved:
The Board received and noted the content and verbal update of the Corporate Report.

Date and Time of next meeting: - Tuesday 1st March 2016 at 10:00am in the Institute in the Park, Large Meeting Room, Alder Hey.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD ACTION LIST 2015-16

Date	No	Action	Who	When	Update
01/12/15	Patient story	Max and his Mum to update the Board on their experiences	JT	April 2016	
12/01/16	15/16/165	To further demonstrate the developments within outpatients Hilda Gwillams agreed to set up an Outpatients group.	HG	April 2016	

Alder Hey Children's NHS
NHS Foundation Trust

Operational Plan 2016-17

Contents

1. The Sustainability and Transformation Plan – links to the local health system
2. Activity Planning
3. Quality Planning
4. Workforce Planning
5. Financial Planning
6. Membership and Elections

1. The Sustainability and Transformation Plan – links to the local health system

2015 was a significant year for the Trust, with the move to the new Alder Hey in the Park in early October and implementation of an Electronic Patient Care System (EPCS) in June. Both of these strategic deliverables had quality improvement at the forefront and were led by frontline clinical teams. In addition, in 2015 the Trust prepared for and successfully achieved a CQC inspection rating of 'Good' overall with 'Outstanding' in the Caring domain.

In June 2014 Alder Hey submitted to Monitor a Five Year Strategic Plan for 2014-19. The strategic plan was developed in collaboration with clinicians and seeks to build on the strengths of the Trust while recognising and addressing identified risks and challenges. As part of this work, the Trust completed a comprehensive market assessment which remains current today. The following strategic themes were described:

- Alder Hey as a provider of Integrated Care
- Developing and Formalising Strategic Partnerships
- Increasing provision of care to International and Non-NHS Patients
- Becoming a world class leader in children's healthcare Research
- Developing Alder Hey's Education offering.

For community and secondary care services Alder Hey continues to work closely with the local CCG within the context of their programme of change, the *Healthy Liverpool Programme*. For specialist services the key relationship is with the North Specialised Commissioning team.

Alder Hey continues to play an important part in the local, regional and national health economies' change programmes, to ensure that services for children across primary, secondary and tertiary care are redesigned to improve quality, access and provide value for money. Key areas of focus for 2016/17 will include a redesigned primary care offer, a partnership approach to CAMHS delivery and redesigned pathways of care for key specialist services such as Neonatal services and Congenital Heart Disease. We are working with partners to agree our sustainability and transformation plan footprint. All commissioners and providers from the region have provisionally agreed the footprint as being Cheshire and Merseyside. The group continues to work on the priorities prior to the agreement of the STP.

In line with planning guidance in February 2016, the Alder Hey Trust Board reviewed its strategic direction and confirmed that the key themes remained current and pertinent to the organisation's position. In terms of changes to the external environment, the Board discussed the recent change in status of two local organisations and the associated implications for Alder Hey.

2. Activity Planning

The Trust set out its approach to capacity and demand modelling in its 2014-16 Operational Plan and in line with previous years, a stepped approach has been taken. It is worth noting that 2016/17 planning has a different focus from previous years as the organisation has successfully moved into the new hospital. The new estate has resulted in significant opportunities to increase levels of productivity through: increased Daycase capabilities, increased cubicle capacity (which are essential to the unique presentation of paediatrics with infective respiratory illness), reduced numbers of wards but with maintained bed base, and development of the synergies that have been created by bringing specialties together into large single wards. Theatres, surgical wards and critical care areas are now much closer, as a result of the design of clinical adjacencies and Out Patient facilities also have the potential to increase levels of activity. Underpinning the above however, is our focus on delivering our on our commitment to the NHS Constitution which has been reflected within our ongoing review of Policies and Procedures to maintain and enhance the smooth and efficient running of the hospital.

In line with previous years we have modelled the baseline demand for the next three years by Specialty, by Point of Delivery. This is based on an average demand level and takes into account profiled activity plan.

2.1 Elective Capacity

Elective pathway planning

Capacity and demand planning has highlighted paediatric sub-specialities that have capacity constraints which may impact on their ability to deliver 18 week Referral to Treatment pathways and/or deliver against anticipated contract volumes and growth. These specialties are monitored each week through the Trust's established weekly performance forum, within which remedial plans are developed as required. We have continued to track specialties against the 90% admitted and 95% non-admitted standards as well as the incomplete standard to provide continuity of monitoring within each specialty. We also continue to closely track diagnostic and cancer standards in parallel to ensure these standards are also achieved.

In order to calculate Baseline Capacity requirements, the Trust's planning team has taken the following steps:

1. Calculate Baseline – based on 12 months of data (the '8+4' Model);
2. Added in the Backlog and Growth as at Month 9 of 2015/16 – based on achievement of revised NHSE thresholds and delivery of additional activity to achieve recommended volume of total sustainable list size and backlog using the IST methodology;
3. Calculated Clinic and Theatre sessions required based on average throughput per specialty;
4. Calculated Bed Requirement based on Adjusted Average Length of Stay (adjusted for Long Staying patients) and an 85% bed occupancy rate (with 80% for Critical Care, as per commissioning arrangements).

The services requiring planned increases in activity in order to meet demand, reduce waiting lists to sustainable volumes based upon the IST methodology and deliver the incomplete standard thresholds in 2016/17 are summarised below:

- *Community Paediatrics* – projected OPD requirement for 8% growth (+286 new attendances) required to achieve RTT thresholds for 2016/17;
- *ENT* – projected OPD requirement for 8% growth (+335 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 10% (253 elective spells) calculated on 2015/16 Plan elective levels;
- *Gastroenterology* - projected OPD requirement for 12% growth (+146 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 5% (98 elective spells) calculated on 2015/16 Plan elective levels;
- *Paediatric Surgery* - projected OPD requirement for 6% growth (+139 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 6% (112 elective spells) calculated on 2015/16 Plan elective levels;
- *Paediatric Dentistry* - projected OPD requirement for 8% growth (+106 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 9% (113 elective spells) calculated on 2015/16 Plan elective levels;
- *Spines* - projected OPD requirement to maintain 2015/16 levels, with elective activity for 2016/17 to be at 2015/16 planned levels. This will achieve reduced RTT waits in line with the longer term plan to meet the agreed pathway of 20-26 weeks;

- *Trauma and Orthopaedics* - projected OPD requirement for 2% growth (+201 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 9% (116 elective spells) calculated on 2015/16 baseline Plan levels;
- *Plastic Surgery* - projected OPD requirement for 5% growth (+131 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 7% (75 elective spells calculated on 2015/16 baseline Plan levels;
- *Oral Surgery* - projected OPD requirement for 11% growth (+95 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 14% (79 elective spells) calculated on 2015/16 baseline Plan levels;
- *Ophthalmology* - projected OPD requirement for 5% growth (+178 new attendances) required to achieve RTT thresholds for 2016/17. Additional elective requirement is forecast to be 5% (33 elective spells) calculated on 2015/16 baseline Plan levels;
- *Paediatric Medicine* - projected OPD requirement for 3% growth (+177 new attendances) required to achieve RTT thresholds for 2016/17.

2.2 Emergency pathway planning

The brand of the hospital remains a strong pull for parents across the city and beyond and the Trust had planned for a further increase in attendances with the opening of the new hospital facility. Following the move last October, demand on Alder Hey's A&E increased by an initial 16% however analysis of the attendances identified that the majority of these patients did not require admission, which remained at a consistent level. This level of demand has continued and was at 22% above last year for the month of February.

Alder Hey's A&E team continues to proactively manage demand through a Multi-Disciplinary approach. Through liaison with our co-ordinating commissioner (Liverpool CCG) and our local SRG we are working to develop plans that will mitigate upon the demand placed upon our A&E team. This is incorporated into our overarching A&E improvement plan that maps out detailed plans and timelines to support this. Examples of this include: working with the SRG to develop the co-location of urgent care centres to our A&E; working with CCG to develop ongoing communications via local radio and visual prompts to manage demand away from attending the Department inappropriately; assisting with the review of Walk In Centres across our local footprint and to support our local paediatric Walk In centre to develop capabilities to manage Minor Injury; development of the provision of GP services to support our A&E department to enable the triaging of children who require primary care to be seen and treated by the most appropriate clinician. The development of the Consultant workforce with the support and allocation of System Resilience monies at the start of the financial year ensured hospital workforce plans were put in place to respond to any potential surge, however supporting this with robust paediatric primary care workforce plans across 24/7 will be key to sustainable delivery in 2016/17. Implementation of new models of care within the hospital such as the Paediatric Rapid Assessment and Triage model and the addition of 75% single rooms will ensure we are able to manage the winter presentation of viral illness more effectively.

The A&E recovery plan agreed with Commissioners is as follows;

A&E Trajectory 2016-17

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total Attns	4932	5183	4937	4830	3912	4903	5153	5466	5096	5085	4527	5779
breaches (> 4hrs)	409	332	237	232	191	219	248	259	251	252	221	278
% Performance	91.7%	93.6%	95.2%	95.2%	95.1%	95.5%	95.2%	95.3%	95.1%	95.0%	95.1%	95.2%

Actions to address capacity and demand shortfalls are outlined below:

To support our planning assumptions, as in 2015/16, our approach to managing 2016/17 capacity and demand shortfalls is based upon a formal transformational management methodology through an established process that has Programme Management Office (PMO) assurance in place. The key projects that will support capacity planning through improved productivity and efficiency include:

- Best in operative care
- Improving Outpatients
- Making Complex care simple
- Improving Flow
- Workforce Planning
    - The 'Capability and Sustainability' element of the *Developing our Workforce Change Programme* will aim to support the development of a capable, sustainable workforce which is sufficiently flexible to meet the changing needs of our services in the hospital and the community.
    - The project is an enabler to support CBUs and Departments to analyse their current workforce, including headcount, turnover, bank and agency usage, and, working with HR and Finance, determine cost improvement opportunities for changes in roles/team/organisation structures, including banding and working arrangements, to meet the Trust's financial and workforce challenges in 2016/17.
    - The objectives will be to:
        - Provide workforce data to CBUs and Corporate Departments to allow CIP plans to be identified and developed.
        - Support CBUs and Corporate Departments in developing robust workforce plans, and identifying potential cost benefits.
        - Develop supporting strategies to allow CBUs and Corporate Departments to achieve organisation change, including new ways of working.
        - Encourage effective, timely communication with staff throughout any change.
        - Maintain a Trust-wide overview of workforce changes, to minimize duplication of effort and maximize successful implementation of change.
        - Deliver organisation change which reduces the overall workforce costs.
        - Deliver on new Trust Education Strategy
        - Deliver on the refreshed Recruitment Strategy
        - Deliver a robust approach to Succession Planning and Talent Management (there will be significant overlap here to the Leadership & Management Project)

These programmes of work will be clinically led with management support and clear Executive leadership. This is underpinned by our Trust Quality Strategy and our focus on patient safety, staff satisfaction, effective care, the right environment and a focus on reliability. This ensures that each programme has a specific Project Initiation Document and milestone plan attached which is formally monitored through the programme governance structure. A revised performance management framework is also being established to run in parallel with our COGNOS activity reporting system that provides daily activity updates against which CBU activity can be monitored.

3. Quality Planning

National and local priorities

Priorities for the foreseeable future continue to be driven by compliance with national standards: the Trust has been rated 'Good' by CQC following the re-inspection in June 2015, with 'Outstanding' in the Caring

domain and the Board at Alder Hey has already committed to the aspiration of achieving an 'Outstanding' rating overall at the next inspection. The Trust remains registered with CQC without conditions and is fully compliant with the registration requirements.

In addition, the Trust will continue to respond to the challenges and opportunities set out in the Five Year Forward View. Over the last 12 months, the Trust has developed a nurse staffing model which aims to achieve full compliance with national paediatric standards. The key challenge remains linked to recruitment and developing partnerships with HEIs to ensure continuous supply; in the coming 12 months it is anticipated that changes linked to freedom of choice by students will have a positive impact on meeting the Trust's requirements. The Trust has recently independently commissioned an additional cohort of student nurses on the child branch at Edge Hill University to supplement the commissioned student places which are not sufficient with regard to future Trust needs.

The Trust will continue to embed the work undertaken in 2015/16 to significantly improve reporting of incidents, ensuring that patients and families are communicated with in an open and transparent manner in accordance with the Duty of Candour. Patient and staff engagement remains a key component part of our quality improvement culture, with the Weekly Meeting of Harm and the Hospital Mortality Review Group both providing clear leadership in terms of organisational learning. We have developed a regular communication channel across our key stakeholders including CQC and lead commissioners, based upon the intelligence provided by the NLRS system to ensure open dialogue around the management of incidents of moderate harm and above.

The Trust was pleased to secure a rating of 'Good' in the Well-led domain following the 2015 inspection and CQC inspectors acknowledged the improvements that were evident in terms of corporate governance and risk management systems and processes; our aim is now to fully integrate these systems into our Clinical Business Unit and corporate structure to ensure sustainable, timely and reliable 'ward to bard' reporting.

In October 2015, the Trust delivered a safe and successful move to the new hospital. Our key challenge in the coming year is to drive up the quality of service provision and optimise our new asset in which maximum efficiency is delivered. The next phase of the Trust's change programme has been agreed, with a number of improvement projects linked to our aspiration of securing a CQC 'Outstanding' rating.

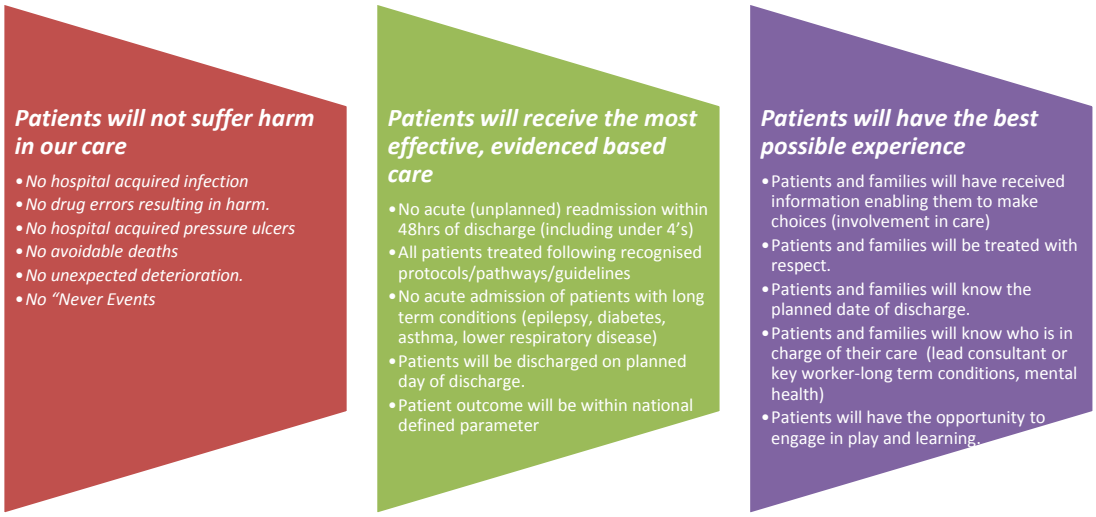
Trust Quality Strategy

The first cycle of the Trust's Quality Strategy developed in 2011/12 has now come to an end. Led by the Chief Nurse as Executive Lead, the senior team is in the process of developing and refreshing the next phase, building upon this strong cultural foundation towards a quality strategy which is fully owned and clinically led. The Board has agreed the Trust's strategic direction for the next five years, of which the Quality Strategy is the central strand. This was signed off at the April Board meeting.

The Quality Strategy sets out the Trust's vision for quality, with the three domains of safety, patient experience and clinical effectiveness at the heart of this in terms of what is understood about quality and how it is measured. The strategy also represents a vehicle through which the organisation will promote the development of an open learning culture where incidents and complaints are investigated thoroughly to determine the root causes and action is taken, where appropriate, to improve services or change practices.

Quality Aims - in early 2013, the Trust agreed sixteen quality aims intended to drive through the measurable improvement are the core of the Quality Strategy. The aims will remain unchanged in the coming year, with the ambitious challenges of eliminating harm, providing the best possible experience

and the provision of the most effective evidence based care. The strategy sub-aims will also remain unchanged outlining our ambitious plans to ensure the pursuit of world class quality care.



Quality Improvement

The Trust's approach to quality in the run up to the move to the new hospital consisted of two linked but largely separate methodologies; in terms of the safety and patient/staff experience element, the Chief Nurse and her team led a multi-faceted programme which aimed to implement a Quality Improvement Culture across Alder Hey. This commenced at the end of 2013 and its major elements included the elevation of the Weekly Meeting of Harm to the all-inclusive process that is now is, the Quality Review Programme, which consisted of a 'deep dive' into each department and clinical service, the establishment of Patient Safety Champions, commitment to the Sign up to Safety movement, as described below and the continued development of robust quality reporting based upon the agreed quality aims. The second element of the Trust's approach to quality improvement was encapsulated by the nationally recognised Patient and Family Centred Care (PFCC) model, which had been at the core of the Trust's Transformation Strategy. We have continued to expand on our current practices of Patient and Family Centred Care (PFCC) in the past year. One way we have done this is to develop our teaching of the PFCC approach, highlighting the importance of quality improvement and quality assurance in medical student education. This is done through a partnership with University of Liverpool School of Medicine and a module called ImERSE (Improving Experience through Regular Shadowing Events). The focus on improving pathways for children and families was also at the heart of the *How We Will Work in the Future* (HWWWITF) Programme; this was the key mechanism for ensuring the smooth transition to the new hospital, based upon eight key improvement projects with clear problems and opportunities to be addressed and realised.

For the 2016-20 Quality Strategy the PFCC model will be placed at the heart of our improvement methodology and senior consultant leads have already been identified for the key domains, which are in turn linked to specific improvement projects (see organogram on page 19 below).

Quality Governance – the Trust has continued to use Monitor's *Quality Governance Framework* as the basis for its approach to the governance of quality improvement and underpinning systems and processes. The Trust has undertaken regular self-assessments against the framework to track progress

under the auspices of its Clinical Quality Assurance Committee (CQAC). The Committee also commissioned the Trust's external auditors KPMG to carry out an independent review of the Trust's position against the framework using the scoring methodology used by Monitor for aspirant foundation trusts. The Trust scored 3.5 in the follow up review in mid-2015, which demonstrates the required level of rigour against the quadrants of the framework and continues to provide the benchmark against which the Trust measures its performance; the most recent self-assessment was presented to the CQAC in December 2015 and included a summary of the actions taken in response to KPMG's remaining recommendations.

Risks and Mitigation - the three top risks to quality are considered to be:

1. *Infection Prevention and Control*. Additional senior resource has been included in the IPCT to support the DIPC. Priorities are to ensure that systems and processes in the new hospital environment are developed and embedded, this will ensure that the benefits of the building can be realised and performance demonstrates a reduction in infection and an improvement in healthcare worker infection prevention practice.
2. *Development of clinical leadership*. The Trust's refreshed Quality Strategy incorporates a plan to substantially increase clinical leadership in decision making and ensuring patient care as central to all changes. The quality improvement programme itself requires clinical leadership at all levels and in order to ensure the organisation has the capability to deliver, clinical leadership capacity is being increased.
3. *Workforce*. In order to deliver the quality improvement agenda the organisation must be able to retain, recruit and develop its workforce. A critical element to this is the number of small specialist services within the organisations portfolio. A succession plan for practitioners in these services is in development in order to mitigate the risk of potential loss of key individuals.

Sign up to Safety – the Trust has fully engaged in the 'Sign up to Safety' movement and developed an improvement plan based centred upon three of the agreed quality aims: the reduction of medication errors that result in harm to the patient, the reduction of pressure sores and the reduction of health care associated infections. The associated 'Sign up to Safety' dashboard has been developed and shows improvement in all areas.

Seven Day Services

The Trust developed an out of hours strategy in 2012, based on the 'Safe At All Times' framework; full implementation of this project proved challenging however due to recruitment difficulties in regard to senior doctors.

The Trust is mindful of the four clinical priorities for Seven Day Services that must be addressed in 2016/17, namely; Time to Consultant Review; Access to Diagnostics; Access to Consultant-directed Interventions and Ongoing Review.

We will be participating fully in the April 2016 national case note audit, although many of the specialisms in the directive do not apply specifically to an Acute Specialist Paediatric Trust. However, we will view this exercise as an opportunity to benchmark ourselves nationally via the Children's Alliance against the other specialist paediatric trusts. We can then develop a specific plan to address the four priorities. It should be noted that the Trust does not have any issues with excess deaths out of hours.

Quality Impact Assessment

The Quality Impact Assessment process was embedded within the organisational change programme as part of the PMO established in 2013, providing assurance that all changes and developments do not have

an adverse effect on the quality of patient care. This process includes the imperative that the lead for each change project or CIP scheme must ensure that the assessment is appropriately documented and formally signed off by the Medical Director or Director of Nursing. The QIA has been updated recently to incorporate equality and diversity assessment.

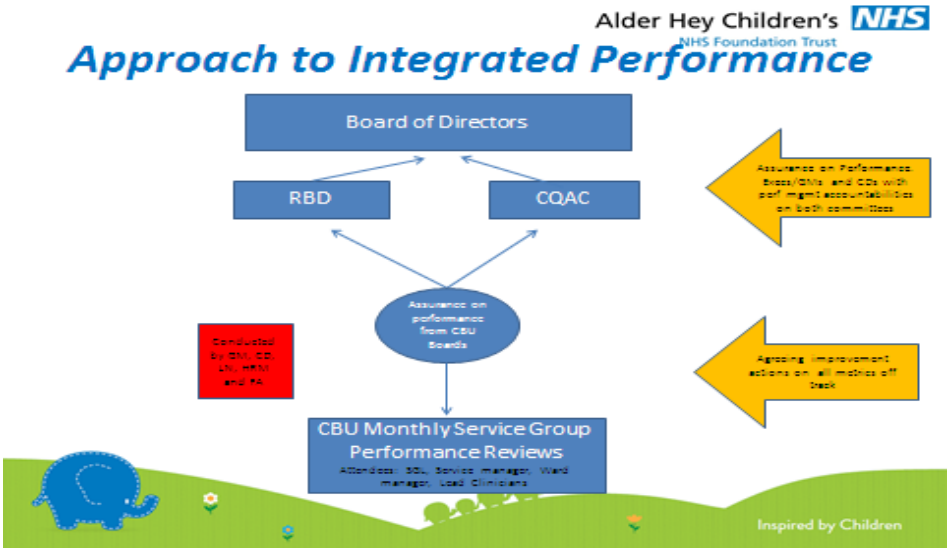
The operating principles for the QIA framework at Alder Hey are as follows:

- The patient comes first – not the needs of any organisation or professional group
- Quality is everybody's business – from the ward to the board; from the supervisory bodies to the regulators, from the commissioners to primary care clinicians and managers
- If we have concerns, we speak out and raise questions without hesitation
- We listen in a systematic way to what our patients and our staff tell us about the quality of care
- If concerns are raised we listen and 'go and look'
- We share our hard and soft intelligence on quality with others and actively look at the hard and soft intelligence on quality of others
- If we are not sure what to decide or do, then we seek advice from others
- Our behaviours and values will be consistent with the NHS Constitution

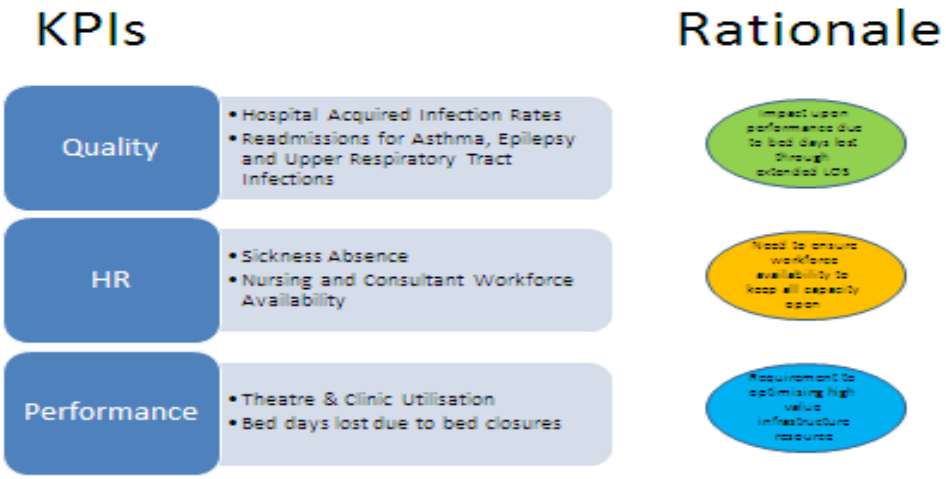
Historically, it has been the collective responsibility of the Programme Board, on behalf of the Trust Board, to ensure that a full appraisal of the quality impact assessment is completed and recorded and arrangements put in place to monitor work on an ongoing basis. Given the dynamic nature of CIPs this exercise was not regarded as a one off application for the board, but was treated as its core business. From April 2016 this responsibility will pass to the relevant assurance Committee as the Trust moves to the new programme assurance arrangements shown on page 19 below.

Triangulation of Indicators

Triangulation of performance indictors relies on an integrated approach to performance management from Board to Ward. The Trust has reviewed its approach to managing operational performance and in particular across the domains of quality, cost, and workforce which are the foundations of ensuring delivery of activity and financial plans. The Trust has a performance management framework that is supported by good data and information and a new approach which devolves support from corporate risk and governance and analytical & finance teams down to Clinical Business Unit and Service Groups.



The Board and Assurance Committees review monthly a suite of indictors through the corporate report and receive actions for improvement. This is supported by the Change Programme that aims to deliver improvement projects that have quality, costs and delivery metrics identified; these will be reported monthly to the Clinical Quality Assurance Committee. The triangulation of the key indicators identified below will form part of this integrated governance reporting.



4. Workforce

4.1 Workforce Planning

The next 12 months will present the Trust with significant workforce challenges. The need to deliver high quality, patient-centred care in an environment of continuous change and financial pressures will require us focus our attention on how our current and future workforce can meet these challenges.

To do this effectively we will need to engage with and support Trust staff; in particular, the role our managers and leaders play will be vital to meeting these challenges head on, and they will need additional support to achieve these goals. The Trust has signed up to participate in 'Listening into Action' for 2016/17, which aligns well with our planned change programme and is anticipated to deliver significant benefits in terms of overall engagement with staff.

In 2016/17, we will continue to build upon the good work already undertaken in relation to improved workforce planning, learning lessons from our successes from, for example, the nursing workforce plans and applying these principles to other areas of the business.

In addition to engaging in the annual Health Education North West (HENW) workforce planning return, workforce planning is also a key element of the local business planning process. Integral to developing these plans has been clinical engagement, with the Medical, Nursing and HR Directors taking the lead and working collaboratively on supporting and developing these plans.

All workforce plans are developed within the context of the Trust's clinical strategies and the development of robust nursing workforce plans to meet the requirements of the new hospital building which opened in

October 2015 demonstrates this. These plans were developed in conjunction with the clinical strategy for care on the wards, outpatients and Accident and Emergency and also took into account local health and care system commissioning strategies such as the approach to urgent care across the locality.

The Trust's Recruitment Strategy identifies the actions needed to ensure we have the 'right people with the right skills at the right time in the right place'. An intensive recruitment programme was undertaken last year to recruit 180 nurses over a 6 month period, all of whom were recruited from the UK labour market, except for a small cohort of Italian nurses specifically recruited for their skills within the theatre environment. We continue with these recruitment plans to ensure we continue to fill the gaps caused by attrition, maternity leave and other factors.

The apprenticeship agenda and the development of the Care Certificate for Health Care Assistants are also national initiatives which are shaping the direction of our workforce plans for 2016/17.

Strong governance arrangements are in place for Board level monitoring and approval of workforce plans:

- The Workforce Planning Policy was recently ratified at the Workforce and Organisational Development Committee
- Progress against the Nursing Workforce Plans are presented to the Board twice a year
- The annual HENW return is approved at Executive level
- Local business plans are approved at the Resources and Business Development Committee
- The Learning and Development Agreement (LDA) is signed off at Executive Level.

New Developments - at the forefront of supporting new ways of working and developing new roles to support the transformation of the workforce, we are already involved in a number of projects to transform the way in which we run services and improve productivity:

- Successful in a significant bid from the Forerunner Fund, we are working with a local HEI to develop the concept of the 'Carer Skills Passport' which supports parents and carers to competently deliver care to their children at home.
- Successful in an additional bid from the Forerunner Fund to pilot the development of a new role of a Pharmacy Technician to support improvements to the administration of drugs within the hospital setting. The aim of this new role will be to improve quality, enable the Trust to achieve a reduction in medication errors and improve the patient experience.
- We are developing an Apprenticeship Model in 2016 to support the skills development of staff in admin and clerical and support services roles.
- Working with our local HEI, we will be piloting 15 non-commissioned undergraduate paediatric nurse places starting in September 2016. These are in addition to the commissioned numbers. This is an innovative approach taken jointly with our HEI partner to help us address the continued issue of the supply of trained nurses and aligns with the LETB plans to ensure workforce supply needs are met

Safe Staffing Levels - as part of our strategy to improve the management of temporary staffing and variable pay costs, we contracted the services of NHS Professionals (NHSP) in 2014 to support us with the management of temporary staff working on bank and agency arrangements. Initially focusing on nursing and nursing assistant roles, in October 2015 we extended the scope of NHSP to include the management of temporary workers within the administrative and clerical and AHP staff groups.

Working in partnership with NHSP we have made significant improvements to the management of our temporary labour supply, and have experienced a significant reduction in the use of agency nursing staff. Nevertheless, as a provider of highly specialist care, there is a delicate balance to be had between managing agency rules and achieving the appropriate levels of staffing in every clinical area to ensure safe and effective care for all of our children and young people. In 2016/17 we will be working towards full compliance with the Monitor guidelines on agency spend; this includes exploring options for the use of e-rostering for nursing staff, which we already use effectively for our medical workforce.

Managing Workforce Risks and the Impact of workforce CIP - robust systems are in place to allow for the regular review and challenge of workforce risks at Board and sub-Board level on a monthly basis:

- Workforce risks are identified in the Board Assurance Framework
- Workforce metrics are included within the monthly Corporate Report
- Workforce Risk Matrix discussed and actions agreed at the Resources and Business Development Committee

Workforce risks are presented and reviewed alongside quality and safety metrics, as well as activity and financial plans, ensuring that there is a joined up approach to addressing the risks presented.

The nature of our services, which comprise multiple highly specialised services, do pose a risk in terms of workforce resilience. This is addressed through ensuring robust succession and forward planning for these services, and the positive clinical reputation Alder Hey possesses enables the organisation to continuously attract high calibre candidates to these specialist fields.

Ward Dashboards have enabled data to be collated and presented locally, allowing Ward Managers to triangulate metrics and identify areas of risk for their particular areas.

Using the PMO methodology, all Trust change projects are required to have a Quality Impact Assessment (QIA) as described above and this includes a QIA for all workforce CIP plans. To ensure a comprehensive approach to Impact Assessment, we have integrated the Equality Impact Assessment with the QIA for all projects. This will be of particular importance for all workforce CIP plans going forward**.**

4.2 Staff Engagement

The 5 year strategy will deliver a culture change across the organisation through wide engagement of the workforce in quality improvement.

Our **children and carers will be directly involved in decisions** about service developments and improvements through the clinical cabinet and the children's forum, and **our children will be delivering key messages relating to quality** through video blogs, 'newsflash' bulletins, intranet and other technology driven means.

Implementation of Listening into Action will support widespread engagement so that **all staff will be empowered to influence change**, will understand the importance of their own role in delivering high quality care to our children, and will understand how to take forward ideas for quality improvement. A Listening into Action group will be in place that will work closely with the clinical cabinet to drive the implementation of the Quality Strategy and ensure consideration is given to the impact of proposed developments on staff health and wellbeing.

5. Financial Planning

5.1 Overview

- The Trust's financial plans for 2016/17 set out a normalised deficit of £5.9m (excluding impairments and disposals). The plan achieves a FSRR of a 2 and in year £5.2m CIP.
- The STF control will be rejected on the basis that a £4.5m surplus is deemed not achievable due to financial risks faced, this results in loss of the £3.7m STF fund. Acceptance of the control total would require the delivery of an in year £12m (5.5%) CiP but this is deemed unrealistic.
- £8.5m of interim cash support is required as a result of planned deficit
- The strategy for 2016/17 continues to deliver against the Five Year Strategic Plan and focuses on operationalising key schemes including the corporate office build, progressing strategic plan in terms of building community capability, growing international and partnership models and expanding commercial offerings.
- The capital plan for 2016/17 has been presented in light of national guidance and includes essential spend and is in line with trust strategic plan to implement an interim estate following the decommissioning and sale of land of the old hospital estate.

5.2 Financial Forecasts and Modelling

Table 1 2015/16 Performance at month 11+1

	£'000		£'000
Elective	£43,033		£39,570
Non Elective	£28,356		£26,700
Outpatients	£24,293		£21,906
A&E	£4,841		£4,874
Critical Care	£21,968		£22,105
Non PbR Drugs & Devices	£18,202		£17,942
Other Clinical Income	£26,178		£40,899
Other Non-Clinical Income	£36,234		£27,498
Total Income	£203,104		£201,493
Pay Costs	-£129,428		-£134,300
Drugs	-£16,919		-£18,279
Clinical Supplies	-£15,394		-£14,218
Other Non-Pay	-£28,761		-£27,151
Total Expenditure	-£190,501		-£193,947
EBITDA	£12,604		£7,546
Capital Charges	-£8,139		-£6,804
Finance Income	£40		£105
Interest Expense (non-PFI/LIFT)	-£1,006		-£1,000
Interest Expense (PFI/LIFT)	-£6,199		-£4,029
Total Financing	-£15,304		-£11,728
Normalised Surplus/(Deficit)	-£2,701		-£4,182
One-off normalising items			
Government Grants/Donated Income	£15,962		£14,041
MASS/Restructuring	£0		-£36
Fixed Asset Impairment	-£69,840		-£42,632
(Gains)/Losses on asset disposals	-£4,741		-£4,606
Reported Surplus/(Deficit)	-£61,320		-£37,414
Summary KPI`s			
CIP %	5.34%		3.11%
CIP £	£10.2m		£6.0m
Cash	£6.8m		£8.0m
FSRR	2		2

The Trust's forecast surplus is £1.5m lower than plan largely relating to:

a) Slippage in the delivery of elective and outpatient activity due to slower than planned productivity correction back to pre-move levels.
b) Slippage of CIPs.

c) Cost of temporary workforce due to recruitment challenges and maternity leave.
d) Lower activity levels related to the junior doctor strike action.

The Trusts year end cash balance is higher than plan largely due to timing of cash repayment to commissioners, slippage of capital programme and donated assets.

Table 2 2016/17 Financial Headlines

	£'000
Elective	£47,747
Non Elective	£24,544
Outpatients	£25,146
A&E	£5,310
Critical Care	£23,739
Non PbR Drugs & Devices	£18,665
Other Clinical Income	£41,953
Other Non-Clinical Income	£19,242
Income Savings	£2,417
Total Income	£208,764
Pay Costs	-£135,500
Drugs	-£16,570
Clinical Supplies	-£16,783
Other Non-Pay	-£29,191
Total Expenditure	-£198,044
EBITDA	£10,720
Capital Charges	-£10,077
Finance Income	£15
Interest Expense (non-PFI/LIFT)	-£986
Interest Expense (PFI/LIFT)	-£7,995
Total Financing	-£19,043
Trading Surplus/(Deficit)	-£8,323
Government Grants/Donated Income	£2,352
Normalised Surplus/(Deficit)	**-£5,971**
MASS/Restructuring	£0
Fixed Asset Impairment	-£1,920
(Gains)/Losses on asset disposals	£0
Reported Surplus/(Deficit)	-£7,891
Summary KPI`s	
CIP %	2.6%
CIP £	£5.2m
Cash	£1.5m
FSRR	2

Key assumptions 2016/17 Plan

The financial plans for 2016/17 have been set taking account of the national tariff assumptions and commissioning environment in the NHS, the Trust Strategic Plan, cost pressures, risk of performance delivery and clinical investment to support national and local quality standards.

Table 3 Key assumptions:

National /local tariff deflator	Movement from DTR to 16/17 ETO Re-instatement of CQUIN income. 0.4% CQUIN top slice for specialist commissioning
Pay inflation	1% Proposed pay awards and NI/pension increases
Non-pay Inflation	+1.6%
CNST	+40% (£1.1m cost impact)
CIP	2.6% (£5.2m)

Activity Plans

Table 5 Activity Volumes by POD

POD	2015/16 Plan	2015/16 Forecast	2016/17 Plan	Movement from Plan
Elective	24,705	23,326	26,950	2,245
Non-Elective	16,112	14,917	16,071	-41
Outpatients	190,344	177,311	199,463	9,119
A&E	55,899	57,284	55,899	0

Key Activity and Income changes

- Activity plans have been set at 2015/16 Plan levels, adjusted for approved business cases. Key changes are explained by:
  - Elective increase of 2,245 cases largely relating to increase in capacity as fewer bank holidays in 2016/17;
  - Outpatient increase of 9,119 attendances relates to increase in capacity referred to above and a number of service developments including an expansion of sickle cell & lung function OP procedures;

Risk Rating

Table 6 Financial Sustainability Risk Rating (FSRR)

- Overall forecast risk rating of a 2 after including the receipt of cash support of £8.5m.

Financial Sustainability Risk Rating (FSRR)	2016/17
Capital Service Cover:	
Capital Service Cover Metric	0.69
Capital Service Cover Rating	1
Liquidity:	
Liquidity Metric	-12.92
Liquidity Rating	2
I&E Margin:	
I&E Margin Metric	-2.83%
I&E Margin Rating	1
Variance I&E Margin % Plan	
Variance I&E Margin % Plan Metric	-1.00%
Variance I&E Margin % Plan Rating	2
Overall Financial Sustainability Risk Rating (FSRR)	**2**

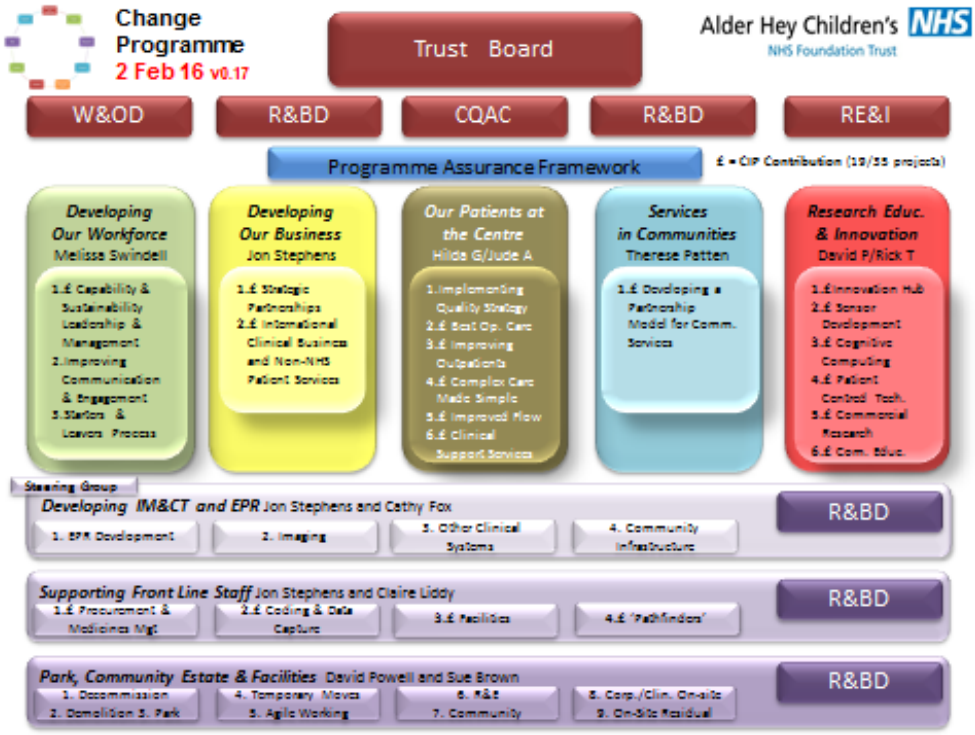
Efficiency Savings for 2016/17

Cost Improvement Programme

- 2016/17 CIP strategy has been developed and aligned to the Trust's strategic change programme.
-

	2016/17	
	In Year £'000	Full Year £'000
Coding/Capture/Pathfinders	900	900
Developing Our Business	629	1,267
Facilities Redesign	166	169
Innovation	60	60
Medicines Optimisation	500	500
Our Patients at the Centre	505	537
Procurement	1,018	1,018
TOTAL IDENTIFIED	**3,778**	**4,450**
Schemes in development	1,422	750

The CIP governance structure has been updated for 2016/17 and was approved by the Trust Board in February 2016. The CIP and change programme will be governed through a programme assurance framework and embedded within the Committees of the Board governance structure as shown below.



Procurement

The Trust has produced a "10 Point Plan for Better Procurement" which outlines the strategic objectives of the procurement function. Key activities connected to this are:

- Production of a comprehensive Procurement Work plan which comprises a detailed list of savings schemes aimed at achieving the Procurement Cost Improvement target.
- Adoption of a Zero Inflation policy (active resistance of all supplier inflationary uplift requests).
- Supplier engagement (Supplier Events being held to share ideas and exploration of further savings possibilities).
- Tightened controls on purchase order activity. All suppliers have been written to, outlining that invoices will not be paid without a valid purchase order. Trust staff are also provided with training on compliance with the Trust's Standing Financial Instructions and other financial governance obligations.
- Workshops being held with all Clinical Business Units to identify further potential savings opportunities to add to the Procurement Work plan.
- Catalogue Management. Where practicable, all items procured are covered by robust and compliant purchasing arrangements and catalogued to facilitate the achievement of best value, price consistency and efficient invoice payment routines.
- A business case is being produced to procure a Trust wide Inventory Management solution. This will assist in reducing the stockholdings held and eliminate waste in relation to stock obsolescence and expiry of out of date products.
- Innovation. Working with the Trust Clinical Innovation leads to identify new product developments and potential savings opportunities.
- Product standardisation (rationalisation exercise being undertaken to reduce the variety of products purchased).
- Collaboration and partnership arrangements. Continuing to build on the relationships with procurement partners such as Health Trust Europe and North West Procurement Development.

- Agency staff. Proactively engaging with agencies via the appropriate frameworks to ensure that the price caps are implemented.

In addition, The Trust has recently responded to the recent Monitor Product Price Benchmark letter by providing a data extract of its Purchase Order data for December 2015 to assist in ascertaining the prices paid for a basket of the Top 100 most common non-pay products. The results of this work will assist the Trust in understanding where it may not be obtaining the best prices for particular products and will be used as leverage to negotiate price improvements, where applicable.

Lord Carter's Recommendations

The Trust is not included in the first round of Acute Model Hospital reviews due to its specialist status. The DH has not yet confirmed when specialist trusts will be included. The Trust will continue to review and shadow monitor similar metrics as part of business as usual activities.

5.3 Capital Planning

The Trust's capital programme presented is required to be completed in full to meet prior commitments and progress the completion of the redevelopment of the hospital site.

Capital Plan	2016/17 £`000
Retained estates	2,270
Corporate Office Build	3,264
Network	440
EPR	700
Medical & Equipment	2,761
Alder Hey in the Park	250
Other	482
TOTAL	**10,167**

Source of Funds	2016/17 £`000
Trust	4,201
Loan	3,264
Charity	2352
External	350
TOTAL	**10,167**

- Capital programme includes must do and essential schemes i.e.
  - EPR embedding
  - High priority medical equipment
  - Essential site re-configuration to allow future disposal of land
  - Essential corporate office build scheme to accommodate 500 staff and allow sale of land

- Funded by both trust cash and ITFF loan. The trust has signed agreement for £15m loan.

6. Membership and Elections

The Board at Alder Hey continues to work closely with its Council of Governors who have been hugely supportive of the organisation over the recent period of major change. At last summer's annual elections a number of new governors were elected; this group has now undergone the Trust's local induction and will also participate in the *GovernWell* core skills module in the coming months. More established governors are encouraged to take up some of the other modules, particularly around constructive challenge. Alder Hey governors also participate in the North West Governor Forum meetings. Following the last election round, one of the patient governor roles remained vacant, however efforts on the part of one of the parent governors has resulted in a candidate coming forward to express interest. A by-election for this vacancy and for a newly vacant staff governor position will commence in February 2016. The annual elections will take place between July and September in accordance with the established timetable.

In terms of issues, the focus for the governing body in the last year has been upon understanding the key risks for the Trust in relation both to the change programme – the new hospital move and implementation of the EPCS – and the CQC re-inspection. However, it also spent some time thinking about its role and how the Council could maximise its considerable expertise and experience in the interests of patients and the wider public. To that end it undertook some externally facilitated work to better understand its own performance and development needs; the results of this have been helpful in identifying that the relationship between the governors and Non-Executive Directors was an area that warranted additional focus in the context of the 2012 Act and the concept of holding the NEDs to account. The NEDs have provided the governors with information about themselves as individuals and talked about the role they play on the Board at governor meetings; in addition some of the governors have attended Board assurance committees to better understand how the NEDs operate. The Lead Governor has been pivotal in facilitating the relationship between the Board and Council through the governors' pre-meeting ahead of the formal Council meeting and also has regular briefings from the Chairman. She is invited to attend Board strategy meetings and other key events to ensure she remains fully conversant as the Board develops its direction of travel.

The Membership Strategy Committee – this group is mandated by the Council of Governors to lead the Trust's engagement programme with members and the wider community. It is supported by the Trust's Communications Team and works to an agreed set of objectives created to reflect the overall aims of the Membership Strategy. For 2015/16 these are set out below; the objectives for 2016/17 are essentially a consolidation of these, given the ongoing nature of the governors' role around communication.

- **Raising the Profile of Governors with our Constituents**
  - Prepare a Poster with a photograph of the council of governors, a brief summary of our role and a point of contact for display within the Trust.
  - Work with the communications department to improve the governors' page on the Trust website. Include information about our role and a means of establishing contact.
  - Specific to staff governors, develop staff governor content for the Trust intranet to ensure existing staff are able to gain a better understanding of the staff governor role.
- **Communication with our Membership**
  - Develop the quarterly members' newsletter "Alder Hey Foundation" based on content agreed by the committee, from "Alder Life" and incorporating specific governor and health promotion content e.g. names, photos, roles and a means of establishing contact.
  - Work with the Trust to ensure that the newsletter is increasingly circulated electronically.
  - Based on the membership profiling currently underway within the Trust and research from approaches adopted by other foundation trusts, develop constituency specific membership communication tools and identify appropriate delivery mechanisms.
- **Working towards ensuring that our membership reflects the diversity of the population we serve.**

- Develop a poster based on the poster prepared for use in the Trust, but with tailored content and format for GPs' surgeries and health centres.
- Work with the Trust to identify the most cost effective method of circulating the poster throughout the NW general practice/health centres.
- Identify patient role models who would be willing to visit schools, schools' parliament, children in care council and other available networks to promote the involvement of young people from a range of backgrounds with the Trust and specifically the council of governors.

2016/17 Objectives

In summary:

- **Newsletter** - to continue on a quarterly basis.
- **Member Communications** - Governors will work with the Trust to undertake a major project to identify e-mail addresses for members following a data cleansing project
- **Public Health** – local authority governor will work to re-establish attendance at the Trust Grand Round to raise awareness of Health Liverpool initiatives and more general Trust/City Council collaboration.
- **New Governor Induction** – a list of "buddies" and or "mentors" will be established for new governors to support their introduction into the role.
- **Training** - Governors from the group will look at attending the Govern Well Engagement workshop in Manchester on 14.09.16. to further our efforts in respect of member engagement.
- **Links to the Children and Young Peoples' Forum** – the governor representative on this group to continue to work to identify young people who would be interested in becoming governors.

The Committee also acts as a steering group for the planning and organisation of the Annual Members' meeting, which has historically incorporated an open day or similar community engagement event. Due to the timing of the opening of the new hospital, the Trust held its AMM in December as a standalone event this year; however the new facilities will lend themselves for a greater degree of innovation and inclusion for the 2015/16 reporting round.

NHS Improvement

IMPLEMENTING THE *FORWARD VIEW*: Supporting providers to deliver

February 2016

Implementing the *Forward View*

Supporting providers to deliver

Version number: 1

First published: 11 February 2016

Prepared by: NHS Improvement in collaboration with a range of provider leaders, NHS Providers, NHS Confederation, NHS Clinical Commissioners, NHS Partners and the Local Government Association.

This document is for: Boards, senior leaders and clinicians, and interested staff in NHS trusts and NHS foundation trusts as well as their commissioners.

This document is designed for NHS provider organisations. It is part of a series of roadmaps that draw on messages from the NHS Planning Guidance and set out the key priorities for specific audiences that are responsible for delivering high quality health and care this year and beyond. Each roadmap draws on a shared vision for the health and care sector as set out in the Five Year Forward View (5YFV) – about the challenges ahead and the choices we face about the kind of health and care service we want and need in 2020. This is not just about stabilising services for today, but about driving the necessary scale of transformation required to meet the needs of future patients in a sustainable way and to help close the three gaps identified in the 5YFV: health and wellbeing; care and quality; and finance and efficiency.

The solutions to today's problems lie in a radical upgrade of prevention and new models of service delivery. This means working differently, and collaboratively, on identifying solutions and sharing problems, at both national and local levels and with wider stakeholders, such as local government, individuals and community partners. This will be increasingly important as we move further towards place-based planning, commissioning and delivery of preventative, person-centred and co-ordinated care in which individuals are increasingly empowered to take responsibility for their own care where relevant, thereby reducing pressure on existing services. Success will require us all to think beyond our statutory and organisational borders to meet the needs of the people we serve. Further strengthening of collective system leadership at both national and local levels is essential to ensure that we succeed.

The provider task to 2020 is…

Delivering outstanding *quality of* patient care, NHS Constitution *access* standards and *financial* balance, eliminating unwarranted variation across all these areas, while also making the *transformation* that is needed to ensure long-term sustainability. This requires providers to increase their capability by improving *leadership and engaging staff* fully to maximise their contribution, as well as improving *technology, innovation and research*. We will not achieve this by individual organisations working in isolation – it is best delivered by working collaboratively in partnership across local health and care economies and with other providers. NHS Improvement has been established to provide the *support* providers will need to deliver this ambitious and stretching task.

…..in a graphic…..

….and in the rest of this document

DELIVERING VALUE
- Quality ……8
- Access ……12
- Finance and efficiency ……..14

TRANSFORMATION ……18

BUILDING CAPABILITY
- Workforce and leadership…..23
- Technology, innovation and research ……27

ROLE OF NHS IMPROVEMENT WITH OTHERS ……..…..……..30

Foreword

The NHS aspires to high quality care for all. I know from my own professional experience that quality of care is what matters most. It is an agenda that unites patients and professionals alike. Fortunately, in healthcare, quality and efficiency are two sides of the same coin. High quality care means we get it right the first time; it means using the full talents of all professionals, and it means working with patients and carers as partners in their own care.

These are challenging times for the health service. While the NHS budget will rise each year, unless we reform the way we work, there will be a widening gap between the resources we have and the demands placed upon the service. There is an imperative to change the way we work to keep up with what is demanded of us.

This isn't unique to our country. Healthcare spending consumes a growing share of the wealth of all advanced nations. In many aspects, this is a reflection of our success: more people are living for longer, there are an expanding range of treatments and therapies, and people rightly expect higher and higher standards of care.

Yet there are many things that could be improved. There is still too much waste, too little process discipline, and unacceptable resistance to simple changes that would improve quality and efficiency. The way that the NHS works can, at times, be too complex, bureaucratic and frustrating for patients and professionals alike.

Healthcare is complex precisely because people are complex – each individual has unique needs and circumstances. But that inherent complexity has been added to and embellished by a system that has layered change upon change upon change. Improvement won't be achieved by adding yet more.

Now is the time to think afresh, to open up to new ways of working, and to take the patient perspective – how could we ever justify working apart when they rightly expect us to work together?

I know from my own practice that healthcare is delivered by a team. Today, that team extends well beyond the hospital walls – out into the community to colleagues in primary care and social care, mental health as much as physical health. We need to work together across the whole health and care system.

This document sets out the path ahead for providers of NHS services and the support they can expect from NHS Improvement. It emphasises the importance of maintaining and improving the quality of care for all while addressing financial challenges. And it sets out the challenges that must be faced and the changes that must be made ahead. I hope that NHS leaders will read it – and rise to meet the leadership challenge to turn their ambitions for the people they serve into reality.

Professor the Lord Darzi of Denham OM KBE PC FRS
Board Member, NHS Improvement
Director of Institute of Global Health Innovation, Imperial College London

Overview

All providers of NHS services have been under increasing pressure in recent years – most acutely from slowing growth in the NHS budget, but also from rising expectations, an ageing population, and an expanding range of treatments and therapies. The impact of managing this demand increase during a period of limited funding growth was the key challenge identified in the Five Year Forward View (5YFV).

In response to the 5YFV, the government has pledged an additional £8.4 billion of real-term investment in the NHS by 2020. The profile of this investment is uneven. It is heavily weighted to the earlier years of the spending period for a reason: this is the time for the NHS to invest in making lasting improvements in the quality and efficiency of care so that standards can be sustained as funding growth slows again later in the period. This is an opportunity – and an obligation – that the NHS cannot afford to miss. Quality must be maintained or improved, performance against access standards recovered, financial performance stabilised, and the transformation of local health and care services begun.

The provider task to 2020

The provider task to 2020 is extremely stretching and ambitious.

Providers need to deliver high quality patient care, NHS constitutional access standards and financial balance, eliminating unwarranted variation across all these areas, while also making the transformation that is needed to ensure long-term sustainability and in doing so to reduce the three gaps described in the 5YFV: health and wellbeing, quality and finance. This requires providers to increase their capability by improving leadership and engaging staff fully to maximise their contribution, as well as improving technology, innovation and research.

NHS Improvement has been established to provide the support providers will need to deliver.

The purpose of this document

This document sets out the task and clear expectations of what needs to be delivered. It brings together all the key requirements into one document, for the first time, while providing links to the detail. It also shows how NHS Improvement and our arm's length body colleagues will support you.

Who this document is aimed at and how you should use it

The document is aimed at NHS provider boards and senior leadership teams, but it will be of interest to a wider audience. We would like you to share it widely and actively in your organisation so that your team can understand what is being asked of the organisation they work for and how they can contribute to delivery. The document

can be used to stimulate a wider debate with your team about the strategic context in which they and your organisation operate, and we will be developing a simple set of materials based on the document's content to help with that task.

The scale of the ambition and stretch in this task needs to be matched by the scale of realism about how much can be delivered how quickly. Clearly, it will be impossible for every provider to deliver every single requirement, but this document sets out clear expectations of what must be delivered. In some areas of activity, the task will require urgent action, whereas in others it will be a process of evolution. It is, rightly, for provider boards to set organisational and local system priorities within this framework, and then develop clear plans to deliver those priorities.

In addition, delivery of these improvements requires a new partnership with patients, carers and their families. This goes beyond simply providing better information: it requires the promotion of active patient involvement and empowerment, and enabling patients to take ownership of their health and wellbeing. There is clear evidence that patient engagement in treatment decisions leads to more cost-effective utilisation and better health outcomes. Providers will need to work with their members and governors, commissioners, local third-sector bodies and local HealthWatch to consider how best to create this new partnership.

The success we have had in cutting NHS waiting lists, transforming infection control and moving mental health services into the community over the last 20 years suggests that if we head towards an ambitious vision with purpose and energy, we can surprise even ourselves by how much we can achieve.

We look forward to supporting you on the delivery of the provider task to 2020 set out in this document.

Ed Smith
Chairman
NHS Improvement

Jim Mackey
Chief Executive
NHS Improvement

1 Delivering value: a combined focus on quality, access and finance

The challenge for providers is to deliver high levels of performance while at the same time transforming services for long-term sustainability. As all healthcare leaders know, day-to-day performance requires a combination of delivery of the right quality of care and appropriate patient access to services within the resources available – the well-known triangle of quality, access and finance.

First and foremost, providers need to focus on the quality of patient care they can deliver within the resources available to them. Quality and efficiency are two sides of the same coin, and provider boards must take equal responsibility for both, achieving the best results for patients and taxpayers alike.

Current unwarranted variations in quality need to be urgently addressed. Particular improvements are needed in cancer, mental health, maternity, dementia services and urgent and emergency care. More providers need to achieve 'good' and 'outstanding' ratings from the Care Quality Commission (CQC); and high quality seven-day services for urgent care need to be delivered consistently across the system. There must be a further focus on safety, with providers supporting system-wide patient-safety priorities, and demonstrating a culture of continuous learning and improvement.

The NHS Constitution defines a set of access standards which patients can expect. Consistent delivery of these standards is central to the provider task, and providers need both to recover current under delivery against targets and then deliver sustained performance against them over the long term.

At the same time, the NHS needs to return rapidly to financial balance and rise to the efficiency challenge as part of its efforts to maximise value for patients. Lord Carter's reviews identify the considerable efficiency opportunities for acute hospitals in fields such as workforce, procurement and estates. This work will now move on to consider the scope and nature of efficiency savings that mental health, community, specialist and ambulance providers can make. Recent changes to address the excessive costs of temporary staffing will enable further savings to be made, while improving continuity of care.

The next three chapters of this document set out the task for providers and what is needed in each of these three areas – quality, access and finance.

Delivering value: quality

The 5YFV described the care and quality gap: unless we reshape care and drive down variations in quality of care, patients' changing needs will go unmet and unacceptable variations in outcomes will persist.

To close this gap, providers will need to:

- achieve more 'good' and 'outstanding' ratings following CQC inspections, with no providers in special measures
- tackle variations including delivering specific improvements to services such as mental health and cancer
- further improve patient safety
- deliver seven-day services in line with agreed clinical standards.

This chapter summarises these elements, with links for further details.

****

PROVIDERS IMPROVING THE QUALITY OF PATIENT CARE

Providers have demonstrated over the last decade how, with the right focus and support, massive improvements can be made in the quality of patient care.

- In the three years to 2014/15 cases of Methicillin-resistant Staphylococcus aureus (MRSA) fell by 22%.[1]
- In the five years up to 2015 mixed-sex accommodation breaches in providers decreased by 97%.[2]
- The fourth annual report on a strategy for cancer highlights that cancer survival estimates have continued to increase, and mortality rates have continued to fall.[3] Cancer survival rates in England for breast, lung, prostate, colorectal and ovarian cancer all continue to improve.[4]
- Over the last 30 years there has been an upward trend in life expectancy at older ages in England. Life expectancy for those aged 65 has increased at an average rate of 1.2% per year for men and 0.7% per year for women.
- In November 2015, the percentage of patients admitted, aged 75 and over, who were initially identified for potential dementia or given a case finding was 90.4%, compared to 83.5% in 2013/14.[5]

****

[1] www.gov.uk/government/statistics/mrsa-bacteraemia-annual-data
[2] /www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/
[3] /www.gov.uk/government/uploads/system/uploads/attachment_data/file/388160/fourth_annual_report.pd
[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/449365/Annual_report_29july-WEB-final.pdf
[5] www.england.nhs.uk/statistics/statistical-work-areas/dementia/

1.1 CQC ratings

Achieving much greater consistency in the quality of care remains our most fundamental challenge. While the initial round of new CQC inspections is not yet complete, only a small minority of trusts have so far achieved 'Good' and 'Outstanding' ratings, and too many are in special measures. A key priority for the provider sector over the next four years will be for the majority of trusts to move from 'Requires improvement' towards 'Outstanding', and for there to be no trusts in special measures. The CQC framework is well known, and further details can be found here. Provider boards will need a clear strategy for how to deliver the required improvements.

1.2 Eliminating unwarranted variation

A key challenge for providers is to ensure that the causes of unwarranted variations in clinical performance are understood and eliminated.

The 2016/17 planning guidance sets out a small number of national clinical priorities where such improvements are needed, with local health systems expected to use the Sustainability and Transformation Planning process to develop local plans to address these priorities. These include, but are not limited to, the following:

- **Cancer care**: The independent Cancer Taskforce strategy has identified the action required over the next five years, increasing the focus on public health and prevention; earlier diagnosis; improving patient experience; transforming support for those surviving cancer; modernising cancer services; and transforming the commissioning and provision of cancer services.
- **Mental health**: The Mental Health Taskforce interim report here will shortly set out the scale of change required to ensure an equal response to mental and physical health. This will include how to address attitudes to mental health; improvements in prevention; access to and choice of support and treatment; further integration of care and support; and the mental health of NHS staff.
- **Maternity services:** The forthcoming independent national Maternity Review will consider what safe and efficient models of maternity services, including midwife-led units, will look like; what support is needed for pregnant women to make safe and appropriate choices of care for themselves and their babies; and what support is needed for NHS staff to provide responsive care.
- **Dementia care**: Dementia is a growing challenge for health and care systems internationally. Early diagnosis is critical, which is why the NHS must increase the proportion of people who are formally diagnosed from under a half to two-thirds or more.[6]

[6] www.gov.uk/government/uploads/system/uploads/attachment_data/file/262139/Dementia.pdf

- **Urgent and emergency care:** The review of urgent and emergency care set out how we need to provide better support for self-care; help people with urgent care needs get the right advice in the right place, first time; provide highly responsive urgent care services outside of hospital; ensure that those people with serious emergency care needs receive treatment in centres with the right facilities and expertise; and connect all urgent and emergency care services so the overall system becomes more than just the sum of its parts.

1.3 Improving patient safety

CQC's work to date demonstrates the particular challenges the sector faces on patient safety. This is why the NHS must strive to become the safest healthcare system in the world, devoted to continuous learning and improvement from top to bottom and end to end.

Since the publication of the Francis Inquiry and the Berwick Report in 2013, the NHS has embarked on an ambitious journey to deliver this vision. Providers should:

- engage effectively with the nationwide system of patient safety collaboratives which has been created in the 15 academic health science networks
- be active in the Sign up to Safety campaign
- apply the forthcoming methodology for reviewing avoidable mortality, which will be rolled out during 2016/17.

To support providers, the National Reporting and Learning System for reporting incidents will be enhanced when the successor safety incident management system is rolled out. In addition, a new Healthcare Safety Investigation Branch will be created in April 2016, to provide in-depth understanding of why care can go wrong and identify what should be done in response.

1.4 Seven-day services

Patients require non-elective hospital services 24 hours a day and seven days a week, and expect high quality, safe and responsive care at all times. Many providers have made significant progress towards achieving these objectives, but they now need to be delivered consistently across the sector as a whole by 2020. Providers should develop and deliver plans to make these standards a reality by 2020, beginning in 2016/17 with the full roll out of seven-day services for the four priority clinical standards in all specialties. We expect 50% of trusts to be meeting this standard by March 2018. NHS Improvement and NHS England will support trusts in earlier adoption where possible. This should be reflected in local Sustainability and Transformation Plans.

SUMMARY

Our expectation is that by 2020 NHS patients will be cared for by providers that have an outstanding or good CQC rating and there will be no trusts in special measures. At the same time, all providers will have made the required improvements in the priority areas of cancer, mental health, maternity, dementia, and urgent and emergency care, and there will be significantly less unwarranted variation in the standards of patient care. Patient safety will have consistently improved and all providers will be delivering seven-day services in line with the priority clinical standards. This will be underpinned by a new partnership with patients and families, and a culture with much greater emphasis on learning and continuous improvement. These improvements in quality of patient care need to be accompanied by delivery of the right access to services, as the next section sets out.

2 Delivering value: access standards

The NHS Constitution sets out the importance of meeting a set of key access standards and new standards are being introduced for mental health, recognising the significance of improving these services.

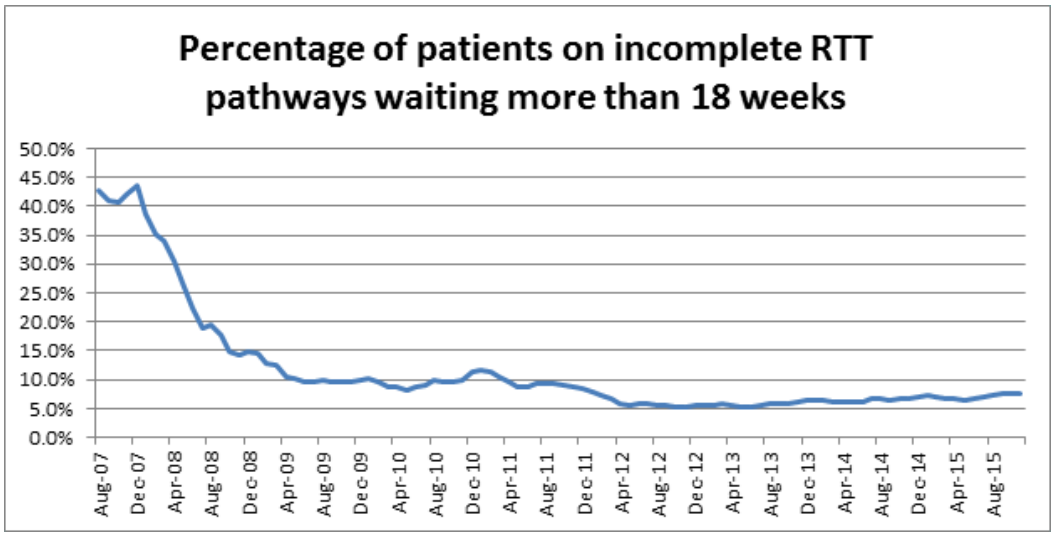
To meet their NHS Constitution obligations providers will need to recover and maintain performance against the standards for urgent and emergency care; referral to treatment times for elective care, diagnostics and cancer services; and the new standards for mental health services

This chapter summarises the requirements on providers in this area, and provides links for further details.

****

PROVIDERS IMPROVING PATIENT ACCESS TO SERVICES

Since 2000 providers have transformed speed of patient access to services. In the late 1990s[7] over a million patients were on the waiting list for inpatient admission, over 4% of whom had been waiting more than a year. As an example of one pathway, in 2007/08 up to 44% of patients on incomplete referral to treatment pathways had been waiting more than 18 weeks. This has improved to less than 8% since 2012/13.



****

[7] http://researchbriefings.files.parliament.uk/documents/RP99-60/RP99-60.pdf

2.1 Delivering access standards

The NHS Constitution standards for urgent and emergency care, and elective and cancer care are well known. New standards for mental health services are being added. Consistent delivery of these standards across all providers is a guarantor of equity for patients no matter where they live, and it underpins patient and public confidence in the NHS. Delivery against the standards has deteriorated over the last two to three years and, although this will be a significant challenge, it must be a key priority for provider boards to recover these standards in 2016/17 and then maintain delivery beyond.

Providers will need to set out a clear recovery trajectory in their 2016/17 operational plan, and local health and care economy Sustainability and Transformation Plans will need to show how these trajectories will be sustained. These plans will need to consider a range of different improvement approaches, including:

- effective demand and capacity planning to ensure realistic plans are in place including use of the independent sector where additional capacity is required
- better use of data, including increased focus on data quality, use of real-time data and sharing of data across systems
- enhanced operational management both within individual providers and across local systems, including enhanced training and support, and better use of process and flow management techniques
- improved referral management and implementation of patient choice.

Further information on these approaches can be found in the work of the Intensive Support Teams and the Health Foundation's report on patient flow, for example.

SUMMARY

By 2020 we anticipate that patients will be receiving care in line with each of the agreed the NHS constitutional access standards and all NHS providers will have sustainable strategies to maintain this performance. Critically, improvements to both quality and access standards will be delivered in a way that is financially sustainable, as the next section sets out.

3 Delivering value: finances and efficiency

The 5YFV forecast the NHS's funding and efficiency gap as £30 billion by 2020/21. At the same time, the provider sector deficit in 2015/16 has clearly reached unsustainable levels and must be reversed, with the sector as a whole and as many individual providers as possible returning to financial balance in 2016/17.

Providers will need to return to financial balance as quickly as possible and close the long term funding and efficiency gap by:

- delivering the agreed 2016/17 control totals
- reducing their use of agency staffing
- delivering their share of the required efficiency savings and productivity gains by responding to the recommendations of the Carter Review
- maximising the use of existing estate and realising value from surplus estate.

This chapter summarises the requirements on providers in these areas, and provides links for further details.

****

PROVIDERS IMPROVING EFFICIENCY AND PRODUCTIVITY

Providers have already demonstrated that, with the right focus and support, significant productivity improvements and efficiency savings can be delivered.

- *Providers were instrumental in the largely successful delivery of the £20 billion 'Nicholson Challenge' over the last Parliament.*
- *Monitor research to be published shortly shows that providers have improved staff productivity to decrease average length of stay, offsetting a rise in admissions. We estimate that without this productivity improvement there would have been a need for an extra 5,000 nurses at a cost of around £250m at today's agency rates.*
- *Providers have demonstrated that greater collaboration can be a significant driver of increased efficiency and productivity – for example, the NHS Southern Procurement Partnership, which standardised manufacturer and price data for generic products, has estimated savings of between 15% and 50% beyond current best NHS prices.*[8]

****

[8] www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

3.1 Delivering financial balance in 2016/17

In recent years, growing numbers of providers – particularly in the acute sector – have incurred significant deficits with the 2015/16 half-year provider deficit in excess of £1.6 billion and 75%[9] of providers in deficit. Our focus must now be on returning to financial balance, without compromising patient care. Providers need to achieve the best possible out-turn position in 2015/16 and develop a plan for 2016/17 based on agreed control totals.

The business rules – in particular the changes to tariff prices and the Sustainability and Transformation Fund, underpinned by the front-loaded Spending Review settlement – provide the financial framework to deliver this. As the control totals show, some stretch is needed and some changes, such as caps on agency spending, will be uncomfortable for some providers. However a rapid return to financial balance for the sector as a whole, and for as many providers as possible, is critical. NHS Improvement will be providing intensive support to those providers with the biggest financial deficits that often face large, long-standing, structural challenges that require a corresponding structural solution.

3.2 Temporary staff

One of the drivers of provider deficits in 2015/16 has been the rapid growth in the use of temporary staff. Working together as a sector we have already begun to take steps to address this inefficient use of scarce NHS resources. As the recent guidance sets out, providers will consistently need to:

- remain within a ceiling for the maximum spend on temporary staff as a percentage of total nursing staff for each hospital
- adhere to a maximum hourly rate for temporary staff (doctors, nurses and midwives, other clinical and non-clinical staff), so that by 1 April 2016, no temporary staff will be paid more than permanent employees
- only use agencies on approved frameworks.

These measures on temporary staff sit alongside other controls such as controls on use of consultancy and on forthcoming controls on very senior manager pay.

The temporary staff controls are a good example of an approach which will only work effectively if it is consistently adopted across the sector as a whole and where it is, therefore, legitimate for NHS Improvement to request all providers to adopt that approach, irrespective of their status or financial position.

9 www.gov.uk/government/uploads/system/uploads/attachment_data/file/478860/Quarterly_report_on_the_performance_of_the_NHS_foundation_trusts_and_NHS_trusts_-_6_months_ended_30_September_2015_-_Overview_paper__2_.pdf

3.3 Efficiency, productivity and the Carter Review

Returning to financial surplus in 2016/17 can, however, only be part of the picture. Provider boards have to use the breathing space created by the front-loaded Spending Review settlement to ensure their organisations are financially sustainable over the longer term. There are two key elements here: long-term transformation, addressed in the next chapter, and efficiency savings/productivity improvements.

All providers have been delivering significant productivity improvements in recent years. However, delivering the £22 billion requirement set out in the 5YFV will require a new and different approach. Lord Carter's recent report shows that acute NHS trusts could save up to 10% of their expenditure through a range of productivity improvements and by eliminating unwarranted variation.

Lord Carter identifies opportunities for productivity improvement in clinical staffing, pharmacy and medicines, diagnostics and imaging, procurement, back-office functions and estates and facilities. There are wide variations in productivity and efficiency which the sector must address. Provider boards will therefore need to develop and then deliver clear plans to:

- increase workforce productivity through more efficient deployment of staff and a significant reduction in temporary staffing costs
- realise the significant savings available through better procurement practices, something which will require providers to work closely together
- generate savings through the more efficient organisation and operation of pharmacy, pathology and imaging services
- improve the management of estates and facilities to achieve the significant savings available in this area.

The requirements for provider boards, including milestones, are set out in the full Unwarranted variation report.

3.4 Estates

NHS secondary and tertiary providers have some of the best hospital buildings in the world, but too much healthcare is still provided in inadequate buildings or the wrong settings. The NHS also needs to grasp the opportunity to deliver significant value from its surplus estate. Providers will therefore need to:

- co-locate primary and secondary care where possible
- run their estates more efficiently

- transform the way in which we use surplus estate to fund these developments and to make a major contribution to the provision of additional housing for NHS staff and the wider population.

Providers will need to set out how they will achieve this and maximise value from their estate in their local Sustainability and Transformation Plans. More detailed guidance on this will be available in due course.

SUMMARY

By 2020 we expect that all NHS providers will have balanced their books and released significant efficiency savings, maximising value for patients and improving the quality of care. Providers will be far less reliant on temporary staff, and the NHS estate will be better utilised in line with local Sustainability and Transformation Plans. Providers will be delivering the 'day job' of providing high quality care to patients more efficiently and, in many areas, there will have been a transformation in the way in which services are organised, as the next section sets out.

4 Transformation for sustainability

The challenge for providers is that delivering value for patients through improvements to quality, access and finance and eliminating unwarranted variation across these areas is not, by itself, enough. The 5YFV set out clearly why the NHS has to transform to become sustainable and providers have to play a key role alongside commissioners in leading the long term transformation of their local health and care economies.

Provider boards will need to:

- work with partners to create a new collaborative approach to delivering health and care across a local system
- move rapidly to creating new models of care in their local health and care economy
- assess the need for service reconfiguration with particular emphasis on the required speed for such reconfigurations as part of an overall path to long term sustainability
- ensure their organisation plays its part in getting serious about prevention, reducing health inequalities and improving life expectancy across the local system.

This chapter summarises the transformation task for providers and provides links for further details.

****

PROVIDERS DELIVERING TRANSFORMATION

Over the last 20 years NHS providers have played a key role in delivering a range of service transformations of the type the service now needs:

- ***At a national system level**, mental health providers, as a sector, have transformed the model of care for mental health services, closing inappropriate long-term bed-based services and developing a wide range of services to support people in their own communities. On prevention, the advances in smoking cessation over the last 10 years demonstrate the power of legislative change coupled with individual provider activity to support individual patients to change their lives.*
- ***At a regional level**, services have been reconfigured, eliminating unnecessary duplication and improving quality of care; for example, by concentrating stroke care into eight hyper acute stroke units in London and developing regional trauma networks, concentrating complex trauma care into a smaller number of providers with the right skills and expertise.*

- ***At a local health and care economy level*** *there are numerous examples of successful service reconfiguration such as: Northumbria Specialist Emergency Care Hospital enhancing specialist cover and transforming how the trust delivers emergency care to its local population, and the concentration of services in north and west London. Many areas are in the process of thinking about service reconfiguration at a local health economy level so the number of these examples will increase.*

****

4.1 Working across local health and care systems

The current financial, regulatory and performance management processes for the NHS largely focus on individual institutional success. The transformation envisaged in the 5YFV requires a fundamental shift to focussing on the success of the whole local health and care system, recognising that individual institutional success will still have a role to play.

Providers will need to be at the forefront of driving this shift in focus. The planning guidance sets out the central importance of local health and care system Sustainability and Transformation Plans in this process. Providers will play a critical role in shaping these plans.

NHS Improvement and NHS England will support the required shift by increasingly engaging jointly with local health and care economies, encouraging joint planning and collaboration across boundaries, and supporting local systems to achieve long-term sustainability. They will also continue to give particular help to local health and care economies with long-standing or complex problems. The Success Regime, which is operating in North Cumbria, Devon and Essex, is one example of how we intend to work with the most challenged health systems.

Some health economies with well-established collaborative arrangements are seeking more radical changes through devolution. As we are seeing in Greater Manchester, it also brings providers and commissioners together to plan services more effectively across the public sector. Providers will want to keep abreast of any local plans for devolution and influence them accordingly.

4.2 The new care models programme

The 5YFV sets out how the way care is provided needs to change, with providers in future more connected:

- through integrated provision of primary, secondary and social care and physical and mental health
- through clinical networks bringing providers together in areas such as emergency care, cancer, stroke, mental health, maternity and neonatal

- with providers coming together to work at scale, as part of a chain or group, to generate productivity savings through joint back-office functions, for example
- with commissioners to develop local health system-wide solutions through Sustainability and Transformation Plans
- with academic health science and other clinical networks, to develop and standardise best practice, and undertake research.

Success will involve working beyond organisational boundaries, or redefining them, to deliver high quality population and place-based care and best value for patients and local communities. Providers can no longer act in isolation – a range of partnerships will be needed to succeed.

Many providers are already at the forefront of creating new models of care that can act as blueprints for the NHS and wider health and care system. The new care models programme is testing five models which have the potential to greatly improve clinical outcomes, patient experience and efficiency by breaking down barriers between organisations and services, and taking a more population-centred approach:

- **integrated primary and acute care systems (PACS):** bringing together GPs, hospital, community, mental health and social care services in a single organisation or partnership
- **multispecialty community providers (MCPs):** providing specialist care services in the community, through partnerships of GPs and groups of acute, community, and social care services working together
- **urgent and emergency care (UEC):** redesigning urgent or emergency treatment through a clearer and more co-ordinated system that delivers urgent health or care as close to home as possible
- **acute care collaboration (ACC):** developing clinical networks where medical expertise is shared with clinicians working across different sites; or providers in different areas of the country joining up; or specialist care being provided by one NHS organisation but on different hospital sites. Some providers are partnering with independent sector organisations to accelerate change
- **enhanced health in care homes:** improving the quality of life, healthcare and planning for people in care homes in partnership with the health and care services, councils and the voluntary sector.

In addition, there are new care models in the 5YFV outside the NCM programme in which providers play a part, eg test beds and healthy new towns, and new care models outside, but related to, the 5YFV, eg integrated care pioneers that we would also wish to continue encouraging.

There are three key drivers for transformation and improvement that which frequently interact:

- First, there is a drive to join up acute, community and primary care services through different forms of vertical integration and joint approaches between commissioners and providers across local health economies.
- Second, there is a drive for the creation of chains, networks and joint ventures through different forms of horizontal integration.
- Third, there is a drive to systematically improve patient pathways using formal improvement methodology.

The most successful providers will be those that embrace and lead change across each of these different dimensions in pursuit of higher quality and productivity.

A key task for provider boards is therefore to identify how they will seek to rapidly move to new models of care and then, working in close collaboration with all relevant partners across their local health and care economy, deliver plans to do so. These will be one of the key centrepieces of each local health and care economy's Sustainability and Transformation Plan.

4.3 Service reconfiguration

Closely linked to moving to new care models, and in some cases a likely part of any strategy to move to new care models, is the need for providers to consider service reconfigurations. Are there too many services of the same type in a broad geographic area to be sustainable?

Historically some reconfigurations have been difficult, requiring complex collaboration with other providers and commissioners and considerable time and effort to generate the required public and political support. Other ways of delivering changes to service models may have greater impact at a faster pace. However, the reality is that, in a number of local health and care economies, long-term sustainability will be dependent on reconfiguring services and there will be little choice but to pursue a reconfiguration.

In these situations, provider boards will want to be clear about what service reconfigurations are required. They will also want to use their local Sustainability and Transformation Plans as a means of generating the required alignment and support across their local health and care economy for such changes.

A key factor in this will be substantial and effective engagement with local communities and elected representatives to ensure a collective understanding of the benefits to be delivered through reconfiguration, and mitigation of understandable concerns raised.

4.4 Prevention

The 5YFV sets out a persuasive argument for the need to close the health and wellbeing gap. For too long, prevention, early intervention, improving life expectancy and tackling health inequalities have been regarded as issues for commissioners, local authorities and primary care rather than secondary care providers. The reality is that the health and wellbeing gap will only be closed by all partners in each local health and care economy working together in a different way that puts much greater emphasis on these priorities. Delivering this agenda is vital for the long-term sustainability of the NHS so it is important provider boards determine how they can harness their unparalleled resource, expertise and power in support of this priority.

Given how many staff NHS providers employ, a progressive and proactive staff health and wellbeing policy is an obvious place to start; as is working out how to use each provider's thousands of daily patient interactions to further the prevention and early intervention agenda.

Providers will want to incorporate these activities into each local system's Sustainability and Transformation Plan.

SUMMARY

We anticipate that by 2020 individual providers will have connected with other organisations to transform services in ways that best meet the needs of their local population. Providers will be much more effectively working with partners and across their local health and care economies to plan and implement service changes, to resolve complex problems and support one another, and some will be working within a devolved framework. All local health and care systems will have clear plans to both move to new care models and reconfigure services where required, with providers having played a key part in the development of these plans. Providers will be playing a significantly enhanced role in closing the health and wellbeing gap.

The previous four chapters of this document have set out the scale of the task for providers – delivering outstanding quality of patient care, NHS Constitution access standards and financial balance, eliminating unwarranted variation across all these areas, while also making the transformation that is needed to ensure long-term sustainability.

However providers do not, at the moment, have sufficient capacity and capability to deliver this stretching and ambitious task. So, while we must be realistic about how much can be delivered how quickly, provider boards will also want to consider how they can increase their capability to deliver more of the task at a faster speed.

The next two chapters of the document therefore set out how NHS providers might enhance their capacity and capability by investing in workforce and leadership, and in improving technology, innovation and research.

5 Building capability: workforce and leadership

The dedicated staff who work in the NHS are its most important asset. A highly skilled, motivated and healthy workforce, deployed in the right place and at the right time, will continue to be the driving force in delivering high quality, innovative, patient-centred care. But if we are to transform, move to new care models and close the finance and efficiency gap, we have to enable those staff to deliver even greater value. Our workforce will need to change shape to meet changing patient needs and deliver new care models. There is also a real danger that the gap between increased demand and limited funding growth translates into an increasing burden on staff leading to a significant drop in engagement and morale, just at the point when we need them to engage enthusiastically in delivering the changes we need.

Provider boards will therefore need to give the right strategic priority to workforce and leadership issues to:

- recruit, retain and develop the right workforce to meet current needs
- be clear about how their workforce needs to change as we move to new care models and transform services
- support and enable staff to increase their productivity and deliver the changes required
- improve performance on equality and diversity issues
- significantly enhance leadership and management capacity and capability, including clinical leadership.

This chapter summarises the task in these areas and provides links for further details.

5.1 Recruit, retain and develop the right workforce

NHS providers employ around 750,000 of the NHS's total 1.2 million staff in over 300 different professions, from porters and paediatricians to receptionists and radiologists. Recruiting, developing and retaining these staff is key to providing effective patient care.

As employers, providers are responsible for ensuring they employ the right numbers of staff with the right skills, values and behaviours. This means identifying, funding and recruiting to vacancies, drawing on tools such as measuring the care hours per patient day across clinical teams and the requirements to bear down on agency spend to inform judgements. Given the drive to maximise the contribution of the entire workforce and implement new care models, providers will want to take a strategic, holistic and sophisticated view of staffing, rather than just focusing on

numbers. Outcome measures, not simple input metrics, should become the norm to better assess the staffing models in place.

It takes over three years to train a new nurse and up to 14 years to train a consultant doctor so, as employers, providers have a key role in retaining this precious resource. We know from the Carter Review that staff turnover varies hugely between trusts, leading to greater recruitment costs, poorer staff satisfaction and, consequently, poorer patient satisfaction.

The majority of our staff will be working in the NHS for over 40 years, so we have a responsibility to continually reskill them for the benefit of future patients. While 70% of the NHS budget is spent on employing the current workforce, Health Education England (HEE) is responsible for investing around 5% of the NHS budget on the future workforce. HEE draws on a wide range of national and international sources to shape their plans, but the workforce plans produced by trusts and submitted to LETBs (HEE's Local Education and Training Boards) are key. Providers therefore have a responsibility to ensure that the workforce plans they submit reflect the requirements which stem from local Sustainability and Transformation Plans and align with financial forecasts.

5.2 Future workforce

But the demands on our workforce are also changing: new care models mean new staffing models.

The 5YFV made clear that the vision for 2020 is of far more care being delivered closer to home, by multiprofessional teams with more generalist skills, able to operate between different care settings and with more specialist colleagues. This will require much more fluidity of roles and place, and a greater use of tools such as e-rostering and caring hours per patient day to ensure services are high quality, appropriately staffed and efficient. Multiprofessional working is already becoming the norm, and more generalist skills will be required to complement specialist skills.

Provider boards will therefore need a clear plan for how their workforce will change shape and how this changing shape will actually be delivered in practice.

5.3 Workforce health and productivity

There is growing evidence of a strong correlation between organisational performance and staff engagement. For example, West and Dawson found clear associations between high staff satisfaction/engagement scores and low staff absenteeism, low staff turnover, better patient satisfaction, lower mortality indicators and better safety measures. It is clearly in all providers' interest to foster a culture in which staff feel valued and engaged; where bullying and harassment are not tolerated; and where staff health and wellbeing are paramount. Providers have a leading role in improving the health and wellbeing of their staff, and in reducing the impact of ill health or disability for staff in work. This goes hand in hand with creating

the culture of learning and improvement that underpins the task outlined in the first five chapters of this document.

There is much more providers can do to support staff to become more productive. As outlined in Chapter 3, Lord Carter has suggested there are potential savings of around £2 billion from improving the workflow and productivity of the NHS workforce. There is significant variation across hospitals in the management of sickness and annual leave, and the use of e-rostering and management information to make decisions about workforce utilisation. There are also high rates of absenteeism, bullying and turnover in the NHS compared with other sectors, and significant, apparently unwarranted, variation between employers. Just a 1% reduction in sickness absence could save £400 million, excluding the costs associated with absence such as temporary cover.

Provider boards will want to have clear plans in these areas, as part of a wider workforce strategy.

5.4 Equality and diversity

Provider boards need clear plans to tackle discrimination to improve patient care and ensure that NHS organisations have leadership which more closely resembles the the communities they serve. There is also strong evidence that organisations where Boards have more diverse representation, eg across gender, ethnicity and other characteristics, tend to be more successful.

Recent research demonstrates the scale and persistence of discrimination at a time when evidence also demonstrates the link between the treatment of staff and patient experience and outcomes and, in particular, the links between patient experience and the treatment of black and minority ethnic staff.

A greater focus on equality and diversity and the needs of different employees (including the ageing workforce), for instance, altering shift patterns and rosters, will be an important contributor to the delivery of high quality healthcare.

5.5 Developing leadership and management

The scale of the provider task requires a significant leap in leadership and management capacity and capability and determining how this will be achieved should be a key focus for provider boards.

The high turnover of provider chief executives and other board-level positions is a major concern and the supply of potential executives is insufficient to meet demand. More needs to be done to value and promote the role of leaders throughout organisations.

As in so many areas, this can only be achieved by national and local leaders successfully working together. Provider boards are responsible for ensuring they have the right leadership and management capacity and capability within their

organisation and, increasingly, within the wider local health and care system. To support this, in line with the recommendations of the Smith Review, NHS Improvement is working with arm's length body colleagues, in particular Health Education England, and organisations like the Leadership Academy, NHS Providers and the King's Fund to:

- develop a national strategy for leadership development and improvement, including talent management from graduate to board level
- expand the pipeline of suitably qualified applicants for board-level roles for providers, and providing national level support programmes such as piloting new programmes for aspirant and newly appointed provider chief executives
- create an experienced cadre of interim executives to fill short-term vacancies on which provider boards can draw
- develop evidence-based tools and guidance to help provider boards address cultural issues, and design and deliver effective local leadership strategies
- facilitate professional networking events and encourage buddying, mentoring and coaching.

SUMMARY

We expect that by 2020 provider boards will be devoting significantly more time and focus to strategic workforce solutions which underpin the delivery of high quality patient care. Far more care will be delivered closer to home, by multiprofessional teams with more generalist skills, able to operate between different care settings and with more specialist colleagues. Staffing levels will be appropriate to the needs of patients and care model, and providers will be using tools such as e-rostering and caring hours per patient day to ensure their services are both safe and efficient. Staff turnover and sickness absence will be much reduced, with a corresponding improvement in productivity and staff satisfaction. The supply of capable leaders will have significantly increased, as will have leadership and management capacity and capability more generally. There will be a much more supportive culture in which the role and importance of provider leadership and management is both recognised and valued. But this needs to be accompanied by greater investment in utilising new technology and data, as set out in the following section.

6 Building capability: technology, innovation and research

Advances in technology, innovation and research are transforming healthcare across the world at an unprecedented pace. The NHS has made good progress in some areas but we are a long way behind in others. We are, for example, a long way behind the US in using technology and data to risk stratify our populations, and target prevention and treatment according to the identified risk. We are a long way behind other advanced nations and the rest of the UK public sector in using technology to improve the efficiency of how we manage our organisations and enhance customer experience. There is significant public and political pressure for the NHS to close this gap at speed.

Provider boards will therefore need to:

- make significant progress in exploiting the benefits of technology and realise the ambition of the NHS being paperless by 2020
- clearly define their role in science, education and training, and research and innovation and ensure they speed up the adoption of research and innovation including through working with their local academic health science network.

This chapter summarises the task in these areas and provides links to further details.

6.1 Technology, data and a paperless NHS

Technology and data are critical enablers for improving standards and access, increasing personalisation of care, managing long-term conditions and preventing lifestyle diseases. Using technology and information effectively generates step-change efficiencies, and is key to successful research and innovation. Clinicians will need to maximise the potential of data to benchmark their practice, while providing patients with more information to inform their decisions and a better patient experience. In future we will be working with patients to help them take more responsibility for managing their own conditions and treatment. At the same time we need to use technology better to increase the productivity and efficiency of our organisations.

People have high expectations as technology has fundamentally changed other aspects of daily life; and the NHS should be no different. Providers need to exploit the benefits of technology and realise the ambition of being paperless by 2020.

Greater use of new technology and improved information can enable providers to streamline and re-engineer services, ensuring that care is more effective, safe and responsive. Providers should be able to interface seamlessly between different parts of the health and care system using new techniques and channels to communicate with patients, other providers and commissioners. Clinicians should be using systems that easily capture, share and analyse data to improve patient care. New investment

will support this transformation and the sharing of essential patient information to common standards across health and social care by 2020.

Harnessing the full potential of technology means providers will need to ensure:

- staff and assets are well managed based on real-time supply and demand information, improving flow and reducing pressure through the hospital
- automation of routine tasks, such as diagnostic requests, reducing waste and increasing safety of handoffs
- complete and up-to-date records accompanying patients around the health and care system wherever they are seen
- patients able to book services and order prescriptions online, reducing wasted time for patients and making better use of administration time
- when appropriate, appointments are available via video link, email or teleconference
- universal use of portable devices and apps in community care and maternity services, enabling mobile working and professionals spending more time with those they support
- patients are supported to use apps that allow monitoring and management of conditions.

The digital roadmaps being developed by local health economies provide a key opportunity to achieve a fully interoperable and paper-free health and care system for the benefit of patients and NHS staff.

Providers should engage in and lead these discussions, and ensure they are connected with broader strategic planning. NHS Improvement and NHS England plan to appoint a joint chief information and technology officer to support this local joint working.

6.2 Speeding up research and innovation

Some of the greatest advancements in medicine have occurred in the UK: research and development are not only critical to the progression of treatment and care, but also make an important contribution to economic growth, and NHS providers have a key role to play in this area.

Providers will need to remain at the forefront of science, education and training, and research and innovation, and to realise the benefits of this rapidly.

We also need providers to collect and use health outcomes data and employ NHS clinical assets to support health research, with a view to improving care standards and practices. The roll out of the Clinical Practice Research Datalink, and efforts to

embed high quality health research and clinical trials in routine clinical practice, are just two examples of initiatives to speed up the research process.

The use of innovative products and care pathways has been critical to transforming the care provided to patients; and a willingness to work at the leading edge of research and innovation is a hallmark of clinical excellence. Work is underway to ensure that new drugs and technologies are evaluated more speedily, and to ensure that greater numbers of new devices and equipment are evaluated by the National Institute for Health and Care Excellence. The Accelerated Access Review, supported by the Wellcome Trust, is considering how innovations can be more rapidly translated into mainstream clinical practice. Academic health science centres and networks will play an increasing role in supporting the diffusion of innovations that enhance patient outcomes.

Provider boards should clearly define their role in science, education and training, and research and innovation and ensure they speed up the adoption of relevant research and innovation. This should include how they will work with their local academic health science network.

SUMMARY

By 2020 providers should be fully exploiting the benefits of technology, to enable efficient patient-centred ways of working and improve interfaces between different parts of the health and care system. Clinicians and patients will benefit from improved information, less paper and rapid access to services facilitated by new technology. Advancement in the use of data and technology are also a critical enabler for research and innovation. Providers will support high quality, research and innovation which will be more rapidly translated into clinical practice to ensure patients and the population benefit from such leading-edge, cost-effective care. But delivery of this, and all the other elements of the provider task outlined in this document will only happen, if providers get the right support from NHS national leaders, particularly NHS Improvement. How this will happen is set out in the next chapter of the document.

7 Supporting providers to deliver: the role of NHS Improvement

NHS Improvement has been created to provide the system-level support that providers will need to deliver the ambitious and stretching task described in this document. This chapter describes what that support will be and how it will be provided, set out in sections on:

- NHS Improvement's role and purpose
- A new dialogue with providers
- developing the right relationships;
- a single definition of success;
- autonomy for good performers
- our approach to improvement.

7.1 System-level support – the role of NHS Improvement and partners

The creation of NHS Improvement is an opportunity to think afresh about how the national health system best support providers. Both NHS trusts and foundation trusts face similar opportunities and challenges, and NHS Improvement will provide consistent messages, support and oversight to all types of provider.

NHS Improvement's purpose is better health, transformed care delivery and sustainable finances: a purpose that we know NHS patients, carers, staff and organisations all share with us. NHS Improvement will realise this through leadership of the sector and by supporting providers and local health systems to improve. We will build on the best of what our constituent organisations already do, but with a change of emphasis: first and foremost, we will offer real support to providers and local health systems. We will, of course, hold boards to account, and sometimes it will still be necessary to intervene. But our emphasis is clear: our first and most important purpose is to support providers to deliver the task set out in this document.

We want to enable all providers to take control and provide the best possible care to their local communities. We will continue to afford considerable autonomy to providers that perform well. NHS Improvement will also support providers to become learning organisations so they can continually improve and drive up standards, delivering consistently safe, high quality care.

NHS Improvement is committed to working closely with CQC, NHS England and other partners, including professional regulators, at national, regional and local levels. We recognise that providers are frustrated by the fragmentation of national

system-level organisations and the inconsistencies and extra burdens this brings. We will collaborate with other arm's length body colleagues to streamline the data requests made of providers and reduce the burden of regulation across the board.

We have agreed to ensure a shared definition of quality and efficiency with CQC, and we will undertake the new use of resources assessment on CQC's behalf. We are also working with NHS England to ensure greater alignment between the financial levers for commissioners and providers.

In short, NHS Improvement will work closely alongside the sector and national partners to create the conditions for providers to flourish.

7.2 A new dialogue

We are still in the process of developing NHS Improvement, just as many local health systems are in the early stages of setting their future strategy through the Sustainability and Transformation Planning process. We are creating a dialogue with providers about these challenges and how they can best be met. We intend to work with NHS Providers and other partners going forward to develop this new and critical dialogue with the sector.

In the short term, the scale of financial and operational challenges across the sector mean we will need to take a more involved and directive approach with more providers than we intend to in future. But as the sector comes back into balance, we will adopt a longer term oversight model with more and more providers. In this model, we support first, building deep and lasting relationships with providers and working alongside them to help them to improve, and only intervene when we have to. We cannot expect providers to expand their improvement capability overnight, especially those facing difficult challenges. So from the outset, we will be supporting the whole sector in in sharing and improving the use of established improvement tools and techniques.

7.3 Developing the right relationships

Developing the right relationships with providers and health systems will be crucial to our success. With this in mind, we aim to:

- put patients first: supporting providers and local health and care systems to improve the outcomes of patient care will drive everything we do
- respect and empower system leaders: We will respect the autonomy, expertise and experience of provider boards, and hold boards to account against a clear definition of success. We will intervene in a directive way only where necessary. We will give leaders space to innovate and take well-managed risks

- offer practical, evidence-based support, which recognises and shares good practice, enables providers to support each other and drives continuous improvement
- work towards eliminating any unnecessary data reporting requirements and lightening other regulatory burdens
- work with local health and care systems as much as with individual providers: Providers are already co-developing more 'system-wide' solutions, and we will continue to support this.

With our system partners at national level we aim to:

- create an environment for provider success and address sector-wide issues through national policy, pricing and other levers
- collaborate: we will instinctively and naturally collaborate with NHS England and CQC at national, regional and local levels
- speak with one voice to the service: NHS Improvement, NHS England and CQC will align approaches, ensuring that our collective messages and actions present a consistent set of priorities.

7.4 A single definition of success

We will align with CQC and NHS England to create a single and simple definition of success for providers. As we do this we are considering how we reflect five key issues touched on earlier in this document:

1. Quality: we will use CQC's quality assessment, and five key questions (safe, effective, caring, responsive, well-led), supplemented with real-time information. Success will represent a CQC rating of 'good' or better.
2. Finance/use of resources: NHS Improvement and CQC are co-developing a methodology for assessing providers' use of resources, which will reflect the recommendations of the Carter Review.
3. Operational performance: we will focus on delivery of a small number of core NHS standards and targets for acute, mental health, community and ambulance trusts. This may include A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, access to mental health services and progress on implementation of seven-day services.
4. Leadership: We will build on existing governance tools like the well-led framework to set out a single, shared system view on what good leadership looks like.

5. Strategic change: We will develop an assessment, jointly with other partners on the 5YFV Board, of how well trusts are delivering the strategic changes set out in the 5YFV, including new care models, based on areas' Sustainability and Transformation Plans, and where relevant devolution.

Having a single, shared view with our partners of what we are asking providers and the sector to achieve will allow us to focus as much of our resources as possible on providing support for improvement.

7.5 Autonomy for good performers

Although some of the short-term challenges the sector faces require a closer grip from the centre, our broader ambition is to offer as much autonomy as possible to providers that perform well.

We will segment providers according to the extent to which they meet our single definition of success. Providers that closely meet our definition of success will have greater freedoms: fewer data and monitoring requirements; simpler and less burdensome processes for approving transactions, capital spending and transactions; and the opportunity to share best practice with others and to be recognised as a leader of improvement. These organisations and their leaders will be put forward as demonstrators of good practice, and will be encouraged to support and share their learning, skill and expertise with others.

Providers that do not meet the single definition of success will receive more intensive support in line with the scale of the challenges they face. Where providers are facing the biggest challenges – including foundation trusts in breach of licence, NHS trusts in similar circumstances and providers in special measures – this support will be more directive.

7.6 Our approach to improvement: supporting leaders and rapidly spreading good practice

The Health Foundation's *Constructive Comfort* report makes clear that local health and care systems need a range of different forms of support; and that national bodies have often struggled to move beyond a 'prodding' approach to improvement. That report also emphasises the critical need to focus on supporting leadership capability-building. A critical challenge for NHS Improvement will be to improve the environment for NHS leaders, and to revitalise the systems of talent management and leadership development which the NHS so badly needs.

Much of the expertise needed to address the challenges set out in this document already exists in the system itself. One of our most important roles is to work collaboratively across the sector to support improvement, to broker support between providers and to help providers help themselves by sharing our analysis and insights

with the sector, where the sector needs to be more systematic about the sharing and adoption of best practice.

Improvement capability and capacity needs to be successfully embedded, valued and supported in all provider organisations. With the development of an expert improvement faculty, we will support providers and existing improvement agencies to develop leaders, and empower the workforce, to invest in improvement and develop improvement capabilities to meet the challenges set out earlier in this document.

Some of the current approaches to improvement which best exemplify the models we want to test and develop going forward include:

- the Sign up to Safety campaign which demonstrates the power of sector-led change and the speed at which good practice can spread when the energy of staff and leaders is unleashed
- the Emergency Care Improvement Programme which seeks to provide practical, hands-on support to providers and health systems in addressing a key improvement priority
- the Virginia Mason Institute's work with five NHS trusts[10] which focuses on long-term capability building, use of proven improvement techniques and deep-rooted cultural change to unlock improvement, even in very challenged providers;
- The programmes we have developed with NHS Providers and the NHS Leadership Academy to increase the pipeline of well-qualified provider chief executive candidates and support newly appointed chief executives.

As we have outlined throughout this document, addressing unwarranted variations in quality, access and efficiency between and within providers is a key challenge and will be at the core of NHS Improvement's activities. There is no 'silver bullet' solution: a combination of focused service improvement and a change to the culture and leadership environment will be needed. To support this, NHS Improvement will:

- support all trusts to develop the capability to improve and apply evidence-based improvement methodologies
- encourage providers to actively engage patients in the improvement of services
- scale up and spread the learning from providers more systematically
- support the coaching and mentoring of new leaders and create a cadre of interim executive leaders to stabilise the most challenged providers

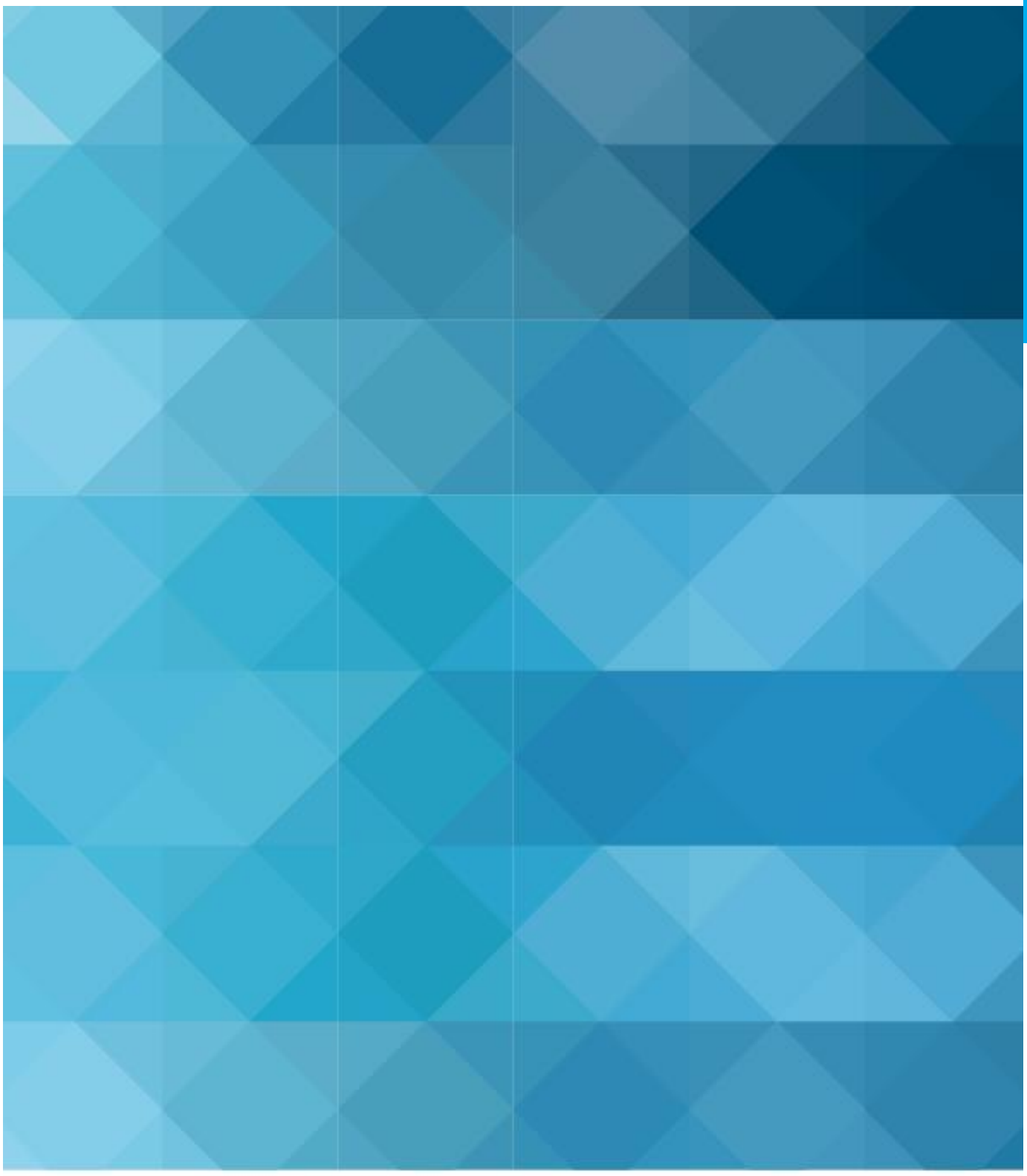
[10] http://www.ntda.nhs.uk/blog/2015/07/16/nhs-tda-launches-ground-breaking-programme-with-top-us-hospital-to-transform-care-for-nhs-patients/

- continue to provide dedicated support and development for providers in, or at risk of being in, special measures, including senior leadership capacity and buddying with high-performing NHS providers, the independent sector nationally and internationally, and other sectors with relevant expertise
- support long-term capability-building through programmes such as the Virginia Mason initiative
- support providers in implementing the recommendations of the Carter Review. We will also be working with non-acute providers to apply similar methodologies and tools to these sectors. The review also recommends a single approach to defining success for providers on quality and productivity, which NHS Improvement and CQC are already working together to develop.

Underpinning this, NHS Improvement will embed the principle of continuous improvement in the way we work. We will monitor and evaluate the effectiveness of our support, and will seek to refine our methods based on evidence of what works to support improvement, including through feedback from providers.

SUMMARY

The vision for 2020 is of an NHS Improvement that is effectively supporting providers that are, in turn, delivering the requirements set out in this document. Well-performing providers have considerable autonomy and NHS Improvement is only intervening where it has to. There is a high quality dialogue and partnership between NHS Improvement and the providers it supports. NHS Improvement is working much more effectively with its national system-level partners and, as a result, the regulatory burden, duplication and inconsistency currently experienced by providers has dramatically reduced. There is a single definition success used by all national system leaders and they have effectively supported the shift of focus towards the success of local health and care systems, not just individual organisations. NHS Improvement, working with providers and other partners, has developed an effective improvement offer that providers use, admire and rate highly.



#FutureNHS

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 1st March 2016

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

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

1. Background:

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

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

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

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

2. SIRI performance data:

SIRI (General)														
2014			2015											
Month	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
New	1	1	1	4	1	0	5	0	3	2	2	2	1	1
Open	4	3	3	2	5	6	5	7	5	2	3	3	3	5
Closed	0	2	1	2	1	0	1	3	2	4	1	0	2	1

2015														
Month	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
New	1	0	0	1	2	0	0	0	1	0	0	0	0	1
Open	4	2	0	0	1	3	0	0	0	0	0	0	0	0
Closed	0	3	2	0	0	0	3	0	0	0	0	0	0	0
Total closed	**3**	**0**	**5**	**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**

3. Recommendations:

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

New SIRI Incidents reported between the period 01/01/2016 to 31/01/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Duty of Candour/ Being Open policy implemented**
RCA 162 2015/16 StEIS 2016/1409	14/01/2016	SCACC	Never Event. Wrong site anaesthetic block to patient. During anaesthesia for a right femoral fixation, left side block performed.	Kerry Turner, Theatre Risk and Governance Lead.	Change analysis to be undertaken. Lead investigator appointed.	Yes	Yes

New Safeguarding investigations reported 01/01/2016 to 31/01/2016:							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance**	**Being Open policy implemented**
StEIS 2016/343	06/01/2016	Safeguarding	SUDI - Baby brought into AED on 30/12/15 in cardiac arrest following a feed at home. Resuscitation attempted, but unsuccessful. Baby pronounced dead at 23:02 hours.	Safeguarding Team	For information only	Yes	Yes

On-going SIRI incident investigations (including those above)							
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour/ Being Open policy implemented**
RCA 159 L2 2015/16 StEIS 2015/38632	12/12/2015	SCACC	Neonatal death. Gram negative sepsis (klebsiella): query line origin.	Jo Minford, Consultant Surgeon	RCA panel meeting held on 8th February 2016, further evidence to be sought following questions received from parents.	Yes	Yes
RCA 158 L2 2015/16 StEIS 2015/38524	09/11/2015	ICS	Grade 4 extravasation injury to patient.	Cheryl Brindley, Homecare/ CCNT Manager	RCA panel to reconvene on 29th February 2016 following information gathering exercise.	Yes	Yes
RCA 155 L2 2015/16 **Internal**	26/11/2015	MS	Patient suffered 10x medication (teicoplanin) error repeated on 3 occasions.	Dave Walker, Medication Safety Officer	Panel meeting cancelled due to sickness, meeting to be rearranged.	Yes	Yes
RCA 145 L2 2015/16 **Internal**	29/10/2015	SCACC	Patient suffered burn injury as a result of chlorhexidine swab making contact with the surface of the skin	Paul Dunn, Senior Operating Practitioner	RCA report in the process of being written.	No	Yes
RCA 136 L2 2015/16 StEIS 2015/29703	11/09/2015	CS	Delay in diagnosis of CF in patient	Paul Newland, Clinical Director	Local report completed. Multi agency panel being held on 26th February 2016.	Yes - Multi Agency RCA, 6 month timescale given by CCG.	Yes

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

SIRI incidents closed since last report						
Reference Number	**Date investigation started**	**CBU**	**Incident Description**	**RCA Lead Investigator**	**Outcome**	**Duty of Candour/Being open policy Implemented**
RCA 138 L2 2015/16 StEIS 2015/30744	24/09/2015	SCACC	Hospital Acquired Infection (influenza) and omission of antiviral medication, potential contribution to deterioration/death of patient	Richard Cooke, Director of Infection, Prevention & Control	RCA report completed and sent out on 04th January 2016.	Yes

Safeguarding investigations closed since last report
Nil

CQC HSCA Compliance
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161
Fax: 03000 616171
www.cqc.org.uk

Louise Shepherd
Alder Hey Children's NHS Foundation Trust
Alder Hey Hospital
Eaton Road
West Derby
Liverpool
L12 2AP

29 January 2016

Your account number: RBS
Our reference: SPL1-2206145512

Care Quality Commission
Health and Social Care Act 2008
Inspection report

Trust name: Alder Hey Children's NHS Foundation Trust
Provider ID: RBS

Dear Louise,

Following our recent inspection of the new Alder Hey Hospital, we have enclosed a copy of our report of the findings. This report includes our rating of the care provided. Please make this report readily available for people who use the service.

We reviewed your comments relating to any factual inaccuracies in the draft report and have made the changes as outlined in the attached document.

We will publish this report on our website **on Wednesday 3rd February 2016**. When we have published this report you can see the contents and download a PDF version by clicking on this link:

www.cqc.org.uk/directory/RBS

Once published, you can see this at any time by following these steps:

- Go to the CQC website www.cqc.org.uk.
- Click the appropriate tab for your type of service.
- Type in the name of your trust or hospital – if it appears automatically, click on it to jump to your profile page or click the 'search' button.

- Click on your trust, your report will be on your profile page.

If you have any questions about this letter, you can contact our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: HospitalInspections@cqc.org.uk

Write to: CQC HSCA Compliance
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please quote our reference number SPL1-2206145512 to avoid delays in processing your request.

Yours sincerely

Simon Regan
Inspection Manager

Cc: Becky Chantry, Monitor
Tina Long, NHS England

Factual accuracy comments log for the draft report

Please fill in **all parts** of this form and return by email to:
HospitalInspections@cqc.org.uk or by post to:
CQC HSCA Compliance, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Account Number:	RBS
Our reference:	SPL1-2206145512
Provider name:	Alder Hey Children's NHS Foundation Trust
Provider address:	Alder Hey Hospital, Eaton Road, West Derby, Liverpool, L12 2AP.

Page number *e.g. Pg 4*	**Domain / Service** *e.g. Surgery*	**Suggested changes with explanation** *e.g. change last sentence from 10 staff to 15 staff*	**CQC decision** ✓or X	**CQC comments** *e.g. explanation of decision*
1	Letter from Chief Inspector	The building contains 16 operating theatres not 12 as stated	✓	Agreed
1&2	Letter from the Chief Inspector	The new hospital has 260 beds not 270	✓	Agreed
2	Background	The old hospital had 257 beds not 279	✓	Agreed
3	Background	The Trust's turnover is £200m not £194m	✓	Agreed
4	Facts and Data	The report implies the Dewi Jones Unit is on the main hospital site – we would recommend inserting a line to state this unit is located in Waterloo.	✓	Agreed

(Include additional rows if required)

Completed by (name(s))	Simon Regan
Position(s)	Inspection Manager
Date	29h January 2016

Alder Hey Children's NHS Foundation Trust

Quality Report

Alder Hey Hospital
Eaton Road
West Derby
Liverpool
L12 2AP
Tel: 0151 252 5412
Website: www.alderhey.nhs.uk

Date of inspection visit: 22 September 2015
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Alder Hey Children's NHS Foundation Trust is one of the busiest children's hospitals in Europe and provides care for more than 270,000 children, young people and their families every year. The trust provides a range of services from the main Alder Hey Hospital site and leads research into children's medicines, infection, inflammation and oncology. The trust is due to move into a new build hospital in October 2015, which is a purpose built, state of the art hospital. This new build named 'Alder Hey in the park' has been built adjacent to the existing site. The new build contains 16 operating theatres and 260 inpatient beds, 48 of which are in intensive care, high dependency and the burns unit.

We last inspected this trust in June 2015 and we rated the provider as 'good' overall. The focus of this inspection was to inspect the new build prior to its opening.

We carried out our focused inspection on 22nd September 2015 to review the building, environment and process for transfer into the new hospital. We focussed our inspection on the most appropriate elements of the safe and well-led domains and reviewed several areas including the intensive care unit, neonatal unit, accident and emergency department, theatres, radiology and a selection of wards. We also reviewed data supplied by the trust.

Our key findings were as follows:

- A big move plan was developed in October 2014 to ensure a robust strategy was in place for the move. This plan was reviewed and found to be comprehensive covering all areas to assist in a smooth transition to the new build. In addition each clinical area had developed business continuity plans incorporating pertinent issues for their area.
- Building control (local authority) and the local fire authority had approved fire regulations. Assurance was given that all fire regulation signage would be completed prior to the hospital opening.
- Schedule 12 "the building certificate" was due to be completed and signed off prior to the building being handed over to the trust on 30th September 2015. The production of the "building certificate" is the culmination and sign off of a process which involves the completion of 76 service / sub certificates of which each in turn have many commissioning test and validation certificates witnessed and signed off. A random selection of test certificates was reviewed and was found to be satisfactory.
- The safety and resilience of services and infrastructure and its testing was found to be satisfactory.
- New and existing medical and non-medical devices and equipment were being transferred and installed through a managed process to ensure it was safe and fit for use.
- The location was suitably equipped and supported to implement the trust's policies and procedures for hygiene and the prevention of health care acquired infections.
- The new build was found to be compliant with the disability discrimination act with disabled toilets, wide corridors and doorways for wheelchair and lift access.

We saw several areas of outstanding practice including:

- The children and young people's design group, which was made up of current and former patients aged 10-22, had input on everything from the colour of the rooms, to the artwork displayed in the new hospital and what their wards should look like.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Alder Hey Children's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust became a foundation trust in August 2008. The trust provides care for more than 270,000 children young people and their families. The trust also leads research into children's medicines, infection, inflammation and oncology. The trust has a broad range of hospital and community services, including many for direct referral from primary care and an inpatient and community Child and Adolescent Mental Health Service (CAMHS) to support young people between the ages of 5 and 14 years. The trust is a designated national centre for head and face surgery as well as a centre of excellence for heart, cancer, spinal and brain disease. The hospital is a recognised Major Trauma Centre and is one of four national Children's Epilepsy Surgery Service centres.

The old hospital site had 257 beds and provided a wide range of inpatient medical, surgical and specialist services as well as 24-hour A&E and outpatient services.

We inspected the new build known as 'Alder Hey in the park' which had been built adjacent to the existing site as a purpose built, state of the art hospital. The new build allowed the trust to significantly upgrade the patient and family experience. It contains 260 inpatient beds, 48 of which are in intensive care, high dependency and the burns unit. In addition, there are 16 operating theatres, including 12 for inpatient use and four for day surgery.

The theatre suite has integrated operating theatres. Seventy-five percent of the beds are single occupancy with en-suite facilities, climate control and strip lighting for the child or young person to control. Each room contains a sofa bed to enable parents to stay with their child.

Each inpatient room offers natural light and many have views of the park. There are separate, dedicated areas, including outdoor space, for children and young people on each ward to allow them to socialise, play and relax. In addition there is a kitchen situated on every ward with a ward based chef to ensure that each child is given a freshly prepared, healthy meal of their choice.

There is a new research and education centre built alongside the new build. The work of this centre will involve partnership working with a local university and will allow researchers to develop safer, better medicines for use with children, infection, inflammation and oncology. Currently, 7,500 children and young people are involved in clinical trials each year.

The trust is a teaching hospital and supports 958 trainee doctors each year and 556 student nurses and allied health professionals.

The trust has an annual turnover of £200 million pounds.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspection: Ann Ford, Care Quality Commission

Inspection Manager: Simon Regan, Care Quality Commission

The team included CQC compliance and registration inspectors and a variety of specialists including a theatre specialist, a neonatologist consultant and a health and safety specialist.

No patients were interviewed during this inspection as the hospital was not yet open.

We spoke to several members of staff during the inspection, including clinical leads, staff within the commissioning team, ward managers, independent certifiers and medical device staff.

Summary of findings

How we carried out this inspection

The inspection took place on 22nd September 2015.

As the hospital was not open to patients at the time of the inspection, we inspected the most relevant parts of the 'safe' and 'well-led' domains.

To conduct this inspection we analysed data supplied by the trust, carried out a physical inspection of premises, facilities and equipment and held discussions with staff and management.

Facts and data about this trust

Alder Hey Children's Hospital is in West Derby in the north of Liverpool, a city within the metropolitan borough of Merseyside. Liverpool is the most deprived of 326 local authorities in England. It has a population of around 467,000 (2011). However, 60% of the hospital's income is from specialised services across the North West, North Wales – a population of around eight million.

Alder Hey serves a catchment area of 7.5 million, with around 60,000 children seen in A&E each year. In addition to the hospital site at West Derby, Alder Hey has a presence at more than 40 community outreach sites and programmes and its consultants hold 800 clinic sessions each year from Cumbria to Shropshire, Wales and the Isle of Man to help and support care and treatment closer to home.

The trust provides over 270,000 episodes of care each year. In 2013/14 41,100 patients were admitted to hospital as inpatients or day cases, more than 177,200 attended outpatient clinics and 56,100 were treated in the A&E department.

Alder Hey Children's NHS Foundation trust offers 20 specialist services, including a designated national centre for head and face surgery and a centre of excellence for children with cancer, heart, spinal and brain disease.

Alder Hey Hospital is a teaching hospital and trains 958 medical and 556 nursing students each year. The hospital is also a designated Major Trauma Centre, and is one of four national Children's Epilepsy Surgery Service centres.

Alder Hey Children's Hospital is a paediatric research centre, leading investigation into children's medicines, infections, inflammation and oncology. At any time there are over 100 clinical research studies taking place, ranging from observational studies to complex, interventional clinical trials. Around 7,500 children and young people are involved in clinical trials each year.

Alder Hey Children's NHS Foundation Trust also provides a child and adolescent mental health service (CAMHS). Inpatient services, for children aged between five and fourteen, are provided at the Dewi Jones Unit which is based in Waterloo. Community services are provided by four teams, which are accessed via a single point of access at Mulberry House, based at the main trust site.

The CAMHS service support children experiencing emotional or psychological difficulties. It provides treatment and support for a range of conditions including anxiety and emotional disorders, depression, eating disorders, autism, obsessive compulsive disorders and self-harm.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The new hospital was due to be deep cleaned prior to being opened. All areas we inspected had appropriate hand washing facilities with accessible personal protective equipment. There was at least one isolation room in each clinical area that contained a separate area for entering and exiting the room to avoid cross-contamination. New equipment had been commissioned for the new build and staff were in the process of receiving appropriate training. Areas had been identified where resuscitation equipment would be located but the equipment had not been put in place at the time of the inspection. There were sufficient oxygen and suction points in each clinical area. Each clinical area was light, spacious and child friendly. Each ward area incorporated a parent's room, a children's play area and teenage zone. There was a kitchen on every ward with a ward based chef who would cater for the individual needs of the child. The location was found to be compliant with the disability discrimination act with disabled toilets, wide corridors and doorways for wheelchair and lift access. There was an independent certifier in place who was appointed to certify that the building was safe to be opened to the public. The independent certification was provided to us as part of the inspection process. **Cleanliness, infection control and hygiene** • The trust had a plan in place to ensure the hospital was deep cleaned prior to patients being moved to the new building. • All areas had appropriate areas for segregation of waste and had appropriate clean and dirty utility rooms which ensured compliance with the infection prevention policy. • Evidence was seen that the location was suitably equipped and supported to implement the trust's policies and procedures for hygiene and the prevention of health care acquired infections. Examples included isolation rooms, contracts for the disposal of clinical waste, as well as ample hand washing basins with lever taps and personal protective equipment throughout. At the time of the inspection there was no signage in respect of hand hygiene, however staff gave assurance that this signage was due to be in place prior to the move.	

Summary of findings

- There was a sink at each bed space on the intensive care unit with accessible personal protective equipment available. Within pod one of the intensive care unit there were stainless steel, surgical sinks which had been requested by cardiothoracic surgeons in case of emergency surgery being required on the unit.
- Whilst on inspection we saw equipment that had been cleaned and moved into the new build. This equipment was covered and labelled to identify when the cleaning had taken place and by which member of staff.
- Each ward had at least one isolation room which included a separate room on entry. This room contained a sink and facilities to enable the use of personal protective equipment prior to entry into the room and on leaving the room to prevent cross-contamination.

Environment and equipment

- Each hospital ward had been laid out in the same design with room numbers being consistent throughout the hospital. This was designed to assist the orientation of junior doctors and new staff members and to allow for consistency across the hospital. However, there were some variations to the layout to meet the needs of the ward speciality.
- Each single room had en-suite facilities and contained a sofa bed for parents. There were additional bathrooms located in the main ward areas and pull down beds at each bed space within the bays to allow parents to stay with their child.
- New equipment had been commissioned for the new build and staff were in the process of receiving appropriate training. On the intensive care unit, a new computerised system for the support and monitoring of patients had been commissioned and staff had received training on its use. There were sufficient electrical sockets, oxygen and suction points at each bed space.
- Each ward area incorporated a parents' area, play areas and teenage zones and each room was light, spacious and child friendly. There was a kitchen on every ward where there would be a ward based chef to cater for the individual needs of each child, ensuring they were served a healthy, freshly made meal of their choice.
- There were areas identified for resuscitation equipment but this had not been put in place at the time of the inspection. From inspecting the plans, it was identified there would be sufficient resuscitation equipment, oxygen and suction points throughout the hospital.

Summary of findings

- The theatre suite was well laid out with a large recovery area. However, the doors within the theatre area had no door stops which would make moving patients difficult. The trust identified that they were aware of this issue and were looking at a solution.
- Within the theatre recovery ward, it was noted that the telephone and the controlled drugs cupboard were situated at the nurses' station by bay 13. If the nurse attending to patients in bays one to 11 needed to use the telephone or access controlled drugs they were unable to see their patients and respond if their condition deteriorated.
- During the tour of the theatre suite we were shown double frosted glass doors which were opened by the manager who explained that this entrance would be used for patients with behaviour that challenges.
- The female changing room on the theatre suite had no screen on entry into it and subsequently once the main door was open people could see directly into it.
- The location was found to be compliant with the disability discrimination act with disabled toilets, wide corridors and doorways for wheelchair and lift access.

Assessing and responding to patient risk

- There was a nurse call system on each ward consisting of both visual and audible alarms. This was found to be working well on each of the areas that we visited with the exception of the intensive care unit where the emergency call alarm only activated in the pod where the emergency was, which was both visual and audible. The alarm did not activate in any other pod in the critical care unit. This was identified as a risk as there would not always be a doctor or consultant in each pod. Therefore, relevant staff would not be alerted immediately of an emergency situation. Additionally although the audible alarm sounded in both the staff nurse and the consultant room there was no visible screen to inform staff where the emergency was situated. We raised this with the nurse in charge of the unit who told us that she had raised it as a concern and was awaiting a response as to whether this could be rectified.
- The security system that was in place in the new build used an intercom system for visitors entering the ward and a swipe card system for staff. However, for exiting the ward, there was a push button allowing visitors to leave without being supervised. This meant there was a risk that children could leave the ward unsupervised and also raised a concern in relation to child abduction. The trust had completed a risk assessment for security in the hospital which did not cover this area.

Summary of findings

- There was an outside play area on each ward area, which did not have an emergency call bell. The area was accessed by a push button system to enter and leave the area. The trust was in the process of writing a standard operating procedure (SOP) for the use of the play area, which was due to be finalised prior to the areas being used. We subsequently reviewed the SOP which identified that the play areas would remain locked and children would be assessed by a qualified nurse prior to them being able to access the area. In addition, all children and families would be supervised whilst on the play area.
- The play area for ward 1C was on the ground floor level and led directly onto the helipad and park, with no fenced area to separate the two. This allowed the general public open access to the play area and potentially the ward via the push button. The door leading from the play area led directly onto the neonatal unit. Following our inspection, the trust completed a risk assessment on the use of this play area and identified that was a need to have fence to separate the fenced area, with a completion date of December 2015. In addition, the play areas would be locked with key access only to prevent the general public having access to the ward.

Medicines Management

- There was a new alert system in respect of controlled drugs for each area of the new hospital. This system alarmed when the controlled drugs cupboard was opened and notified the main monitor at the nurses' station to identify it was open. This was checked in several areas during the inspection and was found to be working well.
- There was a new computerised medication dispensing system installed in the new build which used fingerprint recognition to dispense and quality check medication; ensuring adequate stock was kept in each area. Training was underway to ensure all appropriate staff had the relevant competencies to use this system.

Staffing

- The trust had determined nurse staffing levels for each ward and department as part of the planned move and told us that this would be reviewed on an ongoing basis to take into account the new environment and the different ways of working in a brand new building.
- Babies requiring neonatal intensive care were to be nursed on the paediatric intensive care unit following surgery. Babies were to be nursed using both the Royal College of Nursing (RCN)

Summary of findings

(2013) and the paediatric intensive care society (PICS) (2010) guidance. Babies were transferred to the high dependency unit once their condition was stable enough. The staffing ratio on this unit was to be one qualified nurse to two babies.

- Staff did not hold an accredited post-registration qualification in specialised neonatal care (qualified in speciality (QIS)). However, staff on the neonatal unit received thorough training in partnership with a neighbouring trust to ensure all staff nursing neonates were sufficiently skilled. In addition all staff on the paediatric intensive care unit and neonatal unit were expected to undertake further specialist training dependent on their role, which included a neonatal model. At the time of the inspection 60% of staff had undertaken this training. The trust had recently employed new staff on the unit which subsequently reduced the overall percentage of staff that had completed this training.

Are services at this trust well-led?

The trust had a 'big move plan' in place which provided a comprehensive strategy for all aspects of the hospital move. Schedule 12 "the building certificate" was due to be completed and signed off prior to the building being handed over to the trust on 30th September 2015. A random selection of test certificates was reviewed as part of the inspection and was found to be satisfactory. The safety and resilience of services and infrastructure and its testing was found to be satisfactory.

The children and young people's design group, which is made up of current and former patients aged 10-22, have had input on everything from the colour of the rooms, to the artwork displayed in the new hospital and what their wards should look like.

Vision and strategy

- The trust had a very clear vision in relation to the move to Alder Hey in the park, which had involved both staff and patients. The trust vision was to be one of the recognised world leaders in research and healthcare and they were striving to achieve this with the building of the research and education centre and their strong links with a neighbouring university.

Governance, risk management and quality measurement

- A big move plan was developed in October 2014 to ensure a robust strategy was in place for the move. This plan was

Summary of findings

reviewed and found to be comprehensive covering all areas to assist in a smooth transition to the new build. In addition each clinical area had developed business continuity plans incorporating pertinent issues for their area.

- Schedule 12 "the building certificate" was due to be completed and signed off prior to the building being handed over to the trust on 30th September 2015. The production of the "building certificate" is the culmination and sign off of a logical process which involves the completion of 76 service / sub certificates of which each in turn have many commissioning test and validation certificates witnessed and signed off. A random selection of test certificates was reviewed and was found to be satisfactory.
- Building control (local authority) and the local fire officer had approved fire regulations and fire safety certification had been received by the trust.
- The safety and resilience of services and infrastructure and its testing was found to be satisfactory.
- There was a comprehensive risk register specifically relating to the new build in operation.

Public engagement

- The new hospital has been designed by children and young people. Initially, in the planning stage in 2009, 1,000 patients drew pictures and shared their views on what their new hospital should look like. The children and young people's design group, which is made up of current and former patients aged 10-22, have had input on everything from the colour of the rooms, to the artwork displayed in the new hospital and what the wards should look like.
- There was a multi-faith room within a 'tree house' within the main area of the hospital. This was a spacious tranquil room, accessible to all young people, parents and carers.

Staff engagement

- Staff had been engaged with in relation to the new build. At the time of the inspection, the trust was in the process of orientating all staff to their new clinical area prior to the move.

Innovation, improvement and sustainability

- A new research and education centre had been built alongside the new build. The work of this centre will involve partnership working with a local university and will allow researchers to develop safer, better medicines for use with children, infection, inflammation and oncology.

Outstanding practice and areas for improvement

Outstanding practice

- The children and young people's design group, which was made up of current and former patients aged 10-22, have had input on everything from the colour of the rooms, to the artwork displayed in the new hospital and what their wards should look like.

Areas for improvement

Action the trust MUST take to improve

There were no actions that the trust must make to improve. However, there were some actions we felt that the trust SHOULD take to improve:

- The trust should review ward risk assessments to ensure they consider and mitigate the risks of abduction and children leaving wards unnoticed.
- Review the female changing rooms on the theatre suite to ensure people could not see directly into it when the main door is open.
- Review the nurse call system system in the intensive care unit to ensure that it allows staff across the unit to be alerted immediately in an emergency situation.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS REPORT

Report of	Director of Nursing/Emergency Preparedness Accountable Officer
Paper prepared by	Emergency Preparedness & Business Continuity Manager
Date:	1st March 2016
Subject/Title	NHS Preparedness for a Major Incident
Background papers	• Appendix A – Letter from Dame Barbara Hakin, National Director, NHS England • Appendix B – Action Plan in response to this letter
Purpose of Paper	• For the Board of Directors to note the action plan in place to ensure readiness in the event of such an incident
Background:	Attached as Appendix A is a letter from Dame Barbara Hakin, National Director, Commissioning Operations, NHS England, requesting additional assurance that the Trust is able to response to a major incident in the NHS. An action plan is included as Appendix B in response to this request.
Action/Decision required	a) The Board is asked to note this action plan.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	1. Be the provider of 1st choice for children, young people and their families 2. Ensure all our patients and their families have a positive experience while in our care 3. Deliver clinical excellence in all of our services 4. Ensure our staff have the right skills, competence, motivation and leadership to deliver our vision 7. Deliver our Hospital in the Park vision
Resource Impact	Not applicable

Appendix A

NHS England

Publications Gateway Reference No.04494

Dame Barbara Hakin
National Director: Commissioning Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.eprr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: https://www.england.nhs.uk/ourwork/eprr/gf/. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and

- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully

Dame Barbara Hakin
National Director: Commissioning Operations

Cc.
Prof. Sir Bruce Keogh – National Medical Director – NHS England
Prof. Keith Willett – NHS England – Director for Acute Care
Dr Bob Winter – NHS England – National Clinical Director EPRR
Richard Barker – NHS England - North
Paul Watson – NHS England – Midlands & East
Anne Rainsberry – NHS England – London
Andrew Ridley– NHS England – South
Hugo Mascie-Taylor - Monitor
Helen Buckingham – Monitor
Dr K McLean – NHS Trust Development Authority
Peter Blythin – NHS Trust Development Authority
National on Call Duty Officers NHS England
NHS England Heads of EPRR
NHS England Medical Directors

High quality care for all, now and for future generations

Appendix B

ACTION PLAN IN RESPONSE TO DAME BARBARA HAKIN'S LETTER RE: PREPAREDNESS FOR MAJOR INCIDENTS

Assurance Required	Current Position	Further Action Required	Deadline
The major incident cascade system is tested to ensure support is activated from all groups including doctors in training in a timely manner including in the event of a loss of the primary communications system	a) The major incident cascade process was tested on 20/11/15 and 08/12/15. Further testing took place on 15/12/15 where the bleep provider Imerja made contact with the bleepholders reporting problems. Staff have reported problems with crackly bleeps in Theatres and certain parts of ED, however, these have since been resolved. Areas within critical care are still crackly, and the provider is aware, with the aim of resolving the issue. All bleeps have a written message as a back-up to avoid any confusion.	Following the major incident declaration on Friday 12th February 2016, the cascade list is to be reviewed with the aim of having one cascade list for use during an internal or external major incident. Once confirmed, this will be tested again to ensure all respond.	11/03/16
	b) Business Continuity action card for loss of telephones and bleep system is currently being drafted.	The next meeting scheduled to take this forward is on Thursday 25th February 2016 which will consider how a cascade would take place if the Trust loss their primary communications system.	30/04/16
Arrangements are in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency.	Meeting booked in for Thursday 10th March 2016 with North West 4 x 4 contract (recommended by NHS England), to set up a memorandum of understanding which can be invoked in this type of situation.	Memorandum of Understanding with North West 4 x 4 will be set up.	31/03/16
Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care.	A winter pressures plan including surge table for critical care is available.	The PICU Consultant is currently updating the Critical Care Surge Plan based on the new hospital.	30/04/16

Consideration on how the Trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.	On 04/11/15, the ED Consultant, Bimal Mehta, attended a meeting called by the National Clinical Directors for Major Trauma and EPRR and Critical Care to review lessons learned from the terrorist attacks in Paris in November 2015. It was reported there that the ministry of defence holds a list of military specialists with experience in ballistic injuries and advice can sought from the national EPRR major incident line. This information has been circulated out to the hospital trauma team and Emergency Department staff and documentation stored on the trauma intranet page. In addition, the ED Consultant did a presentation on this learning on 28th January 2016 which has been formulated into an action plan.	The Trust Mass Casualty Plan will reflect contact details for advice in relation to the management of patients with traumatic blast and ballistic injuries. In addition to considering the immediate response required in such an event, the plan needs to consider the ongoing business continuity requirements of the hospital while the casualties remain in hospital for a period of 2 – 4 weeks. Further discussions will also take place at future Trauma Committee meetings.	30/06/16

Alder Hey Children's NHS
NHS Foundation Trust

Report of:	Director of Human Resources & Organisational Development
Paper Prepared by:	Interim Director of Human Resources & Organisational Development
Subject/Title:	People Strategy Progress Update January 2016
Background Papers:	Summary of monthly Employee Temperature Check for January & National NHS Staff Survey for 2015
Purpose of Paper:	To present to the Board monthly update of activity for noting and/or discussion.
Action/Decision Required:	The Committee is asked to note the contents of the report.
Link to: **Trust's Strategic Direction Strategic Objectives**	Great Talented People
Resource Impact:	None

Section 1 - Engagement

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

People Support and Engagement

People support plans are being developed in key areas, with OD attending the recent rapid improvement events being held for the wider Outpatients Team. These days identified the need for a focus on involvement and leadership to help manage necessary system/process change; and highlighted the importance of an effective management induction/development programme. There also needs to be a focus on improving behaviour within teams, which needs structured support. The OD team is currently planning a range of support interventions across the Facilities team, in conjunction with the Director of Soft Services.

Development of Leaders

The team has been consulting with a range of employees and others, to understand and explore requirements from any management/leadership development programme and is using the intelligence to draft the Leadership Strategy. Proposals presented to WOD in February identified the need to develop an improved HR coaching/support offer, the embedding of a coaching culture, and a programme of stepped development opportunities for staff, accommodating those who are interested in taking their first steps into management and beyond. Any programme or offer must be supported by our values based PDR process. Specific projects will focus upon raising behavioural standards in line with our value of 'Respect'.

Coaching support continues for senior leaders via Fiona Reed Associates.

Improving communication and hearing the employee voice

In the January Temperature Check the Staff Friends and Family scores for place to work and place for treatment were 67% and 91% respectively. CBUs are provided with their own data each month to enable them to identify specific locally raised issues. These scores are an improvement on the previous month, but will also be examined in light of recent staff survey results which will be formally published in February 2016.

The staff survey will be formally presented to the senior leadership team in February 2016, with the aim of identifying key areas of focus over the next 12 months. Following this, a staff focus group will be set up to progress the outputs which will be communicated and used to inform the future Engagement and Communications project work.

Section 2 - Availability of key skills

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

Effective workforce planning

The workforce planning process will be led by service managers with support from the HR and Finance teams, and integrated into the 2016/17 business planning process. Key meetings will be established to discuss workforce issues in the weeks preceding business planning activity. Workforce and Finance Information packs are being collated with plans being formulated for joint senior HR/Finance meetings with CBU/Dept senior management during end of February/beginning of March 2016 to review options available to meet the required CIP.

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

The HR team will use the positive approaches with the workforce CIP project and workforce planning, to implement the Workforce Transformation workstream in support of the Trust's CIP challenge for 2016//17. High variable costs (inc ongoing agency usage) within CBUs/Depts have been identified and discussions are ongoing with managers to review existing structures and support and to consider options such as transferring agency staff to either bank positions via NHSP or to recruit to Alder Hey staffing, eg, fixed term contracts, to minimise excess cost. As an example, the Hotel Services Department currently has 42 domestic staff (engaged to support the additional activity required for the new building) and arrangements are now in place to transfer 30 of those staff to Alder Hey employment with minimum delay, thus reducing Agency costs; the remaining 12 staff are subject to budgetary discussions between Head of Soft Facilities and Finance. In addition three out of the four Agency staff within Estates have been transferred to NHSP on bank rates mid-February thus removing Agency cost

Hotel Services – Following the conclusion of the consultation process in relation to staffing structures and working practises/ patterns in the CHP, only one appeal remains outstanding. It is anticipated that an appeal hearing with a General Manager will be arranged during March 2016.

Theatres – Recovery and Anaesthetic teams have commenced implementation of rota changes effective from 4th January and 1st February 2016 respectively.

The proposal to review the management structures, shift pattern, roles and responsibilities within the Outside Theatre Care Assistant teams, was approved by CBU Board in January and consultations are to commence end of February.

A&E reception – An organisational change document is being finalised to commence consultation on adjustments to shift patterns. It is expected that consultation will commence before end of April 2016.

Ophthalmology - An organisational change document, which detailed a review of leadership structures to incorporate specialisms, was approved by CBU Board in January 2016; staff side were consulted at the end of January. The consultation process with staff commenced on 4th February and one-to-one meetings are planned throughout February. It is expected that implementation will commence March/April 2016.

Learning and Development

Twenty non-clinical apprenticeship qualifications will be introduced as a pilot in February 2016. Communications about this initiative have been developed and shared with the relevant service leads. The Learning and Development Manager has been working with the Employment Services Manager to progress an implementation plan whereby staff requiring this qualification on recruitment are identified and supported.

Further clinical support staff have achieved the paediatric healthcare assistant NVQ which is mapped to the national care certificate standards, supporting quality and safety in support worker practice.

Development work is underway for the launch of the quarterly employee recognition event in partnership with the Communications department. The first event takes place on 24th February 2016 and will recognise achievements in learning and service.

Placement activity will increase in the last quarter of this year with undergraduate commissions and work placements for schools. Work has commenced to support leaders and managers in preparation for the annual PDR process. An OLM / ESR masterclass has been planned with ward managers and lead nurses initially to ensure a consistent and standardised approach to manager self-service records.

Improved recruitment strategy and planning

NHS Professionals (NHSP) – Work to transition all agency workers to framework agencies is ongoing, with the majority being procured through appropriate framework agencies. The Trust is sighted on all exceptions to this rule and outliers are reported to Monitor on a weekly basis. This work has been crucial in supporting the Trust to meet the agency framework cap applied by Monitor/TDA on 23rd November 2015 and further reduced on 1st February 2016. A documented process to support managers in making decisions around engaging outlier staff (and agency staff more widely) is being developed by a Task and Finish team; this is also in response to the recent MIAA audit on bank and agency policy.

Section 3 - Structure & Systems

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

Employee Self Service (ESS)

ESS will provide staff with the access to view and update their personal information, such as emergency contacts and bank details. They can also view payslips, pension information,

request annual leave, browse learning opportunities and request enrolment on courses. The HR team will commence a pilot of this project with some departments within the Trust at beginning of March, with a view to full roll-out by the summer 2016. This will enable improved monitoring information (including equality data required for WRES and EDS2), reduce queries to HR and payroll, more accurate recording of information, and eventually enable the Trust to stop generating paper payslips, thus reducing cost.

Digitisation of Central HR records

To enhance processes and systems within HR, the digitisation or all staff personnel files is required. The HR team have been working to ensure all files are audited, stored appropriately and ready for digitisation. This large project has required the sortation of thousands of staff files, both current and archived files. The HR Business Partner is currently discussing with procurement the appropriate company for scanning all files ready for upload into the appropriate software, ie, Image now, or ESR2, so this can be completed prior to the move to the interim site.

Improving recruitment processes

Following the successful recruitment process, the Recruitment and Employment Services Manager commenced in post on 4th January 2016. The HR team are working to a detailed project plan to enable the smooth transition of these services back in-house and this project plan is currently on track. There has also been considerable work taking place to review and enhance current recruitment processes so they are operational from 1st April 2016.

Both the Recruitment and Employment Services Manager and HR Business Partner have been meeting with recruiting managers across the Trust to discuss the service transferring back in-house and are utilising the experiences of the recruiting managers to further enhance services.

Formal consultation under TUPE has commenced with those identified staff at Liverpool Women's Hospital, who will transfer to Alder Hey on 1st April 2016.

There will be a Recruitment Day held on Saturday 27th February 2016 for newly qualified and experienced nurses, in the Children's Health Park. The HR team are supporting this event to ensure that we provide a 'one stop shop' for candidates and potential new employees, where interviews, job offers and pre-employment screening will be offered on the same day. It is expected that there will be a minimum of seven interview panels running simultaneously, assessments, and visits of the hospital. NHSP and other departments will also be available on the day. It is hoped that we may be able to recruit 40+ nurses.

Effective Policies

The Policy Review Group (PRG) continues to meet monthly to update actions contained in the policy action plan. Again, concerns were shared with the staff side chair regarding the lack of membership of staff side colleagues. Following further discussions at JCNC, commitment was given to provide to staff side members early review of any revised policies. In addition, a review of the overall partnership agreement is to take place to explore how the Trust can better facilitate sufficient time to release staff side from operational duties to review documents and attend meetings.

The various sub groups continue their review of polices and focused effects on the following are for assessment at February's PRG meeting: Absence and Attendance Policy, Time Off in

Lieu Procedure; Stress at Work Policy, and Supporting Staff Involved in Incident Complaint/Claims Policy.

Employee Relations Activity

There are currently 12 formal cases ongoing with two staff suspended. Staff that are suspended have regular contact from the Commissioning Manager to update on the progress of an investigation and to offer support as required. The HR Advisors are supporting investigating officers to ensure that investigations are concluded in a timely manner.

The HR Manager (Employee Relations) is continuing to identify ways of streamlining the management of the ER caseload. The introduction of the management development programme will also assist in helping managers to identify employee relations issues within their team at an early stage, thus avoiding an escalation to the formal process.

A draft suspension flowchart was issued to staff side representatives at a meeting of the JCNC in January. The flowchart has been developed to support a consistent and efficient approach to suspensions. Feedback is expected at February's JCNC.

Corporate Report

The January Corporate Report shows four HR areas under target, two of which are 'red', corporate induction and sickness absence, both of which remain a key area of focus for the HR Team, and form elements of the priority projects plans going forward for Workforce Capability and Leadership & Management Development.

Section 4 - Health & Wellbeing

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

Creating a healthy workforce
We have officially finished this year's Flu campaign. The Flu Fighter team worked exceptionally hard especially given the challenges of the move taking place during the start of the campaign. The team have achieved 78.6% uptake (against the 75% target) for our frontline staff vaccinated against flu. Our Flu Fighter lead, Liz Grady, has been shortlisted for this year's Flu Fighter ational awards which take place on 22nd March in Leeds.

Promoting positive attendance
The Trust's absence rate is 5.8% for end of January 2015, which is a slight increase from last month.

The CIP Workforce project continues to focus on highlighting the importance of effectively managing sickness in line with the existing policy and putting in place a framework of additional management information and improving the current policy with updated training.
In accordance with the Workforce CIP programme for 2015/2016, an updated draft Sickness Absence and Attendance Management Policy has been circulated to both senior operational and nursing management and staff side colleagues for feedback in line with the policy ratification process. It is anticipated that the policy will be finalised during the second quarter of 2016.

Mersey Internal Audit Authority has completed their review of Absence Management processes which is being submitted to the Executive Team. A number of improvements are recommended, some of which had been initiated before the report had been provided. As part of the CIP Workforce Programme, the existing Absence Management Policy is currently under review and due for completion in the first quarter of 2016.

The HR Manager, Employee Relations, is currently reviewing long-term sickness information and will be developing a robust action plan to support managers in managing difficult cases and in supporting staff back into work. This will be done in conjunction with our Occupational Health Provider, TeamPrevent. Greater focus by HR is being placed on initial reporting of sickness management to ensure that early intervention by occupational health colleagues is requested in relevant circumstances.

The HR team continue to meet weekly and monthly with General Managers, operational service leads and CBU management teams to review absence statistics/trends/hotspots and trigger information; to review and report on outstanding actions to support improved absence rates, to deliver focussed masterclass absence training and to provide one-to-one coaching in difficult and complex absence case work. The Trust's revised Sickness Absence and Attendance Management Policy is due to be considered at Policy Review group in February, with proposed implementation and roll-out planned for post mid-2016.

Health & Safety

The focus of the Health and Safety Team remains the H&S risk assessment of the new hospital, R&E building and the retained estate and work progresses to mitigate and manage all risks.

Leading in Equality & Diversity

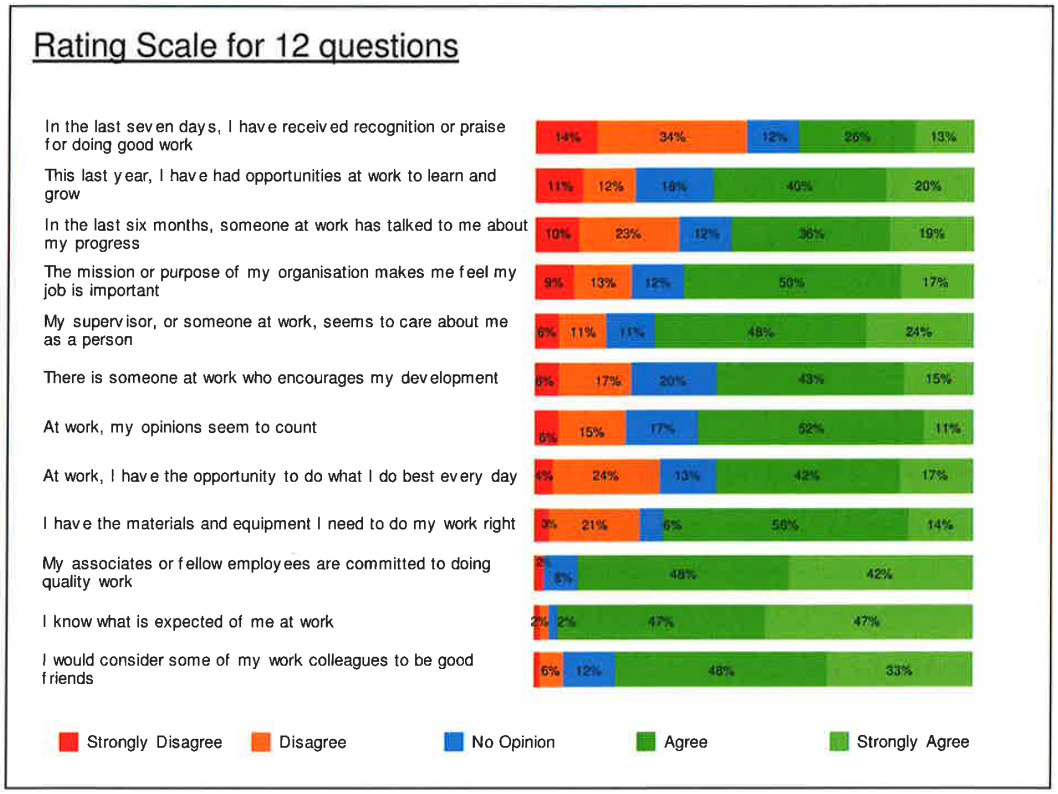
The HR lead and Equality & Diversity lead have commenced a review of progress to date to monitor and ensure E&D is mainstreamed into HR policies and practices, and to oversee the implementation of any workforce related actions and workforce planning.

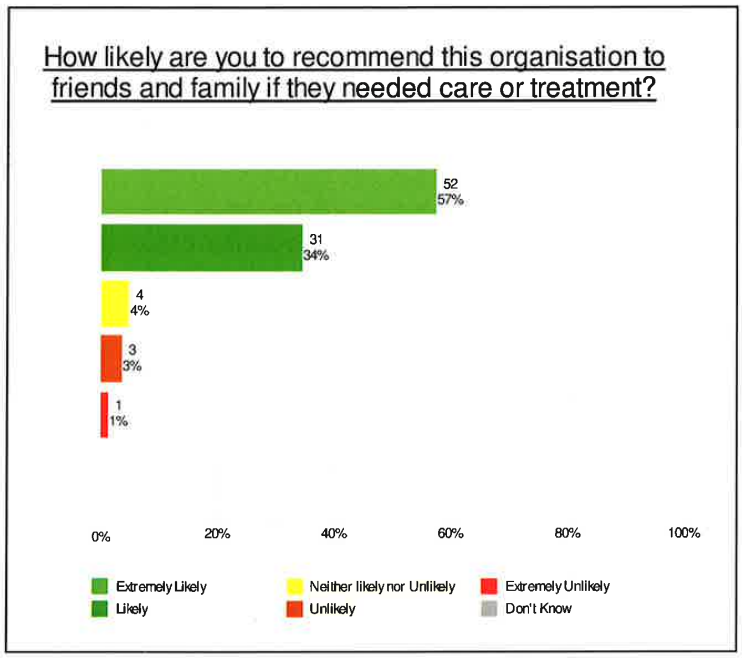
Future goals, actions and outcomes of the EDS2 have been assessed and are to be detailed in a revised summary action plan. Activities include how the Trust needs to improve the profile of data held within its HR system (ESR), and how we address under-representation of BME groups across the Trust and interventions to decrease discrimination. Some of this work relies upon the implementation of Employee Self Service; the roll-out plan involves a pilot area commencing in March with full implementation due by the summer 2016. The summary action plan for 2016/17 is in draft and will be presented at the next Workforce and Organisational Development Committee meeting.

Summary of monthly Employee Temperature Check for: January

The percentage of staff who were in Overall agreement with the 12 questions for **January** was **67%**.

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





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

Feel that the entire trust is being held together by sellotape

care given is excellent

Committed staff delivering high quality care

DONT SEEM TO FEEL ALL MY EXPERIANCE COUNTS FOR ANYTHING MANAGMENT LISTEN BUT WE NEVER GET TO SEE ANY CHANGES

The staff in this hospital work very hard against adverse circumstances to provide adequate care

All staff go over and above what is required of them for the patients & their families; Alder Hey has the best staff who are committed to care, safety & information sharing with families.

excellent level of care

The genuine care and compassion of the staff for all the children in our care.

The care and professionalism of the staff

I know the dedication of the staff that they try to do their best under difficult circumstances.

Alder hey has allways been second to none in child healthcare

Staff are passionate about caring for patients. My son is a patient and always receives fantastic care.

it is a good hospital, my daughter has been treated here as well as me working here

clinically brilliant teams however nursing numbers need improving.

excellent patient care and expertise

I know my colleagues do everything they can to ensure the patient has a good experience and do their very best to treat the patient.

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

staff give excellant care

staff try to give 110% care

Excellent patient care

The frontline staff are dedicated to do the best for their patients -- go above and beyond

trauma of re-organisation in 2012 many colleagues have left disatisfied and there remains a feeling of uncertainty

because I believe we offer a high standard of care.

The people providing healthcare remain committed and do their best

despite any local politics I still believe we provide an outstanding service

because I feel there are so many staff issues that need sorting out .

QUALITY OF CARE AND EXPERTISE

we do a good job despite the constraints.

the nurses and dr give the best possible care in spite of the working conditions and staffing

Staff care about our patients

We are the best labs currently in the region

I would have said extremely likely in the old build but there are a lot of processes that still need ironing in the new build. Please listen and act to resolve issues that staff in all departments raise so that we can be a truely outstanding hospital again.

Staff in the organisation are dedicated to the patients and families (even though I've written the below comment I don't think anyone would let that have an impact of patient care).

I know that deep down the patient is at the primary concern of all the clincians, regardless of whatever else is going on within the organisation.

staff morale is very low and on a regular basis hear nursing staff saying nobody listens or cares. I feel errors WILL occur when staff cannot speak out and go to somebody who will listen and make changes.

The overworked and underpaid clinicians willl always provide the best service possible with the resources they have despite restrictions imposed by the trust.

The best hospital in the region. The clinicians and nursing staff are committed to providing the best care for our patients.

The care and treatment of patients is very good.

it is the absolute best place for children to get treated

The staff care about what they do and how that impacts on patient care.

I am aware of some of the errors that can happen

on the whole I believe that this is a great hospital with good core values

I trust this trust

I believe we provide excellent care on the whole as an organisation

Speciality care and knowledge.

too long waiting times for service - CAMHS

Staff do go the extra mile for the patients

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

Provided excellent care

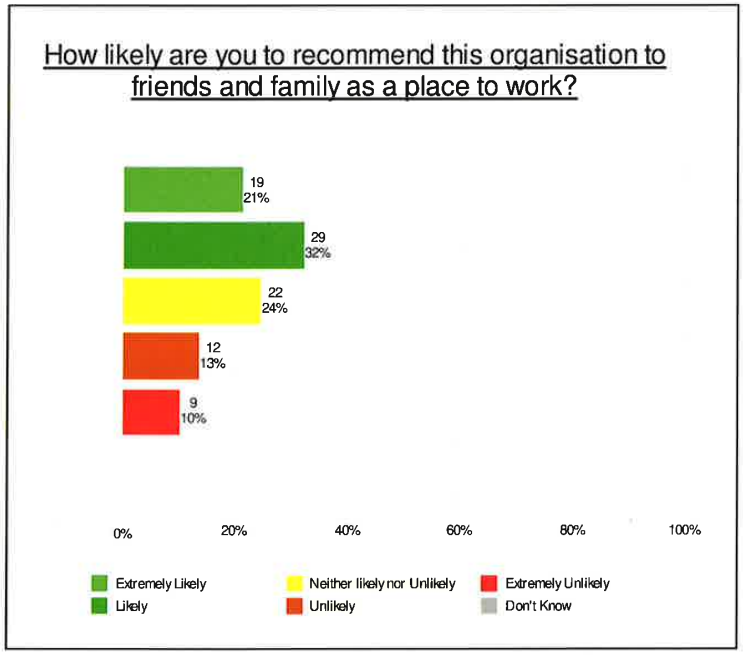
highly skilled service trust values are aimed at achieving the best outcomes for children and young peolple

GREAT STANDARDS AND EXCELLENT CARE FRIENDLY STAFF

I have had hands on experience and family as patients

caring staff, good quality of care, good environment, staff care

PATIENT CARE IS VERY GOOD HERE



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

I think that some areas are good places to work with their roles respected and valued. Unfortunately this is not the same for all staff and job roles.

Exec team do not have a clue on how to run a hospital

sometimes dont feel experience and knowledge is valued sufficiently by management

Still a good place to work but needs more focus on keeping staff happy.

NOT A VERY PLEASENT PLACE TO WORK ANYMORE ALL THE ATMOSPHER HAS GONE AND TOO MANY MANAGERS ALL AROUND ME

The Trust management team's decisions over the last few years have made Alder Hey a worse play to work

For A&C staff, Alder Hey is not ideal for career progression. For clinicians, support is more readily available within current NHS constraints

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

I think the hospital is a wonderful place with wonderful people who do a great job. I would recommend it as a good place to work.

good place to work

Sometimes the organisation feels at odds with itself. There is a drive to keep up our productivity and offer a fine quality service to our patients and families but when it comes to the crunch all the processes which should make it easy are difficult to navigate, time consuming and difficult. Data isn't right and this makes trying to achieve the trust's objectives really difficult and it feels that we can't get it right first time. Needless to say we will continue on regardless as we want to see and treat patients and make our trust outstanding and the best but it really does feel like a lot of hard work and I wonder what an outsider to the organisation would make of it. Walking in and managing to get through what is in your diary and being able to achieve the more exciting, groundbreaking pathway work would be wonderful, rather than the feeling of general fire fighting. General support within the CBU is fantastic.

A privilege to work in this place.

Poor management leading to low staff moral.

I would recommend they wait until all the systems are working properly and everything has settled down in the new build.

I think alder hey has the best childcare anywhere in the world but unfortunately many of the staff feel the trust is still not listening to concerns what ever they may be

i enjoy my job role and give my patients a good service

I would recommend the organisation if a family member needed care or treatment as i feel that the staff are caring and consciencious, but I wouldn't recommend the organisation as a work place as I feel that the staff are undervalued and don't have the support needed, and are understaffed to do the job efficiently, I also feel that staff moral is really low, and that since moving to the new hospital systems do not seem to work as efficiently.

Good place to work despite funding issues and cost cutting.

good work environment

culture in the Trust at the moment is extremelly good under the current leadership.

feel undervalued.lack of opportunties in the trust

worked here for 14 years in the department I enjoy my work even though it can be very stressful at times . Would not want to work anywhere else .

process of change in place which may improve the situation

its a hapy place to work. there are excellent teams

I don't feel the staff have been considered much in this new hospital .

WORKOING CONDITIONS

nursing isn't a job i'd encourage anyone to do nowadays. we are expeceted to take on more and more with no more staff.

not enough staff and not listened to.

Good place to work

We are the best labs in the region currently

The lab has always been like a family for me throughout the 30years I've worked here.

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

At the moment since the move to the new hospital morale in the hospital is very low. It was low in the old hospital but it has got worse since the move.

Coming from the private sector there is a far better work life balance, which is important for doing a job well.

i have been a member of staff for tweny years, and the last two years have been the most unhappiest time of my life.I feel if issues are raised they are not dealt with fairly and for me personally raising a concern was the worst thing i could have done.Hence this is why my colleagues will not raise issues because they realise they will be treated adversely if they speak out.As a result of my experiences of the last two years i am looking to retire early.I am saddened by this as i had loved working at Alderhey for eighteen years .But it seems that the New Alder hey promotes speaking out but does not support staff when they do raise concerns.

I love working here despite the constant issues which arise with the way the hospital is managed. The execs need to really listen to the staff providing frontline services not offer platitiudes from their isolated offices.

the long hours to achieve desired outcomes may not be required in other organisations

Not enough staff to provide the support for work to be done

As an organisation it is not the worst employer in the area. However, it does not score an Extremely Likely due to the overall lack of development opportunities.

I have enjoyed working here and gained a lot of experience over time. There are opportunities to progress to higher grades if one wishes to. There are child friendly hours available if you have a young family i.e. term time working only

the staff get treated like second class citizens, our opinions don't matter, we have no facilities and when we complain nothing gets done. Everybody is so stressed, you dread coming to work and know the support is not going to be there should things go wrong

It is a very nice place to work and the majority of staff are wonderful

short staff. working without a break at times. unable to support junior staff due to the constant expectations of management. staff crying on shift

at the moment I think that there are staffing issues and it makes for an unsafe and stressful environment at times.

I get the support for my academic progress and there are lots of oppurtunities to do more

I believe we provide excellent care on the whole as an organisation

Paediatrics is a particularly rewarding speciality career pathway.

some very skilled collleagues but issues re size of case load and lack of time creates a huge pressure on staff

De-moralised staff who are over worked due to high workload but low staffing levels.Staff are still expected to maintain quality and provide a high standard service with no consideration as to what can be achieved with extremley low staff levels. Good decisive management is needed.

Case loads far too high to provide quality service, no time to plan or prepare for appointments.

I like working here

Forward thinking organisation which values its staff and promotes professional development

ALL OF THE ABOVE

I persanally value students and new staff, fresh input and new ideas, we embrace this.

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

good atmosphere, excellent environment in which to learn

THE ORGANISATION IS MORE INTERESTED IN SAVING MONEY THAN LOOKING AFTER ITS STAFFS WELLBEING HOWEVER A GOOD DEAL OF MONEY HAS BEEN SPENT ON TECHNOLOGY IN THE NEW BUILDING THAT DOES NOT APPEAR TO BE FIT FOR PURPOSE.

2015 National NHS staff survey

Brief summary of results from Alder Hey Children's NHS Foundation Trust

Table of Contents

1: Introduction to this report	3
2: Overall indicator of staff engagement for Alder Hey Children's NHS Foundation Trust	5
3: Summary of 2015 Key Findings for Alder Hey Children's NHS Foundation Trust	6
4: Full description of 2015 Key Findings for Alder Hey Children's NHS Foundation Trust (including comparisons with the trust's 2014 survey and with other acute specialist trusts)	15

1. Introduction to this report

This report presents the findings of the 2015 national NHS staff survey conducted in Alder Hey Children's NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured around four of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Equality and diversity
- Additional theme: Errors and incidents
- Additional theme: Patient experience measures

Please note, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2015 survey results for Alder Hey Children's NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who "Agree" and "Strongly Agree" compared to the total number of staff that responded to the question.

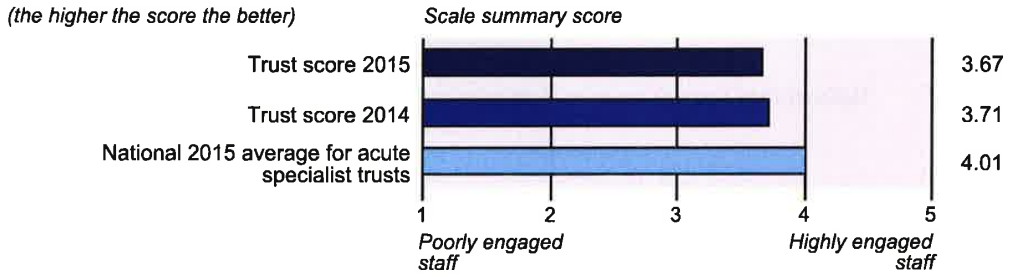
Q21a, Q21c and Q21d feed into Key Finding 1 "Staff recommendation of the organisation as a place to work or receive treatment".

		Your Trust in 2015	Average (median) for acute specialist trusts	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	72%	86%	68%
Q21b	"My organisation acts on concerns raised by patients / service users"	68%	82%	69%
Q21c	"I would recommend my organisation as a place to work"	54%	71%	57%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	82%	91%	80%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.76	4.14	3.76

2. Overall indicator of staff engagement for Alder Hey Children's NHS Foundation Trust

The figure below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.67 was below (worse than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Alder Hey Children's NHS Foundation Trust compares with other acute specialist trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2014 survey.

	Change since 2014 survey	Ranking, compared with all acute specialist trusts
OVERALL STAFF ENGAGEMENT	• No change	! Below (worse than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	! Decrease (worse than 14)	! Below (worse than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	! Below (worse than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	! Below (worse than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2015 Key Findings for Alder Hey Children's NHS Foundation Trust

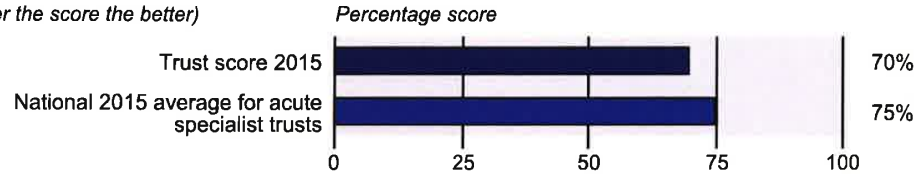
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares most favourably with other acute specialist trusts in England.

TOP FIVE RANKING SCORES

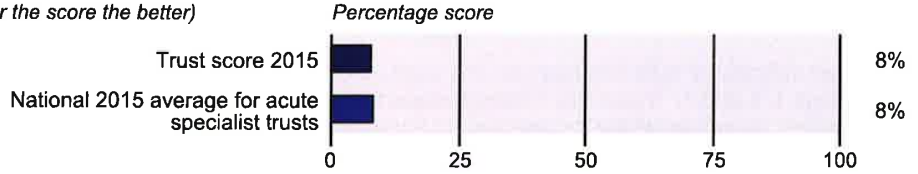
✓KF16. Percentage of staff working extra hours

(the lower the score the better)



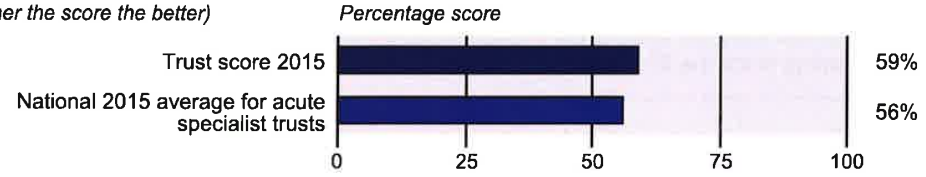
✓KF20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



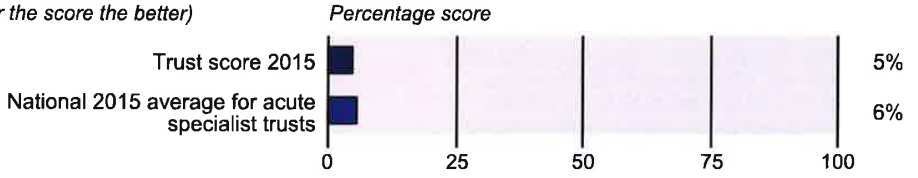
✓KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



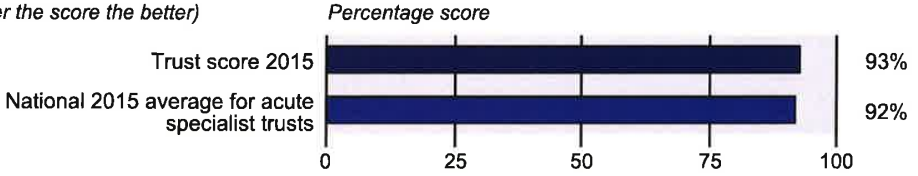
✓KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



✓KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



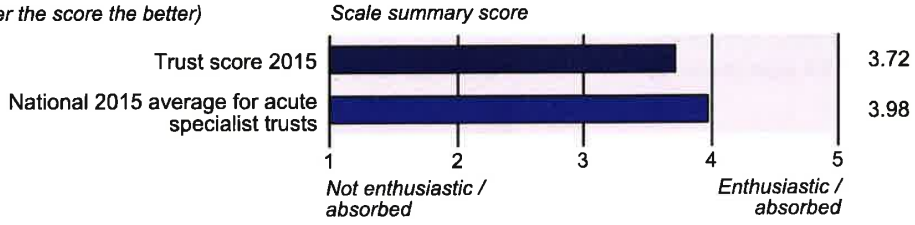
For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 17 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which Alder Hey Children's NHS Foundation Trust compares least favourably with other acute specialist trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

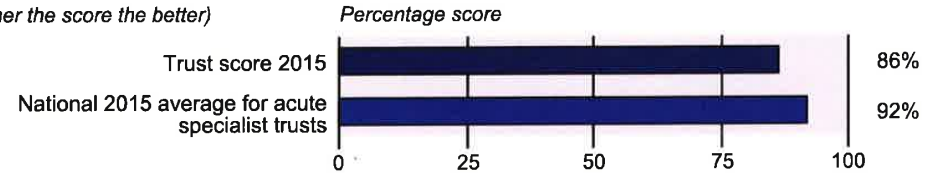
! KF4. Staff motivation at work

(the higher the score the better)



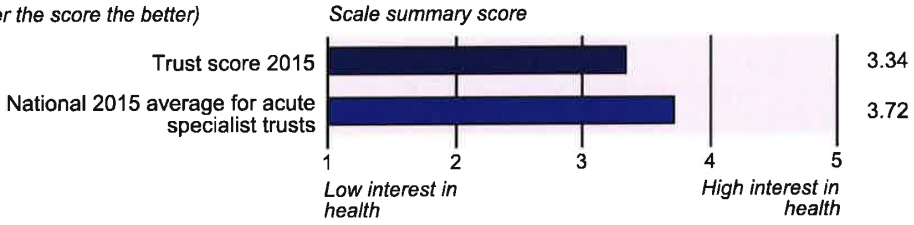
! KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



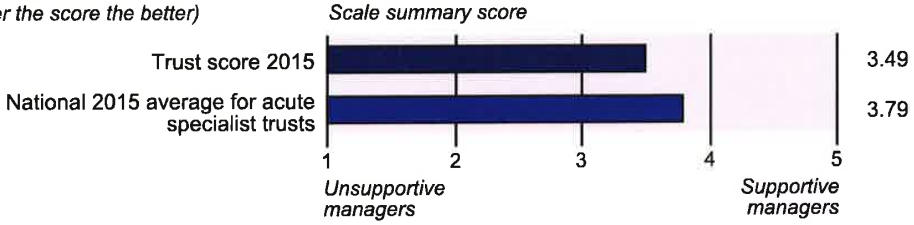
! KF19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)



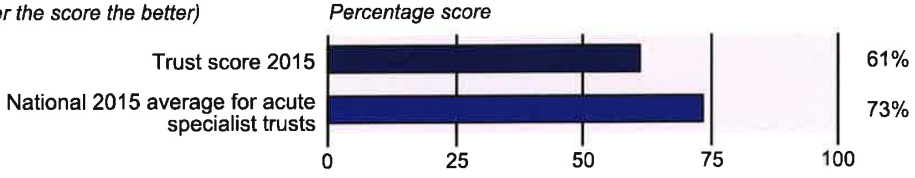
! KF10. Support from immediate managers

(the higher the score the better)



! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



For each of the 32 Key Findings, the acute specialist trusts in England were placed in order from 1 (the top ranking score) to 17 (the bottom ranking score). Alder Hey Children's NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 17. Further details about this can be found in the document ***Making sense of your staff survey data***.

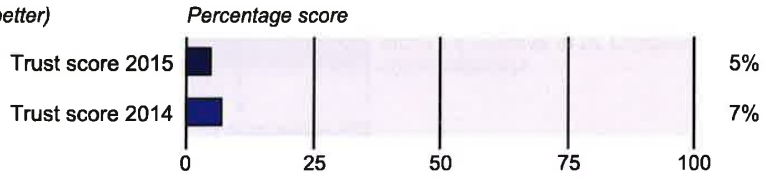
3.2 Largest Local Changes since the 2014 Survey

This page highlights the Key Finding that has improved at Alder Hey Children's NHS Foundation Trust since the 2014 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)

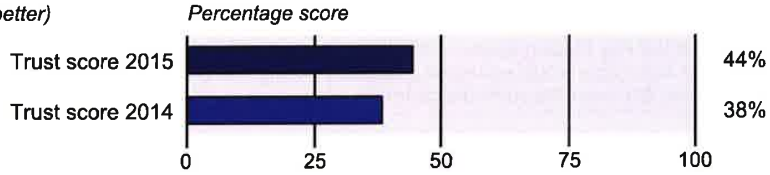


This page highlights the five Key Findings where staff experiences have deteriorated since the 2014 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

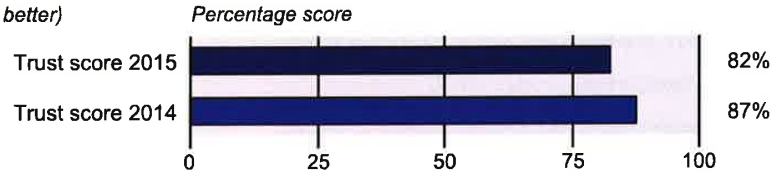
! KF17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



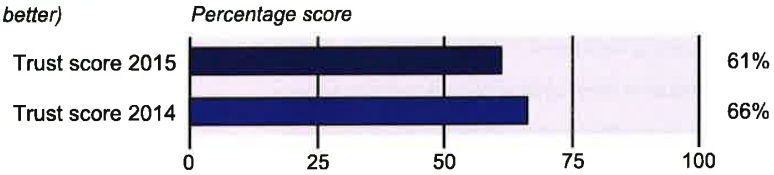
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



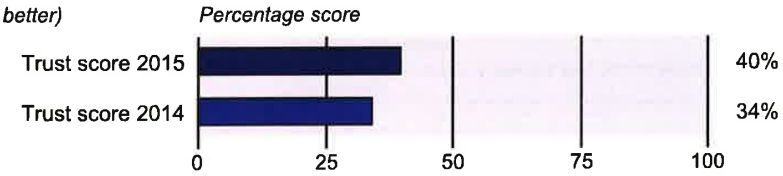
! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



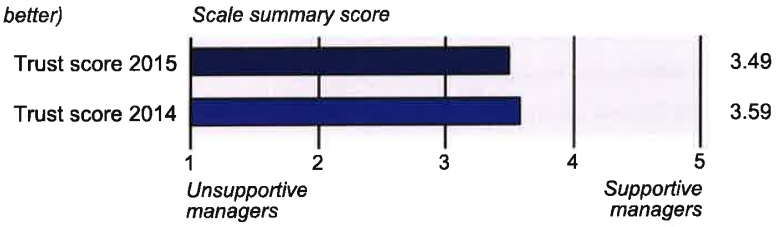
! KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



! KF10. Support from immediate managers

(the higher the score the better)



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

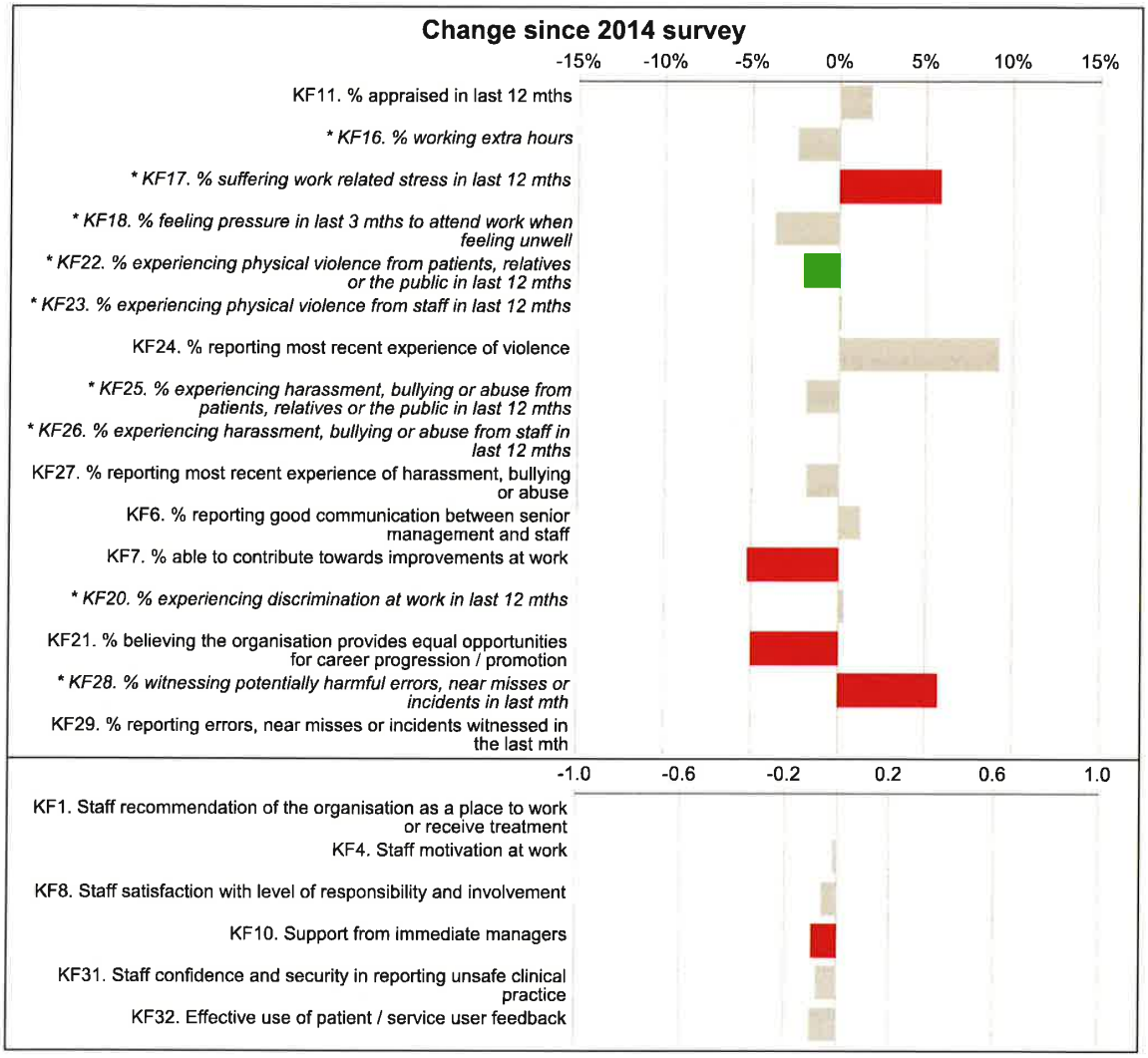
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

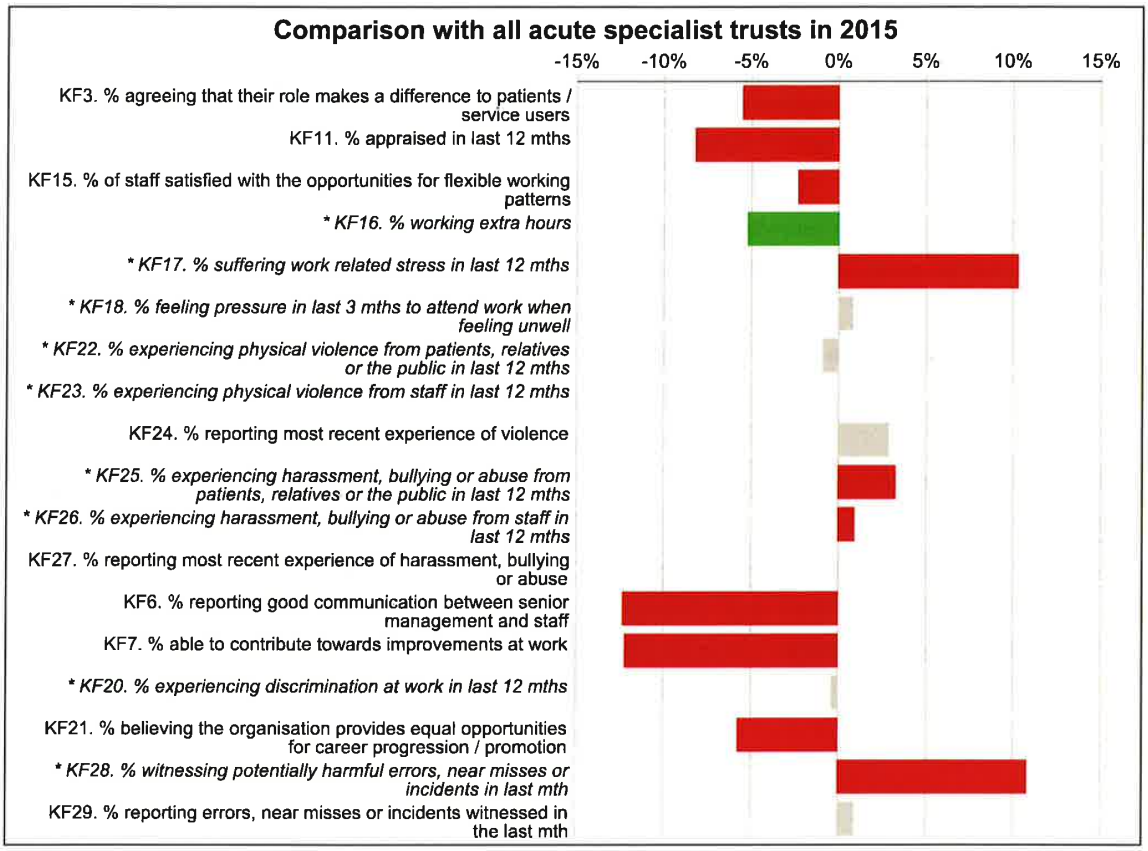
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, e.g. worse than average.

Grey = Average

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

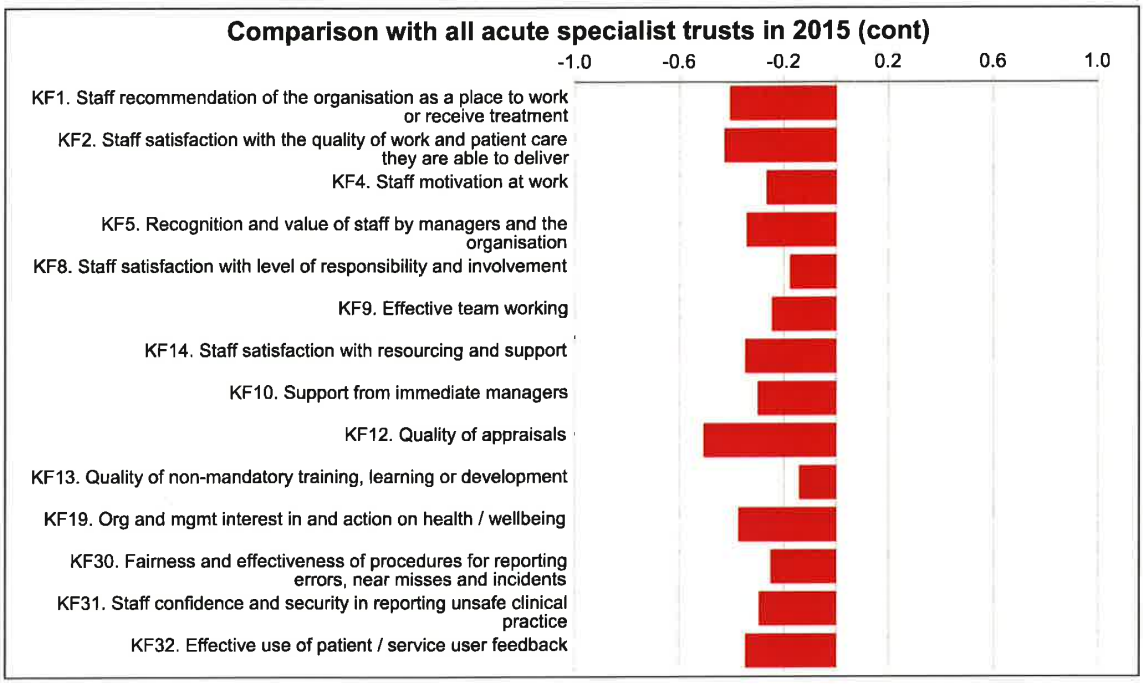
KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, e.g. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.4. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2014.

! Red = Negative finding, e.g. worse than average, worse than 2014.

'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2014 survey	Ranking, compared with all acute specialist trusts in 2015
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	! Below (worse than) average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	--	! Below (worse than) average
KF4. Staff motivation at work	• No change	! Below (worse than) average
KF5. Recognition and value of staff by managers and the organisation	--	! Below (worse than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	! Below (worse than) average
KF9. Effective team working	--	! Below (worse than) average
KF14. Staff satisfaction with resourcing and support	--	! Below (worse than) average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF10. Support from immediate managers	! Decrease (worse than 14)	! Below (worse than) average
KF11. % appraised in last 12 mths	• No change	! Below (worse than) average
KF12. Quality of appraisals	--	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	--	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Health and well-being		
KF15. % of staff satisfied with the opportunities for flexible working patterns	--	! Below (worse than) average
* *KF16. % working extra hours*	• No change	✓ Below (better than) average
* *KF17. % suffering work related stress in last 12 mths*	! Increase (worse than 14)	! Above (worse than) average
* *KF18. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	• Average
KF19. Org and mgmt interest in and action on health / wellbeing	--	! Below (worse than) average

3.4. Summary of all Key Findings for Alder Hey Children's NHS Foundation Trust (cont)

	Change since 2014 survey	Ranking, compared with all acute specialist trusts in 2015
Violence and harassment		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	✓ Decrease (better than 14)	• Average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	• Average
KF24. % reporting most recent experience of violence	• No change	• Average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	! Above (worse than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	• Average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF6. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF7. % able to contribute towards improvements at work	! Decrease (worse than 14)	! Below (worse than) average
ADDITIONAL THEME: Equality and diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	• Average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	! Decrease (worse than 14)	! Below (worse than) average
ADDITIONAL THEME: Errors and incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	! Increase (worse than 14)	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Below (worse than) average
ADDITIONAL THEME: Patient experience measures		
KF32. Effective use of patient / service user feedback	• No change	! Below (worse than) average

4. Key Findings for Alder Hey Children's NHS Foundation Trust

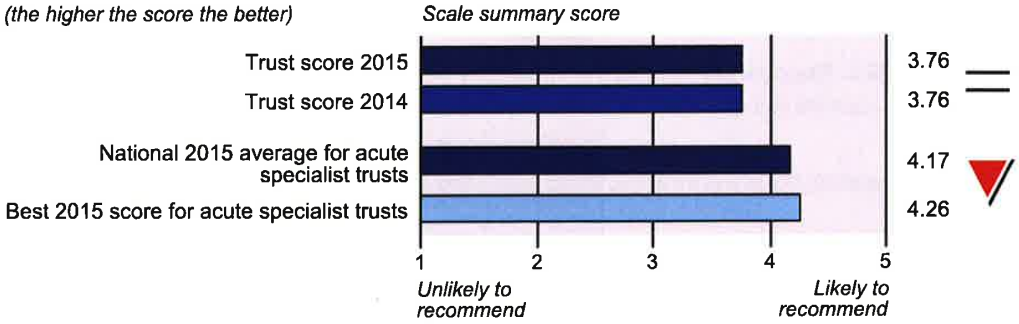
934 staff at Alder Hey Children's NHS Foundation Trust took part in this survey. This is a response rate of 35%[1] which is below average for acute specialist trusts in England, and compares with a response rate of 44% in this trust in the 2014 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2015 survey, and compares these to other acute specialist trusts in England and to the trust's performance in the 2014 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

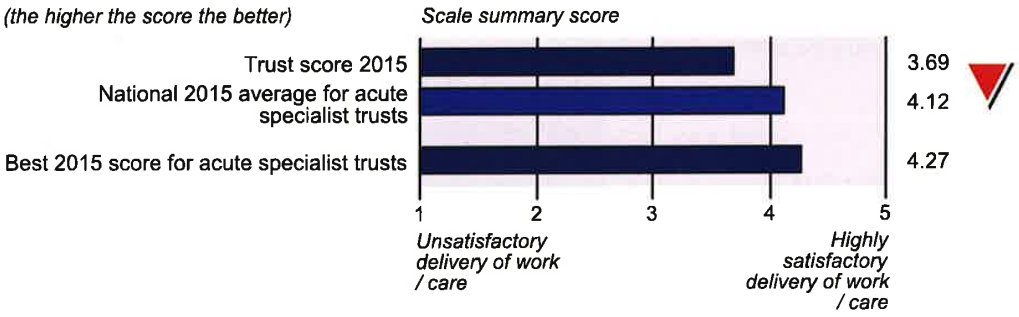
Positive findings are indicated with a green arrow (e.g. where the trust is better than average, or where the score has improved since 2014). Negative findings are highlighted with a red arrow (e.g. where the trust's score is worse than average, or where the score is not as good as 2014). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

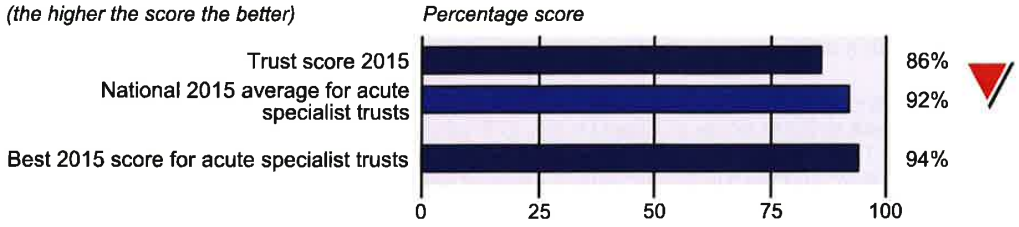


KEY FINDING 2. Staff satisfaction with the quality of work and patient care they are able to deliver

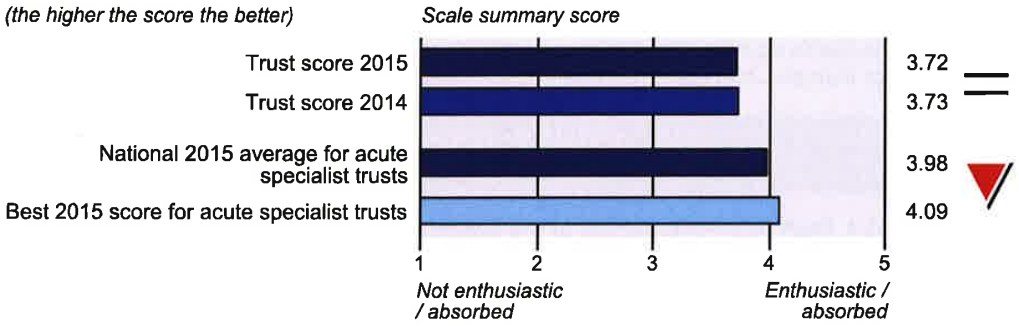


[1]Questionnaires were sent to all 2635 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

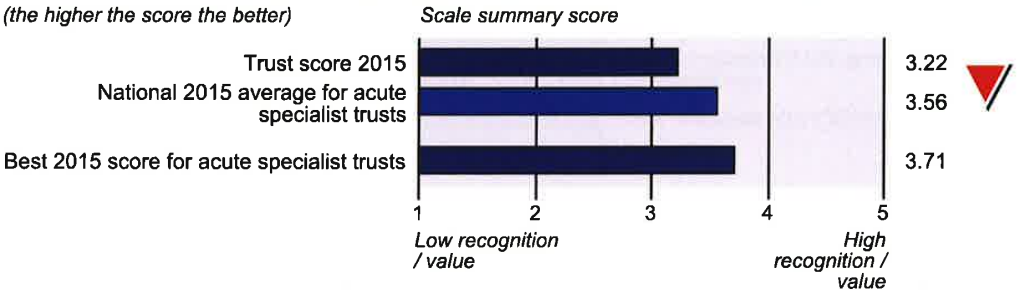
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users



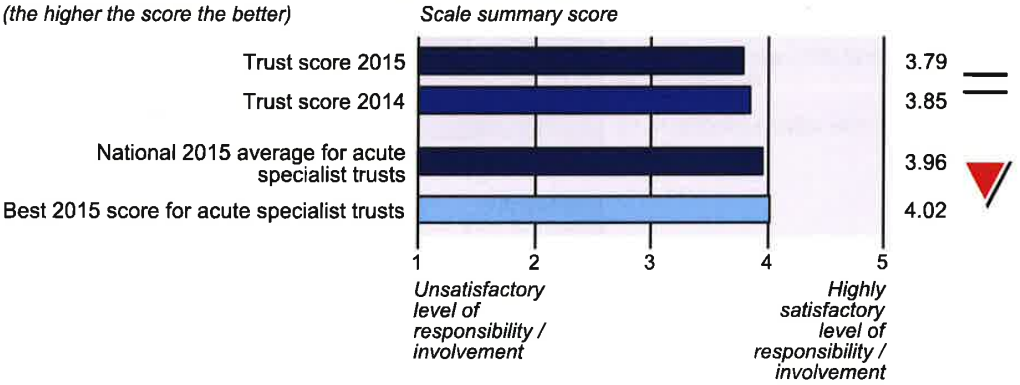
KEY FINDING 4. Staff motivation at work



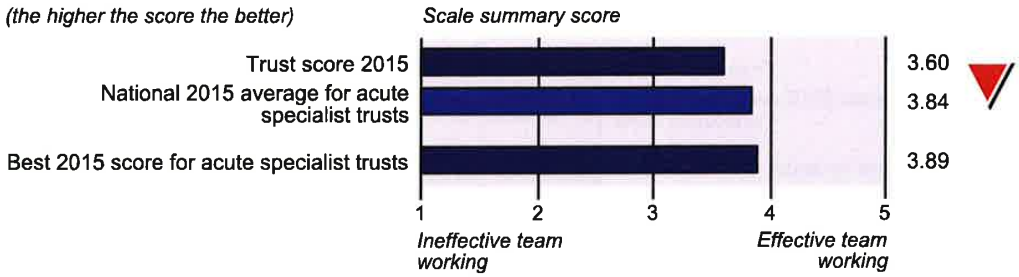
KEY FINDING 5. Recognition and value of staff by managers and the organisation



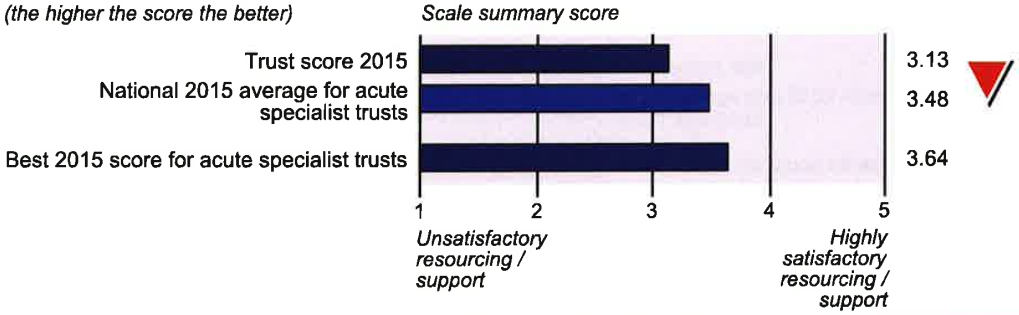
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement



KEY FINDING 9. Effective team working

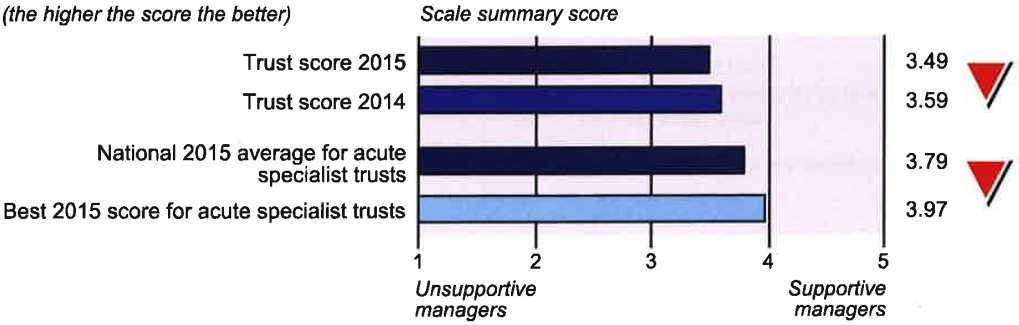


KEY FINDING 14. Staff satisfaction with resourcing and support

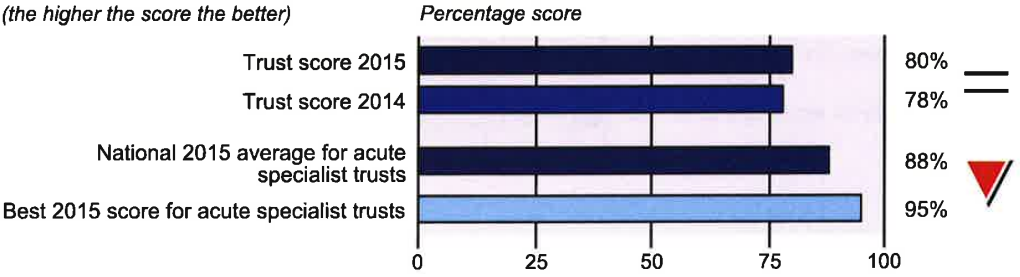


STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KEY FINDING 10. Support from immediate managers

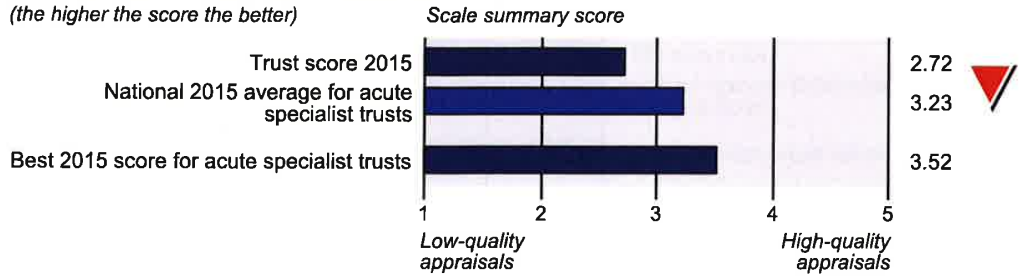


KEY FINDING 11. Percentage of staff appraised in last 12 months



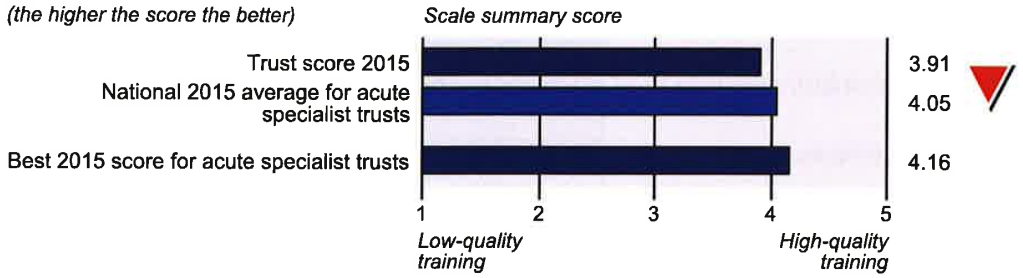
KEY FINDING 12. Quality of appraisals

(the higher the score the better)



KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

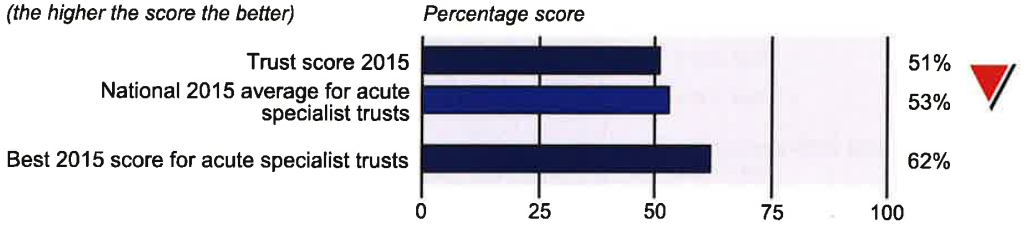


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Health and well-being

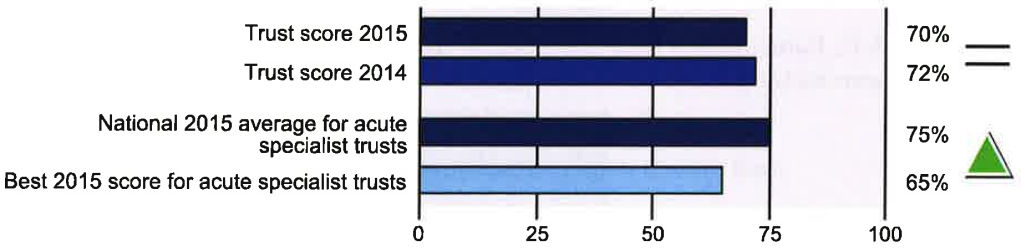
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)

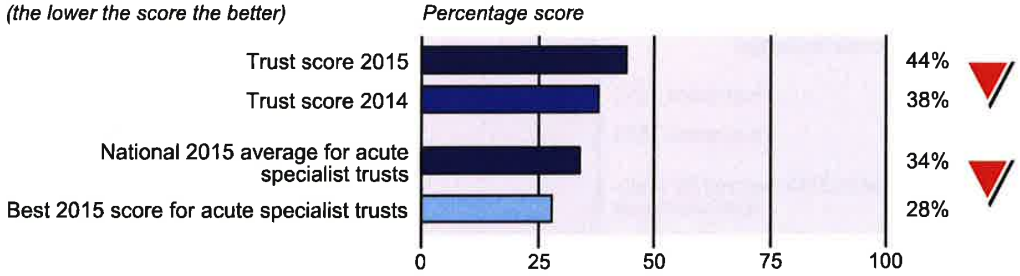


KEY FINDING 16. Percentage of staff working extra hours

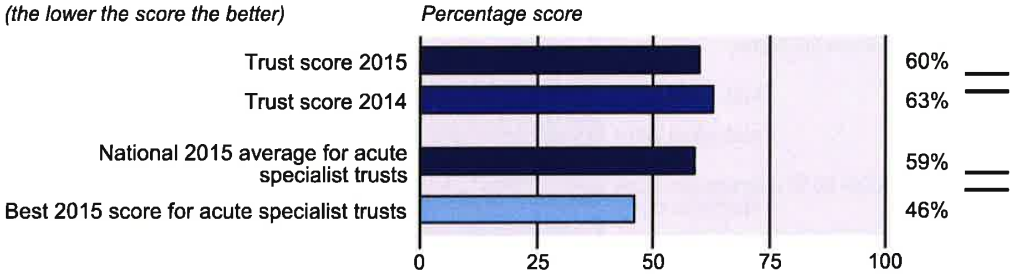
(the lower the score the better)



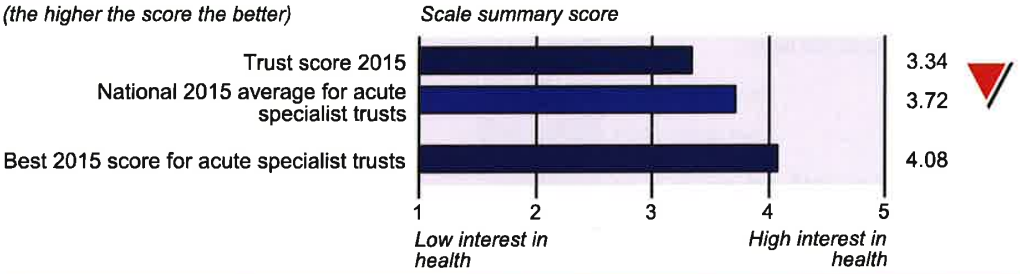
KEY FINDING 17. Percentage of staff suffering work related stress in last 12 months



KEY FINDING 18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

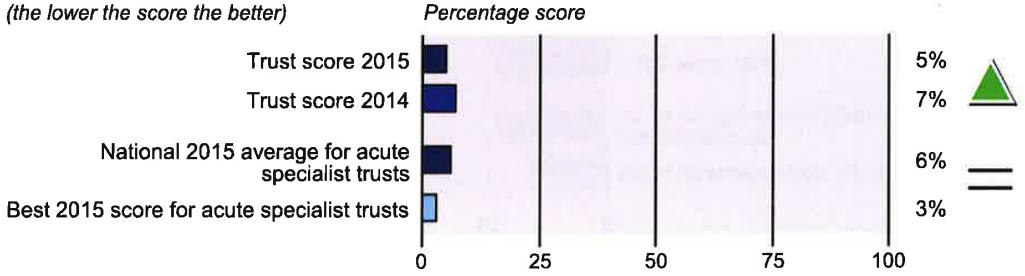


KEY FINDING 19. Organisation and management interest in and action on health and wellbeing



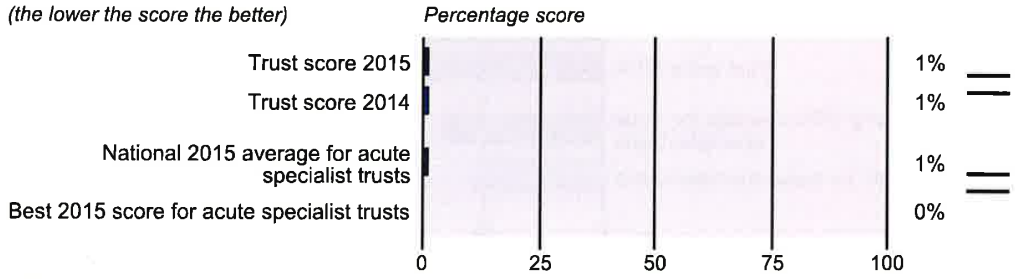
Violence and harassment

KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



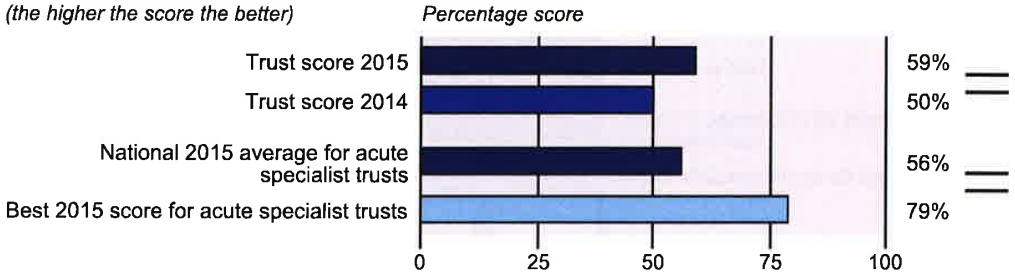
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



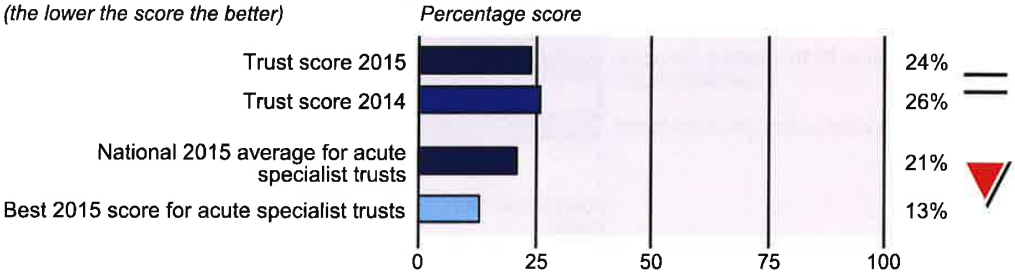
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



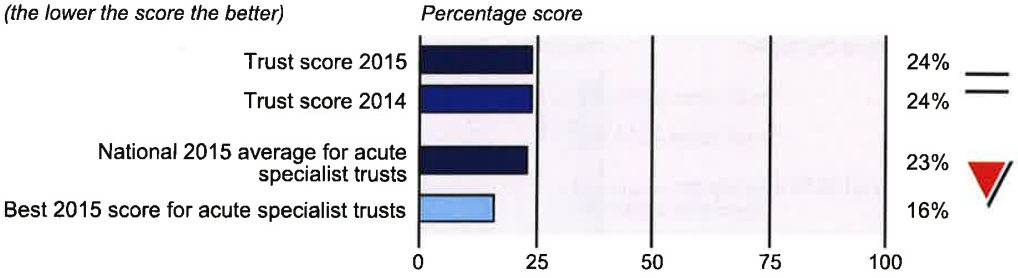
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



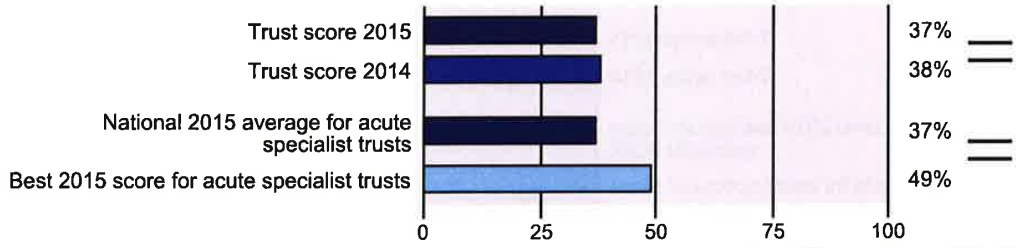
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

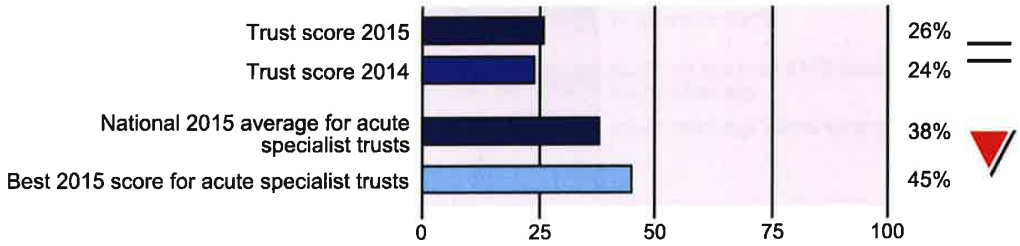
(the higher the score the better) *Percentage score*



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

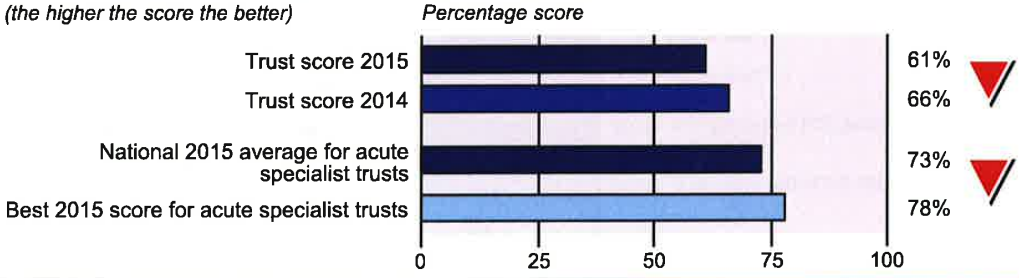
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better) *Percentage score*



KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

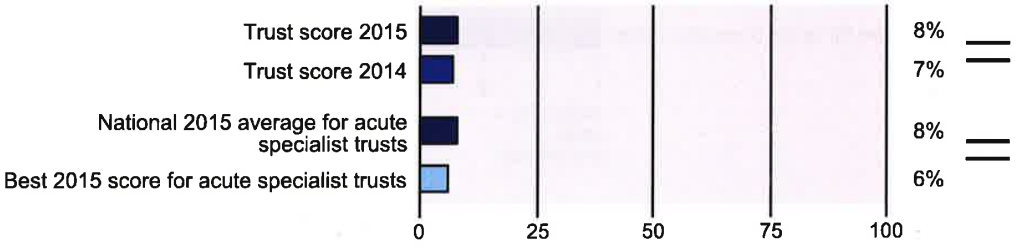
(the higher the score the better) *Percentage score*



ADDITIONAL THEME: Equality and diversity

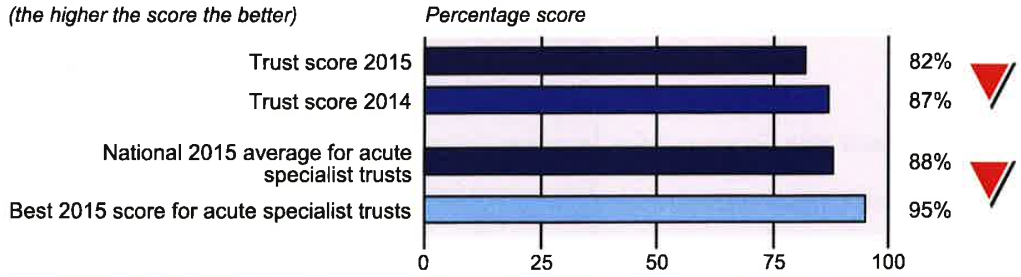
KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better) *Percentage score*



KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

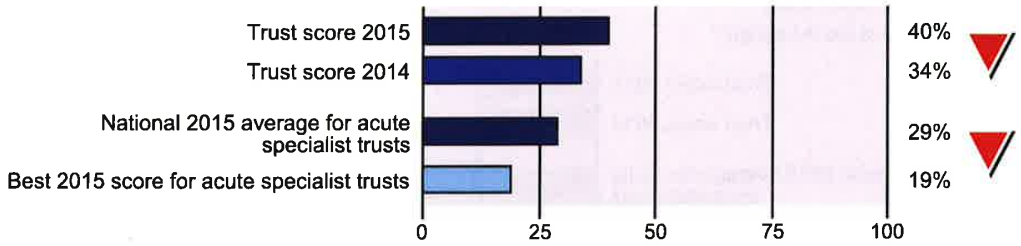
(the higher the score the better)



ADDITIONAL THEME: Errors and incidents

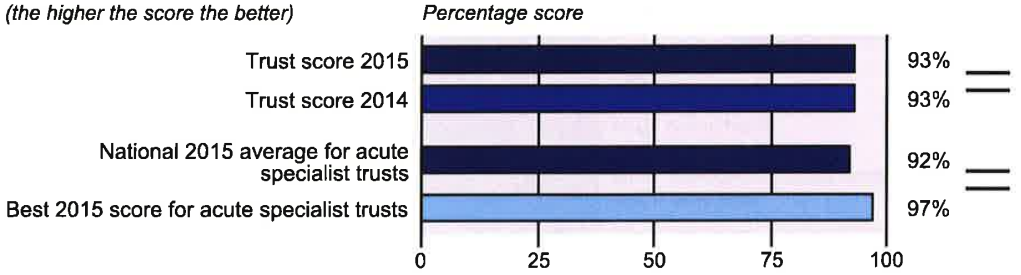
KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



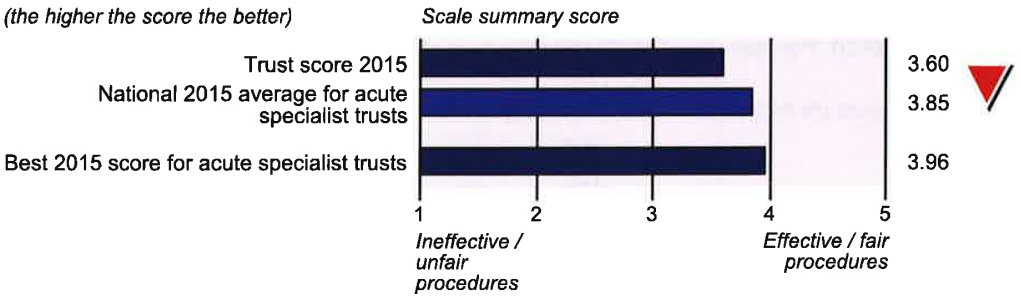
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



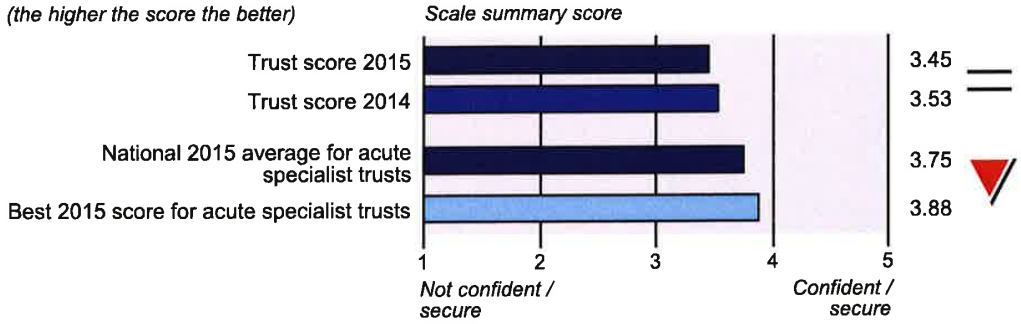
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

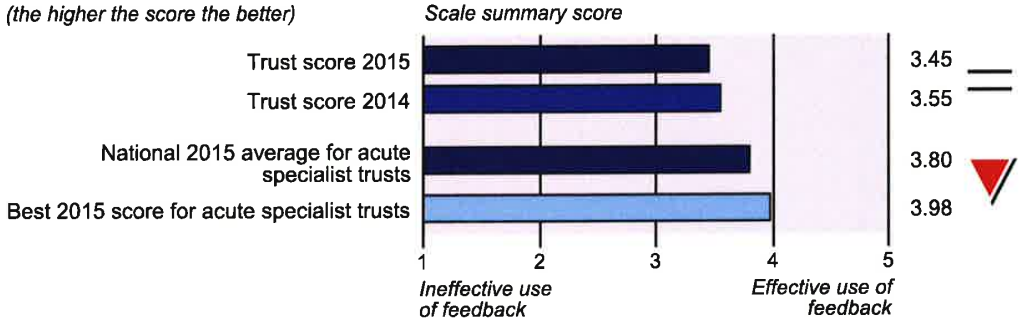
(the higher the score the better)



ADDITIONAL THEME: Patient experience measures

KEY FINDING 32. Effective use of patient / service user feedback

(the higher the score the better)



Alder Hey Children's NHS
NHS Foundation Trust

ANNEX A

WORKFORCE & OD COMMITTEE
MINUTES FROM MEETING
9th December 2015

Present:	Ms C Dove	Non-Executive Director (Chair)	(CD)
	Mr Ian Quinlan	Non-Executive Director	(IQ)
	Mrs M Swindell	Director of HR & OD (Interim)	(MKS)
In Attendance:	Mrs H Ainsworth	Equality & Diversity Manager (Part)	(HA)
	Mrs F Flanagan	Head of OD	(FF)
	Mr M Travis	Chair of Staff Side	(MT)
	Mr S Bennett	Business Account (Deputy for Claire Liddy)	(SB)
	Mrs P Davies	Learning & Development Manager	(PD)
	Ms E White	Policies, Guidance Manager	(EW)
	Ms S Stephenson	Quality & Governance Manager	(SS)
	Ms K Brizell	SM Integrated Comm Services (Deputy – Jacqui Flynn)	(KB)
Apologies:	Mrs J Adams	Chief Operating Officer	(JA)
	Mr R Turnock	Medical Director	(RT)
	Ms O Marzouk	Associate Medical Director	(OM)
	Mrs H Gwilliams	Acting Chief Nurse	(HG)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs C Liddy	Deputy Director of Finance & Business Development	(CL)
	Ms S McShane	Interim Head of HR	(SMc)
	Mrs J Flynn	Integrated Community Services - GM	(JF)
	Mr D Grimes	CBU – General Manager	(DG)

Agenda Item	Key Discussion Points	Action	Owner	Timescale
15/29 Minutes of the Previous Meeting & Introduction	The Committee considered of the minutes of the last meeting held on 30th September 2015 and **approved** minutes as an accurate record. It was noted that Sarah Stephenson, who was in attendance at the last meeting, was omitted from the recorded attendance. MT added that not all comments/observations that he made were noted in the minutes, CD assured MT that all key actions are recorded.			
15/30 Matters Arising /Actions	The Committee considered the following under matters arising: **15/25 Executive Summary** The production of Executive Summary sheet, to accompany the front of reports/policies considered at this Committee, has been finalised and will be added to large documents at future meeting. This will enable the Committee to understand and focus on main areas of change within reports.			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	15/26 Review current suitability of Junior Doctors Mess MKS advised that work is progressing to support the review. **15/26 Discuss with Occupational Health analysis on outcomes of OH referrals, supporting back to work process and review of stress levels** MKS advised that a meeting took place and will be on the agenda at next meeting **15/26 Effective Workforce Planning Policy** MKS advised that discussions had taken place re the wording of this policy. ie.recruitment coming back in house. CL advised that some lessons around recruitment processes could be noted for use at AH's in-house recruitment processes. **15/02 & 15/15 Interpreting Translation Policy with reference to competencies to enable judgement to return to CQSG** MKS advised this policy is now complete. **15/15 Pilot supported by Manchester & Warwick University – non medical pharmacists** The agenda going forward to be progressed outside of this meeting, MT advised that Staff Side need input to any changes affecting the workforce. MKS to make enquiries re latest developments.	Make enquiries re changes affecting workforce	MKS	February 2016
	15/24Terms of Reference The Committee considered the reviewed Terms of Reference for WOD prepared by MKS & CD. MKS outlined the changes made. SS made reference to possible inclusion of CQC's well led standards (inspection of 5 areas). It was agreed to refer to other committee TOR to gauge whether it is a standard that is included with other committee TOR. Update the attendance list to read: Chair of Staff Side. **The Committee approved the content of the updated Terms of Reference for WOD.**	Refer to TOR to gauge whether reference is made to well lead standards	MKS	February 2016

Agenda Item	Key Discussion Points	Action	Owner	Timescale
15/31 Progress Against the People Strategy	**Equality Update** The Committee received an Equality Update from the Equality & Diversity Manager concerning the latest progress made. HA brought particular attention to the following: WRES (Workforce Race Equality Standard) First published July 2016 with accompanying action plan. The next report is due by April 2016 when the Trust will be required to update progress of previous 2015 action plan and supply a new action plan for 2016. A key outcome for 2015 is the need to increase the diversity of our staff. Currently working with HR to address this and will be helped by recruitment and selection coming in-house, which will give the Trust greater control of initiatives to put in place. CQC and Monitor will inspect the WRES and most importantly progress against action plan. HA advised that WRES will be put on the Board agenda in January 2016 and a champion at board level for WRES needs to be identified. EDHR Group – 2nd November Suggestion was made to implement a staff network to increase engagement with staff that have an interest in equality but also to engage with BME staff regarding WRES. Liverpool Community Health also have a BME NHS Network which E&D regional leads have also indicated they would be willing to support. HA advised that the TOR for the EDHR Group is to be established. EDS2 (Equality Delivery System) Reviewing Key Lines of Enquiry (KLOE) for evidence to support the EDS2 and identify leads for goals 1, 2 and 4. HR to identify lead for goal 3. The governance process is to be agreed once leads have been identified over coming months with suggested patient aspects to be within the Quality Strategy and workforce aspects to be within the People Strategy, so that a separate Equality Strategy will not be required. Equality Analysis Training – exploring e-learning options on equality analysis and supporting managers with completion, we are able to report compliant to the CCG in relation to implementing this for CIP's. The new revised QIA/EIA process is to be presented to Programme Board on 17th December with the aim of having the process agreed for use on the programme with immediate effect. This will support the assurance process, monitored by PMO and rated on the dashboard. Meditech 6 A project request - that includes equality monitoring to support disability categories,			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	accessible information standard and health passports to enable the Trust improve on the equality data we hold on patients is being progressed. ESR Looking to improve this year's workforce profile reports due to be published on 31st January to include WRES and EDS2. Implementation of the self-service aspects of ESR will also be helpful as may result in greater disclosure of protected characteristics e.g. sexual orientation, religion and belief. Work ongoing to look at capturing data around reasonable adjustments. Diversity and Inclusion Champion A CPD accredited programme course has been advertised on the intranet encouraging staff to apply so they can champion equality in their work area. CD asked that HA produce a dashboard so that we can track progress on Equality agenda. MT requested that the pay audit is brought Committee. HA advised that it is part of the Equality agenda and that pay gap analysis is due in April next year. **The Chair thanked HA for a very comprehensive report.**	Produce a dashboard to track progress	HA	February 2016
	Leadership & Management Development Strategy The Committee considered a presentation given by the Head of Organisational Development concerning the Alder Hey Leadership Strategy 2016-19 (3 year approach). FF advised that further consultation is required prior to publishing the approach. FF presented to the Committee and provided members with an overview of evidence to support the case of leadership development and outlined the development programmes that have taken place to date. The strategy will focus on behaviours and tasks i.e skills capabilities and competencies and will be Values led. A proposed 3 year approach for strategic actions and timelines was outlined. FF requested the Committees thoughts on the proposed next steps and sought the committee's agreement to the principles underpinning the strategy. FF advised that further consultation across the Trust will commence in Jan 2016 to develop detail around strategic deliverables/timeframes/responsible people/barriers to success/costs/and implications for leadership development or talent management processes. The committee discussed the challenges associated with the strategy, particular attention was drawn to the leadership strategy focus and it was agreed more detail was required to support this. The Committee discussed at length a number of ideas			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	to inform the focus and touched on the following: how leadership development feeds into clinical progression (particularly B5); how the 'stepped approach' will join up – possibly via mandatory training; visibility of process needs more prominence; staff/management engagement to enquire what skills and attributes are required going forward; no engagement with staff currently studying. CD advised that it would be useful to review how external organisations approach leadership to ensure we are not insular with our own processes. It was noted that not everyone aspires to be leaders and that learning development is not for everyone, but everyone has the capacity to instil how we manage effectively. **The Chair thanked FF for the report, the initial key principles deliverables and plan were agreed.**	Update on the Leadership Strategy	FF	February 2016
	Implementing the Apprenticeship Model The committee considered a report prepared by the Learning & Professional Development Manager concerning the apprenticeship management process. The purpose of the report is to outline and discuss potential models to support development and implementation of the process as there has never been a defined model in place. PD provided to the Committee a Business Case For Change report and outlined two models with supporting information on key issues for consideration, risks and financial illustrations. This approach has been supported in other trusts and by Unions nationally and locally. Implementation updates going forward will be made available via JCNC. The Committee discussed in-depth the contents of the report, there is a requirement for a more diverse workforce and this may be an opportunity to increase diversity at the Trust, following the lead of external companies who already have apprenticeship schemes in place. Looking at the social impact we have a civic duty as a public sector workforce to embrace this change as some people are desperate to get on apprenticeship scheme. MT added that it was an interesting paper and that it fits in with staff progression, he was not against the apprenticeship model in principle, but said he thought the NHS in general had a low pay agenda relating to equality impact on pay and employment terms and conditions for apprenticeships. CD took on board all comments and added as a responsible employer we will communicate on developments going forward. **CD thanked PD for the report and the Committee approved the suggested**	Report back on progress of the Apprenticeship Model	PD	February 2016

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	model.			
	Healthy Workforce MKS advised that the Staff Health & Wellbeing Lead is moving to another role within the Trust and the provision of Health and Wellbeing Service is being reviewed. The flu target of 75% has been reached, this is a great achievement given the challenges of the move occurring during the beginning of the flu campaign. The campaign will continue till 1st February 2016.			
	People Strategy Update The Interim Director of HR & OD shared the People Strategy Progress Update with the Committee for information and advised that this report was received by Trust Board on in October 2015. MKS highlighted key matters and advised that in respect of recruitment and employment services, the current SLA with LWH ends 31st March 2016, the option to bring this service back in-house is in development with the aim of improving quality, cost, efficiency, process and controls. The Trust have agreed to extend the existing payroll contract with ELFS. MKS also advised that due to the hospital move the annual Staff Survey responses were at 35% (44% last year). Final responses will be brought back to a future meeting.			
15/32 Key Workforce Risks – Review of top Workforce Risks action planning against most significant risks	**Workforce Performance Monitoring** The Committee considered a regular report prepared by the Interim Director of HR & OD concerning the key issues and KPI's relating to Alder Hey workforce. MKS provided the Committee with an update on the leading indicators relating to the workforce. • Sickness Absence performance was down in October standing at 4.75% but has increased 25.5% in November but this is expected in the winter months. HR is working with managers to help where they can. • Mandatory training compliance (90% of the 6 mandatory topics). Work continues to push the completion of mandatory training compliance via the workbooks. A business intelligence approach to capture mandatory training data is currently being developed to enable managers to retrieve data with messages of additional information. Trust induction complete, new format of corporate induction launched, focus remains of full compliance. • Agency/Bank costs were over target again in month, Monitor guidance received nationally on cost controls, with weekly reporting process to Monitor in place to reduce spend. Work to support medical locum usage reporting has commenced			

Agenda Item	Key Discussion Points	Action	Owner	Timescale
	assisted by NHSP and will be implemented in the next few weeks to ensure transparent reporting. MT emphasised a number of key trends that impact on workforce performance. Health & Wellbeing - responsible drinking and Health & Safety – manual handling, upper limb strains (doors not powered). MKS confirmed that the doors are being looked into. CD enquired if the Trust have ever held a workshop on responsible drinking, MKS advised she will look into it. MT alluded to the cost to the Trust of suspension periods, MKS gave assurance that the Interim Head of HR is reviewing this. MKS provided a brief update on the requirements of HR assurance processes/recommendations discussed at Audit Committee held on 25th September 2015 relating to Sickness/HR metrics, People Strategy, Payroll Process and Temporary Staff.			
15/33 Legislation, terms & conditions, employment policies – review & ratification/approval	The Committee considered the following policies for approval/ratification. **Whistleblowing Policy** MKS advised that a national consultation process re the 'freedom to speak up' whistleblowing policy had been issued in November 2015 and recommended that a review of the Trust whistleblowing policy be put on hold for 6 months, pending the outcome of the national consultation. Consultation feedback in 6 months. **The Committee approved an extension to the review date of the Trust Whistleblowing Policy** **Equality, Diversity & Human Rights Policy** EW advised that the policy had been approved at Equality & Human Rights Group and later ratified at the Clinical Quality Steering Group in November 2015. A few minor changes had been made to the policy and it was brought to the Committee for information purposes. **The Committee noted receipt of ratified EDHR Policy**			
15/34 AOB	KB informed the Committee the induction process at the Trust was the best one she had ever attended. Reference was made that it would be beneficial to the Trust to put conversion training in place for registered adult trained nurses to registered children's nurses. CD suggested that this suggestion be raised through the appropriate channels and brought back to report on outcome to this Committee.			
Review of Meeting	CD thanked everyone for their contribution to the Committee.			
Date of Next Meeting	**10th February 2016, 2pm, Room 4, Mezzanine, CHP**			

Action List

Minute Reference	Action	Who	When	Status
Meeting Protocol				
~~15/24~~ 15/30	• ~~Review Terms of Reference – arrange a meeting to review~~ • CQC's well lead standards – refer to other Committee's to gauge whether reference has been made	~~MKS/CD~~ MKS	~~December 2015~~ February 2016	~~Complete~~
Matters Arising /Actions				
~~15/25~~	• ~~Draft an Executive Summary to add to front of policies/documents~~	~~MKS~~	~~December 2015~~	~~Complete~~
People Strategy Overview & Progress Against Strategic Aims				
	Engagement			
15/08	• Develop Values in Procurement	MKS	TBC	
	Creating A Healthy Workforce			
15/26	• Review current suitability of Junior Doctors mess	MKS	TBC	Progressing
15/26	• Discuss with Occupational Health analysis on outcomes of OH referrals, supporting people back to work process and review of stress levels and report back	MKS	February 2016	
	Effective Workforce Planning Policy			
~~15/26~~	• ~~Feedback on action plan/next steps~~	~~FF~~	~~ASAP~~	~~Complete~~
	Equality & Diversity			
15/03	• Present data on applied/shortlisted recruitment – currently being reviewed.	HA	When available	
15/03	• Align E&D deliverables with people strategy	DA/HA	Ongoing	Update at future meetings
~~15/02, 15/15~~	• ~~Interpreting Translation Policy with reference to competencies to enable judgement to return to CQSG~~	~~HA/EW~~	~~September 2015~~	~~Complete~~
15/31	• Equality agenda – produce a dashboard to track progress	HA	February 2016	
	Availability of Key Skills			
15/15, 15/30	• Pilot supported by Manchester & Warwick University – non medical pharmacists – update on developments – MKS to make enquiries re affected workforce and feedback to MT	SB/MT/MKS	February 2016	
	Improving Communications			
15/20	• Arrange a meeting to discuss how to reach small hard to reach groups	SK	TBC	MKS to discuss with Louise Dunn
	Leadership & Management Development Strategy			
15/31	• Update on progress of Leadership & Management Development	FF	February 2016	

	Strategy			
	Implementing The Apprenticeship Model			
15/31	• Update on progress re implementation of the apprenticeship model	PD	February 2016	
Key Workforce Risks – Review of Top Workforce Risks				
	Improving Mandatory Training/Induction			
~~15/21 & 15/27~~	~~• Update on progress~~	~~PD~~	~~December 2015~~	~~Complete~~
Legislation Terms & Conditions & Employment Policies				
15/09	• Review the agendas and work plan for subsequent WOD meetings and present draft for discussion	DA	TBC	Annual update Required
Partnership – Review of industrial relations structures and processes				

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 1st March 2016

Workforce & Organisational Development Committee (WOD) – Chairs Note

1. Purpose of the Report

The purpose of this report is to update the Board on the key issues raised at the WOD Committee held in February 2016.

2. Key Issues

The following issues were raised and discussed at the Workforce & Organisational Development Committee on the 10th February 2016; the minutes of the meeting will be submitted to the April 2016 Board for noting.

- The Committee received the Workforce Profile Data dated 31st January 2016 and **noted** the key findings.
- The Committee received an update on the Leadership and Management Development progress and **agreed** next steps.
- The Committee received an update on Apprenticeship model and **agreed** planned framework.
- The Committee received an update of People Strategy Report for December 2015 and **noted** the content.
- The Committee received an update of Workforce Leading Indicators for December 2015 and **noted** the content.

3. Recommendations

It is recommended that the Board note the contents of the Chairs Update relating to the key issues from the Workforce and Organisational Development Committee held on 10th February 2016.

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

Agenda Number 2016/

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors

Tuesday 1st March 2016

Report of	External Programme Assurance
Paper prepared by	External Programme Assurance
Subject/Title	Programme Assurance – Update
Purpose of Paper	To: - receive and consider a concise update on the work to define the scope and governance for the next phase of the change programme at Alder Hey Children's Foundation Trust. Future monthly reports will cover the progress of the 'mission critical' projects and, by exception, a summary of the 'red rated' projects from amongst the remainder in the programme.
Action/Decision required	The Board is asked to: • consider the contents of the report • respond to the recommendations in the report • advise the Programme Board of directors' concerns or expectations
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivering **clinical excellence** in all of our services. Be a world class centre for children's **Research and Development.** Ensure our staff have the **right skills, competence, motivation and leadership** to deliver our Vision. To provide a **world-class facility** for our work to be made available to children locally, nationally and internationally by delivering our hospital in the park vision.

Alder Hey Children's NHS
NHS Foundation Trust

'a recognised world leader…by 2016'

Programme Assurance Update – Point Brief

Governance
This document provides the Board of Directors with a concise update on the changes to the governance they have requested for the next phase of the change programme at Alder Hey Children's Foundation Trust (appendices A and B refer). The programme:

- **Scope, Slide 1,** has been refined over several weeks by the Senior Leadership Team; work streams, in coloured blocks, report into the relevant sub-Committees of the Trust Board.
- **Blueprint, slides 2 & 3,** describes the high level arrangements for the change programme. The Trust Board is completing the 'Vision' statement and the Executive Leads are finalising the Work stream 'Blueprints'; these will be available at the April 2016 Board.
- **Governance, Slide 4,** shows how assurance will be provided by a seamless framework of three assurance levels from projects, through Steering Groups, to the sub-Committees.
- **Assurance Responsibilities, Slide 5,** for the assurance framework (which replaces the disbanded PMO) are duties concerning assurance only, delivery remains with the Executive Sponsors, Corporate Leads and Clinical Leads. These responsibilities are in 'working draft' and may be subject to amendment.
- **Assurance Reporting, Slides 6 & 7,** explains the methods by which evidence of progress and blocks to progress arrive, for consideration and action, at the three levels of governance. This reporting matrix is in 'working draft' and may be subject to amendment.
- **Work Stream Updates, Slides 8 & 9,** provides the template by which sub-Committees will receive assurance evidence from the Assurance Team (slide 8) and the Executive sponsor (slide 9).
- **Project Initiation Document (PID) – Assurance Checklists, Slide 10,** are prepared by the Programme Assurance Framework to ensure sub-Committees can clearly see the progress to robust definition of each project.

Sub-Committee Programme Assurance
It is suggested that the sub-Committees of the Board charged with the governance of programme work streams should emulate the 'Programme' model in so far as:

- **Coherent Leadership:** Joint 'ownership' of each work stream should be exercised by the NED Chair of the sub-Committee and the Executive Sponsor of the work stream (Slide 1).
- **Agenda Planning:** Agenda's for the programme element of business should be set in time to allow the call for assurance paperwork to be issued 2 weeks before the sub-Committee, with papers issued 1 week prior to the meeting.

- **Agenda Setting:** The agenda setting, for the programme elements, should involve both the NED Chair and the relevant Executive Sponsors (Slide 1).
- **Assurance Reports:** Each meeting of each sub-Committee should receive reports from ALL relevant work streams on the basis that it cannot be predicted from which work streams risks and issues will arise (often at short notice).
- **Assurance Regime:** The sub-Committee should use the assurance evidence provided by the Work Stream Updates (Slides 8 and 9) to direct its focus on the priority issues. The committee should provide appropriate support and challenge to each work stream and its leadership.
- **Project Sponsorship:** The sub-Committee should consider, for 'initiation', all projects that are proposed to the meeting by the work streams leadership, taking account of reports from the Programme Assurance Framework.
- **Project Quality Gates:** Consider and approve the passage of projects through the subsequent project gates of: 'development', 'implementation' and 'sustain and review'.
- **Financial Sustainability:** The sub-Committee should ensure that ALL projects required to make a contribution to the Trust Cost Improvement Programme (CIP) are closely monitored for financial benefits and the results reported into the R&BD Committee.

Recommendations

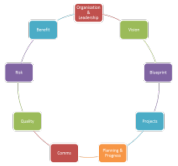
It is recommended that the Board of Directors:

- Consider the 'Programme Assurance Update' – 18 Feb 16.
- Note the advice and guidance relating to the future 'Programme Assurance Framework' commissioned by the Board.

Joe Gibson
External Programme Assurance **18 Feb 16**

Appendices:

A. Next Phase 'Programme Assurance Framework' (10x PowerPoint Slides).
B. Template 'Terms of Reference' for sub-Committee change programme items.



Change Programme Scope

18 Feb 16 v0.20

Trust Board

Alder Hey Children's NHS
NHS Foundation Trust

W&OD | R&BD | CQAC | R&BD | RE&I

Programme Assurance Framework

£ = CIP Contribution (19/36 projects)

Developing Our Workforce Melissa Swindell	***Developing Our Business*** Jon Stephens	***Our Patients at the Centre*** Hilda G/COO	***Services in Communities*** Therese Patten	***Research Educ. & Innovation*** David P/Rick T
1.£ Capability & Sustainability 2.Leadership & Management 3.Improving Communication & Engagement 4.Starters & Leavers Process	**1.£** Strategic Partnerships **2.£** International Clinical Business and Non-NHS Patient Services	1.Implementing Quality Strategy **2.£** Best Op. Care **3.£** Improving Outpatients **4.£** Complex Care Made Simple **5.£** Improved Flow **6.£** Clinical Support Services	**1.£** Developing a Partnership Model for Comm. Services	**1.£**Innovation Hub **2.£** Sensor Development **3.£** Cognitive Computing **4.£** Patient Centred Tech. **5.£** Commercial Research **6.£** Com. Educ.

Steering Group

Developing IM&CT and EPR Jon Stephens and Cathy Fox

1. EPR Development | 2. Imaging | 3. Other Clinical Systems | 4. Community Infrastructure

R&BD

Steering Group

Supporting Front Line Staff Jon Stephens/COO and Claire Liddy

1.£ Procurement | **2.£** Coding, Data Capture & Pathfinders | **3.£** Facilities | **4.£** Medicines Management

R&BD

Park, Community Estate & Facilities David Powell and Sue Brown

1. Decommission 2. Demolition 3. Park | 4. Temporary Moves 5. Agile Working | 6. R&E 7. Community | 8. Corp./Clin. On-site 9. On-Site Residual

R&BD

Programme Assurance Framework Blueprint

Phase II Programme – Unified Blueprint

Introduction

This document represents the 'Blueprint' that will provide the basis of the sponsorship for the nine work streams of the Phase II Change Programme of work at Alder Hey Children's Foundation Trust. It builds upon the fundamental elements already identified within the Trust Vision and Strategy, and the updated priorities discussed and agreed with the Executive Team in January 2016.

The Blueprint will briefly set out some key principles of the approach of the Change Programme and then summarise each of the nine work streams (one page per work stream).

A 'Benefits Led' Programme

No project will commence without having established a quantitative or qualitative benefit(s) that it is aiming to deliver. These agreed benefit(s) will inform the objectives of the projects and the tasks (with milestones) to deliver those objectives. A lack of clarity about the benefits is certain to lead to confusion and dissipated energy along the project life cycle, so it is critical to be explicit about the 'why' (benefits) of the project before starting.

Projects plans must be clear and understood by all stakeholders, perceived as achievable and should outline both individual and team responsibilities and any interdependencies.

Principles & Culture

The guiding principles for the sponsorship and conduct of projects that will deliver the work stream are:

- **The quality and safety of patient care should be central to any proposed change.**
- **All proposals must clearly demonstrate how they contribute, sustainably, to the overall vision.**
- **Any impact upon Trust staff will be given proper consideration and managed appropriately.**

Programme Assurance Framework Blueprint cont.

The culture of the work stream must embody clarity at all times with regard to objectives, be robust in terms of governance and evidence, and yet dynamic in terms of being sufficiently nimble to sight and exploit emergent opportunities. To this end, the programme management regime will be tailored to the context - the 'form' following the 'function' of delivering the vision – be pragmatically applied and subject to regular assurance review during the life of the programme.

Leadership and engagement will be the hallmarks of the work streams with facilitated opportunities at all levels – from Assurance Sub-committee to Ward projects – for a range of staff to shape the solutions that deliver the vision. To this end, the Trust Board and its sub-committees should consistently receive evidence as to the quality of leadership and engagement across the work stream.

Governance

The programme governance will comprise three layers of assurance.

Firstly, the sub-committees of the Trust Board – namely, WOD, CQAC, R&BD and RE&I – will be responsible for guiding the change programme, receiving assurance from the work streams, unblocking issues and providing the appropriate level of challenge and support.

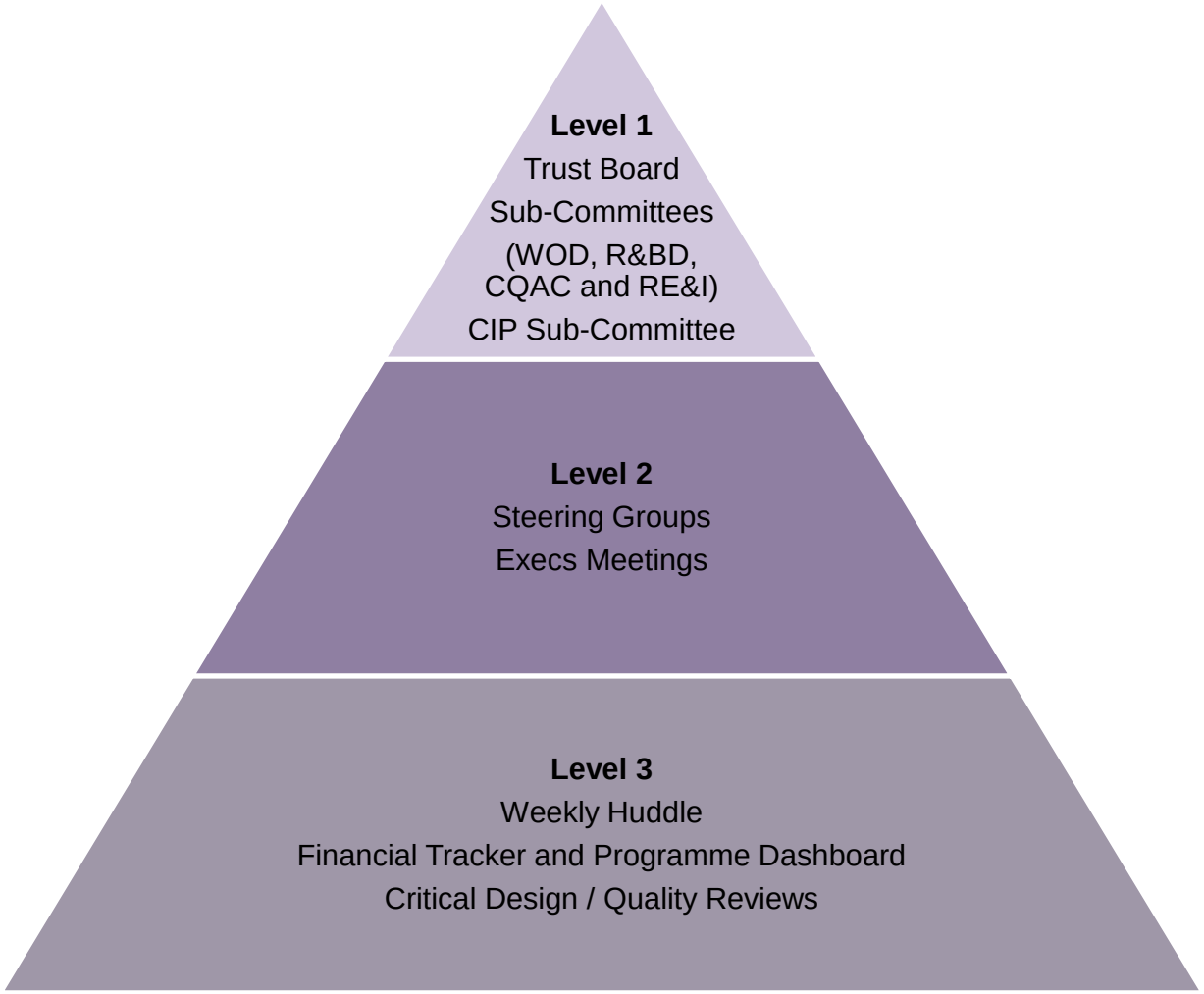
Secondly, the work streams will be led by Executive Sponsors and will run Steering Groups to direct the projects therein, maintain the tempo of planning and milestone delivery, and measure the success of the projects by reporting the realisation of benefits.

Thirdly, the projects will be defined by the 'Project Initiation Document' (PID) and be run by the named project teams with an assurance rating applied through the 'programme Assurance Framework' adopted by the Trust; as in Phase I the core assurance mechanism at this level will be the programme dashboard.

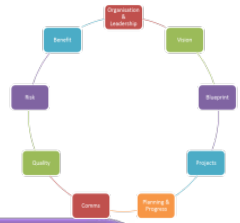
Standards

The standards of programme and project management created for Phase I of the programme will continue to be adhered to in Phase II. These are described in the Alder Hey 'Guide to Programme Management Standards'. The standards include the important concepts of project 'launch' and 'design' reviews as well as a 'gated' approach to the assured progress of each project. It is the responsibility of the programme governance regime - at all three levels - to ensure that the programme management standards are applied robustly yet pragmatically, to ensure that the investment of time and resources in the change programme realises the benefits in a timely manner.

Programme Assurance Framework
Governance (v0.2)



Programme Assurance Framework Responsibilities (v0.2) (working draft – amendments possible)



Executive Sponsor (Director of Finance):

- Assuring the Audit Committee of the Trust Board that the Assurance Framework is in place and operating
- Facilitating the Framework by providing advice and guidance
- Securing resources to enable the Assurance deliverables
- Ensuring that the scope of the 'Programme' to be assured is clear at all times

Corporate Lead (Deputy Director of Finance):

- Accountability for delivery of the Framework
- Ensure sub-Committees meeting agendas accommodate 'assurance' deliverables
- Responsible for development of team to ensure required skills are available so Framework is fit for purpose, effective and economic
- Ensuring Executive Team engages to provide support for the Framework
- Advising the sub-Committees of progress and requesting unblocking of issues

Performance Lead (Head of Planning & Performance:

- Oversee operational performance of CIP and Trust improvement and efficiency programme
- Lead performance monitoring and benefit tracking of CIP and Trust programmes
- Ensure robust monitoring and forecasting is available for Executive Team and Trust Board

Financial Lead (Head of Operational Finance):

- Take the lead on development and performance management and delivery of Trust CIP programme
- Provide a professional lead on a range of complex financial appraisals to support major changes in service provision
- Monitor and review usage of programme resources against planned performance

Programme Manager:

- Responsible for application of programme management standards to provide assurance ratings
- Develop and implement strategies/processes for managing domains of programme management
- Attend Steering Group and Sub-Committee meetings to provide information/advice on assurance evidence

Programme Assurance Framework

Reporting (v0.2) (working draft – amendments possible)

What	When	Why	Who	How	Reports provided by Assurance Team
Level 1 Governance – Trust Board and Committees					
Trust Board	Monthly	To provide assurance on programme	tbc (?DoF/Deputy DoF/ NEDs)	Arranged/administered by Exec Office	tbc
Sub-Committees	WOD every 2 months RABD monthly CQAC monthly RE&I to be set up	To provide assurance on programme	Deputy DoF Head of Planning & Performance Programme Manager	Arranged/administered by Exec Office, invitation to include Deputy DoF, Head of Planning & Performance, Programme Manager	tbc
CIP Sub-Committee	tbc	tbc	tbc	tbc	tbc
Level 2 Governance – Executive Leads and Steering Groups					
Steering Group Meetings	Usually monthly	Oversee project/ workstream development, implementation and benefits realisation	Programme Manager to attend if possible (at least one Huddle member to attend)	Arranged/administered by Project Teams, invitation to include Deputy DoF and Programme Manager	None. Information from Financial Tracker and Programme Dashboard/ Sharepoint used to give verbal updates as required
Execs Meeting	Weekly (currently Thursday)	To update on any issues/items for escalation or assistance	Deputy DoF Head of Planning & Performance (Programme Manager if required)	Arranged/administered by Exec Office	tbc

Programme Assurance Framework

Reporting (v0.2) (working draft – amendments possible)

What	When	Why	Who	How	Reports provided by Assurance Team
Level 3 Governance – Projects					
Huddle	Weekly (currently Tuesday)	Review Financial Tracker, Programme Dashboard, Team Action Tracking and update on meetings attended/ matters arising	Deputy DoF Head of Planning & Performance Head Of Operational Finance Programme Manager Financial Systems Accountant ?COO	Arranged/administered by Finance Team	Report produced by Financial Systems Accountant Programme Dashboard produced by Programme Manager
Financial Tracker	Updated weekly (currently Wednesday)	To provide up-to-date programme information	Management Accountants linking with CBU/Department Leads	Arranged/administered by Finance Team	Ongoing reporting (maintained on Sharepoint)
Programme Dashboard	Every 2 weeks	To update on status of all projects within the programme	Programme Manager	Arranged/administered by Finance Team. Distribution arrangements tbc	Ongoing reporting (maintained on Sharepoint
Critical Design/ Quality Reviews	tbc	multidisciplinary review team to critique of proposals	tbc	tbc	tbc

Programme Assurance Framework
Work Stream Updates (Part 1 to be completed by Assurance Team)

Sub-Committee		Report Date	
Workstream Name		Executive Sponsor	

Current Dashboard Rating:

PMO Ref	Project Title	Project Description	OVERALL PROJECT RAG status	An effective project team is in place	Scope and Approach is defined	Targets / benefits defined/on track	Milestone plan is defined/on track	Stakeholders engaged	Risks are identified and being managed	Quality impact assessment	Comments for attention of Programme Board
4.1a	HWWWITF Surgical Pathway	Project aims to to ensure that all patient flows are fully supported at each stage with the provision of appropriate and effective diagnostic services that maximize the resources and facilities available...									**PMO Comment:** Some evidence available of project team metings. More details required of benefits. Implementation plan shows delays with Day Services workstream and Pre-Admission roll-out. Risk log requires review - extreme risk remains re theatre cleanliness. Phase 2 of HWWWITF Programme being developed. **Last updated 9 December 2015**
4.2a	HWWWITF Elective Medical (planned) Pathway	Project aims to to review the entire elective medical (planned) pathway from initial GP referral to discharge in order to identify significant hospital-wide opportunities for improvement									**PMO Comment:** Benefits defined. Tracker shows delays with DIAU procedures (Meditech letters) and co-ordinated care for multiple service users. Implementation plan shows some delays across LOS workstreams, this requires updating - no PM assigned. Phase 2 of HWWWITF Programme being developed. **Last updated 22 June 2015**
4.3a	HWWWITF Emergency (unplanned) Pathway	Emergency Pathway Project is being undertaken to improve the patient journey by reducing unnecessary delays so it will deliver a timely, safe, high quality care carried out in the right setting with the best									**PMO Comment:** Some evidence of previous meetings . More detail required of benefits, including metrics. Implementation plan needs updating - all actions due for completion Sept . Risk register needs updating, including evidence of management by Project Team and SG. Phase 2 of HWWWITF Programme being developed. **Last updated 8 September 2015**
4.4a	HWWWITF Management of Ward Service	To map out the processes, ward operational practices associated with the move to new AHP ensure arrangements are in place, so operational efficiency is optimised, quality is enhanced and risk to									**PMO Comment:** Project Team notes available to February. More detail required of benefits including metrics. Milestone Plan updated - all identified actions complete or transferred. Phase 2 of HWWWITF Programme being developed. **Last updated 1 July 2015**
4.5a	HWWWITF Facilities Alignment	Project aims to identify the operational changes required and the significant opportunities for improvement within Facilities services as a result of moving to the new hospital site									**PMO Comment:** Update via commissioning meetings and commissioning carry forward plan. **Last updated 2 Nov 15**

Financial Reporting:

RAG rating	Target	Forecast

Programme Assurance Framework
Work Stream Updates (Part 2 to be completed by Executive Sponsor)

Work Stream Summary:

Work Stream Progress:

Project	Key tasks delivered in month	Milestones on Track (Y/N)

Milestones for Next Month:

Project	Key tasks to be delivered in month

Issues for Escalation to Sub-Committee:

Programme Assurance Framework
Project Initiation Document (PID) Assurance Checklists

Project/ Scheme Name	Project Definition	Objectives	Approach	Scope	Exclusions	Dependencies	Benefits & Measures	Project Structure	Milestones/ Deliverables	Costs	Comms Plan	Risks	EA & QIA	Financial Info (Appendix 1)	Approved (Yes/No)
Implement Quality Strategy	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	N	N	
Best Operative Care	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	
Improving Outpatients	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N	
Complex Care Made Simple	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	
Improving Flow	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	
Clinical Support Services															

Alder Hey Children's NHS
NHS Foundation Trust

NAME OF SUB_COMMITTEE HERE

SUB-COMMITTEE - PROGRAMME ASSURANCE

APPENDIX to the TERMS OF REFERENCE

Constitution	The Board hereby resolves to delegate to this sub-committee the responsibility to discharge the assurance, performance management and direction of the following work-streams of the Trust programme of Change 2016-19: **'Enter Name of Work Stream(s) Here'.**
Membership	NED (Chair) Chief Executive Deputy Chief Executive Executive Directors Clinical Directors General Managers
Attendance	The following would be expected to attend each meeting: NED (Chair) Chief Executive Deputy Chief Executive Executive Directors Clinical Directors (or nominated clinical deputy) General Managers (or nominated managerial deputy) External Programme Assurance with PMO Team The following would attend as required by the agenda: Other persons by invitation Secretarial support shall be provided to the sub-Committee to take minutes of the meeting and give appropriate support to the Chair and sub-Committee members.
Quorum	Chair or nominated deputy, two other Executive Directors, at least one representative from each CBU.

Frequency/ Duration	Meetings shall normally take place on a monthly basis and the Programme Assurance part of the meeting will convene not less than 10 times a year.
Authority	The sub-Committee meeting is authorised to: • Consider, for 'initiation', all project schemes that are brought to the Programme Assurance meeting by the organisational teams; • Consider and approve the passage of projects, on the recommendation of the 'Programme Assurance Framework', though the further quality gates of: 'development', 'implementation' and 'sustain and review'; • Direct, monitor and control the project schemes; • Escalate issues outside its authority and any areas of concern, to the Trust Board; • Ensure the feasibility and sustainability of all project schemes at a regular interval;
Duties	The sub-Committee is required to: • monitor the development, implementation and delivery of the relevant work-streams in Trust's change programme, including the identification and monitoring of the delivery of the associated projects. • ensure that all new concepts/ideas submitted are considered for formal sponsorship and, if adopted, are registered with the 'Programme Assurance Framework'. • assure that the 'Programme Assurance Framework' requires each work stream project to identify that benefit realisation plan as well as identifying and mitigating potential risks to quality and service. • monitor sustainability of completed projects, and review regularly in order to ensure the project is going to plan. • report to the Trust Board all significant projects that have been deferred/or discontinued by the divisions or have not been sustained. • provide assistance and support to the Clinical Business Units, Corporate Departments and Community Teams in implementing their concepts/ideas and assisting in issue resolution.

Reporting	The sub-Committee will ensure that the minutes of its Programme Assurance meetings are formally recorded and submitted to the Trust Board along with a Chair's report identifying key areas. Any items of specific concern or which require Board of Directors approval will be the subject of a separate report. Offices / Working groups reporting to the sub-Committee: • Programme Assurance Framework • Clinical Advisory Group • Senior Leadership Team The sub-Committee will receive regular reports on performance metrics which will include information compiled from CBUs. Briefings/Minutes from the above offices / working groups may also be received.
Conduct	The sub-Committee 'work plan' will follow the plans that comprise the Trust's change programme. Agendas, papers and minutes to be distributed not less than 4 working days prior to meetings. Papers to be tabled in exceptional circumstances. Any other business to be notified to the Chair of the meeting in advance.
Other Matters	This 'Programme Assurance' Appendix to the sub-Committee Terms of Reference to be reviewed on an annual basis.

DATE: February 2016

REVIEW DATE: February 2017

Alder Hey Children's NHS
NHS Foundation Trust

Board of Directors – 1 March 2016

Assurance Report from the Integrated Governance Committee held 20 January 2016

1. Purpose

This report is a summary of the key points of assurance that were discussed at the Integrated Governance Committee (IGC) held on the 20 January 2016. It also provides a summary of the current corporate risk register and the Board Assurance Framework (BAF).

2. Recommendation

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

3. Key Points of Assurance and any associated gaps

3.1. Update on overall management, Strategies and Policies:

- **Risk Management Improvement Plan: 2015 – 2016**

  This has been updated to incorporate the recommendations from the CQC Inspection (June 2015) specifically relating to risk management. Several of the actions from the initial RMIP would be progressed as part of the review of the Quality Strategy and through the devolution and integration of Risk and Governance within CBUs, which was actively being taken forward.

- **Quality Strategy (refresh)**

  Development of the Quality Strategy remained on track and was expected to be approved at the Board meeting in April 2016. A review of the current corporate resource within the quality, risk and governance teams would be taking place over the coming weeks to establish requirements necessary to support delivery of the Strategy within CBUs. Meetings with General Managers to discuss and agree a structure would be scheduled.

- **Challenging and streamlining the content of risk registers:**

  A follow up (six monthly) review has commenced to conclude the 2015/16 critique of CBU and departmental risk registers *(initial exercise undertaken in August 2015)* looking at their accuracy & completeness with a view to ensuring more consistency across the registers.

- **Risk Module:**

  The revised module is now fully implemented and is being actively used to drive and inform meetings for the Board, Audit and Integrated Governance Committees. The BAF is now loaded onto the system and briefings given to the Executive Directors on how to assess and update the corporate risk register and BAF. Positive feedback to date has been received on the new process.

4. Risk Registers

4.1. Corporate Risk Register

The diagram below gives a high level view of the corporate risk register as amended after the January IGC and following is a summary of the significant changes discussed at that meeting. The full document is included as Appendix A.

Alder Hey Children's NHS
NHS Foundation Trust

Corporate Risk Register - Overview at 9 February 2016

721: Delivering opertional activity (S)
815: Inability to meet the 4 hour target within ED (S)
478: Ageing Infastructure & Plant (S)
593: Integration of ALL necessary IM&T solutions (S)
722: Negative patient experience due to short notice canellations (S)
710: IT issues in the community (S)
646: Commission and make new hospital ready (S)
727: Increased risk of injury due to satff being exposed to construction risks (S)
603: no CAMHS cubilces in CHP (S)
572: Sponsorship and Governance Regime (W)
885: Transition for metabolic patients (S)
720: Junior doctors - staffing levels (S)
56: Research financial model (S)
321: Community buildings (S)
524: Compliance with mental health standards (S)
571: Defining benefits for the Programme (S)
725: Compliance with H&S Regulations (S)
201: Sickness & absence levels (S)
399: Industrial relations (S)
573: Clinical Engagement on EPR (S)
278: Burns Unit (S)
604: Casenote availability (S)
723: Utilisation of clinics, wards and theatres (S)
883: Failure to manage OP pathways in accordance with waiting time priotities (S)
718: Nurse staffing levels and associated recruitment (S)
719: Meddication errors (S)
724: RTT performance (S)
569: Programme capability and capacity (S)
500: Workforce engagement and support (S)
570: Engagement of staff and stakeholders (overall) (S)
205: Employment policy framework (S)
172: Mandatory training (S)

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

The diagram above shows that the majority of the risks remained broadly static, with the exception of risk 572 Sponsorship and Governance Regime which worsened in month. The table below provides an overview of what risks were escalated/ de-escalated/ closed/ getting worse or better or static at the meeting.

Risks presented for escalation this meeting	Decision
1. Unable to transfer patients safely across the connecting bridge from CCU to Theatre due to water leak from roof	Not escalated
2. 3C Palliative Care Patient from Wales	Not escalated
3. Renal RO plant	Not escalated
4. Metabolic service	AGREED to escalate
5. Incomplete patient information to support dispensing e.g. renal function	Not escalated
6. Weak documentation and approved decontamination processes, training for Endoscopy	Not escalated
7. Effects of the lack of humidifiers in the MRI department	Not escalated
8. Blood Transfusion Training	Not escalated
9. Failure to manage OP pathways in accordance with waiting time priorities	AGREED to escalate
10. Inability to meet the National 4 hour target within the Emergency Department	AGREED to escalate
11. IT issues in the community	AGREED to escalate
Risks escalated at the meeting = 4	
Risks presented for closure / de-escalation	**Decision**
None	

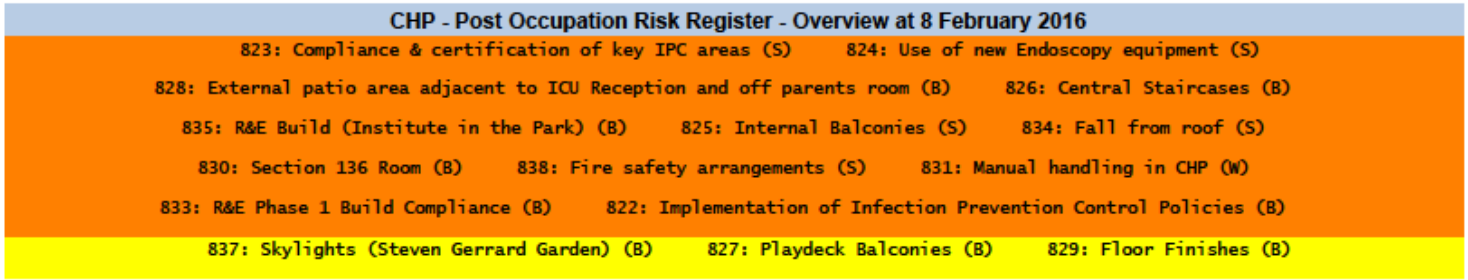
Analysis of corporate risk register current set of open risks by Trend
Risk getting worse = 1 (Sponsorship & Governance Regime)
Risks getting better = 0
Risks closed = 0
Risks remaining static = the rest

4.2. CHP - Post Occupation Risk Register

The diagram below gives a high level view of the CHP Post Occupation Risk Register as amended after the January IGC.
Formal processes are being established to ensure the effective management of issues and the Trust CHP team is evolving into a Monitoring and Fix-It team. Main areas of concern continue to include health & safety related risks concerning the balconies, central staircases, patio areas and floor finishes. The Trust engaged a specialist solicitor to consider the legal aspects of some of the H&S related risks. A full report on this inspection is pending and will be considered by the Executive Directors prior to the IGC in March 2016.

IPC risks on the CHP register will be refreshed during the upcoming month to ensure they reflect the current issues and cross-link with H&S.

A decommissioning and new campus register has now been established.



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

Analysis of CHP risk register current set of open risks by Trend
Risk getting worse = (Manual Handling in CHP)
Risks getting better = 9
Risks closed = 1 (Security of CHP)
Risks remaining static = the rest

5. Assurance reports from Sub Committees and Groups:

5.1. Emergency Preparedness

- The Major Incident Cascade process was tested in the new hospital on 20 November 2015 which had revealed some gaps in response. It had transpired that clinicians were choosing not to listen to the text when the signal was crackly. The Chair was very clear that this was an unacceptable position and requested that a clear message be cascaded to those areas involved to that effect. A further cascade test would be organised to obtain full assurance.
- The updated Hospital Evacuation Plan required additional review prior to it going to the Emergency Preparedness Group in order to ensure inclusion of clear evacuation arrangements in the event of an incident requiring an area to be cordoned off.
- The Cold Weather Plan was approved at the last Emergency Preparedness Group subject to confirming that gritting arrangements were in place for the interim site.
- NHS preparedness for a major incident. A statement of readiness would be submitted to a future public Board meeting. An action plan would be developed to take this forward.
- Access to Sites during Transport Failure. A contract/memorandum of understanding with 'North West 4 x 4 Response' would be established who can transport staff to various locations in the event of disruption.
- Meditech Unplanned Downtime on Tuesday 15 December 2015. EM reported that this exercise had gone to plan but that there were some lessons learned for the Trust to take forward.
- Junior Doctor Strike Action – Tuesday 12 January 2016: further planned strike action had now been suspended since issue of the report.

5.2. Health & Safety

- Control of Contractors –A new version of the Control of Contractors Policy was ratified at IGC in November, subject to the identification of resources to support the Health & Safety Team with the implementation of the policy. No resource had been identified to date and was subject to further discussion amongst Directors about whether these resources should be allocated to the H&S Team or Estates.
- Legionella/Water Safety – Cold Water Temperatures within CHP continued to exceed 20 degrees. The H&S Team in partnership with Interserve are to review the pipework configuration in order to determine the water outlets to be tested over a 24hr cycle. Water sampling has not taken place since occupation of the new hospital, and currently awaiting confirmation as to whether this is part of the Interserve contract.

5.3. Infection Control

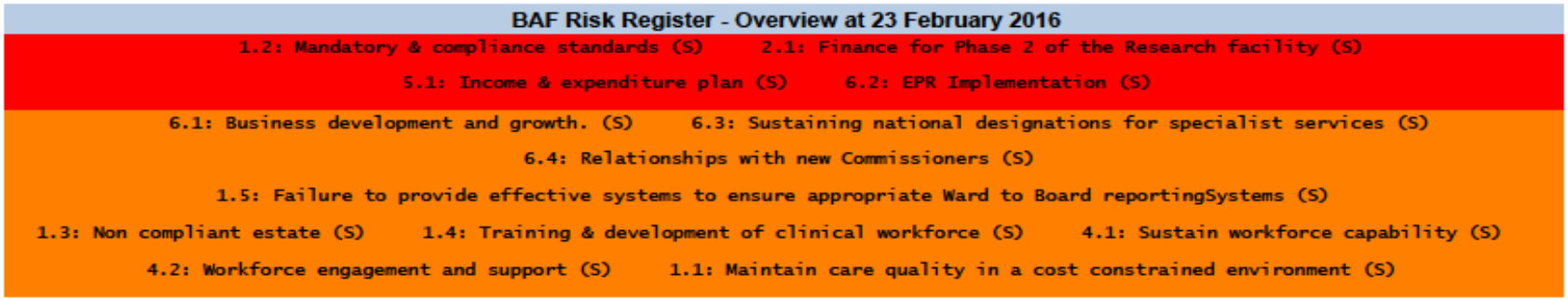
- A refresh of the IPC risks would be undertaken over the coming weeks to reflect the evolvement of risks following the move to the new hospital.

5.4. Information Governance

- Inspections continued on the interim site to ensure nothing of a confidential nature had been left behind or mislaid in phase 1 of the move.
- Work was underway with Project Leads from the decommissioning team to focus on the next phase of the move.
- Patient names on the screens in the CHP atrium continued to receive concerns from parents. Advice had been sought from the ICO on this matter for which the outcome was pending; an update would be provided to the March IGC meeting.
- Staff were asked to remain extra vigilant as there had been a reported episode of intruders on the old site; consideration would be given to this as a potential entry on the Risk Register.

6. Review of the BAF

The diagram below gives a high level view of the BAF as updated at 23 February 2016. Below the diagram is a summary of the significant changes since the last Board meeting and the full document is included as Appendix B.



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

Summary of BAF - at 23 February 2016

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
	(14-15 references given in brackets where different)	Current	Target	Last	Now
STRATEGIC OBJECTIVE 1: Deliver **clinical excellence** in all of our services					
1.1 (1.1A) HG	**Maintain care quality in a cost constrained environment**	4-2	4-2	STATIC	STATIC
1.2 (1.3) JA	**Mandatory & compliance standards**	4-5	4-2	WORSE	STATIC
1.3 (1.4) MS	**Non-compliant estate**	4-3	4-1	STATIC	STATIC
1.4 (1.5) MS	**Training & development of clinical workforce**	4-3	4-1	STATIC	STATIC
1.5 (1.6) ES	**Systems to support Ward to Board reporting**	4-3	3-2	STATIC	STATIC
STRATEGIC OBJECTIVE 2: Be a **world class** centre for children's **Research & Development**					
2.1 (2.4) JS	**Finance for Phase 2 of Research facility**	4-4	2-3	STATIC	STATIC
STRATEGIC OBJECTIVE 3: Ensure all of our **patients** and their **families** have a **positive experience** whilst in our care					
~~3.1 JA~~	~~**Transformation programme for patient centred care**~~	~~4-3~~	~~4-3~~	~~CLOSED~~	
STRATEGIC OBJECTIVE 4: Ensure all of our **staff** have the right **skills, competence, motivation and leadership** to deliver our vision					
4.1 MS	**Sustain workforce capability**	3-4	3-3	STATIC	STATIC
4.2 MS	**Workforce engagement and support**	3-3	3-2	STATIC	STATIC
STRATEGIC OBJECTIVE 5: Further improve our **financial strength** in order to **continuously invest in services**					
5.1 JS	**Income & expenditure Plan**	4-4	4-2	STATIC	STATIC
STRATEGIC OBJECTIVE 6: Be the **provider of 1st choice** for children, young people and their families					
6.1 JS	**Business development and growth**	4-3	4-2	STATIC	STATIC
6.2 JS	**EPR Implementation**	4-4	4-2	STATIC	STATIC
6.3 JS	**Sustaining national designations for specialist services**	4-3	4-2	STATIC	STATIC
6.4 JS	**Relationships with new commissioners**	4-3	4-2	STATIC	STATIC
STRATEGIC OBJECTIVE 7: Deliver the **hospital in the park** by 2015/16					
~~7.1 (7.8) DP~~	~~**Capacity to deliver "day job" as well as complex development programme**~~	~~2-3~~	~~4-2~~	~~BETTER~~	~~CLOSED~~
~~7.2 (7.9) CW~~	~~**Charity delivering targets for new facilities**~~	~~4-3~~	~~4-2~~	-	~~CLOSED~~
~~7.3 DP~~	~~**Delivering safe and effective hospital move**~~	~~3-3~~	~~3-3~~	~~BETTER~~	~~CLOSED~~

Changes since January 2016 Board meeting

The diagram above shows that the majority of the risks on the BAF remained broadly static with the exception of the risks relating to delivery of the new hospital which has now been successfully achieved. Some risks have shown significant progress against actions and these are outlined below, categorised into external and internal risks.

External risks

- ***Business development and growth (JS)***

  No change in month

- ***Mandatory and compliance standards (JA)***

  Failed ED in both months, attendance up 13.7% on Jan 15. Joint action plan with CCG continues to be delivered. Consultant cover extended in evening and GP MOU drafted. RTT, diagnostics and cancer all achieved. Open pathways continue to be validated in line with agreed NHSE plan.

- ***Sustaining national designations- specialist services (JS)***

  No change in month

- ***Relationships with new commissioners (JS)***

  No change in-month

- ***Charity delivering targets for new facilities (CW)***

  Closed (charity are now independent. Separate Trust risk identified associated with the raising of funds for R&E 2)

Internal risks:

- ***Delivering safe and effective hospital move (DP)***

  Closed (CHP delivered and fully operational).

- ***Income and expenditure plan (JS)***

  January (month 10) financial results update: deficit of £4.9m, £1.9m behind plan as a result of an in month deterioration of £0.6m against plan due to lower than planned income and higher than plan pay costs. Currently forecast held at £3.7m which incorporates contingencies and stock count updates. However cash forecast end of year cash position falls from £4m to £3m as continued cash slippage in financial recovery is offset by non-cash generating contingency. Fcast reflects CBU planned increase in elective and outpatient activity - risk circa £1m if no improvement. i.e. £4.7m deficit rather £3.7m deficit. Continued focus on increasing planned activity and pay cost reduction. No improvement in risk score.

- ***EPR Implementation (JS)***

  No change, in month

- ***Non complaint estate (MS)***

  No change in month, risks continue to be monitored.

- ***Maintain care quality in a cost constrained environment (HG)***

  National Nurse Recruitment day scheduled for 27 Feb to fill our vacancies and improve our resilience. Monitor target for temporary spend achieved.

- ***Sustain workforce capability (MS)***

  Action plans for the management of sickness and temporary staffing costs presented to RABD in Jan 2016. HR team focused on working with managers on both of these areas. Increased recruitment activity planned for Jan/Feb, including a recruitment day for nurses. Workforce planning process being developed for CBUs to run alongside their business planning processes.

- ***Training & development of clinical workforce (MS)***

  Mandatory training remains steady at above 80%. LNA currently underway. progress made with improving reporting for transfusion, manual handling.

- ***Workforce engagement and support (MS)***

  Staff survey presentation planned for Feb 16 for SLT. PID in development for the Trust Communications and Engagement Project.

- ***Finance of Phase 2 of Research facility (JS)***

  Circa £8m charity funds identified with arrangements associated with £6m of these funds to be finalised. Circa £2m funds proposed from HE providers and further discussions on-going with potential stakeholders in order to secure required sum to progress the scheme. Finalisation of position and way forward over March.

- ***Systems to support Board to ward reporting (ES)***

  The Board has approved a revised governance structure that comprises assurance committees having oversight of the Trust's change programme including the refreshed Quality Strategy; this aims to synchronise improvement activities with the 'business as usual' agenda so that risks to delivery are brought to the Board's attention in a more timely way. The new processes will be implemented in April 2016.

- ***Capacity to deliver "day job" as well as Programme (DP)***

  Closed (CHP now delivered and fully operational).

7. Policies ratified:

The Committee ratified the Equality Analysis for the Waste Management Policy following its approval at the November IGC.

Erica Saunders
Director of Corporate Affairs
March 2016

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

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

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

Existing Control Measures	
• Quality impact assessment of all planned changes	• Risk assessment and utilisation of risk registers in responding to incidents and other drivers.
• Quality Report performance against quality aims scrutinised at CQAC and Board.	• CBU and Corporate Dashboards in place and are part of updated Performance Framework.
• Weekly Meeting of Harm	• Programme of quality reviews (deep dives) planned across all departments. Implemented and being reported via the quality report.
• Ward dashboards	• Refresh of CQAC to provide a more performance focussed approach
• Changes to ESR to underpin workforce information -	• Develop CIP plans and align to HWWITF and operational efficiencies

Assurance Evidence	**Gaps in Controls/Assurance**
Monthly reporting to CQSG. CQAC focus on performance. Analysis of incident reports. Monthly reporting of the Corporate Report to Board. Outputs from Patient Safety Questionnaire. Monthly Quality Report. Trust removed from enhanced surveillance following review with CCG quality leads. Outputs from Quality Review Programme Workforce information now provided - starters/leavers and age profiling	Gaps in information available in timely manner to support real time understanding of quality performance Reduced investment opportunity to respond to clinical development as a result of financial situation.

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Job descriptions for HDU consultants to include IPC responsibilities.	complete
CBUs to identify medical leads to sit on IP&C Committee.	complete
Implementation of manager self-serve re ESR	complete
Significant progress achieved in incident management, analysis and learning, nurse recruitment and quality reporting.	all complete with the exception of quality reporting for which further work is underway
Need to ensure consistent input at department level	
Successful bid to "Sign up to safety" has resulted in 182k investment in support posts	Post holders commencing w/c 14 July 2015

Executive Lead's Assessment
June 2015: update to action 6 above August 2015: no change September 2015: deep dive into performance indicators to take place 'post move'. Work on developing Quality Strategy underway, including review of assurance systems and processes. Sign up to Safety launch w/c 23.11.15 October 2015: multi-disciplinary engagement sessions on developing the Quality Strategy continued during the month of October December 2015: Progress against development of Quality Strategy ongoing with plan to update assurance committees during the month of Jan (CQAC) and March (BoD) January 2016: Quality Strategy Steering Group established. SLT Awayday in Dec agreed Quality Improvement projects. work on-going triangulating HR, finance and nursing workforce information. National Recruitment Day being held in Feb 2016 and further trip to Italy scheduled for March 2016. February 2016: National Nurse Recruitment day scheduled for 27 Feb to fill our vacancies and improve our resilience. Monitor target for temp spend achieved.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.2	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective					
Exec Lead: Judith Adams		**Type:** Internal, Known	Current IxL: 4-5	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to deliver on all mandatory and compliance standards including those of the regulators Monitor and CQC

Existing Control Measures

• Internal Action Plan and trajectory in place for 18 weeks.	• Performance Review Group.
• CBU Performance Meetings.	• Regulatory status with: Monitor, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.
• Compliance tracked through the corporate report and CBU Dashboards.	• Risks to delivery addressed through PMG, RBD & CQSG.
• IST review of 18 weeks	• Trust committed to working with NHSLA on new assessment process.
• Development of early warning indicators	• Internal and external (KPMG) review of CQC KLOEs
• Theatre and workforce improvement plan to be developed and delivered	• Seasonal beds opened all year to facilitate increased elective activity
• KPIs for Winter Resilience (1.3m funding) developed, agreed with Commissioners.	

Assurance Evidence	Gaps in Controls/Assurance
Regular reporting of delivery against compliance targets through CQSG and CQAC. Monthly reporting to the Board via the Corporate Report. Report from IST following visits to Trust Operational effectiveness measures (key risks with early warning measures) to RABD CQC Action plan reviewed at Execs and Operational Delivery Group Compliance assessment against Monitor Provider Licence to go to Board MIAA review of 18 weeks	Breach of 18 week target in Q3. Theatre and bed capacity Some areas remain fragile e.g. IG toolkit, 4 hour waits, MSE, evidence of compliance re learning disabilities declaration. Assurance required to underpin CBU reporting on CQC standards. Need clear process for 'horizon scanning' to anticipate risks and issues. Work with CCG to manage demand & develop/fully utilise existing capacity across PC Failure of CCG and local health economy to successfully deliver on agreed plans to meet reduction in ED attendances

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Theatre improvement and cancelled operations improvement plan required	Winter plan and escalation model developed and agreed - switch to increase of day surgery at peak of RSV to minimise elective impact
Plans to address gaps in high demand specialties	Plan to improve RTT validation of open pathways in progress and due to be completed by 31st March
Review SRG plans to ensure 4 hour target met	Consultant cover extended until 10pm with second consultant
Ongoing update to the CQC Action Plan	Review of DQ planned to commence end Feb
Review bed capacity and staffing model in line with design of AHP and plans for seasonal variation	Model re-run, plans to be agreed to manage outputs. For presentation at Ops Board on 30th April and actions to be agreed
Review with CCG further actions required to manage ED demand in line with agreed plans for new AHP	Discussions with GP Federation to enter partnership agreement to support primary care attendances at ED. MOU drafted and shared

Executive Lead's Assessment

March 2015: Key risks to delivery remain the plans to address peaks in activity profile created due EPR go live and hospital move which if not delivered create backlog
April 2015: Year end position on access targets achieved, diagnostics position improved and will be compliant by end May. Improvement work on health records continues with clear milestones and actions.
June 2015: Monitor compliance standards met. Removal of 18 week admitted and non admitted targets effective from July - open pathways target remains. New model of care developed for ED/EDU and approved - supported by SRG monies in interim whilst new financial/clinical model developed and evaluated. CQC re-inspection undertaken - awaiting report findings. Health records improvements against plan on track.
August 2015: no change
September 2015: Compliance with Q1 & 2 contractual and regulatory standards met, ED performance improved following Mv6 go live issues. Open pathways remain challenging and will be further impacted by reduction in elective activity over hospital move period in addition risk of Ed performance in October will need close monitoring following hospital move.
October 2015: ED Performance at risk for Q3 and for year. Attendances remain high and local health economy plans for reductions not effective. Further work required internally on flows and action plan in place. Agreement reached with CCG on support to Smithdown WIC effective immediately. Work required over Q3/4 to address FU backlog following EPR implementation and hospital move.
November Qtr 3 fail for ED. action plan in place for Qtr 4 achievement. RTT achieved
Jan/Feb - Failed ED in both months, attendance up 13.7% on Jan 15. Joint action plan with CCG continues to be delivered. Consultant cover extended in evening and GP MOU drafted. RTT, diagnostics and cancer all achieved. open pathways continue to be validated in line with agreed NHSE plan.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.3	**Strategic Objective:** Deliver clinical excellence in all our services	Risk Title: Non compliant estate		
Related CQC Themes: Safe, Effective, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description
Risk of enforcement action arising from safety incidents due to a failure to maintain a compliant estate and robust and embedded health & safety practices in the work place.

Existing Control Measures	
• PPM structure aligned to critical risk areas.	• RBDC has agreed a cycle of compliance reporting on key risk areas based on up to date legislation and guidance.
• H&S Committee has oversight of risk areas.	• Prioritise backlog maintenance budget to key risk areas.
• H&S annual work plan - overseen by H&S Committee and ratified by IGC	• Monthly meetings of Estates, Health & Safety teams chaired by DSA to review common risks
• H&S Risks assessed at IGC and action take to mitigate risks.	• H&S Sub-group established to feed into weekly commissioning group to ensure all outstanding or new H&S risks are considered as part of on going CHP commissioning and maintenance processes.
• Outcomes of H&S Risk summit re CHP move absorbed into H&R Risk Register and presented to July 15 IGC	• H&S Risks re CHP move incorporated into Occupation Risk Register to be discussed at Execs and IGC in November

Assurance Evidence	**Gaps in Controls/Assurance**
Remain within HSE/CQC compliance parameters. Regular reports to RBDC on progress to mitigate top 5 risks. Reporting on Estates Compliance Dashboard to RBDC on quarterly basis. H & S Committee bi monthly reporting to IGC. Reporting to Board and IGC on assessment of key risks and investment to address critical issues. HSE visit - no major issues reported. External review undertaken of H&S - nothing adverse reported. MIAA review of PPMs and action plan	Levels of practical manual handling training improved but still below required levels. Insufficient number of people ready and willing to carry out H&S risk assessments

Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Programme of intensive practical manual handling training rolled across Trust	Training rolled out 100+ people have received training since last report
H&S risk assessment training available to key areas as required	Training provided to over 30 staff priorities set for remaining staff
H&S Risk summit scheduled for 30th April	Outcomes to IGC on 15th July

Executive Lead's Assessment
December 2015: H&S Risks continue to be reviewed and monitored through IGC February 2016: no change, risks continue tobe monitored.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.4	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Training & development of clinical workforce		
Related CQC Themes: Safe, Effective, Caring, Responsive, Well Led					
Exec Lead: Melissa Swindell		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 4-1	Trend: STATIC

Risk Description

Failure to ensure high standards of care through lack of training/development of clinical workforce.

Existing Control Measures

• Compliance tracked through the corporate report and CBU Dashboards.	• Workforce Group
• Performance Review Group.	• CBU Performance Meetings.
• Mandatory training reviewed and updated in summer 2014	• OLM restructured to include key competencies
• All training records available online and mapped to competency framework	• E-learning updated in January 2015 with one click access
• Big Move mandatory training workbook used as a mechanism for all staff to update their mandatory training prior to the move. Issue of access passes were dependent upon staff having completed their workbook, which contained 6 core mandatory training subjects. The move afforded a range of training to clinical staff including systems, equipment, scenario testing and simulation.	

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

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
H&S risk assessment training available to key areas as required	Training provided to over 30 staff, priorities set for remaining staff
Review mandatory training processes	Modernising mandatory training programme rolling out. Data cleanse completed. Risk based assessment of renewal periods underway
Task and finish group to review prior action failures and identify solution.	Action plan signed off at WOD
Programme of intensive practical manual handling training rolled across Trust	Training rolled out 400+ people have received training since last report

Executive Lead's Assessment

December 2015: Progress made since last update, all mandatory training topics have shown improvements. Learning Needs Analysis being developed for inclusion into 16/17 business planning process.
February 2016:mandatory training remains steady at above 80%. LNA currently underway. progress made with improving reporting for transfusion, manual handling.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 1.5	**Strategic Objective:** Deliver clinical excellence in all our services		Risk Title: Failure to provide effective systems to ensure appropriate Ward to Board reporting Systems		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led					
Exec Lead: Erica Saunders		**Type:** Internal, Known	Current IxL: 4-3	Target IxL: 3-2	Trend: STATIC

Risk Description	
Failure to provide effective systems to ensure appropriate Ward to Board reporting	
Existing Control Measures	
• Internal and external reviews of quality and corporate governance including CQC.	• Consolidate various recommendations into one action plan.
• New assurance: CQC inspection report published 22nd December rates the Trust as 'good' in the well-led domain and notes considerable improvement in risk and governance systems and processes.	
Assurance Evidence	**Gaps in Controls/Assurance**
CBU Quality/ Risk/ Governance meetings report into IGC and CQAC. IGC and CQAC provide formal assurance to Board CQC re-inspection report. KPMG Quality Governance Framework Review report MIAA Risk Maturity Review	TOR, work plan and agenda for CBU meetings not linked directly into what is reported to Board. Still some overlap and duplication of responsibilities and reporting across the structure of various committees and fora. Sustainability of improvements to risk arrangements not fully secured
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
IGC to feed latest view of relevant risks to each Board Committee.	Reviewing where each area/ department is accountable to and where there risks are considered. IGC provides updates to RABD and CQAC as required - need to formalise
Review of overall structure of committees and fora to drive a clearer lines of reporting and responsibilities	Mapping of existing structure: report to November Audit Committee with proposals
MIAA review of risk management maturity and follow up to previous review of risk management at local level	Demonstrable improvement evidenced in report
TOR, work plan and agenda for CBU Quality meetings revised in line with those for IGC and CQAC.	Agenda and work plans agreed with CBUs Quality agenda linking into a new CBU Quality report.

Executive Lead's Assessment
August: Focus at July IGC was on development of local risk registers and further embedding of risk management arrangements following CBU self-assessment report and discussion. A clear way forward has been agreed which will continue to track through IGC and Audit Committee. September 2015: Chief Nurse leading a review of risk, governance and quality arrangement across the CBUs. IGC in September reviewed the outstanding risks emerging from the CHP Commissioning work October 2015: Senior resource agreed to support the risk management function; plan to strengthen inputs at CBU level. Regular review taking place by IGC and Audit Committee to ensure robust systems in place for ongoing compliance. December 2015: Work continues to embed risk management improvement plans; Executives have been receiving notifications of key incidents for the last couple of months enabling more immediate line of sight on emerging issues. Overarching governance structures currently under review to reflect refresh of Trust strategy. February 2016: The Board has approved a revised governance structure that comprises assurance committees having oversight of the Trust's change programme including the refreshed Quality Strategy; this aims to synchronise improvement activities with the 'business as usual' agenda so that risks to delivery are brought to the Board's attention in a more timely way. The new processes will be implemented in April 2016.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 2.1	**Strategic Objective:** Be a world class centre for children's research and development		Risk Title: Finance for Phase 2 of the Research facility		
Related CQC Themes: Responsive, Well Led					
Exec Lead: Jonathan Stephens	**Type:** Internal, Known		Current IxL: 4-4	Target IxL: 2-3	Trend: STATIC

Risk Description

Failure to raise adequate finance for the second phase of the Research & Education facility.

Existing Control Measures

• Work closely with LHP and other strategic partners in formulating new Research Strategy	
Assurance Evidence	**Gaps in Controls/Assurance**
Research Strategy Committee set up as a new Board Assurance Committee. PMO monthly reporting to the Programme Board and Board. Regular reporting on funding to the Charitable Funds Committee.	Lack of funding secured. Lack of integration with other academic partners.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Approach Liverpool University, local authority and grant raising bodies for funding.	Joint University and Trust governance committee established to progress BRU application and business case preparation. Reporting into Trust Research Steering Committee. Business case currently being developed for review in May.
Bid for Biomedical Research Unit (6/15).	BRU bid deferred - Children's to be a key theme within Liverpool BRC bid

Executive Lead's Assessment

April 2015. Finance sub-committee now up and running with specific duty of finding funds for Phase2. Meeting w/c 30.3 will address the vision document that is to be used to approach potential funders plus the overall approach to targeting funds. A fundraiser has been appointed to work on the govt. and European grants. Funding Strategy being developed with support from stakeholders and external agency.
June 2015: Continued engagement with stakeholders draft proposal discussed with LEP.
August 2015: Update - no change engagement with stakeholder and potential funding sources continues -decision point December 2015
September 2015: Meeting with Stakeholders in October / November to firm up space requirements and funding commitments. Positive developments regarding fund raising currently being reviewed with the Alder Hey Charity. Decision point December 2015.
October 2015: no change
December 2015 update: discussions on-going with Edge Hill and John Moore's re contribution towards phase 3 - awaiting letter and proposal from Edge Hill.
January 2016: no change in month
February 2016 : Circa £8m charity funds identified with arrangements associated with £6m of these funds to be finalised. Circa £2m funds proposed from HE providers and further discussions on-going with potential stakeholders in order to secure required sum to progress the scheme. Finalisation of position and way forward over March.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 4.1	**Strategic Objective:** Ensure all our staff have the right skills, competence, motivation and leadership to deliver our vision	Risk Title: Sustain workforce capability		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-4	Target IxL: 3-3	Trend: STATIC

Risk Description

Failure to achieve the Trust's strategic and operational targets due to an inability to sustain workforce capability

Existing Control Measures

• Identified recruitment processes in place.	• Succession planning undertaken for the Executive Team and Medical Leadership Team.
• Development Programme for Key Employees.	• New Attendance management process to reduce short and long-term absence.
• Workforce plan established	• Attendance management training
• Positive Attendance policy	• NHSP managed bank services. NHSP II went live on the 26th October 2015 covering all administrative staff.
• Permanent nurse staffing pool	• Succession planning
• Targeted OH interventions	• Refresh of recruitment strategy in September 2014
• Early referral for stress and musculo-skeletal conditions	• Health & Wellbeing resource identified and workplan signed off at WOD in July.
• Workforce committee re-enforced and includes recruitment and education	• Working for Health initiative introduced in Feb 2015
• Workforce Planning Policy signed off at WOD June 2015	• Planned activities to ensure nurse recruitment remains at full establishment
• Decision made to bring recruitment back in house from April 2016 to improve recruitment process, cost and efficiency	• Establishment loaded into ESR and system updated to reflect new structures in Sept 2016
• Change Leader and Customer Service training programmes completed and evaluated successfully.	

Assurance Evidence	Gaps in Controls/Assurance
Monthly recruitment reports provided by HR/Payroll provider. Quarterly reports to the Board Via WOD on the Workforce Strategy, Workforce plan and absence analysis. Monthly Corporate Report (including workforce KPI's) to the Board. Reports to the Executive Team re: succession planning. Recruitment and Health and Wellbeing Strategies presented at the May WOD, workforce plan snapshot presented to April RABD, OH contract in renegotiation to include absence reduction targets. Attendance and Temp spend controls to be reviewed in workforce CIP group and at CBU performance reviews. PDR at 91% compliance across clinical areas Medical appraisal 97%	Measurement for unfilled key roles. Lack of emergency successors identified for key roles. Lack of an established establishment planning process Poor controls over costs and availability of short term cover

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
CBU's to manage against the requirements of the new attendance licy	Small improvement in time to conduct RTW
Establishment loaded into ESR	Action plan agreed with Finance - on track
Workforce planning policy published	Draft Workforce Planning policy to May RABD

Executive Lead's Assessment

December 2015: Plans being drafted for additional nurse recruitment from Italy in early 2016.
Refreshed action plan to address sickness absence presented to BoD in Jan 16
Recruitment Manager started in post Jan 16
February 2016: action plans for the management of sickness and temporary staffing costs presented to RABDC in jan 16. HR team focused on working with managers on both of these areas. Increased recruitment activity planned for jan/feb, including a recruitment day for nurses.
workforce planning process being developed for cbus to run alongside their business planning processes.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 4.2	**Strategic Objective:** Ensure all our staff have the right skills, competence, motivation and leadership to deliver our vision	Risk Title: Workforce engagement and support		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Melissa Swindell	**Type:** Internal, Known	Current IxL: 3-3	Target IxL: 3-2	Trend: STATIC

Risk Description

Lack of workforce engagement which impacts upon operational performance and achievement of strategic aims

Existing Control Measures

• Internal Communications Strategy.	• Roll out of Trust Values.
• Roll out of Leadership Development and Leadership Framework	• Action Plans for Engagement, Values and Communications.
• Medical Leadership development programme	• Staff Survey Action plan being updated for 2016 taking into account 2015 survey and subsequent temperature checks
• Values based PDR process, with compliance over 90% in clinical areas.	• Staff Friends and Family test now in place for two years
• CBUs complete Staff Survey action plans	• Staff surveys analysed and followed up
• June 15 - Cross organisation staff survey steering group established to identify staff survey actions.	• Change Leader and Customer Service training completed in 2015 and reviewed positively

Assurance Evidence	Gaps in Controls/Assurance
Outcomes from Annual Staff Survey reported to the Board. Quarterly reporting to Board via WOD regarding Engagement, Values and Communications. PDR completion rates Monthly Engagement Temperature Check reported to the Board. Monthly Engagement Temperature Check local data now sent to CBUs on a monthly basis to enable them to analyse data locally. Ongoing consultation and information sharing with staff side and LNC	Overarching Engagement Strategy

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Personal move planning process	1000+ conversations completed by Mar 2015
Analysis of Staff Survey	Improvement in all key areas. The remaining challenge is to increase engagement with individual change programmes.
Communications Strategy published	Due April 15
Development of engagement strategy, working closely with comms team to development	

Executive Lead's Assessment

December 2015: Management and Leadership Development Strategy presented to Workforce and OD Committee in Dec, with final strategy to Workforce and OD Committee in February.
Staff Survey initial findings to Trust Board in January 16
February 2016: staff survey presentation planned for Feb 16 for SLT. PID in development for the Trust comms and engagement project.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 5.1	**Strategic Objective:** Further improve our financial strength in order to continuously invest in our services	Risk Title: Income & expenditure plan		
Related CQC Themes: Safe, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** Internal, Known	Current IxL: 4-4	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to deliver 2015/16 Income and Expenditure plan and planned Continuity of Service Risk Rating

Existing Control Measures

• Organisation-wide financial plan.	• Monitor financial regime and financial risk ratings.
• Financial systems, budgetary control and financial reporting processes.	• Recovery plan in place and focused.
• Monthly performance review meetings with CBU Clinical/Management Team and the Executive	• Financial Position (subject to regular monitoring).
• Jan 2016 : weekly meeting with CBUs to review forward look bookings for elective and day case procedures to ensure activity booked meets contract and recovery plans. Also review of status of outpatient slot utilisation	

Assurance Evidence	Gaps in Controls/Assurance
Monthly Corporate Performance Report presented to both Board and the RBDC. Specific Reports (i.e. 2 year Monitor Plan Review by RBDC) Monthly Performance Management Reporting with General Managers. Internal and External Audit reporting through Audit Committee. Daily activity tracker to support CBU performance management of activity delivery	Improved financial control and effective recovery required in identified CBU's where slippage against agreed recovery trajectories occurring Ongoing cost of temporary staff CBU recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan. September 2015: Month 5 (end of August) Trust normalised deficit of £1.3m which is £0.5m higher than plan. Current risk rating 2 compared to plan of 3 but skewed by profile of grant income. Underlying rating of 3. Main risks remain CIP delivery, achievement of activity & income targets and containment of pay costs within budget. Positive signs in August of reduction in temporary pay costs but too early to say this is an established trend. Forecast remains broadly in line with plan - £2.9m deficit compared to plan of £2.7m deficit predicated on CBUs delivery financial recovery plans (risk circa £2m). Forecast will be reviewed monthly taking stock of impact of move to new hospital. Forecast revised to £3.7m deficit for the year based on performance post move. This incorporates contingencies. Underlying cash at the end of March now forecast to fall from £4m to £3m. This will impact on liquidity moving into 2016/17.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Red rated schemes update end of May £2m gap plans and initial assessment of 16/17 end of June 2015	Progressing against milestones agreed - 2015/16 gap being rolled into 2016/17 target and post move (Oct 2015) the HWWWITF work streams will shift focus to the identification and delivery of the opportunity the new hospital presents towards delivery productivity & efficiency and service development.
Need to manage emerging capital pressures to ensure overall cash resources maintained within plan.	Capital pressures prioritisation strategy and process agreed by Exec Team
Plans to address CIP shortfall - scheme PIDs to be complete by end of May	Progressing against milestones agreed

Executive Lead's Assessment

March 2015: 2015/16 plan discussed in detail at R&BD and approved by Board members. Planning a £2.7m deficit and risk rating of 2 reflecting one off risk and challenges for 2015/16, namely move to new hospital and implementation of EPR. Plan presented to Council of Governors and Senior Leadership Team. Plan includes provision for risk i.e. 40% in year slippage in CIP and short term productivity gap. Activity profiles signed off by CBUs. Contract negotiations yet to be concluded so plans may change for final submission due at Monitor in May. Month 1 results will be reported to R&BD in May.
April 2015: No change to overall position reported in April and contract negotiations now nearing completion. No contract issues for arbitration identified and agreement likely early May.
June 2015: No change to overall risk profile. Contracts with CCGs and Specialist Commissioners signed. As at Month 2 (May) Trust £0.4m behind plan, too early to signal any change to forecast outturn form planned deficit of the year of £2.7m. Trust current RR3. COO, DoF and HR Director working with CBUs to deliver financial targets and address CIP gap.
August 2015: As at Month 4 (July) Trust risk rating 4 and breakeven but £0.6m behind plan. Elective and Outpatient Income under plan by £2m to-date offset by PFI cost re-profile associated with new move date and other variances. CBU forecasting under review and challenge to ensure overall financial position maintained. Emerging capital risks requiring prioritisation.

September 2015: Month 5 (end of August) Trust normalised deficit of £1.3m which is £0.5m higher than plan. Current risk rating 2 compared to plan of 3 but skewed by profile of grant income. Underlying rating of 3. Main risks remain CIP delivery, achievement of activity & income targets and containment of pay costs within budget. Positive signs in August of reduction in temporary pay costs but too early to say this is an established trend. Forecast remains broadly in line with plan - £2.9m deficit compared to plan of £2.7m deficit predicated on CBUs delivery financial recovery plans (risk circa £2m). Forecast will be reviewed monthly taking stock of impact of move to new hospital.
October 2015: Month 7 year to date = £2.9m underlying deficit which is £0.3m behind plan. Position is benefiting from £0.8m of lower depreciation cost which is non cash so real underlying I&E cash variance of £1.1m. Delivery of planned elective activity and outpatients remains a significant challenge with underperformance to-date of £3.5m. Pay costs increased in the month of October in part as a consequence of the move. Revised forecast of £3.7m

deficit (£1m higher than planned) and actions agreed with CBUs to hit recovery plan control totals in order to ensure position does not deteriorate further and can be brought back to plan by the end of March. Recovery is dependent of activity delivery and further reductions to temporary pay spend. Forecast risk rating remains a 2* and cash balance end of march 2016 = £5m (1m lower than planned). Emerging capital risks following move to the new hospital which will need to be contained to avoid further reduction to year end cash balance forecast. No change to risk rating.

December 2015: Poor financial performance in November (month 8) with £1m variance to plan taking cumulative adverse variance to plan £1.3m (£3.8m deficit v plan of £2.5m deficit). Forecast reviewed and maintained at outturn deficit of £3.7m based on CBU recovery plans however predicated on performance against plan over Q4. Forecast cash balance reduced from plan of £6m to £4m reflecting deterioration in financial position and capital expenditure pressures arising from new hospital move.
January 2016: no change in month
February 2016: January (month 10) financial results update : deficit of £4.9m, £1.9m behind plan as a result of an in month deterioration of £0.6m against plan due to lower than planned income and higher than plan pay costs. Currently forecast held at £3.7m which incorporates contingencies and stock count updates. However cash forecast end of year cash position falls from £4m to £3m as continued cash slippage in financial recovery is offset by non cash generating contingency. Fcast reflects CBU planned increase in elective and outpatient activity - risk circa £1m if no improvement. i.e. £4.7m deficit rather £3.7m deficit. continued focus on increasing planned activity and pay cost reduction. No improvement in risk score.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.1	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: Business development and growth.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

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

Existing Control Measures

• CBU Performance Management Framework.	• Clear trajectories for challenged specialities to deliver.
• Business Development Plan	• Specialist Commissioning contract values and CCG commissioned services contract values agreed and reflected in Trust plans agreed by the Board.
• Five year plan agreed by Board and Governors in 2014	• Review of the Specialist Commissioning Service Specification is in place.
• Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off.	• Capacity Plan identifies beds and theatres required to deliver BD plan
• Jan 2016 :- Weekly meeting with CBUs established to review forward look re elective and day case patient bookings to ensure activity scheduled meets contract requirements	

Assurance Evidence	Gaps in Controls/Assurance
Business growth and market analysis reports considered fully by Marketing & Business Development Committee and reported regularly to RBDC. Business Development Committee and reported regularly to Board via RBDC. Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report. Daily activity tracker and forecast monitoring performance for all activity.	Ability to respond swiftly to potential problems. Workforce constraints in specialised services. Commissioning plans not yet sufficiently robust. Implications of new commissioning intentions not yet fully understood. Potential delay to cardiac growth following further review of national cardiac Safe & Sustainable Plan. Potential elective under performance due to cancelled sessions

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
15-16 tariff proposals under review and contract proposals being discussed	Tariff proposals issued and Trust approach agreed by Board in March 2015
Contracts agreed and signed	
Awaiting detailed planning guidance for 15-16 from NHS England	Planning guidance issued

Executive Lead's Assessment

April 2015: 2015/16 Contract negotiations with Commissioners ongoing with aim to conclude and agree early May 2015. CBUs signed of activity numbers in plans and associated profiles for the year ahead agreed. Plans factor in downtime and reduced levels associated with EPR go live and move to the new hospital. No issues contract disputes identified so far which would require mediation or arbitration and sign off likely early May 2015.
June 2015: Contracts signed with NHS England commissioners. Wales to be agreed but no issues to escalate. Increased risk of underperformance against contracts as a result of the change in EPR Go Live date. Work ongoing with CBUs to mitigate / recover July to March 2016.
August 2015: Currently under performing against specialist contracts so no contract issue from a commissioner perspective. Key action is to recover activity in line with plan. Meeting with Specialist Commissioners and CCG to discuss Trust case of need for investment of Rehabilitation services. Trust identifying key issues to be discussed with Commissioners for 2016/17.
September 2015: Currently under performing against specialist contracts so no contract issue from a commissioner perspective. Key action is to recover activity in line with plan. Meeting with Specialist Commissioners and CCG to discuss Trust case of need for investment of Rehabilitation services (Oct / Nov). Trust identifying key issues to be discussed with Commissioners for 2016/17.
October 2015: No change in terms of contracting position - emerging challenges are the tariff proposals for 2016/17 which if implemented have a gross negative financial impact of £9m (excluding any transition). Children's Alliance in correspondence with Monitor and pricing team in terms of challenging proposals before tariffs formally published for consultation in January 2016. Positive discussions continue with Commissioners regarding new Rehab model with a view to getting a definitive positon of way forward before Christmas 2015. Potential for marginal rates for specialist activity to be reintroduced in 2016/17 which would undermines strategic plan. If risk rating were to apply to 16/17 increase to 4x4. As with I&E plan need to recover activity from November onwards now in the new hospital so as not to undermine baseline activity for 16/17 contract.

December 2015 update: National guidance confirms no change to specialist children's tariff top ups for 16/17 and no introduction of a marginal rate for specialist services commissioned activity for 16/17. Specialist commissioned services also funded for growth in 16/17. However risk rating not changed as Trust underperformance remains a risk to establishing required base line contract values for 16/17 - contract negotiations will focus on the non recurrent nature of underperformance linked to new EPR and Hospital move. Awaiting response from specialist services commissioner regarding Acute Rehab model proposal.
February 2016: no change in month

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.2	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: EPR Implementation		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** Internal, Known	Current IxL: 4-4	Target IxL: 4-2	Trend: STATIC

Risk Description

Failure to successfully implement EPR in line with timescales and costs.

Existing Control Measures

• Key projects and progress tracked through the EPR Steering Group, Programme Board and the PMO.	• Clinical Advisory Group leading on clinical engagement.
• Forward Communications plan agreed and tracked at steering committee.	• Weekly data quality improvement plan performance monitoring.
• Revised clinical engagement model agreed and additional resource provided and medical director support	• Weekly EPR progress review with Executive Team with escalation of issues for support and resolution.

Assurance Evidence	Gaps in Controls/Assurance
PMO exception reporting to the Executive Team. PMO monthly reporting, including issues and challenges to the Board via the Programme Board Regular EPR reports presented to RBDC and SLT. MIAA providing project assurance role. Board agreed system design sign-off process EPR Steering committee review and external assurance from Meditech and Centennial Gateway review process	Insufficient clinical engagement / involvement in design. Data quality improvement required - evidence of improvement but further action being taken to ensure level of data cleansing required for go live achieved. Software issues to be resolved

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
Further actions to improve clinical engagement and data quality improvement from Aug/ Sep 2014	Actions taken forward overseen by EPR steering Committee and project team supported by COO & Medical Director.
Internal comms exercise for the run up to go live	Communications now live with weekly updates, team brief, and training and departmental awareness sessions.
May 23rd 2015 Go-live plan	No change to go live as at 31st March 2015. Software issues critical for go live resolved to-date

Executive Lead's Assessment

March 2015: Key action: Progress through implementation readiness assessment gateway 1 (31st March) to be reviewed and approved by Executive team on 2nd April 2015. Significant effort in the creation and sign off of departmental and module standard operating procedures.
April 2015: EPR steering committee approved move through Gateway 2 (30th April project milestone) pending finalisation of patient safety report being reviewed by Clinical Lead and Director of Nursing which will be presented to Board on the 5th May 2015. At this stage still planning go-live 22nd/23rd May 2015. Key area of focus of remaining weeks is staff training.
June 2015: EPR went live in June as planned. Post go live update report provided to Board as part of Programme Assurance. Focus now on EPR changes required for new hospital configuration and move date. No change to risk rating to allow time for system to bed in.
August 2015: Implementation of Phase 2 Mv6 (changes required for new hospital) progressing to plan and risks being managed. Electronic Patient Care System Development Committee established which meets every Monday morning to discuss and address risks and issues being raised directly by system users, via CBUs, raise it change it and weekly meeting of harm. All issues reviewed and prioritisation for resolution agreed. Supporting Task and finish group structure agreed and established. Weekly communications update to staff. Risk rating not downgraded to reflect need to resolve issues being raised and while implementation of phase 2 progresses.
September 2015: Implementation of Phase 2 moves to the new hospital complete. Electronic Patient Care System Development Committee established which meets every Monday morning to discuss and address risks and issues being raised directly by system users, via CBUs, raise it change it and weekly meeting of harm. All issues reviewed and prioritisation for resolution agreed. Supporting Task and finish group structure agreed and established. Weekly communications update to staff. Risk rating not downgraded to reflect need to resolve issues being raised and while implementation of phase 2 progresses. Phase 3 Plan to be developed over November.
October 2015: No change, draft proposals for Phase 3 to be discussed over December
December 2015 No change
February 2016: Update proposals for "phase" to be discussed during March / April focus to-date has been resolving phase 1 and 2 go live issues.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.3	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: Sustaining national designations for specialist services		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Risk to sustaining national designations for specialist services due to failure to meet all required standards.

Existing Control Measures

• Internal review of service specifications as part of Specialist Commissioning review.	• Analysis of compliance and actions agreed where not fully met.
• Gap/risk analysis against all draft national service specification undertaken and action plans developed.	• Accreditations confirmed through national review processes.
• Proactive recruitment of key Neuro role	• Resourcing of Cardiac Safe & Sustainable standards supported by SLT for 13/14.
• Post implementation review of Trauma Business Case.	• Derogations secured in relation to specialist service specs.

Assurance Evidence	Gaps in Controls/Assurance
Key developments monitored through CBU Boards. Risks highlighted to CRC. Monitored at Performance Management Group. Monthly to Board via RBDC. Review of compliance with final national specifications considered by Marketing and Business Development Group (July 2013).	Inability to recruit to highly specialist roles due to skill shortages nationally. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date.
Actions Required to Reduce Risk to Target Rating	**Latest Progress on Actions**
Pro-active recruitment in identified areas.	Trust in discussion with Liverpool Women's re future service models for neonates and in discussion with Liverpool Heart and Chest re future model for cardiac service
Monitoring of action plans.	CF service derogation issue requires resolution - proposal to review in April 2015

Executive Lead's Assessment

March 2015:
Derogations reduced from original total of 13 down to 3. Update to be reviewed by Performance Management Group in April and specialist commissioners discussions in April 2015.
April 2015 - No change
June 2015: Trust proposals for specialist rehab being discussed with Specialist Commissioners. Trust fully engaged with NHS Providers who are leading the process for future of cardiac services. Steering group established between AH and LWH to develop and agree joint model for Neonatal Services.
August 2015: National review process re cardiac services continues. Progress to agree longer term model for Neonates with Liverpool Women's and Commissioners stalled and needs moving on. Further exec to exec discussions required.
September 2015: National review process re cardiac services continues. Trust submitted the joint Liverpool Health Economy proposal for the provision of services on the 8th October 2015 - Regional and National panel review over October / November.
Business case being developed with LWH for the establishment of neonate costs at Alder Hey - target end of October 2015. Discussions with commissioners to take place from November. This represents short term solution and
Progress to agree longer term model for Neonates with Liverpool Women's and Commissioners stalled and needs moving on. Further exec to exec discussions required.
October / November 2015: Business case being prepared with LWH for the establishment of Neonate cots at Alder Hey to be presented to specialist commissioners (aim end of November). Trust working with LWH re long term model for Neonates. Regional and National panel review of all providers cardiac service proposals deferred to December at the earliest - so no further update.
December 2015 update: Positive feedback received re Liverpool cardiac services proposal and Trust working with partners with a view to delivering new service model from September 2016. Detailed plans to be discussed at Trust Board. Discussions continuing with LWH re neo natal surgery services.
January 2016: no change in month
February 2016: no change in month - Neonatal case still under development with LWH and national cardiac review process continues.

Board Assurance Framework 2015-16

Alder Hey Children's NHS Foundation Trust

BAF 6.4	**Strategic Objective:** Be the provider of first choice for children, young people and their families	Risk Title: Relationships with new Commissioners		
Related CQC Themes: Effective, Responsive, Well Led				
Exec Lead: Jonathan Stephens	**Type:** External, Known	Current IxL: 4-3	Target IxL: 4-2	Trend: STATIC

Risk Description

Risk of failure to build strong productive relationships with commissioners and providers to ensure children's agenda remains a focus and Trust children's services strategy is delivered.

Existing Control Measures

• Proactive involvement in key strategic forums and networks.	• Participation in strategic clinical networks.
• Presence on Health and Wellbeing Board.	• Pilot for integrated children care developed within CCGs/LA.
• Children's services prominent within joint strategic needs assessment and consequent plans.	• Business development team meeting regularly with CCGs and GPs.
• Director of Finance responsible for Specialist Commissioning of Alder Hey's services on behalf of NHS England.	• Trust is a key partner in Liverpool Pioneer Bid focusing on children submitted to Department of Health.
• Members of national PBR Tariff and Children's Alliance Groups.	• 5 Year strategic plan agreed and shared with key commissioners
• Clinical Services Strategy	

Assurance Evidence	Gaps in Controls/Assurance
Contract / commissioner meetings held monthly. Monthly contract report to RBDC. Board receive regular reports via RBDC on development of relationships. Outputs from Healthy Liverpool meetings and minutes from Manchester Concordat to the Board via RBDC Aligned position with Liverpool CCG re children's element of Healthy Liverpool Specialist Commissioners agreed 14/15 contract activity and finance for Alder Hey due to be agreed for 15/16.	Longer term strategic commissioning plan for children (CCG and specialist) requires developments and agreement.

Actions Required to Reduce Risk to Target Rating	Latest Progress on Actions
In discussions with CCG re walk in centre support to new hospital and manage A&E / front door demand.	No progress / change in time for move date - potential elevated risk of higher A&E attendances in early months of occupation of new hospital
Trust to develop vision for community services integration and family centres	Stakeholder workshop 1st May - aim to agree family centre model. Project team agreed to work up detailed proposal and models over Q3/Q4.
Progress integration of all community services for Children and Young People	Trust engaged with CCG and LCH on future model. Awaiting outcome of NTDA review of options for services currently provided by Liverpool Community Health. Decision due 9/2015.
Progress cases for slow stream rehab and CDC	Target date July 2015, CDC case submitted awaiting outcome of CCG review during September 2015. Meeting with CCG and Specialist Commissioners being arranged to review Rehab business cases (Q3).

Executive Lead's Assessment

March 2015: No change
April 2015: - refer to actions required and progress
June 2015: Joint Alder Hey and LCC emerging vision for children and young people's community services agreed
Trust engaged with process reviewing future of LCH and shared vision with KPMG who are leading process on behalf of commissioners and NHSTDA
Positive engagement with other partners involved in developing family centres model including LWH, LCH and CCG.
August 2015: See update in progress section above.
September 2015: Process re future of Liverpool Community Health concluded and plan for the future provision of services agreed with service transfers / new provider arrangements in place by April 2017.
LCH children and Adults services grouped together into one Lot which presents a potential risk. Procurement and commissioning process to start 2016.
Trust liaising with partners re next steps strategy linking with development of family centre model.
CDC business case submitted in September but decision and review by CCG deferred - meeting planned in October / November with CCG to agree next steps. At this stage CCG not wanting to invest in new building but have indicated investment in the service is a priority.
CCG requested bid from Trust for support required in the immediate term (this winter) to manage emergency demand pressures and new A&E. This will include continuation of Alder Hey outreach services based in Smith down Rd walk in centre which were established over the move weekend.
October / November 2015: Following Board to Board meeting in November, CCG Governance arrangements for children's element of Health Liverpool programme to be strengthened and additional CCG clinical lead support to be established to help with taking forward the development of children's services across Liverpool with Alder Hey. Trust has agreed continuation of outreach services at Smith down road to help reduce pressure on A&E.
December 2015: no change
February 2016: no change

Corporate Report

Jan 2016

Corporate Report

Alder Hey Children's NHS
NHS Foundation Trust

Table of Contents

Executive Summary 3
Leading Metrics 4
Exceptions 5
Patient Safety - Section 1 6
Patient Safety - Section 2 7
Patient Experience 8
Clinical Effectiveness 9
Access 10
Accident and Emergency 11
Productivity and Efficiency 12
Estates 13
CAHMS 14
External Regulation 15
Workforce 16
Performance by CBU 17
CBU Performance - Clinical Support 18
CBU Performance - ICS 19
CBU Performance - Medical Specialties 20
CBU Performance - NMSS 21
CBU Performance - SCACC 22
Financial Strength 23

Executive Summary

Jan 2016

** Throughout the report there are references to data being in revalidation. This is required following the implementation of the new hospital system to ensure accuracy of reporting.

Alder Hey Children's NHS
NHS Foundation Trust

Is there a Governance Issue?

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

Highlights

Medication error rates
Productivity improvements

Challenges

One never event in theatres
ED performance against 4 hour standard
Sickness absence rates
Financial performance

Patient Centred Services

The RTT open pathways indicator has been achieved in month and validation work continues to ensure the backlog is an accurate record of waits. Both theatre and outpatient utilisation have improved although remain below target improvement, LOS for non elective admissions is better as a result if the new model of care and utilisation of assessment beds.
ED performance against 4 hour standard is still off track and failed in month. The action plan agreed with commissioners is being implemented however attendances out of hours remain the challenges and for Jan are up by 13.7% in comparison to the same period last year. Cancelled ops is also off track and was impacted due to closed ward and critical care beds.

Excellence in Quality

At the end of January all patient safety indicators (excluding hospital acquired MRSA bacteraemia, C.difficle and Never Events) are on track to achieve the annual quality improvement targets. The clinical effectiveness indicators for readmissions within 48 hours, patients with an estimated discharge date later than planned and patients with long term conditions of asthma, epilepsy, diabetes and lower respiratory disease who have had an acute readmission within 28 days of discharge, have exceeded the January target. All other clinical indicators are on track to achieve the annual target.

Financial, Growth & Mandatory Framework

"At the end of January the Trust is reporting a deficit position of £4.9m which is £1.9m behind plan.
Income is behind plan by £2.9m largely relating to elective activity which is behind plan by 6% and outpatient activity which is behind by 10%.
Pay budgets are £3.6m overspent relating to use of agency staffing. The Trust is £3.1m behind the CIP target after 10 months. Cash in the Bank is £17.3m. Monitor risk rating of 2 for the month."

Great Talented Teams

Sickness shows a very slight increase, up by 0.1% on last month and is still in excess of target. There has also been a marginal drop in mandatory training compliance to 83.4% (down 0.3% on last month). Corporate Induction attendance has dropped by 11% on last month. Work continues on progressing all KPIs.

Leading Metrics

Jan 2016

Alder Hey Children's NHS
NHS Foundation Trust

Patient Centered Services

Metric Name	Goal	Dec 2015	Jan 2016	Trend	Last 12 Months
ED: 95% Treated within 4 Hours	95.0 %	84.8 %	88.8 %	▲	
RTT: 90% Admitted within 18 weeks		85.5 %	85.2 %	▼	
RTT: 95% Non-Admitted within 18 weeks		86.0 %	86.6 %	▲	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.2 %	92.2 %	▼	
Diagnostics: Numbers waiting over 6 weeks		1	0	▼	
Average LoS - Elective (Days)		3.1	2.9	▼	
Average LoS - Non-Elective (Days)		2.6	2.2	▼	
Daycase Rate	0.0 %	75.4 %	74.2 %	▼	
Theatre Utilisation - % of Session Utilised	85.0 %	74.9 %	78.9 %	▲	
28 Day Breaches	0.0	10	4	▼	
Clinic Session Utilisation	90.0 %	76.7 %	79.3 %	▲	
DNA Rate	12.0 %	12.5 %	9.8 %	▼	
Cancelled Operations - Non Clinical - On Same Day		11	21	▲	

Excellence in Quality

Metric Name	Goal	Dec 2015	Jan 2016	Trend	Last 12 Months
Never Events	0.0	0	1	▲	
IP Survey: % Received information enabling choices about their care	90.0 %	90.7 %	96.0 %	▲	
IP Survey: % Treated with respect	90.0 %	95.3 %	99.0 %	▲	
IP Survey: % Know their planned date of discharge	61.0 %	34.9 %	40.0 %	▲	
IP Survey: % Know who is in charge of their care	93.0 %	76.7 %	85.0 %	▲	
IP Survey: % Patients involved in play and learning	67.0 %	56.5 %	59.0 %	▲	
Pressure Ulcers (Grade 2 and above)	18.0	13	15	▲	
Total Infections (YTD)	120.0	89	103	▼	
Medication errors resulting in harm (YTD)	100.0	68	72	▲	
Clinical Incidents resulting in harm (YTD)	632.0	507	563	▲	

Great and Talented Teams

Metric Name	Goal	Dec 2015	Jan 2016	Trend	Last 12 Months
Corporate Induction	100.0 %	96.8 %	85.7 %	▼	
PDR	90.0 %	90.1 %	90.1 %	–	
Medical Appraisal	100.0 %	97.1 %	97.1 %	–	
Sickness	4.5 %	5.7 %	5.8 %	▲	
Mandatory Training	90.0 %	83.7 %	83.4 %	▼	
Staff Survey (Recommend Place to Work)		38.3 %	52.7 %	▲	
Actual vs Planned Establishment (%)		97.6 %	96.7 %	▼	
Temporary Spend ('000s)		948	881	▼	

Financial, Growth and Mandatory Framework

Metric Name	Dec 2015	Jan 2016	Last 12 Months
CIP In Month Variance ('000s)	-465	-457	
Monitor Risk Ratings (YTD)	2	2	
Normalised I & E surplus/(deficit) In Month ('000s)	-439	-608	
Capital Expenditure YTD % Variance	-7.9 %	-0.5 %	
Cash in Bank ('000s)	18	17	

Exceptions

Jan 2016

Alder Hey Children's NHS Foundation Trust

Positive (Top 5 based on % change)

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
Average LoS - Elective (Days)	2.6	3.0	2.9	2.6	2.6	2.9	2.9	2.5	3.1	2.8	3.0	3.1	2.9	
Average LoS - Non-Elective (Days)	3.0	3.0	2.6	2.7	2.8	2.6	2.8	2.6	2.4	2.3	2.5	2.6	2.2	
DNA Rate	11.9%	11.4%	11.2%	11.7%	12.1%	14.2%	15.4%	14.5%	13.1%	13.1%	11.5%	12.5%	9.8%	
Cancelled Operations - Non Clinical - On Same Day	9	32	21	11	25	24	27	21	16	18	41	11	21	
Medication errors resulting in harm (YTD)	115	121	129	8	20	29	33	41	54	60	66	68	72	

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

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
RTT: 92% Waiting within 18 weeks (open Pathways)	92.7%	92.9%	92.4%	92.2%	92.1%	92.0%	92.1%	92.1%	92.1%	92.1%	92.2%	92.2%	92.2%	
Daycase Rate	76.9%	79.6%	77.3%	76.1%	75.1%	76.2%	76.6%	73.1%	76.8%	75.1%	74.4%	75.4%	74.2%	
Theatre Utilisation - % of Session Utilised	81.5%	82.7%	83.1%	83.5%	83.2%	83.3%				72.8%	79.8%	74.9%	78.9%	
Mandatory Training				64.9%	62.0%	71.7%	72.0%	76.4%	78.9%	77.2%	84.0%	83.7%	83.4%	
Actual vs Planned Establishment (%)			93.4%	91.5%	91.7%	92.6%	92.7%	92.3%	91.1%	97.8%	97.6%	97.6%	96.7%	

Challenge (Top 5 based on % change)

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
28 Day Breaches	2	1	6	5	2	1	12	5	4	2	3	10	4	
Corporate Induction				46.4%	71.4%	70.8%	85.0%	82.1%	100.0%	80.9%	91.7%	96.8%	85.7%	
Never Events		0	1	0	0	1	0	0	0	0	0	0	1	
IP Survey: % Know their planned date of discharge	43.0%	45.8%	45.0%	47.2%	57.8%	53.1%	44.4%	52.9%	58.7%	53.3%	42.9%	34.9%	40.0%	
IP Survey: % Patients involved in play and learning	61.0%	58.9%	60.5%	58.5%	64.0%	69.4%	64.6%	66.5%	56.9%	54.1%	63.1%	56.5%	59.0%	

Patient Safety - Section 1

Jan 2016

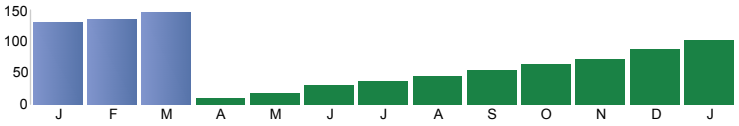
Alder Hey Children's NHS Foundation Trust

Summary

In January the total number of alert organism hospital acquired infections is on track to achieve the annual quality improvement reduction target, however the specific annual internal and contractual targets for hospital acquired MRSA bacteraemia and C.difficile where breached in April, July, August and July respectively. Medication incidents that result in harm and the number of grade 2 pressure ulcers are showing an increase from December, but both indicators are measured cumulatively and are below the January reduction target.

Infections

Total Infections (YTD) — 103 (goal: 120.0)



Jan 14/15	Feb 14/15	Mar 14/15	Apr 15/16	May 15/16	Jun 15/16	Jul 15/16	Aug 15/16	Sep 15/16	Oct 15/16	Nov 15/16	Dec 15/16	Jan 15/16
131	137	147	11	18	31	37	45	56	65	73	89	103

Total Infections (YTD)	Hospital Acquired Organisms - MRSA (BSI) (YTD)	Hospital Acquired Organisms - C.difficile (YTD)
103 (goal: 120.0)	3 (goal: 0.0)	2 (goal: 0.0)

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	2	1	0	0

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	2	0	0

Outbreak Infections — 0

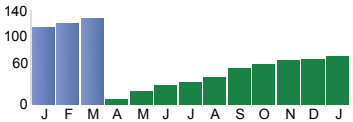
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	0	0	0

Cluster Infections — 0

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	0	0	0

Medication Errors

Medication errors resulting in harm (YTD) — 72 (goal: 100.0)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
26	29	25	14	4

Pressure Ulcers

Pressure Ulcers — 37

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
15	16	6	9	6

Pressure Ulcers (Grade 2 and above) — 15 (goal: 18.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
8	5	3	5	2

Pressure Ulcers (Grade 3/4) — 0 (goal: 1.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	0	0	0

Patient Safety - Section 2

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Clinical Incidents resulting in all levels of harm and readmissions to PICU within 48 hrs have increased from last month, but are below Januarys improvement goal and are all on track to acheive the annual improvement target, with the exception of Never Events which breached in June and January.

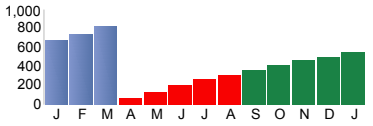
Never Events

Never Events — 1 (goal: 0.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
1	1	0	0	1

Incidents

Clinical Incidents resulting in harm (YTD) — 563 (goal: 632.0)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
227	212	160	135	56

Clinical Incidents resulting in moderate, severe harm or death (YTD) — 19 (goal: 60.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
19	10	4	2	3

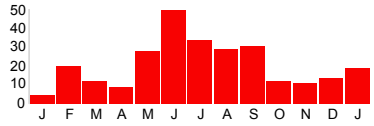
Readmissions to PICU within 48 hrs (YTD) — 11 (goal: 16.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
4	2	3	3	3

Paediatric Safety Scan

Data in Revalidation

Harms — 19 (goal: 0.0)



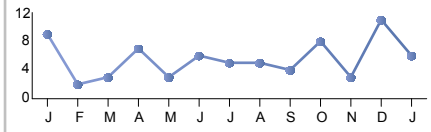
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
37	87	94	37	19

Serious Incidents Requiring Investigation

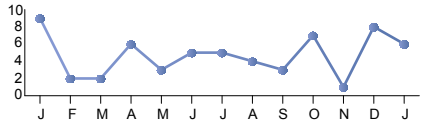
Metric Name	Dec 2015	Jan 2016	Trend	Last 12 Months
Serious Incidents Requiring Investigation (Total)	2	1	▼	

Mortality

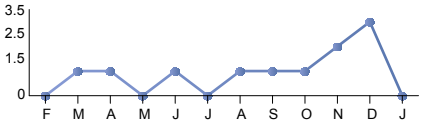
Deaths in Hospital



Deaths in Hospital - PICU



Deaths in Hospital - Other



Patient Experience

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

There has been an increase in the number of responses regarding Friends and family test and Fabio feedback (Quality Aims),t this is due to increased input from Volunteers whose availability was limited due to impact of the move to CHP and the busy Christmas period. Whilst targets for Quality Aims have not been reached, the satisfaction scores have increased in all 5 areas. This with the exception of the parents is reflected in the Friends and Family results too.

Inpatient Survey

Metric Name	Goal	Dec 2015	Jan 2016	Trend	Last 12 Months
% Know who is in charge of their care	93.0 %	76.7 %	85.0 %	▲	
% Patients involved in play and learning	67.0 %	56.5 %	59.0 %	▲	
% Know their planned date of discharge	61.0 %	34.9 %	40.0 %	▲	
% Received information enabling choices about their care	90.0 %	90.7 %	96.0 %	▲	
% Treated with respect	90.0 %	95.3 %	99.0 %	▲	

Friends and Family

Metric Name	Goal	Dec 2015	Jan 2016	Trend	Last 12 Months
% Recommend Trust - Children & Young People		89.3 %	97.3 %	▲	
% Recommend Trust - Overall		95.3 %	97.0 %	▲	
% Recommend Trust - Parents		98.3 %	96.8 %	▼	

A&E Survey

No Data Available

Outpatients Survey

No Data Available

Complaints

Complaints - % Resolved within agreed timescales: 42.9 % ▼ (90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.5%	63.2%	59.1%	83.3%	42.9%

Breaches

Breaches of Mixed Sex Wards (Ages 8 and over): 0 – (0.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	0	0	0

CAHMS Survey

No Data Available

Clinical Effectiveness

Jan 2016

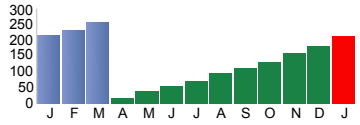
Alder Hey Children's NHS Foundation Trust

Summary

The indicators for readmissions within 48 hours, patients with an estimated discharge date later than planned and patients with long term conditions, of asthma, epilepsy, diabetes and lower respiratory disease who have an acute readmission within 28 days of discharge have exceeded the January target. All other indicators are on track to achieve the annual target.

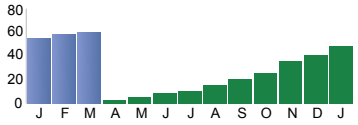
Readmissions

Readmissions within 48 hrs — 216 ▲ (goal: 210.0)



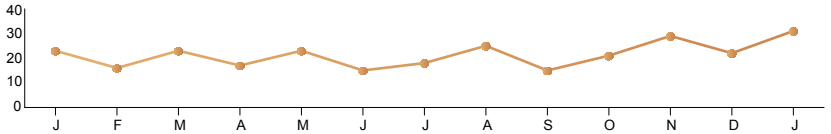
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
62	55	58	72	31

Acute readmissions of patients with long term conditions within 28 days — 49 ▲ (goal: 50.0)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
12	9	12	20	8

Readmissions within 48 hrs (Non Elective)



Admissions and Discharges

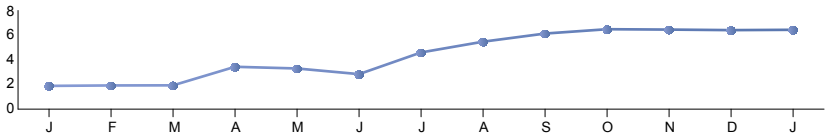
Acute Admissions with LTC — 45 ▼

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
122	111	109	152	45

Patients with an estimated discharge date discharge later than planned — 839 ▲ (goal: 267.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
83	115	387	247	90

% of patients with an estimated discharge date discharge later than planned



NICE Guidance Compliance

CInical Audit - Non-compliant NICE guidance — 0 –

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	0	0	0

CInical Audit - Partially compliant NICE guidance — 0 –

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
1	0	0	0	0

Access

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Incomplete, cancer and diagnostic thresholds continue to be achieved with the focus on treating patients in chronological order. RTT admitted and non admitted performance has continued to deteriorate as planned with increased specialty fails.

18 Weeks

RTT: 90% Admitted within 18 weeks 85.2 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.2%	90.3%	89.3%	91.5%	85.2%

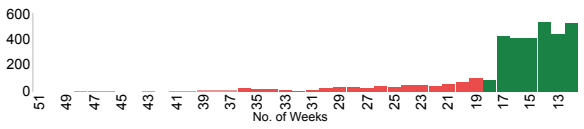
RTT: 95% Non-Admitted within 18 weeks 86.6 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
95.4%	95.2%	93.7%	88.3%	86.6%

RTT: 92% Waiting within 18 weeks (open Pathways) 92.2 % *(goal: 92.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
92.7%	92.1%	92.1%	92.2%	92.2%

Open Pathways Weekly Profile Jan 2016



0-18 Wks	19-36 Wks	36-51 Wks
2,866	739	99

Cancer

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

Diagnostics

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.0%	98.6%	100.0%	99.7%	100.0%

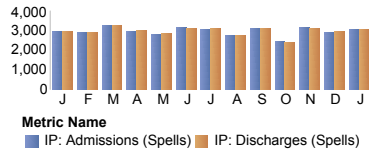
Waiting Times Failed 0

Waiting Times Passed 6

Number of Diagnostics

500

Admissions and Discharges



Provider

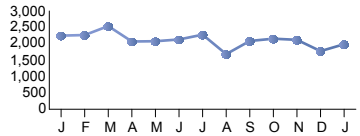
Convenience and Choice: Directly Bookable Slots TBC *(goal: 96.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.0%	97.0%			

Convenience and Choice: Slot Availability 96.3 % *(goal: 96.0 %)*

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
96.6%	99.9%		99.6%	96.3%

Referrals Received (GP)



Emergency Department

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Review of acuity of patients inidcates that over 60% of attendances on a daily basis are green triaged patients; this equates to an increase of 40% from 2014. Attendances still remian higher than predictions by approximately 20%. Monthly recovery meetings have been diarised with colleagues from the CCG to support the implementation of a shared recovery plan.

ED

ED: 95% Treated within 4 Hours 88.8 % ▲ (goal: 95.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.0%	96.0%	95.3%	83.1%	88.8%

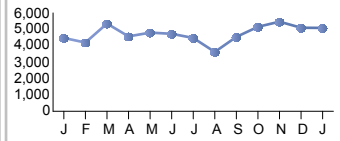
Data in Revalidation.

ED

Data in Revalidation.

ED: Number of Attendances

5085 Jan 2016

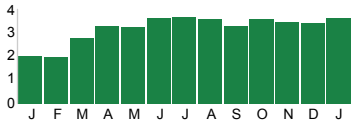


Ambulance Services

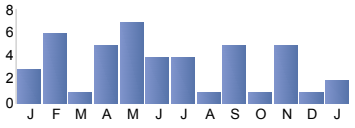
Ambulance: Acute Compliance 85.1 % ▲ (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
78.2%	75.9%	81.9%	82.8%	85.1%

Ambulance: Average Notification to Handover Time (mins) 3.7 mins ▲ (goal: 15.0 mins)



Ambulance: Patients Waiting between 30 and 45 minutes 2 ▲



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
10.0	16.0	10.0	7.0	2.0

Ambulance: Patients Waiting between 45 and 60 minutes 0 –

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	3.0	3.6	0.0	0.0

Productivity & Efficiency

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

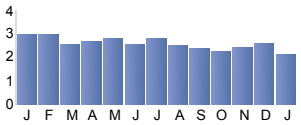
Planned increases in elective activity are underway however significant increases in ED attendance (+20%) is creating challenges with managing demand and increased cancellations on the day. A focus on improving theatre start times and booking to 100% OP capacity started in month and we have now started to see improvements in this area. OP DNA rates have improved as the legacy of the transition from MT5 to 6 works through. Processes for cancelling theatres and clinics <6 weeks notice is being reviewed which will improve hospital cancellation performance and enhance reuse of available capacity.

Length of Stay

Average LoS - Elective (Days) 2.9

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.8	2.7	2.8	3.0	2.9

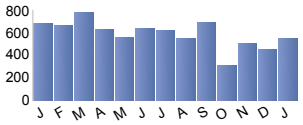
Average LoS - Non-Elective (Days) 2.2



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.9	2.7	2.6	2.5	2.2

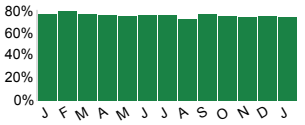
Day Case Rate

Daycases (K1) 555



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2,153	1,856	1,894	1,302	555

Daycase Rate 74.2 % (goal: 0.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
77.9%	75.8%	75.6%	74.9%	74.2%

Bed Refusals

Bed Refusals 0 (goal: 0.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2	0	0	1	0

Theatres / Surgery

Theatre Utilisation - % of Session Utilised * 78.9 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
82.4%	83.3%		76.2%	78.9%

Cancelled Operations - Non Clinical - On Same Day (%) (YTD) 1.1 % (goal: 0.8 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.9%	0.9%	1.0%	1.3%	1.0%

Cancelled Operations - Non Clinical - On Same Day 21

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
62	60	64	70	21

28 Day Breaches 4 (goal: 0.0)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
9	8	21	15	4

Outpatients

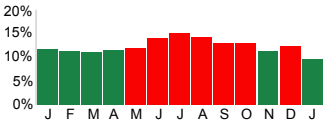
Clinic Session Utilisation * 79.3 % (goal: 90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
83.6%	83.0%	74.9%	76.1%	79.3%

OP Appointments Cancelled by Hospital % 15.0 % (goal: 5.0 %)

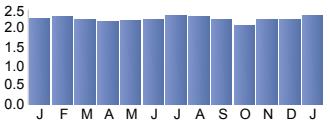
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
16.0%	16.4%	14.2%	15.9%	15.0%

DNA Rate 9.8 % (goal: 12.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
11.5%	12.7%	14.3%	12.3%	9.8%

OP: New/Follow Up 2.4



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
2.3	2.3	2.3	2.2	2.4

Estates

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Audit Compliance for January 2016 25/25 100%
Very High Risk Critical Care (98%) - 97% - Lower than national standard due to poor nursing scores Critical Care:HDU 91,Burns 71, PICU 87, Oncology Teenage 86,Oncology Outpatients71,
High Risk General Wards (95%) - 95% 1% lower than previous month low nursing scores on 4C 83, 1C 84.
Significant Risk - Clinics (85%) -95% 10% higher than National Standard low nursing score on Speech 88%
Low Risk - Non Clinical (75%) none scheduled
A further review of categories for clinical areas to take place February.

Facilities

Cleanliness Performance VH

97.0 % (goal: 98.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.8%	94.5%	97.0%	96.3%	97.0%

Cleanliness Performance H

95.0 % (goal: 95.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.1%	94.0%	95.0%	97.0%	95.0%

Cleanliness Performance S

95.0 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.8%	86.4%	93.4%	95.0%	95.0%

Cleanliness Performance L

TBC (goal: 75.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
91.8%	70.0%	82.0%	96.0%	

Facilities

Patient Food Wastage

TBC

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16

Audit Compliance

100.0 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
99.2%	100.0%	85.1%	98.8%	100.0%

Estates - Other

Routine Maintenance Resolution

5.8 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
96.1%	96.8%	97.7%	95.6%	5.8%

PPM%

91.9 % (goal: 85.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
94.8%	95.5%	96.3%	30.8%	91.9%

Summary

Waiting Times

CAMHS: Avg Wait to Choice Appt (Weeks) 5.3

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	0.0	0.0	14.2	5.3

CAMHS: Avg Wait to Partnership Appt (Weeks) 9.0

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0.0	0.0	0.0	17.4	9.0

DNA Rates

CAMHS: DNA Rate - New 20.1 % ▲ *(goal: 10.0 %)*

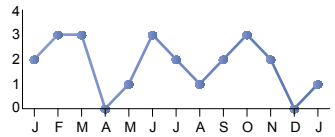
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
15.2%	19.1%	22.8%	18.6%	20.1%

CAMHS: DNA Rate - Follow Up 13.2 % ▼ *(goal: 14.0 %)*

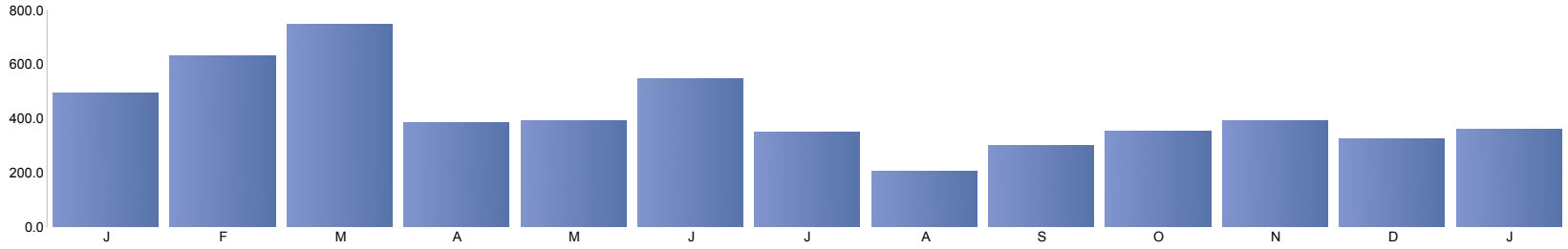
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
11.0%	16.9%	16.8%	15.2%	13.2%

Tier 4 Admissions

CAMHS: Total Admissions to DJU 1 ▲



CAMHS: Referrals Received



External Regulation

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Monitor: The Trust continues to be fully compliant with its Provider Licence. CQC: The Trust was awarded an overall rating of 'Good' following the inspection in June 2015. It remains registered without conditions.

Monitor - Governance Concern

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

Monitor - Risk Rating

Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
4	4	4	3	4	4	2	2	2	2	2	2

Monitor Jan 2016

Metric Name	Goal	Dec 15	Jan 16	Trend
ED: 95% Treated within 4 Hours	95.0 %	84.8 %	88.8 %	▲
RTT: 90% Admitted within 18 weeks		85.5 %	85.2 %	▼
RTT: 95% Non-Admitted within 18 weeks		86.0 %	86.6 %	▲
RTT: 92% Waiting within 18 weeks (open Pathways)	92.0 %	92.2 %	92.2 %	▼
Monitor Risk Ratings (YTD)	3.0	2	2	–
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait referral to treament	100.0 %	100.0 %	100.0 %	–
All Cancers: 31 day wait until subsequent treatments	100.0 %	100.0 %	100.0 %	–
Hospital Acquired Organisms - C.difficile	0.0	0	0	–

Monitor - 18 Weeks RTT

RTT: 90% Admitted within 18 weeks

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
90.2%	90.3%	89.3%	91.5%	85.2%

RTT: 95% Non-Admitted within 18 weeks

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
95.4%	95.2%	93.7%	88.3%	86.6%

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
92.7%	92.1%	92.1%	92.2%	92.2%

Monitor - All Cancers

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

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

All Cancers: 31 day wait referral to treament

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

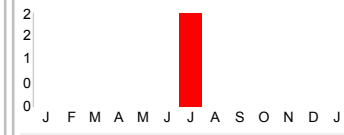
All Cancers: 31 day wait until subsequent treatments

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
100.0%	100.0%	100.0%	100.0%	100.0%

Monitor - A&E 4 Hour Target

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
97.0%	96.0%	95.3%	83.1%	88.8%

Monitor - C difficile



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0	0	2	0	0

Monitor - Data Completeness

No Data Available

Workforce

Jan 2016

Alder Hey Children's NHS Foundation Trust

Summary

Sickness shows a very slight increase, up by 0.1% on last month and is still in excess of target. There has also been a marginal drop in mandatory training compliance to 83.4% (down 0.3% on last month). Corporate Induction attendance has dropped by 11% on last month. Work continues on progressing all KPIs.

Staff Group Analysis

Sickness Absence (rolling 12 Months)

Staff Group	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Last 12 Months
Add Prof Scientific and Technic	5.3%	3.7%	3.0%	3.6%	3.9%	3.2%	1.3%	2.7%	2.8%	4.3%	4.6%	4.4%	
Additional Clinical Services	9.7%	9.8%	9.3%	7.2%	5.3%	5.7%	6.4%	6.8%	7.1%	8.2%	8.0%	7.1%	
Administrative and Clerical	5.1%	4.8%	3.7%	3.9%	3.8%	3.3%	3.1%	3.5%	4.1%	4.8%	4.6%	4.5%	
Allied Health Professionals	2.5%	1.5%	1.8%	2.4%	2.0%	1.4%	1.4%	1.3%	1.4%	2.3%	2.3%	3.6%	
Estates and Ancillary	8.7%	7.5%	5.4%	6.6%	7.1%	5.6%	4.6%	5.9%	6.2%	7.5%	10.0%	8.6%	
Healthcare Scientists	5.5%	5.3%	4.8%	5.4%	4.4%	2.8%	1.0%	0.9%	1.5%	1.6%	2.2%	3.0%	
Medical and Dental	3.0%	2.8%	2.7%	2.2%	2.6%	2.1%	1.3%	1.2%	0.8%	2.4%	2.6%	2.9%	
Nursing and Midwifery Registered	5.9%	5.5%	5.0%	4.8%	5.5%	5.8%	5.1%	6.3%	5.9%	6.3%	6.2%	7.0%	
Trust Overall	5.9%	5.4%	4.8%	4.6%	4.6%	4.4%	3.9%	4.6%	4.7%	5.5%	5.7%	5.8%	

Staff in Post FTE (rolling 12 Months)

Staff Group	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Last 12 Months
Add Prof Scientific and Technic	198.1	185.2	184.6	186.8	187.6	184.2	187.2	193.8	172.0	175.5	176.1	178.4	
Additional Clinical Services	333.7	336.6	354.3	349.6	351.0	349.3	349.4	356.4	350.8	346.0	347.7	357.1	
Administrative and Clerical	523.9	536.3	531.0	532.6	536.0	545.2	540.2	537.2	535.5	536.8	532.1	530.6	
Allied Health Professionals	115.2	116.6	119.7	119.6	122.9	124.9	123.8	125.1	125.0	126.2	126.2	125.8	
Estates and Ancillary	142.1	142.1	145.3	146.8	148.0	148.4	147.4	152.7	169.3	171.4	174.9	174.4	
Healthcare Scientists	82.3	102.9	103.1	102.4	100.4	100.6	103.3	103.1	102.3	101.8	101.1	102.1	
Medical and Dental	232.6	232.4	232.0	228.4	228.2	229.2	229.6	229.2	229.2	231.5	235.2	236.5	
Nursing and Midwifery Registered	888.7	887.7	897.2	903.8	904.2	900.0	895.2	912.0	947.1	945.0	942.4	947.2	

Staff in Post Headcount (rolling 12 Months)

Staff Group	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Last 12 Months
Add Prof Scientific and Technic	225	224	207	207	208	210	201	205	216	191	195	195	
Additional Clinical Services	393	391	394	410	406	408	404	406	416	414	409	412	
Administrative and Clerical	605	602	618	610	613	616	626	620	616	612	613	610	
Allied Health Professionals	140	142	145	148	147	152	153	151	152	153	153	154	
Estates and Ancillary	187	185	185	185	190	191	194	193	198	211	213	213	
Healthcare Scientists	89	91	112	113	112	110	111	114	114	113	113	112	
Medical and Dental	259	269	269	272	267	262	265	265	265	265	267	270	
Nursing and Midwifery Registered	1,003	1,007	1,010	1,021	1,029	1,029	1,021	1,015	1,030	1,071	1,064	1,063	

Finance

Temporary Spend ('000s) 881

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
3	3	3	3	1

Actual vs Planned Establishment (%) 96.7 %

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
93.4%	92.0%	92.0%	97.7%	96.7%

Appraisals

Medical Appraisal 97.1 % (goal: 100.0 %)

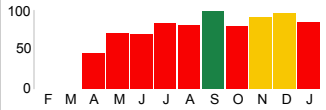
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
	97.1%	97.1%	97.1%	97.1%

PDR 90.1 % (goal: 90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
	45.4%	89.9%	90.1%	90.1%

Training

Corporate Induction 85.7 % (goal: 100.0 %)



Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
	63.8%	87.1%	88.2%	85.7%

Mandatory Training 83.4 % (goal: 90.0 %)

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
	65.5%	75.8%	81.7%	83.4%

Health and Safety

RIDDOR 2

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
1	1	4	9	2

Performance by CBU

Jan 2016

Alder Hey Children's NHS
NHS Foundation Trust

Operational

Metric name	ICS	MED SPECS	NMSS	SCACC
Clinic Session Utilisation	70.6%	77.3%	82.0%	84.3%
Convenience and Choice: Slot Availability	100.0%	93.7%	96.1%	98.4%
DNA Rate (Followup Appts)	12.0%	8.7%	8.1%	7.1%
DNA Rate (New Appts)	15.3%	9.8%	9.9%	8.9%
Normalised I & E surplus/(deficit) In Month ('000s)	651	1,080	1,803	-179
Referrals Received (GP)	577	377	732	299
Temporary Spend ('000s)	204	58	123	237
Theatre Utilisation - % of Session Utilised		72.7%	80.4%	77.9%

Patient

Metric name	ICS	MED SPECS	NMSS	SCACC
Average LoS - Elective (Days)	6.0	4.8	2.0	3.4
Average LoS - Non-Elective (Days)	1.9	2.0	1.7	3.2
Cancelled Operations - Non Clinical - On Same Day	0	1	11	9
Daycases (K1)	0	72	356	118
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%
Hospital Initiated Clinic Cancellations < 6 weeks notice	3	0	39	0
OP Appointments Cancelled by Hospital %	11.9%	10.6%	19.5%	14.5%
RTT: 90% Admitted within 18 weeks		100.0%	79.7%	94.5%
RTT: 92% Waiting within 18 weeks (open Pathways)	91.8%	96.4%	89.8%	96.1%
RTT: 95% Non-Admitted within 18 weeks	84.4%	85.0%	87.3%	90.1%

Quality

Metric name	ICS	MED SPECS	NMSS	SCACC
Cleanliness Scores	95.0%	94.5%	96.3%	95.0%
Hospital Acquired Organisms - C.difficile	0	0	0	0
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0
Medication Errors (Incidents)	26	22	19	90

Workforce

Metric name	ICS	MED SPECS	NMSS	SCACC
Corporate Induction	93.8%	66.7%	100.0%	92.3%
Mandatory Training	77.3%	87.3%	87.8%	85.8%
PDR	92.2%	92.2%	80.7%	91.2%
Sickness	3.9%	7.6%	5.5%	7.6%

CBU Performance - Clinical Support

Jan 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	85.1%	87.4%	84.0%	81.9%	89.8%	85.1%				64.9%	87.5%	74.4%	75.6%	
Temporary Spend ('000s)	53	61	20	131	66	64	80	-5	66	67	63	48	64	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,913	-1,806	-1,482	-1,337	-1,134	-1,228	-1,176	-1,262	-1,333	-1,068	-1,179	-1,155	-1,253	
Expenditure vs Budget ('000s)		0	0	0	0	0	0	0	0	0	0	0	0	

Patient

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Imaging - % Report Turnaround times GP referrals < 24 hrs	79.0%	96.0%	96.0%	95.0%	92.0%	95.0%	96.0%	97.0%	86.0%	93.0%	96.0%	97.9%	91.6%	
Imaging - % Reporting Turnaround Times - ED	52.0%	58.0%	77.0%	67.0%	80.0%	60.0%	78.0%	70.0%	76.0%	76.0%	72.0%	100.0%	91.0%	
Imaging - % Reporting Turnaround Times - Inpatients	70.0%	74.0%	83.0%	75.0%	86.0%	79.0%	90.0%	79.0%	86.0%	93.0%	81.0%	83.0%	93.0%	
Imaging - % Reporting Turnaround Times - Outpatients	93.0%	92.0%	100.0%	98.0%	97.0%	96.0%	97.0%	97.0%	96.0%	96.0%	97.0%	98.0%	98.0%	
Imaging - Waiting Times - MRI % under 6 weeks	79.8%	86.0%	81.7%	95.0%	99.0%	96.6%	97.7%	92.5%	100.0%	100.0%	95.0%	96.0%	85.0%	
Imaging - Waiting Times - CT % under 1 week	93.0%	85.0%	83.1%	90.0%	86.6%	85.0%	89.9%	85.6%	87.9%	87.9%	88.0%	96.0%	88.0%	
Imaging - Waiting Times - Plain Film % under 24 hours	94.4%	94.5%	94.4%	90.0%	94.2%	95.0%	91.7%	91.8%	95.4%	96.1%	95.0%	94.0%	95.0%	
Imaging - Waiting Times - Ultrasound % under 2 weeks	98.4%	98.8%	97.4%	90.0%	98.8%	97.8%	99.2%	99.0%	99.6%	99.6%	92.0%	85.0%	85.0%	
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	57.9%	86.4%	81.8%	94.7%	100.0%	100.0%	88.9%	81.2%	100.0%	100.0%	88.0%	91.0%	86.0%	
BME - High Risk Equipment PPM Compliance	86.0%	86.0%	89.0%	89.0%	89.0%	89.5%	88.0%	90.5%	88.0%	87.0%	89.0%	87.0%	89.0%	
BME - Low Risk Equipment PPM Compliance	75.0%	78.0%	75.0%	75.0%	75.0%	76.0%	74.0%	79.0%	87.0%	75.0%	76.0%	78.0%	78.0%	
BME - Equipment Pool - Equipment Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Pharmacy - Dispensing for Out Patients - Routine	60.0%	61.0%	62.0%	61.0%	55.0%	49.0%	34.0%	50.0%	57.0%	63.0%	59.0%	87.0%	84.0%	
Pharmacy - Dispensing for Out Patients - Complex	86.0%	82.0%	55.0%	67.0%	79.0%	73.0%	67.0%	57.0%	65.0%		100.0%	100.0%	100.0%	
Comm Therapy - % 1st Contact times following Pt opt in < 12 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Medication Errors (Incidents)		0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pathology - % Turnaround times for urgent requests < 1 hr	85.6%	88.0%	85.5%	87.6%	88.9%	82.3%	76.4%	82.0%	78.2%	71.9%	75.1%	79.6%		
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.5%		
Reporting times for perinatal autopsies in 56 Calendar Days	100.0%	100.0%	100.0%	100.0%	98.8%	73.0%	92.9%	98.6%	98.7%	90.9%	100.0%	81.0%		

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Corporate Induction			71.4%	90.0%	75.0%	100.0%	40.0%	100.0%	77.8%	100.0%	87.5%	71.4%	
PDR			43.4%	44.9%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	91.4%	
Sickness			3.3%	3.7%	2.9%	1.7%	2.2%	2.8%	3.3%	3.4%	4.7%	5.4%	
Mandatory Training			69.4%	66.1%	77.4%	79.1%	80.5%	84.2%	80.3%	87.2%	87.2%	86.8%	

CBU Performance - ICS

Jan 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Focus remains on improving the 4 hour target. Monthly meetings have been scheduled with Liverpool CCG to support a whole economy approach to managing flow. During this period of 60% of patients attending A&E were green triaged patients

Support Required

Management capacity still remains stretched.

Operational

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Theatre Utilisation - % of Session Utilised														
Clinic Session Utilisation	77.5%	77.1%	75.8%	75.0%	75.9%	71.7%	73.6%	69.3%	67.4%	68.4%	72.5%	71.1%	70.6%	
DNA Rate (New Appts)	14.6%	14.4%	13.9%	13.4%	17.7%	24.1%	21.2%	20.3%	17.3%	19.6%	14.8%	17.3%	15.3%	
DNA Rate (Followup Appts)	11.7%	10.6%	11.3%	13.0%	14.3%	20.2%	17.2%	15.0%	14.8%	14.3%	13.2%	15.0%	12.0%	
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	100.0%	
Referrals Received (GP)	640	766	735	568	621	715	638	468	648	651	648	551	577	
Temporary Spend ('000s)	228	303	322	211	197	269	186	178	203	260	232	247	204	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,150	-1,902	-2,191	569	608	686	334	454	534	530	692	446	651	

Patient

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
RTT: 90% Admitted within 18 weeks														
RTT: 95% Non-Admitted within 18 weeks	95.7%	93.4%	90.2%	88.6%	90.4%	95.4%	97.2%	98.5%	90.6%	92.3%	87.8%	86.7%	84.4%	
RTT: 92% Waiting within 18 weeks (open Pathways)	94.4%	93.3%	93.0%	91.2%	90.9%	92.0%	92.2%	94.0%	93.3%	93.8%	91.1%	92.3%	91.8%	
Average LoS - Elective (Days)	1.00	3.86	3.50	2.50	2.40	3.00	4.25	3.75	3.50	5.00	3.80	4.50	6.00	
Average LoS - Non-Elective (Days)	2.62	2.61	2.35	2.39	2.26	2.20	2.27	1.92	1.87	1.99	2.06	2.19	1.91	
Hospital Initiated Clinic Cancellations < 6 weeks notice	6	5	8	2	5	12	4	2	18	46	33	1	3	
Daycases (K1)	0	1	0	0	0	0	0	0	1	0	0	0	0	
Cancelled Operations - Non Clinical - On Same Day		0	0	0	0	0	0	0	0	0	0	0	0	
OP Appointments Cancelled by Hospital %	13.9%	14.9%	13.5%	12.4%	11.0%	18.0%	13.9%	13.5%	11.4%	14.6%	13.7%	14.8%	11.9%	
Diagnostics: % Completed Within 6 Weeks	100.0%					100.0%							100.0%	

Quality

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Medication Errors (Incidents)	19	20	24	2	4	5	5	8	12	15	23	25	26	
Cleanliness Scores	96.0%	95.6%	95.7%	94.2%	96.0%	97.0%	92.5%	98.0%	96.0%		99.0%	99.0%	95.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Corporate Induction			80.0%	85.7%	100.0%	66.7%	100.0%	100.0%	81.8%	100.0%	100.0%	93.8%	
PDR			14.2%	19.8%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness			4.9%	4.3%	4.6%	4.3%	3.1%	5.0%	5.3%	6.0%	4.8%	3.9%	
Mandatory Training			65.4%	62.9%	71.9%	59.4%	74.4%	75.8%	76.2%	79.1%	76.6%	77.3%	

CBU Performance - Medical Specialties

Jan 2016

Alder Hey Children's NHS
NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
Theatre Utilisation - % of Session Utilised	80.9%	79.1%	82.3%	78.3%	83.6%	82.0%				58.4%	76.1%	73.0%	72.7%	
Clinic Session Utilisation	82.5%	80.5%	79.7%	79.9%	90.9%	71.1%	75.7%	74.1%	74.5%	74.6%	76.8%	73.8%	77.3%	
DNA Rate (New Appts)	14.6%	12.4%	13.9%	10.5%	11.7%	13.8%	15.7%	15.4%	11.7%	10.9%	12.7%	11.8%	9.8%	
DNA Rate (Followup Appts)	9.2%	10.1%	9.9%	9.7%	10.8%	10.9%	16.8%	15.6%	13.9%	16.5%	12.2%	15.2%	8.7%	
Convenience and Choice: Slot Availability	94.0%	100.0%	100.0%	100.0%	100.0%						100.0%	100.0%	93.7%	
Referrals Received (GP)	369	346	425	400	358	368	397	263	350	329	320	308	377	
Temporary Spend ('000s)	62	89	124	107	86	66	77	66	100	74	82	63	58	
Normalised I & E surplus/(deficit) In Month ('000s)	-2,679	-2,292	-2,663	1,097	716	894	1,237	915	572	722	1,180	1,117	1,080	

Patient

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
RTT: 90% Admitted within 18 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	
RTT: 95% Non-Admitted within 18 weeks	98.1%	96.4%	97.5%	97.8%	96.8%	94.3%	92.2%	88.6%	93.6%	90.5%	90.1%	83.9%	85.0%	
RTT: 92% Waiting within 18 weeks (open Pathways)	92.2%	93.3%	94.5%	95.0%	94.2%	94.9%	96.9%	95.4%	95.6%	94.0%	95.9%	95.7%	96.4%	
Average LoS - Elective (Days)	3.64	3.04	3.92	2.85	2.41	3.70	3.64	3.38	3.00	3.21	3.85	3.53	4.79	
Average LoS - Non-Elective (Days)	3.22	3.94	2.96	2.57	3.74	3.00	4.11	2.77	2.63	3.10	2.19	2.44	2.04	
Hospital Initiated Clinic Cancellations < 6 weeks notice	2	7	5	8	2	2	13	13	16	22	8	3	0	
Daycases (K1)	83	77	72	75	69	78	60	54	74	31	72	73	72	
Cancelled Operations - Non Clinical - On Same Day	1	1	0	3	1	0	0	0	1	2	2	1	1	
OP Appointments Cancelled by Hospital %	15.4%	14.4%	13.2%	16.2%	13.7%	18.2%	13.1%	12.4%	12.3%	16.2%	12.1%	13.0%	10.6%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
Medication Errors (Incidents)	26	29	30	3	4	7	8	9	11	13	17	20	22	
Cleanliness Scores	90.5%	90.8%	96.3%	89.7%	94.3%	94.0%	97.3%	97.0%			95.5%	96.5%	94.5%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	1	0	0	0	0	0	0	

Workforce

Metric Name	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Last 12 Months
Corporate Induction			0.0%	100.0%	0.0%		50.0%		100.0%	66.7%	100.0%	66.7%	
PDR			64.0%	62.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	
Sickness			4.5%	3.5%	4.7%	6.2%	5.6%	6.2%	4.3%	5.7%	5.5%	7.6%	
Mandatory Training			73.5%	66.0%	76.2%	81.1%	80.4%	85.8%	81.3%	86.9%	87.2%	87.3%	

CBU Performance - NMSS

Jan 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	83.1%	86.2%	85.7%	85.2%	84.1%	85.4%				76.0%	79.6%	75.4%	80.4%	
Clinic Session Utilisation	80.9%	84.1%	84.7%	84.9%	89.8%	73.1%	80.8%	74.6%	72.8%	71.1%	78.6%	77.8%	82.0%	
DNA Rate (New Appts)	15.5%	12.7%	11.6%	12.1%	11.2%	12.7%	15.6%	15.1%	12.2%	10.4%	12.2%	11.9%	9.9%	
DNA Rate (Followup Appts)	10.4%	11.0%	10.8%	11.1%	10.3%	11.2%	12.8%	12.8%	12.2%	9.8%	9.1%	10.2%	8.1%	
Convenience and Choice: Slot Availability	94.6%	96.5%	98.8%	99.6%	100.0%						99.3%	99.6%	96.1%	
Referrals Received (GP)	891	823	992	798	815	767	872	702	793	820	811	649	732	
Temporary Spend ('000s)	152	209	148	208	114	200	187	154	147	134	121	132	123	
Normalised I & E surplus/(deficit) In Month ('000s)	-1,727	-1,865	-2,343	1,417	1,777	1,496	1,779	1,295	1,736	1,498	1,283	1,330	1,803	

Patient

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	89.1%	88.5%	87.1%	86.9%	88.4%	87.9%	87.0%	86.0%	81.5%	83.0%	100.0%	80.4%	79.7%	
RTT: 95% Non-Admitted within 18 weeks	93.9%	94.4%	95.4%	96.7%	95.9%	94.9%	95.5%	94.3%	92.6%	92.8%	84.7%	86.0%	87.3%	
RTT: 92% Waiting within 18 weeks (open Pathways)	90.9%	91.3%	90.5%	90.4%	90.3%	89.8%	89.8%	89.6%	89.6%	89.9%	90.0%	90.0%	89.8%	
Average LoS - Elective (Days)	2.04	2.55	2.07	2.12	1.71	2.33	2.16	1.71	2.55	2.09	2.20	2.56	2.04	
Average LoS - Non-Elective (Days)	1.92	2.21	1.61	1.78	2.51	2.00	2.03	2.02	1.87	1.78	2.45	2.72	1.73	
Hospital Initiated Clinic Cancellations < 6 weeks notice	7	27	22	29	20	36	19	3	51	9	49	39	39	
Daycases (K1)	414	405	461	410	358	372	351	381	416	234	317	284	356	
Cancelled Operations - Non Clinical - On Same Day	5	17	13	4	17	13	22	8	11	7	29	3	11	
OP Appointments Cancelled by Hospital %	18.7%	16.1%	17.6%	15.1%	13.7%	21.1%	16.3%	14.7%	14.7%	19.0%	14.9%	18.4%	19.5%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Medication Errors (Incidents)		12	12	1	6	6	6	9	11	12	14	15	19	
Cleanliness Scores	93.5%	93.0%	93.3%	92.0%	98.0%	94.2%	94.0%	94.5%	98.3%		98.7%	98.0%	96.3%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Corporate Induction			33.3%	77.8%	0.0%	0.0%	75.0%		88.9%	100.0%	100.0%	100.0%	
PDR			44.3%	49.3%	79.7%	79.7%	80.7%	80.7%	80.7%	80.7%	80.7%	80.7%	
Sickness			4.3%	4.7%	6.5%	5.8%	4.2%	3.6%	4.4%	4.7%	5.7%	5.5%	
Mandatory Training			70.8%	68.4%	76.1%	78.4%	80.7%	82.2%	79.7%	86.8%	86.9%	87.8%	

CBU Performance - SCACC

Jan 2016

Alder Hey Children's NHS Foundation Trust

Key Issues

Support Required

Operational

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Theatre Utilisation - % of Session Utilised	78.7%	76.3%	79.5%	82.0%	80.0%	79.7%				70.2%	80.4%	74.7%	77.9%	
Clinic Session Utilisation	101.8%	106.6%	92.8%	98.1%	111.4%	91.4%	82.3%	82.5%	69.4%	80.1%	84.3%	83.6%	84.3%	
DNA Rate (New Appts)	14.0%	13.5%	10.0%	13.2%	12.9%	12.2%	12.3%	9.0%	10.3%	12.9%	9.1%	10.0%	8.9%	
DNA Rate (Followup Appts)	10.7%	9.2%	11.1%	12.3%	12.5%	13.1%	12.2%	12.1%	10.9%	10.5%	9.0%	6.8%	7.1%	
Convenience and Choice: Slot Availability	85.3%	89.9%	99.2%	100.0%	100.0%						100.0%	97.9%	98.4%	
Referrals Received (GP)	347	330	386	302	282	280	369	249	292	352	339	266	299	
Temporary Spend ('000s)	342	360	446	465	361	322	345	227	250	268	218	222	237	
Normalised I & E surplus/(deficit) In Month ('000s)	-4,009	-3,989	-4,374	1	-70	-211	-133	-449	457	-267	-119	253	-179	

Patient

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
RTT: 90% Admitted within 18 weeks	92.4%	94.6%	97.4%	97.8%	94.1%	96.4%	94.8%	91.6%	95.9%	91.5%	100.0%	86.1%	94.5%	
RTT: 95% Non-Admitted within 18 weeks	99.3%	99.6%	99.4%	97.0%	97.2%	97.0%	95.1%	87.7%	95.5%	83.8%	94.7%	88.4%	90.1%	
RTT: 92% Waiting within 18 weeks (open Pathways)	97.5%	97.7%	96.9%	97.1%	98.0%	97.2%	96.0%	96.1%	96.8%	97.3%	97.3%	96.6%	96.1%	
Average LoS - Elective (Days)	2.77	3.48	3.16	3.29	4.43	2.93	3.73	2.55	4.30	3.38	3.22	2.94	3.38	
Average LoS - Non-Elective (Days)	4.18	4.36	3.79	4.59	4.01	3.89	3.89	4.16	4.76	3.08	3.78	3.70	3.18	
Hospital Initiated Clinic Cancellations < 6 weeks notice	1	1	0	0	0	3	0	5	4	1	3	1	0	
Daycases (K1)	178	164	223	135	110	169	189	104	181	56	118	104	118	
Cancelled Operations - Non Clinical - On Same Day	3	14	8	4	7	10	4	13	4	9	9	7	9	
OP Appointments Cancelled by Hospital %	18.2%	19.3%	14.1%	17.8%	19.3%	25.3%	15.6%	17.6%	15.9%	22.3%	16.6%	18.6%	14.5%	
Diagnostics: % Completed Within 6 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Quality

Metric Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Medication Errors (Incidents)	73	78	86	3	14	26	35	40	51	58	67	82	90	
Cleanliness Scores	93.4%	90.6%	90.8%	91.4%	95.0%	95.8%	95.5%	94.8%	96.0%		97.4%	92.2%	95.0%	
Hospital Acquired Organisms - MRSA (BSI)	0	0	0	1	0	1	0	1	0	0	0	0	0	
Hospital Acquired Organisms - C.difficile	0	0	0	0	0	0	1	0	0	0	0	0	0	

Workforce

Metric Name	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Last 12 Months
Corporate Induction			37.5%	44.4%	70.0%	80.0%	100.0%	100.0%	88.9%	75.0%	100.0%	92.3%	
PDR			14.8%	17.6%	89.1%	89.1%	91.2%	91.2%	91.2%	91.2%	91.2%	91.2%	
Sickness			6.8%	6.2%	6.2%	6.7%	6.2%	7.3%	6.3%	7.6%	7.1%	7.6%	
Mandatory Training			64.6%	61.9%	73.6%	77.3%	83.1%	85.2%	81.3%	89.1%	88.3%	85.8%	

3. Financial Strength

3.1 Trust Income & Expenditure Report period ended January 2016

	IN MONTH BUDGET £'000	IN MONTH ACTUAL £'000	IN MONTH VARIANCE £'000	YEAR TO DATE BUDGET £'000	YEAR TO DATE ACTUAL £'000	YEAR TO DATE VARIANCE £'000	FULL YEAR BUDGET £'000	FULL YEAR FORECAST £'000	FULL YEAR VARIANCE £'000
Elective	3,720	3,218	(502)	35,592	31,944	(3,648)	43,033	39,413	(3,620)
Non Elective	2,321	1,854	(467)	23,841	22,611	(1,230)	28,356	26,670	(1,686)
Outpatients	2,104	2,165	61	20,085	17,922	(2,162)	24,293	21,994	(2,299)
A&E	384	407	23	3,993	4,006.858	13	4,841	4,827	(14)
Critical Care	2,015	2,123	108	18,134	18,289	156	21,968	22,126	158
Non PbR Drugs & Devices	1,517	1,504	(13)	15,168	15,024	(144)	18,202	17,921	(281)
Other Income	5,298	6,430	1,132	51,727	55,839	4,111	62,412	67,493	5,081
Total Income	***17,359***	***17,700***	***341***	***168,541***	***165,636***	***(2,904)***	***203,104***	***200,444***	***(2,660)***
Pay Costs	(10,685)	(11,460)	(775)	(108,091)	(111,650)	(3,560)	(129,428)	(133,503)	(4,075)
Drugs	(1,434)	(1,569)	(135)	(14,175)	(15,172)	(998)	(16,919)	(18,104)	(1,185)
Clinical Supplies	(1,272)	(1,078)	194	(12,884)	(12,839)	46	(15,394)	(13,819)	1,575
Other Non Pay	(2,527)	(2,763)	(236)	(24,024)	(22,490)	1,534	(28,761)	(27,500)	1,261
Total Expenditure	***(15,918)***	***(16,870)***	***(952)***	***(159,174)***	***(162,152)***	***(2,978)***	***(190,501)***	***(192,926)***	***(2,425)***
EBITDA	***1,441***	***830***	***(611)***	***9,367***	***3,485***	***(5,882)***	***12,603***	***7,518***	***(5,085)***
Capital Charges	(741)	(694)	47	(6,658)	(4,935)	1,723	(8,139)	(6,312)	1,827
Finance Income	2	8	6	36	94	58	40	100	60
Interest Expense (non-PFI/LIFT)	(84)	(84)	0	(844)	(839)	5	(1,006)	(1,000)	6
Interest Expense (PFI/LIFT)	(653)	(668)	(15)	(4,894)	(2,693)	2,201	(6,199)	(4,028)	2,171
Total Financing	***(1,476)***	***(1,438)***	***38***	***(12,359)***	***(8,372)***	***3,987***	***(15,304)***	***(11,240)***	***4,064***
Normalised Surplus/(Deficit)	***(35)***	***(608)***	***(573)***	***(2,993)***	***(4,888)***	***(1,895)***	***(2,701)***	***(3,722)***	***(1,021)***
One-off normalising items									
Government Grants/Donated Income	0	123	123	15,962	12,992	(2,970)	15,962	14,570	(1,392)
MASS/Restructuring	0	0	0	0	(7)	(7)	0	(7)	(7)
Fixed Asset Impairment	0	0	0	(68,163)	(68,163)	0	(69,840)	(71,214)	(1,374)
(Gains)/Losses on asset disposals	0	70	70	(4,741)	(4,321)	420	(4,741)	(4,212)	529
Reported Surplus/(Deficit)	***(35)***	***(415)***	***(380)***	***(59,935)***	***(64,387)***	***(4,452)***	***(61,320)***	***(64,585)***	***(3,265)***

Key Metrics	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Normalised Income £000	17,361	17,708	347	168,577	165,730	(2,847)	203,144	200,544	(2,600)
Normalised Expenditure £000	(17,396)	(18,316)	(920)	(171,569)	(170,618)	952	(205,845)	(204,266)	1,579
Normalised Surplus/(Deficit) £000	(35)	(608)	(573)	(2,993)	(4,888)	(1,895)	(2,701)	(3,722)	(1,021)
WTE	2,824	2,942	(118)	2,824	2,942	(118)			
CIP £000	1,044	587	(457)	7,955	4,841	(3,114)	10,173	6,035	(4,138)
Cash £000	6,073	17,352	11,279	6,073	17,352	11,279			
CAPEX FCT £000	213	2,909	(2,696)	31,588	31,439	148	32,662	34,492	(1,830)
Risk Rating	2	2	0	2	2	0	2	2	0

Activity Volumes	IN MONTH PLAN	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE PLAN	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR PLAN	FULL YEAR FORECAST ACTUAL	FULL YEAR FORECAST VARIANCE
Elective	2,312	2,112	(200)	22,099	20,883	(1,216)	26,691	25,920	(771)
Non Elective	915	968	53	9,381	9,307	(74)	11,191	11,086	(105)
Outpatients	16,744	16,491	(253)	160,081	143,826	(16,255)	193,569	171,699	(21,870)
A&E	4,438	5,078	640	46,111	47,446	1,335	55,899	57,168	1,269

3.2 Trust Balance Sheet period ended January 2016

	2014/15 ACTUAL £'000	2015/16 PLAN £,000	ACTUAL TO DATE £,000	PREVIOUS MONTH £,000
Property, Plant and Non Current Assets	66,767	186,473	193,072	192,987
Cash and Cash Equivalents	36,048	6,816	17,352	18,150
Trade & Other Current Assets	78,070	13,730	11,940	13,608
Current Liabilities	(40,924)	(22,170)	(34,932)	(36,736)
Total Assets Less Current Liabilities	139,961	184,849	187,432	188,009
Non Current Provisions/Liabilities	(753)	(698)	(695)	(708)
Non Current Borrowings	(41,058)	(145,165)	(152,565)	(152,714)
Total Assets Employed	98,150	38,986	34,172	34,587
Financed by: Taxpayers' Equity	98,150	38,986	34,172	34,587

AGED DEBT ANALYSIS	TARGET PLAN %	ACTUAL IN MONTH %	PREVIOUS MONTH %	Explanation if more than 5%
% of Debtors > 90 days	5%	15%	15%	The actual debt over 90 days at the end of January is £499K - an improvement of £7K. There are 7 overdue invoices ranging in value from £10k to £43K, 1 of which relates to salary overpayment, 3 relating to Liverpool Women's issues and 3 other ad hoc queries which are currently being investigated by Contracts and Management accounts. Debt over 90 days due from Liverpool Womens is now £176K. Meetings have taken place between the Trusts to resolve this issue and some payments have been promised. Their account with us remains on hold. Salary overpayment invoices over 90 days amount to £103K. Without Liverpool Women's, Salary overpayments and the 3 ad hoc queries total £59K, % over 90 days is 5%.

3.3 Financial Sustainability Risk Rating

2014/15 ACTUAL FSRR		2015/16 FULL YEAR FSRR	2015/16 M10 PLAN (METRIC)	ACTUAL TO DATE (METRIC)	PLAN TO DATE FSRR	ACTUAL TO DATE FSRR
4	Capital Servicing Capacity Ratio (times)	1	1	1	1	1
4	Liquidity Ratio (days)	3	-6	-14	3	2
3	I&E Margin	1	7	4	4	4
1	Variance in I&E Margin as % of Income	4	-2	-2	1	1
2	Financial Sustainability Risk Rating	2			2	2

	Financial criteria	Weight (%)	Metric	Rating categories** 1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75-2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)–0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

2015/16 Cost Improvement Programme

1. Headlines

The Month 10 CIP performance across the Trust showed an underachievement of £457k (44%) in month and an underachievement of £3,114k (39% of the target) to date. The largest variances to date are in ICS (£750k behind target), SCACC (£809k behind target) and Med Specs (£890k behind target). The main reason for the under performance is the slippage/delay of activity related schemes. The forecast CIP achievement for the year is £6,035k leaving a gap of £4,137k. Due to the Big Move the Trust planned an in year under achievement of £4m. The figures shown are gross and have been offset by the underachievement contingency of £3.3m at Mth 10. The CBU's and Trust are now focussed on the full year recurrent schemes and these have now been added to the report. There is currently a £4.0m recurrent shortfall.

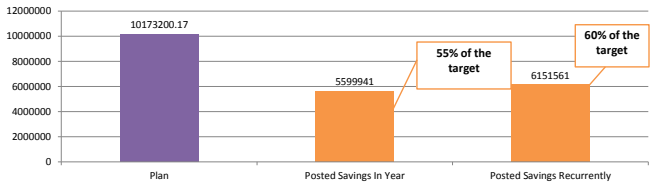
2. Performance by CBU

	In Month @ January				Year to date @ January				In Year Forecast			
CBU	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Other Corporate Services	5,399	1,470	(3,929)	-73%	18,768	45,506	26,737	142%	29,567	48,883	19,316	65%
Clinical Support Services	151,763	227,163	75,401	50%	1,422,474	1,517,776	95,302	7%	1,726,000	1,673,937	(52,063)	-3%
Estates	13,137	41,559	28,422	216%	86,321	254,880	168,559	195%	113,000	338,000	225,000	199%
Finance & Information	23,729	14,757	(8,972)	-38%	171,014	307,160	136,146	80%	218,471	338,952	120,481	55%
Human Resources	39,751	2,137	(37,614)	-95%	260,608	47,590	(213,018)	-82%	340,109	51,863	(288,246)	-85%
Hotel	21,736	4,640	(17,096)	-79%	166,126	32,331	(133,795)	-81%	210,000	42,002	(167,998)	-80%
Integrated Community Services	167,826	79,845	(87,981)	-52%	1,289,596	539,240	(750,356)	-58%	1,659,000	698,893	(960,107)	-58%
Innovation	0	0	0	0%	0	0	0	0%	0	33,333	33,333	#DIV/0!
Medical Specialties	161,370	36,289	(125,082)	-78%	1,328,510	438,370	(890,140)	-67%	1,700,000	531,784	(1,168,216)	-69%
Neurosciences, MSK and Specialist Surgery	216,048	79,733	(136,314)	-63%	1,532,302	879,669	(652,633)	-43%	1,964,301	1,278,164	(686,137)	-35%
Operational Services	2,987	928	(2,059)	-69%	11,346	9,281	(2,066)	-18%	17,321	11,137	(6,184)	-36%
R&D	18,333	0	(18,333)	-100%	83,333	0	(83,333)	-100%	120,000	0	(120,000)	-100%
Risk Management	2,955	429	(2,526)	-85%	10,519	4,291	(6,228)	-59%	16,430	5,149	(11,281)	-69%
Surgery, Cardiac, Critical Care, Anaesthetic	218,923	97,898	(121,025)	-55%	1,573,936	764,683	(809,253)	-51%	2,059,000	983,214	(1,075,786)	-52%
Total	1,043,958	586,848	(457,109)	-44%	7,954,856	4,840,777	(3,114,079)	-39%	10,173,200	6,035,312	(4,137,888)	-41%

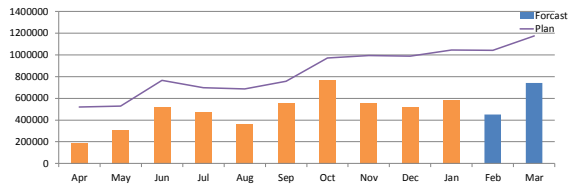
3. Performance Strategic

	In Month @ January				Year to date @ January				In Year Forecast			
Theme	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %	Target	Actual	Var	(under)/over %
Improve In Hospital Activity	282,826	65,110	(217,715)	-77%	2,029,173	767,906	(1,261,266)	-62%	2,642,046	1,117,068	(1,524,978)	-58%
Improve Out of Hospital Activity	68,627	510	(68,117)	-99%	631,627	70,492	(561,135)	-89%	768,880	126,070	(642,810)	-84%
Improve Business Efficiency	376,405	520,256	143,851	38%	2,958,552	3,993,630	1,035,079	35%	3,794,564	4,781,482	986,918	26%
Deliver Strategic Plan	52,833	972	(51,861)	-98%	244,333	8,748	(235,585)	-96%	350,000	10,692	(339,308)	-97%
Improve Workforce Efficiency	61,000	0	(61,000)	-100%	68,497	0	(68,497)	-100%	190,500	0	(190,500)	-100%
GAP	202,267	0	(202,267)	-100%	2,022,675	0	(2,022,675)	-100%	2,427,210	0	(2,427,210)	-100%
Total	1,043,958	586,848	(457,109)	-44%	7,954,856	4,840,777	(3,114,079)	-39%	10,173,200	6,035,312	(4,137,888)	-41%

4. Posted Savings

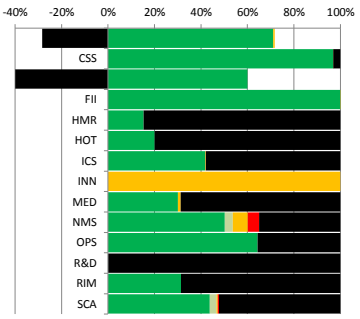


5. Risk to Delivery



6. Forecast Risk by CBU (In year)

				RAG RATING				
CBU	Target	Forecast	Gap	Green	Green/ Amber*	Amber	Red	Black
Other Corporate Services	29,567	48,883	19,316	48,446	0	437	0	(19,316)
Clinical Support Services	1,726,000	1,673,937	(52,063)	1,671,937	0	2,000	0	52,063
Estates	113,000	338,000	225,000	338,000	0	0	0	(225,000)
Finance & Information	218,471	338,952	120,481	338,674	0	278	0	(120,481)
Human Resources	340,109	51,863	(288,246)	51,863	0	0	0	288,246
Hotel	210,000	42,002	(167,998)	42,002	0	0	0	167,998
Integrated Community Services	1,659,000	698,893	(960,107)	694,060	0	4,833	0	960,107
Innovation	0	33,333	33,333	0	0	33,333	0	(33,333)
Medical Specialties	1,700,000	531,784	(1,168,216)	510,833	0	20,951	0	1,168,216
Neurosciences, MSK and Specialist Surgery	1,964,301	1,278,164	(686,137)	986,550	68,280	127,582	95,752	686,137
Operational Services	17,321	11,137	(6,184)	11,137	0	0	0	6,184
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	983,214	(1,075,786)	901,290	60,424	9,500	12,000	1,075,786
Total	10,173,200	6,035,312	(4,137,888)	5,599,941	128,704	198,915	107,752	4,137,888



7. Forecast Risk (Recurrent)

				RAG RATING				
CBU	Target	Forecast	Gap	Green	Green/ Amber*	Amber	Red	Black
Other Corporate Services	29,567	15,352	(14,215)	15,352	0	0	0	14,215
Clinical Support Services	1,726,000	1,115,095	(610,905)	1,115,095	0	0	0	610,905
Estates	113,000	460,000	347,000	460,000	0	0	0	(347,000)
Finance & Information	218,472	493,076	274,604	491,876	0	1,200	0	(274,604)
Human Resources	340,109	39,551	(300,558)	39,551	0	0	0	300,558
Hotel	210,000	126,067	(83,933)	126,067	0	0	0	83,933
Integrated Community Services	1,659,000	593,886	(1,065,114)	593,886	0	0	0	1,065,114
Innovation	0	0	0	0	0	0	0	0
Medical Specialties	1,700,000	646,966	(1,053,034)	646,966	0	0	0	1,053,034
Neurosciences, MSK and Specialist Surgery	1,964,301	1,505,804	(458,497)	1,505,804	0	0	0	458,497
Operational Services	17,321	24,634	7,313	24,634	0	0	0	(7,313)
R&D	120,000	0	(120,000)	0	0	0	0	120,000
Risk Management	16,430	5,149	(11,281)	5,149	0	0	0	11,281
Surgery, Cardiac, Critical Care, Anaesthetic	2,059,000	1,127,181	(931,819)	1,127,181	0	0	0	931,819
Total	10,173,200	6,152,761	(4,020,439)	6,151,561	0	1,200	0	4,020,439

CBU	Target	Forecast	Gap	Green	Green/ Amber*	Amber	Red	Black
Improve In Hospital Activity	2,642,046	1,419,663	(1,222,383)	1,419,663	0	0	0	1,222,383
Improve Out of Hospital Activity	768,880	332,887	(435,993)	332,887	0	0	0	435,993
Improve Business Efficiency	3,794,564	4,388,547	593,983	4,387,347	0	1,200	0	(593,983)
Deliver Strategic Plan	350,000	11,664	(338,336)	11,664	0	0	0	338,336
Improve Workforce Efficiency	190,500	(0)	(190,500)	0	0	0	(0)	190,500
GAP	2,427,210	0	(2,427,210)	0	0	0	0	2,427,210
Total	10,173,200	6,152,761	(4,020,439)	6,151,561	0	1,200	0	4,020,439

3. Financial Strength

Capital Expenditure Period ended **Jan-16**

	Prior Year Expenditure	IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE	FULL YEAR BUDGET	FULL YEAR FORECAST	FULL YEAR VARIANCE
ESTATES CAPITAL SCHEMES	£000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PLANNED CAPITAL - ESTATES										
Interim & Retained Estate		150	100	50	891	597	294	1,211	1,211	0
Demolition/Decommissioning		0	13	(13)	150	128	22	200	380	(180)
Demolition Alder Park		0	1	(1)	224	194	30	224	217	7
Project costs associated with schemes		0	(1)	1	50	127	(77)	100	100	0
CDC		63	0	63	504	0	504	630	0	630
PLANNED CAPITAL - ESTATES		213	113	100	1,819	1,046	773	2,365	1,908	457
Research & Education Phase 1.	*6,877*	0	19	(19)	4,443	4,289	154	4,443	4,473	(30)
Research & Education Phase 2		0	26	(26)	900	382	518	900	382	518
RESEARCH & EDUCATION PHASE 1	***6,877***	0	45	(45)	5,343	4,671	672	5,343	4,855	488
ESTATES TOTAL CAPITAL	***6,877***	**213**	**158**	**55**	**7,162**	**5,717**	**1,445**	**7,708**	**6,763**	**945**
IM & T CAPITAL SCHEMES										
New Build IM&T	*2,302*	0	(20)	20	1,756	2,257	(501)	1,756	1,974	(218)
Door Access		0	0	0	400	102	298	400	500	(100)
CCTV & Mobile Technology	*0*	0	0	(0)	400	195	205	400	180	220
Patient Entertainment - Core	*360*	0	0	0	250	249	1	250	260	(10)
Interim Move IM&T Costs		0	0	0	0	0	0	0	200	(200)
NETWORKING, INFRASTRUCTURE & OTHER IT	***2,662***	0	(20)	20	2,806	2,803	3	2,806	3,114	(308)
Electronic Patient Record.	*3,515*	0	68	(68)	5,712	6,035	(323)	5,712	6,132	(420)
ELECTRONIC PATIENT RECORD	***3,515***	0	68	(68)	5,712	6,035	(323)	5,712	6,132	(420)
IM & T TOTAL CAPITAL	***6,177***	**0**	**49**	**(49)**	**8,518**	**8,838**	**(320)**	**8,518**	**9,246**	**(728)**
ALDER HEY IN THE PARK										
Medical Equipment - Replacement Cycle	*930*	0	(25)	25	3,030	3,583	(553)	3,030	2,799	231
Medical Equipment - Project Specific Items (Patient Monitoring		0	0	0	700	620	80	700	727	(27)
Medical Equipment - Project Specific		0	0	0	0	0	0	528	494	34
Medical Equipment - Additional Rooms.		0	1	(1)	768	533	235	768	796	(28)
Medical Equipment - Category B2 Brainlab		0	0	0	300	341	(41)	300	439	(139)
Drills		0	0	0	208	0	208	208	0	208
Medical Equipment B1 Charity		0	34	(34)	0	837	(837)	0	837	(837)
Hybrid Theatre		0	0	0	0	0	0	0	1,200	(1,200)
		0	10	(10)	5,006	5,913	(907)	5,534	7,293	(1,759)
Clinical Equipment - Project Specific (Parent Beds)		0	0	0	187	226	(39)	187	226	(39)
Medical Equipment - Category B1 (Radio & Angio)	*4,509*	0	0	(0)	771	674	97	771	921	(150)
Non Medical Equipment - Category B2	*4*	0	0	0	329	144	185	329	144	185
Non Medical Equipment - Category C	*27*	0	15	(15)	2,325	3,165	(840)	2,325	2,943	(618)
Non Medical Equipment - Project Specific		0	0	0	246	23	223	246	38	208
Automated Drug Cabinets		0	0	0	333	333	0	333	333	(0)
PFI Building Snagging		0	18	(18)	50	20	30	50	50	0
		0	34	(34)	4,241	4,585	(344)	4,241	4,655	(414)
Outpatients		0	2,890	(2,890)	2,772	1,445	1,327	2,772	(1,442)	4,214
Capital Contribution PFI		0	(336)	336	2,697	4,484	(1,787)	2,697	6,535	(3,838)
Innovation Hub		0	0	0	280	0	280	280	0	280
Site Development		0	34	(34)	0	34	(34)	0	100	(100)
Office Development		0	73	(73)	0	97	(97)	0	100	(100)
		0	2,661	(2,661)	5,749	6,059	(311)	5,749	5,293	456
ALDER HEY IN THE PARK TOTAL	***5,470***	**0**	**2,705**	**(2,705)**	**14,996**	**16,558**	**(1,562)**	**15,524**	**17,241**	**(1,717)**
Business Intelligence		0	(3)	3	250	250	0	250	250	0
Other	*0*	0	0	0	662	76	586	662	992	(330)
Other	***0***	**0**	**(3)**	**3**	**912**	**326**	**586**	**912**	**1,242**	**(330)**
CAPITAL PROGRAMME 15/16	***18,524***	***213***	***2,909***	***(2,696)***	***31,588***	***31,439***	***148***	***32,662***	***34,492***	***(1,830)***
Technical Adjustments		(63)	0	(63)	(504)	0	(504)	(630)	0	(630)
AMENDED CAPITAL PROGRAMME 15/16	***18,524***	***150***	***2,909***	***(2,759)***	***31,084***	***31,439***	***(356)***	***32,032***	***34,492***	***(2,460)***

3. Financial Strength

3.8 CBU Financial Performance Report for the period ended January 2016

		IN MONTH BUDGET	IN MONTH ACTUAL	IN MONTH VARIANCE		YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE VARIANCE		Comments
		£'000	£'000	£'000	%	£'000	£'000	£'000	%	
MEDICAL SPECIALTIES	INCOME	3,488	3,471	(17)	0%	33,885	33,039	(846)	-2%	Overall over-performance on activity, mainly due to previously uncaptured WBO and WA's. Under delivery on CIP.
	PAY COSTS	(1,053)	(1,136)	(84)	-8%	(10,768)	(11,335)	(567)	-5%	Overspend relates to under delivery of CIP, and high usage of bank & agency across wards
	NON PAY COSTS	(1,204)	(1,254)	(50)	-4%	(11,877)	(12,172)	(295)	-2%	High spend on PbR dugs in month, offset by overall gain on non-PbR drugs.
	CONTRIBUTION	***1,231***	***1,081***	***(150)***	***-12%***	***11,240***	***9,532***	***(1,708)***	***-15%***	
DISTRICT SERVICES/CAMHS & COMMUNITY	INCOME	3,053	3,413	360	12%	29,927	30,751	823	3%	IAPT income offset by expenditure. Under delivery on CIP. With additional income for Eating Disorders Liverpool CAMHS
	PAY COSTS	(2,134)	(2,295)	(162)	-8%	(20,897)	(22,144)	(1,247)	-6%	Pay overspend on Homecare packages & IAPT offset by additional income. With additional costs for locum doctors, and A&E and 4C nurse cover through bank and agency
	NON PAY COSTS	(238)	(467)	(229)	-96%	(2,329)	(3,103)	(773)	-33%	Overspend relates to under delivery of CIP, IAPT expenditure, and insulin pump expenditure offset by additional income
	CONTRIBUTION	***681***	***651***	***(30)***	***-4%***	***6,701***	***5,504***	***(1,197)***	***-18%***	
NEUROSCIENCE, MUSCULOSKELETAL AND SPECIALIST SURGERY	INCOME	3,762	3,499	(264)	-7%	37,507	33,342	(4,165)	-11%	Income continues to be behind plan. (Elective mainly ENT & ortho. NEL mainly neurosurg & ortho. Outpatients across the specialties). The CBU are looking at forecasted plans and potential mitigations.
	PAY COSTS	(1,478)	(1,460)	17	1%	(15,252)	(15,590)	(338)	-2%	YTD overspend due to temporary staffing and payments for additional sessions.
	NON PAY COSTS	(169)	(236)	(67)	-40%	(1,798)	(2,338)	(540)	-30%	Non pay over spends spread across the CBU & across several areas eg drugs costs (164k YTD) & hearing aids (some of which will be offset by income).
	CONTRIBUTION	***2,115***	***1,803***	***(312)***	***-15%***	***20,457***	***15,414***	***(5,043)***	***-25%***	
SURGERY, CARDIAC, ANAESTHESIA & CRITICAL CARE CBU (SCACC)	INCOME	4,694	3,957	(737)	-16%	43,987	40,164	(3,823)	-9%	Income underperforming mainly in Cardiac surgery, general surgery & Neonates), with smaller variances across the CBU. Work has been done to look at forecast activity and mitigation plans.
	PAY COSTS	(3,056)	(3,292)	(236)	-8%	(31,031)	(31,900)	(869)	-3%	Continued used of temporary staffing mainly on wards & theatres. LWH recharge for neonatologist
	NON PAY COSTS	(938)	(844)	94	10%	(9,421)	(8,980)	441	5%	Various overspends such as drugs and Med & surg equipments which are offset with underspends in theatres.
	CONTRIBUTION	***700***	***(179)***	***(879)***	***-126%***	***3,535***	***(716)***	***(4,251)***	***-120%***	
CLINICAL SUPPORT UNIT	INCOME	895	826	(69)	-8%	8,729	8,737	8	0%	Income overperformance year to date is Radiology Non Elective
	PAY COSTS	(1,519)	(1,536)	(17)	-1%	(15,278)	(15,145)	133	1%	Various CBU vacancies offset by pressure in Records Management Team - Agency 397k, Paperlight project
	NON PAY COSTS	(514)	(543)	(29)	-6%	(5,011)	(5,716)	(705)	-14%	Overspending areas are drugs, FP10's, patient appliances, send away tests, Patient Services and unachieved CIP
	CONTRIBUTION	***(1,138)***	***(1,253)***	***(115)***	***-10%***	***(11,560)***	***(12,124)***	***(564)***	***-5%***	
HOTEL SERVICES	INCOME	144	112	(31)	-22%	1,393	1,219	(174)	-12%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site, Car Parking and Catering underachieved
	PAY COSTS	(390)	(439)	(49)	-13%	(3,503)	(3,805)	(302)	-9%	Additional pay costs associated with increased cleaning requirements in new build
	NON PAY COSTS	(182)	(181)	1	1%	(1,834)	(2,213)	(379)	-21%	Continuing overspends in postage, Security, and provisions offset by various savings
	CONTRIBUTION	***(428)***	***(508)***	***(80)***	***-19%***	***(3,944)***	***(4,799)***	***(855)***	***-22%***	
ESTATES	INCOME	5	20	15	300%	59	136	77	131%	Target for LWH SLA cannot be fulfilled as Genetics have now moved off site offset by forecast recharge to UoL for IitP
	PAY COSTS	(49)	(39)	10	20%	(621)	(512)	108	17%	Pay savings
	NON PAY COSTS	(606)	(657)	(50)	-8%	(5,618)	(5,615)	3	0%	Energy pressure in month due to changes in energy usage - CHP now fully functional again in new build
	CONTRIBUTION	***(650)***	***(676)***	***(26)***	***-4%***	***(6,180)***	***(5,991)***	***189***	***3%***	
RESEARCH & DEVELOPMENT	INCOME	347	344	(2)	-1%	3,365	3,405	40	1%	Offset by Non Pay costs
	PAY COSTS	(184)	(195)	(11)	-6%	(1,834)	(1,938)	(104)	-6%	Offset by Non Pay costs
	NON PAY COSTS	(105)	(91)	14	13%	(1,050)	(986)	64	6%	Offset by Income
	CONTRIBUTION	***58***	***58***	***0***	***0%***	***481***	***481***	***0***	***0%***	
ALDER HEY IN THE PARK	INCOME	446	452	6	1%	5,569	5,601	33	1%	
	PAY COSTS	(154)	(249)	(95)	-62%	(2,211)	(2,328)	(116)	-5%	
	NON PAY COSTS	(42)	47	89	212%	(851)	(768)	84	10%	
	CONTRIBUTION	***250***	***250***	***0***	***0%***	***2,507***	***2,505***	***(2)***	***0%***	
CORPORATE OTHER DEPT	INCOME	0	4	4	0%	0	3	3	0%	
	PAY COSTS	(129)	(133)	(5)	-4%	(1,334)	(1,306)	29	2%	Various vacancies
	NON PAY COSTS	(46)	(86)	(40)	-87%	(474)	(590)	(116)	-24%	Overspends in Communications and Trust Board (Legal fees and Professional fees)
	CONTRIBUTION	***(175)***	***(215)***	***(40)***	***-23%***	***(1,808)***	***(1,893)***	***(85)***	***-5%***	
FINANCE & IMT	INCOME	(5)	68	73	1460%	(104)	88	191	184%	Overachievement in Finance mainly CIP
	PAY COSTS	(307)	(340)	(33)	-11%	(2,786)	(2,744)	43	2%	Overachievement in Finance CIP
	NON PAY COSTS	(199)	(327)	(127)	-64%	(2,411)	(2,856)	(445)	-18%	Overspend mainly due to IMT computer expenditure & Telephony
	CONTRIBUTION	***(511)***	***(599)***	***(88)***	***-17%***	***(5,301)***	***(5,512)***	***(211)***	***-4%***	
HUMAN RESOURCES	INCOME	55	53	(2)	-4%	522	294	(228)	-44%	Income behind plan mainly due to unachieved CIP
	PAY COSTS	(150)	(138)	11	7%	(1,426)	(1,400)	27	2%	Various vacancies
	NON PAY COSTS	(85)	(107)	(22)	-26%	(877)	(793)	84	10%	Underspend in Organisational Development, who traditionally incur more expenditure later in the year
	CONTRIBUTION	***(180)***	***(192)***	***(12)***	***-7%***	***(1,781)***	***(1,899)***	***(118)***	***-7%***	
NURSING & QUALITY	INCOME	11	18	7	64%	107	243	136	127%	Mainly NHSLA - Safety Improvement plan - offset Pay and Alder Hey MSc Child Nursing - offset Non Pay
	PAY COSTS	(118)	(193)	(75)	-64%	(1,408)	(1,549)	(141)	-10%	Mainly NHSLA - Safety Improvement plan - offset Income
	NON PAY COSTS	(25)	(28)	(3)	-12%	(269)	(547)	(278)	-103%	Various overspends in Nursing Leadership, Risk Management, Patient Experience and Infection Control Department (Bioquell Pods for CBU's - ended Oct15) Alder Hey MSc Child Nursing - offset Income
	CONTRIBUTION	***(132)***	***(203)***	***(71)***	***-54%***	***(1,570)***	***(1,853)***	***(283)***	***-18%***	

Activity against Plan, by Specialty
2015/16 - Month 10

Medical Specialties CBU		Plan (spells/ attendances)	Actual (spells/ attendances)	Variance (spells/ attendances)	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Endocrinology	Elective	985	886	-99	-10%	£1,050	£906	-£144	-14%
Endocrinology	Non Elective	24	15	-9	-38%	£95	£113	£17	18%
Endocrinology	Outpatient - New	648	594	-54	-8%	£251	£230	-£21	-8%
Endocrinology	Outpatient - Follow Up	4,518	3,763	-755	-17%	£828	£698	-£131	-16%
Endocrinology	**Total**	**6,175**	**5,258**	**-917**	**-15%**	**£2,225**	**£1,947**	**-£278**	**-12%**
Haematology	Elective	264	269	5	2%	£485	£369	-£117	-24%
Haematology	Non Elective	170	88	-82	-48%	£535	£203	-£332	-62%
Haematology	Outpatient - New	217	181	-36	-16%	£94	£78	-£16	-17%
Haematology	Outpatient - Follow Up	1,588	1,625	37	2%	£338	£346	£9	3%
Haematology	**Total**	**2,238**	**2,163**	**-75**	**-3%**	**£1,452**	**£996**	**-£456**	**-31%**
Gastroenterology	Elective	1,544	1,461	-83	-5%	£1,951	£2,071	£120	6%
Gastroenterology	Non Elective	109	88	-21	-19%	£885	£583	-£302	-34%
Gastroenterology	Outpatient - New	971	831	-140	-14%	£217	£211	-£7	-3%
Gastroenterology	Outpatient - Follow Up	4,596	4,401	-195	-4%	£693	£709	£16	2%
Gastroenterology	**Total**	**7,219**	**6,781**	**-438**	**-6%**	**£3,747**	**£3,574**	**-£173**	**-5%**
Metabolic	Elective	0		0	0%			£0	0%
Metabolic	Non Elective	0		0	0%			£0	0%
Metabolic	Outpatient - New	50	51	1	3%	£19	£20	£1	3%
Metabolic	Outpatient - Follow Up	298	330	32	11%	£115	£127	£13	11%
Metabolic	**Total**	**347**	**381**	**34**	**10%**	**£134**	**£147**	**£13**	**10%**
Dermatology	Elective	18	28	10	54%	£15	£24	£9	57%
Dermatology	Non Elective	0		0	0%			£0	0%
Dermatology	Outpatient - New	1,728	1,287	-441	-26%	£230	£178	-£52	-23%
Dermatology	Outpatient - Follow Up	6,675	6,012	-663	-10%	£625	£573	-£53	-8%
Dermatology	**Total**	**8,421**	**7,327**	**-1,094**	**-13%**	**£871**	**£775**	**-£96**	**-11%**
Nephrology	Elective	1,247	678	-569	-46%	£1,267	£701	-£566	-45%
Nephrology	Non Elective	40	43	3	7%	£169	£118	-£51	-30%
Nephrology	Outpatient - New	155	217	62	40%	£18	£26	£8	41%
Nephrology	Outpatient - Follow Up	2,603	2,677	74	3%	£309	£318	£9	3%
Nephrology	**Total**	**4,045**	**3,615**	**-430**	**-11%**	**£1,763**	**£1,162**	**-£601**	**-34%**
Oncology	Elective	3,785	4,975	1,190	31%	£2,704	£4,083	£1,379	51%
Oncology	Non Elective	394	750	356	90%	£1,052	£1,536	£484	46%
Oncology	Outpatient - New	100	75	-25	-25%	£26	£20	-£7	-25%
Oncology	Outpatient - Follow Up	3,217	3,130	-87	-3%	£835	£806	-£29	-3%
Oncology	**Total**	**7,496**	**8,930**	**1,434**	**19%**	**£4,617**	**£6,445**	**£1,828**	**40%**
Respiratory Medicine	Elective	146	148	2	1%	£241	£219	-£22	-9%
Respiratory Medicine	Non Elective	658	738	80	12%	£706	£923	£217	31%
Respiratory Medicine	Outpatient - New	605	607	2	0%	£167	£181	£14	8%
Respiratory Medicine	Outpatient - Follow Up	3,940	3,290	-650	-16%	£542	£522	-£20	-4%
Respiratory Medicine	**Total**	**5,349**	**4,783**	**-566**	**-11%**	**£1,656**	**£1,844**	**£188**	**11%**
Rheumatology	Elective	1,676	1,531	-145	-9%	£1,607	£1,517	-£91	-6%
Rheumatology	Non Elective	14	28	14	97%	£30	£81	£50	166%
Rheumatology	Outpatient - New	486	485	-1	0%	£73	£73	£0	0%
Rheumatology	Outpatient - Follow Up	1,804	1,602	-202	-11%	£273	£242	-£31	-11%
Rheumatology	**Total**	**3,980**	**3,646**	**-334**	**-8%**	**£1,984**	**£1,912**	**-£71**	**-4%**
CBU Total									
Med Spec CBU	Elective	9,665	9,976	311	3%	£9,320	£9,889	£569	6%
Med Spec CBU	Non Elective	1,408	1,750	342	24%	£3,473	£3,556	£83	2%
Med Spec CBU	Outpatient - New	4,959	4,328	-631	-13%	£1,097	£1,017	-£80	-7%
Med Spec CBU	Outpatient - Follow Up	29,238	26,830	-2,408	-8%	£4,559	£4,341	-£217	-5%
Med Spec CBU	**Total**	**45,270**	**42,884**	**-2,386**	**-5%**	**£18,448**	**£18,803**	**£355**	**2%**

ICS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Accident & Emergency	Elective	2	2	0	21%	£2	£4	£2	120%
Accident & Emergency	Non Elective	670	1,081	411	61%	£627	£954	£327	52%
Accident & Emergency	Outpatient - New	2,074	1,387	-687	-33%	£703	£470	-£232	-33%
Accident & Emergency	Outpatient - Follow Up	223	173	-50	-23%	£76	£59	-£17	-23%
Accident & Emergency	**Total**	**2,969**	**2,643**	**-326**	**-11%**	**£1,408**	**£1,486**	**£79**	**6%**
CAMHS	Elective	2	4	2	61%	£3	£4	£2	64%
CAMHS	Non Elective	0		0	0%			£0	0%
CAMHS	Outpatient - New	1,950	2,541	591	30%			£0	0%
CAMHS	Outpatient - Follow Up	9,362	10,973	1,611	17%			£0	0%
CAMHS	**Total**	**11,315**	**13,518**	**2,203**	**19%**	**£3**	**£4**	**£2**	**64%**
Community Paediatrics	Elective	0		0	0%			£0	0%
Community Paediatrics	Non Elective	0		0	0%			£0	0%
Community Paediatrics	Outpatient - New	2,997	2,431	-566	-19%			£0	0%
Community Paediatrics	Outpatient - Follow Up	7,158	5,398	-1,760	-25%			£0	0%
Community Paediatrics	**Total**	**10,155**	**7,829**	**-2,326**	**-23%**	**£0**	**£0**	**£0**	**0%**
Diabetes	Elective	0		0	0%			£0	0%
Diabetes	Non Elective	0		0	0%			£0	0%
Diabetes	Outpatient - New	15	72	57	384%	£3	£17	£13	384%
Diabetes	Outpatient - Follow Up	28	133	105	373%	£4	£17	£14	366%
Diabetes	**Total**	**43**	**205**	**162**	**377%**	**£7**	**£34**	**£27**	**375%**
General Paediatrics	Elective	447	366	-81	-18%	£476	£434	-£41	-9%
General Paediatrics	Non Elective	2,719	2,616	-103	-4%	£3,340	£3,584	£244	7%
General Paediatrics	Outpatient - New	4,453	3,453	-1,000	-22%	£842	£761	-£81	-10%
General Paediatrics	Outpatient - Follow Up	7,807	6,444	-1,363	-17%	£909	£832	-£77	-8%
General Paediatrics	**Total**	**15,426**	**12,879**	**-2,547**	**-17%**	**£5,566**	**£5,612**	**£45**	**1%**
CBU Total									
ICS CBU	Elective	452	372	-80	-18%	£480	£442	-£38	-8%
ICS CBU	Non Elective	3,389	3,697	308	9%	£3,967	£4,538	£571	14%
ICS CBU	Outpatient - New	11,489	9,884	-1,605	-14%	£1,548	£1,248	-£300	-19%
ICS CBU	Outpatient - Follow Up	24,578	23,121	-1,457	-6%	£988	£908	-£80	-8%
ICS CBU	**Total**	**39,908**	**37,074**	**-2,834**	**-7%**	**£6,984**	**£7,136**	**£153**	**2%**
A&E Attendances	**A&E Attendances**	**46,111**	**47,446**	**1,335**	**3%**	**£3,993**	**£4,007**	**£13**	**0%**

NMSS CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
ENT	Elective	2,025	1,633	-392	-19%	£2,508	£2,004	-£505	-20%
ENT	Non Elective	230	217	-13	-6%	£460	£421	-£39	-8%
ENT	Outpatient - New	3,464	2,597	-867	-25%	£371	£278	-£92	-25%
ENT	Outpatient - Follow Up	6,771	5,970	-801	-12%	£600	£565	-£34	-6%
ENT	**Total**	**12,491**	**10,417**	**-2,074**	**-17%**	**£3,938**	**£3,268**	**-£670**	**-17%**
Audiology	Elective	0		0	0%			£0	0%
Audiology	Non Elective	0		0	0%			£0	0%
Audiology	Outpatient - New	6,079	5,545	-534	-9%	£578	£527	-£51	-9%
Audiology	Outpatient - Follow Up	2,379	2,702	323	14%	£226	£257	£31	14%
Audiology	**Total**	**8,459**	**8,247**	**-212**	**-3%**	**£804**	**£784**	**-£20**	**-2%**
Ophthalmology	Elective	500	268	-232	-46%	£480	£253	-£227	-47%
Ophthalmology	Non Elective	16	5	-11	-69%	£34	£8	-£26	-77%
Ophthalmology	Outpatient - New	3,001	2,639	-362	-12%	£442	£409	-£33	-7%
Ophthalmology	Outpatient - Follow Up	11,219	8,205	-3,014	-27%	£1,121	£876	-£244	-22%
Ophthalmology	**Total**	**14,736**	**11,117**	**-3,619**	**-25%**	**£2,075**	**£1,546**	**-£529**	**-26%**
Burns	Elective	65	41	-24	-37%	£165	£74	-£91	-55%
Burns	Non Elective	289	246	-43	-15%	£703	£557	-£146	-21%
Burns	Outpatient - New	308	160	-148	-48%	£59	£31	-£28	-47%
Burns	Outpatient - Follow Up	1,002	829	-173	-17%	£112	£95	-£17	-15%
Burns	**Total**	**1,664**	**1,276**	**-388**	**-23%**	**£1,039**	**£757**	**-£282**	**-27%**
Neurology	Elective	147	237	90	61%	£285	£509	£224	78%
Neurology	Non Elective	83	90	7	9%	£386	£599	£213	55%
Neurology	Outpatient - New	894	860	-34	-4%	£231	£240	£8	4%
Neurology	Outpatient - Follow Up	2,859	2,596	-263	-9%	£745	£723	-£22	-3%
Neurology	**Total**	**3,983**	**3,783**	**-200**	**-5%**	**£1,647**	**£2,070**	**£423**	**26%**
Paediatric Epilepsy	Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Non Elective	0		0	0%			£0	0%
Paediatric Epilepsy	Outpatient - New	112	87	-25	-23%	£25	£19	-£6	-23%
Paediatric Epilepsy	Outpatient - Follow Up	261	205	-56	-22%	£46	£36	-£10	-22%
Paediatric Epilepsy	**Total**	**374**	**292**	**-82**	**-22%**	**£71**	**£55**	**-£16**	**-22%**
Neurosurgery	Elective	250	261	11	5%	£1,015	£1,276	£262	26%
Neurosurgery	Non Elective	297	228	-69	-23%	£1,948	£1,364	-£585	-30%
Neurosurgery	Outpatient - New	650	481	-169	-26%	£56	£43	-£13	-24%
Neurosurgery	Outpatient - Follow Up	2,177	2,178	1	0%	£190	£195	£5	3%
Neurosurgery	**Total**	**3,374**	**3,148**	**-226**	**-7%**	**£3,209**	**£2,878**	**-£331**	**-10%**
Oral Surgery	Elective	484	403	-81	-17%	£567	£481	-£86	-15%
Oral Surgery	Non Elective	126	88	-38	-30%	£146	£106	-£40	-28%
Oral Surgery	Outpatient - New	718	458	-260	-36%	£142	£95	-£47	-33%
Oral Surgery	Outpatient - Follow Up	1,427	696	-731	-51%	£212	£122	-£90	-42%
Oral Surgery	**Total**	**2,755**	**1,645**	**-1,110**	**-40%**	**£1,066**	**£803**	**-£263**	**-25%**
Paediatric Dentistry	Elective	1,080	796	-284	-26%	£642	£463	-£179	-28%
Paediatric Dentistry	Non Elective	11	12	1	10%	£13	£11	-£2	-14%
Paediatric Dentistry	Outpatient - New	1,141	1,002	-139	-12%	£41	£36	-£5	-13%
Paediatric Dentistry	Outpatient - Follow Up	1,772	1,317	-455	-26%	£109	£77	-£32	-29%
Paediatric Dentistry	**Total**	**4,004**	**3,127**	**-877**	**-22%**	**£805**	**£587**	**-£218**	**-27%**
Orthodontics	Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Non Elective	0	1	1	0%		£1	£1	0%
Orthodontics	Outpatient - New	52	30	-22	-42%	£10	£6	-£4	-40%
Orthodontics	Outpatient - Follow Up	298	253	-45	-15%	£31	£25	-£6	-19%
Orthodontics	**Total**	**350**	**285**	**-65**	**-19%**	**£41**	**£33**	**-£8**	**-19%**
Plastic surgery	Elective	891	765	-126	-14%	£1,047	£938	-£110	-10%
Plastic surgery	Non Elective	1,076	831	-245	-23%	£1,410	£1,212	-£198	-14%
Plastic surgery	Outpatient - New	2,305	1,782	-523	-23%	£308	£290	-£19	-6%
Plastic surgery	Outpatient - Follow Up	5,119	4,238	-881	-17%	£525	£460	-£65	-12%
Plastic surgery	**Total**	**9,391**	**7,616**	**-1,775**	**-19%**	**£3,291**	**£2,899**	**-£392**	**-12%**
Orthopaedics	Elective	1,059	888	-171	-16%	£2,909	£2,471	-£438	-15%
Orthopaedics	Non Elective	681	546	-135	-20%	£1,779	£1,399	-£379	-21%
Orthopaedics	Outpatient - New	7,226	6,476	-750	-10%	£1,044	£936	-£108	-10%
Orthopaedics	Outpatient - Follow Up	11,141	12,790	1,649	15%	£1,117	£1,270	£152	14%
Orthopaedics	**Total**	**20,108**	**20,700**	**592**	**3%**	**£6,850**	**£6,076**	**-£774**	**-11%**
Sleep Studies	Elective	248	157	-91	-37%	£453	£249	-£203	-45%
Sleep Studies	Non Elective	0		0	0%			£0	0%
Sleep Studies	Outpatient - New	0		0	0%			£0	0%
Sleep Studies	Outpatient - Follow Up	0		0	0%			£0	0%
Sleep Studies	**Total**	**248**	**157**	**-91**	**-37%**	**£453**	**£249**	**-£203**	**-45%**
Spinal Surgery	Elective	135	107	-28	-21%	£2,592	£2,383	-£209	-8%
Spinal Surgery	Non Elective	0	3	3	0%		£108	£108	0%
Spinal Surgery	Outpatient - New	211	280	69	33%	£35	£47	£12	33%
Spinal Surgery	Outpatient - Follow Up	728	767	39	5%	£74	£78	£4	5%
Spinal Surgery	**Total**	**1,074**	**1,157**	**83**	**8%**	**£2,701**	**£2,616**	**-£85**	**-3%**
CBU Total									
NMSS CBU	Elective	6,884	5,557	-1,327	-19%	£12,662	£11,101	-£1,562	-12%
NMSS CBU	Non Elective	2,808	2,267	-541	-19%	£6,877	£5,785	-£1,092	-16%
NMSS CBU	Outpatient - New	26,162	22,397	-3,765	-14%	£3,343	£2,957	-£386	-12%
NMSS CBU	Outpatient - Follow Up	47,156	42,746	-4,410	-9%	£5,108	£4,780	-£328	-6%
NMSS CBU	**Total**	**83,010**	**72,967**	**-10,043**	**-12%**	**£27,990**	**£24,623**	**-£3,367**	**-12%**

SCACC CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Cardiology	Elective	408	353	-55	-13%	£1,481	£1,359	-£122	-8%
Cardiology	Non Elective	108	116	8	8%	£565	£413	-£152	-27%
Cardiology	Outpatient - New	1,425	1,315	-110	-8%	£318	£297	-£21	-7%
Cardiology	Outpatient - Follow Up	3,808	3,774	-34	-1%	£564	£565	£2	0%
Cardiology	**Total**	**5,749**	**5,558**	**-191**	**-3%**	**£2,928**	**£2,634**	**-£294**	**-10%**
Cardiac Surgery	Elective	303	238	-65	-21%	£3,957	£3,107	-£850	-21%
Cardiac Surgery	Non Elective	109	89	-20	-18%	£2,495	£2,272	-£224	-9%
Cardiac Surgery	Outpatient - New	87	61	-26	-30%	£63	£44	-£19	-30%
Cardiac Surgery	Outpatient - Follow Up	276	190	-86	-31%	£200	£138	-£63	-31%
Cardiac Surgery	**Total**	**774**	**578**	**-196**	**-25%**	**£6,715**	**£5,560**	**-£1,155**	**-17%**
Gynaecology	Elective	16	12	-4	-24%	£15	£20	£5	31%
Gynaecology	Non Elective	0		0	0%			£0	0%
Gynaecology	Outpatient - New	233	201	-32	-14%	£32	£27	-£4	-14%
Gynaecology	Outpatient - Follow Up	385	366	-19	-5%	£32	£30	-£2	-5%
Gynaecology	**Total**	**634**	**579**	**-55**	**-9%**	**£79**	**£78**	**-£1**	**-2%**
Paediatric Surgery	Elective	1,623	1,495	-128	-8%	£3,123	£2,716	-£406	-13%
Paediatric Surgery	Non Elective	1,133	1,048	-85	-7%	£3,823	£3,472	-£351	-9%
Paediatric Surgery	Outpatient - New	1,856	1,749	-107	-6%	£342	£322	-£20	-6%
Paediatric Surgery	Outpatient - Follow Up	4,557	3,371	-1,186	-26%	£515	£382	-£133	-26%
Paediatric Surgery	**Total**	**9,168**	**7,663**	**-1,505**	**-16%**	**£7,802**	**£6,892**	**-£910**	**-12%**
Urology	Elective	1,544	1,720	176	11%	£1,749	£1,807	£58	3%
Urology	Non Elective	31	25	-6	-19%	£144	£96	-£48	-33%
Urology	Outpatient - New	1,083	912	-171	-16%	£173	£154	-£20	-11%
Urology	Outpatient - Follow Up	2,296	1,901	-395	-17%	£213	£213	£0	0%
Urology	**Total**	**4,953**	**4,558**	**-395**	**-8%**	**£2,279**	**£2,270**	**-£9**	**0%**
Neonatology	Elective	2	4	2	142%	£13	£25	£12	94%
Neonatology	Non Elective	206	105	-101	-49%	£1,727	£914	-£814	-47%
Neonatology	Outpatient - New	0		0	0%			£0	0%
Neonatology	Outpatient - Follow Up	0		0	0%			£0	0%
Neonatology	**Total**	**207**	**109**	**-98**	**-47%**	**£1,740**	**£938**	**-£802**	**-46%**
Paediatric Intensive Care	Elective	106	13	-93	-88%	£228	£40	-£188	-83%
Paediatric Intensive Care	Non Elective	161	182	21	13%	£456	£1,260	£805	177%
Paediatric Intensive Care	Outpatient - New	67	111	44	66%	£50	£82	£33	66%
Paediatric Intensive Care	Outpatient - Follow Up	427	569	142	33%	£294	£417	£122	42%
Paediatric Intensive Care	**Total**	**761**	**875**	**114**	**15%**	**£1,028**	**£1,799**	**£771**	**75%**
CBU Total									
SCACC CBU	Elective	4,000	3,835	-165	-4%	£10,565	£9,074	-£1,491	-14%
SCACC CBU	Non Elective	1,747	1,565	-182	-10%	£9,211	£8,427	-£784	-9%
SCACC CBU	Outpatient - New	4,750	4,349	-401	-8%	£977	£926	-£51	-5%
SCACC CBU	Outpatient - Follow Up	11,749	10,171	-1,578	-13%	£1,819	£1,745	-£73	-4%
SCACC CBU	**Total**	**22,247**	**19,920**	**-2,327**	**-10%**	**£22,571**	**£20,172**	**-£2,399**	**-11%**

Clinical Support CBU		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Radiology	Elective	1,098	1,143	45	4%	£1,446	£1,439	-£7	0%
Radiology	Non Elective	28	28	0	-2%	£250	£305	£55	22%
Radiology		**1,127**	**1,171**	**44**	**4%**	**£1,696**	**£1,743**	**£48**	**3%**

Trust wide		Plan Spells	Actual Spells	Variance Spells	% Variance	Plan £000s	Actual £000s	Variance £000s	% Variance
Trust wide	Elective	22,099	20,883	-1,216	-6%	£34,473	£31,944	-£2,529	-7%
Trust wide	Non Elective	9,381	9,307	-74	-1%	£23,778	£22,611	-£1,166	-5%
Trust wide	Outpatient - New	47,360	40,958	-6,402	-14%	£6,965	£6,148	-£817	-12%
Trust wide	Outpatient - Follow Up	112,721	102,868	-9,853	-9%	£12,473	£11,775	-£699	-6%
Trust wide	**Total**	**191,562**	**174,016**	**-17,546**	**-9%**	**£77,689**	**£72,478**	**-£5,211**	**-7%**
A&E Attendances	**A&E Attendances**	**46,111**	**47,446**	**1,335**	**3%**	**£3,993**	**£4,007**	**£13**	**0%**

Alder Hey Children's NHS
NHS Foundation Trust

RESOURCES & BUSINESS DEVELOPMENT COMMITTEE
Minutes from the Meeting held on Wednesday 27th January 2016

Present:	Mr I Quinlan	Non-Executive Director (Chair)	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr P Huggin	Non-Executive Director	(PH)
	Mrs L Shepherd	Chief Executive	(LSh)
In Attendance:	Mrs J Adams	Chief Operating Officer	(JA)
	Ms L Dunn	Director of Marketing and Comms	(LD)
	Mrs C Liddy	Deputy Director of Finance	(CL)
	Mr A McColl	Head of Business Development	(AMc)
	Mr L Murphy	Head of Contracting	(LM)
	Mr D Powell	Programme Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr L Stark	Head of Planning and Performance	(LSt)
	Mrs M Swindell	Interim Director of HR	(MS)
	Mrs J Tsao	Committee Administrator/PA	(JT)
Apologies:	Mr J Stephens	Director of Finance	(JS)
	Mrs T Patten	Associate Director of Strategic Development	(TP)
Agenda item:			
Facilities Update	Mr M Devereaux	Director of Facilities	(MD)
Facilities Update	Miss N Deakin	Facilities Project Manager	(ND)

Item No	Item	Key Discussion Points	Action	Owner	Time Scale
15/16/133	**Minutes of the Last Meeting**	The Committee considered the minutes of the last meeting held on 16 December 2015. **Resolved**: the RABD Committee: approved the minutes as a correct record subject to minor changes under Workforce Leading Indicators and Marketing and Communications Activity report. The action list was updated accordingly.			
15/16/134	**Matters Arising**	As all items had been included on the agenda there were no matters arising.			
COMMITTEE GOVERNANCE					
15/16/135	**BAF Risk Review / Key Items & Risks to Operational**	**Draft Monitor Plan** Deputy Director of Finance, Claire Liddy presented the draft Monitor Plan for 2016/17. CL went through the timetable for the Monitor plan noting the draft Monitor plan would be submitted to Monitor on 8th February 2016. The final plan would be presented at RABD and to Board for ratification before the final submission is with Monitor on 11th April 2016.			

		High level assumptions 2016/17 included; the estimated tariff inflation of 1.1% (£1.6m). Due to the re-instatement of the Commissioning for Quality and Innovation Income (CQUINs) the Trust would receive £3.3m. CL reported on the national £1.8billion funding for sustainability and transformation that would be distributed with terms and conditions for each Trust. The funding would be split into two parts – tranche one would be funded to all providers of emergency care. For Alder Hey this would equate to £3.7million. The terms and conditions for the Trust to receive the £3.7million was subject to the Trust delivering a surplus of £17.8m. The initial control total assumed non recurrent grants and donations received 2015/16 (£15m) were recurrent. This has been acknowledged as an error. The Trust was currently holding discussions with Monitor to reduce the control surplus to reflect the lower grants and donations for 2016/17. The Trust anticipated a revised surplus of circa £3m including £2.4m grants and donations, or £0.6m underlying. The revised control total has yet to be confirmed, but is the basis of the draft plan assumptions. The second condition was for the Trust to work with the Commissioners. It was noted the details of this were unclear. The Clinical Negligence Scheme for Trusts (CNST) had increased by £1.1m in 2015/16 and would increase again in 2016/17 by £1.1m. CL reported the increase had been challenged by the Trust however it was unlikely for CNST to decrease the cost. CL went through commissioner intentions/contract. The deadline for contract sign-off is Thursday 31st March 2016. Laurence gave an overview of intentions and requests that were being looked into with commissioners including the review of contractual arrangements regarding the Accident and Emergency build in view of tariff upside and changes to the ED pathway. The 2016/17 draft plan initial assessment would result in submitting a plan surplus of £600,000. This is on the assumption there are no further cost pressures approved.			

		The I&E Position for 2016/17 included an income increase of £11.4m. This included an increase to the tariff charges and an extra four days activity. The normalised surplus for 2016/17 was £570K. This was compared to the Trust's 2015/16 planned deficit £2,701K. The draft elective activity total had increased from the 15/16 plan by 6% and outpatients had increased by 5%. 18 weeks activity had not been included in the first phase of the draft and would be included on the second. The forecasted unavoidable cost pressure funding total was estimated to be at £3,062,353. Business development contribution was discussed. Future plans would include contributions going towards the Cost Improvement Plans (CIP). 2016/17 Cost Improvement Strategy had been developed and aligned to the Trust's strategic change programme. Schemes under development without plans are currently at £2.4m. The schemes relate to; Workforce modernisation, Theatre and outpatient productivity and community/complex care model development. The capital plan only includes essential schemes and is consistent with Trust strategy to decommission the old estate and dispose of land. Corporate Office Build relates to 2016/17 spend associated with £15m project funded via an anticipated 35 year 2.6% ITFF loan. The Trust's overall financial sustainability risk rating for 2016/17 was rated as 2. The 6 key financial risks included; historical CIP slippage of 25% and potential changes to the junior doctor contracts. **Resolved:** The RABD committee noted and approved the Trust's I&E position and draft capital plan subject to changes that may arise with regard to Monitor control totals. The RABD committee noted and approved; a) The Trust's I&E position and draft capital plan subject to changes that may arise with regard to Monitor control totals. b) In approving the financial plan, RABD note the operational risks that may arise, including potential changes to control total, note the operational risks and actions required to mitigate.			

		c) An updated financial plan will be presented to RABD 30th March 2016 prior to financial Monitor submission on 8th April 2016. **15/16 Cost Improvement Programme** **Resolved:** Due to time constraints and no areas of concern it was agreed to defer this item until the next meeting. **Facilities update** Director of Facilities, Mark Devereaux highlighted a number of issues with car parking including; broken barriers and undercharging for staff, patients and visitors. Several proposals were presented to increase car parking charges. Proposals for patients and visitor charges included; increasing the cost per visit from £2 to £3 or having a staggered cost aligned to the length of staff. Proposals for staff charges included; on site and off site car parking with a lower charge or salary sacrifice charges aligned to banding. The new Hospital Business Case had stated the multi-storey car park would fund itself and it was noted this needed to be taken into consideration. **Resolved:** The RABD Committee; a) noted the content of the car parking proposals b) The review of car parking proposals was to continue c) An update would be presented to RABD in due course. **Workforce Leading Indicators** The Committee considered a regular report prepared by the Interim Director of	To be deferred until the next meeting.	CL	24th Feb 16

		HR & OD, Melissa Swindell concerning the key issues and KPI's relating to the Alder Hey workforce. Interim Director of HR & OD provided the Committee with an update on the leading indicators relating to the workforce. MS followed on from the previous meeting with regards to high agency costs. National issues on agency costs were currently being reviewed. Agency rates for 2016/17 were proposed to be a standard NHS rate. The RABD Committee were asked to note plans to bring recruitment back in house. **Resolved:** The RABD Committee noted and received the content of the Workforce Leading Indicators report. **Draft Workforce CIP** The Interim Director of HR & OD, Melissa Swindell presented the draft overall workforce CIP programme for each of the CBUs. MS agreed to present the draft CIP plans for Finance and HR at the RABD meeting on; 27th April 2016. **Resolved:** The RABD Committee noted and received the content of the report. **Action plan in relation to managing variable pay costs** The Interim Director of HR & OD Melissa Swindell presented the action plan noting all actions were either completed or in progress. **Resolved:** The RABD Committee noted and received the content of the action plan report in	To present the draft CIP plans for Finance and HR at the RABD meeting on; 27th April 2016.	MS	27th April 2016

		relation to managing variable pay costs. **Update report in relation to progress against NHSP 2** **Resolved:** The RABD Committee noted and received the December 2015 update report in relation to progress against NHSP 2. **Top 5 areas of temporary spend** The Interim Director of HR & OD Melissa Swindell presented the top 5 areas of temporary spend; Neuroscience, Musculoskeletal and specialist surgery Surgery, Cardiac, Anaesthesia and critical care (SCACC) Medical Specialties ICS – District Services/CAMHS and Community Clinical Support Unit MS reported on the activity taking place with each CBU Manager to review the current use of agency and whether alternatives are available such as temporary contracts. **Resolved:** The RABD Committee received and noted the top 5 areas of temporary spend and the progress being made to reduce agency costs. **Implementation of EPR** **Resolved:** Due to time constraints and no areas of concern needing to be highlighted it was agreed to defer this item until the next meeting. **Strategic themes progress update** Following an update at the last RABD meeting held in December 2015 the Head of Business Development presented a report on the progress made to deliver the strategic themes.	To be deferred until the next meeting.	RF	24th Feb 2016

		AMc highlighted the following key points; **Integrated Care** The first meeting of the Liverpool Children's Transformation Programme Board was held on 15 January. There was good attendance with all local organisations represented. Louise chaired the meeting and was clear that each of the work streams - the community model, asthma, neurodevelopmental, CAHMS and urgent care, required a lead person and programme of work to be presented at the next meeting. The work of the Transformation Board will be governed through the Healthy Liverpool Programme Board and the Joint Commissioning Group (CCG and LA). The work of the Integrated Community Services Board has been brought under the umbrella of the Change Programme. There are two streams of work: ▪ Developing a partnership model for new and existing community services ▪ Implementing a partnership model for new and existing community services Work groups have been established and project documents completed. The first meeting of the Liverpool Children's Transformation Programme Board was held on 15 January. There was good attendance with all local organisations represented. Louise chaired the meeting and was clear that each of the work streams - the community model, asthma, neurodevelopmental, CAHMS and urgent care, required a lead person and programme of work to be presented at the next meeting. The work of the Transformation Board will be governed through the Healthy Liverpool Programme Board and the Joint Commissioning Group (CCG and LA). The work of the Integrated Community Services Board has been brought under the umbrella of the Change Programme. There are two streams of work: ▪ Developing a partnership model for new and existing community services ▪ Implementing a partnership model for new and existing community services Work groups have been established and project documents completed.			

		Strategic Partnerships Work continues to develop a programme of work with Warrington Hospital. An exec to exec meeting was held on 17 December where there was broad agreement that paediatric services in Warrington needed to be future proofed through the establishment a robust paediatric network based around a specialist hub with clinical standardisation across all pathways. Agreed next steps were to hold a clinical summit hosted by the Medical Directors and this is now in the diary for 2 March. **International and Private Patients** Work continues to develop a model for service provision in Abu Dhabi at the Wellness One Day Surgery Centre. Our proposal is to provide a paediatric ambulatory outpatient and day-case service of equivalent quality to that delivered currently at Alder Hey. The first phase of the operating model is based around a resident general paediatrician service, with a consultant and lead manager/nurse based in country to develop an understanding of the case mix and scale of demand. These staff will be supported through Telemedicine by specialists at Alder Hey. As the facility is currently in operation for adults initial work will require assessment and sign off of the facility and support services for a paediatric offer. It is anticipated that we will also accept onward referrals to Alder Hey for any patients requiring tertiary or quaternary inpatient admission. Following successful implementation of phase one, we will introduce a visiting specialist programme based on the identified case mix requirements. It is anticipated this will predominantly be surgical initially. The Wellness Centre has eight consulting rooms, two operating theatres, a four bedded recovery suite and full diagnostic services. The medium term plan is to expand the paediatric offer to the whole building which will require more staff in country and a more comprehensive specialist programme. In late January there is a trip to Abu Dhabi with a consultant and nurse to visit the Wellness Centre to test the clinical model and assess the work required to re-designate the unit as paediatric. Discussions will also be had with the local			

		partner around a number of practical issues such as clinical licensing, insurance, tax implications and the broader business arrangements. While in country we will also consider and map pathways for children to and from the Wellness Centre. AMc agreed to provide an update from the Abu Dhabi visit at the next meeting on 24th February 2016. The RABD Committee discussed the income from each of the projects and when this would be received. AMc agreed to include income delivery dates next to each project at the next RABD meeting. **Resolved:** The RABD Committee noted the content of the report and agreed; a) For the income delivery dates for each project to be received at the next meeting on 24th February 16.	To include income delivery dates next to each project at the next RABD meeting.	AMc	24th Feb 2016

<table>
<tr><th colspan="6">FINANCE AND PERFORMANCE</th></tr>
<tr><td>15/16/136</td><td>Monthly Debt Write Off</td><td>Deputy Director of Finance presented bad debt write-off for Month 10, January 2016, to the value of £385.60 from Medical Records.

Chief Operating Officer Judith Adams agreed to contact Jackie Renshall in relation to upfront payments for medical records.

Resolved:
RABD Committee noted and approved bad debt write-off for Month 10, January 2016, to the value of £385.60.</td><td>To contact Jackie Renshall in relation to upfront payments for medical records.</td><td>JA</td><td>24th Feb 2016</td></tr>
<tr><td>15/16/137</td><td>Finance report</td><td>Deputy Director of Finance presented the Month 9 Finance report. The Trust is reporting £439k deficit which is on plan, year to date trust is reporting a £4.3m deficit, £1.3m adverse variance from plan. Full year forecast remains at £3.7m deficit, a £1m adverse variance to plan.

CLi highlighted overspend on pay expenditure had increased to £2.8m to date, 81 WTE over establishment. In December 2015 temporary spend was £0.9m. The top 10 temporary spend cost centres compared to budget overspend:

<table>
<tr><th></th><th>Agency</th><th>Bank</th><th>Locum</th><th>Overtime</th><th>WLI</th><th>Gra</th></tr>
<tr><td>915204 - ORTHOPAEDICS</td><td>14,398</td><td>-</td><td>12,491</td><td>-</td><td>-</td><td></td></tr>
<tr><td>915309 - WARD 3A</td><td>13,053</td><td>21,337</td><td>-</td><td>1,240</td><td>-</td><td></td></tr>
<tr><td>914210 - WARD 4A</td><td>16,235</td><td>16,287</td><td>-</td><td>4,142</td><td>-</td><td></td></tr>
<tr><td>913208 - CRITICAL CARE WARD</td><td>11,204</td><td>14,061</td><td>-</td><td>12,983</td><td>-</td><td></td></tr>
<tr><td>912201 - ACCIDENT & EMERGENCY</td><td>708</td><td>19,594</td><td>18,379</td><td>574</td><td>-</td><td></td></tr>
<tr><td>912207 - WARD 4C</td><td>19,208</td><td>31,029</td><td>-</td><td>1,666</td><td>-</td><td></td></tr>
<tr><td>917607 - RECORDS MANAGEMENT TEAM</td><td>52,257</td><td>-</td><td>-</td><td>-</td><td>-</td><td></td></tr>
<tr><td>912402 - COMMUNITY PAEDIATRICS</td><td>55,460</td><td>-</td><td>8,271</td><td>-</td><td>-</td><td></td></tr>
<tr><td>915413 - THEATRES GENERAL STAFFING</td><td>51,404</td><td>874</td><td>-</td><td>29,158</td><td>645</td><td></td></tr>
<tr><td>917109 - CATERING (RESTAURANT)</td><td>91,232</td><td>-496</td><td>-</td><td>1,517</td><td>-</td><td></td></tr>
</table>
Resolved:
The RABD Committee received and noted the content of the month 9 Finance report.</td><td></td><td></td><td></td></tr>
</table>

BUSINESS DEVELOPMENT					
15/16/138	**Contract Income Monitoring**	The Committee considered a report prepared by the Head of Contracting, Laurence Murphy regarding the Trust's performance versus contract plans. The total income cumulative to 30th November 2015 was which represents was £131,138k an underperformance of £3,282k (2.4%) compared to the profiled plan for the period of £ 134,420k. Income was up compared to April to October however the plan was also increased to compensate for the EPR & 'big move' reductions resulting in the cumulative underperformance being on trend. The Trust more or less broke-even for activity based income in December against baseline plans suggesting the CBU's underperformed the recovery plans in the month. Following the 21st December Performance Management Group CBU recovery plan performance is being monitored weekly including a 'forward look' to ensure theatre & clinic bookings match the revised plans for the final quarter of the year. As expected Monitor have now formally advised that neither HRG4+ or revised specialist top-up's (both scope & rate) are to be introduced for 2016/2017 . The possible catastrophic losses of £9.5m for next year have therefore been avoided. The 2015/2016 enhanced tariff option (ETO) prices are to be rolled-over into 2016/2017 . For AHFT the combination of baseline tariff price gains (£0.6m) & the reintroduction of CQUIN funding (£3.3m) significantly outweighs the current year's ETO deflation (£1.4m) giving rise to a positive impact on the 2016/2017 income budget of £2.5m In addition after a number of years of tariff deflation Monitor has indicated that the new tariff prices have been inflated by 1.1% as 3.1% cost pressures will be recognised & the efficiency target has been set at the more realistic 2% compared to 3.8% this year. The agreed year end position from NHS England had not as of yet been confirmed. LM agreed to update the RABD Committee once confirmed. **Resolved:** The RABD Committee received the Contract Income Report ending 30th November 2015 and noted; a) An underperformance of £3.3m (2.4%) income b) Outstanding contract issues in the current year			

		c) Formal withdrawal of the proposed 2016/17 tariffs			
15/16/139	**The Office Block Funding Strategy**	The Development Director followed on from the previous meeting noting the approval of option 4 to focus on core accommodation for close to capex affordability. The project team together with Finance have been investigating different funding options upon which to fund the new corporate office. The two viable options are; private finance and loan from the Department of Health. The Department of Health (DoH) Loan is structured differently to the Income Strip and hence the repayment characteristics are quite different. The DH Loan is based on a capital and interest repayment model, where the debt payments follow a flat profile. The debt interest rate is fixed at 2.60%. Therefore there is no annual RPI uplift and hence the annual payments in relative terms are lower each year (Note: the Trust income to fund the corporate office is index each year). The team considers the (DoH) Loan to present the best value to the Trust over the long-term. The (DoH) Loan is also available now to support the early development of the project through design, procurement and planning. The Income Strip funding would only become available once planning was obtained, a main design & build contractor appointed and all legal documentation completed. This would create an interim cash flow issue for the Trust. **Resolved:** The RABD Committee noted the content of the report; a) Approved for progress to continue with the Department of Health loan b) Approved progress of an income strip if the Department of Health loan was not available.			
15/16/140	**Innovation**	**European Funding Approach to commercialising products** The Development Director reported on a project known as the LCR Health Enterprise Innovation Exchange, which is to be the subject of a Final Bid for ERDF revenue funding to be made in March 2016. The bid is led by Liverpool CCG, on behalf of a consortium including Alder Hey's Innovation Service, amongst others. Alder Hey would receive £750,000 of revenue funding over 3 years to May 2019. A discussion was held noting the benefits of the bid if successful including the increase of employment opportunities and increased funding for research.			

		The risk assessment was highlighted noting the clawback of the grant if Alder Hey was not to comply with delivering the projects. The RABD Committee agreed the pros outweighed the cons and agreed for the Development Director to proceed with the Bid. **Resolved:** The RABD committee noted the content of the report and approved; a) For the Development Director to proceed with the Bid to DCLG in conjunction with its partner, Liverpool CCG to secure ERDF in the sum of circa £750,000, subject to match funding from the Innovation Service. In doing so it will be committed to deliver the outputs as shown. b) Moving forward it will be important to assess Alder Hey's risk appetite in relation to further commitment to outputs to public partners for any prospective capital funding bid for Phase 2 in the near future.			
15/16/141	**Use of Alder Hey brand and endorsement for third parties**	Director of Marketing and Communications presented a guidance document for approval on the use of Alder Hey brand and endorsement for third parties. The guidance has been issued to provide clarity of when endorsement of the Alder Hey Brand can/cannot be used by suppliers and collaboration partners. **Resolved:** The RABD Committee; a) Approved the use of Alder Hey brand and endorsement for third parties guidance document. b) Approval for implementation with immediate effect.			
15/16/142	**Meeting with Quintiles, a contract research organisation**	The Head of Communications, Louise Dunn provided an update on proposals with Quintiles, a contract research organisation for the Trust to become a commercial clinical trial centre. Benefits included employment opportunities and the leader for commercial clinical trials. **Resolved:** The RABD Committee noted the progress made with Quintiles.			
15/16/143	**Marketing and Communications Activity report**	The Committee received the Marketing and Communications Activity Report for December 2015 prepared by the Head of Communication, Louise Dunn. The RABD Committee noted the positive media coverage from 66% to 81% in December 2015 due to			

		coverage from the BBC throughout the month including a 30 minute Broadcast live from Alder Hey on the 23rd December 2015. LD reported on a number of leads from the BBC coverage. Media Activity had also increased due to the move into the new hospital and events over the Christmas period. **Resolved:** The RABD Committee noted and received the contents of the Marketing and Communications Activity report for December 2015.			
15/16/144	**Business Development Plan**	Head of Business Development, Andrew McColl reported on the CBUs identified and prioritised Business Development plans with a full year revenue growth target of £3.5m, along with a further £0.4m growth from schemes categorised within "business as usual". The purpose of the report is to provide assurance regarding progress against the CBU development plans at the end of quarter three. The report is consistent with the revenue figures reported in the month 9 financial position. **Resolved:** The RABD Committee noted; a) The performance made against CBU Business Development plans, including £934k revenue achieved to date and a forecast of £1.7m revenue for 2015/16. b) The recurrent full year effect is expected to be £3.8m, which is greater than the original target, although some of these schemes are subject to agreement from commissioners as part of contract negotiations for 2016/17. c) Planning for 2016/17 Business Development schemes is underway, and will be completed by the end of February. d)			
15/16/145	**Monitor Q3 Feedback**	**Resolved:** The RABD Committee noted and received the positive Monitor Q3 feedback.			
15/16/146	**Programme Management**	**Resolved:**			

	Office	The RABD Committee noted and received the minutes of the Programme Board meeting held on 17th December 2015.			
15/16/147	**Corporate Performance Update and Financial Summary**	**Resolved:** The RABD Committee received the Corporate report ending 31st December 2015.			
	Date and Time of the Next Meeting	The next meeting of the Resources and Business Development Committee will be held on **Wednesday 27th January 2016** at **09:30am** Level 1, Room 5			

ACTION LOG 2015-16

Ref	Action	Owner	Timescale	Status
15/16/135	To present the draft CIP Plans for Finance and HR at the RABD meeting on 27th April 2016	MS	27th April 2016	
15/16/135	Due to time constraints and no main concerns to be noted it was agreed to defer the implementation of EPR until the next meeting.	RF	24th February 2016	
15/16/135	To include income delivery dates next to each of the projects under strategic themes progress update.	TP	24th February 2016	
15/16/136	To contact Jackie Renshall in relation to upfront payments for medical records	JA	24th February 2016	