Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

Tuesday 5th November 2019 commencing at 09:30

Venue: Tony Bell Board Room, Institute in the Park

AGENDA

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
PATIENT STORY (0930 – 0945)							
PATIENT STORY (0945 – 1000)							
1.	**19/20/199**	**1000**	**Apologies.**	Chair	To note apologies: Hilda Gwilliams Sian Falder	**N**	For noting
2.	**19/20/200**	**1001**	**Declarations of Interest.**	All	Board Members to declare an interest in particular agenda items, if appropriate.	**R**	For noting
3.	**19/20/201**	**1002**	**Minutes of the Previous Meeting.**	Chair	To consider and approve the minutes of the meeting held on: **Tuesday 1st October 2019.**	**D**	Read Minutes
4.	**19/20/202**	**1003**	**Matters Arising and Action Log.**	Chair	To discuss any matters arising from previous meetings and provide updates and review where appropriate.	**A**	Verbal
5.	**19/20/203**	**1004**	**Key Issues/Reflections and items for information.**	All	Board to reflect on key issues & discuss any queries from information items	**N/I**	Verbal
Operational							
6.	**19/20/204**	**1020**	**Operational update**	A. Bateman	To provide an overview of operational risks for the previous month.	**A**	Verbal
Delivery of Outstanding Care							
7.	**19/20/205**	**10:30**	**Inspiring Quality Progress and Next Steps:** - **Selection of Partner on Quality Improvement** - **Put Children First** - **No Preventable Harms** - **Outstanding Outcomes**	N Murdock	To brief the Board as to the latest developments in inspiring Quality	**A/D**	Presentation

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
8.	**19/20/206**	**11:00**	**Change Programme Progress Report:** - **Well Led Domain Plan** - **Safe Domain Plan**	J. Grinnell/ E. Saunders/ N. Murdock	To receive an update on programme assurance.	**A**	Read report
9.	**19/20/207**	**11:35**	**Corporate Report:** - **Community.** - **Medicine.** - **Surgery.**	Execs L. Cooper A. Hughes C. Duncan	To receive the monthly report of Trust performance for scrutiny and discussion against CQC domains: **Safe, Caring, Effective, Responsive and Well Led,** highlighting any critical issues.	**A**	Read report
10.	**19/20/208**	**11:50**	**Clinical Quality Assurance Committee:** - **Chair's highlight report from the meeting on 16.10.19.** - **Minutes from the meeting held on 18.09.19.**	A Marsland	To receive a highlight report of key issues from the October meeting and the approved minutes from September 2019.	**A**	Read minutes
Safe							
11.	**19/20/209**	**11:50**	**Serious Incident Report.**	P Brown	To provide Board assurance of compliance with external regulation, and national guidance, in respect of incident management, including duty of candour.	**A**	Read report
Game Changing Research and Innovation							
12.	**19/20/210**	**12:00**	**Strategy Update**	Jo Blair	To receive an update on progress to date against the research strategy.	**A**	Presentation
13.	**19/20/211**	**12:10**	**Innovation Board** - **Terms of Reference** - **Chair's highlight report from the meeting on 09.10.19.**	S Arora/ L Shepherd	To receive the terms of reference and recent key issues report from October meeting.	**A**	Read report
14.	**19/20/212**	**12:15**	**Research Management Board**	N Murdoch	To receive the highlight report and the recent key issues from the meeting held on 31st October 2019.	**A**	Read Report
15.	**19/20/213**	**12:20**	**Health Education England**	N Murdock/	To update the Board on the recent visit.	**A**	Verbal

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
				All			
Lunch (12:20 – 12:50)							
The Best People Doing Their Best Work							
16.	**19/20/214**	**12:50**	**People Strategy** **- Learning Lessons to Improve our People Practices – progress update**	M. Swindell	To receive the monthly report. To receive the quarterly report.	**A**	Read report
17.	**19/20/215**	**13:00**	**Freedom to Speak up Quarterly update**	K Turner	To provide a self-assessment against the most recent guidance for Boards and the quarterly update	**A**	Read report
18.	**19/20/216**	**13:10**	**Listening into Action – Reward and Recognition**	K Turner	To present an update on progress to date	**A**	Presentation
19.	**19/20/217**	**13:05**	**Raising Concerns Policy**	E Saunders	Ratify the policy following approval at the September Audit Committee.	**A**	Read Policy
20.	**19/20/218**	**13:20**	**Fit and Proper Person Test**	Chair	To provide a summary of the checks undertaken during the year to provide assurance to the Chair that all directors meet the requirements of Regulation 5 on an ongoing basis	**A**	Read report
Sustainability Through External Partnerships							
21.	**19/20/219**	**13:35**	**Public Health Strategy – Wider Determinants of Child Health**	I Sinha	To present the Board with the outcome from the recent event and agree a way forward	**A**	Presentation
22.	**19/20/220**	**13:45**	**UNICEF Child Friendly City.**	L. Cooper	To provide the Board with an update	**N**	Presentation
23.	**19/20/221**	**14:00**	**'Our Plan' – Alder Hey's Strategic plan to 2024 – Final version**	D Jones	For Approval	**D**	Read Report
24.	**19/20/222**	**14:10**	**Update on Specialist Trust Group and system governance.**	L. Shepherd/ J. Grinnell	To update the Board on the initiatives underway	**N**	Verbal
25.	**19/20/223**	**14:15**	**Change Programme Progress Report:** - **Growing External**	J. Grinnell	To receive an update on programme assurance.	**A**	Refer to item 8.

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
			Partnerships				
26.	**19/20/224**	**14:20**	**Joint Neonatal Partnership – Alder Hey and Liverpool Women's Hospital**	A Bateman	To update the Board on progress towards the single service model.	**A**	Read report
Strong Foundations							
27.	**19/20/225**	**14:25**	**Corporate Report Performance Metrics** **- Long term plan update**	J. Grinnell	To receive an update on the current position.	**A**	Refer to item 9. Presentation
28.	**19/20/226**	**14:35**	**Change Programme Progress Report:** - **Strong Foundations.**	J. Grinnell	To receive an update on programme assurance.	**A**	Refer to item 8.
29.	**19/20/227**	**14:40**	**Board Assurance Framework**	Executive Leads	To provide assurance on how the strategic risks that threaten the achievement of the trust's strategic operational plan are being proactively managed.	**A**	Read report
30.	**19/20/228**	**14:45**	**Alder Hey in the Park Site Development update:** - **Change Programme Progress Report** - **Neonatal Build Briefing**	D. Powell	To receive an update on key outstanding issues / risks and plans for mitigation.	**A**	Read report
31.	**19/20/229**	**14:55**	**Emergency Preparedness Resilience and Response (EPRR) Core Standards**	P Brown	For approval	**D**	Read report
32.	**19/20/230**	**15:00**	**Audit Committee Report:** - **Chair's highlight report from the meeting held on 26.09.19.** - **Approved Audit Committee minutes from the meeting held on 23.05.19.**	K. Byrne	To receive a highlight report of key issues from the September meeting and the approved May minutes.	**A**	Read report

VB no.	Agenda Item	Time	Items for Discussion	Owner	Board Action: Decision(D)/Assurance(A)/Regulatory(R)/Noting(N)		Preparation
33.	**19/20/231**	**15:05**	**Resources & Business Development Committee Report:** - **Chair's highlight report from the meeting held on 23.10.19.** - **Approved RABD minutes from the meeting held on 25.09.19**	I. Quinlan	To receive a highlight report of key issues from the October meeting and the approved September minutes.	**A**	Read report
34.	**19/20/232**	**15:10**	**Any Other Business**	All	To discuss any further business before the close of the meeting.		
35.	**19/20/233**	**15:15**	**Review of meeting**	All	To review the effectiveness of the meeting and agree items for communication to staff in team brief		
Date And Time of Next Meeting: Tuesday 3rd December 2019 at 10:00am, Tony Bell Board Room, Institute in the Park.							

REGISTER OF TRUST SEAL
The Trust Seal was not used in October 2019

SUPPORTING DOCUMENTS/ITEMS FOR INFORMATION		
Freedom to Speak up	Index Report	

Alder Hey Children's NHS
NHS Foundation Trust

PUBLIC MEETING OF THE BOARD OF DIRECTORS

Minutes of the meeting held on **Tuesday 1st October 2019 at 10:00am,**
Tony Bell Board Room, Institute in the Park

Present:	Dame Jo Williams	Chair	(DJW)
	Mrs S Arora	Non-Executive Director	(SA)
	Mr. A. Bateman	Chief Operating Officer	(AB)
	Mr J Grinnell	Director of Finance/Deputy Chief Executive	(JG)
	Mrs H Gwilliams	Chief Nurse	(HG)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr I Quinlan	Vice Chair	(IQ)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs M Swindell	Director of HR & OD	(MS)
In Attendance:	Mrs P Brown	Director of Nursing	(PB)
	Ms L Cooper	Director of Community Services	(LC)
	Mr M Flannagan	Director of Communications	(MF)
	Dr A Hughes	Director of Medicine	(AH)
	Mrs D Jones	Director of Strategy	(DJ)
	Ms J Minford	Director of Clinical Effectiveness and Service Transformation	(JM)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator (minutes)	(JT)
	Mrs K Warriner	Chief Information Officer	(KW)
Apologies:	Prof M Beresford	Assoc. Director of the Board	(PMB)
	Mrs K Byrne	Non-Executive Director	(KB)
	Mr C Duncan	Director of Surgery	(ChrD)
	Mrs C Dove	Non-Executive Director	(CD)
	Dr N Murdock	Medical Director	(NM)

Agenda item:	173	Natalie Deakin	Head of Programme Management
	177	Dr Will Calvert	Research Fellow
	174&178	Andy McColl	Associate Chief Operating Officer, Surgery
	178	Dan Perry	Consultant Orthopaedic Surgeon
	178	Alfie Bass	Consultant Orthopaedic Surgeon
	180	Jason Taylor	General Manager, Research Division
	190	Lachlan Stark	Head of Performance and Planning
	190	Catrin Barker	Chief Pharmacist

Patient Story
Mum Tracy shared her story with the Board, including the background and her experiences of Alder Hey in relation to her adopted daughter, aged eight whom she had not yet told about her adoption. Unfortunately, there had been two occasions on attending the hospital that this information had almost been disclosed accidentally by staff in the presence of the her daughter, the patient. Tracy had found these situations very distressing and wanted to emphasise the importance of staff handling such matters with the utmost sensitivity.

Hilda Gwilliams advised she was aware of these incidents and was in the process with the safeguarding team, of reviewing when this information is required and if it is how to ensure the proper alerts are in the system so that staff do not ask about adoption at an appointment. Adrian Hughes highlighted that staff are inundated with patient information alerts and a process is needed that highlights priorities.

Lisa Cooper said she would leave her contact details with Tracy to provide support for her and her daughter prior to their next appointment.

On behalf of the Board the Chair thanked Tracy for sharing her story today as well as the family's experiences at Alder Hey and apologised for the distress that had been caused.

19/20/166 Declarations of Interest

There were none to declare.

19/20/167 Minutes of the previous meetings held on Tuesday 3rd September 2019

Resolved:

The Trust Board approved the minutes from the last meeting held on 3rd September 2019.

19/20/168 Matters Arising and Action Log

19/20/38.2 Melissa Swindell referred to the action for Divisions to review their compliance against sepsis training, advising that overall the position had increased to 66%, but recognising that there was more work to do. Melissa gave a breakdown of each of the Divisions and staffing groups, noting that nurses and other clinicians required focus. A further update would be provided at the November meeting.

19/20/45 Hilda Gwilliams noted contact had been made with the school and a response was awaited.

All other actions had either been completed or are on the agenda for a further update.

19/20/169 Key Issues/Reflections and items for information

Louise Shepherd provided an update on progress of the Liverpool Healthcare Partnership to merge with the Cheshire and Merseyside (C&M) Integrated Care Partnership. Interview processes are in place to appoint a Chair and Chief Executive.

Louise Shepherd reported back from a meeting held with Kathryn Thomson, Chief Executive of Liverpool Women's NHS Foundation Trust and Catherine McClennan, Project Director, on refining the Women and Children's (C&M) transformation plan.

Anita Marsland fed back from the Population Health Conference, at which some key issues relating to children's health, wellbeing and poverty were discussed.

Adam Bateman reported on the unusually busy month experienced by the Emergency Department in August noting that attendances were up by 9% on the previous year; on average this was an additional 10 patients per day. Adam noted his thanks to ED staff and other teams who have supported the effort to continue to provide a safe and effective service to patients during this unforeseen busy period.

Adam congratulated Ram Dhannapuneni, Consultant Cardiac Surgeon and the team on receiving a national British Heart Foundation Award.

Following an update received at the last Board Adam Bateman advised that progress continues to conclude a number of business continuity issues on site.

Melissa Swindell highlighted Staff Fab Week commencing on 14th October noting daily topics that will focus on Health and Wellbeing as well as celebrating national Allied Health Professionals.

Adrian Hughes briefed the Board on the Wider Determinants of Child Health Study day that had taken place on Friday 27th September, organised by Ian Sinha,

Consultant in Paediatric Respiratory Medicine, noting how well the event had been attended and discussions regarding the best way to capture the drive to tackle child poverty within the city and across the region. The Board discussed Alder Hey's wider role in taking forward this crucial agenda and the need to revisit the public health strategy in the context of the One Liverpool Plan and system working across Cheshire and Merseyside.

John Grinnell reported on the successful bid to the Charity for financial support with funding replacement medical equipment.

Supporting Documents/Items for Information
Resolved:
The Board had received the following items for information, there was no further discussion:

- NHS Oversight Framework 2019/20
- Guidance for Registered Medical Practitioners on the Notification of Deaths Regulations 2019

19/20/170 Winter Plan

Adam Bateman presented the predictions for emergency admissions this winter, relating to the period between October 2019 and March 2020 noting a 5% increase, this was the same as the previous year. Information was provided on the plan for increased internal capacity and where this would be implemented.

The Board noted the use of a checklist at planning huddles for expected capacity over 95%, known as 'red weeks,' as well as an increase in ward rounds staff.

The Crisis Care team has implemented a seven day service for self-harm patients.

The Service Manager responsible for ED is now based in the department full time and a number of trainee GPs are due to start in ED in February 2020. An action plan has been developed by the ED team with support from Executive directors that includes the provision of support to staff particularly during the busier periods, for example establishing drop in wellbeing sessions, free hot drinks and support with shift patterns.

Resolved:
The Board received the Winter Plan for 2019/20.

19/20/171 'Our Plan'- Strategic Plan to 2024 (Final Plan)

The Board had previously received the Strategic Plan and were asked for any further comments:

It was agreed the wording on page 22 of the plan would be changed from reducing bullying and harassment to 'eradicate'.
Action: DJ

Shalni Arora commented on the inclusion of a paying patients unit to be established and fully operational by 2020/21 noting this had been removed from last month's agenda. Louise Shepherd advised that was still under discussions with the Executive team before being presented to the Board.

Resolved:
The Board APPROVED the Strategy Plan to 2024.

19/20/172 Long Term Plan 2019 – 2024

Dani Jones presented the draft Long Term Plan (LTP) submission that had been delegated to RABD Committee for approval. The final version would be submitted on 1st November following further RABD review and approval on 23rd October 2019.

John Grinnell presented the proposed changes to the financial framework. The Board noted that the full guidance from NHS Improvement had not yet been received, therefore full details on how the changes would impact on Alder Hey were not fully understood at this stage.

Assumptions for the five year capital plan, activity projections, workforce planning and efficiency targets were outlined. Key risks included the potential requirement for NHSI/E to increase efficiency requirements of providers following the withdrawal of the PSF bonus scheme.

The Board noted the challenge to trusts to work differently going forward. A discussion was held on mapping out possible collaborations both locally and internationally and for this to be presented at Trust Board on 3rd December 2019.
Action: AH, HG & NM

Resolved:
The Board received the Long Term Plan, noting and supporting its prior approval by RABD.

19/20/173 Change Programme Progress Report

The Board received the enhanced assurance report that highlights the benefits from each of the projects. The Board APPROVED the revised format.

Delivery of Outstanding Care - CQC Road Map
Erica Saunders presented the project management approach to the delivery of outstanding care under the CQC's domains of safe, caring, effective, responsive and well led. It was noted that Board and CQAC business would now be organised the domains to provide greater clarity for tracking progress. This would not report under the programme assurance report rather, regular updates would be received at the weekly Executive Committee.

The collation of the Trust's response to the Routine Provider Information Request (RPIR) is currently underway, with a deadline of 4th October for submission.

Dates for the Board Well Led development sessions are currently being diarised.

Resolved:
The Board received:
a) The enhanced change programme progress report
b) The project management approach to Delivery of Outstanding care Road Map.

19/20/174 Corporate Report

The Board received the month 5 report.

Community and Mental Health, Medicine and Surgery Divisions presented highlights and challenges against Safe, Caring, Effective, Responsive and Well Led.

Hilda Gwilliams highlighted a strong level of incident reporting reflective of a learning organisation, with a high number of incidents reported that are characterised as a near miss or minor harm. Improvements have been seen in both pressure ulcers and medication errors.

John Grinnell reported a £0.4k deficit, this is in line with the plan.

Resolved:
The Board received and noted the contents of the corporate report for month 5.

19/20/175 Clinical Quality Assurance Committee

Resolved:
The Board received the Chair's highlight report from the last meeting on 18th September and the approved minutes from the meeting held on 17th July 2019.

19/20/176 Serious Incident Report

The Board received and noted the content of the Serious Incident report for August 2019. Hilda Gwilliams stated that during this reporting period there were no new Serious Incidents, four investigations were ongoing and no SI's had been closed.

Hilda Gwilliams referred to an action from the September Board noting detail of lessons learnt will be included in the September Serious Incident report.

Resolved:
The Board received the Serious Incident report for August 2019.

19/20/177 Inspiring Quality Progress Report

Patient Shadowing

Jo Minford provided the background to a study originated by the King's Fund that was looking at care from the patient's point of view. Following this a programme had been developed by Dr Will Calvert for medical students to shadow families' pathways of care in surgical day case at Alder Hey. The programme had been University approved and had commenced in January 2014, since that time over 1,750 medical students had participated in the UK's only patient and family paediatric programme. A collaborative three day programme focusing on improving the experience of children and families will start in January 2020 and will be delivered at Alder Hey.

Schwartz Rounds have been re-introduced with the next round taking place on 30th October 2019 with the topic 'When your best wasn't good enough'. Louise Shepherd is attending as a member of the panel.

Will Calvert then gave a presentation how he had developed his work to create a programme for staff to carry out Patient Shadowing and the benefits of this. Will described the methodology which has been developed to ensure the process is followed correctly and the benefits are seen by both patients and staff.

Board members expressed their interest of taking part in the programme and thanked Will Calvert for his work on improving patient experience.

Resolved:
The Board received progress to date on programmes in relation to patient shadowing.

19/20/178 Ward to Board – Orthopaedic Team

Dan Perry, Orthopaedic Consultant gave a presentation on quality improvement within the Department including the use of 3D printing. New equipment that enables baby hip screening is in place. In the last few months paediatric total hip replacement surgery has been implemented.

Dan Perry described the research projects the team was involved in and the associated investment received.

Over the next six months the following members would be joining the team: Spinal Consultant, Spinal Specialist nurse and Orthopaedic Nurse Specialist.

On behalf of the Board the Chair thanked Dan Perry for his presentation and commended the whole team for the progress that they had made in establishing the service with a national and international reputation for excellence.

Resolved:
The Board received an update on progress within the Orthopaedic Department.

19/20/179 Quarterly Mortality Report

Adrian Hughes presented the mortality report highlighting that all deaths in 2018 had now been reviewed. The current benchmarking data shows Alder Hey to be performing well in comparison with the peer group, however it was agreed that trend data would also be useful to strengthen assurance to the Board.

A discussion was held on how far the process of undertaking mortality reviews had developed over the years and that this needed to be reflected within the report. A query was raised around whether Alder Hey should continue with the internal HMRG review target set at 4 months as this was not always achievable due to multiples factors including the complexity of the cases.
Action: NM

Resolved:
The Board received the quarter 1 mortality report for the period from April – June 2019 as well as an update from the Hospital Mortality Review Group.

19/20/180 Research Delivery Plan update

Jason Taylor had been in post as General Manager for the Clinical Research Division for a month and presented the work carried out to date to the delivery plan.

Jason Taylor recapped on the strategic objectives for the Division, noting the vision to be a world leader in children's research; he updated the Board regarding recent work to enhance the staffing infrastructure including the development of a new post of Associate Divisional Research Director to embed a research culture across the Trust.

An update was received on the investment into research secured from the Alder Hey Charity and how this would enable the division to fund dedicated time for the Trust's clinical researchers as well as Liverpool University Honorary Professors.

The Board noted progress with Liverpool Health Partners and the alignment of clinical research processes to be in place by March 2020.

Resolved:
The Board received the Research delivery plan and agreed to receive a further update at Board on 7th April 2020.

19/20/181 Our People Plan

Melissa Swindell presented the 2019-2024 People Plan based around five strategic pillars:

- Leadership Development and Talent Management Equality
- Diversity and Inclusion
- Future Workforce Development
- The Academy
- Health and Wellbeing.

A communication strategy to deliver the People Plan across the Trust was in progress. Lisa Cooper asked that pictures are changed to be more representative of the workforce.

The Chair asked Melissa Swindell and Claire Dove to present the People Plan at the next Council of Governors of 11th December 2019.
Action: MS & CD

Resolved:
The Board APPROVED the People Plan 2019-2024.

19/20/182 Workforce and Organisational Development Committee
Resolved:
The Board received and noted the Chair's highlight report from the last meeting on 19th September and the approved minutes from the meeting held on 26th July 2019

19/20/183 Update on Specialist Trust Group and System Governance
A further update on progress made to date on corporate functions and a single leadership estates service being developed between Alder Hey and Liverpool Heart and Chest NHS Foundation Trust was received.

A single service procurement team was also in process of being in place from the end of September between Alder Hey and the Walton Centre.

Locations in the city centre are being looked for possible future corporate collaborations.

Resolved:
The Board noted the development of the Specialist Trust Group.

19/20/184 Liverpool Integrated Care Partnership
Resolved:
The Board noted attendance from CCG at the next meeting.

19/20/185 UNICEF Child Friendly City
Resolved:
Due to time constraints it was agreed this item would be deferred until next Board meeting in November.

19/20/186 Change Programme Progress Report: Growing External Partnerships
Resolved:
The report had been received under item 19/20/173, there were no further comments.

19/20/187 2019/20 Financial Recovery
Resolved:
John Grinnell reported on the improved position noting monthly updates would continue to be received both at Resource and Business Development Committee and Board.

19/20/188 Change Programme Progress Report: Strong Foundations
Resolved:
The report had been received under item 19/20/173, there were no further comments.

19/20/189 Board Assurance Framework (BAF)
Corporate Risk Register
Resolved:

The Board received the BAF and the corporate risk register, noting the work that had been done by the Executive Team and Divisional leads to review and update the high risks on the corporate register.

19/20/190 Brexit update

Lachlan Stark presented the current position, commenting that the guidance from the government remains to be prepared for the country to leave the European Union with or without a deal on 31st October 2019.

The Board received details of the EU exit milestone plan noting Brexit weekly meetings are underway and HR continue to respond directly to enquiries from EU staff.

Catrin Barker provided an update on plans in place in the event there are shortages in supply of medicines. Catrin advised that processes are used regularly in Pharmacy to change patients' medication due to supply issues not in relation to Brexit, as they can be affected by a range of other factors. Manufactures have also devised their own plans if they are unable to receive usual orders. The message from the government continues to instruct not to stockpile and this will cause further disruption. On Call Pharmacist will receive orders outside of Monday to Friday 9.00-5.00.

On behalf of the Board the Chair thanked all those involved in the Trust's preparations.

Resolved:
The Board noted the ongoing preparations in place for Brexit on 31st October 2019.

19/20/191 Digital Update and Digital Futures
Resolved:
The Board received the previously circulated report.

19/20/192 Alder Hey in the Park Site Development Update
19/20/193 Change Programme: Park, Community, Estates and Facilities
Resolved:
The Trust Board received an update on the Site Development.

19/20/194 Integrated Governance Committee
Resolved:
The Board received and noted the Chair's highlight report from the meeting held on 11th September 2019 and the approved minutes from the meeting held on 10th July 2019.

19/20/195 Resource Business Development Committee
Resolved:
The Board received and noted the Chair's highlight report from the meeting held on 25th September 2019. Ian Quinlan advised the focus remains on financial recovery, IT resilience and building risks, specifically water temperatures and pipework.

Adam Bateman provided an update in relation to the grass roof advising that a report from an independent specialist was awaited. Improvement in water temperatures is expected to be seen in the next 6 months but advised the Board that an independent report should be commissioned to ensure all of the issues are understood to inform the agreed solution. The Board agreed for an independent report to be commissioned.
Action: AB

19/20/196 Any Other Business
No other business was discussed.

19/20/157 Review of meeting
The Board noted the number of acronyms. Erica Saunders noted that she had prepared a glossary a number of years ago to assist governors and agreed to update and circulate it.
Action: ES

Date and Time of next meeting: Tuesday 5th November 2019 at 10.00 in the Tony Bell Board Room, Institute in the park.

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following on from the meeting held on the 3.9.19

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
Actions for July 2019							
28.05.19	19/20/75	Alder Hey in the Park Site Development Update	To arrange a walkabout of the community cluster site for Non-Executive Directors.	David Powell	T.B.C		02.07.19 On hold until final design is agreed 01.10.19 The Board agreed for a date to be set.
Action for October 2019							
03.09.19	19/20/145	Corporate Report	***Play*** - Look into the possibility of receiving reports from schools on learning.	H Gwilliams	01.10.19		01.10.19 awaiting a response from school.
Action for November 2019							
02.07.19	19/20/100	Output from Strategy session on 25th June 2019	To present a draft plan at the September Board	Dani Jones	05.11.19		03.09.19: This is to be discussed after the Trust Board. The final version will be presented at the November Trust Board meeting
03.09.19	19/20/137	Serious Incident Report	To include lessons learnt within the Serious Incident report going forward.	H Gwilliams	05.11.19		
03.09.19	19/20/146	Board Assurance Framework	The Board discussed the pension risk in association with consultants (high earners) and the impact on services. A quality impact assessment is to be completed.	Christian Duncan/ Lisa Cooper/ Adrian Hughes	05.11.19		
03.09.19	19/20/38.1	Inspiring Quality Progress and Next Steps	***Seven Day Service*** - Timeline to be included in the bi-annual update in respect to implementation of the seven day service and future goals.	Nicki Murdock	03.03.20		01.10.19 It was noted the Board would receive quarterly updates, the next update would be recevied on 5th November 2019.
03.09.19	19/20/38.2	Inspiring Quality Progress and Next Steps	***Sepsis Update*** - Divisions to review their compliance against sepsis training and encourage staff/areas outstanding to complete.	Divisions	01.10.19		01.10.19: Update received a further update to be received at the Trust Board meeting on 5th November 2019
Actions for December 2019							
28.05.19	19/20/77	Draft Annual Report and Accounts	To arrange a thank you event for achievements within the annual report.	Mark Flannagan	02.07.19		02.07.19: In process 01.10.19 A thank you event to be held at the December Trust Board

Alder Hey Children's NHS Foundation Trust
Trust Board - Part 1
Action Log following on from the meeting held on the 3.9.19

Alder Hey Children's NHS Foundation Trust

Meeting date	Ref	Item	Action	By whom?	By when?	Status	Update
01.10.19	19/20/172	Long Term Plan 2019-2024	To map out potential collaborations both locally and internationally	Adrian Hughes Hilda Gwilliams Nicki Murdock	03.12.19		
Actions for 7th January 2020							
01.10.19	19/20/179	Quarterly Mortality Report	To include details of how far mortality reviews have come over the years	Nicki Murdock	07.01.20		
01.10.19	19/20/179	Quarterly Mortality Report	To review as to whether the Hospital Mortality Review Group should continue the aim of reviewing deaths at 4 months if this wasn't an achievable goal	Nicki Murdock	07.01.20		
Completed							
01.10.19	19/20/171	'Our Plan'- Strategic Plan to 2024 (Final Plan)	To change the wording on page 22 of the plan from reducing bullying and harassment to eliminate.	Dani Jones	04.10.19		
01.10.19	19/20/171	'Our Plan'- Strategic Plan to 2024 (Final Plan)	To remove comerical in confidence from the plan before publishing the October Board pack on the Trust Website	Julie Tsao	04.10.19		

Status	
Overdue	
On Track	
Closed	

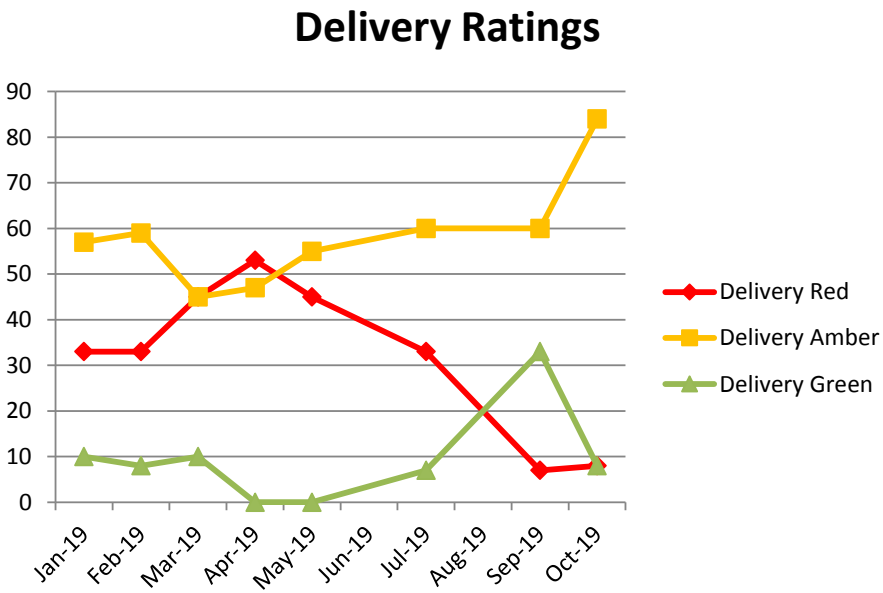
Alder Hey Children's NHS
NHS Foundation Trust

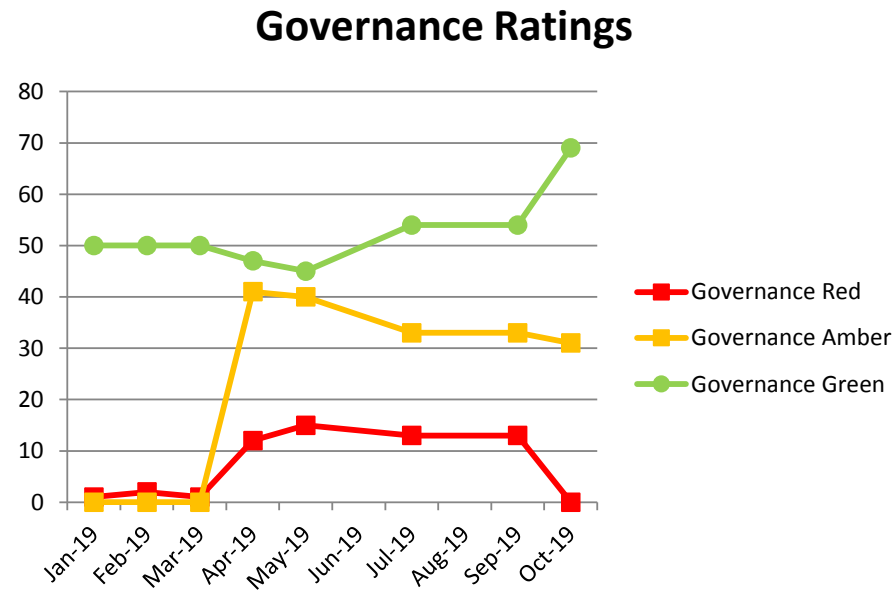
Programme Assurance Summary
Change Programme

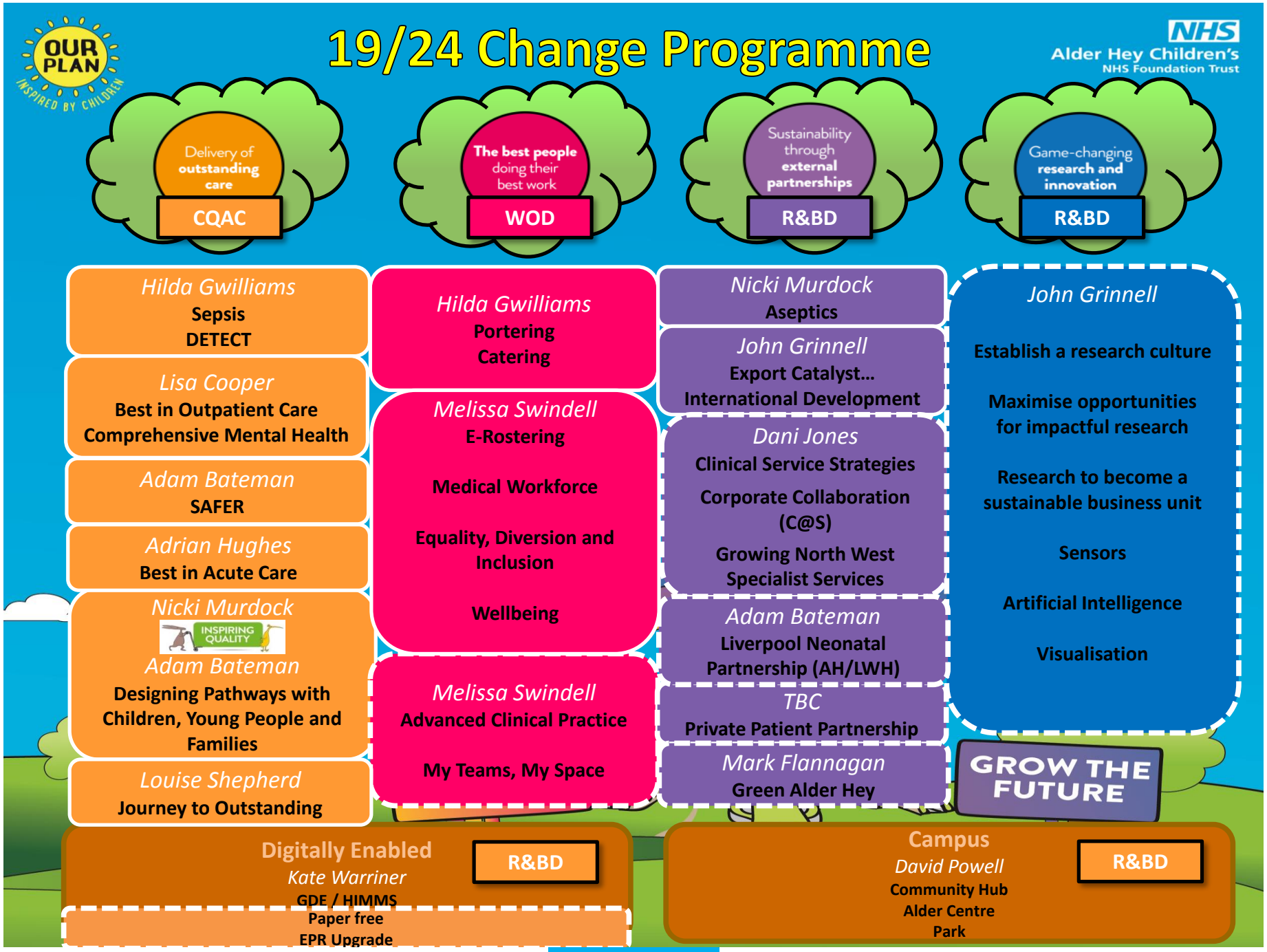
Programme Summary (to be completed by **Head of Programme Management**)

1. This Board report comprises of extracts from the assurance dashboard covering 6 out of the 7 themes of the change programme as reporting to the Board sub-Committees: CQAC 16 October and RABD 23 October.
2. Slide 2 of this programme assurance report contains the current scope for the19/20 change programme.
3. Of the 13 projects rated in this report with regards to the **overall delivery** assessment: 8% of the projects are green rated with 84% amber and 8% red. These percentage summary assessments show significant improvement from the previous month.
4. The **overall governance** position is good with 69% of the projects green rated, 31% amber and no red rated projects and again like the overall delivery ratings, there has been significant improvement from the previous month's ratings.

N Deakin, Head of Programme Management and Independent Programme Assurance 29 October 19






19/24 Change Programme
OUR PLAN
INSPIRED BY CHILDREN
NHS
Alder Hey Children's NHS Foundation Trust
Delivery of outstanding care
CQAC
The best people doing their best work
WOD
Sustainability through external partnerships
R&BD
Game-changing research and innovation
R&BD
Hilda Gwilliams
Sepsis
DETECT
Lisa Cooper
Best in Outpatient Care
Comprehensive Mental Health
Adam Bateman
SAFER
Adrian Hughes
Best in Acute Care
Nicki Murdock
INSPIRING QUALITY
Adam Bateman
Designing Pathways with Children, Young People and Families
Louise Shepherd
Journey to Outstanding
Hilda Gwilliams
Portering
Catering
Melissa Swindell
E-Rostering
Medical Workforce
Equality, Diversion and Inclusion
Wellbeing
Melissa Swindell
Advanced Clinical Practice
My Teams, My Space
Nicki Murdock
Aseptics
John Grinnell
Export Catalyst…
International Development
Dani Jones
Clinical Service Strategies
Corporate Collaboration (C@S)
Growing North West Specialist Services
Adam Bateman
Liverpool Neonatal Partnership (AH/LWH)
TBC
Private Patient Partnership
Mark Flannagan
Green Alder Hey
John Grinnell
Establish a research culture
Maximise opportunities for impactful research
Research to become a sustainable business unit
Sensors
Artificial Intelligence
Visualisation
GROW THE FUTURE
Digitally Enabled
R&BD
Kate Warriner
GDE / HIMMS
Paper free
EPR Upgrade
Campus
R&BD
David Powell
Community Hub
Alder Centre
Park

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary
Delivering Outstanding Care

Work Stream Summary (completed by Independent Programme Assurance)

Overall, for the **Delivery of Outstanding Care** programme, governance and delivery ratings have improved this month.

Some of the benefits for the *Sepsis* projects are now displaying positive trends with the clinically appropriate administration of antibiotics following Sepsis diagnosis within 60 minutes hitting its target for the second month in a row. However, Year 2 PID for *Sepsis* was submitted to Programme Board but requires further development before sign off.

There has been an improvement in completing any gaps in metrics and the categorisation of outputs and outcomes alongside their introduction into the in dependent assurance report has contributed to the improvement in delivery ratings.

Focus should remain on completing any outstanding gaps in metrics.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 9 Oct 19

Independent Assurance Report – SEPSIS

Exec Sponsor: Hilda Gwilliams

To improve the awareness about sepsis throughout the hospital. Using a framework tool to support the early identification, escalation and timely response to treatment for patients with suspected/known sepsis.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Percentage of inpatients treated for sepsis with high risk criteria in <60 mins	N/A	94%	90%
2.0 OUTCOME Percentage of ED patients treated for sepsis with high risk criteria in <60 mins	N/A	78%	90%
1.1 OUTPUT Training in relation to sepsis management for Nurses	0	100%	90%
1.2 OUTPUT Training in relation to sepsis management for Clinicians	0	74%	90%

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Sepsis											Sepsis Steering Group minutes are available up to 17 July 19. 'Year 2 PID' has not progressed since Programme Board on 22 Aug 19. Amended benefits / targets still need to be formally signed off at Programme Board and CQAC. A number of benefits are trending positively however there are still a number of benefits which are not tracked. Milestone Plan for 'year 2' is no longer available. There is a presentation which details the requested changes to benefits / metrics but no documentation regarding the outcome of this is available. The communications plan 2018-20 gives a high level list of activities but they are not tracked for completion. All risks are within their review date on the Ulysses system. EA/QIA complete. **Last updated 09 Oct 19.**

Independent Assurance Report – DETECT

Exec Sponsor: Hilda Gwilliams

The DETECT project is a research study which aims to :

- Standardise active monitoring of vital signs to determine the individual patient risk for deterioration using underpinning age-specific PEWS risk models.
- Improve the accuracy, availability and visibility of patients' vital signs and PEWS to the entire clinical team in real-time
- Use in-built escalation pathways, based on the recorded information, to prompt a timely review and appropriate treatment.
- Measure the clinical utility of VitalPAC Paediatric to detect deteriorating patients.
- Highlight patients displaying two or more components of the NICE sepsis pathway
- Further analysis of the cases of critical deterioration to understand individual risk factors for deterioration, the deteriorations which might be preventable and which processes would need to be affected to reduce deterioration across the hospital.
- Explore the experiences of patients and their families of being monitored using VitalPAC Paediatric and examine its clinical utility and acceptability to clinicians.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Reduction in PICU and HDU costs (Patient level costs for >11m critical care stay associated with deterioration).	£11.5m	Measured annually	£10m (£1m reduction)
1.1 OUTPUT Reduction in number of resuscitation team calls from study wards	17 per month	9 per month	15 per month (85pa)
1.2 OUTPUT Number of areas live with CareFlow	0	8 wards 2 day case	10 wards 6 day case
1.3 OUTPUT Number of staff trained on CareFlow	0	450 (Sept)	700
1.4 OUTPUT Reduction in annual average number of beds used for critical deterioration (6.5% reduction)	7665	Measured annually	7167
1.5 OUTPUT Reduction in Critical Care median LOS	TBC by BI Team	Measured annually	Reduce median ward length of stay to be better than baseline (TBC)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
DETECT Study		●	●	●	●	●	●		●	●	Evidence of project team meetings are in evidence up to 3 Sep 19. A high level description of the scope is available in a 7 slide pack and a detailed PID has now been completed. Benefit metrics are outlined and are now being tracked with a small number of omissions. A detailed workbook has now been uploaded which contains task logs and a comprehensive milestone plan which looks largely on track. There is a suite of stakeholder engagement in evidence. Risks are on Ulysses and within review date. EA/QIA uploaded and signed. **Last updated 09 Oct 19.**

Independent Assurance Report – Best in Outpatients

Exec Sponsor: Lisa Cooper

The Best in Outpatient Project will deliver an outstanding experience of Outpatients services for children, families and professionals, measured by increased patient, family and staff satisfaction, improvements to flow and waiting times, a safe increase in patient activity, enhanced methods of staff support and improved usability of clinical and administrative systems.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Increase % of visitors likely to recommend OPD	91% (Mar 19)	91%	95%
1.1 OUTPUT Reduction in Phlebotomy incidents	4	3	0
2.0 OUTCOME Increase Clinicians satisfaction with OPD (measured every 4 months measure)	40% (Mar 18) 60% (Mar 19)	85%	80%
3.0 OUTCOME Reduce missing outcomes ePPF	1253 (Mar 19)	1097	626
3.1 OUTPUT Reduce cash up's completed after 48hours of appointment (ePPF)	11%	10%	5%

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Outpatient Care		●	●	●	●	●	●		●	●	Evidence of Steering Group meetings available to 11 Sep 2019. A comprehensive 19/20 PID is available and has now been signed off at Programme Board. There is a comprehensive benefits tracker available albeit with a couple of minor omissions. A milestone plan for 19/20 is available and closely tracked. There is a planned approach to stakeholder engagement and a raft of excellent Outpatient departmental newsletters are in evidence. Monthly highlight reports which have been presented to Programme Board are available. Risks are managed via Ulysses and are all within review date. EA/QIA signed and uploaded. **Last updated 09 Oct 19.**

Independent Assurance Report – SAFER

Exec Sponsor: Adam Bateman

The SAFER Bundle is a practical tool to reduce delays for patients in inpatient wards and works particularly well when it is used in conjunction with the 'Red and Green Days' approach. The SAFER Bundle blends five elements of best practice to achieve cumulative benefits namely; to reduce length of stay, increase turnover and improve patient experience.

Key Programme Metrics	Baseline	Current	Target
	SAFER		
1.0 OUTCOME Reduction in Trust LOS	3.3 Days	2.33 Days (Sep 19)	3.1 Days
1.1 OUTPUT Increase in CUR compliance	79%	87% (Aug 19)	85%
	A of SAFER		
1.0 OUTCOME % of patients who know their planned date of discharge?	67%	86% (Aug 19)	95%
	E of SAFER		
2.0 OUTCOME Reduction in cancelled operations for non-clinical reasons	321 p.a. (27 per month)	35 (Aug 19)	240 p.a. (20 per month)
	R of SAFER		
3.0 OUTCOME Reduction of in-patient delayed discharges with a LoS <21 days	328 (18/19)	328 (18/19)	279 per annum

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
SAFER		●	●	●	●	●	●		●	●	Evidence of SAFER Steering Group available up until 3 Oct 19. A comprehensive PID for 19/20 is available and has been signed off. There is a comprehensive benefits tracker which shows a number of positive trends with some negative trends for one of the ward areas which requires further scrutiny. There is a closely tracked and detailed milestone plan. There is evidence of stakeholder engagement evidenced and a comprehensive communication plan is available in the PID however a tracked communications plan would also be beneficial. Risks are within review date on Ulysses. An EA/QIA has been signed. **Last updated 7 Oct 19.**

Independent Assurance Report – Best in Mental Health Care

Exec Sponsor: Lisa Cooper

Deliver a range of improvements in mental health services which will ensure that children and young people receive the right level of care, at the right time to meet their needs. This includes ensuring we have the right number of tier 4 beds, we deliver a comprehensive eating disorder service and our access to all CAMHS (including urgent care) is appropriate and timely.

Key Programme Metrics	Baseline	Current	Target
Eating Disorder Services			
1.0 OUTCOME % of patients who receive their appointment within national targets	35% (April 19)	42% (Aug 19)	95% (2020)
Booking and Scheduling			
2.0 OUTCOME Reduction in WNB rate	13.72%	10.2%	10%
3.0 OUTCOME Reduction in staff turnover rates	15.2%	14.7%	10%

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Mental Health Care											Evidence of project team meetings available until 09 Sep 19. There is a final PID which was signed off at Programme Board on 22 Aug 19. Benefits are tracked however very few are showing a positive trend. A comprehensive milestone plan is evidenced and being tracked however there are a number of milestones which have been missed and need to be revised. A stakeholder analysis has been completed but further evidence required of wider stakeholder engagement. Risks are on Ulysses and are within their review period. A signed EA/QIA has been uploaded. **Last updated 03 Oct 19.**

Independent Assurance Report – Best in Acute Care

Exec Sponsor: Adrian Hughes

The aim of the project is to re-design and implement a number of models of care for Alder Hey. The 5 workstreams are as follows; HDU, EDU, ACT Care Team, Out of Hours and Pathways and Thresholds.

Key Programme Metrics	Baseline	Current	Target
High Dependency Unit (HDU)			
1.0 OUTCOME Reduction in average LOS in HDU	4.7 (18/19)	TBC	4.2 Days (April 2020)
2.0 OUTCOME Reduction of re-admissions within 48 hours	TBC	TBC	TBC
1.1/2.1 OUTPUT Number of hours with Consultant cover	0	0	168 Hours (full 7 day cover)
Acute Care Team (ACT)			
3.0 OUTCOME Reduction in unplanned admissions to PICU/HDU	328 (18/19)	328 (18/19)	279 per annum
4.0 OUTCOME Reduction in unplanned admissions and bed days in Critical Care	1600 (18/19)	1600 (18/19)	1360 per annum
3.1/4.1 OUTPUT Full recruitment to ACT team	0 WTE	9.38 WTE	21.04 WTE
Out of Hours			
OUTPUT Number of General Paediatricians onsite until later in the evening	0 WTE	1.0 WTE	3.0 WTE

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Best in Acute Care		●	●	●	●	●	●		●	●	Evidence of Models of Care meetings up to 9 Sep 19. A high level design process is available and the 19/20 PID has now been signed off. Various data packs are in evidence and the project now has clear measures for success which are categorised into outputs and outcomes. Some of these metrics however still require baselines and tracking. A comprehensive milestone plan is available and is being tracked however there are now a number of missed milestones which need revised dates. There is evidence of stakeholder engagement including updates to Programme Board. Risks now available on Ulysses and are within review date. There is signed EA/QIA in evidence. **Last updated 07 Oct 19.**

Independent Assurance Report - Inspiring Quality

Exec Sponsor: Nicki Murdock

Alder Hey's programme of work which promotes continuous quality improvement to deliver 3 key aims; to put children first, to be the safest children's Trust in the NHS and to achieve outstanding outcomes for children

Key Programme Metrics	Baseline	Current	Target
1.0 OUTCOME Children report that we 'put them first	Friends & Family Test (Oct)	TBC (Oct)	95% of children report that we 'put them first
1.1 OUTPUT Sweeney Collaborative Programme	0	0	3 teams scheduled to have participated in programme by March 2020
1.2 OUTPUT Staff trained in Child and Family Centred Care	0	0	784 staff to be trained by Nov 2021
1.3 OUTPUT Pathways & Improvements designed with children and families	0	0	5 pathways complete by Nov 2020
2.0 OUTCOME Children report meeting the care goals they set	0	0	95% of children report meeting the care goals they set
3.0 OUTCOME Specialties achieve outcomes that rank internationally	TBC	TBC	10 specialties achieve outcomes that rank in the top 10% internationally
4.0 OUTCOME Staff report feeling able to make improvements to care	TBC Staff Survey (2018)	TBC Staff Survey (2019)	80% of staff report feeling able to make improvements to care
4.1 OUTPUT Staff trained in Strong Foundations Leadership programme	0	45	85 staff to be trained by November 2021
4.2 OUTPUT Issues to be resolved by using huddle boards	0	0	100 issues to be resolved by November 2021

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Inspiring Quality		🟢	🟢	🟢	🟢	🔴	🔴		🟡	🟡	Evidence of project meetings to 30 Sep 19. The Inspiring Quality Plan serves as a comprehensive PID. Benefits are clearly defined in the PID and a presentation entitled 'Outputs and Outcomes' now indicates the measures which the programme is intending to measure. A Phase 1 'Starting Change' paper is available which clearly maps out the next 6 months of the plan however this phase is due to come to an end at the end of Oct 19 and details of phase 2 are now required. There is evidence of wider stakeholder engagement in the form of a staff engagement session with pledges however this programme of work would benefit from a detailed communication plan. Risks are now on Ulysses and are being tracked. EA/QIA are yet to be completed. **Last updated 09 Oct 19.**

Alder Hey Children's NHS
NHS Foundation Trust

Programme Assurance Summary

Work Stream Summary (completed by Independent Programme Assurance)

Sustainability through External Partnerships

The governance of the *Aseptics* project is maintained to a good standard and delivery ratings have improved this month also. The *Export Catalyst* ratings for both governance and delivery have now deteriorated as the project life cycle has come to an end with no milestones planned beyond September 19.The Exec Sponsor is now required to set the direction of the project for the coming months.

Global Digital Exemplar

The governance ratings of the GDE / HIMMS programme are satisfactory and the delivery of speciality packages looks largely on track to meet the November target.

Park, Community Estate and Facilities

The governance and delivery ratings for the *Park, Community Estate and Facilities* programme have improved dramatically this month. Further work on the identification of SMART metrics for all the projects within the programme would be beneficial.

Natalie Deakin, Head of Programme Management and Independent Programme Assurance – 18 October 19

Independent Assurance Report – Aseptics

Exec Sponsor: Nicki Murdock

The Trust's long term aspiration is to establish and maintain a licensed Aseptic manufacturing unit to support internal demand, limit the need to outsource preparations, deliver the expanding research agenda, provide a commercial income generation opportunity for the organisation, whilst providing wider NHS resilience in line with STP principles.

Key Programme Metrics	Baseline	Current	Target
1.0 OUTPUT Increase the number of commercial research studies open to recruitment	3 (April 19)	3 (Sep 19)	6 (July 2020)
2.0 OUTPUT Increase in number of patients on research studies.	2 (April 19)	4 (Sep 19)	
3.0 OUTPUT Reduction in medication errors in ASU (injectable therapy)	5 (April 19)	8 (Sep 19)	2 (July 2020)
4.0 OUTPUT Increase in number of ready to use products prepared in-house by ASU	66 (April 19)	289 (Sep 19)	230 (Jan 2020)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Aseptics											Minutes of the Quality Management Meeting of the Aseptics Services Department are available up to 20 Aug 19 and project team meetings up to 18 Jul 19. Scope is described by the 'Proposal for commissioning, validation and licensing of the Pharmacy Aseptic Services Unit' dated 16 March 2018' together with a 'Project Overview Document' dated 14 Jun 2018. A final business case dated 9th April 2019 is also evidenced. The number of ready to use products made in house has seen a marked increase in September. A 'Project Milestone Plan' is in place and being tracked and an exception report is in evidence dated 22.05.19 which resets some milestone deadlines. Project risk(s) now require review on Ulysses. EA/QIA signed off. **Last updated 9 Oct 19.**

Independent Assurance Report – Export Catalyst

Exec Sponsor: John Grinnell

The purpose of the Export Catalyst Project is to:

- Produce an output of an overarching international strategy
- Prioritise and review the propositions across the business
- Supporting the creation of cost and business models per target market
- moving from reactivity to proactivity in market selection

Key Programme Metrics	Baseline	Current	Target
OUTPUT 1.0 Sustainable Services	£200k contribution	£1m target contribution	Jan 2020 attain by Apr 2022
OUTPUT 2.0 Strategy & Plans	NA	Final version of strategy document available	Sep 19
OUTPUT 3.0 Pricing & Markets	NA	Documented and Agreed	Sep 19

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Export Catalyst					N/A	N/A	N/A				Evidence of meetings of project meetings up to 28 Jun 19 with an agenda for the debrief session on 23 Jul 19 available. Comprehensive initiation slides are available but no PID is necessary for this project given its relatively short project cycle. Evidence of stakeholder engagement. A detailed Gantt chart is available which is being tracked up to 26 Aug 19. The project life cycle as per the plan appears to come to a close at the end of Sep 19. Benefits are detailed but not tracked. Risks not applicable. No EA/QIA required. **Last updated 22 Aug 19.**

Independent Assurance Report – GDE

Exec Sponsor: Kate Warriner

GDE - Create exemplars that can inspire others showing how information technology can deliver both improved patient outcomes and enhanced business effectiveness.

Specialty Packages - The development of a digital bespoke clinical system will ultimately result in a paper lite system which enables improved patient safety, patient experience and staff experience. The review and sign off of agreed manual pathways and processes prior to digital development optimize clinical pathways and release time to care.

Key Programme Metrics	Baseline	Current	Target
OUTPUT 1.0 Number of specialty packages complete	0	41 (Oct 19)	52 (Nov 19)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
GDE		●	●	●	●	●	●		●	●	GDE Programme Board meeting pack available up to 20 Aug 19 and GDE Delivery Group action log available up to 17 Sep 19. Programme is RAG rated green on the CORA portal which is NHS Improvements digital platform. There is a 'GDE Programme Dashboard' which RAG rates progress and looks largely on track. There is evidence of some stakeholder engagement. All risks are now overdue and require review on Ulysses. **Last updated 16 Oct 19.**

Independent Assurance Report – Alder Centre

Exec Sponsor: David Powell

This projects sets the plan to develop and construct the new Alder Centre with bereavement garden within the park setting once demolishment of the old site buildings has occurred and as the park landscape develops. The Alder Centre forms a key component of the overall Alder Hey and Springfield Park Master Plan, and of our new Children's Health Park Campus.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Expansion of services on offer	Not available	Not available	10% increase in income (April 2020)
OUTCOME 2.0 Increase the types of therapies delivered (To include arts, horticultural and pet therapy)	Not available	Not available	Not available

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Alder Centre		●	●	●	●	●	●		●	●	Development directorate actions are available up until 18 Sep 19. Meeting notes with architects also available up until 26 Sep 19. Scope/approach defined in PID. Benefits defined in PID but no evidence of the tracking of benefits. A comprehensive Gantt chart is available with a couple of missed milestones which require a revised date. Evidence of Comms/ Engagement activities. Risks are on Ulysses and are within review date. EA/QIA complete. **Last updated 9 Oct 2019.**

Independent Assurance Report – Community Cluster

Exec Sponsor: David Powell

To build new facilities that will support the delivery of excellent clinical care for he following services:

- CAMHS
- Neurodevelopmental Assessment
- Psychological services
- Orthotics

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Staff morale	Not available	Not available	Improvement of 10% (Sep 20)
OUTPUT 1.0 Increase in efficiency of desks per staff members	Not available	Not available	15% improvement in staff to desk ratio (Sep 20)

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Community Cluster											Actions available via the development directorate meeting up until 18 Sep 19. A recently revised PID for 2019 has now been uploaded as of 9 Oct 19. A comprehensive Gantt chart is available which is being tacked but shows a couple of missed milestones which now require revised dates. Benefits are detailed in the PID with expected start dates in 2020. Evidence of stakeholder engagement however engagement with building users would also be beneficial. Risks are within review date on Ulysses. EA/ QIA complete but not signed by Exec Sponsor. **Last updated 09 Oct 2019.**

Independent Assurance Report – Park

Exec Sponsor: David Powell

To redevelop Springfield Park in accordance with the land swap agreement with Liverpool City Council, entailing the demolition of the existing hospital site and creating an integrated site development encompassing Springfield Park, Alder Hey Children's Hospital, the Research and Education Building, future schemes and the developed surplus landsite. The project focuses on the physical reinstatement of Springfield Park, the exploration of the opportunity to create an enhanced park, models of park ownership and a schedule of events and activities.

Key Programme Metrics	Baseline	Current	Target
OUTCOME 1.0 Generate income	£0	Not available	Not available
OUTCOME 2.0 Support environmental sustainability	Not available	Not available	100% increase in number of trees (2021)
OUTPUT 1.0 Increase community participation	Not available	Not available	Not available

Project Title	OVERALL PROJECT GOVERNANCE	An effective project team is in place	Scope and Approach is defined	Stakeholders engaged	Risks are identified and being managed	Quality Impact Assessment	Equality Analysis	OVERALL PROJECT DELIVERY	Targets / benefits defined/on track	Milestone plan is defined/on track	Comments for attention of the Project Team, Steering Group and sub-Committee
Park		●	●	●	●	●	●		●	●	Actions and agendas available for the development directorate meeting in which the park project forms part of the agenda up until 18 Sep 19 however meetings with external key stakeholders would also be beneficial at this stage of the project. PID available on SharePoint and has recently been updated. There is a comprehensive suite of benefits outlined in the PID however some benefits are not SMART and not tracked. Milestones are being tracked via a programme plan which was updated on 8 Oct 19 albeit with a number of missed milestone which now need revised dates. Evidence of engagement with external stakeholders would be beneficial. Risks are on Ulysses and within review date. EA/QIA complete. **Last updated 10 Oct 2019.**

NHS
Alder Hey Children's
NHS Foundation Trust

TRUST BOARD Report September 2019

How Did We Do?

Executive Summary **Month: September** **Year: 2019**

Alder Hey Children's NHS NHS Foundation Trust

Delivery of Outstanding Care

Safe

- Sustained reduction over four months of incidents resulting in minor harm, and no incidents resulting in moderate harm reported in month.
- Weekly report of all near miss incidents now circulated to Divisions to enable prioritisation of reviews and ensure lessons are learned, actions for improvement are implemented in a timely manner, and feedback provided to staff.
- One severe incident and one catastrophic incident were reported. For both incidents, the Trust has complied with the reporting requirements and undertaken a 72 hour review, reported to StEIS within 48 hours, and Duty of Candour applied in line with regulation 20. The incidents were also raised and discussed at weekly Patient Safety Meeting. Level 2 RCA investigations are in progress.
- There were 2 Never Events reported in September, thankfully neither incident resulted in harm to the patient. The reporting arrangements outlined above all complied with and Level 2 RCA investigations underway.
- Additional post secured within the Infection Control team to provide support, advice and resource to the Community Division.
- DETECT rolled out widely across the Trust which provides real time clinical status and alerts to clinicians and staff regarding inpatients where their vital signs are triggering a PEWS (Paediatric Early Warning Score) enabling timely response to a deteriorating child.

Highlight

- Second consecutive month of high compliance in treating inpatients for sepsis with 60 minutes.
- No incidents of Category 3 or 4 pressure ulcers.

Challenges

- 2 Never Events reported.
- ED patients treated for sepsis within 60 minutes remains at around 75%. Sepsis team working with IT to progress an electronic solution; this has been beneficial to inpatients.

The Best People Doing their Best Work

Caring

- Following introduction of Meridian system to capture the views of our families, further work now underway as part of Inspiring Quality to establish a clear strategy to enable a real time response to any concerns raised.

Highlight

- Community FFT responses have continued to dramatically increase since SMS was launched in July.
- 55% increase of children and young people recommending our mental health services since August 2019.

Challenges

- Increased number of PALS concerns raised; analysis to identify any themes underway, however a number relate to waiting times for appointments and treatment. This is being reviewed by the relevant speciality teams.

Delivery of Outstanding Care

Effective

The Emergency Department treated 5,243 patients in September, an increase in attendances of 11%. Performance of the 4 hour standard reduced to 88.9%. This aspect of our services to patients remains the most significant operational challenge and there are significant pressures on the workforce from this. In August we formulated an action plan for resilience and staff wellbeing. Some of the high impact changes commenced in August but the results will take effect from mid-November. This includes the moderate increase in nurse staffing numbers and 2 additional consultants starting in post.

With regard to scanning turnaround times, the outsourcing strategy we formulated in July has now been executed and has delivered a sharp and substantial improvement in turnaround times for outpatients. In October and November we will address the inpatient backlog.

Highlight

- On the day elective cancellations less than target.
- All but 1 patients whose.
- Scanning times for outpatient correspondence.

Challenges

- Significant growth in attendances to the Emergency Department, leading to an increase in patients waiting more than 4 hrs for treatment.
- Scanning turnaround times for inpatients

Delivery of Outstanding Care

Responsive

We had 1 patient wait longer than 31 days for cancer treatment. It is very rare that we do not deliver this waiting time standard. This was a complex case with joint care the Royal National Orthopaedic Hospital. We will be looking to split the ownership of this breach when we report it nationally.

Access to planned care at an aggregate level remains good. There are at specialty levels challenges in community paediatrics, neurology and cardiothoracic surgery (pectus).

Highlight

- Access to planned care is very good as measured by waiting list size, referral to treatment times and no patient waiting over 52 weeks for treatment.
- Delivery of 6 week diagnostic standard.

Challenges

- Access to planned care in three specialties.

The Best People Doing their Best Work

Well Led

In month 6 we delivered a £0.1k deficit which was £0.1k ahead of the plan which leaves us £0.1m ahead of our year to date plan.

Activity levels remained high month overachieving in all POD's except Elective which was 33 (1%) behind the plan.

Pay was underspent in the month bringing the cumulative position to £0.2m underspent against the plan. This was despite the temporary staffing expenditure increasing slightly to just over £1m.

However non pay remains an area of concern and is overspent year to date by £2.2m.

CIP performance was behind plan in month by £0.2m and there is still a material gap against our forecast versus target of £1.4m. A financial re-set is being taken through RABD to target key areas of improvement. Cash holdings are £80.8m which is significantly higher than plan driven by capital slippage and the receipt of the 2018/19 bonus PSF funding earlier than expected.

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

Completion of PDR's remain at just below the target of 90% and a concerted effort is required by all areas to improve this further.

Sickness levels have increased slightly to 5.1%. There work underway to support specific teams where sickness levels are high.

Highlight

- Year to date control total achieved
- Activity Levels
- Mandatory Training

Challenges

- Forecast year end Control Total
- Temporary staffing levels
- Sickness Levels

Game Changing Research and Innovation

Research and Development

- Recruitment of infrastructure and growth staff progressing.
- Significant investment from charity.
- LHP Spark alignment underway.

Highlight

- Investment form Charity to enable step change in clinical research.

Challenges

- Level of staffing to support and deliver research activity.

Contents

Contents

Contents

Contents

Delivery of Outstanding Care

SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG			Comments Available
Clinical Incidents resulting in Near Miss	D	76	72	79	58	59	83	76	58	84	58	113	54	61		>=80	>=76	<76	✔
Clinical Incidents resulting in No Harm	D	288	316	285	218	284	251	279	300	294	297	317	283	285		>=299	>=285	<285	✔
Clinical Incidents resulting in minor, non permanent harm	D	86	90	95	67	78	84	105	94	108	76	70	73	68		<=86	N/A	>86	✔
Clinical Incidents resulting in moderate, semi permanent harm	D	2	0	1	1	2	1	0	0	0	1	3	0	0		<=1	N/A	>1	✔
Clinical Incidents resulting in severe, permanent harm	D	0	0	0	0	0	0	0	0	0	0	0	0	1		0	N/A	>0	✔
Clinical Incidents resulting in catastrophic, death	D	0	0	0	0	1	2	0	0	0	1	0	0	1		0	N/A	>0	✔
Medication errors resulting in harm	D	4	2	6	2	2	4	2	6	3	3	2	1	2		<=3	N/A	>3	✔
Pressure Ulcers (Category 3)	W	0	0	0	0	0	0	0	0	0	1	0	0	0		0	N/A	>0	✔
Pressure Ulcers (Category 4)	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Never Events	W	0	0	0	0	1	0	0	0	0	0	0	0	2		0	N/A	>0	✔
Sepsis: Patients treated for Sepsis - A&E	D P	54.5%	65.4%	57.6%	51.9%	77.4%	71.1%	79.4%	58.8%	71.1%	65.2%	79.3%	76.7%	77.8%		>=90 %	N/A	<90 %	✔
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P	78.2%	70.2%	76.2%	73.3%	70.2%	82.1%	73.3%	81.8%	71.4%	90.9%	80.0%	100.0%	94.1%		>=90 %	N/A	<90 %	✔
No of children that have suffered avoidable death - Internal	W	0	0	0	0	0	0	0	0	0	0	1	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	0	0	0	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - C.difficile	D	0	0	0	0	0	0	1	0	0	0	0	0	0		0	N/A	>0	✔
Hospital Acquired Organisms - MSSA	D	1	2	0	1	1	0	4	1	1	0	0	1	1		<=1	N/A	>1	✔

The Best People doing their best Work

CARING

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG	Comments Available
Friends & Family A&E - % Recommend the Trust	D	85.5%	80.0%	80.6%	90.1%	90.5%	80.3%	89.5%	78.8%	87.7%	80.4%	82.8%	88.1%	91.1%		>=95 % >=90 % <90 %	✔
Friends & Family Community - % Recommend the Trust	D	100.0%	93.2%	100.0%	100.0%	98.5%	100.0%	98.6%	88.4%	100.0%	93.8%	92.9%	92.9%	91.9%		>=95 % >=90 % <90 %	✔
Friends & Family Inpatients - % Recommend the Trust	D	98.3%	98.2%	97.9%	98.2%	97.0%	96.2%	97.8%	97.3%	90.6%	90.1%	93.2%	92.5%	95.5%		>=95 % >=90 % <90 %	✔
Friends & Family Mental Health - % Recommend the Trust	D	89.4%	84.7%	97.5%	100.0%	88.9%	76.9%	82.9%	80.8%	88.7%	100.0%	33.3%	78.8%	88.5%		>=95 % >=90 % <90 %	✔
Friends & Family Outpatients - % Recommend the Trust	D P	90.0%	90.3%	91.4%	91.7%	87.4%	89.1%	91.1%	92.7%	91.7%	93.5%	91.2%	94.4%	93.8%		>=95 % >=90 % <90 %	✔
Complaints	W	12	13	5	7	7	9	16	7	9	6	15	13	12		No Threshold	✔
PALS	W	125	132	115	71	136	97	95	110	103	121	128	92	130		<=113 <=125 >125	✔

Delivery of Outstanding Care

EFFECTIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG			Comments Available
% Readmissions to PICU within 48 hrs	W	2.7%	1.0%	1.1%	2.4%	1.4%	1.8%	2.5%	2.7%	2.1%	1.3%	5.3%	5.4%	0.0%		<=3 %	N/A	>3 %	✔
ED: 95% Treated within 4 Hours	D	93.7%	90.9%	93.8%	95.3%	92.1%	90.6%	95.6%	93.6%	91.3%	89.4%	91.8%	94.7%	88.9%		>=95 %	N/A	<95 %	✔
On the day Elective Cancelled Operations for Non Clinical Reasons	D	12	28	38	21	11	10	11	9	24	15	37	35	19		<=20	N/A	>20	✔
28 Day Breaches	W	1	0	6	6	4	1	1	0	0	1	2	0	1		0	N/A	>0	✔
Average Scanning Turnaround - Inpatient	D						44.00	49.00	49.00	50.00	55.00	55.00	65.00	71.25		<=7	N/A	>7	✔
Average Scanning Turnaround - Outpatient	D						26.00	23.00	24.00	21.00	23.00	23.00	31.50	4.00		<=5	N/A	>5	✔

Delivery of Outstanding Care

RESPONSIVE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG	Comments Available
IP Survey: % Received information enabling choices about their care	W	96.3%	96.4%	95.1%	96.7%	96.0%	94.9%	95.7%	98.3%	96.6%	97.5%	97.6%	95.7%	97.7%		>=95 % >=90 % <90 %	✔
IP Survey: % Treated with respect	W	99.5%	99.6%	100.0%	99.6%	100.0%	99.3%	99.5%	99.3%	99.0%	98.1%	99.2%	97.5%	98.4%		100 % >=95 % <95 %	✔
IP Survey: % Know their planned date of discharge	D P	55.3%	60.2%	69.0%	59.4%	76.5%	82.8%	80.6%	88.8%	84.1%	87.9%	87.8%	87.1%	89.2%		>=90 % >=85 % <85 %	✔
IP Survey: % Know who is in charge of their care	W	94.9%	92.2%	92.2%	92.5%	96.3%	94.3%	93.4%	99.3%	90.5%	96.3%	90.8%	98.0%	98.4%		>=95 % >=90 % <90 %	✔
IP Survey: % Patients involved in Play	D										93.3%	94.5%	95.3%	91.5%		>=90 % >=85 % <85 %	✔
IP Survey: % Patients involved in Learning	D										70.9%	75.6%	72.1%	90.8%		>=90 % >=85 % <85 %	✔
RTT: Open Pathway: % Waiting within 18 Weeks	W	92.1%	92.1%	92.1%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.1%	92.1%	92.0%	92.0%		>=92 % >=90 % <90 %	✔
Waiting List Size	W	12,884	12,961	12,934	12,859	12,872	12,888	12,746	12,871	12,876	12,843	12,883	12,874	12,826		<=12899 N/A >12899	✔
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0	✔
Cancer: 2 week wait from referral to date 1st seen - all urgent referrals	W	100.0%	96.7%	100.0%	100.0%	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%		100 % N/A <100 %	✔
Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.	W	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
All Cancers: 31 day wait until subsequent treatments	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100 % N/A <100 %	✔
Diagnostics: % Completed Within 6 Weeks	W	99.8%	99.8%	99.3%	100.0%	99.7%	99.6%	99.5%	100.0%	99.8%	100.0%	99.8%	100.0%	99.7%		>=99 % N/A <99 %	✔
31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)	W	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%		100 % N/A <100 %	✔
PFI: PPM%		100.0%	98.0%	99.0%	100.0%	100.0%	100.0%	98.0%	98.0%	98.0%	98.0%	100.0%	99.0%	99.0%		>=98 % N/A <98 %	✔

The Best People doing their best Work

WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG	Comments Available
CIP In Month Variance (£'000s)	W	175	-174	-285	151	-199	-74	-75	-163	-54	-47	-26	176	-165		>=-5% >=-20% <-20%	✔
Control Total In Month Variance (£'000s)	W	359	-463	-48	564	-21	-433		-394	-165	596	-848	851	94		>=-5% >=-20% <-20%	✔
Capital Expenditure In Month Variance (£'000s)	W	2,907	-751	1,041	1,032	1,032	259	1,610	1,030	640	728	694	1,239	865		>=-5% >=-10% <-10%	✔
Cash in Bank (£'000s)	W	20,023	20,315	17,580	23,136	19,983	22,068	33,699	34,361	34,449	37,415	79,086	80,174	80,807		>=-5% >=-20% <-20%	✔
Income In Month Variance (£'000s)	W	263	624	684	142	456	355	19,495	-612	21	846	-52	1,348	666		>=-5% >=-20% <-20%	✔
Pay In Month Variance (£'000s)	W	51	-372	-74	-267	-510	-850	-495	183	-25	-130	-260	273	143		>=-5% >=-20% <-20%	✔
Non Pay In Month Variance (£'000s)	W	45	-715	-659	689	34	63	-942	34	-161	-119	-537	-769	-715		>=-5% >=-20% <-20%	✔
NHSI Use of Resources	W	2	2	1	1	1	1	1	1	3	3		3	3		<=3 N/A >3	✔
AvP: IP - Non-Elective	W								53	58	109	158	132	55		>=0 N/A <0	✔
AvP: IP Elective vs Plan	W								-45	-24	-41	-76	18	-66		>=0 N/A <0	✔
AvP: Daycase Activity vs Plan	W								-53	-132	-241	-45	80	56		>=0 N/A <0	✔
AvP: Outpatient Activity vs Plan	W								757	75	1,285	2,022	2,595	1,803		>=0 N/A <0	✔
PDR	W	88.8%	90.1%	90.1%	90.1%	90.1%	92.2%	92.2%	4.8%	20.7%	47.3%	86.4%	89.3%	89.3%		>=90 % >=85 % <85 %	✔
Medical Appraisal	W	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	98.4%	98.2%	95.0%		>=95 % >=90 % <90 %	✔
Mandatory Training	W	88.1%	89.7%	89.7%	89.0%	89.4%	88.8%	89.6%	90.0%	88.4%	90.5%	90.8%	91.9%	91.1%		>=90 % >=80 % <80 %	✔
Sickness	D	5.4%	5.6%	5.6%	6.1%	5.7%	5.7%	5.4%	5.2%	5.5%	5.2%	5.2%	4.9%	5.1%		<=4 % <=4.5 % >4.5 %	✔
Short Term Sickness	D	1.4%	1.6%	1.6%	1.6%	1.9%	1.7%	1.6%	1.5%	1.5%	1.4%	1.3%	1.0%	1.3%		<=1 % N/A >1 %	✔
Long Term Sickness	D	4.0%	4.0%	4.0%	4.4%	3.9%	3.9%	3.7%	3.7%	4.0%	3.8%	3.9%	3.9%	3.8%		<=3 % N/A >3 %	✔
Temporary Spend ('000s)	D	820	998	971	883	937	1,046	1,357	1,114	1,061	899	1,058	992	1,145		<=800 <=960 >960	✔
Staff Turnover	D	10.6%	10.4%	10.2%	9.6%	9.5%	9.5%	10.0%	9.8%	10.0%	9.9%	9.4%	10.1%	10.4%		<=10 % <=11 % >11 %	✔
Safer Staffing (Shift Fill Rate)	W	93.1%	93.2%	95.3%	94.2%	94.5%	92.8%	95.4%	95.3%	95.2%	92.6%	92.0%	93.5%	90.3%		>=90 % N/A <90 %	✔
Domestic Cleaning Audit Compliance	W	93.8%	60.0%	90.0%	90.0%	92.0%	95.0%	86.0%	81.5%	100.0%	81.2%	97.2%	92.5%	90.5%		>=85 % N/A <85 %	✔
Performance Against Single Oversight Framework Themes	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 <=1 >1	✔

Game Changing Research & Innovation

R&D

Alder Hey Children's NHS
NHS Foundation Trust

GROW THE FUTURE

D Drive W Watch P Programme

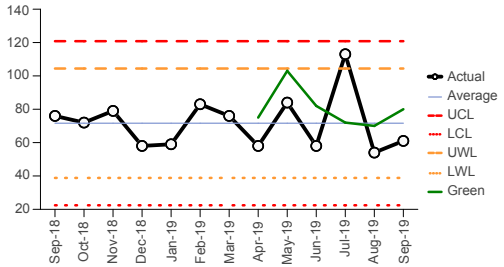
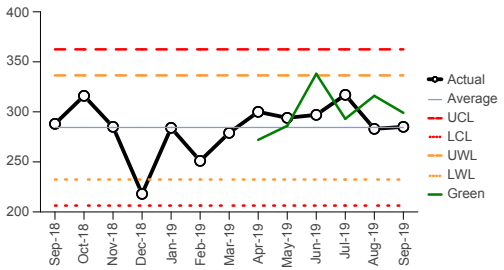
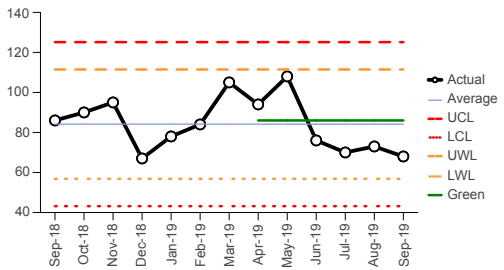
		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG			Comments Available
Number of Open Studies - Academic	W	115	143	136	123	121	121	153	154	158	161	158	172	161		>=130	>=111	<111	✔
Number of Open Studies - Commercial	W	27	31	28	27	29	26	60	59	59	58	57	59	38		>=30	>=21	<21	✔
Number of New Studies Opened - Academic	W	3	6	8	2	6	5	3	1	5	4	2	3	2		>=3	>=2	<2	✔
Number of New Studies Opened - Commercial	W	3	2	0	0	1	1	4	2	1	2	2	2	1		>=1	N/A	<1	✔
Number of patients recruited	W	238	195	296	158	238	211	314	234	221	350	431	165	941		>=200	>=171	<171	✔

Delivery of Outstanding Care

7.1 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

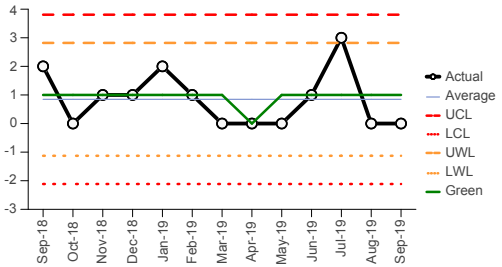
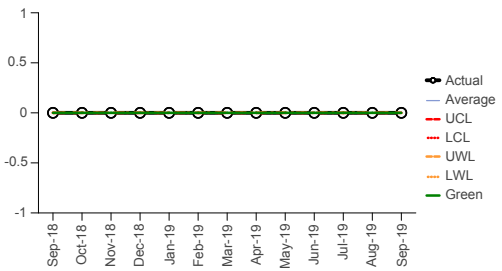
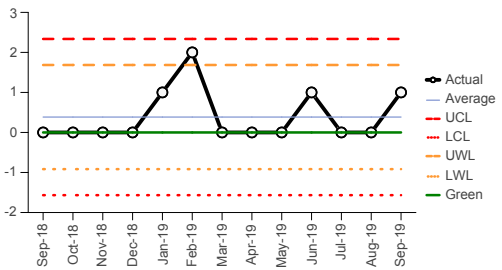
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Increasing Reporting	**Clinical Incidents resulting in Near Miss** D Total number of Near Miss Incidents reported. The threshold is based on increasing on last year for the period Apr 18 - Mar 19 (897). 19/20 aim is to see more than 5% reported than last year for the same month to demonstrate a learning culture. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	61	R <76 A >=76 G >=80		Divisions receive weekly reports of all 'near miss' incidents reported, to enable prioritisation of reviews, ensure lessons are learned, actions for improvement are implemented in a timely manner and feedback to staff (to minimise risk) and reporters. Staff are encouraged to report near misses as these are considered learning opportunities to prevent incidents occurring. In addition the reports enable monitoring of trends/themes and actions for improvement to be implemented in a timely manner. Progress with improvements is expected to be included in monthly CQSG division governance reports.
Incidents: Increasing Reporting	**Clinical Incidents resulting in No Harm** D Total number of No Harm Incidents reported. The threshold is based on increasing on last year for the period Apr 18 - Mar 19 (3328). 19/20 aim is to see more than 5% reported than last year for the same month. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	285	R <285 A >=285 G >=299		Reporting of incidents continues to be encouraged and staff made aware that incidents of near miss and no harm are indicative of a positive safety culture. This continues to be highlighted at the Trust-wide Patient Safety Meeting; with the recent NRLS report demonstrating that we are the top children's Trust for incident reporting with the majority of incidents resulting in no harm to the patient.
Incidents: Reducing Harm	**Clinical Incidents resulting in minor, non permanent harm** D Total number of Minor Harm Incidents reported. The threshold is based on a reduction for the period Apr 18 - Mar 19 (1036). 19/20 aim is to see volume reported less than last year for the same month. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	68	R >86 A N/A G <=86		No Action Required

Delivery of Outstanding Care

7.2 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

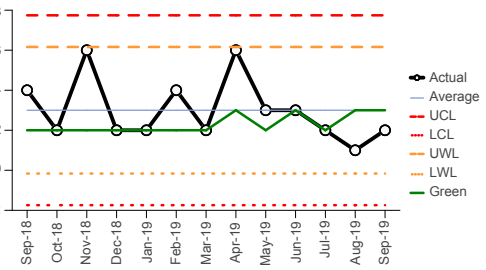
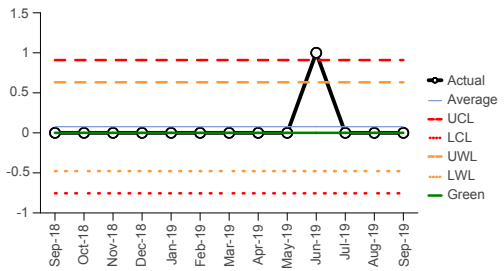
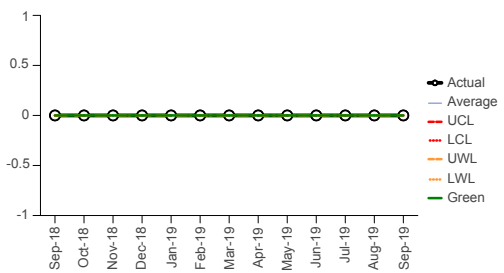
	Description	Performance	Threshold	Trend	Management Action (SMART)
Incidents: Reducing Harm	**Clinical Incidents resulting in moderate, semi permanent harm** D Incidents reported resulting in moderate harm. The threshold is based on achieving a 10% reduction on the period Apr 18 - Mar 19 (12). 19/20 aim is 11 or less, annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >1 A N/A G <=1		No Action Required
Incidents: Reducing Harm	**Clinical Incidents resulting in severe, permanent harm** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	1	R >0 A N/A G 0		There was 1 incident of severe, permanent harm in September. All reporting requirements were completed in line with timeframes including external requirements and the completion of 72 hour review documentation and a full Level 2 RCA is underway.
Incidents: Reducing Harm	**Clinical Incidents resulting in catastrophic, death** D Incidents reported resulting in severe harm. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	1	R >0 A N/A G 0		The Trust has complied with the reporting requirements for the catastrophic incident for this reporting period in terms of a 72 hour review completed, reported to StEIS within 48 hours, and duty of candour applied in line with regulation 20. The incident was also raised and discussed at weekly patient safety meeting. The comprehensive level 2 RCA investigation is in progress. The divisions receive weekly reports of all 'catastrophic/death' , incidents reported, to enable prioritisation of reviews and ensure immediate lessons are learned and timely actions for improvement are implemented.

Delivery of Outstanding Care

7.3 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Medication Errors	**Medication errors resulting in harm** D Medication errors reported resulting in minor, moderate, major or catastrpohic (death) harm. The threshold is based on achieving a 20% reduction on the period Apr 18 - Mar 19 (42), on trajectory with WHO global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% by 2022. 19/20 aim is less than 34 annually **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	2	R >3 A N/A G <=3		No Action Required
Reducing Pressure Ulcers	**Pressure Ulcers (Category 3)** W Pressure Ulcers of Category 3. The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Pressure Ulcers	**Pressure Ulcers (Category 4)** W Pressure Ulcers of Category 4. The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

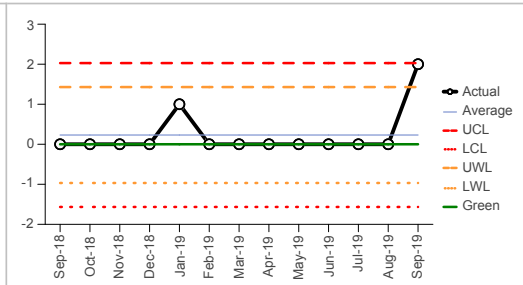
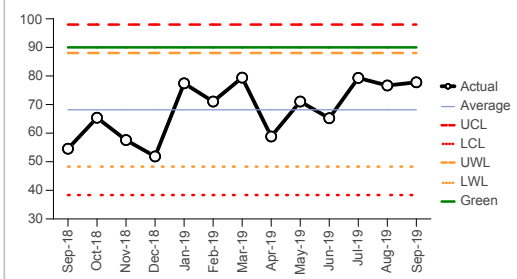
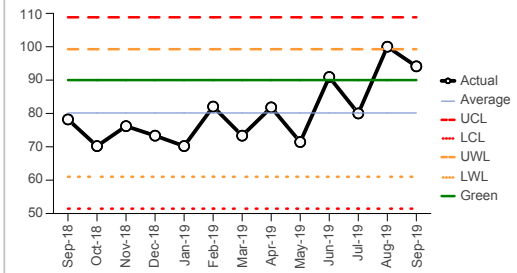
Delivery of Outstanding Care

7.4 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

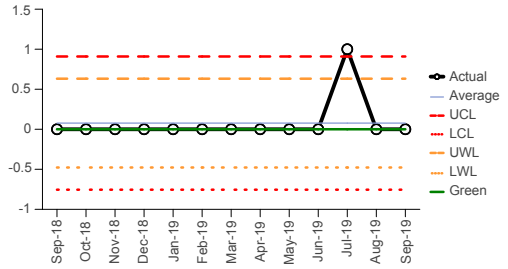
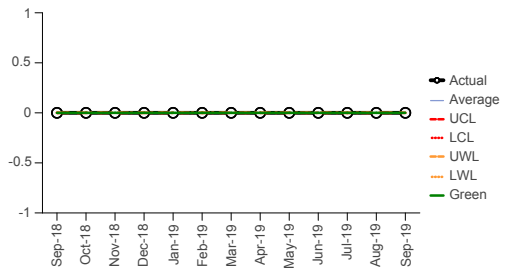
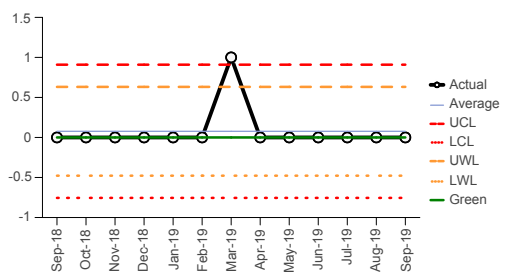
	Description	Performance	Threshold	Trend	Management Action (SMART)
Never Events	**Never Events** W Never Events. The threshold is based on this event never occuring. 19/20 aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	2	R >0 A N/A G 0		The Trust has complied with the reporting requirements for the 2 Never Events' for this reporting period, in terms of a 72 hour reviews completed, reported to StEIS within 48 hours, and duty of candour applied in line with regulation 20. The Never Events were also raised and discussed at weekly patient safety meeting. The comprehensive level 2 RCA investigations are in progress. The divisions receive weekly reports of Never Event incidents reported, to support and ensure lessons are learned including any immediate learning is identified to prevent patient harm.
Sepsis	**Sepsis: Patients treated for Sepsis - A&E** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for ED. 19/20 aim is 90%. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	77.78 %	R <90 % A N/A G >=90 %		ED data collection method the same as Q1. Improvements in overall percentage for Q2 at 77.9%. Although this is not over the 90% identified target, it is now in line with the national average (https://fingertips.phe.org.uk).
Sepsis	**Sepsis: Patients treated for Sepsis within 60 mins - Inpatients** D P Percentage of Sepis Patients receiving antibiotic within 60 mins for Inpatients. 19/20 aim is 90%. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	94.12 %	R <90 % A N/A G >=90 %		No Action Required

Delivery of Outstanding Care

7.5 - QUALITY - SAFE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

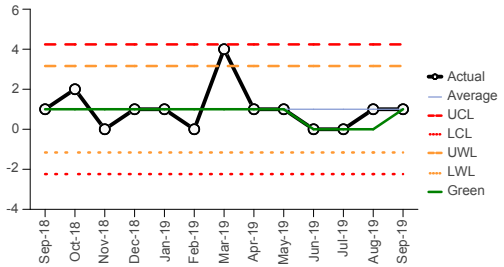
	Description	Performance	Threshold	Trend	Management Action (SMART)
Mortality	**No of children that have suffered avoidable death - Internal** W Total number of children that have suffered avoidable death with issues relating to care provided in Alderhey. Figures provided by HMRG group. The threshold for 19/20 is zero. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - MRSA (BSI)** D The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required
Reducing Infections	**Hospital Acquired Organisms - C.difficile** D The threshold is based on this event never occuring. 19/20 Aim is zero annually. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

7.6 - QUALITY - SAFE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Reducing Infections	**Hospital Acquired Organisms - MSSA** D Hospital Acquired Organisms - MSSA . 19/20 aim is to reduce by 10% or more. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	1	R >1 A N/A G <=1		No Action Required

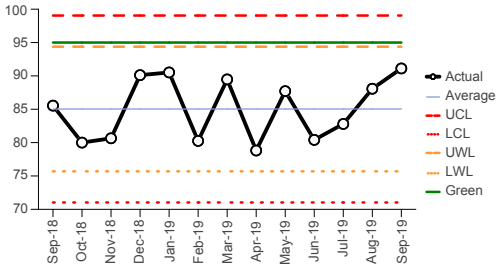
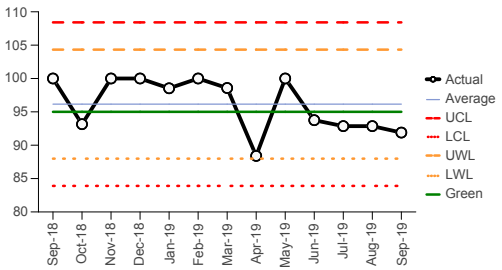
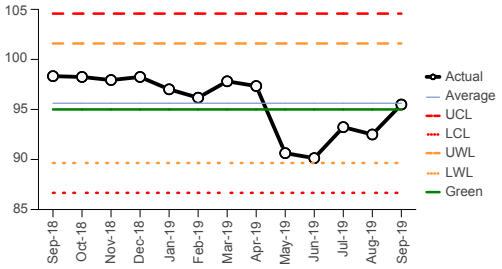
The Best People doing their best Work

8.1 - QUALITY - CARING

Alder Hey Children's NHS Foundation Trust

BRILLIANT BASICS

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family A&E - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	91.12 %	R <90 % A >=90 % G >=95 %		This is an increase of 9% since July. The attitude off staff and lack of communication around waiting times continues to be a theme during September. Negative comments that are triggered are sent straight to the service manager and the department manager daily (in real time) where an action is automatically created. More engagement with division leads has started to identify the areas for concern. A presentation to the board has been scheduled to agree the lines of responsibilities. The response rates have increased significantly over the past 2 months since we have introduced SMS and the ki
Friends & Family	**Friends & Family Community - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	91.89 %	R <90 % A >=90 % G >=95 %		Community responses have continued to dramatically increase since SMS was launched in July. Further training has been scheduled for the Divisional lead/ community Head of Quality for the use of the FFT system in order to act on the actions that have been automatically generated by Iquvia system that collects the FFT feedback. There are 9 outstanding actions for the community. The theme for ASD Liverpool is families not happy with the time they have to wait. ADHD Sefton feedback themes were not being treated with respect and waiting times
Friends & Family	**Friends & Family Inpatients - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	95.49 %	R <90 % A >=90 % G >=95 %		No Action Required

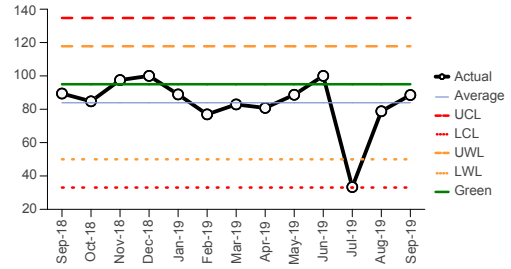
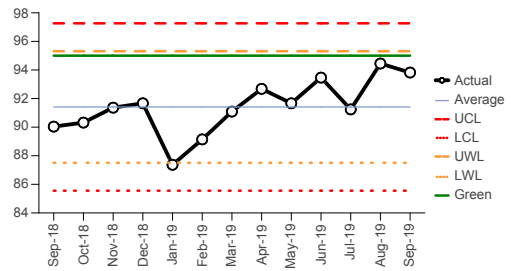
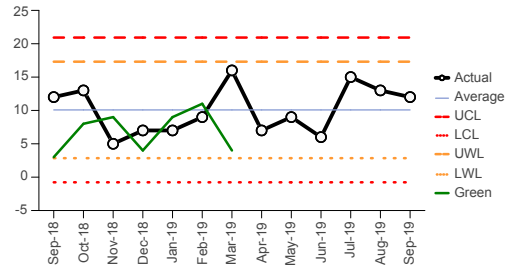
The Best People doing their best Work

8.2 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Friends & Family	**Friends & Family Mental Health - % Recommend the Trust** D Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	88.52 %	R <90 % A >=90 % G >=95 %		There has been a huge 55% increase for C&YP recommending our mental health services since August 2019. The total response rate has continued to increase since we introduced SMS. There is one outstanding action for Dewi Jones this was created in August. The themes are around communication-not discussing how long they will be in for, not knowing who is looking after them.
Friends & Family	**Friends & Family Outpatients - % Recommend the Trust** D P Percentage of Friends and Family positive responses, trustwide, that would recommend Alder Hey for treatment. Threshold is based on maintaining a consistently high standard across all areas. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	93.82 %	R <90 % A >=90 % G >=95 %		A total of 1,715 responses for September. 3B outpatients department received the most responses 129 which were all positive. Ambulation clinic had 56 responses 4 were unlikely and 7 extremely unlikely to recommend the Trust. Bloods had 58 responses 1 was unlikely and 3 extremely unlikely to recommend the Trust. There is a theme around the plaster room not having enough seats and the wait for bloods to be taken is long with no communication. Seating is also an issue in orthopaedic clinic. This feedback has been identified by the service manager. Rude reception staff continues to be a trend.
Complaints	**Complaints** W Total complaints received. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	12	No Threshold		There is no similarity in the speciality/department these relate to. Most of the complaints refer to dissatisfaction with treatment/procedure child/young person received

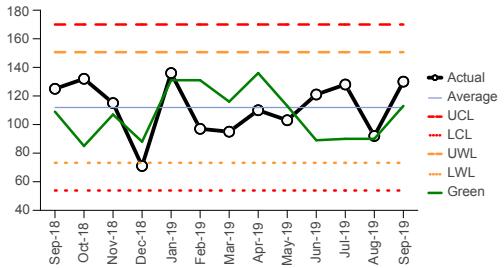
The Best People doing their best Work

8.3 - QUALITY - CARING

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
PALS	**PALS** W Total number of PALS contacts. Threshold is based on a 10% Reduction on 18/19 (1347). 19/20 aim is to reduce by 10% or more for the same month last year. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	130	R >125 A <=125 G <=113		September has seen a sharp increase in the number of informal concerns received. The most have been received for Community Paediatrics, however Orthopaedics have also had a large number this month , some relating to waiting times for apts/ treatment

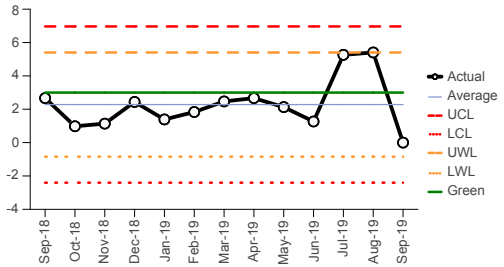
Delivery of Outstanding Care

9.1 - QUALITY - EFFECTIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

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

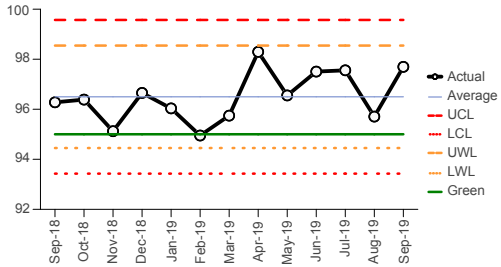
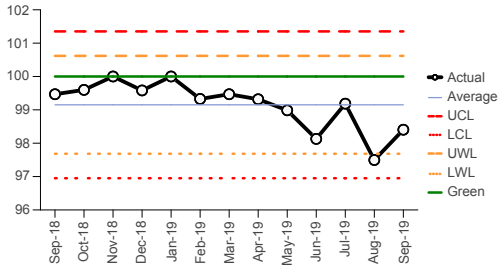
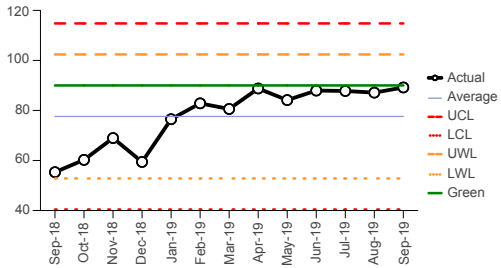
Delivery of Outstanding Care

10.1 - QUALITY - RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

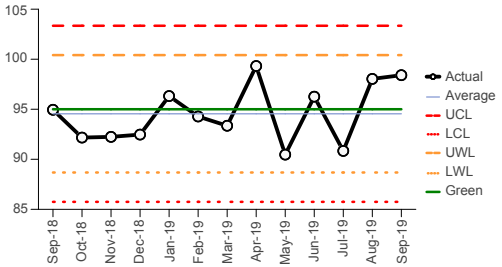
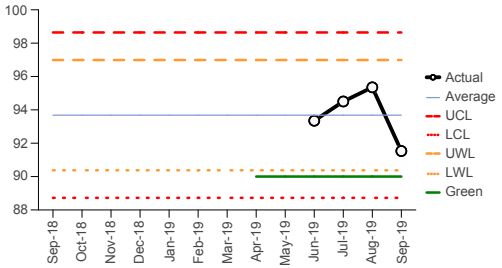
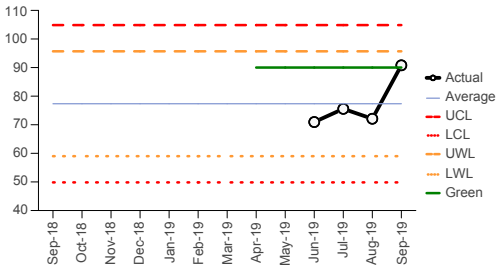
	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: Choices	**IP Survey: % Received information enabling choices about their care** W Percentage of patients / families that report receiving information to enable them to make choices. Thresholds are based on previously defined local targets. The 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	97.70 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Respect	**IP Survey: % Treated with respect** W Percentage of children / families that report being treated with respect. Thresholds are based on previously defined local targets. The 19/20 is 100%. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	98.40 %	R <95 % A >=95 % G 100 %		During September Medicine Division for inpatients had 8 new FFT actions and a further 4 that have not been reviewed and are outstanding. 99.48% said they have been treated with respect. Surgery has 38 new actions and a further 25 that have not been reviewed. The most negative responses were from surgical day-care with 10 and 1C with 8. 1C had one negative response regarding respect. 96.78% said they were treated with respect. The theme for both divisions is lack of communication and no respect for their child not putting them first.
Inpatient Survey: Date of Discharge	**IP Survey: % Know their planned date of discharge** D P Percentage of children / families that report knowing their planned date of discharge. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	89.18 %	R <85 % A >=85 % G >=90 %		88.89% of families within medicine knew their discharge date; this is an increase on last month. 88.92% within surgery knew their date of discharge. Data is available in real time for all managers to access to identify any issues or concerns within their department. Training and further engagement is ongoing.

Delivery of Outstanding Care

10.2 - QUALITY - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Inpatient Survey: In Charge of Care	**IP Survey: % Know who is in charge of their care** W % of children / families that report knowing who is in charge of their care. Thresholds are based on previously defined local targets. The 19/20 aim is 95% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	98.40 %	R <90 % A >=90 % G >=95 %		No Action Required
Inpatient Survey: Play	**IP Survey: % Patients involved in Play** D % of children / families that report engaging in play. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	91.53 %	R <85 % A >=85 % G >=90 %		No Action Required
Inpatient Survey: Learning	**IP Survey: % Patients involved in Learning** D % of children / families that report engaging in learning. Thresholds are based on previously defined local targets. The 19/20 aim is 90% or above. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	90.78 %	R <85 % A >=85 % G >=90 %		No Action Required

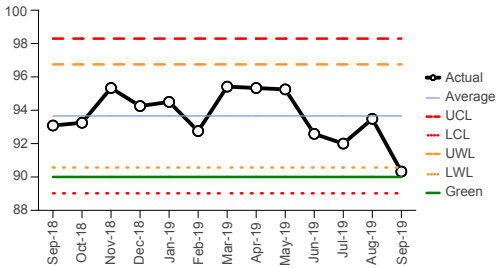
The Best People doing their best Work

11.1 - QUALITY - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Staffing	**Safer Staffing (Shift Fill Rate)** W Safer Staffing. Threshold is based on National Target of 90% or above. **Exec Lead:** Pauline Brown **Committee:** CQAC	90.32 %	R <90 % A N/A G >=90 %		No Action Required

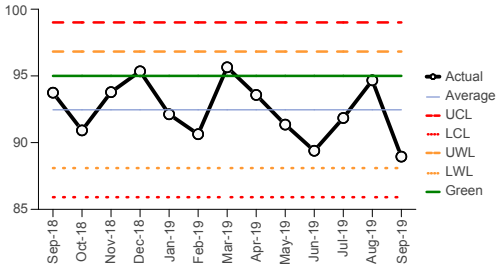
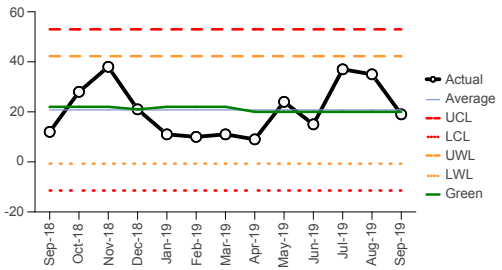
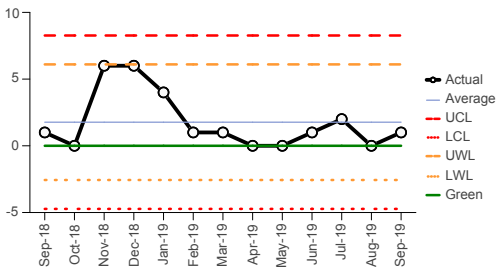
Delivery of Outstanding Care

12.1 - PERFORMANCE - EFFECTIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

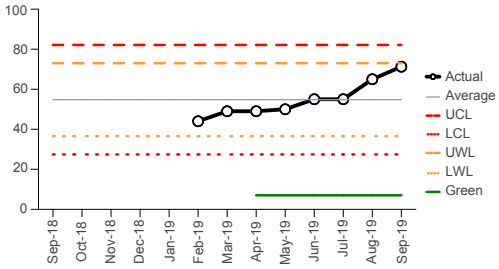
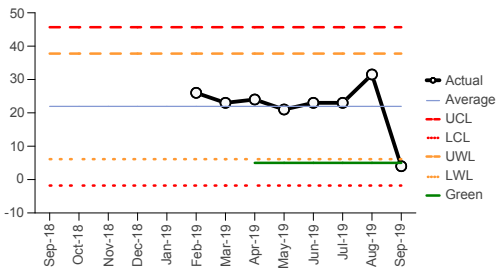
	Description	Performance	Threshold	Trend	Management Action (SMART)
ED 4 Hour Standard	**ED: 95% Treated within 4 Hours** D Threshold is based on National Guidance set by NHS England at 95%. **Exec Lead:** Adam Bateman **Committee:** RABD	88.95 %	R <95 % A N/A G >=95 %		Alder Hey 4 Hour Standard in September was 89.0% (93.8% September 2018/19), there has been a 9.8% increase in attendances in comparison to September 18/19 which equates to an additional 512 patients. Factors impacting the services have been reduced consultant cover due to sickness and an increase in trauma cases.
Cancelled Operations	**On the day Elective Cancelled Operations for Non Clinical Reasons** D Performance is measured for on the day cancelled elective operations for non clinical reasons. This based on National Guidance. Threshold aims to reduce cancellations by 16% based on 18/19 overall performance (284). This is inline with trajectory from Oct 18 - Mar 19 **Exec Lead:** Adam Bateman **Committee:** RABD	19	R >20 A N/A G <=20		No Action Required
Operation Breaches	**28 Day Breaches** W Standard is when a patients operation is cancelled by the hospital last minute for non-clinical reasons, the hospital will have to offer another binding date with 28 days. This is based on national guidance. **Exec Lead:** Adam Bateman **Committee:** RABD	1	R >0 A N/A G 0		Validated- 19 on the day cancelled ops for September but no 28 day breaches as all were re-listed.

Delivery of Outstanding Care

12.2 - PERFORMANCE - EFFECTIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

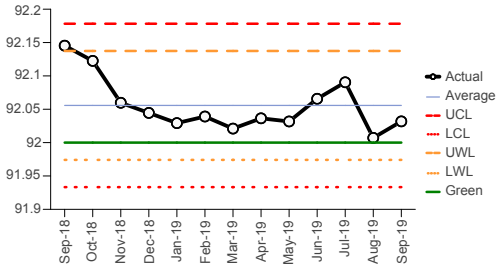
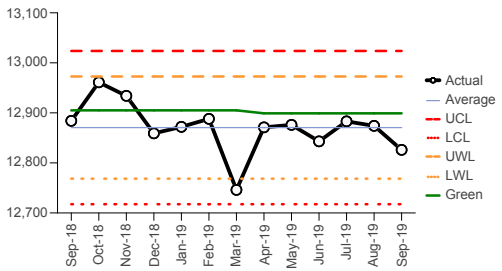
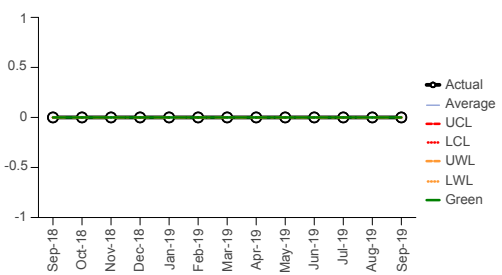
	Description	Performance	Threshold	Trend	Management Action (SMART)
Scanning	**Average Scanning Turnaround - Inpatient** D Days from being clinically coded following inpatient discharge to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	71.25	R >7 A N/A G <=7		We have engaged with an outsourcing company who have been able to support with Outpatients but the Inpatient work is more complicated and as such needs further investigation as to whether outsourcing is possible at this time. In House staff will be moved from their current processing of outpatients to work on Inpatients to address the difference and try to reduce the turnaround times.
Scanning	**Average Scanning Turnaround - Outpatient** D Days from Clinic attendance to episode notes being scanned and uploaded on to the viewing system (Image Now). Average based on working days. **Exec Lead:** Adam Bateman **Committee:** RABD	4	R >5 A N/A G <=5		No Action Required

Delivery of Outstanding Care

13.1 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

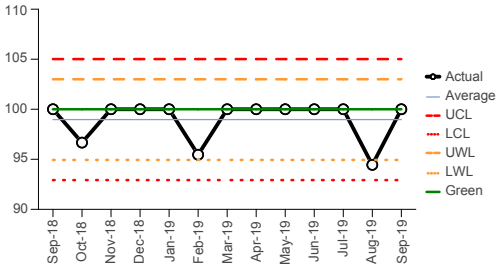
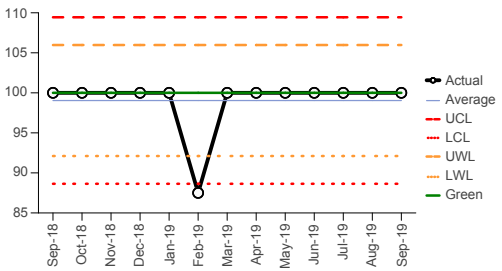
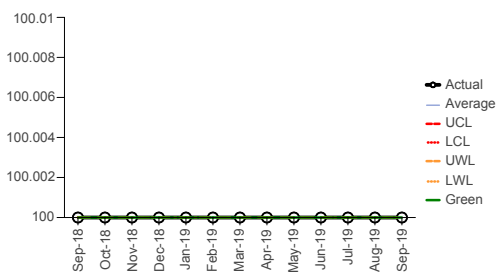
	Description	Performance	Threshold	Trend	Management Action (SMART)
RTT	**RTT: Open Pathway: % Waiting within 18 Weeks** W Percentage of patients waiting within 18 weeks. Threshold is based on previous national target of 92%, this is applied in order to maintain monitoring of measure. **Exec Lead:** Adam Bateman **Committee:** RABD	92.03 %	R <90 % A >=90 % G >=92 %		No Action Required
Waiting Times	**Waiting List Size** W National threshold as part of the 18/19 NHSI plan. The target is to maintain reduction of the total waitlist size from March 2018. **Exec Lead:** Adam Bateman **Committee:** RABD	12826	R >12899 A N/A G <=12899		No Action Required
Waiting Times	**Waiting Greater than 52 weeks** W Total number of more than 52 weeks for first treatment. The threshold is based on this event never occuring. 19/20 aim is zero annually. There is a financial and contractual penalties in the failure to achieve this. **Exec Lead:** Adam Bateman **Committee:** RABD	0	R >0 A N/A G 0		No Action Required

Delivery of Outstanding Care

13.2 - PERFORMANCE - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

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

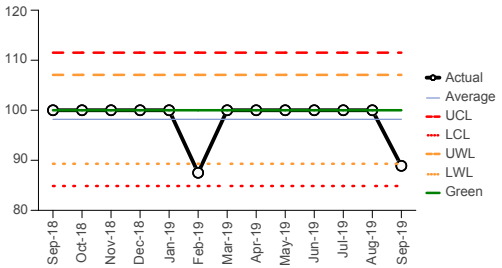
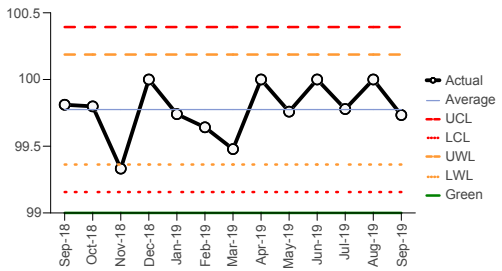
Delivery of Outstanding Care

13.3 - PERFORMANCE - RESPONSIVE

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

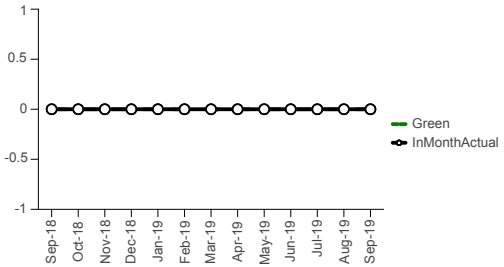
	Description	Performance	Threshold	Trend	Management Action (SMART)
Cancer RTT	**31 days from urgent referral for suspected cancer to first treatment (Children's Cancers)** W Threshold is set at 100% which a stretch target set higher than national performance. **Exec Lead:** Adam Bateman **Committee:** RABD	88.89 %	R <100 % A N/A G 100 %		Patient was seen at Alder Hey within the 2 week target, however they were subsequently referred to The Royal Orthopaedic Hospital in Birmingham where there was a delay with Birmingham listing this patients for discussion at MDT. The impact of this delay contributed to the breach of 31 day treatment target as Alder Hey then received the patient back just 2 days ahead of the 31 day target breach date, so it was impossible to reasonably treat within this deadline. Patient began treatment 5 days post breach and we are exploring the possibility of sharing this breach with Birmingham.
Diagnostics	**Diagnostics: % Completed Within 6 Weeks** W Threshold is based on National Guidance set by NHS England at 99%. **Exec Lead:** Adam Bateman **Committee:** RABD	99.73 %	R <99 % A N/A G >=99 %		No Action Required

The Best People doing their best Work

14.1 - PERFORMANCE - WELL LED

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

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

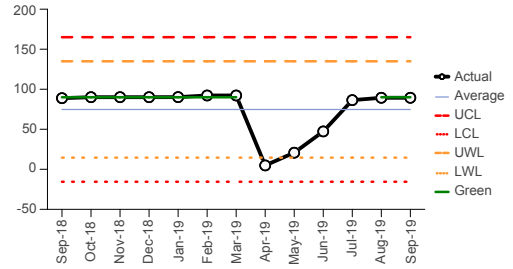
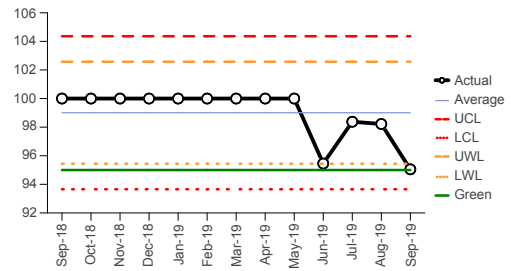
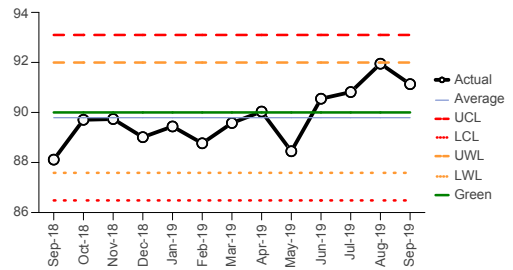
The Best People doing their best Work

15.1 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Personal Development	**PDR** W Trust target, measuring compliance of staff Personal Development Reviews (Non medical). The Trust compliance period is set to be achieved in the first 4 months of each year (April -July). **Exec Lead:** Melissa Swindell **Committee:** WOD	89.32 %	R <85 % A >=85 % G >=90 %		The PDR compliance was 89% at the end of the window, the L&D team are continuing to chase up any outstanding appraisals in order reach 90%
Appraisal	**Medical Appraisal** W Trust Target for compliance for medical staff, which is on a rolling 12mth period. **Exec Lead:** Melissa Swindell **Committee:** WOD	95.05 %	R <90 % A >=90 % G >=95 %		No Action Required
Training	**Mandatory Training** W This is a Trust target that measures all required training including Resuscitation. **Exec Lead:** Melissa Swindell **Committee:** WOD	91.13 %	R <80 % A >=80 % G >=90 %		No Action Required

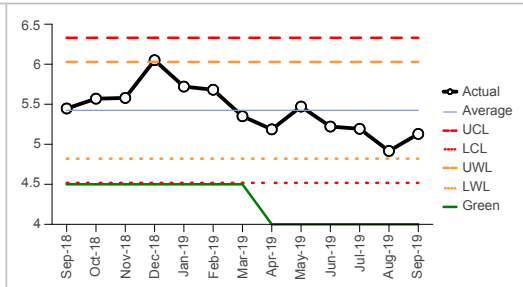
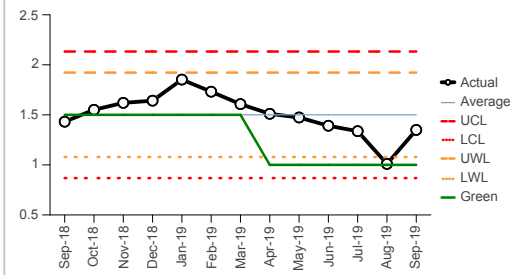
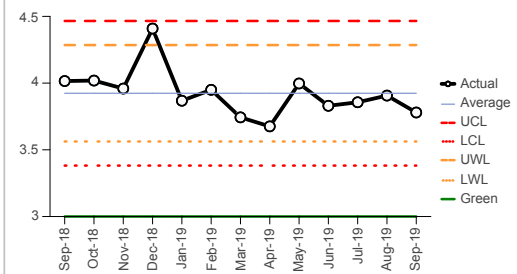
The Best People doing their best Work

15.2 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Sickness	**Sickness** D % of staff who have been absent from work due to sickness, this is broken down into LTS & STS in further metrics **Exec Lead:** Melissa Swindell **Committee:** WOD	5.13 %	R >4.5 % A <=4.5 % G <=4 %		Sickness absence is slightly up on last month which is due to an increase in short term absence. Anxiety & Stress related absences continue to be our main reason for employee sickness accounting for 32% of all absences in September. Other musculoskeletal absences are the reason for 10% of absence and Other known causes also 10%. Action plans are in place for areas with significant absence. In addition a full review of all absences is being undertaken with individual action plans in place.
Sickness	**Short Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting less than 28 days **Exec Lead:** Melissa Swindell **Committee:** WOD	1.35 %	R >1 % A N/A G <=1 %		See above
Sickness	**Long Term Sickness** D % of Trust staff who have been absent from work due to sickness lasting 28 days or more **Exec Lead:** Melissa Swindell **Committee:** WOD	3.78 %	R >3 % A N/A G <=3 %		See above

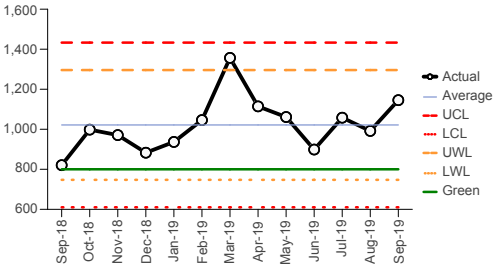
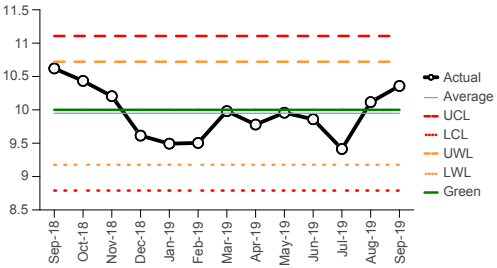
The Best People doing their best Work

15.3 - PEOPLE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Temporary Spend	**Temporary Spend ('000s)** D Indicates the expenditure on premium temporary pay spend and monitors the reduction. **Exec Lead:** Melissa Swindell **Committee:** WOD	1145.38	R >960 A <=960 G <=800		Business Partners together with Finance Accountants and Ass COOs regularly review status in Divisions and advise on actions as appropriate. Monthly temporary staffing reviews also take place with the Director & Deputy Directors of HR & Finance.
Staff Turnover	**Staff Turnover** D Trust Target which is based on a rolling 12mth period **Exec Lead:** Melissa Swindell **Committee:** WOD	10.36 %	R >11 % A <=11 % G <=10 %		The Division of MEdicine had the hghest number of leavers again this month (15). A third of those leavers came form the Additional Clinical Services staff group and the same number left through voluntary resignation. Across the Trust, the highest number of leavers came from the Nursing staff group and accountecd for 30.5% of all leavers in September with the main reason being voluntary resignation.

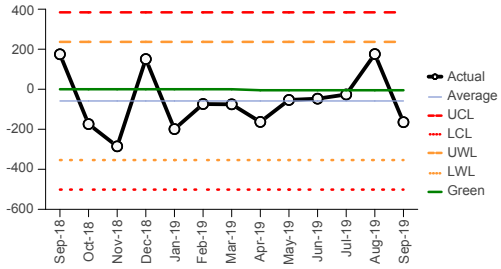
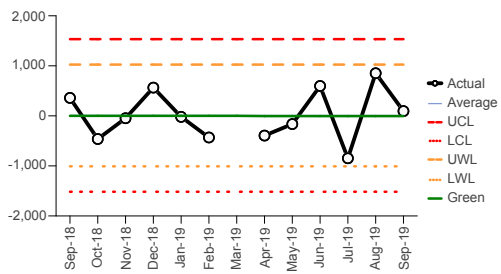
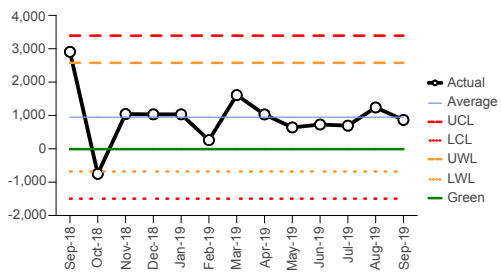
The Best People doing their best Work

16.1 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**CIP In Month Variance (£'000s)** W Variance from Sustainability plan (CIP). Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month. **Exec Lead:** John Grinnell **Committee:** RABD	-165	R <-20% A >=-20% G >=-5%		The CIP target for the year is £6m. The current forecast is £4.4m leaving a gap of £1.6m which needs to be closed asap.
Finance	**Control Total In Month Variance (£'000s)** W Variance from Control Total plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	94	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Capital Expenditure In Month Variance (£'000s)** W Variance from capital plan. Variation between months is usual and the threshold of + or - 5% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	865	R <-10% A >=-10% G >=-5%		No Action Required

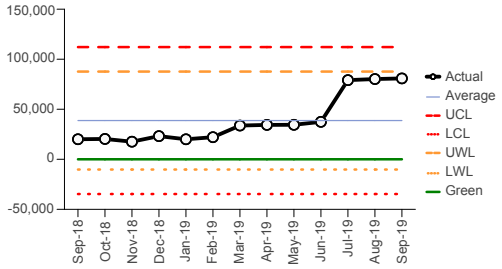
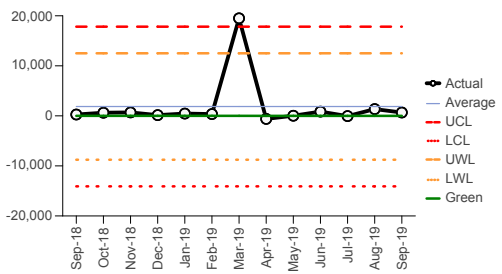
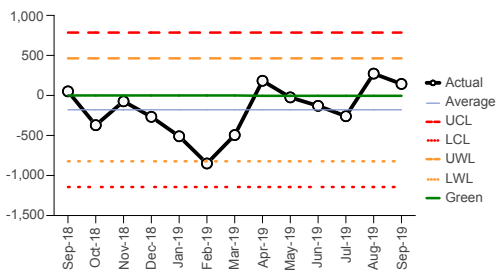
The Best People doing their best Work

16.2 - FINANCE - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

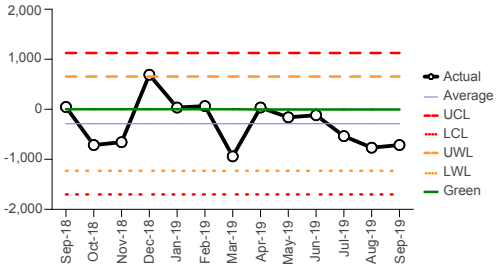
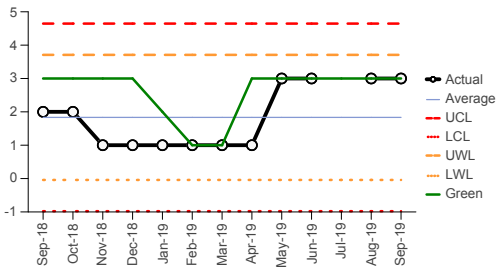
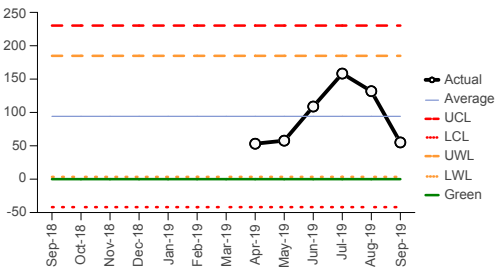
	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Cash in Bank (£'000s)** W Variance from Cash plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	80,807	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Income In Month Variance (£'000s)** W Variance from income plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	666	R <-20% A >=-20% G >=-5%		No Action Required
Finance	**Pay In Month Variance (£'000s)** W Variance from pay plan. Variation between months is usual and the threshold of -5% to -20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	143	R <-20% A >=-20% G >=-5%		No Action Required

The Best People doing their best Work

16.3 - FINANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

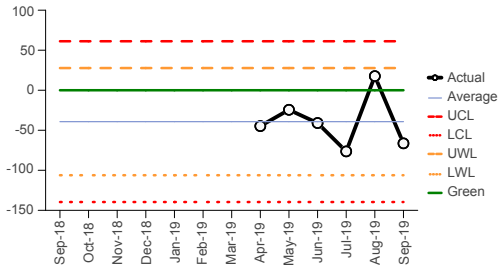
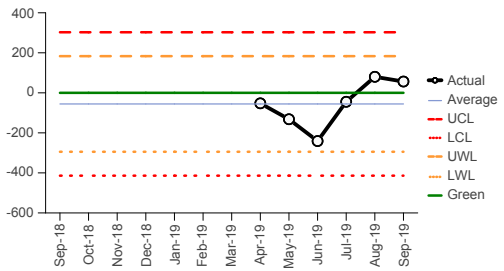
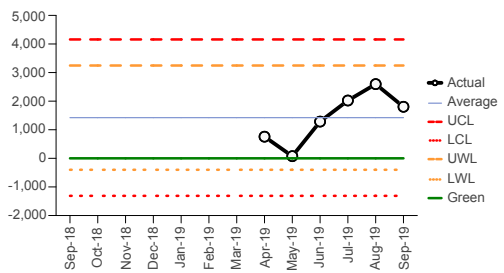
	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**Non Pay In Month Variance (£'000s)** W Variance from non pay plan. Variation between months is usual and the threshold of -5% to - 20% is viewed as reasonable to be rectified the following month **Exec Lead:** John Grinnell **Committee:** RABD	-715	R <-20% A >=-20% G >=-5%		Non Pay expenditure in the month exceeds budget by £0.7m. The main overspends are in energy costs and overspends in the clinical divisions relating to activity.
Finance	**NHSI Use of Resources** W NHSI Use of Resources Metric indicates financial sustainability of the Trust. This varies from 1 to 4 with 1 being the highest score possible and 4 being the lowest **Exec Lead:** John Grinnell **Committee:** RABD	3	R >3 A N/A G <=3		No Action Required
Finance	**AvP: IP - Non-Elective** W Actvity vs Forecast for Inpatient Non-Elective Activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	55.03	R <0 A N/A G >=0		No Action Required

The Best People doing their best Work

16.4 - FINANCE - WELL LED

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Finance	**AvP: IP Elective vs Plan** W Actvity vs Forecast for Inpatient Elective activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	-66.37	R <0 A N/A G >=0		The most significant in-month under performance was in sleep studies, which was under plan by 31 spells.
Finance	**AvP: Daycase Activity vs Plan** W Actvity vs Forecast for Daycase activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	56.42	R <0 A N/A G >=0		No Action Required
Finance	**AvP: Outpatient Activity vs Plan** W Actvity vs Forecast for Outpatient activity. The threshold is based on achieving plan or higher. **Exec Lead:** John Grinnell **Committee:** RABD	1803.00	R <0 A N/A G >=0		No Action Required

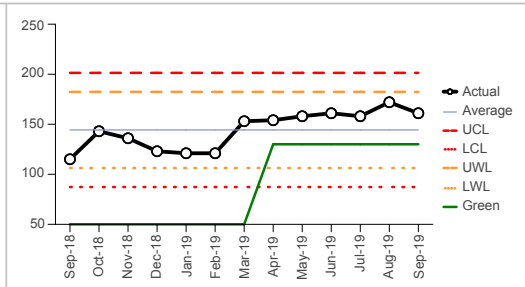
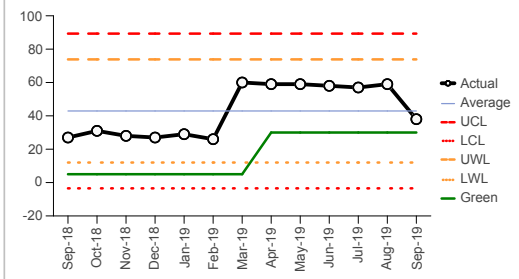
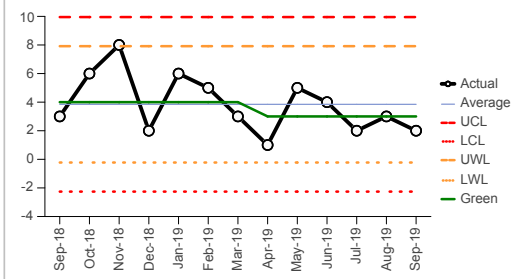
Game Changing Research & Innovation

17.1 - RESEARCH & DEVELOPMENT - WELL LED

GROW THE FUTURE

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of Open Studies - Academic** W Number of academic studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	161	R <111 A >=111 G >=130		No Action Required
Clinical Research	**Number of Open Studies - Commercial** W Number of commercial studies currently open. **Exec Lead:** Matthew Peak **Committee:** REIC	38	R <21 A >=21 G >=30		No Action Required
Clinical Research	**Number of New Studies Opened - Academic** W Number of new academic studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	2	R <2 A >=2 G >=3		We have over 20 academic studies in setup and expect the number of new studies to open will increase over the next few months. This should maintain our average of 3 new academic studies opening a month.

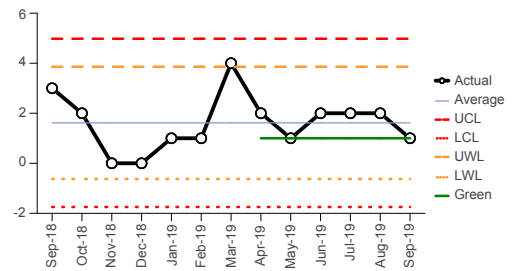
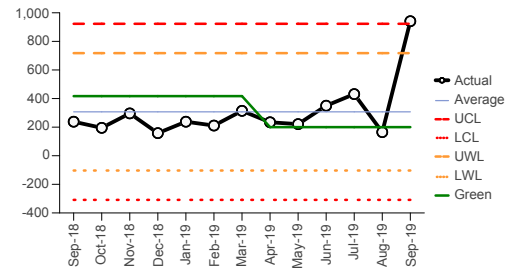
Game Changing Research & Innovation

17.2 - RESEARCH & DEVELOPMENT - WELL LED

Alder Hey Children's NHS Foundation Trust

GROW THE FUTURE

D Drive W Watch P Programme

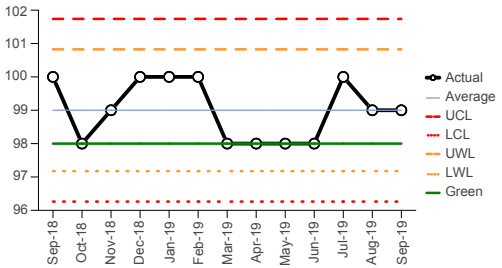
	Description	Performance	Threshold	Trend	Management Action (SMART)
Clinical Research	**Number of New Studies Opened - Commercial** W Number of new commercial studies opened in month. **Exec Lead:** Matthew Peak **Committee:** REIC	1	R <1 A N/A G >=1		No Action Required
Clinical Research	**Number of patients recruited** W Number of patients recruited to NIHR portfolio studies in month. **Exec Lead:** Matthew Peak **Committee:** REIC	941	R <171 A >=171 G >=200		No Action Required

Delivery of Outstanding Care

18.1 - FACILITIES - RESPONSIVE

Alder Hey Children's NHS Foundation Trust

D Drive W Watch P Programme

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

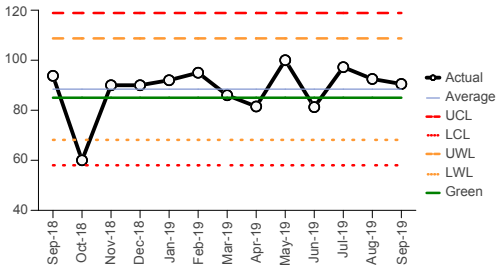
The Best People doing their best Work

19.1 - FACILITIES - WELL LED

BRILLIANT BASICS

Alder Hey Children's NHS
NHS Foundation Trust

D Drive W Watch P Programme

	Description	Performance	Threshold	Trend	Management Action (SMART)
Facilities	**Domestic Cleaning Audit Compliance** W Auditing for Domestic Services, esnure is to National Cleaning Standards. **Exec Lead:** Hilda Gwilliams/Nicki Murdoch **Committee:** CQAC	90.50 %	R <85 % A N/A G >=85 %		No Action Required

All Divisions

D Drive W Watch P Programme

SAFE

		COMMUNITY	MEDICINE	SURGERY	RAG		
Clinical Incidents resulting in Near Miss	D	5	22	32	No Threshold		
Clinical Incidents resulting in No Harm	D	50	67	133	No Threshold		
Clinical Incidents resulting in minor, non permanent harm	D	4	16	42	No Threshold		
Clinical Incidents resulting in moderate, semi permanent harm	D	0	0	0	No Threshold		
Clinical Incidents resulting in severe, permanent harm	D	0	0	1	0	N/A	>0
Clinical Incidents resulting in catastrophic, death	D	0	0	1	0	N/A	>0
Medication errors resulting in harm	D	1	0	1	No Threshold		
Pressure Ulcers (Category 3)	W	0	0	0	0	N/A	>0
Pressure Ulcers (Category 4)	W	0	0	0	0	N/A	>0
Never Events	W	0	0	0	0	N/A	>0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients	D P		80.0%	100.0%	>=90 %	N/A	<90 %
Hospital Acquired Organisms - MRSA (BSI)	D	0	0	0	0	N/A	>0
Hospital Acquired Organisms - C.difficile	D	0	0	0	0	N/A	>0
Hospital Acquired Organisms - MSSA	D	0	0	1	No Threshold		

CARING

		COMMUNITY	MEDICINE	SURGERY	RAG
Complaints	W	1	6	3	No Threshold
PALS	W	29	32	34	No Threshold

EFFECTIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
ED: 95% Treated within 4 Hours	D		88.9%		>=95 %	N/A	<95 %
On the day Elective Cancelled Operations for Non Clinical Reasons	D	0	2	17	No Threshold		
28 Day Breaches	W	0	0	1	0	N/A	>0

All Divisions

D Drive W Watch P Programme

RESPONSIVE

		COMMUNITY	MEDICINE	SURGERY	RAG		
IP Survey: % Received information enabling choices about their care	W		99.0%	97.1%	>=95 %	>=90 %	<90 %
IP Survey: % Treated with respect	W		99.0%	98.1%	100 %	>=95 %	<95 %
IP Survey: % Know their planned date of discharge	D P		89.0%	89.3%	>=90 %	>=85 %	<85 %
IP Survey: % Know who is in charge of their care	W		98.4%	98.4%	>=95 %	>=90 %	<90 %
IP Survey: % Patients involved in Play	D		93.8%	90.3%	>=90 %	>=85 %	<85 %
IP Survey: % Patients involved in Learning	D		92.1%	90.1%	>=90 %	>=85 %	<85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	70.8%	92.9%	94.5%	>=92 %	>=90 %	<90 %
Waiting List Size	W	1,112	3,195	8,519	No Threshold		
Waiting Greater than 52 weeks	W	0	0	0	0	N/A	>0
Diagnostics: % Completed Within 6 Weeks	W		99.7%	100.0%	>=99 %	N/A	<99 %

WELL LED

		COMMUNITY	MEDICINE	SURGERY	RAG		
Control Total In Month Variance (£'000s)	W	94	-10	531	No Threshold		
Income In Month Variance (£'000s)	W	43	-53	771	No Threshold		
Pay In Month Variance (£'000s)	W	52	128	-116	No Threshold		
Non Pay In Month Variance (£'000s)	W	-1	-86	-124	No Threshold		
AvP: IP - Non-Elective	W		3	52	>=0	N/A	<0
AvP: IP Elective vs Plan	W	0	-37	-29	>=0	N/A	<0
AvP: Daycase Activity vs Plan	W		36	18	>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W	309	112	474	>=0	N/A	<0
PDR	W	90.1%	87.8%	93.3%	>=90 %	>=80 %	<85 %
Medical Appraisal	W	99.7%	92.1%	83.5%	>=95 %	>=90 %	<90 %
Mandatory Training	W	92.9%	91.4%	90.6%	>=90 %	>=80 %	<80 %

All Divisions

D Drive W Watch P Programme

		COMMUNITY	MEDICINE	SURGERY	RAG		
Sickness	D	4.0%	4.8%	5.9%	<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.1%	1.4%	1.5%	<=1 %	N/A	>1 %
Long Term Sickness	D	2.9%	3.4%	4.4%	<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	143	300	613	No Threshold		
Staff Turnover	D	10.6%	11.2%	10.6%	<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	80.8%	102.9%	86.1%	>=90 %	>=80 %	<90 %

Medicine Division		
SAFE	Zero for the following: Clinical Incidents Resulting In Moderate, Semi permanent Harm; Clinical Incidents Resulting In Severe, Permanent Harm; Pressure Ulcers (Both Category 3 And 4); Never Events; Hospital-acquired Infections For MRSA and C Difficile.	**Highlight** ▪ Zero never events, category 3/4 pressure ulcers and hospital-acquired infections (MRSA, C. difficile) for over 12 months. **Challenges** ▪ Patients Treated for Sepsis within 60 Minutes was 80%- Variable trend – enhanced focus will be applied; collaboration with Digital team
CARING	6 complaints and 36 PALS responses.	**Highlight** ▪ Commendable Quality Assurance Ward Round for Speech and Language Therapy Team where waiting list has been reduced from 267 to 11 over the previous 18 months. **Challenges** ▪ Increased number of complaints.
EFFECTIVE	ED Standard continues to be a challenge. ED action plan in place, which along with recommendations from the following will bring about sustainable positive change: workforce plan; enhanced ways of working; redirecting of appropriate patients to primary care. Cancelled Operations remains low (2). Seventh consecutive month with zero 28 Day Breaches. Clinical Utilisation improved from previous month.	**Highlight** ▪ Was Not Brought rate reduced down to 11.7% (lowest for three months). ▪ Scanning outsourcing started at the end of the month. **Challenges** ▪ IG remains a challenge ▪ Medical workforce poor on some mandatory training metrics.
RESPONSIVE	Turnaround times consistently good in many areas (especially Pathology) though concern over MRI, CT.	**Highlight** ▪ 10th consecutive month to achieve RTT target though acknowledge that some areas still require focus. ▪ Diagnostic target consistently achieved for over 12 months. ▪ Following focused attention, improvement in percentage of patients 'knowing their planned date of discharge'. **Challenges** ▪ Consistent underachievement of MR and CT radiology targets.
WELL LED	87.8% completion of PDRs (and increasing). Mandatory training is above 90% for fourth consecutive month. Staff turnover less than 10% for the ninth consecutive month.	**Highlight** ▪ Outpatient and Daycase activity against plan significantly above target for second consecutive month. **Challenges** ▪ Sickness increased for all three indicators. ▪ Staff turnover increased to 11.1%.

Medicine

D Drive W Watch P Programme

SAFE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Medication Errors (Incidents)	30	45	45	27	29	32	35	46	40	23	33	32	20		No Threshold
Cleanliness Scores	97.6%	96.3%	95.7%	95.6%	96.8%	96.8%	98.3%	97.7%	97.8%	91.8%	96.5%	98.4%	98.2%		>=90 % >=80 % <80 %
Clinical Incidents resulting in Near Miss (D)	30	31	25	19	17	31	29	17	27	20	32	13	22		No Threshold
Clinical Incidents resulting in No Harm (D)	76	110	92	57	79	82	74	94	84	75	103	74	67		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	27	15	22	14	27	15	30	31	28	23	23	11	16		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	2	0	0	0	0	0	0	0	0	0	0	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	0	0	0	0	1	1	0	0	0	1	0	0	0		0 N/A >0
Medication errors resulting in harm (D)	2	1	3	0	0	2	1	4	3	0	1	0	0		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Acute readmissions of patients with long term conditions within 28 days	2	4	6	3	3	3	2	2	3	3	4	4	1		No Threshold
Never Events (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients (D P)	83.3%	80.0%	100.0%	83.3%	77.8%		60.0%	100.0%	33.3%	100.0%	80.0%	100.0%	80.0%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI) (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - CLABSI	1	2	0	2	2	6	1	0	0	2	1	1	2		No Threshold
Hospital Acquired Organisms - MSSA (D)	0	0	0	0	0	0	1	0	0	0	0	1	0		No Threshold
Pharmacy - ASU (Aseptic Service Unit) Environmental Monitoring to include ranking within the region.								100	100	100	100	100	100		No Threshold
Pharmacy - NPP (Near Patient Pharmacy) Medicines Reconciliation, percentage completed.								65.6%	55.0%	55.0%	58.9%	58.9%	58.9%		No Threshold
Pharmacy - Dispensing for Out Patients - Routine	50.0%	58.0%	55.0%	41.0%	50.0%	63.0%	62.0%	63.0%	54.0%	63.0%	52.5%	52.5%	62.0%		>=90 % >=80 % <90 %
Pharmacy - Dispensing for Out Patients - Complex	86.0%	86.0%	94.0%	89.0%	91.0%	67.0%	95.0%	60.0%	75.0%	100.0%	87.5%	87.5%	63.0%		>=90 % >=80 % <90 %

CARING

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Complaints (W)	6	6	1	4	3	2	3	2	1	2	2	3	6		No Threshold
PALS (W)	21	34	19	21	41	33	20	25	26	37	37	28	32		No Threshold

EFFECTIVE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Referrals Received (Total)	1,680	2,087	1,985	1,754	2,037	1,938	2,184	2,020	2,116	1,961	2,193	1,696	1,745		No Threshold
ED: 95% Treated within 4 Hours (D)	93.7%	90.9%	93.8%	95.3%	92.1%	90.6%	95.6%	93.6%	91.3%	89.4%	91.8%	94.7%	88.9%		>=95 % N/A <95 %
Theatre Utilisation - % of Session Utilised (W)	84.8%	80.4%	80.9%	86.7%	84.5%	83.8%	82.4%	81.8%	83.3%	82.4%	83.6%	84.4%	80.3%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons (D)	0	2	4	0	4	2	0	1	1	1	2	5	2		No Threshold
28 Day Breaches (W)	0	0	1	0	0	1	0	0	0	0	0	0	0		0 N/A >0
Clinic Session Utilisation (D P)	84.6%	83.7%	86.6%	83.0%	82.2%	87.6%	87.9%	86.3%	85.9%	85.4%	86.3%	82.2%	86.1%		>=90 % >=80 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice	27	37	36	29	29	58	32	64	62	62	40	43	39		No Threshold

Medicine

D Drive W Watch P Programme

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
OP Appointments Cancelled by Hospital %	14.6%	15.2%	15.0%	16.3%	16.0%	16.1%	14.3%	18.4%	19.4%	17.5%	16.0%	17.7%	14.2%		<=5 % <=10 % >10 %
Was Not Brought Rate W P	13.2%	13.3%	11.9%	14.2%	12.6%	12.9%	10.5%	12.2%	12.2%	11.5%	12.8%	14.4%	11.5%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts) W	16.0%	14.4%	13.7%	16.8%	14.5%	14.1%	11.0%	14.2%	14.5%	10.5%	14.0%	15.4%	11.6%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) W	12.1%	12.9%	11.2%	13.3%	11.9%	12.5%	10.3%	11.5%	11.4%	11.9%	12.3%	14.0%	11.4%		<=14 % <=16 % >16 %
Coding average comorbidities	3.48	3.56	3.50	3.75	3.75	4.00	3.92	4.38	4.37	4.40	4.49	4.66	4.37		No Threshold

RESPONSIVE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Convenience and Choice: Slot Availability	100.0%	99.4%	92.1%	91.4%	91.5%	87.5%	78.0%	63.1%	66.8%	64.5%	64.7%	72.9%	74.9%		>=96 % N/A <96 %
IP Survey: % Received information enabling choices about their care W	93.1%	95.1%	94.1%	94.1%	93.3%	89.7%	94.2%	98.6%	94.8%	97.9%	97.4%	95.4%	99.0%		>=95 % >=90 % <90 %
IP Survey: % Treated with respect W	99.2%	99.5%	100.0%	100.0%	100.0%	100.0%	99.4%	99.3%	98.6%	97.9%	99.5%	97.0%	99.0%		100 % >=95 % <95 %
IP Survey: % Know their planned date of discharge D P	45.4%	56.7%	60.8%	55.9%	68.7%	75.0%	76.0%	85.0%	82.1%	82.8%	84.1%	83.8%	89.0%		>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care W	94.6%	91.6%	88.2%	91.2%	98.5%	92.2%	92.9%	98.6%	91.5%	95.8%	88.4%	97.0%	98.4%		>=95 % >=90 % <90 %
IP Survey: % Patients involved in Play D										92.7%	94.7%	94.4%	93.8%		>=90 % >=85 % <85 %
IP Survey: % Patients involved in Learning D										69.4%	86.2%	75.1%	92.1%		>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks W	91.1%	89.9%	91.5%	92.7%	92.9%	92.5%	93.9%	94.6%	94.3%	94.7%	94.3%	93.5%	92.9%		>=92 % >=90 % <90 %
Waiting List Size W	3,210	3,199	3,365	3,295	3,686	3,398	3,355	3,434	3,771	3,565	3,762	3,501	3,195		No Threshold
Waiting Greater than 52 weeks W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Waiting Times - 40 weeks and above	18	15	6	13	18	22	15	7	5	5	7	11	9		No Threshold
Diagnostics: % Completed Within 6 Weeks W	99.8%	99.8%	99.3%	100.0%	99.7%	100.0%	99.6%	100.0%	100.0%	100.0%	99.8%	100.0%	99.7%		>=99 % N/A <99 %
Pathology - % Turnaround times for urgent requests < 1 hr	92.0%	90.3%	89.3%	89.5%	89.9%	89.4%	90.8%	92.4%	91.0%	92.7%	93.4%	90.8%	91.7%		>=90 % >=85 % <90 %
Pathology - % Turnaround times for non-urgent requests < 24hrs	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%		>=90 % >=85 % <90 %
Imaging - % Report Turnaround times GP referrals < 24 hrs	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	100.0%	100.0%		>=95 % >=90 % <95 %
Imaging - % Reporting Turnaround Times - ED	85.0%	94.0%	78.0%	83.0%	93.0%	88.0%	92.0%	75.0%	83.0%	94.0%	86.0%	96.0%	94.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Inpatients	91.0%	87.0%	75.0%	80.0%	88.0%	82.0%	86.0%	84.0%	84.0%	88.0%	92.0%	82.0%	87.0%		>=90 % >=85 % <90 %
Imaging - % Reporting Turnaround Times - Outpatients	95.0%	98.0%	85.0%	87.0%	82.0%	92.0%	85.0%	88.0%	86.0%	96.0%	92.0%	93.0%	94.0%		>=85 % N/A <85 %
Imaging - Waiting Times - MRI % under 6 weeks	66.0%	77.0%	66.0%	71.0%	69.0%	78.0%	66.0%	67.0%	64.0%	63.0%	73.0%	78.0%	76.0%		>=95 % >=90 % <95 %
Imaging - Waiting Times - CT % under 1 week	85.0%	85.0%	89.0%	73.0%	89.0%	82.0%	89.0%	81.0%	82.0%	85.0%	87.0%	88.0%	84.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Plain Film % under 24 hours	93.0%	91.0%	91.0%	91.0%	92.0%	91.0%	92.0%	91.0%	92.0%	92.0%	92.0%	91.0%	92.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Ultrasound % under 2 weeks	87.0%	82.0%	90.0%	88.0%	84.0%	86.0%	81.0%	85.0%	78.0%	90.0%	86.0%	89.0%	88.0%		>=90 % >=85 % <90 %
Imaging - Waiting Times - Nuclear Medicine % under 2 weeks	100.0%	88.0%	100.0%	100.0%	92.0%	88.0%	81.0%	100.0%	60.0%	78.0%	68.0%	68.0%	100.0%		>=95 % >=90 % <95 %

WELL LED

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s) W	205	-120	20	71	-436	-245		-147	-298	-219	-310	955	-10		No Threshold
Income In Month Variance (£'000s) W	545	116	581	25	50	418	416	-225	-298	86	79	676	-53		No Threshold
Pay In Month Variance (£'000s) W	-54	-89	-37	-126	-212	-219	-247	-53	100	37	-79	291	128		No Threshold
AvP: IP - Non-Elective W								17	20	89	111	67	3		>=0 N/A <0
AvP: IP Elective vs Plan W								-30	-26	-30	-56	-1	-37		>=0 N/A <0
AvP: OP New								95.61	-101.66	98.67	142.21	288.45	199.52		>=0 N/A <0

Medicine

D Drive W Watch P Programme

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG		
AvP: OP FollowUp									-274.82	-480.12	-331.98	-190.73	-34.19	-87.57		>=0	N/A	<0
AvP: Daycase Activity vs Plan	W								-6	-119	-154	-65	100	36		>=0	N/A	<0
AvP: Outpatient Activity vs Plan	W								-179	-582	-233	-49	254	112		>=0	N/A	<0
PDR	W	88.6%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	2.8%	14.1%	37.4%	83.8%	87.8%	87.8%		>=90 %	>=85 %	<85 %
Medical Appraisal	W									100.0%	95.5%	98.4%	96.2%	92.1%		>=95 %	>=90 %	<90 %
Mandatory Training	W	87.6%	89.4%	90.4%	90.0%	91.0%	90.1%	90.7%	90.7%	89.7%	92.0%	91.2%	91.9%	91.4%		>=90 %	>=85 %	<80 %
Sickness	D	4.6%	4.6%	4.7%	5.1%	4.7%	4.5%	4.9%	4.4%	4.6%	4.4%	5.1%	4.7%	4.8%		<=4 %	<=4.5 %	>4.5 %
Short Term Sickness	D	1.7%	1.7%	1.8%	1.7%	1.9%	1.9%	2.0%	1.6%	1.4%	1.1%	1.6%	1.2%	1.4%		<=1 %	N/A	>1 %
Long Term Sickness	D	2.8%	2.8%	3.0%	3.4%	2.8%	2.6%	2.9%	2.8%	3.1%	3.3%	3.5%	3.5%	3.4%		<=3 %	N/A	>3 %
Temporary Spend ('000s)	D	201	189	242	175	219	297	326	270	271	263	247	282	300		No Threshold		
Staff Turnover	D	10.4%	10.0%	9.5%	8.4%	8.3%	8.1%	8.8%	8.6%	9.0%	9.4%	9.5%	10.5%	11.2%		<=10 %	<=11 %	>11 %
Safer Staffing (Shift Fill Rate)	W	98.0%	95.5%	97.5%	97.2%	96.0%	97.0%	103.2%	100.2%	101.0%	97.5%	97.8%	98.8%	102.9%		>=90 %	>=85 %	<90 %

Alder Hey Children's NHS
NHS Foundation Trust

Surgery

D Drive W Watch P Programme

SAFE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Medication Errors (Incidents)	49	38	43	35	39	38	42	42	56	48	32	43	24		No Threshold
Cleanliness Scores	94.9%	82.4%	95.2%	98.0%	97.3%	97.2%	98.0%	98.2%	97.7%		97.0%	96.8%	97.5%		>=90 % >=80 % <80 %
Clinical Incidents resulting in Near Miss (D)	34	33	42	30	31	38	35	29	32	26	62	32	32		No Threshold
Clinical Incidents resulting in No Harm (D)	151	129	135	101	141	102	141	143	138	170	137	133	133		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	47	61	57	43	40	49	57	46	70	40	36	53	42		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	0	0	0	0	2	1	0	0	0	1	2	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	1		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	0	0	0	0	0	1	0	0	0	0	0	0	1		0 N/A >0
Medication errors resulting in harm (D)	2	0	3	2	2	2	1	2	0	3	1	1	1		No Threshold
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	0	0	1	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Never Events (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Sepsis: Patients treated for Sepsis within 60 mins - Inpatients (D P)	71.4%	68.0%	63.6%	66.7%	62.5%		90.9%	75.0%	75.0%	100.0%	75.0%	100.0%	100.0%		>=90 % >=80 % <90 %
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	0	0	1	0	0	0		0 N/A >0
Hospital Acquired Organisms - MRSA (BSI) (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - C.difficile (D)	0	0	0	0	0	0	1	0	0	0	0	0	0		0 N/A >0
Hospital Acquired Organisms - MSSA (D)	1	2	0	1	1	0	3	1	1	0	0	0	1		No Threshold

CARING

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Complaints (W)	1	1	1	0	1	2	3	0	0	1	6	1	3		No Threshold
PALS (W)	27	27	27	16	27	17	16	23	22	17	22	10	34		No Threshold

EFFECTIVE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Readmissions to PICU within 48 hrs (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		No Threshold
Referrals Received (Total)	3,243	3,678	3,810	2,844	3,667	3,793	4,014	3,730	4,062	3,744	4,125	3,267	3,516		No Threshold
Theatre Utilisation - % of Session Utilised (W)	86.9%	87.4%	88.2%	85.6%	89.4%	89.5%	90.6%	90.0%	90.0%	88.6%	89.8%	90.7%	87.9%		>=90 % >=80 % <80 %
On the day Elective Cancelled Operations for Non Clinical Reasons (D)	12	26	34	21	7	8	11	8	23	14	35	30	17		No Threshold
28 Day Breaches (W)	1	0	5	6	4	0	1	0	0	1	2	0	1		0 N/A >0
Clinic Session Utilisation (D P)	83.5%	82.8%	83.9%	82.2%	83.6%	84.9%	88.3%	87.7%	87.3%	87.0%	89.0%	87.0%	86.2%		>=90 % >=80 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice	44	34	37	48	55	74	58	53	41	40	43	37	29		No Threshold
OP Appointments Cancelled by Hospital %	14.5%	13.7%	12.9%	13.5%	14.3%	14.6%	14.0%	13.8%	13.3%	13.2%	12.3%	12.5%	12.5%		<=5 % <=10 % >10 %
Was Not Brought Rate (W P)	10.7%	11.8%	11.4%	13.4%	13.0%	12.0%	10.8%	12.1%	11.4%	9.8%	9.9%	10.9%	10.4%		<=12 % <=14 % >14 %
Was Not Brought Rate (New Appts) (W)	12.4%	11.7%	12.3%	15.4%	12.7%	12.1%	11.2%	11.7%	11.2%	10.9%	10.5%	12.2%	10.5%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) (W)	10.0%	11.9%	11.0%	12.5%	13.2%	11.9%	10.6%	12.2%	11.4%	9.4%	9.6%	10.4%	10.4%		<=14 % <=16 % >16 %
Coding average comorbidities	3.75	3.70	3.56	3.99	3.96	4.12	3.92	4.08	4.24	4.15	4.12	4.22	3.97		No Threshold
CCAD Cases	33	38	30	31	33	39	42	30	36	31	43	34	37		No Threshold

Surgery

D Drive W Watch P Programme

RESPONSIVE

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Convenience and Choice: Slot Availability		93.6%	86.3%	88.3%	80.4%	82.6%	90.6%	87.0%	80.0%	76.5%	90.0%	89.7%	82.0%	90.5%		>=96 % N/A <96 %
IP Survey: % Received information enabling choices about their care	W	98.0%	97.3%	95.6%	98.5%	97.7%	98.3%	96.8%	98.0%	97.9%	97.2%	97.7%	95.9%	97.1%		>=95 % >=90 % <90 %
IP Survey: % Treated with respect	W	99.6%	99.7%	100.0%	99.3%	100.0%	98.9%	99.5%	99.3%	99.3%	98.3%	99.0%	97.8%	98.1%		100 % >=95 % <95 %
IP Survey: % Know their planned date of discharge	D P	60.6%	62.7%	73.2%	62.0%	81.3%	87.8%	83.8%	92.4%	85.6%	91.3%	90.1%	89.0%	89.3%		>=90 % >=85 % <85 %
IP Survey: % Know who is in charge of their care	W	95.1%	92.5%	94.3%	93.4%	95.0%	95.6%	93.7%	100.0%	89.7%	96.5%	92.4%	98.6%	98.4%		>=95 % >=90 % <90 %
IP Survey: % Patients involved in Play	D										93.8%	94.4%	95.9%	90.3%		>=90 % >=85 % <85 %
IP Survey: % Patients involved in Learning	D										72.1%	68.9%	70.4%	90.1%		>=90 % >=85 % <85 %
RTT: Open Pathway: % Waiting within 18 Weeks	W	93.1%	93.6%	94.1%	93.7%	93.1%	94.0%	94.0%	93.6%	94.0%	94.0%	93.8%	94.1%	94.5%		>=92 % >=90 % <90 %
Waiting List Size	W	8,704	8,650	8,400	8,320	7,923	8,221	8,129	8,165	7,712	7,939	7,765	8,266	8,519		No Threshold
Waiting Greater than 52 weeks	W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Diagnostics: % Completed Within 6 Weeks	W	100.0%	100.0%	100.0%	100.0%	100.0%	89.5%	92.3%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%		>=99 % N/A <99 %

WELL LED

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s)	W	-320	-25	-209	-253	-240	-470		-405	-63	282	-525	455	531		No Threshold
Income In Month Variance (£'000s)	W	-285	449	131	47	-56	208	364	-372	159	370	53	775	771		No Threshold
Pay In Month Variance (£'000s)	W	-69	-209	57	-2	-30	-407	-274	23	-7	-34	-165	-117	-116		No Threshold
AvP: IP - Non-Elective	W								36	37	20	48	65	52		>=0 N/A <0
AvP: IP Elective vs Plan	W								-15	2	-10	-22	18	-29		>=0 N/A <0
AvP: OP New									-67.91	-239.93	-281.00	-119.28	186.93	-179.26		>=0 N/A <0
AvP: OP FollowUp									434.69	139.90	766.71	761.55	1,096.07	652.96		>=0 N/A <0
AvP: Daycase Activity vs Plan	W								-46	-14	-87	17	-22	18		>=0 N/A <0
AvP: Outpatient Activity vs Plan	W								367	-100	486	642	1,283	474		>=0 N/A <0
PDR	W	90.7%	90.0%	90.0%	90.0%	90.0%	96.6%	96.6%	11.6%	42.7%	74.4%	93.8%	93.3%	93.3%		>=90 % >=85 % <85 %
Medical Appraisal	W									100.0%	95.5%	98.4%	95.2%	83.5%		>=95 % >=90 % <90 %
Mandatory Training	W	87.8%	88.6%	87.8%	88.0%	90.0%	88.4%	89.4%	88.8%	87.3%	88.6%	89.3%	90.3%	90.6%		>=90 % >=85 % <80 %
Sickness	D	6.0%	6.5%	6.0%	6.4%	6.2%	6.4%	5.2%	5.2%	6.2%	6.6%	6.4%	5.6%	5.9%		<=4 % <=4.5 % >4.5 %
Short Term Sickness	D	1.3%	1.7%	1.6%	1.9%	2.1%	2.0%	1.6%	1.5%	1.7%	1.6%	1.6%	1.1%	1.5%		<=1 % N/A >1 %
Long Term Sickness	D	4.7%	4.8%	4.4%	4.5%	4.1%	4.4%	3.6%	3.7%	4.5%	5.0%	4.8%	4.6%	4.4%		<=3 % N/A >3 %
Temporary Spend ('000s)	D	374	529	485	484	474	564	591	515	505	461	527	513	613		No Threshold
Staff Turnover	D	10.8%	10.7%	10.6%	9.8%	9.7%	9.9%	10.3%	10.5%	11.0%	11.4%	10.0%	10.7%	10.6%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate)	W	88.6%	91.3%	93.6%	91.9%	93.3%	89.3%	89.4%	91.9%	91.0%	89.1%	89.4%	92.5%	86.1%		>=90 % >=85 % <90 %

Community & Mental Health Division (September 2019)

SAFE	Divisional quality assurance event took place in September with each service presenting an overview of risk and governance for their service to the divisional leadership team and other service leads.	**Highlight** • Zero Never Events • Zero Grade 3 and above pressure ulcers **Challenges** • Process for scanning of records across community services is variable and is a priority for the division to address
CARING	The Forum @ Alder Hey linked to Liverpool City Region partnership board regarding engagement with young people. Joint partnership bid submitted with The Reader for national charity funding to support Young People to be "Reading Revolutionaries"	**Highlight** • Family & Friends score for Community and Outpatients remain high (above 90%) **Challenges** • Sustained improvements in Family & Friends scores for Mental Health (above 90%)
EFFECTIVE	Community Dietetics Service fully staffed following recruitment to a number of new posts. The service is now able to develop new pathways to support children across Liverpool and Sefton with a range of nutritional needs	**Highlight** • PDR rates across the division remain above 90%. • Additional 2 staff members completed non-medical prescribing course **Challenges** • Increases in Was Not Brought rates for follow up appointments
RESPONSIVE	Significant reduction in SALT waiting times in Sefton following increase in workforce. Planned trajectory to achieve a maximum 18 weeks by 31March 2020 agreed with CCGs.	**Highlight** • Additional ASD assessments commenced by a third part provider following successful tender process to support reduction in waiting times • Comprehensive DNC validation commenced in Community Paediatrics with a plan to complete this by 30 November 2019 **Challenges** • CAMHS waiting times – significant recruitment and waiting list validation underway. • Recruitment team challenges impacting on divisional recruitment plans.
	Successful Children and Young Peoples Mental Health	**Highlight** • Sickness continues to reduce in month to 3.8% • Mandatory training at 92.9%

WELL LED	Deep Dive meeting with NHS England and Mental Health SCN. Alder Hey futures event held in Sefton with over 50 community staff in attendance.	**Challenges** • Access to mandatory training within community based locations

Alder Hey Children's NHS
NHS Foundation Trust

Community

D Drive W Watch P Programme

SAFE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Medication Errors (Incidents)	7	8	5	4	10	9	5	10	6	3	5	4	10		No Threshold
Cleanliness Scores	94.0%	98.0%			100.0%					99.5%			98.9%		>=90 % >=80 % <80 %
Clinical Incidents resulting in Near Miss (D)	4	4	5	4	3	3	4	4	9	6	4	5	5		No Threshold
Clinical Incidents resulting in No Harm (D)	38	40	27	27	35	30	33	27	31	21	32	29	50		No Threshold
Clinical Incidents resulting in minor, non permanent harm (D)	4	1	1	2	1	2	4	1	0	3	4	1	4		No Threshold
Clinical Incidents resulting in moderate, semi permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		No Threshold
Clinical Incidents resulting in severe, permanent harm (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Clinical Incidents resulting in catastrophic, death (D)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 3) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 4) (W)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
Pressure Ulcers (Category 3 and above)	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
CCNS: Advanced Care Plan for children with life limiting condition	0										8				No Threshold
CCNS: Supported early discharges from hospital care	0														No Threshold
CCNS: Prescriptions	0														No Threshold

CARING

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Complaints (W)	3	2	2	1	1	4	5	4	4	1	3	2	1		No Threshold
PALS (W)	43	36	40	11	35	27	31	30	30	34	31	21	29		No Threshold

EFFECTIVE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Referrals Received (Total)	695	981	1,066	770	908	970	1,084	897	1,030	898	982	590	784		No Threshold
Clinic Session Utilisation (D P)	80.6%	82.5%	81.6%	77.9%	79.0%	81.0%	87.2%	83.4%	83.4%	83.3%	82.8%	82.6%	80.4%		>=90 % >=85 % <85 %
Hospital Initiated Clinic Cancellations < 6 weeks notice	39	42	21	8	8	18	16	20	14	14	8	7	14		No Threshold
OP Appointments Cancelled by Hospital %	24.4%	19.0%	24.2%	25.6%	20.0%	23.5%	24.8%	22.2%	18.6%	21.2%	18.4%	12.8%	14.8%		<=5 % <=10 % >10 %
Was Not Brought Rate (New Appts) (W)	12.8%	13.6%	13.0%	13.9%	17.6%	13.6%	12.5%	14.3%	15.8%	13.2%	15.0%	12.6%	13.4%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) (W)	21.5%	17.8%	22.0%	22.2%	20.7%	18.5%	16.6%	20.0%	18.7%	19.1%	19.1%	20.5%	21.7%		<=14 % <=16 % >16 %
CAMHS: % Patient Active Caseloads With 2 Or More Contacts								19.1%	30.9%	37.3%	42.7%	45.5%	48.4%		No Threshold
Was Not Brought Rate (New Appts) - Community Paediatrics	18.6%	18.1%	17.7%	17.5%	21.8%	18.6%	17.1%	16.5%	21.3%	15.8%	19.7%	14.1%	18.1%		<=10 % <=12 % >12 %
Was Not Brought Rate (Followup Appts) - Community Paediatrics	12.2%	10.2%	14.6%	12.9%	13.4%	12.0%	7.7%	14.4%	11.6%	12.5%	10.5%	11.8%	14.4%		<=14 % <=16 % >16 %
CAMHS: % CHOICE Was Not Brought Rate															No Threshold
CAMHS: % All Other Was Not Brought Rate															No Threshold
CAMHS: Tier 4 DJU % Bed Occupancy At Midday	99.0%	93.5%	104.3%	100.0%	95.9%	88.8%	118.9%	115.7%	100.0%	91.4%	98.2%	86.2%	84.8%		No Threshold
CAMHS: Tier 4 DJU Bed Days	207	203	220	217	207	173	237	212	202	161	182	155	148		No Threshold
Coding average comorbidities	4.00	2.00	2.67		2.00	1.50	6.00	4.00	2.50	3.00	3.00	5.50	5.00		No Threshold
CCNS: Number of commissioned packages	0														No Threshold

Community

D Drive W Watch P Programme

RESPONSIVE

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
CAMHS: Tier 4 Admissions To DJU	1	2	2			2	2			2	1				No Threshold
CAMHS: Referrals Received	262	370	410	297	332	351	402	325	345	309	327	185	287		No Threshold
CAMHS: Referrals Accepted By The Service	165	242	267	183	203	210	232	190	218	172	176	125	160		No Threshold
CAMHS: % Referrals Accepted By The Service	63.0%	65.4%	65.1%	61.6%	61.1%	59.8%	57.7%	58.5%	63.2%	55.7%	53.8%	67.6%	55.7%		No Threshold
Community Therapies Waiting Times - Maximum Weeks Waiting	45	45	46	50	50	51	54	102	106	110	115	110	51		No Threshold
Community Therapies Waiting Times - 92nd Percentile	86	54	56	102	102	58	107	120	77	75	110	72	74		No Threshold
Convenience and Choice: Slot Availability	100.0%	100.0%	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		>=96 % N/A <96 %
RTT: Open Pathway: % Waiting within 18 Weeks W	87.3%	87.1%	78.8%	78.3%	82.7%	78.3%	74.2%	75.2%	74.9%	73.9%	76.4%	71.6%	70.8%		>=92 % >=90 % <90 %
Waiting List Size W	970	1,112	1,169	1,162	1,263	1,269	1,262	1,272	1,393	1,339	1,356	1,107	1,112		No Threshold
Waiting Greater than 52 weeks W	0	0	0	0	0	0	0	0	0	0	0	0	0		0 N/A >0
CAMHS: Crisis / Duty Call Activity	274	393	445	277	325	343	424	343	337	343	315	266	294		No Threshold
ASD: Completed Pathways	72	63	43	25	63	64	73	68	62	84	42	68	69		No Threshold
ASD: Completed Pathway Compliance (% within 18wks)	63.9%	69.8%	65.1%	48.0%	36.5%	37.5%	57.5%	63.2%	29.0%	25.0%	14.3%	26.5%	31.9%		No Threshold
EDYS: Routine Completed Pathways per Month (Seen in 4 wks) (as %) P		100.0%	80.0%	100.0%	100.0%	100.0%	90.0%	100.0%	75.0%	75.0%	57.1%	71.4%	33.3%		No Threshold
EDYS: Urgent Completed Pathways per Month (Seen in 1 wk) (as %) P		100.0%			100.0%			100.0%	0.0%		66.7%				No Threshold
CAMHS: URGENT Choice 2wk Completed Wait within 92%			0.0%	0.0%	0.0%	44.4%	63.6%	18.8%	0.0%	36.4%	81.2%	0.0%	41.7%		No Threshold
CAMHS: URGENT First Partnership 4wk Completed Wait within 92%					50.0%	52.6%	7.1%	33.3%	9.5%	35.0%	36.4%	28.6%	35.7%		No Threshold
CAMHS: ROUTINE Choice 6wk Completed Wait within 92%	20.5%	33.3%	21.9%	28.6%	5.6%	8.0%	9.4%	10.7%	14.3%	13.0%	13.6%	6.1%	17.1%		No Threshold
CAMHS: ROUTINE First Partnership 12wks Completed Wait within 92%					0.0%	5.9%	5.0%	22.2%	4.8%	5.3%	9.1%	2.9%	4.2%		No Threshold

WELL LED

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Last 12 Months	RAG
Control Total In Month Variance (£'000s) W	59	60	-65	115	-32	16		-59	71	-8	-11	17	94		No Threshold
Income In Month Variance (£'000s) W	53	43	21	265	87	61	336	-111	177	36	-47	57	43		No Threshold
Pay In Month Variance (£'000s) W	69	19	-15	-2	-151	-56	-304	183	-71	-64	2	-4	52		No Threshold
AvP: OP New								-1.48	-8.08	-2.63	33.14	-0.08	117.22		>=0 N/A <0
AvP: OP FollowUp								-11.87	58.99	327.17	254.03	107.10	192.13		>=0 N/A <0
AvP: Outpatient Activity vs Plan W								-13	51	325	287	107	309		>=0 N/A <0
PDR W	87.9%	93.0%	93.0%	93.0%	93.7%	93.7%	93.7%	1.4%	10.8%	48.6%	87.1%	90.1%	90.1%		>=90 % >=85 % <85 %
Medical Appraisal W									100.0%	95.5%		99.7%	99.7%		>=95 % >=90 % <90 %
Mandatory Training W	91.2%	92.5%	91.4%	90.9%	88.3%	89.2%	90.3%	92.2%	89.2%	90.2%	92.0%	93.2%	92.9%		>=90 % >=85 % <80 %
Sickness D	5.7%	5.4%	6.6%	7.6%	7.9%	7.5%	7.4%	6.7%	6.4%	4.9%	4.3%	4.2%	4.0%		<=4 % <=4.5 % >4.5 %
Short Term Sickness D	1.5%	1.3%	1.8%	1.6%	1.7%	1.5%	1.8%	1.5%	1.6%	1.2%	0.9%	0.8%	1.1%		<=1 % N/A >1 %
Long Term Sickness D	4.2%	4.1%	4.8%	6.0%	6.2%	6.0%	5.6%	5.3%	4.8%	3.7%	3.4%	3.4%	2.9%		<=3 % N/A >3 %
Temporary Spend ('000s) D	135	159	169	144	179	106	367	198	226	96	158	122	143		No Threshold
Staff Turnover D	12.5%	12.5%	12.8%	12.9%	12.2%	11.9%	12.8%	11.8%	11.7%	9.9%	10.1%	10.2%	10.6%		<=10 % <=11 % >11 %
Safer Staffing (Shift Fill Rate) W	105.0%	98.0%	99.0%	99.0%	97.0%	100.0%	106.0%	100.0%	102.0%	97.0%	87.0%	87.3%	80.8%		>=90 % >=85 % <90 %

NHS
Alder Hey Children's
NHS Foundation Trust

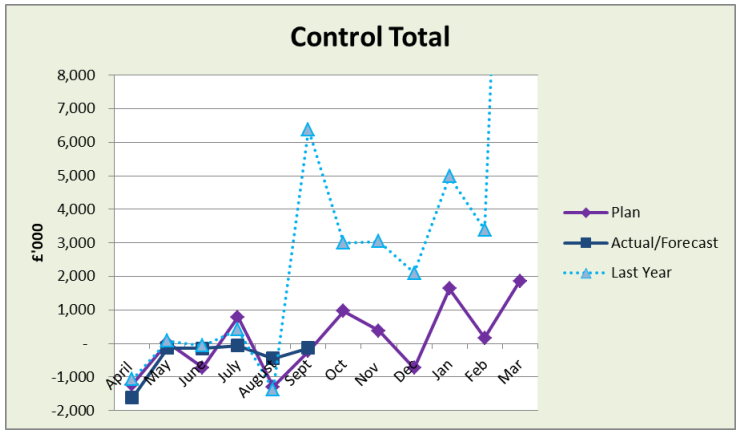
Financial Dashboard -M6 2019/20

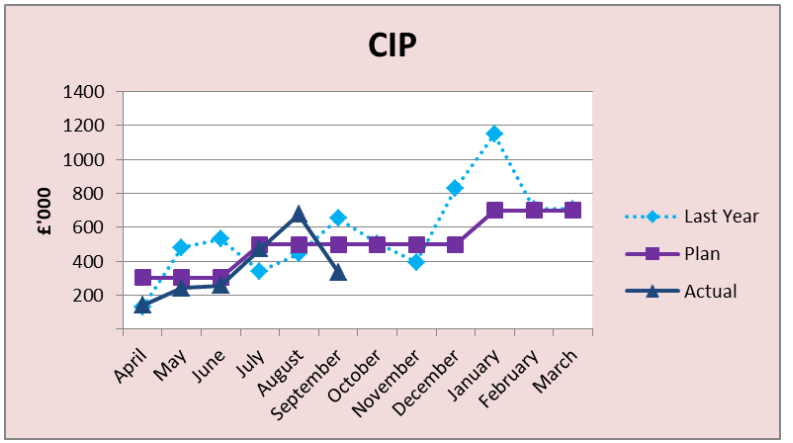
How Did We Do?

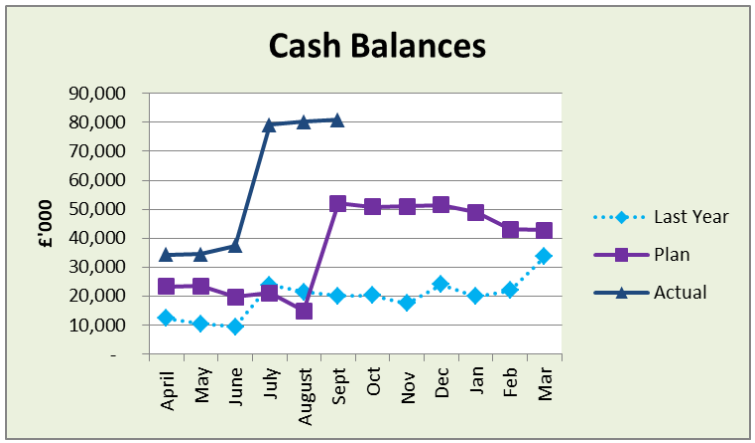
Executive Summary **Month: 6** **Year: 2019**

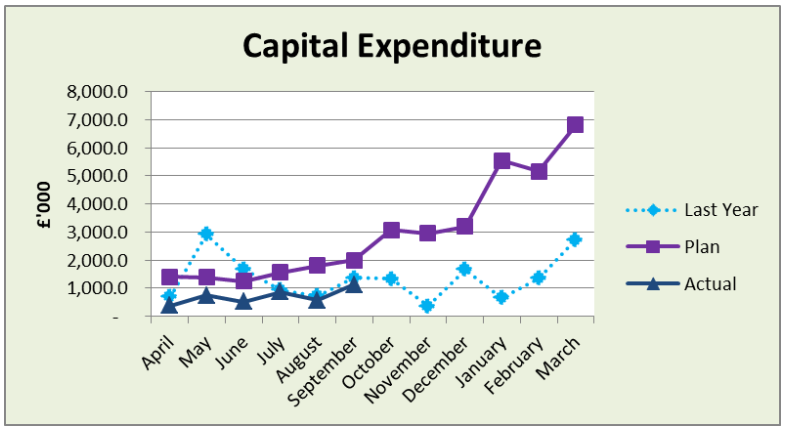
Alder Hey Children's NHS NHS Foundation Trust

Control Total in month	CIP Forecast for year	Use of Resources	Control Total Forecast
(£0.1m)	£4.6m	3	(£1.3m)
Achieved	Not Achieved	On Plan	Not Achieved

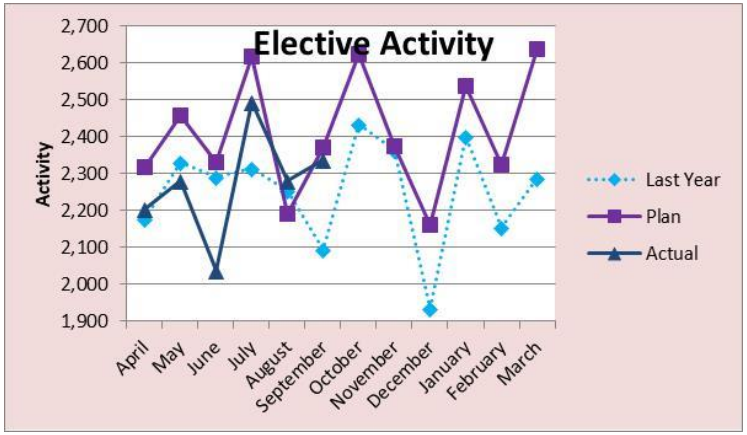


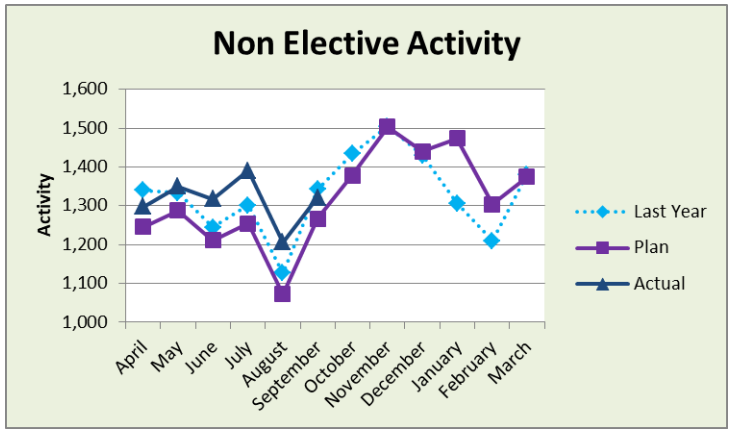


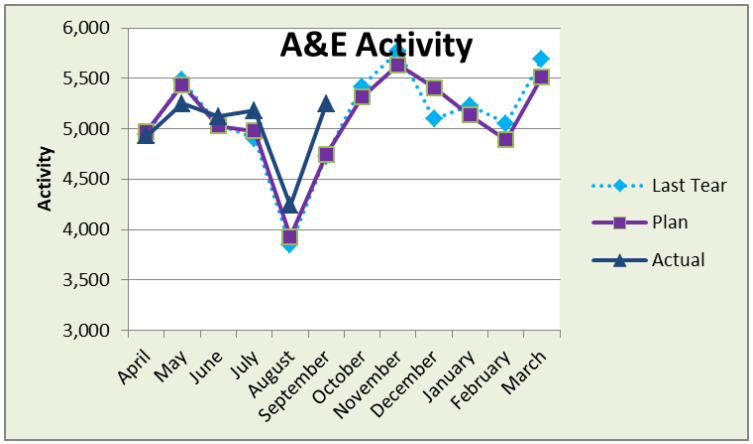


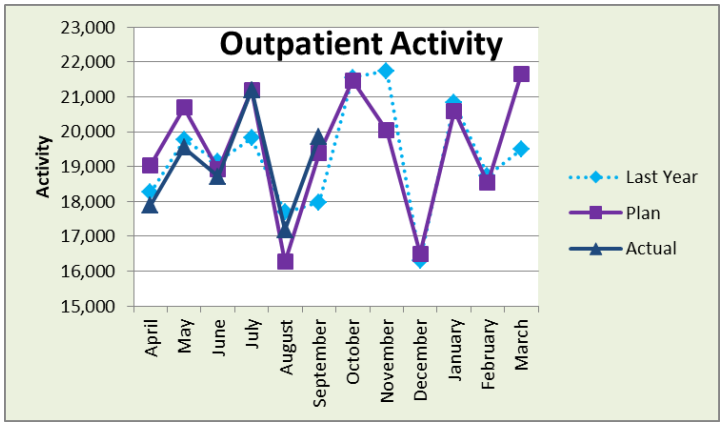


Elective Activity in Month	Non Elective Activity in Month	Outpatient Activity in Month	A&E Activity In Month
2,337	1,321	19,854	5,246
Not Achieved	Over Achieved	Over Achieved	Over Achieved









Surgery Division		
SAFE	• Two Never Events – Sept • Retained swab • Wrong site injection • 2 SUI's • Loss of sight • Death on w/l reported last time • No grade 3 Pressure ulcers • 3 CLABSI all from 3a	**Highlight** • Tentative initial resolution to estates issues ie no repeat flooding or insect invasion since actions taken • 100% sepsis response compliance **Challenges** • CPE Screening (64%) – IPC plan
CARING	41 PALS but only 3 complaints	**Highlight** • Complaints reducing 8>7>3>1 **Challenges** • Nursing recruitment – working with trust • Getting data from meridian but training sessions under way
EFFECTIVE	• Theatre sessions delivered 665/640 (mean 133pw, range 116-139) • Mandatory training =90.6% • Theatre utilisation 90.9%	**Highlight** • Unique tumour case performed effectively – to be celebrated • Programmed approach to mycobacterial contamination **Challenges** • Flagging up risks to annual plan in face of expected Winter/Flu

RESPONSIVE	• 18 week RTT unchanged =94.5% • Clinic Utilisation =87% (^)	**Highlight** • **Challenges** • Cancellations on the day • Flagged up nursing staffing risks esp 4a
WELL LED	Clinic utilisation – 86% Theatre utilisation – 88% Sickness = 5.9% V Appraisals under way	**Highlight** • Cardiac Programme – 420CCADS in rolling 12month period inc 210 for first 6 months of this year • Financial Performance (c 400K ahead) • CLABSI and line working groups initiated • Critical care flooding risk reduced **Challenges** • 8 risks >=15 - subsequently reduced to 7 • Staff survey response (34%)

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Clinical Quality Assurance Committee Assurance Report**
Date of meeting:	16th October 2019 – Summary 16th September 2019 – Approved Minutes
Report of:	Anita Marsland, Committee Chair
Paper Prepared by:	Julie Creevy, CQAC Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Clinical Quality Assurance Committee meeting 16th October 2019 along with the approved minutes from the 16th September 2019 meeting.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	None
Associated risk (s)	Transition of non ventilated tracheostomy patients to adult services – risk number 1597.

1. Introduction

The Clinical Quality Assurance Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality including clinical quality, clinical practice and clinical governance arrangements and activities within the Trust.

2. Agenda items received, discussed / approved at the meeting)

- Discussion regarding lack of clinical CQSG representation
- Patient Information leaflets update
- Lack of clinical representation at Nutrition Steering group
- Programme Assurance Update
- Inspiring Quality update – update on Clinical Cabinet and update on patient shadowing project
- Sepsis & DETECT update
- Quarter 2 DIPC report
- Escalation Process update
- CQSG Key issues report
- Clinical Audit & NICE compliance report
- Journey to Outstanding
- Board Assurance Framework
- Corporate Report – Quality metrics
- Quarter 2 Complaints report
- AED Action Plan
- Consent Policy – Ratified

3. Key risks / matters of concern to escalate to the Board (include mitigations)

Transition of C&YP to Adult services remains a risk, planned meeting scheduled for 15th November with Aintree cancelled, due to apologies received from colleagues at Aintree. Medical Director liaising with colleagues at RLUBH/Aintree to rearrange.

4. Positive highlights of note

- Sepsis progress
- Detect progress
- AED Action plan, ongoing work to support with IT support provided
- Progress regarding Patient Information leaflets
- Progress made with regards to End of life, and plan to support service.

5. Issues for other committees

N/A

6. Recommendations

The Board is asked to note the committee's regular report.

Alder Hey Children's NHS
NHS Foundation Trust

Clinical Quality Assurance Committee
Minutes of the last meeting held on Wednesday 18th September 2019
10.00 am, Large Lecture Theatre, Institute in the Park

Present:	Anita Marsland	(Chair) Non-Executive Director
	Shalni Arora	Non Executive Director
	Adam Bateman	Chief Operating Officer
	Denise Boyle	Associate Chief Nurse - Surgical Division
	Pauline Brown	Director of Nursing
	Lisa Cooper	Divisional Director for Community Division
	Mark Flannagan	Director of Communications and Marketing
	Hilda Gwilliams	Chief Nurse
	Anne Hyson	Head of Quality – Corporate Services
	Tony Rigby	Deputy Director of Risk & Governance
	Erica Saunders	Director of Corporate Affairs
	Louise Shepherd	CEO
	Sarah Stephenson	Head of Quality – Community Division Division
	Sharon Owen	Deputy HR Director
	Matthew Peak	Director of Research
	Kate Warriner	Chief Digital & Information Officer
	Will Weston	Associate Chief of Operations, Medicine
	Dame Jo Williams	Chair

In Attendance:

	Julie Creevy	Executive Assistant (Minutes)

Agenda item:

19/20/84	Helen Blackburn	Medical Education & Revalidation Manager

19/20/85 Apologies:

Christian Duncan	Divisional Director, Surgical Division
John Grinnell	Director of Finance/Deputy Chief Executive
Adrian Hughes	Divisional Director, Medicine Division
Dani Jones	Director of Strategy
Rachel Greer	Associate Chief of Operations, Community
Nicki Murdock	Medical Director
Melissa Swindell	Director of HR & OD
Cathy Umbers	Associate Director of Nursing & Governance
	Cathy Wardell - Associate Chief Nurse – Medicine Division

19/20/86 Declarations of Interest
None declared.

19/20/87 Minutes of the previous meeting held on 17th July 2019
Resolved:
CQAC approved the minutes of the previous meeting held on 17th July 2019.

19/20/87 Matters Arising and Action Log
Action Log

19/20/47 – Patient Information Leaflets: CQAC noted that an update is to be received at September meeting, with a briefing paper to be received at October 2019 meeting. AH to add patient/children information leaflets to risk register. Triumvirates to ensure Divisional plans are in place and monitored via governance processes and include on QAR's and performance report.

19/20/55 – CQAC to receive ED update at October meeting – on plan to receive update at October CQAC meeting.

19/20/59 – CQAC to receive Ward Accreditation progress report in October – on plan to receive update at October CQAC 2019 meeting.

19/20/68 – CQAC noted that the National Nutritional baseline assessment had been shared with LC and that this action can be closed and removed from the action log.

19/20/68 – Executive Team had received briefing regarding Clinical Cabinet and a proposal taken to the Board of Directors – action to be closed and removed from the action log.

19/20/68 – Sepsis Update – brief update provided by HG; CQAC to receive full update at October meeting.

19/20/68 – Inspiring Quality – In the absence of NM, CQAC noted that a full update would be provided at October 2019 CQAC meeting.

19/20/68 – CQAC Workplan and draft agenda be reviewed, CQAC noted that this item had been actioned and could be removed from the action log.

19/20/72 – Research Annual Report – CQAC noted that this item had been actioned and could be removed from the action log.

19/20/73 – End of Life/Palliative Care Exception Report – CQAC noted that teams are working to progress agreed actions, including recruitment of a Palliative Care consultant, which will be shared at CQAC to ensure oversight. Meeting arranged with Claire House. Briefing paper to be shared at future CQAC meeting for assurance purposes.

19/20/74 – Quarter 1 DIPC Report – CQAC noted that discussions had taken place with HG & VW, with further discussions required on return of NM.

19/20/77 – Resuscitation update – HG confirmed that feedback relating to the management of bleeps had been feedback to KW as appropriate, KW currently reviewing this issue.

19/20/78 – Updated mandatory training schedule to be resent to CQAC – it was noted that this item had been completed and could be removed from the action log.

19/20/79 – Mandatory training – NM to undertake discussion with UD regarding requirements of employment in terms of mandatory training for medical staff; in the absence of NM CQAC to receive update at October 2019 meeting.

19/20/81 – Lack of CQSG medical representation – NM to provide update at October 2019 CQAC meeting.

Clinical Audit – HG confirmed that this item would be included for CQAC to receive a detailed update at October 2019 CQAC meeting. CQAC noted that Liz Edwards is working with the Divisions in order to complete plans which would be shared at October CQAC meeting.

Action: Briefing paper to be shared at October 2019 CQAC meeting.

Update regarding Patient Information Leaflets:-
Anne Hyson stated that she had previously reported that there were a number of out of date leaflets. She had met with the three divisions and substantial progress had been made but with work still to do on approximately a third of the remainder. All Divisions are addressing issue. AH stated that the number of leaflets had increased over the period. CQAC noted that C&YP Forum members had fed back that they do not want paper leaflets, preferring more flexible forms of information such as podcasts and videos. AH stated that a number of drop in sessions had been arranged for staff to receive support to update their information, with the first scheduled for 17th September 2019. AH stated that nationally that there is no information leaflet available for hip replacements in children and the orthopaedic team would like to compile an information video. AH stated that support would be required to set this up. LS stated that colleagues potentially could liaise with medical photography, as they have a wealth of resources available, whilst also linking in with the Innovation team. LC suggested that a standard approach be agreed going forward to ensure there is flexibility for teams.

Dame Jo Williams requested that thought be given to C&YP and families of patients with special needs – eg. the use of Makaton as there will be a significant cohort of patients with additional needs as well as those whose first language is not English.

CQAC noted the improved position and agreed that a progress update would be shared at the October 2019 CQAC meeting. AH confirmed this would include a clear timeframe for completion of all updates.

AM thanked all involved, in particular AH & PB.

Action: Detailed Briefing paper to be shared at October CQAC meeting.

Quality Improvement Progress Reports

19/20/88 **Outstanding Care Programme Assurance Update**
CQAC received and noted the Programme Assurance update focusing on those projects under the Outstanding Care section of the change programme.

Best in Outpatients - Lisa Cooper stated that consistent improvement had been made with regard to the project, in particular the improvement with regard to timely completion of outcome forms and clinic 'cash ups'. Phlebotomy access continues to be a focus with separate ongoing work with primary care colleagues for C&YP accessing phlebotomy. LC stated that a meeting is scheduled with the Forum focusing on potential ideas for further improvements in outpatients. Finally, in terms of staff LC stated that there is

no 'time out' space for the outpatient team and that provision would be built into the development plan.

LS alluded to the digital element of the programme and stated that this required greater strategic focus.

Action: CQAC to receive briefing paper regarding Best in Outpatients progress at December meeting.

Best in Mental Health services - LC stated that the group is meeting regularly; a deep dive is being undertaken regarding numbers of children not brought to appointments. Staff turnover is reducing; staff exit interviews take place as appropriate and staff are supported with regard to emotional health and wellbeing. The service has had a number of vacancies which have been recruited to and once appointees take up post there will be a strong leadership team in place. Bed occupancy rate for Dewi Jones is being reviewed.

LS referred to scope and stated the importance of transformational element, with further thought required over the next 2 months and ASD should be included.

LC stated that she is aiming to bring the Trust's response to the NHS Long Term Plan in relation to mental health to Trust Board in December 2019.

AM thanked LC and colleagues for the update.

Action: LC to provide brief presentation regarding current position including ASD at November meeting.

Best in Acute Care – Adam Bateman confirmed that there was increased general paediatric medical cover during busy periods until 9.00 pm. AB stated that the team have considered how to deliver high dependency care, with agreed Model of Care for General Paediatricians who have completed the 'SPIN' process. Applications are due in October 2019 for roles on the team. There is an increased awareness of date of discharge and AB is seeing results in terms of the SAFER project.

Training had been included as part of divisional performance meetings. NM had met with team to review the system; was underway to finalise outstanding elements.

19/20/89 **Inspiring Quality - Monitoring and Assurance update**

Clinical Cabinet - HG stated that Nicki Murdock had presented a proposal to the Board on 2nd July 2019 with regard to the creation of a Clinical Cabinet; the next steps would be presented to CQAC at the October meeting. Any comments regarding the Clinical Cabinet paper to be shared with Nicki Murdock.

Dame Jo Williams stated that she welcomed the approach to ensure strategic alignment.

Action: Clinical Cabinet briefing paper to be circulated to CQAC members.

AB stated that Dr. Will Calvert, Clinical Fellow who has been undertaking a PhD in Empathy had been working with Jo Minford on a patient shadowing project. AB confirmed that a further update would be presented at next CQAC meeting.

Action: Update to be received at October 2019 meeting.

CQAC noted that there would be further clarity regarding securing a Partner to support Inspiring Quality for the next CQAC meeting. Seven expressions of interest had been received which the Trust are reviewing.

Action: AB to provide update regarding Partner to Support Inspiring Quality at October meeting.

Regulation

19/20/90 **CQC Roadmap**

ES presented the CQC 'Journey from Good to Outstanding' which detailed key milestones, key issues as follows:-

- PIR had arrived Friday 13th September, response by 4th October 2019; information is required from Community, Mental Health, Acute and universal information which incorporates HR and risk and governance.
- MIAA had been commissioned to provide an advisory guide in order to support staff in preparations for the inspection process.
- A clear communication plan to be developed, together with necessary update of handbook for staff.
- High level timeline – 21 weeks, the Trust had not yet received formal notification of core services to be inspected and have no named inspector from October.
- CQC engagement call scheduled on 3rd October 2019.
- Steering Groups would need acceleration and Ward Accreditations required review.

ES confirmed that a monthly CQC update would be provided at CQAC and that an update would be provided at Executive Team on 19th September 2019. CQAC noted that Executives needed to ensure collective responses.

HG stated that the audit programme needed aligning and required an accelerated programme. LS stated that it would be beneficial for the whole Board to received a detailed update.

Dame Jo Williams stated that by aiming to be 'outstanding', children and young people will benefit and that the culture of the organisation is extremely positive.

Action: CQC briefing/Board session to be arranged to support Board members.

CQC Inspection Report Tier 4 Service

LC reported that an unannounced Care Quality Commission (CQC) Mental Health Act monitoring visit took place at the Dewi Jones Unit on 1st July 2019, the previous visit having taken place in September 2016. On the day of the inspection, there had been seven children and young people on the unit of which none were detained under the Mental Health Act 1983 (MHA). Numbers

of children and young people detained under the MHA are minimal at the Dewi Jones Unit.

The findings of the review were positive, with just one area of improvement idenitifed; this related to the lack of information being displayed on the unit informing children and young people detained under the MHA how to make a complaint to the CQC. An action plan had been submitted to the CQC to address this detailing three actions the unit has undertaken to support compliance with the area for improvement:

- A child and young person friendly version of the CQC poster will be visible in a range of locations around the unit.
- The information will be embedded in the unit's welcome and information packs for children and young people.
- Children and young people will be verbally informed and supported to make a complaint (if required) to the CQC via the Independent Advocacy Service.

CQAC noted the CQC Inspection Report and noted the report and positive inspection of the Trust's Dewi Jones Unit in relation to compliance with the Mental Health Act.

CQAC noted that in addition to this positive CQC inspection for the Dewi Jones Unit, accreditation by the Royal College of Psychiatrists' Quality network for inpatient CAMHS (QNIC) standards was awarded in July 2019 until July 2022.

AM thanked LC & AW for update.

Quality Domain Reports

Effective

19/20/91 **Nutrition update**

LC provided a progress report in relation to nutrition which detailed key issues as follows:-

- *Nutrition Steering Group* had been relaunched in June 2019, with revised Terms of Reference and scope to support nutrition and hydration for children and young people attending Alder Hey. Going forward this would provide a stronger link to other trust wide initiatives i.e. Liverpool Healthy Weight pledge, health and well being agenda.
- *Nutrition Policy* is due to be presented to Clinical Quality Steering Group meeting at the 8th October 2019 meeting. The revised Nutrition Policy will be streamlined and contain clear and concise information. The accompanying nutritional assessment and screening tool is being scoped.
- *Infant feedback pathways* are being developed and baseline audits are being undertaken regarding height and weight on wards and within OPD.

AM queried whether Nutrition Group should have support/be championed by a Non Executive Director – Dame Jo Williams undertook to consider this.

Action: Dame Jo to consider NED Championing within Nutrition Steering Group.

SO queried in relation to patients who have a food intolerance/allergy and where this information is stored. LC stated that this would sit within clinical services, who would make a referral if patient is an inpatient and that there would be clinical pathways for those patients. HG stated that this allergy information would be held within the clinical record within Meditech.

19/20/92 Board Assurance Framework

ES provided Board Assurance Framework update, key issues as follows:-

- ES reinforced reassurance regarding the first risk - and addressing outstanding gap in control – CQAC noted that this is on trajectory and colleagues are continuing to address at pace regarding staffing recruitment.
- Mandatory standards – CQAC noted that there are continued challenges within AED which are being reviewed.

19/20/93 Transition Update

JR stated all milestones will be met for Quarter 2. The team continues to network with adult providers with regard to transitioning patients to adult services although issues have arisen relating to patients with complex needs. Signficiant work had taken place within community services with regards to those patients who have complex respiratory issues requiring physiotherapy. A meeting was scheduled for 15th November 2019, with key adult service colleagues and stakeholders in order to work collaboratively to address the gap/infrastructure issues; this would also be attended by NM. CQAC noted that the commissioning engagement element is imperative and required wider discussion.

LS stated that the Board would remain sighted on this area, with regard to the model and partnership working.

19/20/94 Actions resulting from complaints

AH provided an update regarding completed actions from complaints. For the next reporting period these will be brought together. HG requested that themes be included that cover all of the Divisions.

Well Led

19/20/95 Mandatory Training Reporting Process for Junior Doctors on Rotation

Helen Blackburn reported that a system wide passport had been introduced, which is resulting in improvements in compliance. Sepsis training will be included on the passport from September with eprescribing to be included on ESR. HB stated that the process would ensure improved monitoring and ensuring improved accountability.

Action: CQAC to receive quarterly mandatory training update report.

Safe

19/20/96 Corporate Report – Quality Metrics

Divisional Leads provided Quality Metrics updates by exception as follows:

- Surgery – there had been two moderate harms within the Division during July 2019. DB highlighted that the Corporate report stated 3, however one instance related to the same child.
- Community – no specific information/actions to note.

- Medicine - the ED 4 hour target remains challenging; an Emergency Department Implementation plan has been devised by the team who are currently working through actions, including changing pathways following a visit to Sheffield Children's. CQAC noted that Executives are working with AED department in order to review Business Case for investment with regard to strengthening the workforce. AB stated that he would envisage completion of recruitment process towards October/November period.

CQAC agreed that it would be beneficial to review plan promptly prior to process completion

Action: CQAC receive update at October 2019 meeting.

19/20/97 Sepsis Project update & DETECT study

Sepsis update – this item would come to the October 2019 meeting.

DETECT Update – HG confirmed that the DETECT study had commenced in full and the team had worked with IT in order to mitigate any risks. Overall feedback received to date indicated that the study was working well. MP stated that he could provide strong assurance regarding the roll out which is being managed with strong oversight and good clinical engagement.

HG stated that the DETECT update report would be circulated prior to the next CQAC meeting for information.

Action: Sepsis Project update to be received at October 2019 meeting

19/20/98 Complex Children update

LC detailed activity during Quarter 1 regarding complex discharges supported by the team. She reported that MDT's are organised and chaired as appropriate, alerts set for 7 days are now in place with 21 day alerts for complex patients. There is a clear well structured process in place with action plans and timeframes. Team have weekly escalation reports which highlight delayed discharges; one case had been escalated which had been resolved. Dewi Jones Unit data had been included with the weekly escalation report. Common themes related to housing and care packages, legal issues, safeguarding, equipment, repatriation, parental engagement, carer training and rehabilitation. HG commented that further work was needed with the local authority to address process issues for access to social care.

19/20/99 After Action review procedure

PB presented After Action review procedure for ratification by the Committee following approval by CQSG in August. She stated that the After Action Review procedure was not new and was being used consistently where appropriate during the last six months. The After Action Review procedure is usually commissioned through the Patient Safety meeting. The process had proved extremely successful, to ensure immediate focus surrounding the event, in order to analyse and identify and address shared learning. LS commented that this was a good process, and queried how this fitted into everyday working. HG stated that there are numerous tools to support, and that this process does not replace a full investigation. PB stated that the After Action Review procedure had been piloted across all divisions with positive feedback regarding its effectiveness. SA questioned how does

learning spread throughout the organisation; HG confirmed that this is done predominantly via Divisional Governance meetings.

Resolved CQAC received and ratified the After Action review procedure.

Committee Assurance

19/20/100 Research Annual Report

CQAC received and noted Research Annual Report. MP reminded the committee that in October 2017 he had presented the framework in terms of annual reporting and providing assurance regarding research governance, ensuring a robust procedure to ensure patients are safe eg. DETECT study, as well as an effective and holistic approach. MP queried what was the best method of presenting information, and stated that there is a need for mechanism to providing structure and oversight. HG stated that it could be by themes or any identified gaps, together with an action plan in place.

SA asked about the quality assurance of research data and how this is shared. MP stated that this can on occasions be delegated out to clinical trials and that there is detailed architecture in place. MP stated that the process is well systemised and that there is a full plan which Divisions are engaged in.

19/20/101 CQSG Key Issues Report

PB presented CQSG Key issues report, key issues as follows:-

- PB stated that there were no specific issues with the exception of audit that required escalating to CQAC.
- The Trust plan is on track. However there is ongoing work with the Divisions to complete plans. The divisions are in the process of identifying a clinical lead for audit. It was agreed that Divisions are to present audits to CQSG on a quarterly basis, following nomination of clinical lead. There are 92 NICE clinical guidelines identified relevant to the Trust, on the audit team database. The Triumvirate of each division have been notified of the gaps in compliance. Divisions agreed to work with their teams to improve compliance and provide assurance to CQSG as part of the audit quarterly report
- All CAS alerts had been completed within timescale and all on plan.
- DETECT study report is being shared with CQSG, with training and roll out programme across all divisions

Divisional Dashboard

- Infection Prevention Control quarterly report was presented to July CQSG meeting.
- The Trust had experienced a number of business continuity incidents – case of measles, mumps, water safety issues. RCA level 2 regarding water heater/cooler system is underway.
- Vaccination training for flu vaccination is underway together with fit testing aerosol procedure training.

AM expressed thanks for continued support from CQSG.

19/20/102 Any Other Business

AM stated that going forward that there would be a brief review at the end of CQAC meetings. LS highlighted the importance of organising improvement

programme in terms of assurance, and further thought regarding domains and what is being assured and when.

LS stated that the Divisional voice would play an increasing role in CQAC as per the recent governance review and the planned structuring of the agenda will assist in achieving this to enhance assurance

Action: CQAC work programme, CQAC membership and structure of agenda to be reviewed with divisional involvement.

18/19/103 Date and Time of Next meeting

10.00 am – Wednesday 16th October 2019, Large meeting room, Institute in the Park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	Compliance with Duty of Candour and Incident Management, including investigations of moderate harm or above and Never Events
Report of:	Chief Nurse
Paper Prepared by:	Trust Risk Manager
Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ■
Background Papers and/or supporting information:	Seven Steps to Patient Safety. National Patient Safety Agency 2004. Health and Social Care Act 2008 (Regulated Activities). Regulation 20 'Duty of Candour'. Serious Incident Framework. Supporting learning to prevent recurrence. NHS England 2015. Serious Incident Framework. Frequently asked questions NHS England 2016. Revised Never Events Policy and Framework (NHSI 2018) Never Events List 2018. Incident Investigation reports.
Action/Decision Required:	To note ■ To approve ■
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	n/a

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

1. Background:

NHS England published a revised 'Serious Incident Framework' in 2015, and an updated 'Never Events Policy and Framework' and updated 'Never Event' list in January 2018. The NHS England Serious Incident Framework (2015) defines the fundamental purpose of patient safety investigation, i.e. to learn from incidents, not to apportion blame (except in specific defined circumstances such as criminal activity, repeated same/similar errors) whilst identifying a system-based method for conducting investigations (root cause analysis).

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, set specific requirements for registered organisations such as Alder Hey NHS Foundation Trust, about the incidents that must be reported to the CQC. The Trust has a responsibility to report to the CQC serious incidents and 'Never Events' that relate to patient safety/patient harm. In addition, the Trust has a statutory duty to apply Duty of Candour for all moderate and above harm incidents, and Never Events.

In November 2014 a statutory Duty of Candour was introduced for all Secondary care providers registered with CQC in England as set out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In April 2015 this became law for all providers and the CQC guidance requires Trusts to achieve a verbal Duty of Candour for moderate harm and above incidents within 10 working days. This should be followed up with a written Duty of Candour in a suitable timeframe.

There are three levels of investigation identified within the NHS, where regulation 20 applies, as follows:

- Level 1 (60 working days to complete) – This is a concise Internal Investigation, suitable for less complex incidents usually at moderate harm level (meaning short term harm), and managed by individuals, or a small group.

- Level 2 (60 working days to complete) – This level of investigation is conducted for all severe or catastrophic/death harm incidents. This is a comprehensive Internal Investigation, requiring management by a multidisciplinary team, involving experts and reportable to the Strategic Executive Information System (StEIS), which is accessible to the CCG, CQC and Department of Health.

- Level 3 (6 months to complete) – This is an independent investigation, externally conducted, where the integrity of the organisation has the potential to be challenged.

Current position
All investigations are monitored via the performance assurance meetings with individual divisions, focusing on the management of investigations, including lessons learned and assurance of progress with actions for improvement. In addition, the divisions present a progress update on investigations to Clinical Quality Steering Group, with exceptions reported to Clinical Quality Assurance Committee.

Table 1 shows the Trust's 2019/20 numbers of severe, catastrophic/death incidents reported, including Never Events requiring investigation (SIRI).

During this reporting period, there were four new serious incidents reported; two of which were 'Never Events'. There were no safeguarding moderate harm or above incidents reported, and no other moderate harm incidents reported during this reporting period.

Table 2 shows overview of the seven open serious incident investigations progressing in the Trust.

Table 3 shows overview of one closed SIRI during this reporting period.

Note: There were no moderate harm incidents reported, during this reporting period.

Table 1 Serious Incidents requiring investigation (SIRI) performance data:

							SIRI (General)					
	2018/19						2019/20					
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
New	0	0	1	2	2	0	0	0	2	2	0	4
Open	3	0	0	3	5	5	3	2	0	4	4	7
Closed	1	3	0	0	0	0	2	1	2	0	0	1
							Safeguarding					
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
New	0	0	0	0	0	0	0	0	0	0	0	0
Open	0	0	0	0	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0
							Never Events					
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
New	0	0	0	1	0	0	0	0	0	0	0	2
Open	0	0	0	0	1	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0	0	0	0	0
							Cumulative Position					
							8					

Table 2 Overview ongoing serious incidents requiring investigation (SIRI's)

On-going SIRI incident investigations							
Reference Number	**Date investigation started**	**Division**	**Incident Description**	**RCA Lead Investigator**	**Progress**	**60 working day compliance (or within agreed extension)**	**Duty of Candour applied**
StEIS 2019/21208	26/09/2019	Surgery	**Never Event (retained swab):** The patient underwent an adenotonsillectomy. The Consultant ENT Surgeon inserted a post nasal swab and has stated this was part of their routine	**Nursing lead:** Paula Clements, Theatre Matron **Medical lead:** Andrew Healy, Consultant Radiologist	Information gathering completed; the RCA panel meeting is scheduled for the 25/10/2019.	The report is due for submission to the CCG and CQC 19/12/2019.	Compliant

			practice. The patient was extubated, and moved to the recovery area. The nurse raised concern that a swab was missing. At this point, the Surgeon recalled that he had not removed the post nasal swab and requested the anaesthetist to deepen the anaesthetic. The patient's mouth was then opened with an anaesthetic laryngoscope to retrieve the swab. The patient did not need to be re-intubated.				
StEIS 2019/20741	19/09/2019	Surgery	**Never Event (wrong route administration of medication):** The patient's epidural catheter was connected to an epidural giving set which had inadvertently been connected to and primed with a bag of gelofusine rather than the intended chirocaine and clonidine epidural solution. The pump was stopped immediately on identification. At this time, 0.9mls had been administered. 0.25-0.3 mls was aspirated from the filter and 0.1 mls was aspirated from the epidural catheter and hub. This left approximately 0.5-0.6 mls	**Medical lead:** Harvey Livingstone, Consultant Paediatric Anaesthetist **Allied Health Professional lead:** Neil Wallis, Clinical Lead, Theatres	The RCA Panel Meeting was held 16/10/2019; the report is being written.	The report is due for submission to the CCG and CQC 13/12/2019.	Compliant

			in the epidural catheter and epidural space. The decision was made to not utilise the epidural catheter for the remainder of the case and it was re-sited at the end of the case one space below the original site. No harm is known to have been caused to the patient at this stage and on consultation with relevant experts; it is not anticipated that the patient will suffer any lasting effects. Expert advice is also being sought by the neurosurgical team.				
StEIS 2019/20632	18/09/2019	Surgery	**Unexpected death:** A patient under the care of the cardiac team for shunt dependent circulation, sadly passed away prior to their scheduled surgery taking place. Initial case review highlighted potential areas requiring further investigation in terms of the patient's pathway.	**Medical lead:** Andrew Riordan, Consultant in Infectious Diseases **Allied Health Professional lead:** Richie Hayhurst, Clinical Lead, Theatres	Information gathering ongoing.	The report is due for submission to the CCG and CQC 12/12/2019.	Compliant
StEIS 2019/20104	12/09/2019	Surgery	**Patient found to have retinal haemorrhages post-cataract surgery:** The patient was referred to the ophthalmology service on the 7th February 2019 and was triaged by the consultant as urgent. The patient attended the	**Service lead:** Judith Gray, Head of Optical Services **Medical lead:** Adam Donne, Consultant ENT Surgeon	Information gathering completed. RCA Panel Meeting scheduled for the 05/11/2019.	The report is due for submission to the CCG and CQC 05/12/2019.	Compliant

			cataract clinic on the 19th February 2019 whereby he was diagnosed with bilateral congenital cataracts and was listed for left eye cataract extraction on the 26th February 2019. The patient was admitted overnight and was reviewed in the cataract clinic on the 27th February 2019 and discharged. The patient was reviewed routinely thereafter and the left eye was noted to be making positive progress. The patient was readmitted for surgery on the right eye on the 12th March 2019. The procedure was uncomplicated and patient was admitted overnight and was reviewed in the cataract clinic on the 13th March 2019 and discharged. The patient had a further clinic appointment on the 15th March 2019 and subsequent review on Friday 22nd March 2019. During this review, widespread retinal haemorrhages in the right fundus were identified that were not present at the reviews on the 13th and 15th March. Initial				

			investigations were undertaken to consider non-accidental injury (NAI) including a safeguarding referral and a skeletal survey. The findings concluded that there were no abnormalities and no external signs of injury. Following a further clinic appointment on the 29th May 2019, it was found that the patient has significant optic atrophy in the right eye and that the optic nerve has sustained a significant insult in relation to trauma, circulation or toxicity. At this moment in time the cause of the retinal haemorrhages and optic atrophy is unknown.				
StEIS 2019/16286	24/07/2019	Community	**Category 3 Pressure Ulcer:** Pressure ulcer to the bottom of the patient's spine; the patient is in a wheelchair and has spina bifida and a prominent lower end of spine. Tissue Viability Nurse Specialist reviewed the patient and confirmed the pressure ulcer as a granulating Category 3 pressure damage.	**Nursing lead:** James Ashton, Sepsis Nurse Specialist **Medical lead:** Jane Ratcliffe, Consultant	The RCA report is being written. An extension was granted from the CCG to allow more time to finalise the report.	The report is due for submission to the CCG and CQC 31/10/2019.	Compliant

StEIS 2019/15130	09/07/2019	Surgery	**Category 3 Pressure Ulcer:** The patient recently underwent orthopaedic surgery and was discharged home with a splint in situ. The patient's parents contacted the Trust concerned with a black area on the foot; local advice was sought and the parents were advised to attend Alder Hey. The patient was reviewed by the Tissue Viability Nurse Specialist; the wound was debrided and the wound was classified as a granulating category 3.	Kelly Black, Surgical Matron	Final report sent to the CCG 18/10/2019.	An extension was granted to the 18/10/2019.	Compliant
StEIS 2019/13792	21/06/2019	Surgery	**Infection Control incident:** In June 2015, a Medicines and Healthcare products Regulatory Agency (MHRA) medical device alert was released relating to the potential of M.chimaera within heater cooler units. On the 25th January 2019, a test confirmed a positive result for environment Mycobacteria. Public Health England and MHRA were informed. On 28th	**Nursing lead:** Valya Weston, Associate Director, Infection, Prevention and Control **Medical lead:** Christian Duncan, Director for the Surgical Division	Final report sent to the CCG 04/10/2019.	An extension was agreed to the 04/10/2019.	Working with NHS England to finalise Duty of Candour letters.

			January 2019, 2 new heater coolers were brought into the Trust and the contaminated theatre heater coolers taken out of service. Final confirmation of M.Chimera received on the 12th June 2019.				

Table 3 Closed SIRIs:

Reference Number	Date investigation started	Division	Incident Description	RCA Lead Investigator	Progress	60 working day compliance (or within agreed extension)	Duty of Candour applied
StEIS 2019/12707	07/06/2019	Medicine	**Unexpected death:** First attendance: The patient attended the Emergency Department (ED) on the 04/06/2019 at 22:09 hours. All patients have an initial eyeball by the triage nurse prior to booking in; to establish if they require urgent treatment. History of Temperature that evening. The patient was bright and alert on arrival; as documented by the Triage Nurse. Observations were recorded; no pre-existing risk factors for sepsis identified.	**Nursing lead:** Nicola Evans, ED Manager **Medical lead:** Charlotte Durand, ED Consultant	Final report sent to the CCG 20/09/2019. The investigation showed that care was appropriate. However lessons have been learned. (refer to investigation report 226)	Yes	Ongoing with the support of the Bereavement Team.

			Documented as alert and responding to smiles. The Paediatric Early Warning (PEW) score was 2 due to a slightly elevated heart rate. No nurse or parental concerns identified. Triage category green – non-urgent (standard to be seen within 4 hours). The parents decided to leave following triage and are documented as leaving the department at 22:59 hours. <u>Second attendance</u>: The patient and family re-attended ED the following day, 05/06/2019. The patient's father found him febrile and more unwell, the patient had vomited some bile and a rash was noticed on his tummy. He became more vacant on the way into ED; the family ran in with him unresponsive. 08:19 hours - Attended ED, brought in by parents, taken straight to Resus as unwell. 09:46 - Cardiac arrest 10:31 - patient sadly died.				

END

Alder Hey Children's NHS
NHS Foundation Trust

INNOVATION COMMITTEE

TERMS OF REFERENCE

Constitution	The Board hereby resolves to establish a Committee of the Board of Directors to be known as the Innovation Committee (the Committee).
Membership	1 Non-Executive Director [Chair] 2 Non-Executive Directors Chief Executive Medical Director Clinical Director of Innovation Director of Finance Operational Director of Finance / Exec Lead for Innovation Director of Corporate Affairs Chief Information Officer Overall throughout the working year, each member (or knowledgeable deputy) is expected to achieve 75% attendance at scheduled meetings.
Attendance	The following would be expected to attend each meeting: Associate Chief innovation Officer CFO for Innovation The following would attend as required by the agenda: Innovation Consultants Innovation Project Manager Communications Lead External members x 3 Secretarial support shall be provided to the Committee to take minutes of the meeting and give appropriate support to the Chair and Committee members.
Quorum	The quorum necessary for the transaction of business will consist of the Chair or nominated deputy and at least one Executive, one representative from Innovation and a representative from Finance. In exceptional circumstances, teleconference participation by a member will be permitted and this will count towards a quorum.

Frequency/ Duration	Meetings shall normally take place on a bi-monthly basis and the Committee will meet not less than 5 times a year.
Authority	The Innovation Committee is responsible for assisting the Board in overseeing and monitoring execution of the Trust's strategic direction in relation to innovation. The Committee will operate under the broad aims of developing the Trust's Innovation Strategy and related activities, to provide assurance to the Board that delivery in this area supports the Trust's Strategic Plan. The Committee has the authority on behalf of the Board to: • Steer the development of a cohesive approach to innovation, ensuring that the Trust maximises the opportunities presented by its facilities, clinical expertise, partnerships and networks; • Make recommendations to the Board to pursue specific projects and initiatives that fall within the duties set out below; • Seek and commission external advice as deemed appropriate to the successful delivery of this agenda.
Duties	The Innovation Committee is required to: • Oversee the development and acceleration of the Trust's Innovation Strategy, particularly; o Establishment of a process to achieve a continuous rich pipeline of problems and clinical challenges that will be progressed by the Innovation department o Promotion of an innovation led culture as part of Alder hey organizational development and strategy o Strategically supporting a range a strategic partnerships across the ecosystem to maximize the opportunity and bring investment. o Providing oversight and where necessary ensure appropriate commercial acumen and business skills are available to the Trust. o Ensure innovation communication is effective both internally and externally to provide assurance to the Board • Provide assurance to the Board that the register of company interested is maintained and in line with relevant legislation and policy. • Provide assurance to the Board that the company structure and approach to subsidiary and joint ventures is efficient and compliant with relevant standards and legislation. • Approve investment decisions and ensure due diligence in line with the Trust's Scheme of Delegation. • Ensure that key risks to innovation are identified and monitored by the Committee via the Board Assurance Framework and underpinned by

	detailed assurance reports as appropriate.
Reporting	The Committee will ensure that the minutes of its meetings are formally recorded and submitted to the Board along with a Chair's report identifying key areas for the Board's attention highlighting any issues that require disclosure or require executive action. The Committee will prepare and submit an annual report on its activities to the Board of Directors. The Committee will receive regular reports on performance metrics.
Conduct	The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. Members and attendees are selected for their specific role or because they are representative of a professional group/speciality/service line or division. As a result members are expected to: • Ensure that they read papers prior to meetings • Contribute fully to discussion and decision-making • If not in attendance seek a briefing from another member who was present to ensure that they are informed about the meetings progress • Represent their professional group or their speciality/directorate/division as appropriate in discussions and decision making • Disseminate and feedback on the content of meetings to colleagues in their speciality/service line/division via governance structures and processes. 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.
Monitoring	The committee will assess its own performance and effectiveness annually by: • undertaking a self-assessment of their performance against the Committee's Terms of Reference and own Objectives; • considering the terms of reference (including its purpose and role) & work plan annually to ensure they remain relevant and up to date, and recommend any changes to the Board; and The Committee Chair will ensure that an Annual Report of the Committee's activities is completed and submitted to the Board for approval.

	Each year the Committee will consider whether it wishes to set specific objectives (over and above the Terms of Reference).
Review	Committee Terms of Reference to be reviewed following 6 months of operation and thereafter on an annual basis.

DATE APPROVED: September 2019

REVIEW DATE: March 2020

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Innovation Committee Assurance Report from the October meeting**
Date of meeting:	9th October 2019
Report of:	Louise Shepherd, Chief Executive
Paper Prepared by:	Julie Tsao, Committee Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Innovation Committee meeting held on 9th October 2019.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	

1. **Introduction**
The Innovation Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of innovation.

2. **Agenda items received, discussed / approved at the meeting)**

Innovation Committee Terms of Reference
Innovation Performance report
Global Med-tech Building
Innovation Advisory Board
Alder Play Reset
Asthma Mapping/C&M Partnership Integrated Care Bid - deferred
Acorn Action Plan

3. **Key risks / matters of concern to escalate to the Board (include mitigations)**

The Acorn Partnership final report was received. It was agreed to exit deal 1 and move forward with a new deal that would include terms that are more acceptable to Trust and would be used as a pipeline where appropriate. Thirteen of the Acorn spin out companies will be closed through a voluntary strike off procedure. A full report will be presented to December Trust Board.

4. **Positive highlights of note**

- Agreement to establish an Innovation Expert advisory Board with various external members. A Chair needs to be identified with notable industry reputation.
- Alder Hey has joined the International Specialist Pediatric Innovation Society as the first European member. They will promote the next Innovation Festival in June and provide links to international networks and investment. The Trust is likely to be asked to become a Board member.
- The performance report demonstrated significant process across projects, and funding.
- A proposal to create a 'Digital Front Door' as part of the phase 2 Alder Play patient experience platform was approved. This project will be sponsored by innovation as part of the Digital Futures strategy
- The business case to establish a global Med-tech test bed facility at Alder Hey was supported. A meeting with Colin Sinclair from the knowledge quarter is due to take place soon.
- The Acorn Partnership final report was received. Further negotiation need to take place regarding Deal 2. It was agreed to defer the Trust Board update until December to allow Innovation Committee to review the report in draft format.

Issues for other committees
Note for Audit Committee the Acorn report and action plan.

5. **Recommendations**
The Board is asked to note the committee's regular report.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Research Management Board Committee Assurance Report from the October 2019 meeting**
Date of meeting:	31st October 2019
Report of:	Professor Matthew Peak
Paper Prepared by:	Professor Matthew Peak

Purpose of Paper:	Decision ☐ Assurance ☐ Information ■ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Research Management Board Committee meeting held on 31st October 2019 along with the approved minutes from the meeting.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ■ **Strong Foundations** ☐
Resource Impact:	

1. Introduction

The Research Management Board Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality/finance/workforce including delivery, governance, clinical risk management, workforce and information governance, research & development; and the regulatory standards of quality and safety with respect to clinical research.

2. Agenda items received, discussed / approved at the meeting

Copy of the agenda attached

3. Key risks / matters of concern to escalate to the Board (include mitigations)

a. Risk regarding clinical (physician) capacity for delivery of a portfolio of experimental research within the neuromuscular patient population. Medical Director and Research Director to ensure actions are urgently taken forward.

b. Lack of implementation of a commercial research income redistribution model is prohibiting further growth and realisiation of a significant contract value of c. £2m. Specific proposal for income redistribution model to be itemised at the November 2019 Operational Delivery Board.

c. Potential for either no renewal of funding or saturation of capacity within the NIHR Alder Hey Clinical Research Facility (CRF). Paper on CRF renewal strategy scheduled for Liverpool Health Partners Board in November 2019.

4. Positive highlights of note

- Demonstrable progress on research delivery plans
- Plans for improved alignment of research and innovation
- Funding from Alder Hey Charity for increasing research capacity for NHS healthcare professionals
- Improved approach to managing and reporting risk in Division
- Integration of clinical research into the Trust's CQC 'Well Led' key line of enquiry preparations

5. Issues for other committees

Operational Delivery Board (see 3a)
Liverpool Health Partners Board (see 3c)

6. Recommendations

The Board is asked to note the committee's regular report.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

5th November 2019

Paper Title:	**People Plan Update**
Report of:	**Human Resources & Organisational Development**
Paper Prepared by:	**Director of Human Resources and Organisational Development**

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

- **Introduction**

The purpose of this paper is to provide the Board with a monthly strategic update against the Alder Hey People Plan. More detailed discussions about the delivery of the Operational Plan, which underpins the delivery of the strategic People Plan, take place at the bi-monthly Workforce and Organisational Development Committee.

- **Our People Plan Pillars**

2.1 Health & Wellbeing

- **Time to Change**

The Mind 'Time to Change' Pledge was successfully launched during on 23rd October 2019 during 'Fab Staff Week'. To date, we have 48 managers enrolled on the Mind Mental Health Training, and training specifically for senior managers will be scheduled in the coming months.

2.2 Leadership Development and Talent Development

- **Strong Foundations**

The Strong Foundations Programme has been very well received to date; the feedback has been very positive from all three cohorts, and the remaining 7 cohorts are now fully booked until November 2020. The programme continues to evolve based on participant feedback.

- **Mary Seacole**

The Trust has submitted a bid to the Leadership Academy to host the Mary Seacole Programme on behalf of Cheshire and Merseyside, a decision about which will be shared with the Trust in November 2019. Internal delivery remains very positive;

Cohort 2 is nearing completion; Cohort One achieved a 100% pass rate and Cohort 3 will commence in February 2020.

2.3 Future Workforce Development

- **Apprenticeships**

The Trust has submitted a high quality application to remain on the RoATP – this is the register which allows us to retain our Employer Provider status. We will know if we are successful in 10-12 weeks. There are currently 86 learners in the Trust registered as apprentices, 11 of which have been employed with us directly as apprentices.

- **Response to the Lampard Review**

The Trust has commenced the implementation of the 3 yearly Disclosure and Barring Checks across the organisation in response to the recommendations from the Lampard review; 435 new checks have been undertaken since starting the project and to date, there have been no issues that have arisen in relation to these checks.

2.4 Equality, Diversity and Inclusion

- Cheshire and Merseyside HRD's received a presentation from the Regional Equality, Diversity and Inclusion (EDI) Lead in October 2019 proposing a collaborative model for EDI support and delivery; we have supported this proposal in principle as this will support our Trust with a better standard of strategic expertise and input.

- The Staff Networks were a major focus of 'Staff Fab Week', with a new Chair appointed for the Disability Network, who we are looking forward to working with and developing plans for improvement.

2.5 The Academy

- The partnership with China continues to flourish; specialists from respiratory and gastroenterology, along with Academy staff, were recently invited to China to explore potential partnership opportunities and are reviewing options.

- The Institute will play host to the 2nd annual national Children's Hospital Educational Specialist Symposium (CHESS) in March 2020, a high profile educational event aimed at all those involved in education. We will be hosting attendees from children's healthcare providers across the country, so is a great opportunity to showcase Alder Hey.

- **Employee Feedback**

- **Staff Survey**

The Staff Survey has launched, and as at 28th October 2019 (the halfway point) the response rate is 33%, with 4 weeks to go until the closing date. The communications campaign is based upon the theme of 'Your Alder Hey, Your Voice' and a concerted effort is being made by HR & OD, Communications and management teams to encourage all staff to complete their surveys by deploying a range of incentives, conversations and activities all designed to encourage more staff to get involved. We are aiming for a response rate of 65%.

3. Workforce KPI's – September 2019

- Sickness rates for September 2019 showed a slight increase in month to 5.1%, mainly attributable to an increase in short-term sickness absence. A proposal to develop a 'wellbeing team' to support a novel way to manage and support sickness absence has been approved and will be rolled out once the team have been appointed. The aim is that this team will contribute to a 0.5% reduction in sickness absence.
- Overall mandatory training compliance remains above the Trust target of 90% at 91%. A project is underway to review mandatory training across the Trust, aiming to improve access and quality of training.
- 89.3% of PDR's have been completed across the organisation since April 2019, only just below the Trust target of 90%. Medical appraisals remain above target at 95%. In 2019, with the aim of improving quality, we trained over 150 managers in how to have a meaningful PDR with their staff.
- Turnover has increased slightly to 10.4% this month.

4. Employee Relations Activity

- **Organisational Change**

There are currently two Organisational Change processes underway within Portering Services and the Quality and Governance service. These are being carried out with full Trade Union consultation and employee involvement.

- **Employment Tribunal Activity**.

There are currently two cases lodged with the Employment Tribunal, one relating to allegations of whistleblowing, and one relating to alleged breaches of Agency Worker Regulations. Preparations for these cases are underway. The Trust recently attended an Employment Tribunal in relation to multiple allegations of detrimental treatment due to a flexible working request; the judge determined that there had been no detrimental treatment and the case was closed.

- **Summary of Employment Relations Activity – October 2019**

Summary of cases by process

Total Disciplinary	**7**
Total Investigation	**6**

Summary of cases by division

Total Surgery	**6**
Total Medicine	**1**
Total Community	**4**
Total Corporate	**2**
Grand Total	**13**

Summary of cases at stage of process

Informal Fact find	**1**
Investigation	**3**
Hearing	**1**
Outcome issued	**0**
Appeal	**1**
Fast Track	**2**
Case concluded	**9**

Summary of case outcomes

Informal	**0**
First Written Warning	**2**
Final Written warning	**3**
Dismissal	**1**
No case to answer	**2**

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday November 2019

Paper Title:	**Director of Human Resources & Organisational Development**
Report of:	**Learning Lessons to Improve our People Practices – progress update**
Paper Prepared by:	**Deputy Director of Human Resources & Organisational Development**

Purpose of Paper:	Decision ☐ Assurance ■ Information ■ Regulation ☐
Background Papers and/or supporting information:	• Learning Lessons to Improve our People Practices (July 2019) • Baroness Harding letter to Trust Chief Executives and Chairs • NHSI Advisory group recommendations related to case of Amin Abdullah
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ■ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	Not yet known.

Learning Lessons to Improve our People Practices

1. Introduction

Baroness Dido Harding, Chair of NHS Improvement, in May 2019 issued guidance and recommendations related to people practices and requested all NHS organisations to review their current processes. In June 2019 the HR Department presented the outcome of this review and a detailed action plan for ensuring the Trust is in line with best practise guidance. This paper provides an update of the review and actions taken to date.

2. Purpose of the report

The purpose of this report is to:

- Provide the Trust Board with a comprehensive update on our response to the guidance, and recommendations that are pertinent to the organisation,
- Provide assurance to the Board that an in-depth self-assessment has been undertaken and necessary actions have been identified and are in progress

3. Recommendations

The Board are asked to review the updated position in relation to our action plan, and feedback any comments on actions taken.

4. Action plan update

Further to the publication of the recommendations from the Advisory group in May 2019 the Trust disciplinary and investigation processes have been subject to thorough and robust review.

The Senior Operational HR team, led by the Deputy Director of HR & OD, have undertaken a review against each recommendation and compared these to current policy and practice in relation to the investigation and disciplinary procedures. This review identified a number of adjustments and actions that needed to be made to ensure our practices and policies are in line with best practice guidance. A comprehensive action plan against all of the recommendations has been developed

and a detailed update on progress of this action plan is included in Appendix 1. The key areas of focus following the review and recommendations are listed below with an update in relation to each key area

- **Action-** To review of all recommendations with staff side colleagues at the bi-monthly case debrief sessions and Policy Review Group.

  Update- Constructive and positive dialogue has taken place with staff side colleagues with full agreement reached on the actions identified. Staff side colleagues are working in partnership with the operational HR team to embed the actions into current policy and processes

- **Action**- Further training on investigations for all those involved in disciplinary procedures and investigations.

  Update- Management training is to be provided by the Trust employment lawyers Weightmans and the first session is scheduled for 3/12/19 with 20 managers identified across the Trust.

- **Action-** Enhanced training for all HR staff involved in disciplinary and investigation processes

  Update- The HR team have undertaken a full refresh training programme provided by the Trusts employment lawyers Weightmans

- **Action-** An earlier review of the Trust's Disciplinary Policy with staff side colleagues

  Update- The Trust disciplinary process is currently under review in partnership with staff side colleagues to ensure alignment of policy and processes to best practice guidance and to ensure congruence with Managing High Professional Standards policy and process

- **Action-** Timeliness of investigations - ensuring cases are not unnecessarily protracted and that investigations are given priority

  Update- Timeframes for investigation process to be outlined in updated policy and process with escalation process for exceptional circumstances where the timeframe of investigation needs to be extended.

- **Action-** Investigators to be committed to timely investigations and report submission

Update- The updated policy and process to include timeframes for investigation with key milestones agreed at beginning of process. Any extension to timeframes will need to be agreed by commissioning manager and reasons for extension communicated fully to all parties involved including executive lead

- **Action**- An Executive Lead to be assigned to all cases

  Update- Complete, all current disciplinary cases have assigned executive lead assigned to them

- **Action**- More rigour applied to suspension decisions

  Update- Suspension process has been amended with further rigour in place for determining in suspension or another action is appropriate. All suspensions are now considered and authorised by the Director of Human Resources and Organisational Development and another Executive Director.

- **Update**- Quarterly detailed report to be submitted to Trust Board

  Action- complete, please see attached Quarterly Employee Relations Update

Zoe Connor, HR Business Partner, November 2019

Title: Learning Lessons to Improve our People Practices **Date: June 2019**				
Recommendations by the NHSI Advisory Group	**Alder Hey self-assessment against NHSI recommendations**	**Actions Required**	**Responsibility/ Owners/deadline**	**Update (November 2019)**
#1 Recommendation –NHS trusts should improve their processes and decision-making in respect of investigations and disciplinary hearings, as follows:				
1(a) Adhering to best practice guidance **i. The development and application of local investigation and disciplinary procedures should be informed and underpinned by the provisions of current best practice guidance, principally the Acas 'code of practice on disciplinary and grievance procedures' and other non-statutory Acas guidance; the GMC's 'principles of a good investigation'; and the NMC's 'best practice guidance on local investigations' (when published).**	The Trust's current disciplinary policy and process (including that of the MHPS policy for medical staff) has been informed and underpinned by ACAS code of practice on disciplinary and grievance procedures. The MHPS policy follows the GMC's principles of a good investigation. Each of the respective policies has been consulted on with union colleagues at both JCNC and LNC.	The ACAS code clearly underpins the current policy, however an earlier than required review of the disciplinary policy will take place and be consulted on at Policy Review Group (PRG) with staffside colleagues. To be reviewed again when the NMC guidance becomes available.	Sharon Owen, Deputy HRD to discuss at Policy Review Group (PRG) with staff side colleagues **July 2019 PRG**	Staff side agreed to early review of disciplinary policy. An extraordinary PRG meeting took place in September with further meetings scheduled to agree final policy to be ratified. Staff side are in agreement to the principles of the changes being proposed and are supportive of the actions identified.
ii. Employers should take every measure to ensure complete independence and objectivity is maintained at each stage of an investigation and disciplinary procedure, and that identified or perceived conflicts of interest are recognised and appropriately mitigated (this may require the sourcing of independent external advice and expertise).	Policy and practice is clear in respect of conflict of interest. Should any conflict be identified this has always been mitigated. This has included the use of investigators external to the organisation, if needed to reduce conflict of interest.	For complete transparency a Conflict of Interest declaration will be required from all involved in the process. There are elements of the policy and toolkit that could be made clearer specifically in relation to the training of investigators.	HR Business Partners to complete – **July 2019** Melissa Swindell HRD & Sharon Owen, Deputy HRD to review provision of Trust investigation Training	**Complete** Training for HR team took place in in October 2019. First management training session scheduled for 3/12/19 for 20 managers

			for all managers and HR both external and internally **July 2019**	with additional training to take place in 2020
1(b) Applying a rigorous decision-making methodology **Consistent with the application of 'just culture' principles, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident, employers should apply a decision-making methodology that provides for full and careful consideration of context and prevailing factors when determining next steps (a recommended or prescribed decision-making methodology could be included within the common management framework proposed below).**	Alder Hey Policy and practice follows the principles that all disciplinary issues should be handled in a fair and consistent way in line with the ACAS Disciplinary and Grievance code of practice. HR Business Partners will challenge any proposed formal action if it is possible to address issues of conduct in an alternative way. For patient safety related incidents the Incident Decision Tree (IDT) developed by the National Patient Safety Agency (NPSA) has been used to ensure our staff involved in such incidents are treated fairly. Nationally this has recently been replaced by the NHSI Just Culture guide and needs to be incorporate into our Trust Policy. A clearer decision making methodology should also be considered for incidents that are not patient safety related. Using the principles of the MHPS policy will assist with this.	Using the principles of the MHPS policy in the disciplinary policy will make more transparent and robust the decision making applied. Our Trust disciplinary policy will incorporate the NHSI Just Culture guide.	PRG group – **July/August 2019** HR Business partners – **August 2019**	Amended Policy and process in process of being consulted on with staff side colleagues. Agreement reached in principle to the changes being proposed, further PRG to be arranged to finalise policy for ratification
1(c) Implementing a common management framework **The procedures established by 'Maintaining High Professional**	As above the proposal is to take the main principles from the current Trust MHPS	see above (1b)	See above (1b)	See update above (1b)

Standards in the Modern NHS (a framework for the initial handling of concerns about doctors and dentists)' should inform the development and implementation of a common management framework for handling concerns relating to all NHS Staff, regardless of profession, role or the type of NHS organisation they work for. Once implemented, CQC should consider including the application of the common management framework by employers, together with scrutiny of the quality and outcomes of local investigation and disciplinary procedures, within the 'Well-led' assessment domain.	policy to inform the disciplinary policy			
#2 Recommendation – people are fully supported and resources appropriately committed to ensure the professional conduct of investigation and disciplinary processes, as follows:				
2(a) Ensuring people are appropriately trained and competent **Employers should only appoint individuals as case managers, case investigators and panel members who have received up to date comprehensive training and who, through such training, are able to demonstrate the aptitude and competencies (in areas such as objective critical thinking and assessment of information, awareness of relevant aspects of employment law**	Training is provided for investigators and/or continual HR support is provided to all those involved in the process. The pool of trained investigators needs to be reviewed and increased. Those who have had previous training will require refresher training. However there is interim assurance that HR support, coaching and advice is provided throughout.	As above (1a) There will be a comprehensive programme of training and education as part of the disciplinary review.	Melissa Swindell HRD & Sharon Owen, Deputy HRD to review provision of Trust investigation Training **July 2019**	Update as above (1a)

and best practice, and appreciation of race and cultural factors) required to undertake these roles.				
2(b) Allocating sufficient time and resources **Before commencing investigation procedures, organisations should ensure that appointed case managers, case investigators and other individuals charged with specific responsibilities are allocated sufficient time and resources that will fully support the timely completion of investigation and disciplinary processes Within the overall context of 'resourcing', full consideration should also be given to the extent to which individuals involved in these processes (especially panels) are truly independent.**	Whilst this is clearly articulated in Trust policy the practice often does not comply with policy in this respect. Timely investigations are key and require prioritisation. It is imperative that the protraction of any case is not resultant of case investigators capacity. Investigators to receive full line management support to prioritise investigations.	Cover letter from HRD to be issued at the outset of all investigations to those involved in the process. The purpose of this is twofold; to give senior oversight on the case and also to clarify roles and responsibilities of all involved. Ensuring those who have signed up are committed to completing in a timely way. Commissioning manager to oversee and monitor progress on investigation weekly. Progress report of all cases, to be reported quarterly to the private business session of the Trust Board including any suspensions, rationale, duration of investigation and compliance against our own policy. Nominated Executive lead to have	HR Business Partner to draft letters – **July 2019** Melissa Swindell HRD, **– October 2019** **Melissa Swindell,** HRD to agree with Executives with immediate effect**.**	**Complete**- to be incorporated into updated policy/ process following ratification Role and responsibilities of commissioning manger amended in draft policy to reflect requirement for weekly progression updates. Policy to be agreed with staff side **Complete-**first quarterly update on agenda to November board meeting

		oversight on assigned cases. (To be excluded on any possible appeals).		
2(c) Following a rigorous process in deciding to apply suspensions **Employers should ensure that a decision to suspend an individual is not taken by one person alone, or by anyone who has an identified or perceived conflict of interest. Where such action is required as a response to immediate safety or security issues, senior level opinion should be secured at the earliest opportunity following the decision. Any decision to suspend should be a measure of last resort that is proportionate, time bound and only taken when there is full justification for doing so. The continued suspension of any individual should be subject to appropriate senior-level oversight.**	No one is suspended without HR advice and involvement. The decision to suspend is never taken lightly, which is reflected in low number of suspension at any one time. We always explore all alternatives to suspension as we are cognisant of the impact this can have on our staff. However there is not currently a decision tool to help managers arrive at an informed and transparent decision to suspend.	Introduction of a suspension check list to share with senior managers in helping make an informed decision if suspension is appropriate. Any proposal to suspend a member of staff must be agreed with the HRD and another independent member of the Executive team.	HRBP's to produce a suspension checklist consulting with staff side as part of policy review – **July 2019** HR Dept to initiate notifications to HRD with immediate effect **June 2019**	**Complete-**included in draft policy and procedure **Complete-** process in place
2(d) Protecting the health and wellbeing of staff involved in disciplinary processes **Concern for the health and welfare of individuals involved in investigation and disciplinary procedures should be paramount and continually assessed, and appropriate professional occupational health assessments and**	The health and wellbeing of staff is high priority in our case management processes as we know that employees who are subject to such processes can find this a very difficult time. The Supporting Staff Policy is instigated at	As part of the consultation with staff side colleagues all additional support mechanisms will be considered – the Supporting Staff Policy may also require an earlier than planned update to ensure this is clearly	Sharon Owen, Deputy HRD, to lead at PRG a review of the supporting staff policy **August 2019**	**In progress-** Supporting staff at work policy being reviewed in conjunction with staff side colleagues and support of Jo Potier. Policy to reflect actions of

interventions (together with signposting to Employee Assistance Programmes, where available) are provided to any member of staff who either requests or is identified as requiring such support.	the initiation of any investigation process, which includes a mentor/support for the duration of the investigation. The Alder Centre offer staff counselling and Occupational Health services are offered throughout. Staff are also signposted to other support organisations as appropriate, which may include Mind, Mersey etc	captured and all means of support signposted. Jo Potier, Consultant Clinical Psychologist (CCP) commences in her post of CCP/Associate Director of OD on 1st August 2019, and we will seek her professional input to ensure we have explored and considered all means of support. Emphasis on meeting with the staff member or verbally where appropriate – followed up in writing by commissioning manager.	**Jo Potier** to professionally advise on maximising staff support **August 2019**	health and wellbeing steering group including Time to Change pledge
ii. A communication plan should be established with individuals who are the subject of an investigation or disciplinary procedure and this plan should form part of the associated terms of reference. The underlying principle should be that all communication, in whatever form, is timely; comprehensive and unambiguous; sensitive; and compassionate. Wherever possible, contact with individuals should be undertaken in person, or otherwise verbally, and supported in writing.	A template letter in the policy toolkit is completed at the outset and issued to the staff member subject to investigation, which stipulates the process, methods and frequency of communication. If suspension has been deemed necessary communication of this is ordinarily all undertaken in person and followed up in writing. However communication following this is usually in written form only. We recognise the need to improve ongoing face to face communications with staff members who are subject to investigation.	Modify letters as part of the policy review to include a clear communication plan to be agreed and appended.	HRBP's to set up a task and finish group with reviews all letters and templates associated with the disciplinary policy. This will be consulted on as part of PRG. **July/Aug 2019** HRBP's to liaise with commissioning managers with immediate effect to encourage communication in person if appropriate.	**In progress-** task and finish group established in July and toolkit reviewed and updated. Meeting with Deputy HRD to review actions to date prior to discussion with staff side at PRG **Complete**

iii. Where a member of staff who is the subject of an investigation or disciplinary procedure suffers any form of serious harm, whether physical or mental, this should be treated as a 'never event' which therefore is the subject of an immediate independent investigation commissioned and received by the board. Further, the board should take prompt action to address the identified harm and its causes. **iv. In cases where legal proceedings conclude that an individual has been wrongfully treated as a consequence of a poorly or inappropriately applied investigation and/or disciplinary process, NHS England and NHS Improvement should obtain assurance that the employer has taken/is taking appropriate measures to: understand how the situation arose; mitigate the same mistakes being replicated; hold responsible persons to account for any wrongful actions; and provide support to the wronged individual. In this latter respect, consideration should be given to extending participation in the whistle blowers' support scheme to include such individuals.**		Recommendation noted and endorsed by the Board. Recommendation noted and endorsed by the Board.		

#3 Recommendation – investigation and disciplinary processes should be open to improved scrutiny through sharing of appropriate information and proactive reporting of progress, as follows:				
Board Level Oversight **i. Employers should establish mechanisms by which comprehensive data relating to investigation and disciplinary procedures is collated, recorded, and regularly and openly reported at board level. Data collation and reporting should include: numbers of procedures; reasons for those procedures; adherence to process; justification for any suspensions; decision-making relating to outcomes; impact on patient care and staff; and lessons learnt, all of which the CQC should consider including in its assessment of the 'Well-led' domain.**	Existing monthly People Strategy board report which contains high level information in relation to the number of cases currently being managed, including those at Employment Tribunal.	Establish quarterly report to private business session of the Board meeting to include the suggested areas of inclusion.	Melissa Swindell, HRD, **October 2019**	**Complete**-first quarterly update on agenda to November board meeting

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Report of:	Director of Corporate Affairs FTSU Guardian
Paper Prepared by:	FTSU Guardian
Subject/Title:	Freedom to Speak Up – Progress Update Report
Background Papers:	FTSU Board reports from September 2016 onwards
Purpose of Paper:	To provide the Board with a summary of progress to date to improve and enhance mechanisms for staff to raise concerns and describe the actions planned for the coming period
Action/Decision Required:	The Board is asked to note the progress made to date and to support the further actions outlined
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	**Best people doing their Best Work**
Resource Impact:	To be identified

BOARD OF DIRECTORS

FREEDOM TO SPEAK UP PROGRESS REPORT IN RESPONSE TO NATIONAL GUIDANCE FOR BOARDS AND QUARTERLY UPDATE

1. Purpose

The purpose of this paper is to provide the Board with an analysis of the Trust's position against the most recent national guidance for Boards relating to the Freedom to Speak Up movement, to provide the quarterly report of cases from the FTSU team and to outline the actions planned for the coming six to twelve month period.

2. Recommendation

The Board is asked to note the progress made to date, support the overall direction of travel and the specific initiatives proposed.

3. Self- review against supplementary information

This section outlines current compliance with the guidance; section 4 identifies any gaps that need to be addressed in the coming period.

3.1 Individual Responsibilities

Chief Executive and Chair

- Accountabilities are well understood
- Consistent support for FTSU activities demonstrated through successive Board papers and support for related initiatives such as Fab Staff Week
- Annual Report 2018/19 provides narrative of FTSU progress through the year
- Chair has previously received training through the NGO plus evidence of NED attendance at network events
- FTSU Guardian has regular direct access
- CEO fully briefed on settlement agreements although confidentiality clauses very rarely used.

Executive Lead for FTSU

- Fully sighted on national guidance and ensures exposure at Board level including Trust response
- Co-author of Board papers since 2016 including co-creation of strategy and related plans with FTSUG
- Works with FTSUG to keep time commitment under review
- FTSUG supported by organizational psychologist in day to day role
- Quarterly reports include update of cases and summary of any changes made as a result.
- Trust Raising Concerns policy has been regularly reviewed and reflects national progression towards more inclusive language when describing the process for staff.

NED lead for FTSU

- NED lead is very experienced in terms of advocacy and involvement in sensitive issues
- Fully sighted on national guidance and ensures dialogue and challenge at Board level
- FTSUG has regular access
- Appropriate arrangements in place to enable the NED lead to be supported to deal with concerns in a confidential manner.

Director of HR and OD

- DoHR led original organizational values work in 2012 and continues to actively promote these at all levels

- Trust People Plan includes pledges relating to health and wellbeing and leadership development, which specifically reference the creation of an open culture in which speaking up safely is fostered
- Board reports relating to FTSU reference all speaking up routes with an overarching communication plan that supports this
- Trust wide Strong Foundations leadership programme launched during the year which is based upon principles of compassionate leadership
- Reflection on Trust values forms part of the annual appraisal process for all staff
- FTSUG has demonstrated consistent timely escalation of issues raised by staff, signposted to the relevant senior officer.

Medical Director and Chief Nurse

- Standing invitation issued to FTSUG to attend weekly Patient Safety meeting chaired by MD/CN
- Ongoing work to ensure that learning from patient safety incidents and 'saves' are shared widely across the Trust
- Evidence of timely action being taken when potential patient safety issues raised.

3.2 Evaluating Guardian Resource

As per recommendations from the NGO, the FTSU Guardian completes the Competency Framework and Self-Assessment tool annually; this allows the Guardian to assess their competence to carry out the role to the best of their ability and identifies any learning and training needs. The wellbeing of the Guardian and the champions continues to be supported by the Trust's organizational psychologist and the team is reviewing ways that supervision can be embedded further into its activities.

Review of ring-fenced time for the FTSU Guardian remains constant, currently, this is one day per week, however there has been a significant rise in FTSU cases in Q2 and therefore consideration may need to be given to extend this time

3.3 Communication strategy

Working with the communications team, the FTSU team continues to promote a positive FTSU culture within Alder Hey, to ensure all staff are aware of who to speak up to, however they are also looking at ways of reinforcing the message that speaking up is welcomed and that actions do result from speaking up. The communication strategy also considers ways in which these messages reach our more inaccessible workers, eg night staff.

There are a significant number of different communication routes that are currently used, including staff forums, staff networks, junior doctors' induction, new staff induction and student nurse induction; the team has also worked with our PEF team, to have the Alder Hey FTSU logo included on the 'Learner raising concerns whilst on Placement' document. During FAB staff week this year we also promoted FTSU, particularly as October is NGO Speak Up safely month.

In terms of measurement of engagement, questions are included in the quarterly temperature check which should identify if knowledge and confidence in FTSU increases, however currently the most effective measure for staff engagement is by listening to what staff talk about, therefore FTSU visibility is paramount.

3.4 FTSU Improvement Strategy

As described above the Trust has an overarching People Plan linked to the key strategic theme of the Best People doing their Best Work and reflective of the NHS Interim People Plan. There is a strong theme of speaking up safely evident within the overall plan and the FTSU team therefore

sees the strategic approach to FTSU as being integral to this rather than a stand-alone strategy. It is recommended that the Board continues to support this approach.

The aims and ambitions of FTSU cannot be discussed without noting the work currently underway that is helping to reshape the culture within Alder Hey. The Strong Foundations course, is instrumental to this shift in culture and in promoting the principles of a speak up safely culture and the importance of listening up, alongside this, is the newly created Staff Advice and Liaison service (SALS), which not only promotes the core principles of freedom to speak up, but also provides a central hub for staff to raise concerns.

In terms of measurement we have recently reviewed the NGO INDEX, this is based on four key questions within the NHS staff survey, in order to continually strive to improve; it is proposed that these four keys questions are included in the quarterly staff surveys, which, coupled with the psychological safety questions, will help develop a real insight into how the FTSU culture is being embedded.

The NGO have provided Freedom to Speak Up e-learning modules which are available on ESR, communication regarding this training has been circulated to all staff. Currently this training is not part of the core skills training and each Trust can decide if they make the training mandatory, it is asked that the Board consider this option.

3.5 Triangulating data

Quarterly Raising Concerns meetings to be established, this will replace the previously discussed monthly FTSU summit. Membership should include Deputy Director of HR, Director of Nursing, Equality and Diversity Lead, Associate Director of Risk and Governance, PALs Lead and Staff side representative, the purpose of this meeting will ensure that all data is compared regarding raising concerns.

3.6 Board Assurance

The output of the meeting described in section 3.5 above will assist with the strengthening of Board assurance beyond reporting of numbers and themes of cases raised to the Guardian in the quarter.

3.7 Guardian Report content

During the last quarter, a total of 12 cases were brought to the FTSU team by Trust staff; this is the highest number to date and would suggest that staff are starting to value the benefits of this service. Of these cases, 5 were related to behaviour and relationships, 2 to systems and process, 1 to culture, 1 to leadership, 2 to systems/process and leadership and 1 leadership/behaviours and system/process. Of these cases, 2 were raised confidentially 1 case has been closed and one is pending closure; of the remaining 10, 4 are currently being investigated, 2 are working with the organizational psychologist and the remaining 4 cases are being managed within the service they originated from. The staff members who brought the issue that has been closed during this quarter, has expressed that they would use this route again to raise a concern and rated the service highly.

The Trust continues to report its FTSU activity to the National Guardian's Office as required.

3.8 Speaking up policy audits

An audit process needs to be formalized and monitoring agreed with the Board leads.

3.8 Participation in local and national networks

The Trust Guardian attends the North West Regional FTSU meeting as the co-chair. The next regional meeting in June 2020 will be hosted in Alder Hey where Alder Hey's Chair will be appointed Chair. The Guardian also attends national meetings hosted by the NGO and is well networked across all parts of the system.

3.9 Leadership Training

Training for all new Champions and the Board Leads for FTSU is to be delivered internally, once the training programme has been developed in line with the national guidelines on Freedom to Speak Up training

4. Issues for discussion/consideration by the Board

The issues identified through the exercise to self-review against the guidance are as follows:

- Further review of the FTSU Guardian's dedicated time allocation
- Develop and agree and a reporting schedule to provide a greater level of detail on learning from cases, which will also lead to an audit plan
- Consider inclusion of the FTSU core skills training into the Trust's mandatory training portfolio.

Kerry Turner
Erica Saunders
October 2019

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Fit and Proper Persons Requirement**
Report of:	Trust Chair
Paper Prepared by:	Director of Corporate Affairs Director of HR & OD

Purpose of Paper:	Decision Assurance Information Regulation	☐ ■ ☐ ☐
Background Papers and/or supporting information:	CQC Regulation 5 and supporting guidance	
Action/Decision Required:	To note To approve	■ ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** **The best people** doing their best work Sustainability through **external partnerships** Game-changing **research and innovation** **Strong Foundations**	☐ ■ ☐ ☐ ■

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Fit and Proper Person Annual Assurance Report

1. Purpose

The purpose of this paper is to provide the Board with an annual report on compliance against FPPR and provide the Trust Board with assurance in relation to the fitness of its Directors. It is good practice for the Trust Chair to present this information as per the CQC's guidance.

2. Recommendation

The Board is asked to note the assurance provided by this report and the compliance demonstrated by all directors* with the provisions of the regulation.

Role	FPP Declaration (Annual)	DBS Completion (3 yearly)	Companies House Disqualified Directors Register (Annual)	Insolvency Register (Annual)	Ongoing compliance assessment (Annual PDR)
NED (WOD)	04/02/2019	Update in progress	27/02/2019	27/02/2019	Yes
Deputy CEO/DoF	05/02/2019	11/01/2017	27/02/2019	27/02/2019	Yes
NED (SID)	05/02/2019	05/05/2017	27/02/2019	27/02/2019	Yes
Development Director	04/03/2019	28/04/2017	27/07/2019	27/02/2019	Yes
NED (Vice Chair)	27/02/2019	26/04/2017	27/02/2019	27/02/2019	Yes
Director of Corporate Affairs	05/02/2019	Update in progress	25/02/2019	25/02/2019	Yes
Chief Executive	05/02/2019	Update in progress	25/02/2019	25/02/2019	Yes
Director of HR & OD	08/02/2019	26/04/2017	25/02/2019	25/02/2019	Yes
Chair	04/05/2017	Update in progress	21/02/2019	21/02/2019	Yes
Chief Nurse	04/02/2019	28/04/2017	25/02/2019	25/02/2019	Yes
Director of Surgery	26/02/2019	10/05/2017	25/02/2019	25/02/2019	Yes
Director of Communications	04/02/2019	29/06/2017	27/02/2019	27/02/2019	Yes
Director of Medicine	18/02/2019	09/05/2017	27/02/2019	27/02/2019	Yes
Chief Operating Officer	05/02/2019	01/02/2018	27/02/2019	27/02/2019	Yes
Director of Strategy	05/02/2019	14/01/2018	27/02/2019	27/02/2019	Yes
Medical Director	05/01/2019	n/a - AUS check at recruitment	27/02/2019	27/02/2019	Yes
NED (Audit)	12/02/2019	11/09/2018	27/02/2019	27/02/2019	Yes
Director of Community and Mental Health	04/02/2019	27/06/2018	27/02/2019	27/02/2019	Yes

30th October 2019

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

5 November 2019

Paper Title:	**Freedom to speak Up: Raising Concerns (Whistleblowing) Policy**
Report of:	Director of Corporate Affairs
Paper Prepared by:	Governance Manager

Purpose of Paper:	Decision ■ Assurance ☐ Information ☐ Regulation ☐
Background Papers and/or supporting information:	The committee is asked to ratify the Raising Concerns (Whistleblowing) Policy for a further three years following Audit Committee approval on 26 September 2019.
Action/Decision Required:	To note ☐ To approve ■
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ■ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ■ **Strong Foundations** ■
Resource Impact:	n/a
Associated risk (s)	BAF Risk 1.1 (Not having sufficiently robust, clear governance systems and processes and people in place supported by the expected culture and values that underpin learning for improvement)

Alder Hey Children's NHS Foundation Trust

NHS Improvement
NHS England

Freedom to speak up: raising concerns (whistleblowing) policy for the NHS

Contents

Speak up – we will listen

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

This policy

This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. It is expected that this policy (produced by NHS Improvement and NHS England) will be adopted by all NHS organisations in England as a minimum standard to help to normalise the raising of concerns for the benefit of all patients.

Our local processes adhere to the principles of this policy and provide more detail about how we will look into a concern.

What concerns can I raise?

You can raise a concern about **risk, malpractice or wrongdoing** you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud specialist Virginia Martin (Email: Virginia.martin@miaa.nhs.uk, Tel: 0151 285 4552).
- a bullying culture (across a team or organisation rather than individual instances of bullying).

For further examples, please see the Health Education England video.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our Grievance policy – E7..

Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

Who should I raise my concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager (or lead clinician or tutor). But where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- our **Freedom to Speak Up Guardian**, Kerry Turner, Listening into Action Lead, (contact Kerry at FreedomToSpeakUp@alderhey.nhs.uk) – this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a

concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation

- our risk management team, at either corporate or divisional level.
- the Chief Executive, via our **Raise it, Change it** mechanism, using the link on the Trust's intranet.

If you still remain concerned after this, you can contact:

- our executive director with responsibility for whistleblowing Erica Saunders, Director of Corporate Affairs (contact Erica on 0151 282 4672 or via Erica.saunders@alderhey.nhs.uk)
- our non-executive director with responsibility for whistleblowing, Anita Marsland (contact via Julie Tsao on 0151 252 5128, internal x2128 or via Julie.Tsao@alderhey.nhs.uk)

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed on page 8.

Advice and support

Details on the local support available to you can be found on the Trust's intranet. However, you can also contact the Whistleblowing Helpline for the NHS and social care, your professional body or trade union representative.

How should I raise my concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

What will we do?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Annex A).

We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident[1]). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

[1] If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the Serious Incident Framework.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

How will we learn from your concern?

The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Board oversight

The Board will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Board supports staff raising concerns and wants you to feel free to speak up.

Review

We will review the effectiveness of this policy and local process at least annually, with the outcome published and changes made as appropriate.

Raising your concern with an outside body

Alternatively, you can raise your concern outside the organisation with:

- NHS Improvement for concerns about:
    - how NHS trusts and foundation trusts are being run
    - other providers with an NHS provider licence
    - NHS procurement, choice and competition
    - the national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
    - primary medical services (general practice)
    - primary dental services
    - primary ophthalmic services
    - local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Counter Fraud for concerns about fraud and corruption.

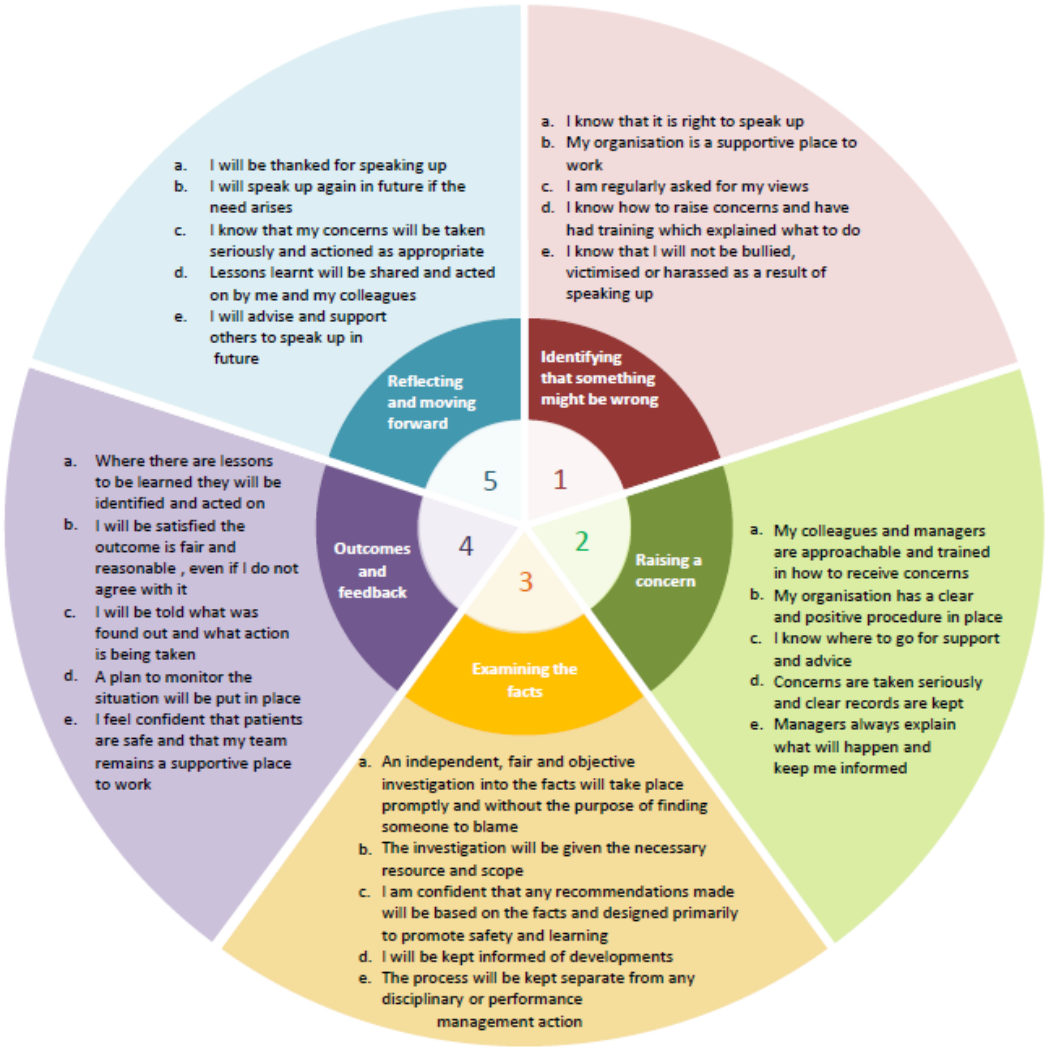
Making a 'protected disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'pres cribe d persons', similar to the list of outside bodies on page 8, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative.

National Guardian Freedom to Speak Up

The new National Guardian can independently review how staff have been treated having raised concerns where NHS trusts and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

Annex A: A vision for raising concerns in the NHS



Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS*.

NHS Improvement
NHS England

Contact us

NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

T: 020 3747 0000
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams.

This publication can be made available in a number of other formats on request.

NHS Improvement (April 2016) Publication code: Policy 01/16
Publications Gateway Reference: 04877

Alder Hey Children's NHS
NHS Foundation Trust

Local Document Control Sheet

Freedom to Speak Up: Raising Concerns (whistleblowing) policy for the NHS	
Version:	10
Name of ratifying committee:	Trust Board
Date ratified:	05/11/2019
Name of originator/author:	Erica Saunders, Melissa Swindell
Name of approval committee:	Audit Committee
Date approved:	26 September 2019
Name of Executive Sponsor:	Director of Corporate Affairs / Director of Human Resources & Organisational Development
Key search words:	Whistleblowing, whistleblower, disclosure, raising concerns, E29
Date issued:	October 2019
Review date:	October 2022

Version Control Table				
Version	**Date**	**Author**	**Status**	**Comment**
10	September 2019	Jill Preece, Governance Manager	Current	
9.1	April 2019	Erica Saunders , Melissa Swindell	Archived	Updated Freedom to Speak up Guardian and Non-Executive details
9	October 2016	Erica Saunders , Melissa Swindell	Archived	Adopted national policy with local details added
8	December 2015	Mersey Internal Audit Agency – Local Counter Fraud Specialist	Archived	6 month extension approved by WOD awaiting outcome of national consultation.
7	September 2014	Mersey Internal Audit Agency – Local Counter Fraud Specialist	Archived	
6	March 2012	Director of Corporate Affairs / Interim Head of Workforce Transformation	Archived	
5	May 2010	Dave Eaton	Archived	
4	February 2007	Sub-group of Employment Policy Review Group, HR Managers & Staff Side	Archived	
3	November 2006	Sub-group of Employment Policy Review Group, HR Managers & Staff Side	Archived	
2	December 2005	Sub-group of Employment Policy Review Group, HR Managers & Staff Side	Archived	
1	December 2003	Jayne Shaw	Archived	
0	August 2000	Unknown	Archived	

Review & Amendment Log Record of changes made to document since last approved version			
Section Number	**Page Number**	**Change/s made**	**Reason for change**
	5	Minor edit to remove reference to CBU	No longer operating in CBUs

CHILD FRIENDLY CITIES AND COMMUNITIES – AN INTRODUCTION

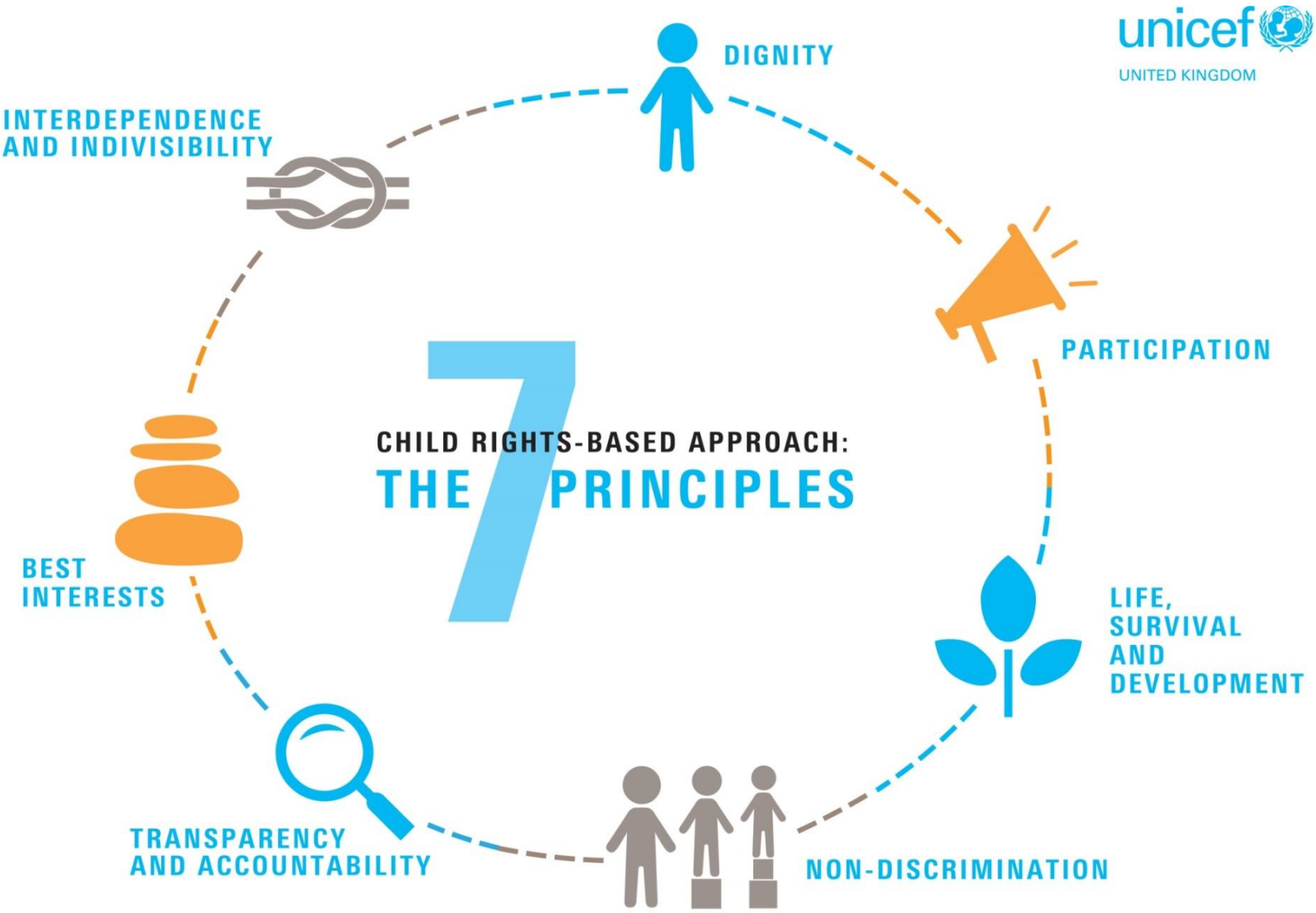
CHILD FRIENDLY CITIES & COMMUNITIES

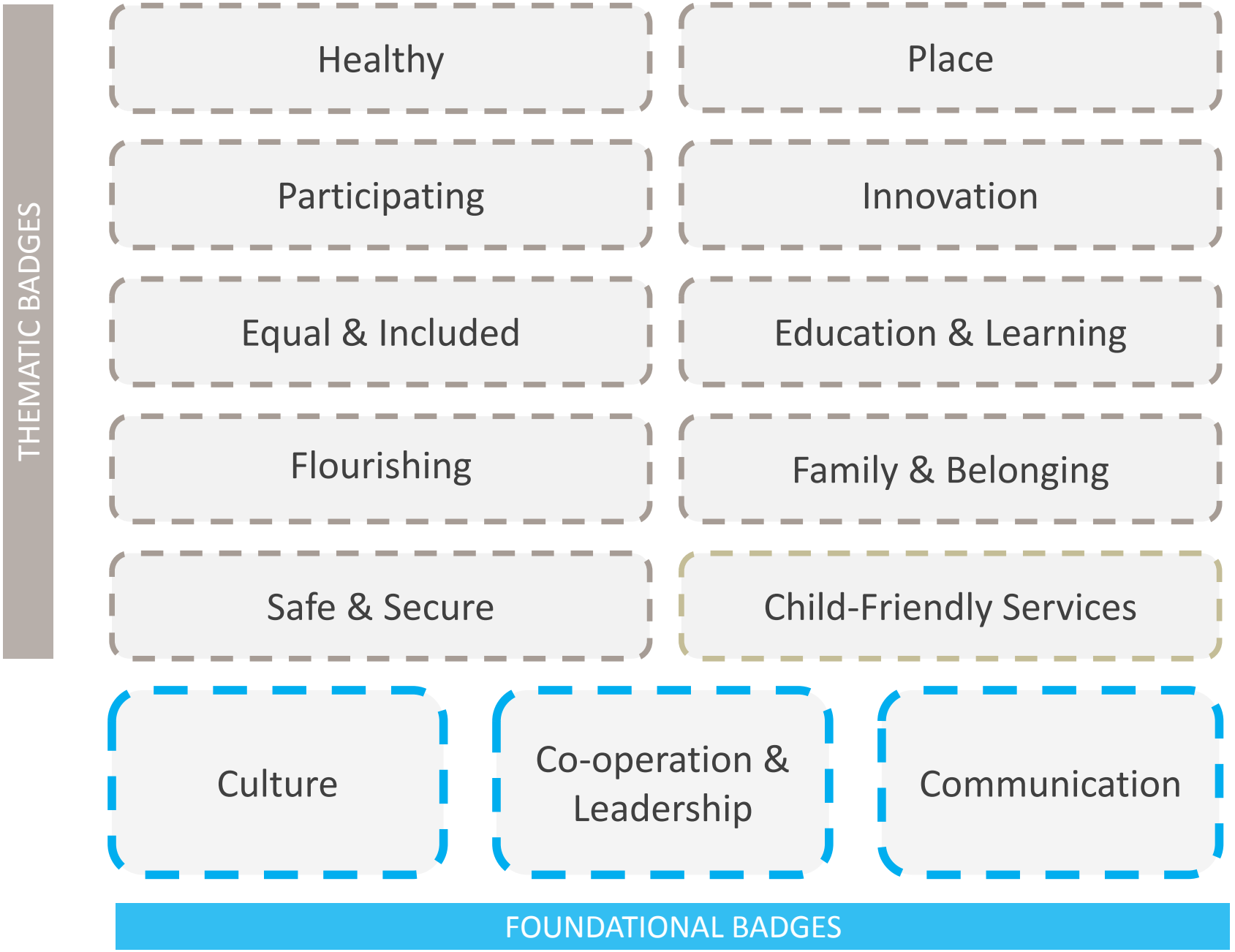
unicef
UNITED KINGDOM

WHAT IS A CHILD FRIENDLY CITY/COMMUNITY?

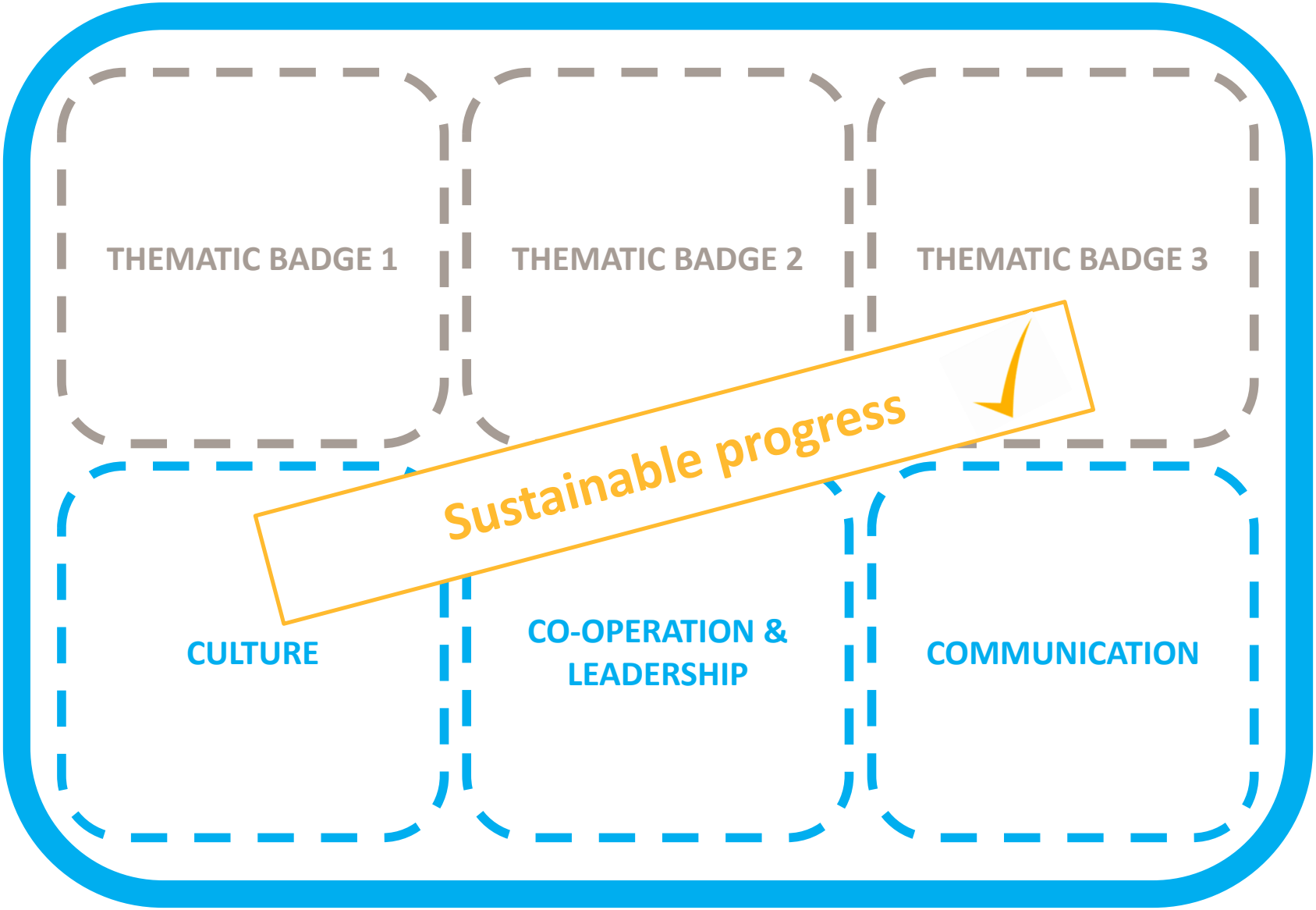
Child Friendly Cities & Communities is a Unicef UK programme that works with councils to put children's rights into practice.

The programme aims to create cities and communities in the UK where all children – whether they are living in care, using a children's centre, or simply visiting their local library – have a say in the local decisions, services and spaces that shape their lives.




THEMATIC BADGES
Healthy
Place
Participating
Innovation
Equal & Included
Education & Learning
Flourishing
Family & Belonging
Safe & Secure
Child-Friendly Services
Culture
Co-operation & Leadership
Communication
FOUNDATIONAL BADGES

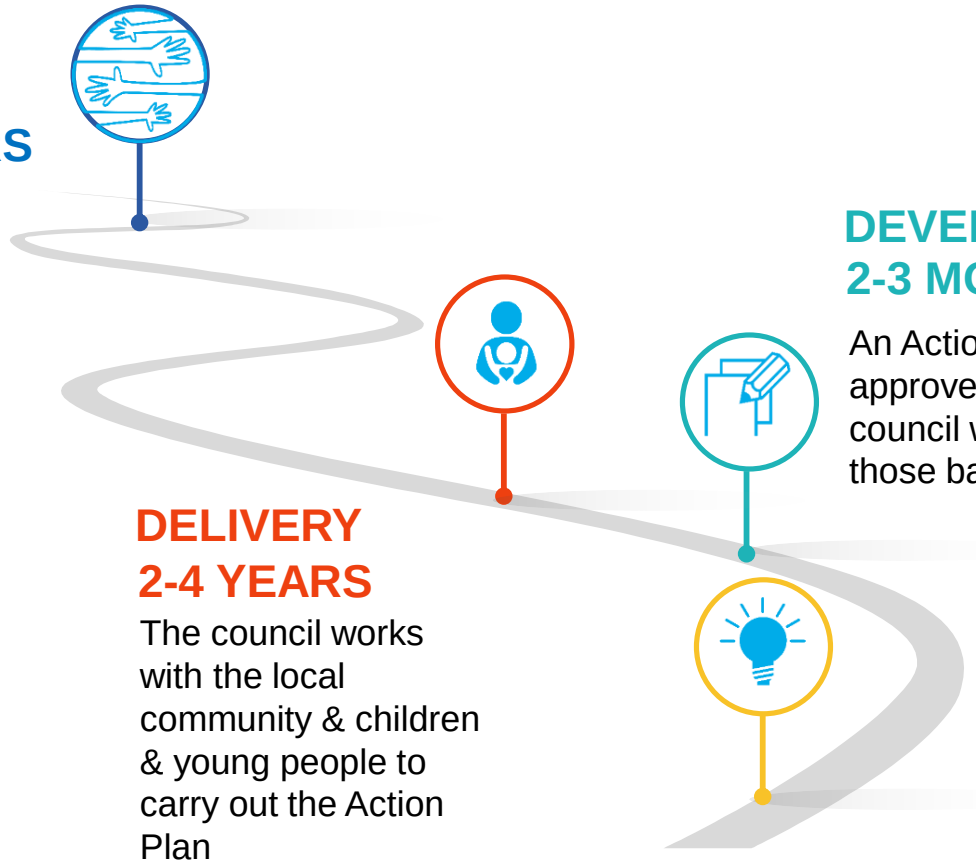
RECOGNITION



THE JOURNEY

RECOGNITION LASTS FOR 3 YEARS

An independent panel of experts assesses the council's progress & decides whether to recognise the city/community as child-friendly



DISCOVERY 6 MONTHS

The council, community & children & young people come together to agree their priorities – six 'badges'

DEVELOPMENT 2-3 MONTHS

An Action Plan is drafted & approved showing how the council will achieve progress in those badges

DELIVERY 2-4 YEARS

The council works with the local community & children & young people to carry out the Action Plan

DISCOVERY – 6 MONTHS

SLA in place

Robust and clear **Safeguarding** arrangements are in place:

- Review CFC's safeguarding guidance and share with relevant staff
- Nominate Designated Safeguarding Persons
- Complete and return the CFC safeguarding checklist
- Host a Unicef UK-facilitated breakfast briefing

The partnership with Unicef UK has been announced and a **Communications** plan is in place to increase local knowledge of the programme:

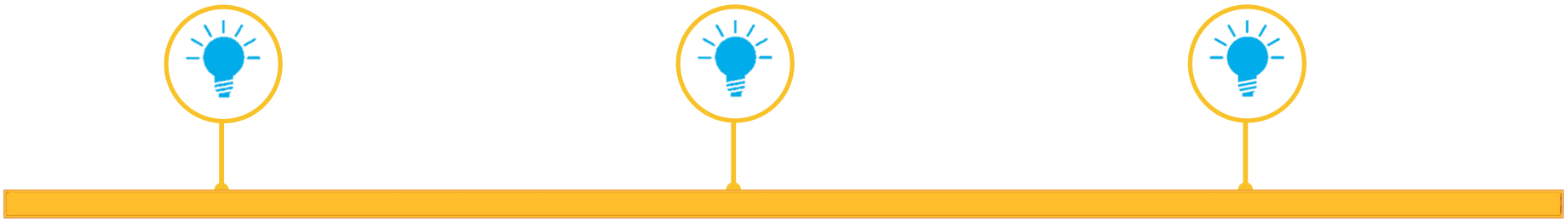
- Draft and submit a CFC communications plan
- Publically launch the programme
- Include CFC in the LA's annual communication plan
- Offer opportunities for communications staff to join Unicef UK-facilitated training sessions

Local **Youth Participation & Engagement** teams understand the programme and opportunities are in place for children and young people to influence its development:

- Host Unicef-UK facilitated training sessions
- Map existing local participation structures and explore alternative models of youth participation
- Support a group/structure of children and young people to influence the programme and decision-making

DISCOVERY CONTINUED

Consensus on **six badges**



A **Governance & Decision-Making** structure is in place, including CFC Champions, and those involved feel able to promote the programme:

- Review the governance and coordination structure submitted at the Expression of Interest stage
- Host a Unicef UK-facilitated breakfast briefing
- Host Unicef UK-facilitated training sessions

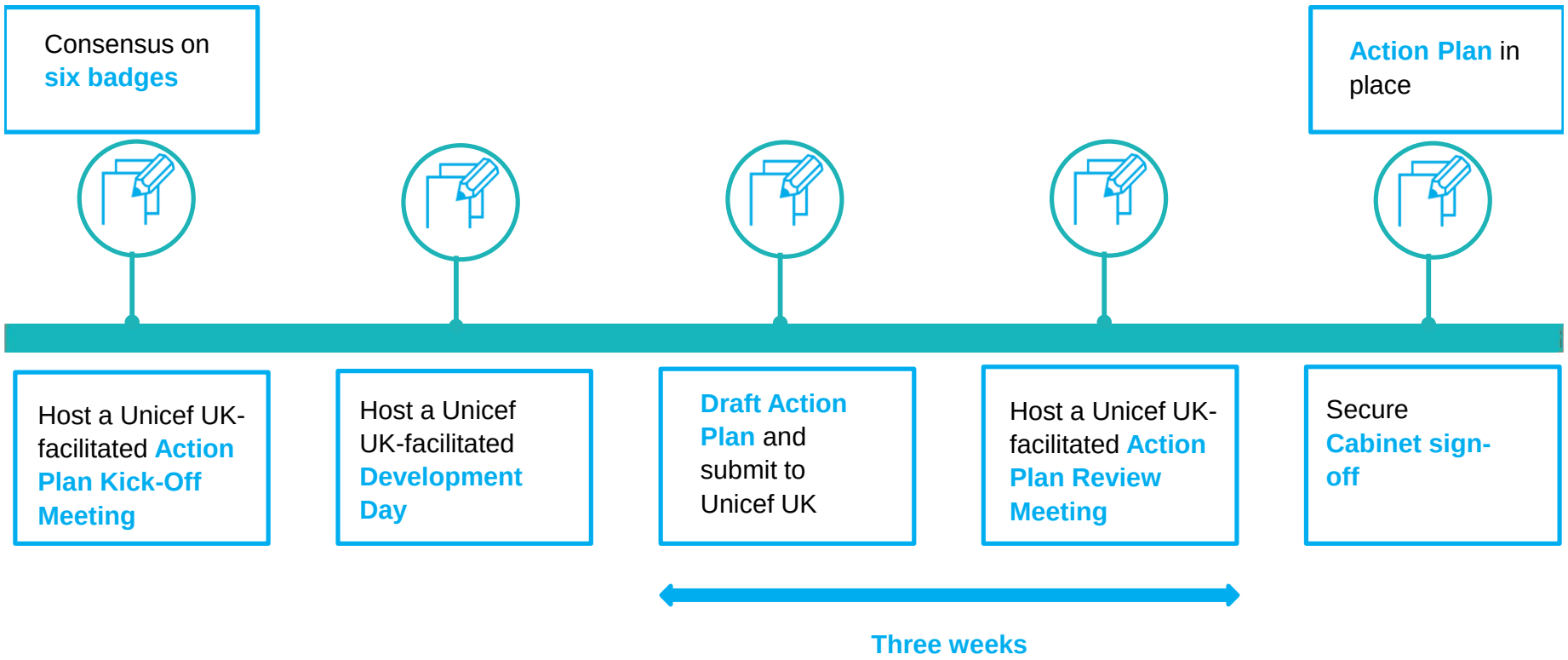
There is a clear, evidence-based understanding of the existing situation for children and their priorities, and agreement on which three thematic **Badges** to focus on during the programme:

- Review existing local data
- Host Unicef UK-facilitated Youth Discovery and Community Discovery Days
- Consult more widely to close any gaps
- Draft and submit a badge rationale report

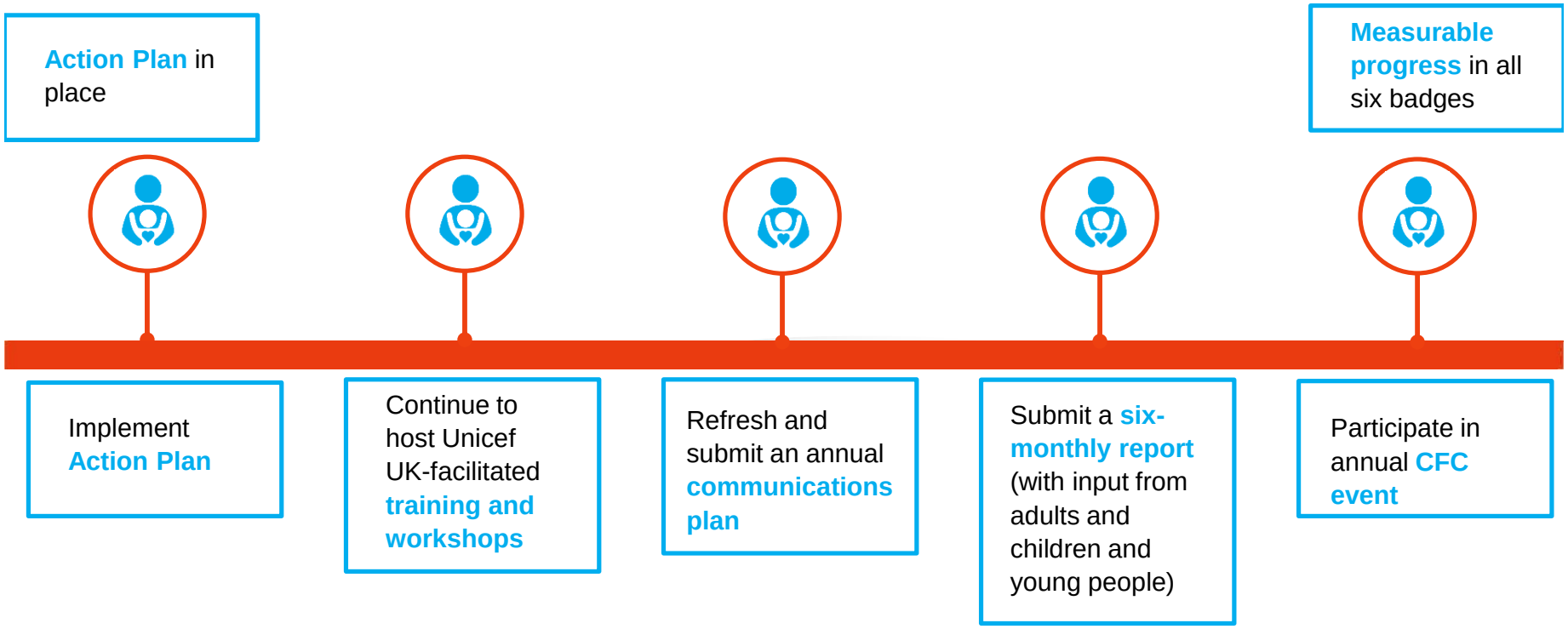
A **Baseline Study** is completed:

- Disseminate survey to children and young people, and professionals
- Host focus groups

DEVELOPMENT – 2-3 MONTHS



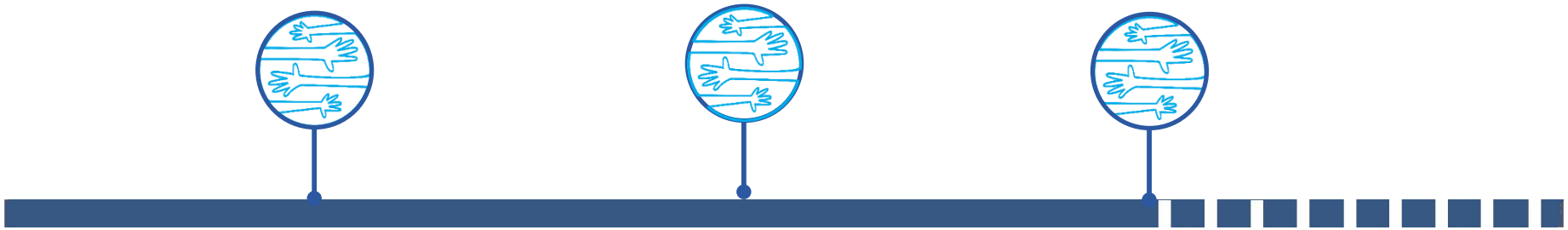
DELIVERY – 2-4 YEARS



RECOGNITION – LASTS FOR 3 YEARS

Measurable progress in all six badges

Child Friendly City or Community



Submit evidence backed up with testimony from children and young people

Commit to **self-regulate** and alert Unicef UK of any significant changes

Submit **Three-Year Plan** and evidence sustained progress for renewed recognition

THANK YOU

W: unicef.org.uk/child-friendly-cities

E: cfc@unicef.org.uk

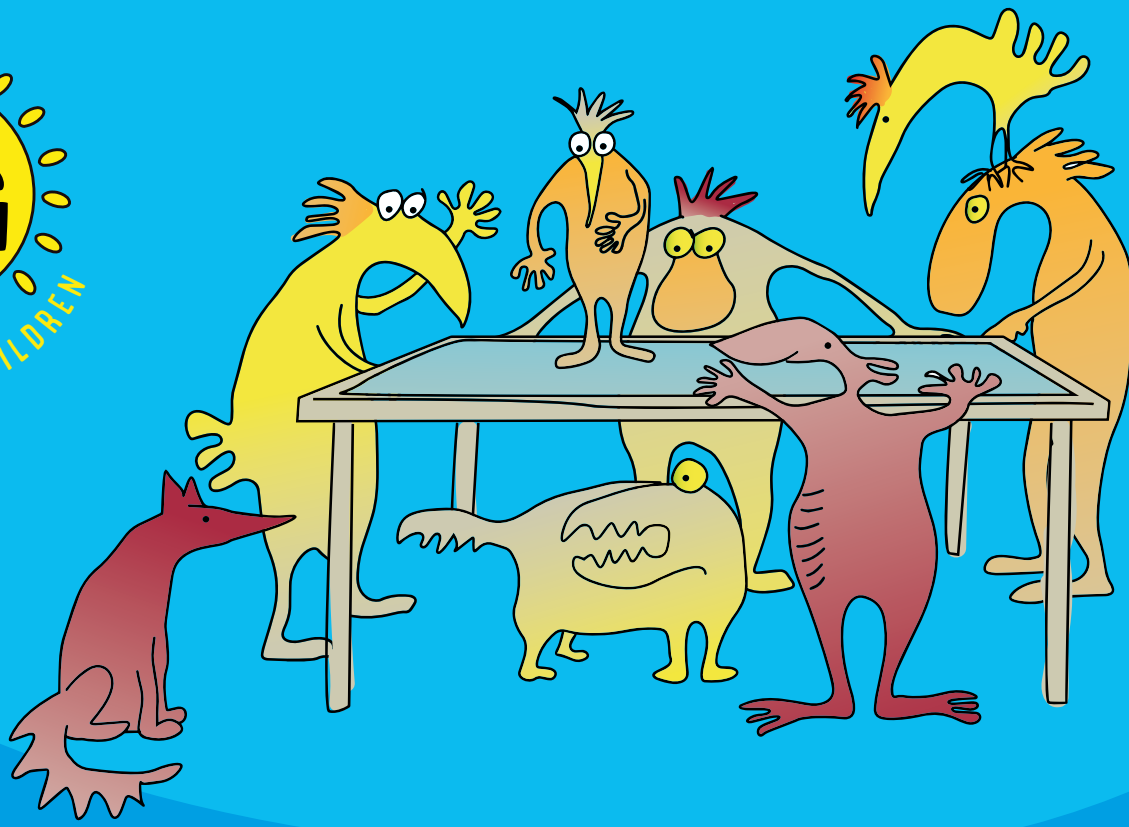
CHILD FRIENDLY CITIES & COMMUNITIES

unicef UNITED KINGDOM

OUR PLAN

INSPIRED BY CHILDREN

NHS
Alder Hey Children's
NHS Foundation Trust



Alder Hey Children's NHS Foundation Trust

STRATEGIC PLAN

2019-2024

CONTENTS

PLEASE CLICK ON THE CONTENTS BUTTONS TO NAVIGATE TO EACH SECTION

OUR PLAN
INSPIRED BY CHILDREN

IN A NUT SHELL...

SHELLING THE NUT...

APPENDICES

FOREWORD

Alder Hey is a special place, made up of extraordinary children, young people, families and exceptional staff. Over the last decade, we have witnessed a transformation in the care we deliver for children and young people. We are continually inspired by them.

At Alder Hey, we are guided by a clear, shared vision, driven and delivered by our teams across the Trust, to "Build a healthier future for children and young people, as a recognised world leader in research and healthcare". We are building this healthier future through;

Dame Jo Williams
Chair

Louise Shepherd CBE
Chief Executive

- **Alder Hey in the Park** - our purpose-built £350m campus devoted to improving children and young people's health. This specialist, digitally-enabled hospital, was designed by children and young people. Our children and young people's health campus houses a dedicated Research, Education and Innovation (RE&I) Institute, which is home to our partnership with four Universities and the National Institute for Health Research (NIHR).

  Our health campus also plays home to the NHS's only Innovation Hub and our dedicated Clinical Research Facility. In the coming months our health campus will grow to encompass specialist mental health, neurodevelopmental and bereavement services, all within a parkland setting dedicated to inspiring and supporting children's health and well-being;

- **Treating more children and young people than ever before,** both at Alder Hey in the Park, in community settings, and across the North West, North Wales and the Isle of Man through specialist networks;
- **Our strong and growing children's community and mental health services;**
- **Continuing to enrol more children in clinical research** than any other NHS provider;
- **Being a recognised leader in digitally-enabled healthcare and innovation,** creating a pipeline of new products and therapies in partnership with children and young people, Industry and Higher Education Institutions, that are transforming health outcomes and creating wealth;

Alder Hey is in a strong position but there is so much more to do if we are to respond effectively to the challenges facing children and young people today; challenges that may be the result of society, austerity, technology and/or the environment they live in. We recognise that we have a massive responsibility to respond to these challenges. We will do this by;

- **Recruiting and training** more specialist staff than ever before.
- **Working in close partnership with families and other agencies** to provide truly integrated services and helping to build resilient communities supporting children and young people across our region.
- **Being a strong advocate for children and young people's health and well-being,** actively supporting programmes and system plans that will enable all children to have the best possible start in life and manage their own health and well-being positively as they grow and develop.
- **Remaining at the forefront of the positive technological and medical revolution** that is transforming healthcare and with it, the potential life chances of every child and young person.
- **Playing our part** in ensuring Alder Hey does everything we can to have a positive impact on our environment and communities.

OUR PLAN
INSPIRED BY CHILDREN

'Our Plan' sets out our response to these challenges and the steps we intend to take over the next four years to to continue to build the healthier future to build the healthier future for children and young people that they deserve.

1

OUR VISION, VALUES, AIMS AND OBJECTIVES


A HEALTHIER FUTURE FOR CHILDREN AND YOUNG PEOPLE
Our aspiration:
To be world-leading
Delivering outstanding care
Having the best people doing their best work, in the best place
Growing Sustainably through great partnerships
Delivering Game-changing research and innovation
BRILLIANT BASICS
GROW THE FUTURE
LIVING OUR VALUES
respect
excellence
innovation
together
openness

MY ALDER HEY. MY VALUES.

respect

We show that **we value every individual** for who they are and their contribution

excellence

We pride ourselves on **the quality of our care,** going the extra mile to make Alder Hey a safe and special place for children and famillies

innovation

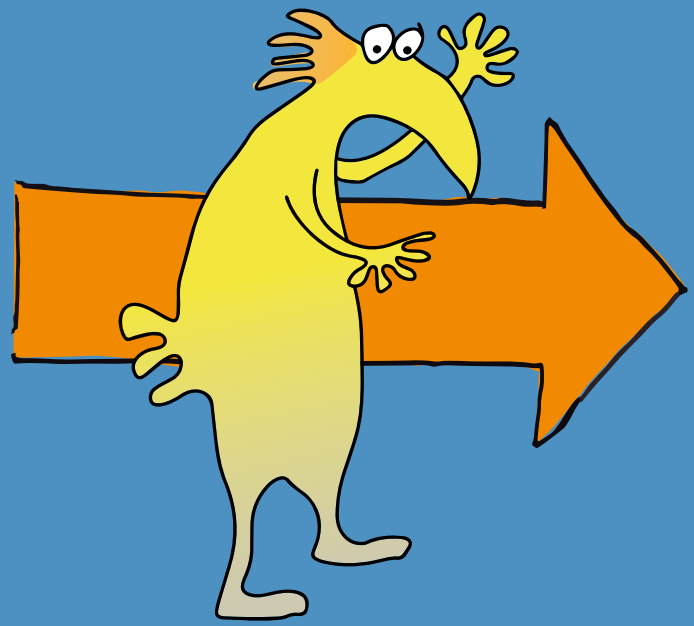
We are committed to **continually improving** for the benefit of our patients

together

We work **across the Alder hey community in teams that are built** on friendship, dedication, care and reassurance

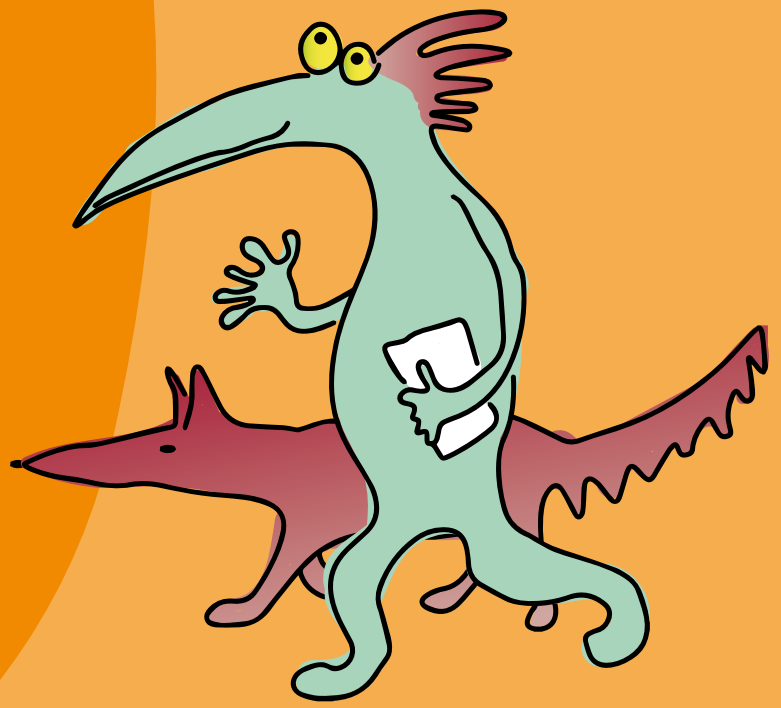
openness

We are open and honest and engage everyone we meet with a smile



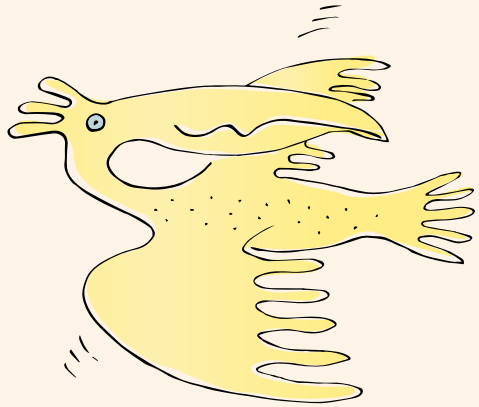
2

WHO WE ARE



WHO WE ARE

Welcome to 'Our Plan'. At Alder Hey, our people are as vibrant as the children and young people we are here for, and the city we work in. Our big vision is to create a healthier future for children and young people. 'Our Plan' will outline how we will get there over the next 4 years and beyond.



What we do

Our **3,800 staff,** plus **1,000** medical, nursing and allied health professional students, care for over **330,000 children and young people each year.** We provide care across **60 specialties** from a range of settings, including our world-leading **"Alder Hey in the Park"** campus, our widespread and **diverse community sites** across Liverpool and North Mersey, and reaching out even further into Wales, Cumbria, Shropshire and the Isle of Man. **We are both a highly specialist and tertiary hospital with a global reach, and a local community and hospital provider for children and young people.**

We have more children and young people participating in **clinical research studies** than anywhere else in the UK, and are very fortunate to have both a purpose-built **research institute** and the UK's only NHS **Innovation Hub** to help us ensure children and young people are able to benefit from the very latest in research and innovation.

We host many **centres of excellence in specialist medicine and care**, and we are the **specialist leader for a number of key children's health issues;** many examples of this excellence can be seen in Appendix 1.

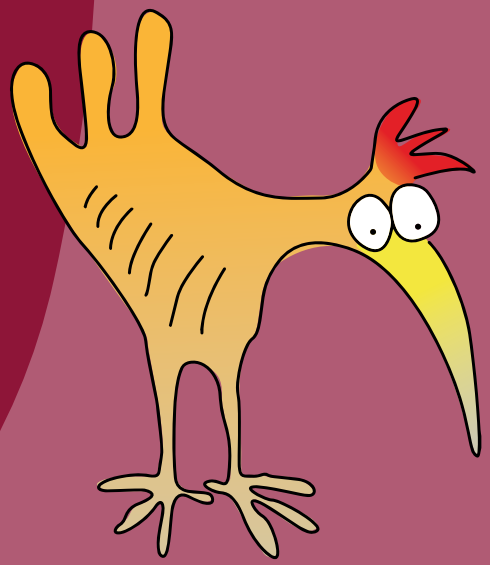
Our care and services are **clinically-led**, with four **clinical 'divisions' - Surgery, Medicine, Community and Mental Health** and the **Clinical Research Division** (see Appendix 3 for details).

Our Clinical Divisions' focus is **supported by professional departments**, Corporate and Support Services that deliver (for example) leadership on Our People, an ambitious digital infrastructure, financial rigour and an overarching communications and engagement plan.

3

OUR ROLE

IN A HEALTHIER FUTURE FOR CHILDREN AND YOUNG PEOPLE



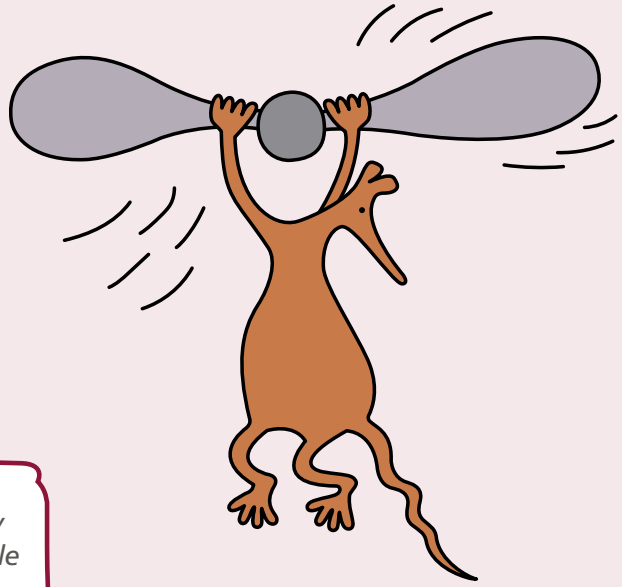
At Alder Hey, we recognise and act on our role as an advocate for the wellbeing and health of children and young people. It is our ambition to positively impact social value and lead others to do so, in order to enhance the well-being and life chances of children and young people, and make a positive contribution to our local economy and community.

Over the next 4 years and beyond we will continue to;

- **Listen to the voices of children and young people** in all that we do, and as committed partners in UNICEF Child Friendly City
- **Work in close partnership with families and partner agencies** to provide truly integrated services and helping to build resilient communities supporting children and young people across our region;
- **Share our expertise as a regional specialist tertiary centre** with our partners, and learn from others – this means driving up standards and advocating for children and young people's services, and utilising the unique perspective we have from treating the sharp end of childhood illnesses and diseases to identify underlying causes and drive for improved preventative solutions
- **Be a strong advocate for children and young people's health and wellbeing**, actively supporting programmes and system plans that will enable all children to have the best possible start in life and manage their own health and wellbeing positively as they grow and develop
- **Remain at the forefront of the positive technological and medical revolution** that is transforming healthcare and with it, the potential life chances of every child and young person
- **Play our part in ensuring Alder Hey does everything we can to have a positive impact** on our environment and communities by;
  - Contributing to the city's Public Health, wellbeing and economic prosperity, as partners in our community
  - Using our buildings and spaces to support our community, through Alder Hey in the Park
  - Recruiting from our local community, and attracting people into Liverpool
  - Procuring local goods and services wherever possible
  - Widening access to quality work, for example through volunteer career pathways
  - Prioritising action on Climate Change and the Green Agenda for children and young people of the future.

Our Green Plan

Alder Hey will continue to develop 'Alder Hey in the Park' and our community infrastructure as a catalyst for improving the health and wellbeing of our children and young people, families, staff and surrounding communities.



Over the next 4 years, we will make being 'green' part of our brilliant basics. We will deliver a Green Plan for Alder Hey that helps us play our part in tackling climate change. We will implement plans to, amongst other things: reduce our overall carbon footprint, enable more green travel options, and reduce waste.

During 2019/20, we will create a cadre of advocates for the Green Plan, setting the 'strong foundations' and challenging our current thinking and views. From 2020/21 to 2021/22, we will produce a Board-governed programme of action against climate change which is underpinned by a carbon-footprint reduction goal and a clinical focus on quality of life, such as air pollution.

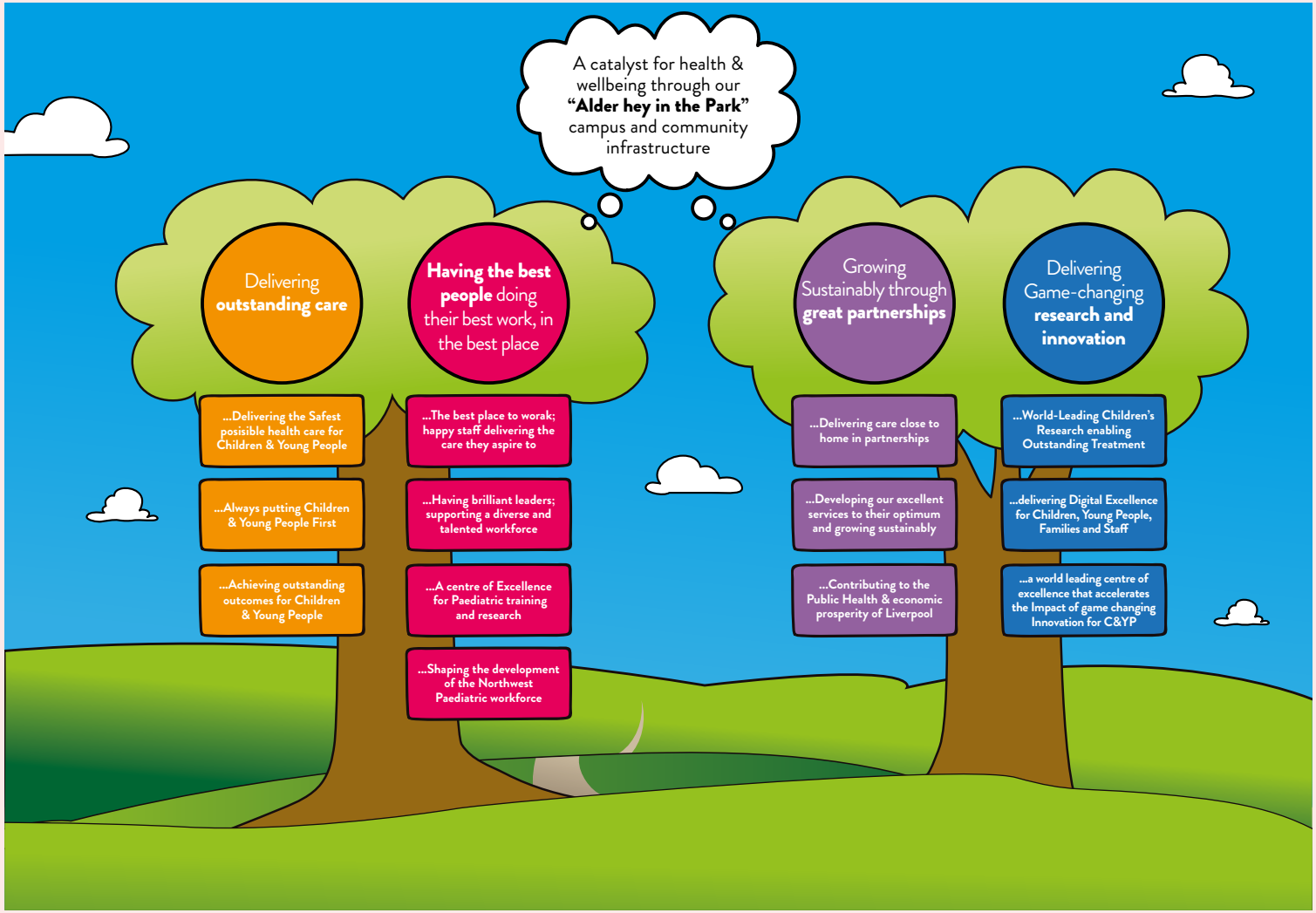
"Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment and information to help them stay healthy. Rich countries should help poorer countries achieve this"

UN Convention on the Rights of the Child

4

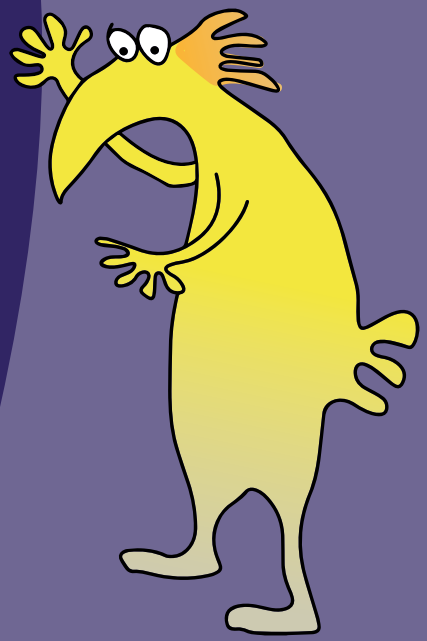
OUR 2024 AMBITIONS

By 2024, it is our ambition for Alder Hey to be known as…



5

THE NATIONAL AND LOCAL CONTEXT



The NHS Long Term Plan (LTP) launched by the Prime Minister at Alder Hey in January 2019 places a focus on moving to a new model in which patients get more joined-up care, closer to home. The LTP emphasises the need to strengthen the NHS contribution to prevention and reduce health inequalities, improve mental health services, reduce pressure on the emergency treatment system, personalize care, and make the most of digital opportunities, innovation and research to truly transform care, for example in outpatients. The LTP also sets out a clear objective for all local systems to become 'Integrated Care Systems' (ICS) by 2021.

For Alder Hey this means working in partnership with our children, young people and families, involving them even more in all that we do. It also means working in partnership in our community to support children and families in a more joined up way and closer to home or school.

The LTP focuses on a strong start in life for children, young people and families. Objectives are set in relation to maternity, neonatal care, clinical networks, children and young people with cancer (including access to genomic testing and tailored medicines, and increase in early diagnosis), mental health, learning disability and autism.

At Alder Hey, we welcomed the LTP and fully support the prioritisation of children and young people in the NHS's future plans. This is particularly important because, in Liverpool alone, the pressure on children, young people and families' health, as well as on NHS, local authority and other care services continues to increase year on year.

30%

of children in Liverpool are born in poverty

By age five,

35%

of our children have poor development

By age ten,

40%

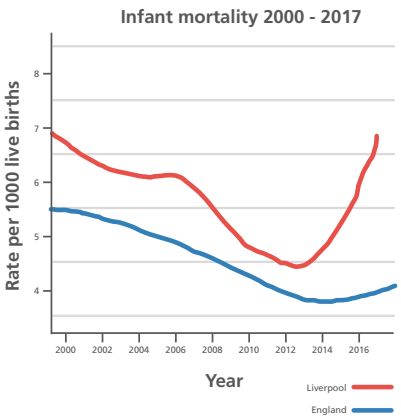
of our children are obese or overweight

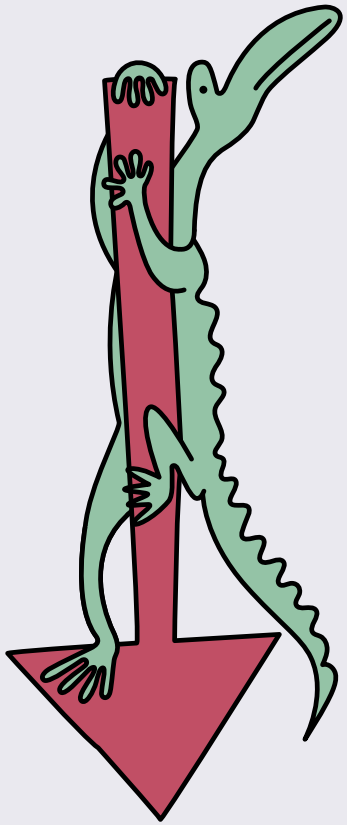
10%

of 5 – 16 year olds experience mental ill-health

Poverty is a key reason for poor health in children and young people. People living in more deprived areas have a greater likelihood of experiencing poorer health. Over a quarter of children and young people in Liverpool (26%) live in low income families; significantly more than the England average (17%). In addition to this, the number of children and young people who use our services are growing;

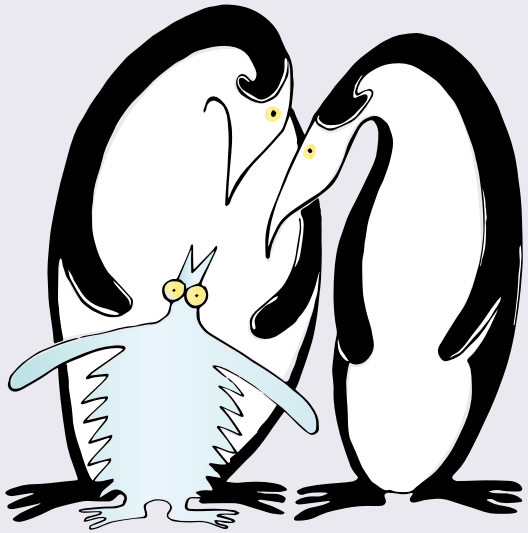
- The number of **4 to 15 year old's** in Liverpool is projected to **increase by 18.5%** between 2016-26
- In 2017, there were **5,906** live births in Liverpool - **311** more births to Liverpool mothers than a decade ago
- Liverpool has a **high rate of A&E attendances** for children aged **0-4** years, **62% higher** than England as a whole





‘Starting Well’

To make a positive change to these outcomes and inequalities, we must enable children and young people to ‘start well’. This means working together with partners to ensure children and young people have opportunities, life chances and the potential to lead safe and happy lives, irrespective of where they live or where they were born.



One organisation cannot change these outcomes alone. It is by working in partnership that we will make the difference.

We have a real opportunity to achieve improvements by working together systematically;

- We will ensure that **all system partners provide the same pathways to access support** for mothers and families in the early years, no matter what organisation they come into contact with.
- We will methodically **identify any pre-school developmental needs** a child may have, no matter which services they come into contact with; this will enable us to pick up challenges early and act on them in a joined up way.
- Through our committed membership of ‘Liverpool Health Partners’, we will align our research strategies and ensure we **maximise the impact of research for children and young people**, for example through the **‘Starting Well’** collaborative (p32).

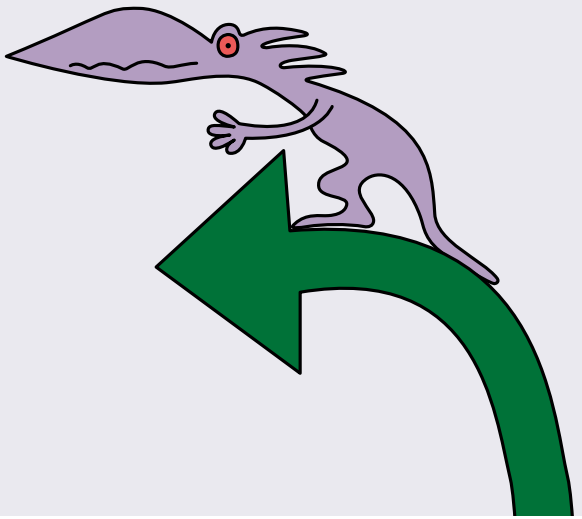
The future shape of Specialist, Tertiary and Quaternary services

As a specialist, tertiary and quaternary trust with a global reach, we are already driving the future shape of many specialist services; our remarkable people are continually creating innovations which push the boundaries of care, and undertaking research which evolves the evidence base nationally and globally.

NHS England specialist commissioners indicate a strategy for services provided in the North of England which follows the **national move towards a model of more consolidated specialist services.** Over the next four years, changes may be seen at a health economy, sub-regional, regional or national level. For Alder Hey, this means some services are sustainable in their current form, some may consolidate and some opportunities may arise in terms of new services.

'Our Plan' is to continue to grow our specialist, tertiary and quaternary services where this meets the needs of the children and young people we serve, as well as our wider system. This may mean growing certain services whilst changing how or where other services are delivered.

- We will aim to increase the number of **nationally designated services** provided for children and young people in the North.
- We will work with **partner universities** to support senior academics (Chairs) to lead services where possible.
- We will review opportunities to **'grow the future'** regionally and nationally (identified through divisional priorities and Clinical Service Plans p50).
- We will work in **partnership** where that makes us stronger.



Alder Hey is based in the Liverpool system (our 'PLACE'), which is a diverse and complex health and care system, The 'One Liverpool' plan has a good start in life for children and young people at its heart, and connects directly to 'Our Plan', putting a focus on;

- Improving Infant Mortality
- Improving School Readiness - readiness to learn, and therefore earn
- Developing a new model of integrated community care – for Alder Hey this means delivery of our Children's Transformation plans (p15), growing the future through our community offer and providing more specialist services in local settings, face to face or via primary care teams and digital links.
- Transforming Outpatient care through digital innovation
- Addressing Childhood Obesity
- Contributing to the city's Public Health, ensuring our children, young people, families and staff can make healthy choices.

"Morbid obesity in childhood is life limiting. It can cause comorbidities like diabetes, fatty liver disease, sleep apnoea, hypertension, and have a serious psychological impact on children and young people. We will further develop our multi-disciplinary Obesity services, designed around the child and family. Our tailored services will support them to make healthier life choices, address the complications of comorbidities medically or surgically as needed, and proactively address mental health issues, building resilience and self-esteem."

Urmi Das, Consultant Paediatric Endocrinologist (Alder Hey) and Honorary Senior Clinical Lecturer (University of Liverpool)

Children's Transformation

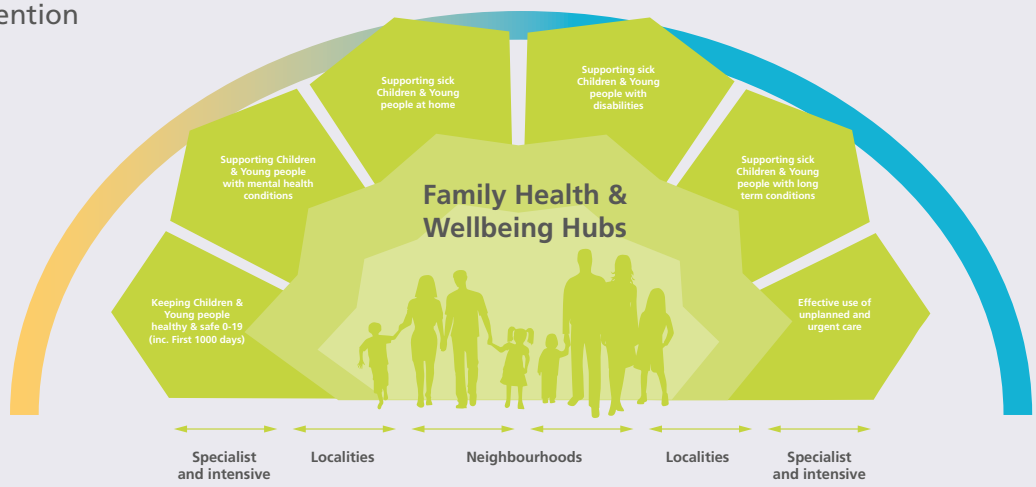
In Liverpool, Sefton and Knowsley (our three local 'PLACES') Alder Hey will continue to play an active role in the development of new models of care for children and young people. We will continue to drive and mature Children's Transformation plans in all three areas with a common focus on improving services and care for children and young people, as reflected in the following model;

Over the next four years we will continue to develop our Community, Mental Health and general paediatric services to work in increasing partnership with primary and community care, education, early help and the voluntary sector.

We will contribute to the LTP's prevention challenge and the public health of Liverpool through developing our internal approach to public health, our commitment to the Liverpool Health Partners' 'Starting Well' programme, and our system-wide response to prevention through the 'One Liverpool' Plan.

"Responsive community support enables early identification and management of issues relating to long-term conditions. This is what I call 'community surveillance' as health professionals know what the foreseeable risks are to monitor for and prevent from occurring. Managing issues early, when they are small, prevents escalation to needing hospital attendances or tertiary care, but most importantly, it helps to normalise a long-term condition as it's dealt with within the normal day of someone's life."

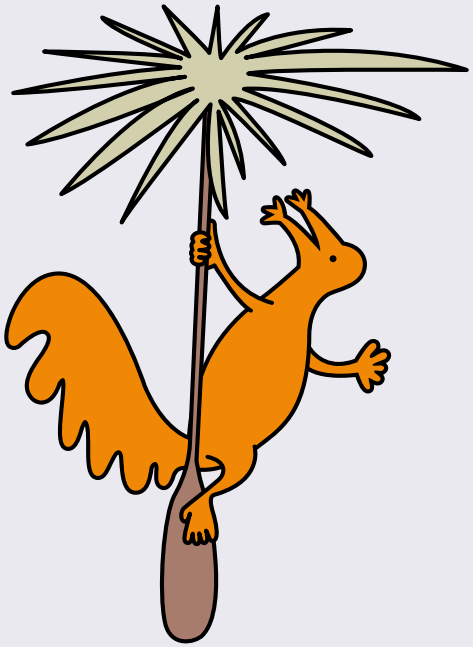
Leanne Turner – Clinical Specialist Physiotherapist, Alder Hey



The Cheshire and Merseyside Health and Care Partnership (C&M HCP)

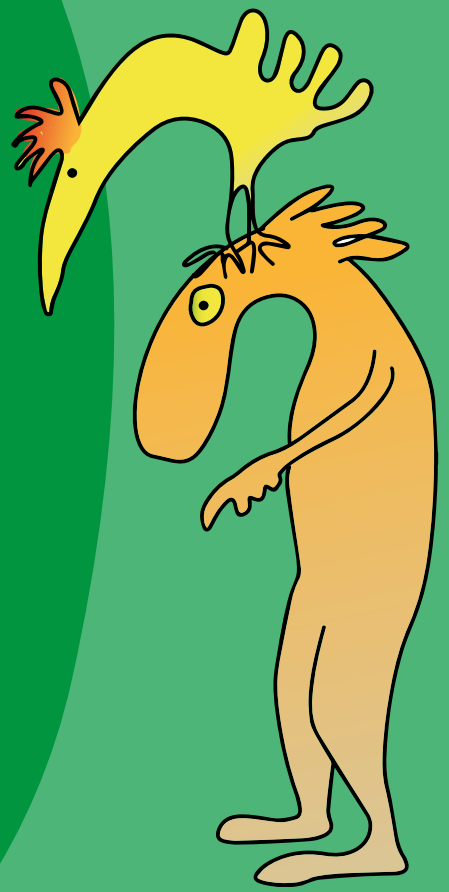
The C&M HCP Vision is to improve the health and wellbeing of the region's 2.6 million population through creating a strong, safe and sustainable health and care system that is fit for the future, through delivering care more efficiently, improving the quality of care and improving the health and care of the population. This vision is being taken forward by Alder Hey in a number of ways;

- **We will continue to drive improvements to care for Women and Children regionally, through collaborative working** – for example, developing a networked model of paediatric service delivery and workforce, which will ensure that women, their babies, children and young people would have access to services of the same high standard across Cheshire and Merseyside.
- **We will work in partnership across the system to deliver the very best mental health care for children and young people**, at the right time to meet their needs.
- **We will maintain our drive towards a local system which empowers staff and patients through digital technologies**, through continuing our leading role in the 'Digital Revolution' of Cheshire and Merseyside.
- **We will develop collaborative approaches for shared resources and services where this benefits children and young people and enables sustainability of services for the future**; our focus will be on building local collaboratives for diagnostics (radiology and pathology), corporate services and estates and facilities.



6

'OUR PLAN'



6.1 Our Strategic Aims

We have two **strategic aims** – to do the **basics brilliantly**, and to **grow the future.** These aims are interdependent; they are woven into each of our strategic objectives, and throughout all of the underpinning plans, programmes and projects.

6.2 OBJECTIVE 1: DELIVERY OF OUTSTANDING CARE

Delivery of **outstanding care**

Our 2024 (+) ambitions are to;

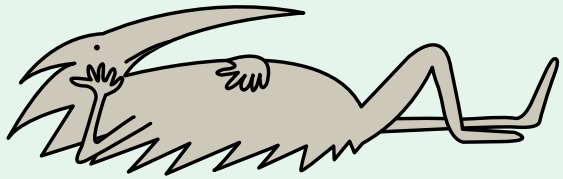
- Deliver the **safest** possible healthcare for children and young people
- Always **put children and young people first**
- Achieve **outstanding outcomes** for children and young people

To deliver these ambitions, we will prioritise focus on the following **clinical and patient outcomes** (as developed through Inspiring Quality – see p19);

Delivering the **safest possible healthcare** for children and young people	• **Zero clinical incidents** resulting in moderate, severe or catastrophic harm • **Zero never events** • **Zero medication errors** resulting in harm • **Zero pressure ulcers** • All septic children receive their **antibiotics within 60 minutes** • **Zero children deteriorate unexpectedly** • **Zero readmissions to PICU within 48 hours** • **Zero hospital acquired infections**
Always putting **children and young people first**	• **Over 95%** of children and young people report that we put them first • **Over 98%** of children, young people and their families would recommend the Trust
Achieving **outstanding outcomes** for children and young people	• **Over 95%** of children, young people and families report meeting the care goals they set • All children and families **received information enabling them to make choices** about their care

Inspiring Quality

Our Inspiring Quality approach across Alder Hey will set our culture of quality improvement, making it the core of who we are and how we work, and enabling us to deliver outstanding care. Inspiring Quality is the method by which we will grow our future position as a highly reliable and learning organisation.



We have developed Inspiring Quality with significant input from children and young people, our staff, patients/carers and our partners. The plan will be implemented by 2022/23, and will change how we work in four ways;

1. We will build a **culture of continuous quality improvement** that empowers individuals and teams to take a systematic approach to daily improvement, including launching an **Inspiring Quality hub** to support and develop staff
2. We will **always do everything with children, young people and families;** to design their care with them and to put them at the **centre of decision making.** This will include children and young people **setting their own goals** and ensuring that when they tell us something we hear it and act upon it
3. We will use **digital technology to transform patient care** by adoption of evidence-based digital pathways and a focus on how digital technologies can be used to capture patient reported outcomes
4. We will use **real-time data analysis to continually improve outcomes** including those that are meaningful to children and young people. We will invest in people and time to improve our care and services by embedding Quality Improvement in our everyday work

Key Deliverables

Programmes/Projects	When
Inspiring Quality • Training to all staff on the science of quality improvement • Realising the benefit of embedded improvement science in the Trust	19/20 19/20-22/23
Sepsis - 90% of patient have antibiotics within 60min as 'business as usual'	19/20
DETECT Study - digital monitoring of vital signs and reduction in use of critical care beds	20/21
Best in Outpatient Care – patient portals, digital consultations, online booking and scheduling, paper-free outpatients	22/23
SAFER (Patient Flow tool) – fully implemented	20/21
Best in Mental Health Care - 24/7 crisis care line, access to 12 tier 4 beds, Dewi Jones onsite with Alder Hey	21/22
Best in Acute Care – new High Dependency Unit model of care, improved Emergency Decision Unit, new Paediatric Assessment Unit	21/22

6.3 OBJECTIVE 2: THE BEST PEOPLE DOING THEIR BEST WORK

Our 2024 (+) ambitions are to;

- Be the best place to work; with happy staff delivering the care they aspire to
- Have brilliant leaders; supporting a diverse and talented workforce
- Be a Centre of Excellence for paediatric training and research
- Shape the development of the North West Paediatric workforce

Every single person who works at Alder Hey is critical to the care of every single child who needs our services, and every single person matters. Our vision at Alder Hey is to create a healthier future for children and young people. Our People Plan outlines how we will support all of our people and the wider paediatric workforce to deliver this vision over the next 4 years and beyond.

Our People Plan has been developed in response to two things:

1. What our people are telling us about what it is like to work at Alder Hey, what they would like to see change, and how they would want to be involved.
2. The impact of national and local workforce challenges, such as system working and collaboration, national workforce shortages, using technology to deliver 21st century care, improving diversity and inclusion and making the NHS a great place to work.

'Our Plan' takes on board the recommendations of the recently published NHS Interim People Plan (June 2016), which recognises that **we will need different people in different professions, working in different ways** in order to deliver the NHS Long Term Plan ambitions.

It requires us to **promote positive cultures**, build **compassionate and engaging leaders** and make the NHS an agile and inclusive modern employer to **attract and retain** the best people.

The NHS Interim People Plan is specific about transforming the way our entire workforce works together – this includes doctors, nurses, allied health professionals (AHPs), pharmacists, scientists, dentists, non-clinical professions, social workers, commissioners, non-executives and volunteers (not exhaustive).

In developing our ambitions, we have considered both our internal role in supporting our own people, and our external role in supporting the paediatric education and workforce in our system.

Our People Plan for the next four years is built on the strong foundations already laid in place by our values, developed by our own staff. These values underpin every act and every interaction within Alder Hey and beyond and especially in every relationship that we build with the children, young people and families that we care for.

Our People Plan is based around 5 strategic pillars, all of which are fundamental to the development of a healthy, psychologically-safe, improvement-focused, compassionate, inclusive and learning culture for our staff and for the children and young people we care for:

Leadership Development and Talent Management

Equality, Diversity and Inclusion

Future Workforce Development

The Academy

Health and Wellbeing

COMPASSIONATE AND LEARNING CULTURE

a) Leadership development and talent management – We will implement our new leadership strategy (linked with the 'Inspiring Quality' programme) which will support leaders at all levels to develop their management and leadership capability, including developing coaching skills as a critical element of their roles. We will recognise, support and **grow** increasing numbers of talented, compassionate leaders through delivery of key programmes, including "Strong Foundations" and "Mary Seacole".

b) Wellbeing – We will prioritise the **health and wellbeing** of our staff. We will deliver **'Time to Change'**, a national initiative focused on ending mental health discrimination and developing an enhanced staff support system to provide advice, guidance and support on a range of domestic and work-related issues. We will focus on **eliminating bullying and harassment** and test novel approaches to resolution working in close collaboration with Trade Unions.

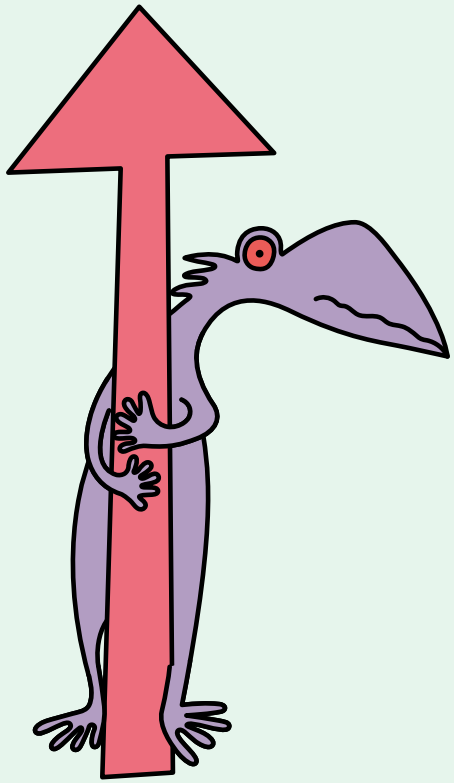
c) Future workforce development – We will continue to **'grow the future'** of children and young people's specialists. We will grow our capacity to offer training opportunities to the **wider North West workforce**, and support local hospitals and primary care teams through education and outreach. We will **further develop new roles such as nurse associates, advanced clinical practitioners, physicians associates and new roles in pharmacy, specialist nursing and Allied Health Professionals (AHPs)** utilising the Apprenticeship Levy to support these developments where possible. This will **create new career pathways** and enable effective care to be delivered to children and young people from a wider staff base. We will work with our multiple academic partners to develop and support sustainable **clinical academic training pathways** across a range of clinical professions.

"I just wanted to say thank you. You'll never know how much you impact every person that walks through your door. People in pain and feeling alone, and you give them hope. But you never get to see and appreciate the result of your labour".

Young Person, CAMHS

d) Equality, diversity and inclusion – We will support our **excellent staff networks;** the **BAME** (Black, Asian and Minority Ethnic) network, the **Disability** network and the most recently established **LGBTQI+** Network, who are helping to develop plans for improving staff experience and to improve staff diversity and inclusion. We will work with local experts in **community engagement** to improve links and provide better access to **employment opportunities** for the local community. We will continue to build on our success of **increasing opportunities to enter the workforce** through supported pre-employment programmes, apprenticeships, work experience and voluntary roles. We will continue to utilise the **Apprenticeship Levy**, and build on our success as an employer provider, with the aim of delivering a minimum of **50 apprenticeship starts every year** for the next four years.

e) The Alder Hey Academy – We will develop **learning and access to opportunities** at all levels, from schools to high-level speciality teaching. We will continue to develop our **international networks**, working with the Liverpool City Region to maximise opportunities for international placements and learning opportunities, such as our China partnerships. Working with our **Higher Education Institutions,** we will develop new and innovative opportunities for learning, utilising new technologies and digital platforms. We will continue to **'grow the future' of children and young people's specialists.** We will grow our capacity to offer training opportunities to the wider North West workforce, and support local hospitals and primary care teams through education and outreach.



Key Deliverables

Programmes/Projects	When
Implementation of the Leadership Strategy	19/20-23/24
Develop a Trust wide approach to Talent Management and Succession Planning	20/21
Development and set up of a new Staff Advice and Liaison Service (SALS) bringing together staff support, advice and guidance into one service and one place	19/20
Launch 'Time To Change', with over 100 mental health champions trained and deployed across the organisation	20/21
Continue to deliver 50 apprenticeship starts per year	20/21-23/24
Implementation of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) actions plans to improve diversity, inclusion and staff experience	20/21-23/24
Through the Academy, further develop new roles such as Physicians' Associates, Nurse Associates and develop clinical academic training pathways	20/21-23/24
Implement robust workforce planning processes are in place to support service development such as The Liverpool Neonatal Partnership	20/21
E-Roster – efficient rostering and improved job planning for the whole trust (Nursing 19/20, Consultants 20/21)	21/22

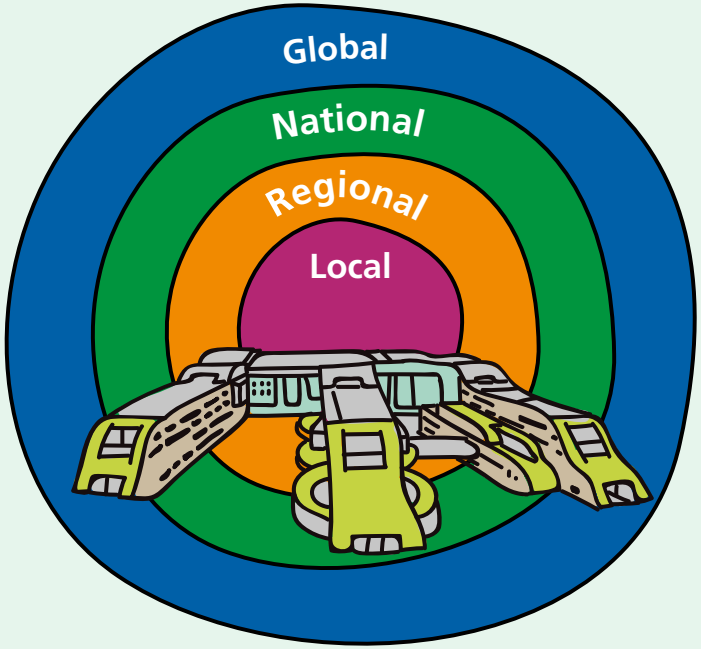
6.4 OBJECTIVE 3: SUSTAINABILITY THROUGH EXTERNAL PARTNERSHIPS

Sustainability through **external partnerships**

Our 2024 (+) ambitions are to;

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

The future of health and care will be predicated on successful partnership working. We want Alder Hey to be known as a brilliant partner. We are both a highly specialist tertiary and quaternary hospital with a global reach, and a local community and hospital provider for children and young people; these differing care settings mean we will work in varied partnerships over the next 4 years and beyond.



Local Partnerships

We will work towards our ambitions to provide **care close to home, 'grow the future' of our services** sustainably and ensure **children and young people are at the heart of everything we do.** Over the next 4 years we will do this by;

- Improving outcomes and reducing inequalities for children, young people and families through an **integrated, community-focused model of care and support.** This will be delivered via the **Children's Transformation** Programme and the **'One Liverpool'** plan. These integrated community teams will be based on populations of 30-50,000 across Liverpool (similar plans are currently developing in Sefton and Knowsley). This work will contribute to the health of children and young people across a continuum – from improving the public health of Liverpool, through to ensuring effective use of unplanned and urgent care. The community model will be delivered through children's community hubs and in local settings.
- Working with **Primary Care Networks** (PCNs) to seek new ways of providing enhanced children and young people's services in local environments, to enable digital alternatives to outpatient care, and to raise paediatric standards locally. We will begin this work in 2019/20 by supporting children, young people, families and primary care teams to improve the management of **severe paediatric asthma.**
- Sustaining our commitment to Liverpool's efforts to become a **UNICEF Child Friendly City**; an early indication from children and young people's focus groups is that health and wellbeing is a significant theme in this work.

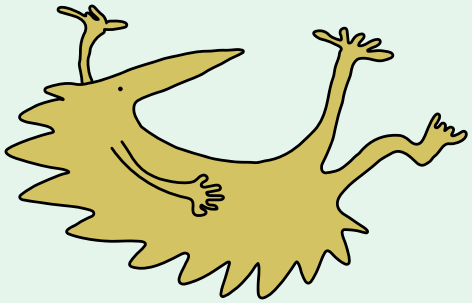
Bringing Women's and Children's, and Specialist Services together

We are **committed to joining up care** over the next 4 years. To do this, we will continue to build on several key local partnerships.

The Liverpool Neonatal Partnership

Excellent joint working with Liverpool Women's NHS Foundation Trust (LWH) will continue, in development of **The Liverpool Neonatal Partnership; one service, two trusts.**

To meet the neonatal standards, **a new Neonatal Intensive Care Unit (NICU)** will be built at Alder Hey by 2020/21, by expanding capacity to full provision of 24 cots (including 8 NICU) from April 2021. The new service will be provided by a **single leadership team working across both sites**, and will be designed to have the **same look and feel** to ensure a seamless experience for mothers, babies and families. The single leadership team is now in place, and the wider team will be fully recruited by 2021.



Bringing Specialist Trusts together for Liverpool (Local)

Alder Hey will continue to work locally with specialist trust colleagues in Liverpool to pool our knowledge, expertise and resource; we will work together to drive the **delivery of truly world-leading specialist services, research, education and innovation and to support our workforce more effectively.** We are collectively a huge asset and we will collaborate to enable the future development of life sciences and investment into the City Region.

Child and Adolescent Mental Health Services (CAMHS) (Local & C&M HCP)

The future for specialist mental health services is a 'lead provider' model. Alder Hey already provides a strong and diverse mental health service that despite challenges is well thought of by commissioners and families who use it. There are significant opportunities to embed services in the community by increasing integration with partners whilst creating a specialist centre on the Alder Hey site, and to enhance our work across our divisions and neurodevelopmental paediatrics.

Our ambition is to provide high-quality, evidenced-based mental health services, delivered by a highly skilled, innovative and motivated multi-disciplinary workforce. We are well placed to be a lead provider for Children and Young People's Mental Health for 0-25 year olds across Liverpool and Sefton. We will also play a partnership role in the CAMHS collaboratives across the wider Cheshire & Mersey footprint.

We will develop new relationships with **higher education institutions** (HEIs) with new roles and training opportunities and community services to respond to changing needs across the system, and we will ensure that children and young people can receive their care more locally through improvements in pathways with primary care and transformed community services.

Specialist, Tertiary and Quaternary services

We will develop our **excellent services to their optimum** over the next 4 years by seeking to **sustain** and **grow** the range of specialist services provided for children and young people of the North. We plan to;

- **Grow** service developments such as: **Cochlear Implants** in **ENT, Neurosurgery, Audiology, Optical** services, **Cardiac surgery** and **cardiology, Laser** and **Chronic Pain** services, **Paediatric Clinical Pharmacology, Neonatal** care, **Palliative care, Cancer** and **Genomics** (not exhaustive - see p46).
- Participate in the **'Getting it Right First Time'** (GIRFT) programme to identify and address unwarranted variation in care across paediatric specialties.
- **Where we are stronger working together, we will seek to work in partnership**, for example across the North West.

> *"CAMHS has really helped me to understand my difficulties and has provided a safe space for myself and many other young people. The participation group has given me the opportunity to help improve the stigma associated with mental health and give service users an opportunity to shape the service."*
>
> **Young Person, Age 18**

Joining up Specialist, Tertiary and Quaternary care in the North

It is our vision to develop the North West as a 'powerhouse' of specialist, tertiary and quaternary services, ensuring that **children, young people and families from our region do not have to travel unnecessarily to receive the very best care.**

By working together with Royal Manchester Children's Hospital (RMCH – part of Manchester Foundation Trust) **we will improve the equity and quality of specialist services for children and young people and their families in the North.**

We will build on the joint services we already provide over the next 2-4 years, focusing on;

- **Neurosciences –** we will deliver world-class neurology and neurosurgery care for children and young people across the North West network and beyond.
- **Cardiology –** we will deliver the future vision for joint partnership working within paediatric cardiology services across our two sites.
- **Operational Delivery Networks (ODNs) –** we will work together to develop our co-hosted ODNs, developing a common operating model to ensure the most effective neonatal critical care, paediatric neurosciences, cardiac, cleft lip and palate, intensive care, long term ventilation, HIV and major trauma services for children and young people in the North West.

International Child Health

Our International Child Health (ICH) department is already working towards the vision that **'Alder Hey will be contributing to improving the health of the world's children**, have an established, **international paediatric brand** with a **reputation for excellence**, be a **proven partner with a track record of international delivery** and have a balanced portfolio of income generating and **mutually beneficial activities** in all areas of paediatric health delivery. Our comprehensive ICH strategy incorporates six key themes;

1 International health partnership (particularly with low-income countries) – building on our established, mutually beneficial, partnerships, including our longstanding relationships in Malawi and our 21 year association with Kanti Children's Hospital, Kathmandu.

2 Humanitarian 'mission' operations – our people will be supported to continue the significant work they already undertake, for example, delivering cardiac surgery health camps in India, working with charities in Nepal or through humanitarian links with India.

3 Commercial/business development – We will build upon initial progress be made towards developing commercial activities overseas, for example our relationship with Al Jalila Hospital in Dubai and with partners in China, through development of our commercial business plan.

- **Education and training –** we will continue to build Alder Hey's global reputation, staff benefits and income generation through our international education and training offer

- **Research –** we will continue to support Alder Hey's international research; this includes, (but is not limited to) internationally-based and world-leading research in oncology, child and maternal health, infectious disease, child development and disability, encephalitis, nutrition, Ebola and more (See 'ICH strategy' for leads and details)

- **Innovation –** we will continue, through our innovation plan (see p33) to develop and deliver world-class innovations on a global stage.

We will utilise our many strengths in each of these areas to deliver **'a healthier future for children and young people' on a global footprint** over the next four years and beyond.

'Alder Hey with…'

Alder Hey has a **strong brand name**, trusted by children, young people, families and partners alike. We **attract and retain** many leading paediatricians and clinicians. We see our role as both **working in partnership with local services to drive up paediatric standards**, and **working with partners to provide core services in non-specialist settings.** Both of these roles will help enable clinical sustainability as the NHS moves towards a model of more consolidated specialist services.

As we **'grow the future'** we will offer an **'Alder Hey with…' partnership model**, through which we will develop shared standards and governance for children and young people's services with local and wider partners. This could range from working locally with General Practice to 'accredit' practices, helping assure families that they will get the same level of care as they would if they came into Alder Hey, to offering services remotely with district general hospitals, where this benefits both the local population and the improvement of paediatric services across the region.

Key Deliverables

Programmes/Projects	When
Liverpool's Neonatal Partnership (single service with Liverpool Women's)	21/22
Partnerships developed with Primary Care Networks to improve paediatric pathways and raise standards (e.g. severe paediatric asthma)	20/21
Delivery of Community children's hubs (Children's Transformation - North Mersey/ system partnership)	22/23
All-age CHD new network implemented (hosted at Alder Hey)	19/20
North West Partnership – Implementation of the neurosciences network strategy across the two sites (Alder Hey and RMCH)	22/23
Paying Patient unit established and fully operational	20/21
Develop a system partnership model for Aseptics (following successful licencing of Alder Hey unit)	22/23
International Child Health – Strategic delivery plan implemented	21/22
Establish and grow 'Alder Hey with…' partnership model(s) to support children and young people's care closer to home	23/24+

6.5 OBJECTIVE 4: GAME-CHANGING RESEARCH AND INNOVATION

Our 2024 (+) ambitions are to;

- A **World-leading Children's research centre** enabling **'Outstanding' treatment**
- Delivering **Digital Excellence** for children, young people, families and our staff (see 'Digital Futures' p35)
- A **world-leading centre of excellence** that accelerates the impact of **game-changing innovation** for children and young people

Game-Changing Research

Alder Hey is already a leading light in children's research, recruiting more children and young people to research than any of our peers.

We want to continue our journey to being a world-leader in children's research, by enabling children and young people to benefit from 'Outstanding' treatment, advanced medicines and cutting edge therapies and technologies.

We will do this because it leads to **better patient outcomes**, attracts **dynamic and motivated staff**, enables **long-term partnerships**, enhances our **international standing** and achieves **reinvestment** into Alder Hey.

We will build our portfolio to play on our **areas of strength** – there are **many excellent people doing research across the trust in diverse fields**. These include, but are not limited to;

- **Complex experimental** and early phase studies in children and young people
- **Respiratory**
- **Rheumatological disorders**
- **Ear, Nose and Throat (ENT)**
- **Neurosciences**
- **Infectious diseases**
- **Paediatric** Clinical pharmacology
- **Medicines** formulation research
- **Paediatric** surgeries

In addition, we will target future research priorities in neonatal, cardiovascular, Public Health, Mental Health and more.

Over the next 4 years we deliver our mission through;

- **An engagement and education programme**, with 'research clinics', expert workshops and systematic communication.
- **Business model** development – a new financial model for research, offering opportunity for reinvestment and growth.
- **Infrastructure** – recruitment into research, integration into divisions and clinical services and improving informatics.
- **Development** of further **clinical academic posts** with university partners across professional groupings.

Liverpool Health Partners & 'Starting Well'

We are a committed partner in, Liverpool Health Partners' (LHP). There is clear alignment between the LHP research strategy and **'Our Plan'** – particularly through the LHP 'Starting Well' programme. **'Starting Well'** is a **collaborative clinical research community** that connects NHS and Higher Education organisations, **maximises research opportunities** for our staff and the city of Liverpool, and ensures we are all **working to shared priorities** so we can make **maximum impact to improve the health of children and young people.**

"Research not only leads to the continued development of clinical practice, but also those NHS Trusts which deliver clinical research at scale are associated with better patient outcomes and improved CQC ratings. Therefore our mission is to offer all children and young people the opportunity to participate in clinical research"

Professor Matthew Peak, Director of Research, Alder Hey

Key Deliverables

Programmes/Projects	When
Research engagement and education programme implemented	20/21
New business model for research implemented	19/20
Research infrastructure recruited and Divisional integration working effectively	20/21

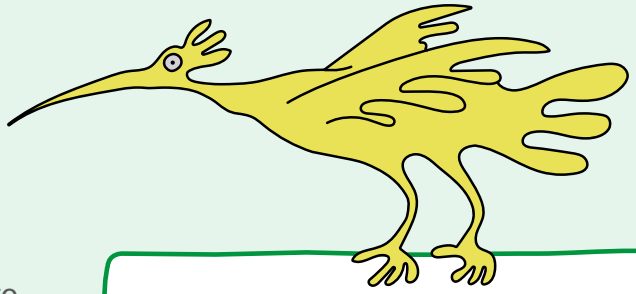
Innovation

We have incredible innovation resources at Alder Hey, both in our fabulous clinicians and patients, and at our one-of-a-kind 'Innovation Hub'. Our mission is to become a world-leading hub, accelerating the impact of game-changing innovation for the next generation.

Our vision is to build a healthier future for children and young people using digital and MedTech (medical technologies) Innovation as a key enabler. We will utilise our 1000 square metre dedicated Innovation Hub at the heart of the Alder Hey campus to solve real world health care challenges with cutting edge technology and as a centre of excellence.

We take a unique 'needs-led' approach which enables us to identify the right partners in the innovation ecosystem to create solutions which have a positive impact on children and young people. The industry standard 'technology readiness levels' give the timescale from identification of need, through to triage, pitching to investors and development of prototypes for clinical trials and evaluation as approximately 3-10 years, and on average 7 years. Our strategic goals for Innovation are to;

- **Unleash our innovation culture –** meaning all staff are empowered to create innovative solutions to any needs they identify, and become founders and entrepreneurs supported by the innovation service.
- **Create the world's first 'Living Trust' –** creating improved patient experience, outcomes and safety, by building a portfolio of new technologies such as sensors, artificial intelligence (AI), and visualisation.
- **Have a sustainable and profitable business model –** to allow innovation services at Alder Hey to grow and generate income streams.



"Immersive Technology is helping us to produce advanced visualisation of the human body. This is leading to the development of better diagnostics and improved treatments. This includes the use of immersive technology for distraction therapy and mental health support at Alder Hey… Virtual and Augmented Reality is helping to enhance how we share our expertise through education, locally and globally."

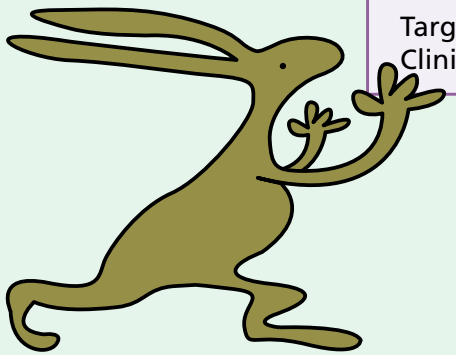
Rafael Guerrero, Consultant Cardiac Surgeon, Clinical Director of Cardiac Services, Co-Director of Innovation

From 19/20 and beyond, Alder Hey's **Clinical Innovation leads** will work with healthcare professionals, patients, academia and industry to improve outcomes for patients, families, carers, staff and society.

We have implemented an innovation business plan aligned to our strategic objectives that enables us to develop our world-leading centre of excellence, continue our work as a **global thought leader**, take an **'accelerator'** approach to new products, and be a **testbed** for innovations and by unleashing an **innovation culture** across the trust.

Key Deliverables

Programmes/Projects	When
Innovation Business Plan – implemented	19/20
Board approved Innovation Strategy	19/20
Implementation of the strategy through the new Innovation Committee	20/21
At least one or more products move to "spin out" (commercial structure for a technology start up business)	20/21
Acceleration of 10 identified "needs" through the innovation triage process, with ensuing pitch to investors	22/23
Target of 50% of validated "needs" reach prototype; 10% go to Clinical Trials	23/24+

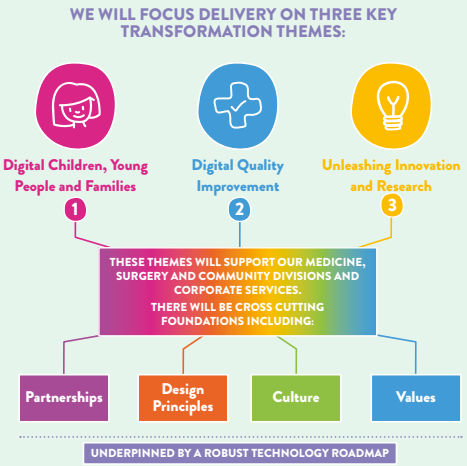


6.6 STRONG FOUNDATIONS

All of our strategic objectives are underpinned by vital 'strong foundations'. These are the infrastructures without which we cannot work, but that also drive many of our future ambitions, approaches and opportunities.

Digital Futures

Our vision is to create an ethos of **'Outstanding Digital Excellence'.** At the heart of this vision is our 'north star' focus on **creating the best experience and outcomes for children, young people, families and staff.**



Through our **'Digital Futures'** strategy we will strive to;

- Provide the **best possible digital and technology services** to support, enable and drive clinical excellence, digital quality improvement, outcomes and patient safety
- **Deliver Information Technology (IT)** basics brilliantly, championing a 'Digital First' approach across Alder Hey, supported by excellent, proactive, customer-focused services
- **Unleash innovation and research to grow the future,** harnessing digital technology in order to create opportunities to adopt and evaluate digital innovations throughout the world's first 'Living Trust'
- **Maximise local, national and international partnerships** to bring in expertise and new advances in pursuit of a shared vision

"Becoming part of the Alder Hey family has been a fantastic journey for me. It has been lovely to see Alder Hey's commitment to expanding their services based in the community, to ensure the patient is supported in the most appropriate environment. Alder Hey supports clinicians to be involved in IT development, to ensure that the patient's clinical journey is at the centre of innovation."

Victoria Furfie, Speech and Language Therapist /Divisional CCIO – Community

"Technology for us as young people is a large part of our everyday life. Living in this day and age the ability to use the newest technology is necessary for almost all jobs and therefore would be very useful for us to be a part of."

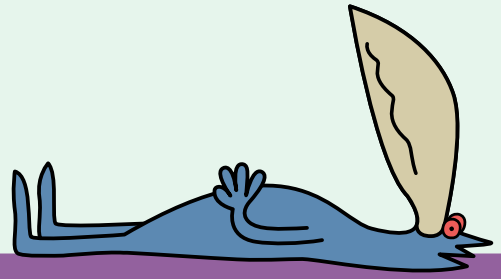
"Hospitals can be a very fearful place – especially for children – and we should use digital technology like virtual reality to reduce this."

Tom, Age 17

Success is defined by outstanding digital excellence becoming central to delivery of improved outcomes and experience of health and social care for our Children, Young People, Families and our Staff, and that we act as an exemplar and implementation partner to other NHS organisations. The experience of technology application for staff and patients in our Trust should be better than their home experience.

Quality, safety and experience will be improved through moving to a world-class digital environment by ensuring the right information to the right staff at the right time. Through co-design with staff, children, young people and families, our **'Living Trust'** will support delivery of excellent care, provide intuitive and innovative ways of working. **Augmented digital assistants** will help ensure that children and young people can get the very best care. **We will use artificial intelligence (AI) and augmented technologies to eradicate the role of the clinician as a data entry technician.**

We will continue to be **at the forefront of a global healthcare system** as a **recognised leader in digitally-enabled healthcare and innovation**, creating a pipeline of new products and therapies in partnership with children and young people.



Key Deliverables

Programmes/Projects (see 'Digital Futures' strategy for details)	**When**
Digital Children, Young People and Families – digital front door, digital communications, digital services including digital and online communications	21/22
Digital Quality Improvement – digital hospital/community, Inspiring Quality, intelligence-led care, digitally-enabled staff, system-wide developments	21/22
Unleashing Innovation and Research – Living Trust, Innovation Hub, Research and Evaluation	21/22
Technology Roadmap – Interoperability, service improvement plan, security and resilience	20/21

Alder Hey in the Park and the Best Community Environments

Alder Hey has an amazing track record in building world-leading environments, as evidenced by our incredible Alder Hey in the Park hospital, designed by children and young people.

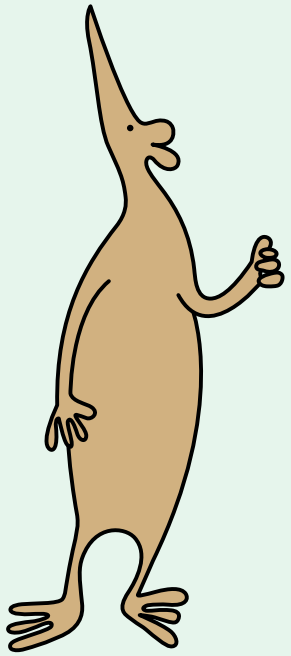
Over the next four years we will continue with our ambitious plans to develop our Health Campus; this includes building new bespoke specialist facilities for community and mental health services, which will enable us to deliver the very best multi-disciplinary neurodevelopmental assessments all in one tailor-made place. We will relocate our inpatient 'Tier 4' CAMHS services to a purpose-built specialist environment within the Alder Hey grounds.

Our **objectives** are to develop a whole health campus that;

- **Supports Alder Hey's ambition** to grow as a world-class children and young people's healthcare organisation;
- **Furthers Liverpool's drive** to become a UNICEF Child-Friendly City
- **Provides significant community benefits** to the local area including the return of a high-quality park to the neighbourhood.

Key **enablers** for the health campus are:

- **The creation** of a fantastic new park
- **The expansion** of Alder Hey services on the campus including the community cluster and the neonates expansion
- **The incorporation** of neighbouring sites to facilitate the expansion of the hospital in the long term
- **The creation** and exploitation of a complementary 6-acre plot in the North East of the campus to further the objectives of Alder Hey and the City.



The development of the campus facilitates a number of connected opportunities, including;

- **Health and Wellbeing, including Mental Health –** we plan to use the Park to bring a focus and opportunity for developing programmes that support the city-wide campaign to become a child-friendly city and improve the health and wellbeing of children.
- **Science and Knowledge –** we will build on the development of the Innovation Hub, the Alder Hey Academy and Research to create a world-class science offering based around Alder Hey.
- **Regeneration and community building –** looking at opportunities for involving the local community in building the campus, participating in events and programmes and generating a positive impact on the local area.

Key Deliverables

Programmes/Projects	When
Complete new Family Bereavement Centre (The Alder Centre)	20/21
Build specialist facilities for Community and Mental Health services, including Child and Adolescent inpatient (Tier 4) Mental Health facility (Dewi Jones unit)	20/21
Springfield Park – completed reinstatement and development plan	19/20
New Neonatal Intensive Care Unit (NICU)	22/23
Utility Infrastructure District Heating scheme (linking Institute and Community buildings with an energy efficient and cost effective ground source heat network)	20/21
Infrastructure Landscape – comprehensive landscaping for the access and connection to and between the new campus buildings	20/21

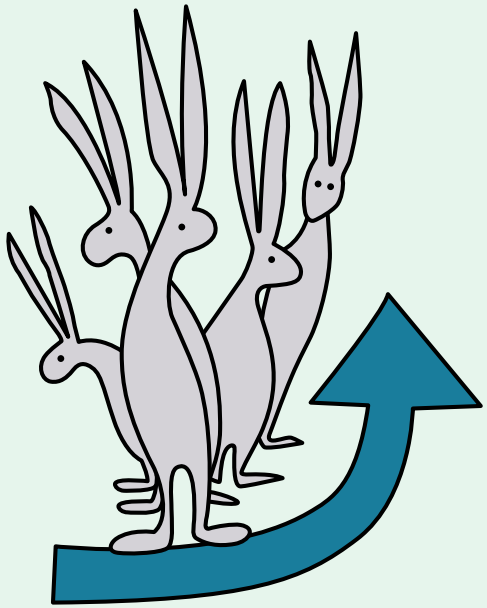
Our Financial Future

We have a clear financial strategy for Alder Hey to drive forward with the ambitions set out in 'Our Plan' which will underpin the required long-term investment in our services and assets.

Alder Hey has been very successful in recent years in delivering financial balance and at the same time overachieving against our financial plans through one-off commercial agreements. This achievement has also allowed us to attract central NHS incentive funds, which put the Trust in a strong position to be able to invest approximately **£100m** in our Estate, IT and Medical Equipment over the four year duration of **'Our Plan'**. Going forward, the financial stability of the wider NHS sets a challenging context for the delivery of **'Our Plan'**, particularly as our system comes together in a way not previously seen.

Financially, this is likely to mean that we operate across one or more Integrated Care System(s) (ICS) with significant devolution of commissioning budgets. It will also likely mean a move away from what has been a heavily tariff-based system, and one in which system financial targets outweigh the performance of individual organisations.

We can only achieve 'Our Plan' by embracing this changing environment; however we need to also recognise that some strategies of the past may not be fit for purpose in the future. We will be agile in our thinking, understanding the changing commissioning landscape and working with our partners to ensure we can continue to evolve and improve.



To meet our long-term re-investment in our services and our people, and to ensure we can meet our long-term financial obligations, we will move to an underlying £5m surplus (currently a £1.6m deficit). This is a significant challenge and will require us to be more radical in some of our approaches over the four years of **'Our Plan'.**

We have outlined below the key principles that will underpin our financial strategy:

- **Reduce Waste –** we will continue to ensure our services are as efficient as possible, cutting waste that will play to our wider role in ensuring we minimise our consumption and support the environment and will also save money.

- **Innovate –** through our culture of innovation we will look for transformative solutions to the challenges we face. We will be at the forefront of ensuring our approach to innovation is embedded in how we change our front-line services.

- **"Digital Futures" – 'Our Plan'** is underpinned by technological advancement that will mean we can deliver care and services in a very different way in the future, moving away from a focus on 'bricks and mortar' to delivering services in a way our next generation expect and more efficiently. An early example of this will be the transformation of how we deliver outpatient services.

- **Brilliant Basics & Inspiring Quality –** In the long term our programme to ensure we further improve safety and outcomes will make us more efficient. We will work with our specialties on a programme similar to Getting it Right First Time (GIRFT) to reduce clinical variation. Our aim to reduce safety incidents will not only improve the quality of our care but also will mean we continue to reduce waste.

- **Grow –** we will continue to grow our services where Alder Hey can offer the very best of care to our children and young people, be that independently or in partnership, and where this meets the needs of the wider system we serve.

- **In our 'PLACE' –** through our work on our clinical strategies we will deliver care in the most appropriate setting. We will have a dual aim - reducing the need for services to be delivered from hospital wherever possible, and at the same time ensuring we have the right capacity to look after children where they can benefit from our highly-specialised services.

- **Inward investment –** We will attract investment into Alder Hey and the wider system within which we operate. Many of our supporting strategies, such as research, innovation and education, focus on this investment for us to make a stepped move in our offer. We will ensure services highlighted in the NHS Long Term Plan are well placed to meet the needs of our children.

- **Partnership –** our partnerships will help ensure that the collective whole is more resilient, is able to offer a higher quality of service and can be more efficient. Our initial work with the Specialist Trusts in Liverpool has highlighted this potential. Our early focus will be on our corporate services however we will look for further synergies wherever we can.

- **Non-NHS –** Alder Hey is already a global brand and as we continue to develop we will look to help and support children and young people from across the World. The Trust Board are clear this will include us doing all we can to support countries less developed than our own, and growing our capacity for private international patients.

It is our belief that this financial strategy will work in the changing environment that we face, and as such, these principles underpin **'Our Plan'** throughout.

6.7 OUR CLINICAL AND SERVICE STRATEGY

In addition to the shared objectives described, our Clinical Divisions and individual services have identified key priorities over the next 4 years.

Clinical Division	Delivery of **outstanding care**	**The best people** doing their best work	Sustainability through **external partnerships**	Game-changing **research and innovation**
Community & Mental Health	• Deliver consistent, equitable **access to all community and Mental Health services** e.g. Diagnostic waiting times for **autism** and **ADHD** underpinned by voices of children and families • **Robust IT infrastructure** that supports reporting and demonstrates improvement in outcomes for children & young people	• Successfully address workforce challenges including **more new roles** e.g. Physicians Associates and **opportunities for young people** e.g. volunteering	• Be the **lead provider of community and mental health services** (including Primary Care workforce) for 0-25yrs across Liverpool & Sefton • Technology enabled reduction in hospital based **Outpatient** attendances	• Use the **newest technologies to support excellence in out of hospital care e.g. digital or online therapy** resulting in approx. 20% children and young people accessing their care via this route

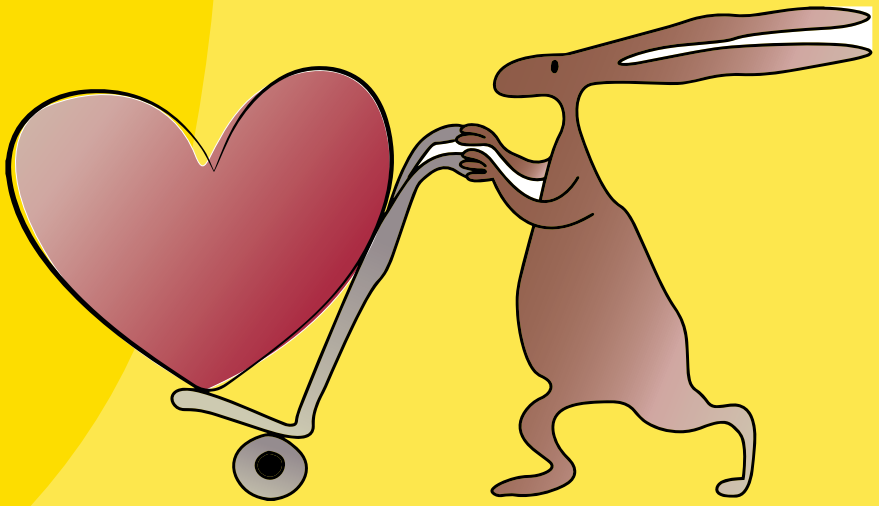
Clinical Division	Delivery of **outstanding care**	**The best people** doing their best work	Sustainability through **external partnerships**	Game-changing **research and innovation**
Medicine	• Shift from **reactive to planned** care wherever possible • **Urgent Care** (Urgent Treatment Centres) • **Inspiring Quality** – do everything with children & families • Identify a **Children's Lead** for each Care Group (representation: interviews, planning, meetings) • **Obesity** – development of a 'Level 3' obesity service	• Implementation of **Integrated Workforce, Models of Care, Acute Response Team** for deteriorating patients • Staff **health, wellbeing and recognition** • **Training and Development** • Building **positive partnerships with families** and addressing challenging behaviours	• **Primary Care/Networks** – links to Acute services • Technology enabled reduction in hospital based **Outpatient** attendance • New **Networks** – Asthma, Epilepsy, Diabetes • **Neurosciences** – North West for e.g. epilepsy surgery (NorCESS) & babies with abnormally high insulin levels (NorCHI) • **Palliative Care** – partnership in the community	• **Genomics** - Cancer, Neurology etc. • **Predictive Prevention** (Urgent Care, Respiratory) • **Digital Futures** • **Artificial Intelligence** (AI) • Innovative Approaches to **Workforce** (Roles & Responsibilities) • **Grow the future** (Research, Innovation, Partnerships)

Clinical Division	Delivery of **outstanding care**	**The best people** doing their best work	Sustainability through **external partnerships**	Game-changing **research and innovation**
Surgery	• Fully established **Post-Operative Cardiac Unit (POCU)** • New clinical model of care in **High Dependency Unit** (HDU) • Liverpool **Neonatal** Partnership – delivery • **Electronic Anaesthetic** Record • Technology enabled reduction in hospital based **Outpatient** attendances	• **Redesigned (multi-disciplinary) workforce model** to provide consistent, safe, effective cover for current "Junior Doctor level" • Target 50% reduction in **absence related to Mental Health** • Retain **Resilient Staffing Levels:** recruitment, retention and succession planning for specialist roles – including **Operating Department Practitioners (ODPs) and Critical Care nurses**	• **Diagnostics** – system partnership • **Leading tertiary Neonatal** services in the NW • **Lead all-age Congenital Heart Disease** (CHD) service across the NW • Partner with adult **Burns Centre** to comply with all quality standards • Further **strengthen networks** with Manchester and Stoke • Increase number of **nationally designated services**, for example Vein of Galen, Selective Dorsal Rhizotomy (SDR), Deep Brain Stimulation (DBS), Burns, Cochlear Implants • Develop **"hub and spoke" models** with DGH's • Improve **transition pathways** into adult care	• Step change in **embedding Research and Innovation** across Division • Implement **new pathways/ways of working** (new "firsts") which are adopted by other NHS Trusts • Widespread use of **Alder Play App** to facilitate care • Digitally-enabled (AI) **Theatre Scheduling**

In addition to the service priorities highlighted above we will to undertake a systematic approach to developing clinical service plans for every service by the close of 2019/20. These will be developed in partnership with service teams, enabling everyone to know where they are headed, and to know how they contribute to and influence Alder Hey's future. Clinical service plans will be collated and developed into our Clinical Strategy through a series of clinical engagement events during 19/20-20/21. The Clinical Strategy will be produced as a supplementary document to accompany **'Our Plan'** in 20/21.

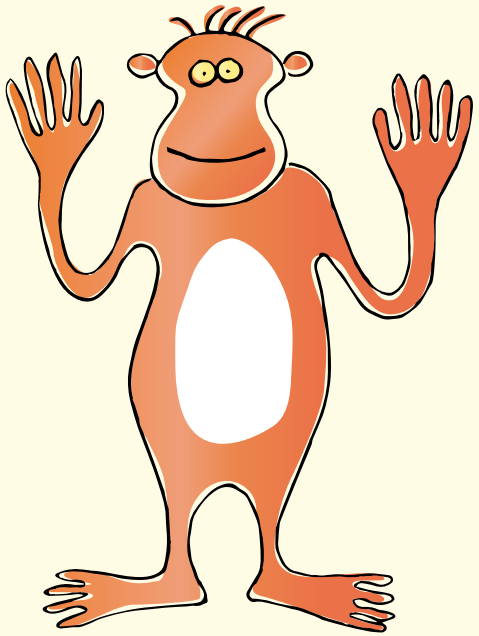
7

HOW WE WILL DELIVER 'OUR PLAN'



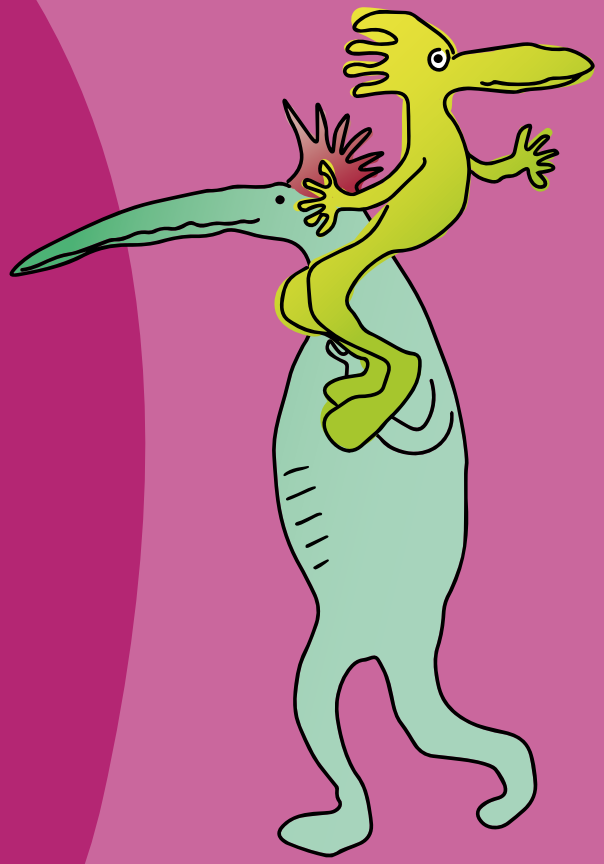
We will deliver and monitor progress against 'Our Plan' in the following ways;

- Systematised and **on-going communication with staff** to ensure all aspects of **'Our Plan'** are understood and recognised, and so that we can incorporate feedback from staff to ensure the message is being received as anticipated
- Strategic oversight of overall progress against **'Our Plan'** presented to **Trust Board** on a twice-yearly basis
- Strategic oversight of progress towards our strategic objectives through **Trust Board** and **Committees of the Board**
- Regular review of progress against **'Our Plan'** with **Board of Governors** (twice yearly)
- Key risks to delivery of **'Our Plan'** identified through our Board Assurance Framework (BAF); monthly assurance provided to **Trust Board**
- Devolved clinical leadership within **Divisions** who oversee implementation of **'Our Plan'**. This will include;
  - Oversight of progress in cross-divisional themes and objectives through the **Strategy and Operations Delivery Board** (monthly)
  - Review of progress against strategic objectives and key milestones within **Divisional Boards** (monthly)
  - **Divisional Performance reviews** (bi-monthly) where Divisions provide assurance of progress against all aspects of **'Our Plan'** and have access to executive scrutiny and challenge. These will develop so that equal emphasis is placed on '**brilliant basics**' and '**growing the future**'
- Transformational Projects and Programmes will be managed and monitored via the **Change Programme; governed via Programme Board** (monthly), with assurance reported through each Board Committee and Trust Board



8

A DAY IN THE LIFE...



'The Child or Young Person's Perspective'

From a children, young people, families and carers perspective, delivery of **'Our Plan'** will mean:

- **Children and young people** will be able to access Alder Hey standards of care from a wider base; they can walk into their local health centre, rather than coming into the hospital, knowing they'll get the same level of trusted service
- **They will be able to 'tell their story** once' as partners in their care will be working together across communities
- **Children, young people, families and carers** will be able to interact digitally with professionals involved in their care – this means they don't have to miss school and work for as many appointments!
- **Children, young people and families** can expect joined up, safe care that is enabled through a co-ordinated approach across the whole region

'Our People'

Implementation of **'Our Plan'** will mean the following for our staff:

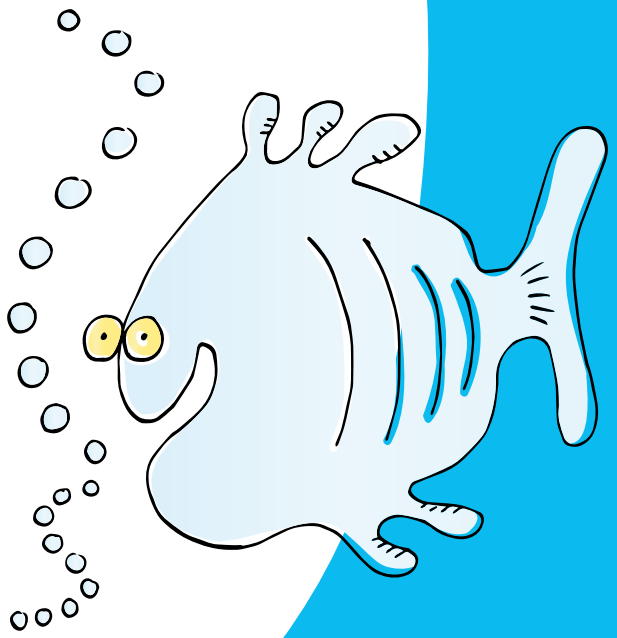
- **Our people have access** to everything they need to treat their children and young people effectively, wherever they need it
- **Our people will have access** to fantastic training and education opportunities to develop themselves
- **The health and wellbeing** of our people will be held in the highest regard, and they will be supported as such
- **Our people have ever greater opportunities** to pursue research that improves outcomes for the children and young people they look after
- **They will experience fewer frustrations** as care will be more joined up, with less duplication through readily available information, integration and automation
- **They will be encouraged and supported to develop** and implement their innovations and ideas
- **Technology will work** as well for staff in work as their technology at home does

Our Trust, Broader System and Region

For Alder Hey, the broader system and region, delivery of **'Our Plan'** means:

- **Putting children** and young people's services and 'starting well' at the heart of system plans
- **A universal approach and delivery** of children and young people's services, which increases the standard of paediatric care across the whole system
- **Developing a single paediatric workforce approach**, which enables flexibility and clinical sustainability for all
- **Working in partnership** across the whole system
- **Introducing cross-organisational pathways** and ensuring a child or young person's record data is shared, reducing time and improving quality of service delivery and care
- **Electronic flagging of children and young people** suitable for research leading to quicker identification of patients and associated trials
- **Improvements in population-health** monitoring and planning

APPENDICES



Appendix 1: **Our Journey so far; the excellence already being delivered by the Alder Hey team**

We are extremely proud of the many accomplishments of our staff at Alder Hey.
Here are some of our most recent achievements;

Delivery of **outstanding care**

- We are rated by the Care Quality Commission (CQC) as **'Outstanding' for Caring** and **'Good' overall**
- We have an **amazing new hospital** delivering outstanding care
- We have significantly **grown our community services,** providing vital care closer to home
- We have achieved a **25% reduction** in **hospital acquired MSSA** in 18/19
- We are in our **3rd year of zero Grade 4 pressure ulcers**
- In 2018/19 we had **no cancelled operations for 'staffing unavailable'** and a **69% reduction in children experiencing cancelled operations**
- We have achieved an **18.6% reduction in medication incidents since 2014/15**
- We have achieved **full delivery** of the **national cancer**, **referral-to-treatment** and **diagnostic standards**
- Our **Emergency Department** was in the top 15 in the UK for **meeting the 4 hour standard** in 18/19
- We won our bid to become one of the first **Mental Health 'Trailblazers'** in the UK, and are now providing mental health support into schools

The best people doing their best work

- **60% of our staff responded** to the staff survey, our highest ever response rate, and we saw improvements across over 75% of questions; **72% of staff said they would recommend the Trust as a place to work** to their friends and family, an increase of 8% from 2017
- We have recruited a **Consultant Clinical Psychologist** to lead the **Organisational Development** (OD) Agenda for the Trust
- We implemented a **Vocational Adviser role**, supporting work experience, careers fairs, schools engagement and pre-employment programmes
- We have **zero use of nurse agency** due to proactive nurse workforce planning
- We have more **Advanced Clinical Practitioners** (ACPs) in post than any other NHS organisation
- We supported **over 55 members** of staff to access an **apprenticeship pathway**
- We achieved **Library Quality Assurance Framework accreditation**
- We launched the **Leadership Strategy** and developed the **Strong Foundations** programme
- We won the **Business Education Award** for our **North West China Partnership**

Sustainability through **external partnerships**	• We achieved **Tier 1 Congenital Heart Disease (CHD) status** (with the Liverpool partnership) for the North, performing **410 operations** in 18/19, and successfully **tripling the size of our all-age CHD network** to support the highest standards of CHD care throughout the North • We achieved approval to develop the **Neonatal Intensive Care Unit (NICU)** and b**uild our Liverpool Neonatal Partnership** with Liverpool Women's Hospital • We formalised our partnership with **Royal Manchester Children's Hospital** (RMCH), enabling us to provide the **best joined up care** for children and young people across the North West (for example in neurosciences and burns)
Game-changing **research and innovation**	• We **recruit the highest number of children and young people** to research studies; over **44,000** since the inception of the National Institute for Health Research (NIHR) Clinical Research Network (CRN) • We have **wide-ranging core research strengths** including respiratory, rheumatology, neurosciences, infectious diseases, clinical pharmacology (paediatric), medicines formulation research and paediatric surgeries. • In **partnership with the University of Liverpool**, the NIHR Alder Hey Clinical Research Facility for Experimental Medicine offers children and young people the opportunity to take part in **life-changing research trials** • We are the only trust in the country that has a **'Bat Cave'**, otherwise known as the **Innovation Hub**, **pioneering leading innovations globally**

STRONG FOUNDATIONS	
	• We are **one of sixteen trusts** who were identified as part of the Global **Digital Exemplar programme**, enabling us to digitise clinical pathways, improve integration and spearhead regional interoperability development • We have begun building our new Alder Centre to give the **best possible environment** for those using our bereavement services • We have built an **amazing dedicated research**, education and innovation Institute, which we share with four academic partners (University of Liverpool, Edge Hill University, Liverpool John Moores University and University of Central Lancashire) • We have launched our **International Child Health Department**, which is providing **philanthropic care** to children and young people world-wide

We host many **centres of excellence in specialist medicine and care**, and we are the **specialist leader for a number of key children's health issues**.

Examples of our **excellence** include;

- **Major trauma –** we are one of two paediatric major trauma centres for the North West, providing networked care for the North West, North Wales and the Isle of Man.
- **Burns –** we treat burn injured children with all levels of severity of injury and work in partnership across the North West to provide the most specialist levels of care.
- **ECMO** (Extracorporeal Membrane Oxygenation – which is a highly specialised way to provide prolonged support for the heart and lungs when a child or young person cannot do this on their own) – this enables us to do our excellent cardiac surgery and helps children and young people with recovery from possibly fatal respiratory problems.
- **Epilepsy –** we are one of just 4 centres for paediatric surgery in the UK.
- **Congenital heart disease** (CHD) – we are the lead (Level 1) provider for all paediatric surgery in the North West and we host the all-age CHD network for the region.
- **Childhood lupus –** we are the UK's first and only Centre of Excellence for Childhood Lupus, and a Coordinating Centre for the UK's multi-disciplinary translational research study group (JSLE Study Group) investigating this disease.
- **Muscular dystrophy –** we have been awarded by Muscular Dystrophy UK the role centre of clinical excellence, meaning we are recognised as a centre of excellence, treating around 550 children and young people with this rare and complex condition.
- **Craniofacial surgery –** we are one of just 4 centres for craniofacial surgery in the UK.
- **Oncology –** The oncology/ haematology department at Alder Hey is proud to deliver first-class care for children and young people suffering from solid tumours and leukaemia. We have a world-class reputation in paediatric brain and spinal cord tumours. We have a proud record of development of participation in clinical trials including our role as a designated early phase trials unit.
- **Orthopaedics –** we are a centre of excellence for spinal surgery and the use of magnetic growing rods, which mean children with early onset scoliosis can have fewer surgeries, as doctors control their implanted rods from an external remote control.
- **North West Movement Analysis Centre (NWMAC) –** we are accredited by CMAS (the Clinical Movement Analysis Society) as one of the largest clinical gait laboratories in the UK; this means we can provide the best movement testing for children and young people with conditions like Cerebral Palsy.

- **Orthotics –** we are a nationally recognised service of excellence, supporting our Spinal service with new technology in 3D scanning and brace design; this helps patients become more accepting of their brace, improving outcomes and reducing incidents of spinal surgery to correct scoliosis.

- **Tier 4 Child and Adolescent Mental Health Services (CAMHS)** – we provide the most specialist level of CAMHS services through our Dewi Jones unit.

- **Paediatric Surgery –** we see the greatest volume of elective paediatric admissions in the UK, and the second greatest volume of non-elective admissions – this gives us critical mass in a significant range of paediatric surgeries, meaning we have a high degree of surgical expertise.

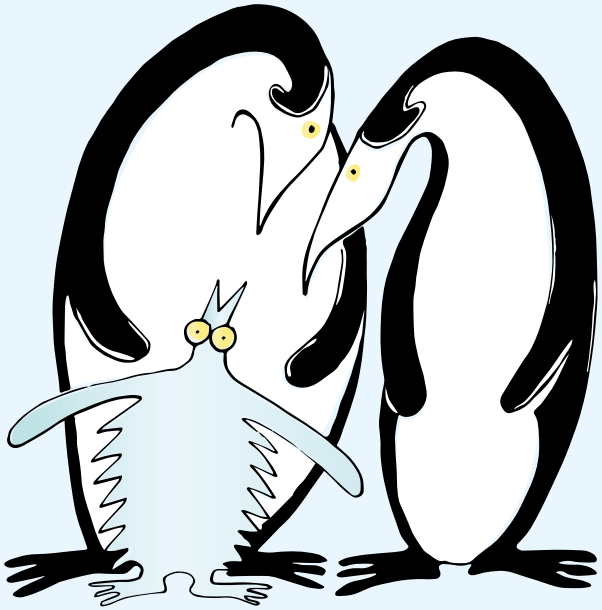
- **Paediatric Clinical Pharmacology –** we are the only training centre in the UK.

- We are a National Institute for Health Research (NIHR) **Clinical Research Facility for Experimental Medicine.**

- We host an NHS-led **Paediatric Medicines Research Unit** involving four university collaborative partnerships.

We are also **locally, regionally and nationally recognised** for our;

- Sexual Assault and Referral Unit ('The Rainbow Centre')
- Liverpool schools pilot in Mental Health ('Trailblazer')
- Eating Disorder Service
- Community Respiratory Physiotherapy service
- Community Nursing and Matrons



Appendix 2: **How we got here – Engagement so far**

A strategy is only as good as the people who inform it and who will bring the future vision to life. The development of **'Our Plan'** has been, and continues to be, shaped through systematic communication and engagement with the following important groups;

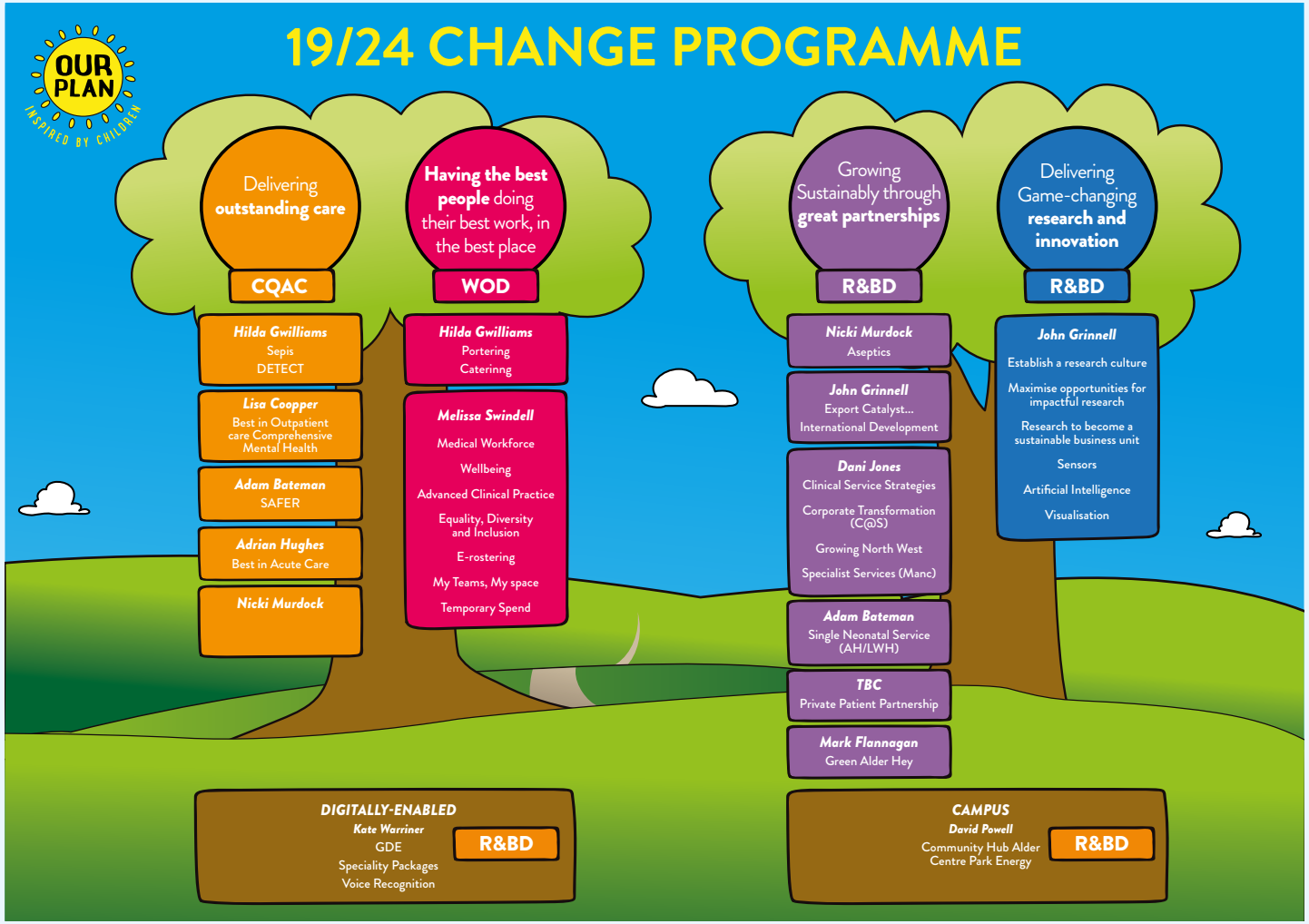
Our People – Alder Hey staff	• Alder Hey Futures events – 17th September 2019 • Alder Hey Futures weekly deep-dives – September 2019 • 'Latest with Louise' updates – monthly • Inspiring Quality summit – 2018
Children, Young People & Families	• Inspiring Quality – throughout 2018 • Children & Young People's Forum – adoption of priorities including digital and climate change (ongoing engagement to be scheduled).
Clinical Divisions & Services	• 5-year Strategic Priorities – 24th January 2019

Trust Board	• Strategy Development Session – 25th June 2019 • Draft Strategy review – 3rd September 2019 • Final Strategy approval – 1st October 2019 • Designed Strategy document – 5th November 2019
Council of Governors	• Strategy Development Session – 25th June 2019 • Draft Strategy review – 16th September 2019 • Final Strategy – 9th December 2019
Specialist Commissioning	• Specialist Commissioning Local Strategy – 2018 • Executive to Executive meeting - 24th October 2019
Clinical Commissioning Groups & Local Authorities	• Liverpool 'System Capability Programme' and 'One Liverpool' Plan refresh – Summer 2019 • 'Shaping Sefton' – Summer 2019 • Knowsley 'Place' 5 year planning – Summer 2019 • Liverpool CCG engagement at Alder Hey Trust Board - November 2019
HCP Women's & Children's	• Women & Children's Roadshow – June 2019

Appendix 3: **Clinical Divisions and Services**

Medicine	Surgery	Community	Clinical Research
• Emergency Department • General Paediatrics • Diabetes • Respiratory Medicine • Infectious Diseases • Immunology • Metabolic Diseases • Nephrology • Rheumatology • Gastroenterology • Dermatology • Endocrinology • Dietetics • Oncology • Haematology • Palliative Care • Bereavement Services • Radiology • Pathology • Pharmacy • Psychology • Therapies • Long-Term Ventilation	• Cardiac Surgery and Cardiology • Paediatric Intensive Care • High Dependency Unit • Burns Unit • General Surgery • Urology • Gynaecology • Neonatal Surgery • Theatres • Anaesthesia and Chronic Pain • Ear, Nose and Throat and Audiology • Cleft Lip and Palate • Ophthalmology • Maxillofacial Surgery • Dentistry and Orthodontics • Neurosurgery and Neurology • Craniofacial Surgery • Orthopaedics • Plastic Surgery	• Children's Community Nursing Team • Homecare • Community Matrons • Community Therapies • Neurodevelopmental Paediatrics • Community Paediatrics • Safeguarding Services • Fostering and Adoption • Child and Adolescent Mental Health Services	• NIHR Clinical Research Facility for Experimental Medicine • Paediatric Medicines Research Unit • Children's Nursing Research Unit • Clinical Research Delivery multidisciplinary workforce • Research Safety, governance and quality team

Appendix 3: **The 2019-2024 Change Programme**



Liverpool Women's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust

The Liverpool Neonatal Partnership- Update for Boards

October 2019

Partnership Highlights	Quality and Governance
Frist induction commenced for Nurses recruited The partnership with 8 wte starting on 1st October. A joint induction was created between both Trusts while providing nurse's with the opportunity to work across both organisations. Richard Hutchinson has been appointed as a Neonatologist working for The Partnership and started on the 1st October 2019. Siobhan Kinsella has been appointed as administrative support for The Partnership and will start on the 4th November 2019. Terms of reference and MOU agreed by The Liverpool Partnership Development Board and Gary Price and Adam Bateman agreed to take the document to their individual Boards for sign off. The Leadership Team meet with the PICU leads at Alder Hey on the 10th October 2019 and have agreed the criteria for admission to PICU and NICU. Both teams agreed to meet quarterly for now while continue to work together and maintain communication in the meantime. The Leadership Team will be hosting a stakeholder's event in December 2019 to update staff from both organisations on the developments to introduce the leadership team. In addition the Estates team would continue conversation about the design and development of the unit.	An away day took place on the 2nd October, The Leadership Team worked through the proposed governance structure and strategy for the partnership, this document will go to the Liverpool Neonatal Partnership Delivery Board in November 2019. With a final document to be agreed by the Liverpool Neonatal Partnership Board in early 2020 this document will ensure governance is managed as a whole service while maintaining accountability to both organisations and providing assurance to both Trust boards. **Communication and Engagement** • Initial communication strategy proposed and will be discussed at The Liverpool Partnership Development Board in Nov 2019. • In discussion with label one to consider The Partnership as an episode for their new series of The Hospital The Leadership team have been meeting with stakeholders and discussing the developments: • Dieticians • PICU – AH • Neonatal ANNP's • Staff on 1C AH • Nursing and medical staff at LWH • Surgeons • Commissioners • Pharmacy AH • North West network

Finance	Recruitment
• Both organisations met with NHSE Specialist Commissioners to continue negotiations to agree the finale cost of the service in attempt bridge the current financial gap 2.7 mil • The leadership team agreed to reduce the cost by 1.3 mil following a review of staff from BAPM standards to a safe staffing model • Following the meeting the team and both organisations have number of actions to review alongside the network and commissioners • All agreed to re-meeting in the end of November	• 2 x Trained ANNP's recruited one will start in December 2019 and one January 2020 • The aim is to go out to advert for 2 further Neonatologist once these have been appointed, we will be able to increase the consultant cover at Alder Hay to 12 hours and day Monday to Friday and increased cover at weekends. • NHSE Specialist commission have requested a review of the recruitment plan which the team will provide and discuss with the support of the Network
Estates	**Key deadlines within the next 4 weeks**
• Estate design development continued at AH • Visit conducted to support the development of an innovative design and build	• Agreed Communication Strategy at next delivery board • Continue to develop the Governance Structure and Strategy to be reviewed in Nov 2019 • Continue to work with NHSE Specialist Commissioners to closed funding gap • Distribute Q&A document regarding the partnership development under way • Organise stakeholders day for December • Finalise Estate brief following visit

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday, 5 November 2019

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

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

Board Assurance Framework 2019/20

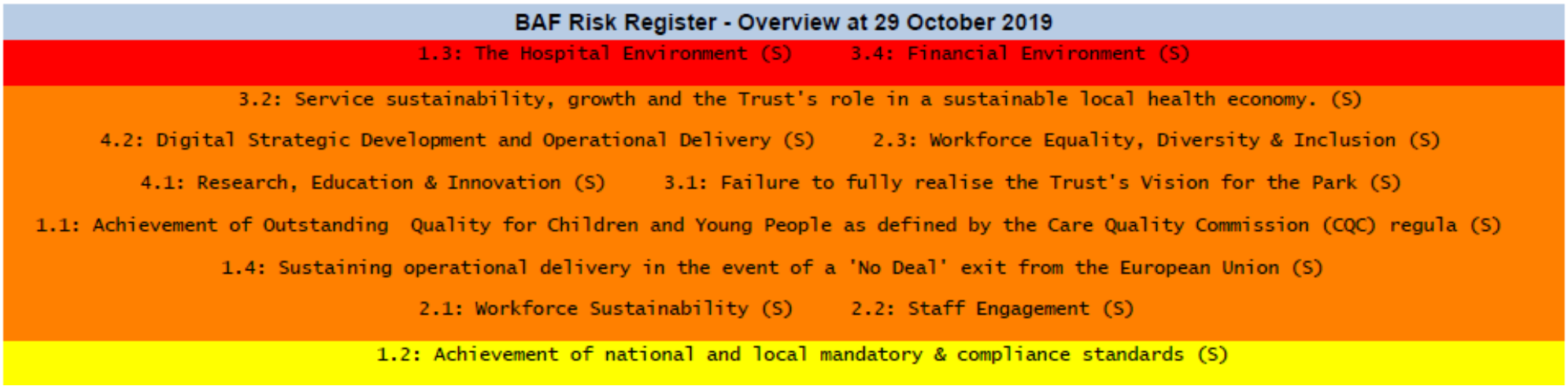
1. Purpose

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

2. Review of the BAF

The diagram below gives a high level heliview of the current version, followed by a summary and a brief on the changes since the last Board meeting. The full document is included as Appendix A.

BAF Risk Register - Overview at 29 October 2019



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

3. Summary of BAF - at 29 October 2019

The diagram below shows that all risks remained static in-month.

Ref, Owner	Risk Title	Risk Rating: I x L		Monthly Trend	
		Current	Target	Last	Now
STRATEGIC PILLAR: Delivery of Outstanding Care					
1.1 HG	**Achievement of outstanding quality for children and young people**	3-3	2-2	STATIC	STATIC
1.2 ES	**Achievement of national and local mandatory & compliance standards**	3-2	3-2	STATIC	STATIC
1.3 JG	**The Hospital Environment**	4-4	4-2	STATIC	STATIC
1.4 JG	**Sustainable operational delivery in the event of a 'No Deal' exit from EU**	3-3	3-3	STATIC	STATIC
STRATEGIC PILLAR: The Best People Doing Their Best Work					
2.1 MS	**Workforce Sustainability**	3-3	3-2	STATIC	STATIC
2.2 MS	**Staff Engagement**	3-3	3-1	STATIC	STATIC
2.3 MS	**Workforce Equality, Diversity & Inclusion**	3-4	3-1	STATIC	STATIC
STRATEGIC PILLAR: Sustainability Through External Partnerships					
3.1 DP	**Failure to fully realise the Trust's Vision for the Park**	3-3	3-2	STATIC	STATIC
3.2 DJ	**Service Sustainability & Growth**	4-3	4-2	STATIC	STATIC
3.4 JG	**Financial Environment**	4-4	4-3	STATIC	STATIC
STRATEGIC PILLAR: Game-Changing Research And Innovation					
4.1 CL	**Research, Education & Innovation**	3-3	3-2	STATIC	STATIC
4.2 KW	**Digital Strategic Development and Operational Delivery**	4-3	3-2	STATIC	STATIC

8. Changes since 1 October 2019 Board meeting

External risks

- ***Service sustainability, growth and the Trust's role in a sustainable local health economy (DJ)***
  Risk reviewed: score remains as per previous month. Evidence attached to controls.

- ***Workforce Equality, Diversity & Inclusion (MS)***
  Risk Reviewed, all actions remain on track, no change in risk score.

- ***Sustaining operational delivery in the event of a 'No Deal' exit from the European Union (JG)***
  Risk review undertaken. NHSE Webinars set to rollout which may alter the risk rating but EU exit extension currently pushed back to 31 Jan 2020.

Internal risks:

- ***Achievement of National and Local Mandatory & Compliance Standards (ES)***
  Risk reviewed. No change to score in-month and all actions remain on track for delivery of mandatory targets. ED remains a fragile area due to an increase in attendances of 11% during September 2019 reducing performance to 88.9%. An action plan for resilience and staff well-being is in place with results expected mid-November 2019.

- ***Achievement of Outstanding Quality for Children and Young People as defined by the Care Quality Commission (CQC) regulations (HG)***
  Risk Reviewed, no change to score in-month. Actions updated to reflect KLOE delivery groups established and meeting bi-weekly.

- ***Financial Environment (JG)***
  Risk reviewed - no change to score in-month. Half yearly forecast still showing £2.8m gap. Some progress being made on recovery actions to bridge however, further step-up required. Further assessment to be undertaken at M7.

- ***Failure to fully realise the Trust's Vision for the Park (DP)***
  Review in advance of November Board.

- ***Digital Strategic Development and Operational Delivery (KW)***
  On target with key dates for resilience implementation, good progress with digital futures delivery.

- ***Workforce Sustainability (MS)***
  Risk reviewed, actions updated.

- ***Staff Engagement (MS)***
  Risk Reviewed, actions remain on track, risk rating remains the same.

- ***The Hospital Environment (JG)***
  Risk reviewed - no change to score whilst awaiting rectification plans from Project Co. No water ingress in-month.

- ***Research, Education & Innovation (CL)***
  Updated and reviewed.

Erica Saunders
Director of Corporate Affairs
5 November 2019

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.1	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Achievement of Outstanding Quality for Children and Young People as defined by the Care Quality Commission (CQC) regulations.		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Hilda Gwilliams	Type: Internal, Known	Current IxL: 3x3	Target IxL: 2x2	Trend: STATIC

Risk Description

Not having sufficiently robust, clear governance systems and processes and people in place supported by the expected culture and values that underpin learning for improvement

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

Gaps in Controls / Assurance

CQC regulation ratings.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Implement a bespoke trust wide programme of work in relation to CQC organisational readiness	16/12/2019	Trust RPIR received (13/9) which signals an inspection within six months. Data requests disseminated with QC process in place to meet three week deadline. Programme approach implemented across all KLOEs. A focus on well-led domain in relation to risk is underway.
CQC Journey to Outstanding Programme	31/03/2020	All KLOE Delivery Groups now established and meeting bi-weekly. Initial gap analyses against framework undertaken with evidence to

		support being collated.

Executive Leads Assessment
October 2019 - Philip O'Connor Risk Reviewed, no change to score in-month. Actions updated to reflect KLOE delivery groups established and meeting bi-weekly.
September 2019 - Hilda Gwilliams No change to score in-month. Action updated to reflect actions implemented following receipt of RPIR on 13/9.
August 2019 - Hilda Gwilliams Risk reviewed. No change to score in-month.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.2	Strategic Objective: Delivery Of Outstanding Care		Risk Title: Achievement of national and local mandatory & compliance standards		
Related CQC Themes: Safe, Caring, Responsive, Well Led, Effective			Link to Corporate risk/s: No Risks Linked		
Exec Lead: Erica Saunders	Type: Internal, Known		Current IxL: 3x2	Target IxL: 3x2	Trend: STATIC

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Regulatory status with: NHSI, CQC,NHSLA, ICO, HSE, CPA, HTA,MHRA etc.	- NHSI quality concern rating - CQC rating - Compliance assessment against NHSI Provider License to Board - NHSI quarterly review meeting
Compliance tracked through the corporate report and Divisional Dashboards.	Refresh of Corporate Report undertaken for 2018/19. Monthly reporting to the Board via the Corporate Report
Risks to delivery addressed through Operational Board, RBD, CQAC, WOD, IGC & CQSG and then through to Board	Regular reporting of delivery against compliance targets through assurance committees and board
Early Warning indicators now in place	Business Intelligence Portal (Infofox) & daily monitoring report used as a source of intelligence and to highlight performance concerns
Operational Delivery Board taking action to resolve performance issues as they emerge	Ops Board Meetings continue on the last Thursday of every month - any issue fully minuted
Emergency Preparedness meetings continue to take place every 2 months which reports into IGC	Emergency Preparedness meetings continue to take place every 2 months which reports into IGC. EP Reports to IGC
Divisional Executive Review Meetings taking place monthly with 'three at the top'	Divisional/Executive performance reviews
Weekly performance meetings in place to track progress	
6 weekly meetings with commissioners (CQPG)	Meetings continue into 2019/20. ToRs attached
Divisional leadership structure to implement and embed clinically led services	Devolved governance structure model
Weekly Exec Comm Cell overseeing key operational issues and blockages.	Planned to continue during 2019/20 (held every Monday AM)

Gaps in Controls / Assurance

1. Critical Care bed capacity due to building issues in the run up to winter
2. ED 4 hour target - difficult to maintain consistently due to high demand
3. Assurance required to underpin Divisional reporting on CQC standards
4. Work with CCG to manage demand & develop / fully utilise existing capacity across PC
5. Proactive management of patient flow making better use of trend analysis data

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Undertake capacity & demand modelling for the surgical wards	31/03/2020	Modelling completed for the winter period. Best in Operative Care Steering Group now progressing annual plan based on bed occupancy
2. In order to sustain high performance a task & finish group established for designing the optimal assessment unit models, and appointment based consultations for non-urgent patients.	30/09/2019	ED Action Plan being monitored by the divisional leadership team and through Ops. Board including a comprehensive workforce plan. COO has requested key areas are expedited at pace
3. Programme of work to be developed 'from Good to outstanding' - Road map to understanding presentation to be prepared for executives - Present road map to executives for approval of direction of travel - Identify project leads and arrange schedule of meetings - Development Project plan. - Briefing CQC readiness presentation to be developed for Divisions . - Arrange presentation to Divisions multidisciplinary teams - Present CQC readiness presentation. - Development CQC evidence template for Divisions. - Approval of evidence template from executives - Guidance document for evidence to be developed. - Approval of guidance document - Circulate template and guidance to Triumvirate to - Commence evidence gathering	31/10/2019	Programme now developed and fully implemented with KLOE delivery groups now meeting bi-weekly

- Monitor evidence submission - Evidence Quality check. - Present outcome of evidence profile - Trust readiness Present readiness profile.		
5. Continue to monitor theatre schedule, discharge planning and capacity & demand modelling through: SAFER Project Group Best in Operative Care Steering Group Clinical Utilisation Review Best in Acute Care Programme	31/03/2020	Programme Assurance continues to be monitored monthly through Clinical Quality Assurance Committee
3. CQC Journey to Outstanding Project	31/03/2020	All KLOE Delivery Groups now meeting regularly. Initial gap analyses against each framework undertaken to identify areas of focus over the coming months

Executive Leads Assessment
October 2019 - Erica Saunders Risk reviewed. No change to score in-month and all actions remain on track for delivery of mandatory targets. ED remains a fragile area due to an increase in attendances of 11% during September 2019 reducing performance to 88.9%. An action plan for resilience and staff well-being is in place with results expected mid-November 2019.
September 2019 - Erica Saunders Risk reviewed - no change to score in month. All actions remain on track. Challenges remain within ED due to record attendances over the summer months
August 2019 - Erica Saunders Risk reviewed - no change to score. All actions remain on track. Challenges remain within ED, an improvement plan is being implemented along with changes to some clinical pathways. We are actively recruiting nursing and medical staff to increase resilience in readiness for Winter.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.3	Strategic Objective: Delivery Of Outstanding Care		Risk Title: The Hospital Environment		
Related CQC Themes: Safe			Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: Internal, New		Current IxL: 4x4	Target IxL: 4x2	Trend: STATIC

Risk Description

A number of building concerns remain unresolved in particular pipe-work corrosion, water ingress, risk of falls and water temperatures.

Existing Control Measures	Assurance Evidence (attach on system)
Monthly issue meetings	Maintenance of issues list and issues review meeting
Monthly liaison meetings	Liaison minutes reported to Trust Board monthly
Regular reports to IGC	IGC Agendas, Reports and Minutes
Building Management Services Risk Register	Risk Register held on Ulysses - reported to IGC
NED / ED / Project Co senior group overseeing management of pipework risk	Letter of agreed actions. Minutes from meeting.
Water Safety Group meets monthly	Minutes

Gaps in Controls / Assurance

Pipes - awaiting non-destructive testing outcome to assess levels of degradation across the whole site
Water Ingress - awaiting long term resolution from Project-Co

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Plan for management of pipework to be agreed	31/10/2019	Board to Board held with Project Co. with agreement that revised plan will be shared with the Trust by the end of October.
Prepare recommendation to Board on proposed pipework replacement strategy	31/10/2019	Paper being prepared for October 2019 Board
Agree a Strategy for ensuring roofing structure is water-tight	31/12/2019	Remedial works underway to ensure roof is water-tight. works planned to be completed by end of Q3

Executive Leads Assessment

October 2019 - John Grinnell
Risk reviewed - no change to score whilst awaiting rectification plans from Project Co. No water ingress in-month.

September 2019 - John Grinnell
Agreement reached with Project Co. to jointly commission an independent survey of the fabric of the roof. Awaiting outcome of non-destructive pipe testing validation meeting with Project Co. directors and members of the Board being convened to oversee.

August 2019 - John Grinnell
Risk reviewed - no change to score in-month. Key focus on pipework actions -overall rating unlikely to change until actions complete October 2019.
Focus on water ingress in ICU - business continuity being led by COO

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 1.4	Strategic Objective: Delivery Of Outstanding Care		Risk Title: Sustaining operational delivery in the event of a 'No Deal' exit from the European Union		
Related CQC Themes: Safe, Effective, Responsive			Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: External,		Current IxL: 3x3	Target IxL: 3x3	Trend: STATIC

Risk Description

Failure of measures put in place nationally and locally in the event of a 'no deal' exit from the EU to safeguard the organisation's ability to deliver services safely and maintain business continuity.

Existing Control Measures	Assurance Evidence (attach on system)
National NHS EU coordination centre established to oversee planning and provide support to local teams to resolve escalating issues. Internal team in place to implement operational guidance.	Internal team meets weekly; work stream leads identified; risk assessments undertaken.
Internal command team structure focusing on eight key areas each week to assess level of risk and update plans based on national information. Group responds to national guidance as it is published.	Weekly report to Executive team to address deficits and escalate as required

Gaps in Controls / Assurance

There may be supply issues in the event of a No deal Brexit. Our assurance is that we are in a position to respond to this and have alternatives in place for the identified high risk areas which we do.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Continuing to refine oversight arrangements and associated resources ahead of 31st October 2019 deadline	29/11/2019	Update report going to Board on 1 October to provide assurance in relation to business continuity plans
Continue to engage and lobby NHSE colleagues to ensure centrally managed mitigations are understood and adequate	29/11/2019	Actions as above

Executive Leads Assessment

October 2019 - Lachlan Stark
Risk review undertaken today. NHSE Webinars set to rollout which may alter the risk rating but EU exit extension currently pushed back to 31 Jan 2020.

September 2019 - John Grinnell
Risk reviewed, no change to score. Actions updated to reflect latest position. Weekly group in place with full oversight

August 2019 - John Grinnell
Risk reviewed, current score remains. Business continuity plans continue to evolve as required

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 2.1	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Sustainability		
Related CQC Themes: Safe, Effective, Responsive, Well Led, Well Led, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

Failure to deliver consistent, high quality patient centred services due to not having the right people, with the right skills and knowledge, in the right place, at the right time.

Existing Control Measures	Assurance Evidence (attach on system)
Workforce KPIs tracked through the corporate report and divisional dashboards	Corporate Report and KPI Report to WOD
Bi-monthly Divisional Performance Meetings.	Regular reporting of delivery against compliance targets via divisional reports
Mandatory training fully reviewed in 2017, with a new system of reporting linked to competencies on ESR; enabling better quality reporting.	- Monthly reporting to the Board via the Corporate Report - Reporting at ward level which supports Ward to Board
Mandatory training mapped to Core Skills Framework. Online portal enables all staff to see their compliance on their chosen IT device.	ESR self-service rolled out
Permanent nurse staffing pool	Large-scale nurse recruitment event 4 times per year
HR Workforce Policies developed in partnership with staff side	All Trust Policies available for staff to access on intratet
Attendance management process to reduce short & long term absence	Sickness Absence Policy
Wellbeing Steering Group established	Wellbeing Steering Group Terms of Reference
Training Needs Analysis linked to CPD requirements	New Learning and & development Prospectus Launched - June 2019
Apprenticeship Strategy implemented	Bi-monthly reports to WOD and associated minutes
Engaged in pre-employment programmes with local job centres to support supply routes	Bi-monthly reports to WOD and associated minutes
Engagement with HEENW in support of new role development	Reporting to HEE
People Strategy	People Strategy report monthly to Board

Gaps in Controls / Assurance

1. Not meeting compliance target in relation to mandatory training in some areas
2. Sickness Absence levels higher than target.
3. Lack of standard methodology to workforce planning across the organisation
4. Junior doctor experience not as positive as it should be

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
1. Continue with regular reporting of data target hotspot areas and staff groups review methodology of accessing training	31/03/2020	good work progresses - over 90% mandatory training across the trust with some hotspot areas still in development.
2. Action plan developed in conjunction with NHSI to support the reduction of sickness absence across the organisation. Target is 4% absence rates across the organisation.	31/03/2020	
3. Development of a methodology to roll-out across the organisation. Plan for a workforce summit in June/July 2019	24/12/2019	Progress delayed. reviewing in November 2019 with a roll out for business planning for 20/21
Detailed action plan in response to 2018 HEE visit. Use of £60k welfare monies to re-purpose a new JD mess. JD Forum refreshed.	29/02/2020	

Executive Leads Assessment

October 2019 - Melissa Swindell
Risk reviewed, actions updated.

September 2019 - Melissa Swindell
Risk reviewed, all actions remain on track, risk score remains the same

August 2019 - Sharon Owen
Risk reviewed, all actions remain on track, risk score remains the same.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 2.2	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Staff Engagement		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: Internal, Known	Current IxL: 3x3	Target IxL: 3x1	Trend: STATIC

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

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

Gaps in Controls / Assurance
Internal Communications Strategy and Plan

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Brand paper taken to March Ops Board and detailed implementation now under way	31/03/2020	Internal Communications Plan presented to Executives, and approved in October 2019

Executive Leads Assessment
October 2019 - Melissa Swindell Risk Reviewed, actions remain on track, risk rating remains the same.
September 2019 - Melissa Swindell Risk Reviewed, actions remain on track, risk rating remains the same
August 2019 - Sharon Owen Risk reviewed, actions remain on track, risk rating remains the same.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 2.3	Strategic Objective: The Best People Doing Their Best Work	Risk Title: Workforce Equality, Diversity & Inclusion		
Related CQC Themes: Well Led, Effective		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Melissa Swindell	Type: External, Known	Current IxL: 3x4	Target IxL: 3x1	Trend: STATIC

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Wellbeing Strategy	monitored through WOD
WOD Committee ToR includes duties around diversity and inclusion, and requirements for regular reporting.	- Bi-monthly reporting to Board via WOD on diversity and inclusion issues - Monthly Corporate Report (including workforce KPIs) to the Board
Wellbeing Steering Group	Wellbeing Steering Group ToRs
Staff Survey results analysed by protected characteristics and actions taken by E&D Lead.	monitored through WOD
HR Workforce Policies	HR Workforce Policies (held on intranet for staff to access)
Equality Analysis Policy	- Equality Impact Assessments undertaken for every policy & project - EDS Publication
Equality, Diversity & Human Rights Policy	- Equality Impact Assessments undertaken for every policy & project - Equality Objectives
BME Network established, sponsored by Director of HR & OD	BME Network minutes
Disability Network established, sponsored by Director of HR & OD	Disability Network minutes
Actions taken in response to the WRES	-Monthly recruitment reports provided by HR to divisions -Workforce Race Equality Standards - Bi-monthly report to WOD
Action plan specifically in response to increasing the diversity of the workforce, and improving the experience of BME staff who work at Alder Hey	Diversity and Inclusion Action Plan reported to Board
LGBTQ+ Network established	Taking forward actions for LiA - enabling achievement of a more inclusive culture. Monthly network meetings established.
Time to Change Plan	Time to Change Plan

Gaps in Controls / Assurance

1. Workforce not representative of the local community
2. BME and disabled staff reporting lower levels of satisfaction in the Staff Survey than non-BME other staff

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
2. Work with the BME and Disability Networks to develop specific action plans to improve experience.	31/12/2019	time to change plan implemented oct 19
1. Work with Community Engagement expert to develop actions to work with local community	31/12/2019	scoping expertise from C&M NHS resources

Executive Leads Assessment

October 2019 - Melissa Swindell
Risk Reviewed, all actions remain on track, no change in risk score

September 2019 - Melissa Swindell
Risk Reviewed, all actions remain on track, no change in risk score

August 2019 - Melissa Swindell
Risk reviewed. All actions remain on track; no change in risk score

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 3.1	Strategic Objective: Sustainability Through External Partnerships		Risk Title: Failure to fully realise the Trust's Vision for the Park		
Related CQC Themes: Responsive, Well Led			Link to Corporate risk/s: No Risks Linked		
Exec Lead: David Powell	Type: Internal, Known		Current IxL: 3x3	Target IxL: 3x2	Trend: STATIC

Risk Description

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

Existing Control Measures	Assurance Evidence (attach on system)
Business Cases developed for various elements of the Park & Campus	Approved business cases for various elements of the Park & Campus
Monitoring reports on progress	Monthly report to Board Stakeholder events / reported to Trust Board
Heads of Terms agreed with LCC for joint venture approved	
Redevelopment Steering Group	Reports into Programme Board
Monthly reports to Board & RABD	Highlight reports to relevant assurance committees and through to Board
Capacity Lab have been engaged for a period of 3 months to complete a piece of work/proposal for setting up a Community Interest Company as well as supporting the Trust to bring partners on board with the development and providing some financial contributions	

Gaps in Controls / Assurance

Fully reconciled budget with Plan.
Risk quantification around the development projects.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Complete cost assessment and scheme rationalisation	22/10/2019	
Secure approval for plans to increase Park footprint	12/11/2019	Planning for Park extension submitted 31/07/2018
Agree Park management approach with LCC	31/12/2019	Meeting with LCC Director to set up process
Complete cost plan for final park works	31/12/2019	
assessment of status including risk of all development projects	31/10/2019	
Secure planning	29/11/2019	
Agree plan for bringing forward Park clearance	31/12/2019	

Executive Leads Assessment

October 2019 - David Powell
Review in advance of November Board

September 2019 - David Powell
Risk reviewed post completion of Phase 1 park tender

August 2019 - David Powell
Monthly review prior to Campus Steering Group

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 3.2	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Service sustainability, growth and the Trust's role in a sustainable local health economy.		
Related CQC Themes: Caring, Effective, Responsive, Safe, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Dani Jones	Type: External, Known	Current IxL: 4x3	Target IxL: 4x2	Trend: STATIC

Risk Description

Risk to service sustainability development/growth:
A) risk of failure to deliver business as usual and maximise growth opportunities due to NHS financial environment and constraints on internal infrastructure
B) Risk of failure to develop external opportunities for partnership and to proactively establish the Trust's role in the development of a sustainable local health economy
C) Risk of failing to play our part in reducing unwarranted variation in Children & Young People's services across the City and beyond.

Existing Control Measures	Assurance Evidence (attach on system)
Divisional Performance Management Framework - includes clear trajectories for challenged specialties to deliver	Monthly to Board via RABD and Board. (Example of monthly divisional-level detail attached)
Accreditations confirmed through national review processes	Alder Hey partake in routine Quality Systems Team (QST) Peer Reviews for range of services - e.g. CHD peer review scheduled for July 19 (evidence to follow)
Five year plan agreed by Board and Governors in 2014	Business Development Plan reviewed monthly by RBDC via Contract Monitoring Report
Compliance with All Age ACHD Standard	ACHD Level 1 service now up and running; developing wider all-age network to support - agreement reached to host at Alder Hey.
Service development strategy including Private / International patient proposal approved by Council of Governors as part of strategic plan sign off (March 18, September 18)	Strategic Plan 2018-21 approved by AH Trust Board November 2018 - inclusive of international growth & development
Capacity Plan identifies beds and theatres required to deliver BD plan	Daily activity tracker and forecast monitoring performance for all activity.
Growth and sustainability through external partnerships is a key theme in the Change Programme: assurance received through Programme Board and Trust Board	Growth through Partnerships included in Strategic Business planning - both annual operational plan and the developing long term / strategic plan Monitored at Programme Board and via Strategy & Ops Delivery Board
Gap / risk analysis against all national service specification undertaken and action plans developed	Annual assessment against all service specifications led through quality team; SDIPs put in place in agreement with commissioners as a result to reach compliance.
Compliance with Neonatal Standards	Single Neonatal Services Business Case approved by NHS England.
Alder Hey working in partnership with Manchester Children's to ensure collaboration/sustainability where appropriate	MOU with Manchester approved at Trust Board July 19. Work plan governed via NW Partnership Board (quarterly)
'Our Plan' - Draft - Strategic Plan to 2024: Explicit and clear about partnership plans, our role in the system and growth that supports children and young people's needs as well as system needs	'Our Plan' draft 1v4 - attachment to be added following October Trust Board approval
'One Liverpool' plan to 2024: system plan detailing clear strategic intent re: Starting Well and children and young people's services	Evidences alignment of Alder Hey's plan with those of our integrated care system and evidences the drivers for key partnerships within. Attachment to be added following November's Trust Board
Involvement of Trust Executives in partnership governance arrangements	TOR & Minutes - NW Paediatric Partnership Board

Gaps in Controls / Assurance

1. Inability to recruit to highly specialist roles due to skill shortages nationally.
2. Trust has sought derogation in a number of service areas where it does not meet certain standards and is progressing actions to ensure compliance by due date.

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Strengthening the paediatric workforce	31/03/2020	6 monthly audit of 7-day standards is subject to external scrutiny. Global Digital Excellence has improved measurement capability. Adrian Hughes is now leading as one of the top 5 Operational Priorities known as 'New Models of Care'. In addition, junior doctor numbers were bolstered during the winter which improved cover and consultant arrangements.

Executive Leads Assessment

October 2019 - Dani Jones
Risk reviewed: score remains as per previous month. Evidence attached to controls.

September 2019 - Dani Jones
Risk reviewed: updated to include our future and role in the wider system, 'Our Plan', staff sessions and One Liverpool plan. No change to risk level in month.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

August 2019 - Dani Jones Reviewed the risk, considered the score. Added assurance evidence to several control measures.
June 2019 - Dani Jones Reviewed the risk. Considered the score. Updated historical control measure actions. Removed 2 x historical/outdated control measures (trauma business case, 7 day working project)
May 2019 - Dani Jones Controls, actions and exec assessment update

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 3.4	Strategic Objective: Sustainability Through External Partnerships	Risk Title: Financial Environment		
Related CQC Themes: Safe, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: John Grinnell	Type: Internal, Known	Current IxL: 4x4	Target IxL: 4x3	Trend: STATIC

Risk Description

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

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

Gaps in Controls / Assurance

1. Divisional recovery plans to hit yearend financial control targets to ensure delivery of overall Trust financial plan.
2. 'Grip' on CIP
3. Affordability of Capital Plans

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
3. Five Year capital plan	04/11/2019	5 year plan development continuing and funding gap reduced but not yet fully closed. Progress to be reported to November Board and 5 year plan to be submitted to NHSI end of Nov.
1. Tracking actions from Sustainability Delivery Group	31/03/2020	on target
2. Develop fully worked up CIP programme - £1.5m gap	31/03/2020	CIP continues to be managed weekly at SDG. Links with financial recovery and 6 workstreams which will also improve CIP position

Executive Leads Assessment

October 2019 - John Grinnell
Risk reviewed - no change to score in-month. Half yearly forecast still showing £2.8m gap. Some progress being made on recovery actions to bridge however, further step-up required. Further assessment to be undertaken at M7.

September 2019 - John Grinnell
Sustainability recovery group continues to meet weekly with an action focus on closing £3.4m gap. Significant progress being made through the targeted recovery plan

August 2019 - Alison Chew
Risk reviewed. This remains high risk. Divisional recovery plan implemented and managed weekly at SDG and Execs. Capital affordability still a challenge but progress being made.

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

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

Risk Description

Failure to exploit new opportunities in research, innovation & education due to incomplete management systems.

Existing Control Measures	Assurance Evidence (attach on system)
Establishment of RIE Board Sub-committee	Research, Education and Innovation Committee established
Steering Board reporting through to Trust Board	Research Strategy Committee set up as a new Board Assurance Committee
RABD review of contractual arrangements	Reports to RABD and associated minutes
Programme assurance via regular Programme Board scrutiny	Reports to Programme Board and associated minutes
Digital Exemplar budget completed and reconciled	
Innovation Co budget in place	Secured ERDF funding for Innovation Team Innovation Board established
Establishment of Research Management Board	Research Management Board established.
Establish Innovation Board Committee	Committee oversight of Innovation strategy with NED expertise

Gaps in Controls / Assurance

Sporadic meetings of RIE committee
Governance structure for Innovation Board to be agreed
Re-energise Research governance processes
Reporting frameworks and standards for all services to be agreed/harmonised

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
Develop a robust Academy Vision and Operating Model	01/12/2019	Framework refresh
Agree incentivisation framework for staff and teams: for research time & innovation time	01/12/2019	
Complete collaboration contract with University of Liverpool	19/12/2019	Plans, data and costs now exchanged but final agreement still to be reached. Longstop date Dec 2019, but conclusion expected before this; timescale therefore revised.
Complete review and implement new structures and framework for research, innovation & education	01/10/2019	New governance structure agreed with Chair for action in Quarter 3-4 2019/20

Executive Leads Assessment

October 2019 - Claire Liddy
Updated and reviewed

September 2019 - Claire Liddy
Updated actions and owners. risk score static

August 2019 - Jason Taylor
New Clinical Research Division delivery plan agreed 04.07.19

Board Assurance Framework 2019-20

Alder Hey Children's NHS Foundation Trust

BAF 4.2	Strategic Objective: Delivery Of Outstanding Care	Risk Title: Digital Strategic Development and Operational Delivery		
Related CQC Themes: Safe, Caring, Effective, Responsive, Well Led		Link to Corporate risk/s: No Risks Linked		
Exec Lead: Kate Warriner	Type: Internal, Known	Current IxL: 4x3	Target IxL: 3x2	Trend: STATIC

Risk Description

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

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

Gaps in Controls / Assurance

1. IT operating model assessment underway
2. Lack of secondary data centre / disaster recovery - approach agreed and progressed
3. Cyber security investment for additional controls approved - dashboards in place

Actions required to reduce risk to target rating	Timescale	Latest Progress on Actions
3. Cyber security investment for additional controls approved	02/12/2019	Investment approved, dashboards proof of concept in place, additional resources in the process of being recruited
2. Lack of secondary data centre / disaster recovery	31/12/2019	Approach agreed and progressed, actions for strengthened resilience to be completed by the end of 2019
1. IT operating model assessment underway	02/12/2019	Service Improvement Plan in place

Executive Leads Assessment

October 2019 - Kate Warriner
On target with key dates for resilience implementation, good progress with digital futures delivery.

September 2019 - Kate Warriner
Good progress with mobilisation of digital futures strategy and actions to mitigate key resilience risks.

August 2019 - Kate Warriner
Strategy approved by Trust Board July 2019. Mobilisation plans in development. New governance arrangements to be established from September. Programmes redefined on Trust Change programme to reflect strategy developments. Options appraisal for IT resilience commenced, interim disaster recovery arrangements scoped. Service development in progress.

Trust Board. HIGHLIGHT REPORT - Site & Park Development October 2019

SRO: David Powell
Author: Sue Brown

Key
Planned project timeline
On track
Up to 3 months delay
Over 3 months delay

Week Commencing	Dec-18				Jan-19					Feb-19				Mar-19				Apr-19				May-19				Jun-19				Jul-19				Aug-19				Sep-19				Oct-19					Nov-19				Narrative
	4	11	18	25	1	8	15	22	29	5	12	19	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	17	24	1	8	15	22	29	5	12	19	26	
Creation of Campus																																																		
Park Creation																																																	The planning application for the full reinstatement of the park is programmed for the 19th November planning committee. The phase one works will commence in December with the appointment of a preferred bidder Ground Works as of the 24th October. Expected works will take a 3-4 month period. Plans to accelerate the completion of the Park are now being activated.
New Schemes: The Alder Centre																																																	Construction of the Alder Centre is well underway, construction is on plan and in line with the project delivery programme. Funding discussions with the charity continue in relation to the overall financial envelope and their contribution. Financial information is feeding through to the charity in order that potential funders could continue to select specific areas for their contribution. It is expected that the Charity will need to take a request to their board to underwrite some outstanding costs.
New Schemes: Community Cluster																																																The Pre-contract Service Agreement (PCSA) has been agreed with Galliford Try, Executive level sign off of the contract occurred in September. This process extends for 12 weeks, ending in November 2019. Construction budget has now been set at £13M following a reduction to the GIFA. Construction is due to commence in January 2020. Design team and user meetings will commence in November to define the 1-50 design elements before final sign off prior to issue of a draft construction contract.
New Schemes: Neonatal Unit																																																The Project team are currently working with all the relevant professions to develop a full brief that can go out to the market for design/construction in January. Regular discussions have taken place with the PFI team in relation to a feasibility study and they have also informally expressed an interest in delivering the development. Feedback from the PFI team has been in delay.
Support Scheme: Infrastructure																																																Ongoing review and scoping of future infrastructure requirements in relation to additional new builds are currently underway and progressing in line with the overall project delivery dates incorporated across the Campus masterplan. Exploration of a number of grants and subsequent applications is underway. The programme plans for all information is to be presented and approved by the Trust Board in January 2020.
Support Scheme: District Heating																																																This opportunity is under assessment but has some delay due to issues on the core schemes detailed above, this is still under consideration.
Site Clearance: Demolition & decommission Phase 2																																																The project team are pursuing the option to release a number of buildings earlier than planned (Oncology, Management Block, Genetics, Boiler house and CBU Management/Estates block), which will release buildings from June/July 2020. The full plan for this is dependant on the Trust acquiring two properties discussed at last months Board meeting. Procurement is currently progressing well on the purchase of 410 Prescot Road; we are awaiting a full professional survey/valuation from CBRE on the Nursing Home.
Site Clearance: Housing residual teams e.g. medical records																																																This piece of work relates to the above line as relocation of staff will occur as part of decommissioning of currently occupied buildings. A draft plan has been drawn up and will be presented to the Executive team early November for approval in principle. On gaining Executive support, discussions with staff will occur during late November into early December.
NE Plot-Staff amenity specification																																																Discussions have commenced with Step Places with regards to opportunities for services such as a crèche/gym and hospital staff accommodation. A staff survey has suggested high demand for these resources. A patient hotel to support parents and families is in discussion potentially in partnership with Mac House. An option has been secured with Step Places to allow Alder Hey to pursue a Science and Knowledge building.
Exploitation of Campus																																															
Health and wellbeing: linkage to UNICEF CFC																																																There has been slow progress on this, although a meeting has been held with LCC colleagues looking at the overall park development and some discussions have occurred with how this can relate and support the UNICEF objective.
Science & Knowledge Quarter																																																A meeting with the Knowledge Quarter team has helped to flesh out the option for this development. The aim is to target a bid to the Mayoral Strategic Investment Fund.
Regeneration/community building: local ownership model etc.																																																Discussions are on hold whilst plans for Park acceleration are firmed up.
Exploring linkages with Broadgreen site																																																Pursuit of this option linked to the purchase of the Knotty Ash Nursing Home.
Securing Neighbourhood sites (police etc.)																																																In relation to the Eaton Road area, this activity has been delayed due to the focus on the short term issues above. Long term, these sites are important as they can be directly connected into the main hospital.
Other																																															
Space Utilisation Review																																																The tender process is making progress with three bidders involved. The 12th of November is the evaluation date, this will involve 45 staff in the bidder presentations. A representative group will then feedback into the final evaluation group, with preferred bidder notification the following week 18th November. Work should then commence the beginning of December (date to be confirmed).
Post occupancy evaluation: AHP																																																The development team is currently reviewing literature and developing options for this assessment.

Alder Hey Children's NHS
NHS Foundation Trust

Trust Board of Directors
5th November 2019

Paper Title:	**Project Update for Neonatal Unit Development**
Report of:	**David Powell**
Paper Prepared by:	Sue Brown & Liz Hartley

Purpose of Paper:	Decision ☐ Assurance ☐ Information ■ Regulation ☐
Background Papers and/or supporting information:	1. Framework Assurance Review
Action/Decision Required:	To note ■ To approve
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ■ **The best people** doing their best work ☐ Sustainability through **external partnerships** Game-changing **research and innovation** ☐
Resource Impact:	

Alder Hey Children's NHS
NHS Foundation Trust

Project Update Neonatal Scheme

Introduction

This paper provides an update to the Board of Directors on progress being made towards the development of a new state of the art neonatal care facility. The brief required by the end of October incorporates:-

- Clinical brief
- Architectural brief
- Technical brief
- Innovation brief
- PFI brief

Associated with this is a schedule of accommodation and a cost plan. The next stage of the programme is to identify the procurement strategy which is due to be approved by the Board of Directors in December. This paper provides an overview of the design brief and the proposed approach to both the procurement strategy and cost management.

Liverpool Neonatal Partnership

The Liverpool Neonatal Partnership is working closely with the Development Team to clarify the clinical brief for the project. The clinical team have been to visit three hospitals in Norway, Holland and United Arab Emirate to identify the key elements which will form part of the clinical brief.

The clinical brief will form the basis for the design strategy which will be issued as part of the tender process in January 2020. The current assumptions are based on an area of 1500m2 with a combination of single and multi-bay cots.

Key design considerations are:

- Ability to co-locate parents adjacent to the cot, allowing for privacy when required but open space to interact with other families
- Flexible clinical areas so that babies do not need to be moved but can be treated in the same room for the duration of stay and care flexed around the child and family.
- Digital innovation – incorporation of new methods and technologies – potential for collaboration with Philips as a research partner
- Bereavement Suite / Private Entrance / Exit

The scheme will connect into the existing hospital and as such the intent post completion is to incorporate this within the PFI agreement. Project Co has undertaken a feasibility study, which has looked at design principles, existing site information and connections.

The Development Team have identified a preferred procurement strategy which will be tabled at RABD and input from Project Co has been sought.

Clinical Brief

The existing Neonatal services that are delivered between Alder Hey (AH) and Liverpool Women's Hospital (LWH) are being brought together into a single 24 bed unit that will accommodate all neonatal baby's requiring treatment immediately after birth at the LWH. The new building will for the first time offer a consistent clinical pathway between LWH and AH and the two Trusts will work together to ensure a familiar care package and standard of environment to minimise the impact of the

transfer for the family. The opportunity is to provide a purpose designed dedicated unit to meet the needs of this highly specialised and sensitive service is an exciting one. The focus will be a welcoming open space that will allow excellent clinical visibility and monitoring and encourage cross family interaction and support. It is essential to include private space for parents both close to baby and also for rest and relaxation from the clinical stress of the unit. The Trust believes there is an opportunity to provide a unique design that solves the dichotomy of open clinical observation, access for parents and privacy which will make this the best Neonatal unit of its day.

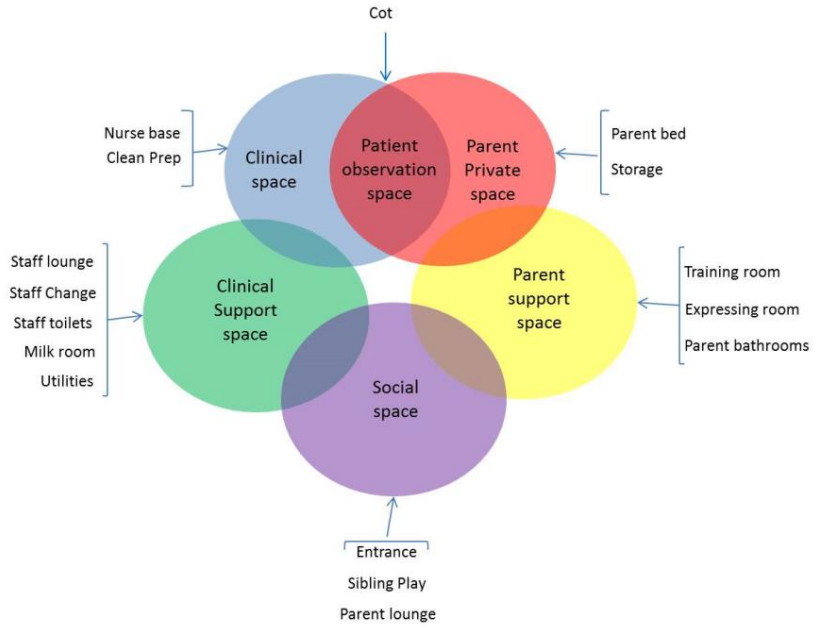
The word chart below captures the most important aspects of this building in the eyes of the users. Calm and caring give a powerful message that this is a place that says that their precious new baby is in safe hands. For many, this is the first home for these new families and many of the words highlight their description of a safe and homely space where care can wrap itself around them.

Architectural Brief

This building will be the first extension of the new Alder Hey hospital and careful consideration will be needed to ensure the building fits with the main building operationally whilst maintaining the high quality appearance of the growing Alder Hey campus.

The unit will be close to the existing cardiac ward on the south side and considerate design will be required to ensure direct views between wards are avoided. There is an exciting opportunity to utilise the open aspect across the new Springfield Park to the north side with the potential for some external space providing westerly views of the park.

Internally there is an exciting opportunity to develop a room layout and ward design that delivers family centred care similar to the best models seen across Europe.



Technical Brief

The building will be connected to the existing hospital but is not expected to share all services. Medical gases and electrical supplies will be provided from the PFI and local drainage systems have the capacity to accept both the clean and foul water drainage.

The building will be 100% electric with heating and hot water being generated in its own plantroom. This will be via air source heat pumps which is good environmental and energy choice attracting Government Green energy grants. Air source is also utilised in all recent new buildings on site and planned, these include the Institute in the Park, Alder centre and future Clinical Hub and Dewi-Jones.

It is expected within the long term infrastructure plan for the Campus that all the air source systems will eventually be linked into a ground source water system drawn from a local aquifer thus attracting additional heating network grants in future.

Innovation Brief

A potential partnership with Phillips is presently looking at opportunities for digital innovation to improve clinical outcomes and patient/family experience within a Neonatal setting.
These opportunities can be summarised in two statements:-

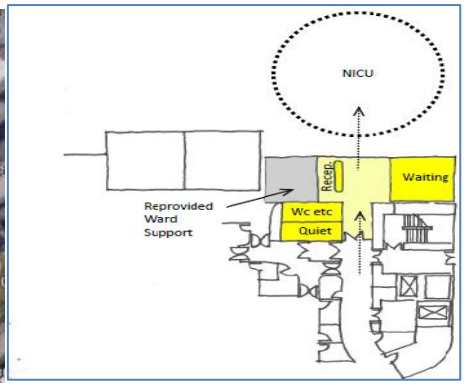
- A silent, wireless and stress reducing NICU
- AI predictive data on safety and deterioration

The architectural brief will be required to align with this strategy by providing flexible lighting control and noise reduction and attenuation for all patient areas. Innovative room and ward design will also be required to deliver the new model of care including the ability for extended parent contact with children and greater privacy and autonomy for parents without a substantial increase in building size.

PFI Brief / Project Location / Connectivity

Project Co. has recently provided a report that indicates that a new build would be feasible next to the existing Neonatal and Emergency Department entrance. This unit would be provided on stilts built

over the existing Emergency Department car park and connected into the main hospital at the first floor corridor.



Procurement Strategy

The preferred approach for the Trust would be to procure the Main Contractor through a healthcare framework. As part of this process the Main Contractor will be responsible for appointment of the design team. A review of the current frameworks was undertaken by Avison Young and a copy of the report is appended to this document. (Appendix 1)

The advantages of this would be:-

- Ability to drive a competitive tender through early identification of costs including Preliminaries / Design
- Ability to enter into NEC contract Options A or C
- Ability to run a design competition under the appointment of the Main Contractor. Therefore driving out innovative design under a cost controlled frame. The Main Contractor would be responsible for managing the proposed design within the identified budget; this would significantly reduce the risk of a scheme becoming unaffordable post appointment

We would propose the below process is managed by the Trust but ensuring that Project Co are informed at key stages of progress.

It is acknowledged that RIBA competitions run historically have raised cost pressures on projects post appointment. The Development Team proposes using a four stage tender process through to contract award. This is believed to mitigate risk of an unaffordable scheme whilst providing a high quality healthcare scheme in keeping with the residual vison of the Alder Hey site.

Cost Management

The identified budget for the scheme is £12m including VAT.

The Development Team have appointed Arcadis to provide a detailed cost plan reflective of the current stage for the project. The initial review has suggested the current scope would cost circa £13.5m. In order to bring this back in line with the identified budget there would need to be a reduction in area or agreement with Project Co that the scheme would be delivered within the PFI agreement and therefore adjust the VAT accordingly.

Timescales

Tender Process for Appointment of Main Contractor	January 2020 – April 2020
Contract Award Contractor	April 2020
Design	April 2020 – August 2020
Fixed Price Contract	August 2020
Start on Site	October 2020
Completion	September 2022

**These dates are estimates until Contractor appointed / route agreed with Project Co.

Trust Board of Directors

The Trust Board of Directors are requested to acknowledge the neonatal update report and support further development progress.

Appendix 1: Framework Assurance Review

Separate PDF slide pack attached

Alder Hey Children's Hospital

An Assurance Review of the Frameworks available for Capital Projects

Framework Identification

AVISON YOUNG

Framework Identification

“A framework is an agreement with suppliers to establish terms governing contracts that may be awarded during the life of the agreement. In other words, it is a general term for agreements that set out terms and conditions for making specific purchases”.

The benefits of utilising a framework include:-

- Freedom to award contracts without the need to re-advertise and re-apply the selection and award criteria. This alone will lead to all parties saving the substantial time and cost of repeat bidding.
- Building long-term partnerships between the supplier, client and other stakeholders that creates the working environment needed to support continuous improvement.
- Providing the structure to monitor objectives, targets and performance to maintain an environment for continuous learning.
- Demonstrating Value for Money in all commercial elements of the scheme.
- Providing a level of assurance to de-risk project delivery through selection of suitable contractors.

Construction Frameworks

For the purpose of this report we will focus on the **5 key Frameworks** which are available to access in the North West and which would be suitable for use by Alder Hey Children's Hospital.

- **Procure North West**
- **Procure 22**
- **Construction Impact Framework**
- **North West Construction Hub**
- **Pagabo**

Procure 22 | Set Up

ProCure22 (P22) is a Construction Procurement Framework administrated by the Department of Health (DH) for the development and delivery of NHS and Social Care capital schemes in England.

P22 follows on from P21+. The framework states that it works alongside the Principal Supply Chain Members (Contractors) to deliver:-

- Cost Efficiency Savings enabling the NHS to deliver the cost efficiency savings required through best use of the financial resources available for capital investment.
- Implementation of Building Information Modelling software on all P22 schemes.
- The development of standardised products, designs and repeatable rooms with bulk buying solutions. Sharing of designs and other design information through a centralised database under the NHS Royalty-Free Licence.
- Collaboration with the NHS and Supply Chains (PSCPs and Supply Chain Members) to further develop the P21+ Repeatable Rooms and Standard Components.

The framework has been running since 2003.

- **6 Appointed Contractors**
- **National Framework**
- **No Value Banded Lots**

Procure North West | Set Up

The Procure North West Framework was established to support public sector bodies across the North West region to procure contractors to deliver their capital projects. The Procure North West (Build) Framework covers Merseyside, Greater Manchester, Cheshire, Lancashire and Cumbria with an OJEU value of £2bn.

“The framework helps to facilitate projects that will help shape our growing towns and cities, we felt it was important to give something back and help protect the future of the industry in the region through enhanced upskilling and training. Like other frameworks, our partners will be required to deliver projects in line with the Social Value Act but we want to go one step further and as a framework will directly invest in construction skills training across the region.”

Procure North West is structured around four complementing OJEU compliant procurement routes covering Major Projects, Minor Projects, and Building Services.

The framework commenced in 2018 and already has schemes running through it from £1.8m to £21m.

- **8 Appointed Contractors in Band 1 - 3**
- **5 Appointed Contractors in Band 4**
- **Solely Regional Framework**
- **4 Banded Lots**
  £1m - £5m
  £5m - £15m
  £15m - £25m
  £25m+

North West Construction Hub | Set Up

The NWCH was established in 2009 in response to Central Government's drive to improve efficiencies within the public sector.

It is led by a Board comprising of representatives from public sector organisations across the North West. The legal entity behind NWCH is Manchester City Council.

The main objective of the framework is to create long-term relationships between clients, professionals and contractors. It is a strong enforcer of collaborative working.

"Collaborative working at its best! The result is less waste, less duplication, local engagement and greater efficiency & all generating better value for money."

The framework is split into three each with individually banded lots.

- **On average 7 Contractors appointed per Lot**
- **Solely Regional**
- **3 Framework Values**
  £500k - £2m
  £2m- £9m
  £8m+
- **Higher Value - 3 Bands**
  £8m - £15m
  £15m - £35m
  £35m+

NORTH WEST CONSTRUCTION HUB

Construction Impact Framework | Set Up

CIF is a public sector procurement mechanism which is founded through a desire to support social value within communities. CIF's purpose is to drive social value across communities through public-sector procurement.

Established in 2015 CIF main objective is to provide a framework that collaborates with public-sector partners to transform lives through the power of social procurement.

CIF is split into 14 categories which cover all options from Architect Appointments, Building Surveyor Appointments to General Construction. Each time CIF is utilised it builds social investment funds to support the delivery of community intervention and prevention services.

The social investments help to sustain the Voluntary, Community and social enterprise sector whilst impacting on public-sector partners priorities such as employability, health, education and crime reduction.

- **62 Appointed Contractors**
- **Solely Regional**
- **14 Categories for Frameworks**
- **Construction - 4 Bands**
  £50k - £4.1m
  £4.1m - £10m
  £10.1m - £15m
  £15m+

CIF
Construction Impact Framework

Pagabo | Set Up

Pagabo framework is predominantly for public sector organisations across the UK and is a fully compliant EU framework. It is delivered by a team of MCIPS qualified procurement professionals with a huge range of experience.

The framework objective is to provide an efficient, adaptable and compliant procurement solution to bring client organisations together with the most appropriate contractor. PAGABO manages a suite of national frameworks, all of which offer a single, quick access point to a variety of trusted organisations from local SMEs to national businesses.

Pagabo has a range of regional and national contractors appointed. These have experience of delivering construction projects for the public sector. The framework is split into three value band lots which range from £5m to £50m+.

- **12 Appointed Contractors**
- **National Framework**
- **Medium/ Major Construction Framework**
- **Construction - Major**
  £5m - £15m
  £15m - £50m
  £50m+

PAGABO

Appraisal Baseline

AVISON YOUNG

Appraisal Baseline

Options Appraisal Analysis

AVISON YOUNG

Procure 22

AVISON YOUNG

Procure North West

AVISON YOUNG

Construction Impact Framework

AVISON YOUNG

North West Construction Hub

AVISON YOUNG

Pagabo

AVISON YOUNG

Options Appraisal Scoring

AVISON YOUNG

Appraisal Scoring

Requirement/ Weighting	Clarification/ Framework	Procure 22	Procure North West	CIF	NWCB	Pagabo
Suitability for NHS Schemes (30%)	Can the framework by used by the NHS?	1	1	1	1	1
	Does the framework have healthcare experience?	1	1	0	1	0
	Does the framework have regional experience?	1	1	0	1	1
Weighted Score		30	30	10	30	20
Commercial Management (10%)	Overheads & Profits transparent?	1	1	0	0	0
	Can you choose which Contract to use?	0	1	1	1	0
	Does the framework support an open book approach?	1	1	1	1	1
	No levy to the framework in addition to OH&P's?	1	1	1	1	0
	Does the framework provide template documents?	1	1	0	0	1
Weighted Score		**6**	**10**	**4**	**4**	**4**
Quality (15%)	Does the framework promote continuous learning?	1	1	0	0	0
	Does the framework have a KPI system in place for projects?	1	1	0	1	1
Weighted Score		**15**	**15**	**0**	**7.5**	**7.5**
Ability to Deliver (30%)	% of Contractors in the £5m - 10m greater than 50% healthcare experience?	1	1	0	1	1
	Do all Contractors £10m - £25m have healthcare experience?	1	1	0	1	1
	Do all contractors £25m + have healthcare experience?	1	0	0	1	1
	Does the framework have value banding?	0	1	1	1	1
Weighted Score		**22.5**	**22.5**	**7.5**	**30**	**30**
Governance (10%)	Does the framework provide support during procurement process?	1	1	0	1	0
	Does the framework provide support through the construction phase?	1	1	0	0	0
	Are the advisors regional?	0	1	1	1	0
	Any additional support provided within the framework?	1	0	0	0	0
Weighted Score		**7.5**	**7.5**	**2.5**	**5**	**0**
Assurance (5%)	Does the framework meet OJEU requirements?	1	1	1	1	1
Weighted Score		**5**	**5**	**5**	**5**	**5**
Total Weighting		**86**	**90**	**29**	**82**	**67**
(Maximum Score Available)		**100**	**100**	**100**	**100**	**100**

AVISON YOUNG

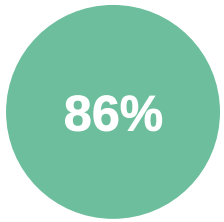
Preferred Options Framework

Procure 22

- Framework was tendered in 2016 so Contractor stability could have changed in the last 3 years.
- Fixed to NEC Option C contract.
- Advisors are national - however there is additional NHS specific support in relation to VAT advice and Equipment specialists.
- Lack of a competitive tender process - based on experience of Contractors to submit a proposal.
- No cost efficiencies for smaller schemes – same OH&P no matter what project size.

Procure North West

- Framework is new and as such there are no KPI's to review on the project delivery within framework.
- Highest banding £25m+ only has 5 Contractors of which 1 has no healthcare experience. This does potentially limit a competitive tender process to 4 Contractors for schemes of this value. Worth noting though that the lower bands do have on average 7 Contractors and show greater healthcare experience.
- Rates are lower than that of the Procure 22.
- Tender packs are specific and preliminaries and other associated costs can be identified from appointment.



Recommendations

- AY would recommend the use of both Procure 22/ Procure North West frameworks for The Neonatal Scheme.
- Based on the value of the current scheme (circa £9m construction cost) Procure North West would provide a more competitive tender due to the ability to apply NEC Fixed Price Contract and:
- Ability to identify cost areas at tender which can be fixed including preliminaries.
- Rates for key suppliers such as Interserve are significantly less through the Procure North West Framework than Procure 22.
- Other frameworks do not have the healthcare experience and would not be recommended.

PROCURE 22

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Report of:	Chief Nurse
Paper Prepared by:	Emergency Preparedness & Business Continuity Manager
Subject/Title:	NHS England EPRR Core Standards Audit
Background Papers:	• **Appendix A:** (for viewing electronically, no printing required): Core Standards Assurance Self-Assessment spreadsheet and work plan • **Appendix B:** Signed Statement of Compliance
Purpose of Paper:	The Board is asked to ratify the EPRR Self-Assessment Results
Action/Decision Required:	The Board is asked to ratify a 'substantial compliance' declaration.
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	• Deliver outstanding care • The Best People Doing Their Best Work
Resource Impact:	None

1. Background:

In line with the Emergency Preparedness Resilience and Response (EPRR) Core Standards, the Trust is required to:

- Undertake an annual self-assessment of the core standards and produce a work plan for the coming year (**Appendix A**)
- Complete a statement of compliance for ratification by the Trust Board (**Appendix B**)

2. Key Issues:

2.1 Assurance Spreadsheet – Severe Weather 'Deep Dive':

This year's assurance deep dive topic is 'severe weather' and is referenced in the attached core standards spreadsheet (**Appendix A**) in the section entitled 'severe weather'. Actions arising from this are referenced in the work plan.

2.2 Statement of Compliance:

Following completion of the core standards self-assessment the Trust declared 'substantial' compliance as per attached (**Appendix B**). The deadline for submission back to NHS England was 1st October 2019; however, the documentation had to be signed off first at the Trust Emergency Preparedness Group and then Trust Board. NHS England agreed that the statement of compliance could be signed off by the Trust Accountable Emergency Officer in advance, following approval at the Trust Emergency Preparedness Group. The documentation was signed off by the Emergency Preparedness Group on 25th September 2019. **The Board is now asked to ratify this declaration please.**

Cheshire & Merseyside Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020

STATEMENT OF COMPLIANCE

Alder Hey Children's NHS Foundation Trust has undertaken a self-assessment against required areas of the NHS England Core Standards for EPRR

Following assessment, the organisation has been self-assessed as demonstrating the Substantial compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards (same as last year)	Standards rated as Red	Standards rated as Amber	Standards rated as Green
64	0	4	60
Acute providers: **64** Specialist providers: **55** Community providers: **54** Mental health providers:**54** CCGs: **43**			

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan.

H Gwilliams — Sign Name

HILDA GWILLIAMS — Print Name

The organisation's Accountable Emergency Officer

5 November 2019 — Date of board / governing body meeting

30 September 2019 — Date signed

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Audit Committee Assurance Report from the September meeting**
Date of meeting:	**26th September 2019**
Report of:	Kerry Byrne Non-Executive Director
Paper Prepared by:	Julie Tsao, Committee Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent Audit Committee meeting held on 26th September 2019 along with the approved minutes from the meeting held on 23rd May 2019
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ☐ Sustainability through **external partnerships** ☐ Game-changing **research and innovation** ☐ **Strong Foundations** ☐
Resource Impact:	None

1. **Introduction**
   The Audit Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

   Under its terms of reference, the Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

2. **Agenda items received, discussed / approved at the meeting)**
   Internal Audit Progress Report
   Follow up Audits
   Anti-Fraud Progress Report Quarter 2
   E&Y Technical Report
   Integrated Governance Committee 2018/19 Annual Report
   Audit Committee Effectiveness Review – Proposal
   Audit Committee Terms of Reference
   Raising Concerns (Whistleblowing) Policy
   Acorn Assurance Review
   Losses and Special Payments
   Board Assurance Report

3. **Key risks / matters of concern to escalate to the Board (include mitigations)**

   There were no key risks to escalate to the Board.

4. **Positive highlights of note**

   Acorn Assurance Review

5. **Issues for other committees**

   Acorn Assurance Review is to be received at the Innovation Committee when this has been established.

6. **Recommendations**
   The Board is asked to note the committee's regular report.

Audit Committee

Minutes of the meeting held on **Thursday 23rd May 2019**

Tony Bell Board Room, Institute in the park

Present:	Mrs K Byrne (Chair)	Non-Executive Director	(KB)
	Mrs. J. France-Hayhurst	Non-Executive Director	(JFH)
In Attendance:	Mr G Baines	Assistant Director, MIAA	(GB)
	Ms A Chew	Head of Operational Finance	(AC)
	Mr J Grinnell	Director of Finance	(JG)
	Mrs A McMahon	Financial Controller	(AMc)
	Ms M McMahon-Joseph	Senior Audit Manager, MIAA	(MMc)
	Miss J Preece	Governance Manager	(JP)
	Mr H Rohimun	Executive Director, Ernst and Young	(HR)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Tsao	Committee Administrator *(minutes)*	(SS)
	Mr Richard Tyler	E&Y Accounts Manager	(RT)
Apologies:	Mrs. A. Marsland	Non-Executive Director	(AM)
	Mrs C Liddy	Operational Director of Finance	(CL)
Agenda item:	Pauline Brown	Director of Nursing	
	Elaine Morgan	Head of Information and Clinical Coding	
	Lachlan Stark	Head of Planning and Performance	

19/20/18 Minutes of the previous meeting held on 18th April 2019

Resolved:
Audit Committee approved the minutes from their last meeting held on 18th April 2019.

19/20/19 Matters Arising and Action List

Audit Committee received an update against outstanding actions, please refer to Action Log.

All other actions had either been closed or had been included on the Agenda.

19/20/20 Progress Report, MIAA

Internal Audit Report - Did Not Attend (DNA)

Maria McMahon-Joseph went through the two high risk recommendations within the findings and the current position.

Lachlan Stark highlighted the management response on page 10 noting DNA is included as part of the Transformation Programme. He advised that the five actions under the response had been completed. Lachlan noted the final action:

"No patient to be recorded automatically as a Was Not Brought"

was a Meditech function. Meditech had been contacted as part of the "No Child Unaccounted For" campaign. Actions numbered 6-8 are in progress and 9 has been completed. Lachlan advised actions are being developed to be business as usual.

Jeannie France-Hayhurst asked if the Trust use text messages as a reminder for patients of their appointment. Lachlan responded noting a number of initiatives in place as well as text messaging reminder service. Audit Committee agreed to receive an update against the No Child Unaccounted for Campaign at its November meeting.

Internal Audit Report - Serious Incidents
Maria McMahon-Joseph presented the findings highlighting the outcome had changed since the draft report from Limited to Moderate Assurance.

The one high risk recommendation was in relation to extensions on reporting to Clinical Commissioning Group. Pauline Brown noted that whilst responding within the 60 day deadline is a priority there are complex cases that will go over the deadline. Pauline also advised that there are a number of processes being reviewed including identifying a clinical lead in a short timescale.

As part of nurses' induction a section now covers root cause analysis training and what is involved in the process.

The Chair thanked Lachlan Stark, Elaine Morgan and Pauline Brown for attending the Audit Committee meeting and providing further understanding of the actions in train.

Internal Audit Report - Sepsis Process
This audit was now finalised with the outcome of Moderate Assurance.

Internal Audit - Fit and Proper Person Test
The above audit was almost complete

Internal Audit - Sickness Absence
The above audit was on track.

Resolved:
Audit Committee received an update on Internal Audit progress.

19/20/21 Final Head of Internal Audit Opinion and Annual Report 2018/19

As the final reports for Sepsis and Serious Incidents had now been received, Gary Baines presented the final Director of Internal Audit Opinion and Annual Report for 2018/19 to the Committee.

Resolved:
Audit Committee received the Final Director of Audit Opinion and Annual Report for 2018/19 noting the Substantial Assurance Opinion.

19/20/22 Ernst and Young Audit Year End Report on Trust Accounts 2018/19

Hassan Rohimun and Richard Tyler presented the Audit Results Report for year ended the 31st of March 2018. It was anticipated that an unqualified auditors report would be provided in respect of the Trust's accounts. The following areas were discussed:

The audit difference of £250K relates to the PFI building being brought into use in 2015/16. At the time the Trust engaged an expert from KPMG to translate the operator's cost model into accounting entries for the Trust accounts. There was a

difference on the long term liability for the PFI of £250K. It was not possible at the time to ascertain why this had happened. A plan has been agreed to correct this in 2019/20 through revaluation and impairment, which avoids any impact on CDEL (capital expenditure limit) and Control Total.

Under section 6 – *Assessment of Control Environment* a recommendation had been made relating to an update on the NEP System which meant that a data request for ledger transactions could not be provided on a timely basis. As the actions required are outside of the Trust's control and they had worked with the system provider to obtain the information as soon as possible, it was agreed this recommendation would be removed from the report.
Action: EY – Post Meeting Note: EY advised that this action has been completed.

John Grinnell queried the analytical data that showed high manual journal numbers being posted. Richard explained that this was skewed by the data feed they had received following the NEP challenges (highlighted above) and that this wasn't a true reflection of the proportion of system and manually generated journals. The Committee agreed that this data should be removed from the report as it was not a true representation.
Action: EY – Post Meeting Note: EY advised that this action has been completed.

The Chair queried invoice payments being made later than requested. Alison Chew said an item had been included for discussion agenda item **19/20/25 NEP.**

John Grinnell thanked EY for their end of year support, in particular given that the year was complex due to the land sale and PFI transactions that were completed.

External Assurance on the 2018/19 Quality Report
Following a review of the Trust's Quality report the findings concluded:

- It's content is in line with NHS Improvement's requirements; and
- It is consistent with other information published by/about the Trust.

Testing on two mandated indicators and one local indicator had been carried out.

In relation to the local indicator relating to the Trust's mortality processes, the Trust complies with the requirements to report learning from deaths. Specialist Trusts are not required to report on Summary Hospital-level Mortality Indicator.

Audit Committee went through the detailed findings on all three indicators noting no concerns from the auditors.

EY thanked those involved for the support provided with the external audit process.

A discussion was held on the inclusion of children's photos within the report. EY agreed to look into this for future reports.
Action: RT

Resolved:
The Audit Committee recommended that the Trust Board approve the External Audit Year-End Report 2018/19 and Quality Report. It was agreed to submit all reports to the Trust Board along with the Letter of Representation at their next

meeting on 28th May 2019.

Subject to an amendment on page 8 the Quality Report would be submitted to the Council of Governors at their meeting on 17th June 2019.
Action: RT Completed - Post Meeting Note: RT advised that this action has been completed.

19/20/23 Committee Annual Reports 2018/19

Audit Committee received the Committee Annual reports for:

- Clinical Quality and Assurance Committee
- Resource and Business Development Committee
- Workforce and Development Committee
- Research Education and Innovation Committee

The Chair asked that future reports state whether each meeting was quorate.
Action: Jill Preece (to update report template for 2019/20)

Resolved:
Audit Committee noted the contents of the 2018/19 Committee Annual Reports.

19/20/24 KPMG Acorn review

The workshop to review the Acorn Ltd governance structure was to be held on 25th June 2019. The KPMG report would be received at the September Audit Committee.

Resolved:
Audit Committee received an update on progress to date of the KPMG Acorn review.

19/20/25 NEP

Alison Chew reported on the NEP system used by 38 NHS organisations including Alder Hey and the recent mandated migration on to an Oracle Cloud System. Since the update the two main areas of concern are:

- Accessing detailed transaction data
- Delays in the implementation of the E-Invoicing Solution.

Alison Chew noted; actions in place, close working with NEP representatives and that risks are being monitored on the Board Assurance Framework.

Resolved:
Audit Committee noted issues raised with the new mandated NEP system, apology Letter from NEP, actions in place and processes to continually monitor.

19/20/26 NHS Improvement quarterly narrative report Q3

Resolved:
Audit Committee received the final quarterly report as narrative submissions are no longer required.

19/20/27 Board Assurance Framework (BAF)

Audit Committee noted the BAF would be reviewed at the Strategic Board day on 25th June 2019.

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

19/20/27 Audit Committee Terms of Reference
Resolved:
Audit Committee approved the Terms of Reference.

19/20/28 Any Other Business
There was none to discuss.

19/20/29 Meeting Review
No items required forwarding to any of the other committees.

Date and Time of next meeting: Thursday 26th September 2019, at 14:00, Tony Bell Board Room, Institute in the park.

Alder Hey Children's NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Tuesday 5th November 2019

Paper Title:	**Resource and Business Development Committee Assurance Report**
Date of meeting:	23 October 2019 – Summary 25 September 2019 – Approved Minutes
Report of:	Ian Quinlan, Committee Chair
Paper Prepared by:	Amanda Graham, RABD Committee Administrator

Purpose of Paper:	Decision ☐ Assurance ■ Information ☐ Regulation ☐
Summary and/or supporting information:	This paper provides a summary from the recent RABD Committee meeting 23 October 2019 along with the approved minutes from the 25 September 2019 meeting.
Action/Decision Required:	To note ■ To approve ☐
Link to: ➢ **Trust's Strategic Direction** ➢ **Strategic Objectives**	Delivery of **outstanding care** ☐ **The best people** doing their best work ☐ Sustainability through **external partnerships** ■ Game-changing **research and innovation** ☐ **Strong Foundations** ■
Resource Impact:	None

1. Introduction

The Resources and Business Development Assurance Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

Under its terms of reference, the Committee is responsible for reviewing financial strategy, including workforce strategy, performance organisational and business dev elopement and strategic IM&T issues whilst focussing excellence in quality and patient centred care.

2. Agenda items received, discussed / approved at the meeting)

- **Top Risks/Key Priority Areas for 2019/20**
- **Finance Report**
  - An update on the financial recovery plan – there still remains a gap of between £2.5m to £3m. Critical that recovery actions now translate into revised forecast.
- **Programme Assurance**
- **Board Assurance Framework**
- **Corporate Report**
- **Marketing & Communication update**
- **Procurement Framework**

3. Key risks / matters of concern to escalate to the Board (include mitigations)

- **Current CIP/Forecast situation** – ongoing actions to reach CIP targets
- **Hospital Environment –** Update on recent board to board with PFI partners and agreed next steps
- **Digital resilience** – good progress being made with December implementation on plan
- **Facilities overspend –** Further action required to improve run rate

4. Positive highlights of note

- Good feedback from teams on IT service improvements
- Approval of Phase 1 of the park reinstatement
- Improved energy usage in the main hospital

5. Issues for other committees

None noted

6. Recommendations

The Board is asked to note the committee's regular report.

Alder Hey Children's NHS
NHS Foundation Trust

Resources and Business Development Committee
Draft Minutes of the meeting held on: Wednesday 25th September 2019 at 9:30pm in Tony Bell Boardroom, Institute in the Park

Present	Ian Quinlan (Chair)	Non-Executive Director	(IQ)
	Adam Bateman	Chief Operating Officer	(AB)
	John Grinnell	Director of Finance	(JG)
	Claire Liddy	Director of Operational Finance	(CL)
	Melissa Swindell	Director of HR & OD (delayed)	(MS)
	Kate Warriner	Chief Digital Information Officer	(KW)
In attendance	Amanda Graham	Committee Administrator (*minutes*)	(AG)
	Erica Saunders	Director of Corporate Affairs	(ES)
	Mark Flanagan	Director of Communications	(MF)
	Rachel Lea	Associate Director of Finance	(SN)
	Sara Naylor	Associate Director of Finance	(RL)
	Sue Brown	Associate Development Director	(SB)
	Natalie Deakin (part)		(ND)
	Graeme Dixon (part)		(GD)
Apologies	Claire Dove	Non-Executive Director	(CD)
	Dani Jones	Director of Strategy	(DJ)
	David Powell	Development Director	(DP)
	Nicki Murdock	Medical Director	(NM)

19/20/83 **Apologies**
The Chair noted the apologies received from Claire Dove, Dani Jones, David Powell and Nicki Murdock.

19/20/84 **Minutes from the meeting held on 24th July 2019**
Resolved:
The minutes from the meeting held on the 24th July were approved.

19/20/85 **Matters Arising and Action log**
There were no matters arising and no updates for the Action Log.

19/20/86 **Long Term Plan Report**
CL gave a presentation on the Trusts Long Term Plan (LTP) submission on behalf of Dani Jones of the report going to Trust Board the following week. LTP Guidance was issued in June 2019 that set out the requirement for local systems to submit five year system plans 2019-2024. Alder Hey submission forms part of the Cheshire and Merseyside Health Care Partnership.

The LTP sets out the income, expenditure, capital, workforce, efficiency requirements and activity levels for the next four years. The national financial architecture removes PSF from 2020/21 (£3.3m for 2019/20) instead for those trust in financial deficit a Financial Recovery Fund is to be made available and for systems to deliver a break even position in next four years. The plan has been produced in the absence of known control totals for the next five years and & full guidance not yet received from NHSI.

The plan sets out a projected deficit of £10.2m by 23/24. The plan carries a number of risks:

- Affordability of capital plan, cash is required to support the trusts capital programme that already has a saving target attached.
- Children's Tariff is expected to decrease but there have been indications that this may tail off
- Cash with high level of capital spend expected and at risk of the £10.2m projected deficit; already have £8m distress fund loan due for repayment 2020 and an existing capital spending gap.
- Efficiency plans not fully developed

CL outlined the key assumptions for each element of the plan:
- Income is based on plan plus growth and NHSE commissioner envelopes issued
- Expenditure is based on 19/20 plan plus national inflation assumptions.
- Activity is 19/20 plan plus average of previous year's growth
- Efficiency assumptions are based on CIP at 1.1% aligned to national efficiency requirement. Key areas of work to deliver future efficiencies will be Collaboration at Scale, digital, workforce and GIRFT.
- Workforce figures included in the plan are based on 19/20 whole time equivalents plus growth in Nursing, AHP, ANP & Clinical Support roles.

The trust outlined its financial position in a supporting letter to the LTP submission outlining key future service developments (Liverpool Neonatal partnership, mental health and innovation & research) and challenges for AH. The next LTP submission is due on 1 November to the C & M HCP. It is expected that RABD will have devolved authority to approve as the timetable does not allow Board to see this until after the submission date.

There is an opportunity due to the desire to invest in IT & Digital and Innovation, this will need to be co-created by Divisions, execs and clinicians. IQ noted that looking at Workforce, there could be efforts to slow down rate of staffing numbers increase and also deferring the capital spend and retaining the distress loan. JG noted increase in spend & expenditure with few of the investments showing a change in working & running costs. He also referenced moving to more of a system driven financial control total which posed some challenges to specialist trusts which spanned a number of systems/ICSs.

AB noted private patient income was not modelled, reinforcing need for another income stream; also interest payments of around 5% on debt repayment? CL clarified one is the PFI with interest of £1.5m p.a. plus the mortgages which have been taken out to provide (amongst others) the Outpatients department, Institute & Cluster buildings. Opportunities are not as freely available now as previously to allow re-modelling of existing financing. DoH loans cost around 2% interest.

19/20/87 **Finance Report**

Notables: elective & non-elective higher through August; several long-stay patients discharged; clinical month across clinical divisions. Current contract position is underperforming however forecast remains that this will be made up by the end of the year.

CIP forecast delivery is £1.5m behind full year plan for 2019/20 of £6m.

Previously an expected £5m gap was reported to the Committee, now showing as £3.4m gap by March 2020. Cash balance at end of Month 5 was £80m, which

was higher due to an early payment of PSF incentive and capital slippage. Currently £4m behind on capital plan, but expected to spend £38m by year end.

IQ noted Facilities with Catering in particular are not improving, RL noted there have been changes & reorganisation but no impact being felt. The Chair asked for the Facilities recovery plan to be brought to RABD in more detail next month. IQ also noted AH in the Park significantly behind; RL noted that this is being scrutinised in the energy CIP work stream – some of over-spend is one-off costs and some is down to the general increase in energy costs. The Trust is now in a contract for energy until March 2020. JG noted that despite the contract now operating within plan there was still further improvements that could be made. CL noted there has been a lot of discussion around energy and with the capital expenditure ahead, do we have full visibility of energy & efficiency of the new buildings, how they fit into the overall energy model. MF noted there will be a colleague from Royal Universities Hospital Trust joining to support on sustainability and this is one of their first actions.

ML noted reduction in sickness of 1% would equate to £0.5m saving and has proposed a new model for sickness management which is under review. JG suggested pay is brought back to RABD as a broader item for more detailed review.

19/20/88 **PFI Monitoring Contract**

GD noted general day to day performance on the contract has improved, Building Services are still working with Project Co to further reduce energy use & to implement upgrades to improve efficiency.

JG reported that a meeting is due to take place with ProjectCo. Directors and members of the Board to discuss the resolution of long term issues including water ingress, pipe degradation and water temperatures. These long standing issues have caused challenges to the operational running of the hospital which had impacted on availability levels which in turn is putting a pressure on the penalty system on the contract. The Committee will be updated on the outcome of the meeting.

ACTION – JG to provide update following Exec to Exec meeting

19/20/89 **Top 5 Risks/Key Priority Areas for 2019/20**

RABD received the latest updates on the areas below:

CIP

CIP forecast delivery is £4.5m or 75% delivery, £1.5m behind full year plan of £6m for 2019/20. As part of the trusts recovery plan it is expected a number of actions will result in identification of CIP to bridge the £1.5m gap.

Capital

- Planning Committee date mid-November, there has been a request to consider a reduction in car parking numbers.
- Neonates floor space reduction to 1500sqm. – the clinical brief is being finalised so we can finalise the procurement route
- There are financial risks around park development (looking to partners to help support this); Alder Centre has some shortfall in funds (DP has met with Charity to continue discussions); SB has heard that since the

topping-out event some improved discounts have been offered locally which will impact favourably;
- The cluster and Dewi builds have gone to the next stage of contract and we will know the final project price in December.

IQ noted that the capital plans feels like they are under a lot of strain; SB noted that the Development team are working with Finance to closely manage. MF asked about the process for moving Park plans forward once partner has been appointed, not just externally but internally around Health & Well Being agenda; SB noted that should be information available within next few weeks through Execs and the campus group where this will be discussed in more detail. SA asked if anyone from the Charity is sitting on the stakeholder group; SB noted there isn't at the moment, Park steering group meetings have not been held recently but a full review of ToR & membership needs to be undertaken.

Facilities

No paper or representative – JG noted the Committee's frustration at this repeated situation.

Digital Strategy

The current externally-provided service desk provision has been very traditional, looking to move this and put more proactive support in place.
Technology Roadmap progressing with first migration completed successfully.
Resilience is moving ahead quite rapidly; a new strategic partnership has been agreed to support this. IQ asked whether agreements with partners are now in place; KW replied that yes they are all in place with partners. JG very pleased to see collaborative work with other Trusts; KW noted major shift in collaborative work, not sure any other Trusts have done that locally as yet. CL asked about financial impact of that; KW replied savings in working at scale & staff efficiencies.

International Digital Maturity HIMMS assessment due at the end of November;
EPR next phase now moving ahead;
Next step to work on with services is benefits realisation, efficiencies and digital improvements.
In summary, quite rapid progress with positive feedback from services & staff.

19/20/90 Programme Assurance

Lacking evidence on SharePoint for last three projects with deteriorations, Capital risks are either not on Ulysses or not updated – however SB noted this is an Estates resource issue & data has not been uploaded onto SharePoint; evidence needs to be uploaded to support the work that has been done. ND suggested very detailed review of benefits needs to be done; A discussion ensued regarding us moving the benefits realisation from a focus on the buildings to more understanding of new clinical models. IQ asked that this be taken outside of the meeting and we can pick up at a future meeting. KW asked whether there may be a better way of reporting capital schemes given that they span a long period and also whether there are sufficient project resources to manage both the capital elements but also the associated service redesign. SB commented that any further project costs would have to come out of the capital

budget for each scheme which is already under pressure. ND and SB to discuss outside the meeting whether there is a better way to report on and support the Park projects.

ACTION – ND & SB to discuss Park projects reporting offline

19/20/91 Marketing and Communications Activity Report

New format for open sessions launched last week, format going forward; looking at trees; improving website; annual Communications calendar & narrative guide produced jointly with charity to go to Board in November; finalising contract for next series of "Hospital" to begin with research next month; digital activity reporting to be brought to RABD next month.

ACTION – digital activity reporting to begin at next RABD

19/20/92 Board Assurance Framework (BAF)

August figures were presented, so some things have moved on; Brexit to be an item on the next agenda. IQ asked whether water problem needs to be recorded in BAF; ES advised against strategic risks being listed, but can be listed within the RABD risks - it is listed within 1.3, but can amplify that specific risk and enhance the controls associated with it.

19/20/93 Corporate Report

AB noted utilisation of 90%, in line with activity levels, busiest August on record with Emergency staff working hard, 4th best performing ED in the country in August. However have lost winter resilience and numbers are increased year on year. Recruitment has taken place to improve numbers to mitigate, also looking to use ED GP triage hopefully from December. No indications as to why numbers were increased. Some consultant sickness, some elective sessions were reduced as a result of increase in emergency sessions. Backlog with scanning of records should be resolved by November.

MS noted sickness has gone down slightly to 4.9%, very small incremental shift in the right direction. Mandatory training completion levels were marginally ahead of our target. IQ asked if there is any way to "buy out" long-term sick to make settlements. MS noted that the Trust is not allowed to make any off-payroll payments without Treasury approval.

19/20/94 5-year Capital Plan

An update was given on the 5 year capital plan which is being further reviewed given a number of changes to the long term plan financial architecture. Some specific updates were given including the IT resilience contract being signed, some improvements on the medical equipment requirements relating to quotes for diagnostic equipment.

There remains pressure of the Alder Centre project, park and office accommodation budgets which will have to be managed. An update was also given on the two properties that the Trust is considering buying, one of which it has subsequently been made aware is smaller than originally understood. Further assurance was requested on the value for money assessment that had

been undertaken however the committee still recognised the strategic advantage of the site.

IQ questioned the regular lag in spend on the capital budget and whether this could mean that in reality the £7m current gap would resolve itself through slippage. CL recognised this however this was just a phasing point and ultimately this assessment is about cash affordability.

The Committee noted progress on the 5 year plan which would be updated at the next meeting once the 5 year revenue plan was finalised.

19/20/95 **NHS Oversight Framework**

Largely for information: system-wide working from NHSi. In practice will be quarterly review meetings, quite arms-length apart from money. It is a reflection of the long-term plan and how those arrangements will be monitored through CCGs & Commissioners. Transitional arrangements, clearly still being worked out nationally with no firm views on the impact as yet. JG noted that some LTP metrics are blended and asked whether to regroup to refine and include staffing. ES noted there are Well-Led & CQC influences which also need to be taken into account.

19/20/96 **Any Other Business**

No other business was noted.

19/20/97 **Board Assurance Review**

Agenda items as is

Risk items	LTP risks
	Finance report
	Capital funding gap
	ED programme
Positives	Energy consumption reduction
	Staff sickness down

Date and Time of Next Meeting: Wednesday 23rd October 2019, 09:30, Tony Bell Board Room, Institute in the Park.