Alder Hey
Integrated Operational Business Plan
2011-2012
EXECUTIVE INTRODUCTION

As we complete another year it is an opportunity to reflect on the many achievements made over the last twelve months and the progress we are making to realise our Trust vision. The purpose of this integrated operational plan is to enable the whole organisation to see where and how each part contributes to that vision and their role together in meeting the challenges ahead.

2010/11 has been a significant year of change for Alder Hey. Our first two years as a Foundation Trust have focussed on understanding ourselves as an organisation and analysing what we need to do to deliver success for the future in a rapidly changing world. As a result of this work, we have had to introduce new systems and new structures, and improve our governance arrangements. Throughout this process, we found examples of clinical excellence and best practice across the Trust, but some areas have been identified as weak, often due to lack of investment or focus, and needing to be brought up to scratch or developed further to meet increasing demands from our regulators both economic and clinical, and from our patients.

A key plank of this change has seen the introduction of a new clinical business unit structure where our clinical teams will lead the organisation supported by a strong corporate infrastructure delivering the best outcomes. The Board now has a new leader in Sir David Henshaw and a significant number of new Executives joined the Trust in March 2011. This brings new thinking and best practice from other organisations that will help us to develop into a mature Foundation Trust. We believe these changes will give us the strength to realise our ambition to be a major leader of high quality care and research, for children and young people in the UK and worldwide, with the highest levels of patient and family satisfaction.

The economic and political environment has also significantly changed, with the Health and Social Care Bill already beginning to impact, as organisations transition into the new structure and GP’s take an increasing leadership role in commissioning services. The critical importance of quality care and clinical outcomes will continue and we will see increased scrutiny on these issues not only from the Care Quality Commission but also from patients and families themselves. A key theme for each team’s plans and overall Trust strategy is to increase our level of patient and family engagement in how they help us shape and scrutinise our services. As part of this strategy, we will also continue to develop and strengthen our relationship with our Governors, many of whom have contributed to the development of Clinical Business Unit plans this year.

However we cannot be complacent. In common with the rest of the public sector, we still have to make significant cost savings next year and into the future. This must be done without compromising clinical safety or quality and will require us to radically transform the way we do things in the future. Much of this Plan for 2011/12 is targeted at exactly this arena – transforming service delivery to achieve the highest standards of care and safety, whilst streamlining services to reduce our costs.

Finally, we start this programme of work in a very sound financial position. The Trust has consistently delivered its financial targets, as agreed with Monitor, since authorisation in 2008. This performance has enabled us to move forward with confidence with our plans to develop the first Children’s Health Park in the U.K. In 2011/12 we will take a further huge step forward in realising this vision by selecting our preferred design and building provider by the autumn of 2011. Staff and patient groups from across the Trust will be working closely with our bidders during this year to finalise this design and ensure Alder Hey delivers one of the finest examples of a Children’s hospital anywhere in the world – a legacy they richly deserve.
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*Income and Expenditure (I&E) Accounts 2011/12*
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Section 1

KEY ACHIEVEMENTS 2010-11
The Trust delivered continued strong performance during 2010-11. A summary of key achievements are highlighted below:

Deliver **clinical excellence** in all of our services.

- Achieved outstanding in CQC inspection of our Safeguarding Service
- Increased provision of palliative care services
- Development of Liverpool transition pathway for neuro-disabled patients
- MRI scanner has reduced requirement for repeat surgeries in 90% of cases
- Reduction in IV infections in over 50% of patients
- Reduction of 15% in clinical theatre incidents
- Maintained zero never events
- 75% reduction in hospital acquired pressure ulcers
- Implementation of new paediatric nutritional screening assessment tool.
- Second year of achieving NHSLA level 3
- 2010 Storage Network World Awards Finalist (USA) for planning, designing and building a next generation storage and server IT infrastructure
- ISO 27001: 2005 accreditation in data security

Ensure all of our patients and their families have a positive experience whilst in our care.

- Positive patient feedback has increased this year: patients have consistently rated their experience positively across a range of indicators
- Renal Services, Oncology, PALs service and Arts in health service have been accredited with Investor in Children
- Increase in patient activities across the Trust with Everton Foundation, Dance, storytelling, arts and much more. Over £30k invested in new toys
- Music CD produced by renal services patients
- ‘Family’ zone created in the restaurant. Roll out of cold lunches moving out across the Trust post a positive pilot
- New website produced around accessibility as part of Trust wide access audit
- The Children and Young People’s Forum has grown and has been involved in recruitment of key executive and non executive posts; they have been involved in new Health Park with bidders and ideas
- Two Alder Hey patients have been Young Lord Mayors of Liverpool
- Trust was nominated as the sole England representative of the WHO Group on Promoting Children’s Rights in Hospital.
- Enabling trust-wide patient and visitor access to the internet to enhance the patient experience

Be the **provider of 1st choice** for children, young people and their families.

- 4% increase in GP referrals.
- 4.1% increase in non GP referrals
- Elective activity plan over performed by 2%
- Increase in cash market share by 2% to be market leader regionally for all elective, non elective and out-patient activity
- Grown income by 4%
• Gain national recognition as UK Paediatric Centre for Lupus
• Secured position as one of the proposed Regional Cardiac Surgery providers in line with Safe and Sustainable
• Secured position as one provider for Major Children’s Trauma centre in line with current review
• 75% of media generated was positive coverage.
• 3500 unique visits to website, averaging 395 new visits per day. Established both Twitter and Face book media channels.

Be a world class centre for children’s Research and Development.

• Secured funding for a dedicated Clinical Research Facility at Alder Hey
• Further National Institute for Health Research (NIHR) awards, including a £2m national, multicentre trial of insulin delivery in type 1 diabetes and a doctoral nursing research fellowship
• Increased commercial research activity and achieved income of £150k
• Inception of the Clinical Academic Department of Rheumatology and the UK’s first Centre of Excellence for Childhood Lupus
• A contribution of over 20% of patients recruited into NIHR portfolio studies in Cheshire & Merseyside
• Development of a new Paediatric Medicines Research Unit

Further improve our financial strength in order to continuously invest in services and provide funding for a new hospital.

• Achieved the target EBITDA agreed with Monitor of £18 million
• Achieved a net surplus of £12 million.
• Achieved cost improvements of £5.4 million.
• Developed a strategic 3 year cost improvement programme.
• Invested £6 million in medical equipment, IM&T infrastructure and the estate.
• Developed monthly service line reporting and engaged clinicians in review.
• Engaged with the Department of Health and the Children’s Alliance in preserving the specialist children’s tariff top up for 2011/12.
• Gained approval for a business case to replace the financial system with a new system to improve financial control and provide information at CBU level.
• Engaged the North West Commercial Collaborative Agency to support the organisation in developing best practice procurement.
• Gained agreement of the Secretary of State to give charity independent trustee status.

Ensure our staff have the right skills, competence, motivation and leadership to deliver our vision.

• Developed organisational change processes to support the successful implementation of the new CBU structure
• Devised and implemented a robust recruitment, selection and assessment framework for both clinical and non-clinical CBU leaders, resulting in the appointment of 6 new CBU leadership teams
• Designed a bespoke development programme for these new CBU leadership teams
- With the support of ACAS, agreed a model for improved Partnership Working
- Senior HR team trained and now qualified to deliver psychometric assessments to improve recruitment processes and support more innovative staff development techniques
- Successfully tendered for an enhanced Occupational Health Service
- Successful engagement with the government’s Future Jobs Fund initiative which supports the long term unemployed to return to employment. To date 32 candidates have been given work experience within the Trust with 9 of these going on to gain further employment.
- Established a new framework for volunteers, in line with the Volunteer Strategy; new volunteers have been actively recruited and are already in post.
- Participation in the development of the regional Core Skills Framework, which defines learning outcomes for 9 mandatory training topics, and is to be adopted across 23 NHS NW healthcare providers
- Strengthened workforce reporting requirements to ensure reports are aligned to the new CBU structure and fit for purpose
- The numbers of staff undertaking Equality & Diversity training increased dramatically from 40% to 70%, significantly higher than the national average.
- Registration of 30 existing staff on apprenticeship development pathways
- Increased availability of service lead training supported by use of income generated through the use of the Joint Investment Framework
- Expansion of the Society Health & Development Diploma to include a pilot group of school students from the 14-16 age group
  - Low attrition rate for post graduate development programmes
- Excellent review of student nurse placements by QAA through both JMU and Edge Hill
- Full implementation of the national research passport scheme
- Implementation of internal communications strategy and launched new staff newsletter, Trust Brief, weekly My Alder Hey and other new channels.

**Deliver our hospital in the park vision.**

- Two highly experienced, market leading bidders selected
  - Acorn: a consortium of John Laing, Laing O’Rourke Construction, Interserve FM and BDP Architects
  - Balfour Beatty Healthcare; Balfour Beatty construction and FM with Anshen &Allen Architects
- Initial design stage 1 completed in August 2010 and stage 1 assessment completed by the Trust
- Stage detailed design process started in November 2010 and progressing to completion in May 2011.
- Extensive clinical and staff involvement in all design groups
- Staff briefings by bidders demonstrated over 85% of staff scored the designs as good with 60% considering the designs to be very good to excellent
- Appointment of new Programme Director and re-structuring of team to meet next stage deliverables
- Development of case to include stage 2 delivery [out-patients] into stage 1
SECTION 2

Integrated plan summary 2011-12
Trust Strategic Direction

Purpose

During 2010-11 the Trust has met the challenges of increasing demand, higher than anticipated for services and activity levels with increasing need to meet and demonstrate quality services and experience for our children and young people. The integrated operational plan for 2011-12 aims to build on this success and ensure the next stage delivery of the Trust's strategic aims.

The integrated operational plan sets out how, during 2011-12, the Trust intends to deliver the next stage of the seven strategic aims that underpin the delivery of our vision:

Trust Vision

“To provide world class healthcare for children and young people”

Trust Strategic Aims

In order to realise our vision we shall:

- Deliver clinical excellence in all of our services.
- Ensure all of our patients and their families have a positive experience whilst in our care.
- Be the provider of 1st choice for children, young people and their families.
- Be a world class centre for children’s Research and Development.
- Further improve our financial strength in order to continuously invest in services and provide funding for a new hospital.
- Ensure our staff have the right skills, competence, motivation and leadership to deliver our vision.
- Deliver our hospital in the park vision.

The plan identifies supporting strategies and key operational goals designed to deliver these aims. It also articulates how the each Clinical Business Unit [CBU] operational plans are designed to deploy the strategy.

Key Environmental Drivers

It is essential that the Trust’s integrated operational plan and each CBU operational plan is based on a true understanding of the environment they need to operate in through the planning period. From this we can identify critical areas we must address. During the planning we have use the 8P’s analysis model of our environment to shape our thinking, this model is illustrated in figure 1.
Population

It is essential we understand the geo-demographics of our markets and the needs and behaviours of our patients and families. Areas that have been considered include lifestyles, expectations of patients and public but more importantly the experiences of our children and young people. There is a very clear direction from NHS policy of the desire to give ‘consumers’ a stronger voice through establishing HealthWatch England by building on the current role of LINks to create local HealthWatch organisations in 2011-12. We have seen the importance of this through the Safe and Sustainable process for Cardiac surgery and going into next year this will be essential through the public consultations and final designation. Another key area we have considered is how our population accesses healthcare in general due to the highly deprived nature of our local community for our secondary care services underpins how they access emergency care and for us the increasing use of Alder Hey A&E.

Population Health Needs

The health needs of our market are essential to assess as this will ensure that we match and shape our current and future services to meet this changing need. Areas that have been considered include lifestyle diseases, improving survival rates for neonate and children with complex needs e.g. LTV; through to pandemics with specific focus on flu H1N1. Understanding the changing and emerging needs shape several aspects of our activity from ability to recruit patients for clinical trials, identifying what could be developed as nationally commissioned services through to sound planning for management of demand for beds now and for the new hospital. The new Health and Social Care Bill outlined the shift of Public Health accountability from Strategic Health Authorities [SHA] and Primary Care Trusts [PCTs] to Local Authorities [LA]. They will hold the local health improvement budgets and will be tasked with improving the health of
their residents. They will work closely with the NHS, voluntary organisations and local business to deliver this and they will be paid according to the outcomes they achieve. With our WHO accreditation in Public Health and development of our 3 year strategy this is essential.

**Primary Care**

As PCT’s have traditionally been the paymasters it has been essential that we understand the dynamics and drivers that are shaping this key customer group. The White paper outlined the devolved responsibility for budgets and commissioning care to groups of GP practices, free from government control to shape services for their local communities. This year the NHS Operating Framework for 2011-12 announced the creation of PCT clusters as we move to the new GP commissioning consortia. PCTs are due to be abolished in 2013, but in the meantime they have a critical role in creating the new GP commissioning consortia, developing commissioning support arrangements for those consortia, facilitating arrangements to ensure consistent quality of delivery of services. PCT clusters will have a number of key responsibilities including:

- Ensuring delivery of current PCT functions in terms of finance, quality and performance.
- Developing effective GP commissioning consortia.
- Developing commissioning support arrangements from which the new Consortia and the NHS Commissioning Board can secure expert support.
- Providing space for new arrangements with local authorities and particularly Health and Wellbeing Boards.
- Enabling high quality staff to move to new roles in consortia, commissioning support arrangements, the NHS Commissioning Board and Local Authorities
- Supporting NHS provider reform – particularly ensuring that those NHS Trusts who are not yet Foundation Trusts, progress towards this status through good Commissioning plans

Strategic Health Authorities will be taking the necessary steps to ensure that PCT clusters are fully in place by June 2011. It is essential that we fully understand the implications for Alder Hey as these changes evolve both for Merseyside but also across our regional market. The following are the current proposed PCT clusters:

- **Merseyside** (NHS Liverpool, NHS Sefton, NHS Halton and St. Helens and NHS Knowsley)
- **Pan Lancashire** (NHS North Lancashire, NHS Central Lancashire, NHS East Lancashire, NHS Blackpool, NHS Blackburn with Darwin)
- **Cheshire** (NHS Western Cheshire, NHS Central and Eastern Cheshire, NHS Warrington, NHS Wirral)
- **Cumbria** (discussions are continuing around the Cumbria proposals as DH guidance currently prohibits a one cluster consortia arrangement)

- **Merseyside** Cluster will be formed from; NHS Liverpool -3 GP consortia
Specialised commissioning at both North West regional level and nationally will also be reconfigured as outlined in the White Paper. The diagram below figure 2 outlines the current levels of commissioning [NCG], Super Regional and North West Specialist Commissioning Group [NWSCG] and these will form part of the new Nationally Commissioning Board who will be also the regulators for GP consortia commissioning.

In 2011 old groups will be transitioned to the new NHS Commissioning Board. The continued growth and development of our tertiary services are underpinning our strength. This is a key commissioning body for us to continue to work with. There are several areas in 2011-12 that will be developed through this group; these include both Paediatric Cardiac Surgery and Paediatric Neuroscience through to development of Major Trauma and Rehabilitation centres across the country.

Policy & Politics

This is a key driver that has shaped all our plans. It is also essential to note that Alder Hey has had the benefit of great support from local MPs across all parties and the local Liverpool Council Cabinet. Last year we had several visits by West Derby MP Steven Twigg, Councillor Joe Anderson Leader of Liverpool City and at Christmas a visit by Andrew Lansley, Secretary of State for Health. In 2011-12 it is essential that these relationships develop.

NHS Policy guidance and policy documents that are both mandatory and optional have been considered to ensure that the Trust meets the requirements and adopt best practice recommendations. There are several essential documents and publications but the key ones include:

- The Health and Social Care Bill
- The Operating Framework 2011-12
- Monitor Compliance Framework 2011-12
- Quality Care Commission Registration

The following is a summary outline of each to provide insight into how these have shaped our plans for this current period.

The Health and Social Care Bill
The Bill proposes to create an independent NHS Board, promote patient choice, and to reduce NHS administration costs. Implications of the changes are identified through our plans and direction.

**Key areas:**
- Establishes an independent NHS Board to allocate resources and provide commissioning guidance
- Increases GPs’ powers to commission services on behalf of their patients
- Strengthens the role of the Care Quality Commission
- Develops Monitor, the body that currently regulates NHS Foundation Trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- Cuts the number of health bodies to help meet the Government’s commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities.

**The Operating Framework 2011-12**

The core purpose remains the delivery of improved quality for our patients, by improving safety, effectiveness and patient experience. The NHS Operating Framework sets out the national priorities for 2011-12, including maintaining performance on key waiting times, continuing to reduce healthcare associated infections, and reducing emergency readmission rates. In doing this, our focus in 2011-12 will increasingly be on improving the outcomes we achieve, in line with the vision set out in *Liberating the NHS*. The developing quality framework in 2011-12 is in anticipation of the new role of the NHS Commissioning Board in driving quality improvement across the system. NICE will begin work on 31 new Quality Standards next year to add to the 15 already completed or in development. The indicators the Trust is required to deliver care are summarised below:

**Key quality areas **Safety, Effectiveness & Patient Experience
- HCAI measure (MRSA & CDI)
- Patient experience survey
- Referral to Treatment waits (95th percentile measures)
- Mix Sex Accommodation breaches
- A&E Quality Indicators (5 measures)
- Ambulance quality (Cat A response times)
- Cancer 2 week, 62 day waits (2 aggregate measures)
- Emergency Readmissions

**Key resources areas **Finance, Capacity & Activity
- Financial forecast outturn & performance against plan
- Financial performance score for NHS Trusts3
- Delivery of running cost targets
- Progress on delivery of QIPP savings
- Acute Bed Capacity
- Non elective First Finished Consultant Episodes
- Numbers waiting on an incomplete Referral to Treatment pathway
- Workforce productivity
Key reform areas Commissioner, Provider & building capability and partnership
- Foundation Trust pipeline
- Transforming Community Services (TCS) successfully achieved
- GP Consortia progress and transfer of relevant functions NHS CB/LA
- Establishment of PCT clusters
- Choice
- Information to Patients
- Competition

Monitor Compliance Framework

Monitor has consistently adopted an approach whereby it regularly and routinely reviews its reporting requirements as a key part of its regulatory regime and it describes the Compliance Framework as being the ‘core’ of that regime. This most recent review has been undertaken in the context of emerging national policy and at a time of unprecedented structural change in the NHS as reflected in the Operating Framework. Monitor also continues to be clear about its expectations of Foundation Trusts in terms of delivery of contractually agreed commissioning targets and in particular, in the post Mid Staffordshire environment, emphasising the key role that Boards play in ensuring compliance with the terms of authorisation and all that that means.

Below outlines the recommended amendments to the Compliance Framework for 2011-12:

- changes to Monitor’s self-certifications to reflect the recently launched quality governance framework;
- a clarification of the triggers and scope of governance reviews;
- the consequences of failing to submit material data or misrepresenting data;
- modifications to the governance risk rating to:
  - include, as in previous years, relevant priorities from the Operating Framework for the NHS 2011-12;
  - revise how Monitor incorporates Care Quality Commission judgements;
  - include Foundation Trust performance on NHS Litigation Authority clinical negligence scheme for Trusts (CNST) levels;
- the provision of community services by NHS Foundation Trusts;
- a refinement of our approach with regard to the treatment of PFI and other finance lease liabilities within our financial risk ratings; and
- the regulatory consequences of a financial risk rating of 2.

We also need to be aware of the proposed Additional Annual Reporting requirements to annual reporting requirements which are as follows:
Care Quality Commission [CQC] Registration & Essential Standards

CQC announced that all NHS providers of primary medical care would be required to register with the Care Quality Commission by April 2012. From April 2010 the system was implemented and Alder Hey registered [and is currently registering as a provider of Mental Health services]. The main purpose of the registration framework is independent assurance of the safety and quality of care. A new law governing the way health and adult social care in England is regulated came into force on 1 October 2010. This introduced a new set of essential standards of quality and safety. As a result of this change in legislation, CQC are moving from periodic assessments and quality ratings to a system of continuous monitoring of compliance with the essential standards. The following list is a summary of the full essential standards that need to meet:

1. You can expect to be involved and told what’s happening at every stage of your care
2. You can expect care, treatment and support that meet your needs
3. You can expect to be safe
4. You can expect to be cared for by qualified staff
5. You can expect your care provider to constantly check the quality of its services

Partners & Stakeholders

There are a significant number of stakeholders and partners that Alder Hey operates with and alongside and this is an essential strategy we continue to build and develop. The following are some of the Trusts key stakeholders and partners where there have been either structure changes or requirement for increased influence.

- Monitor
- Care Quality Commission
- NICE
- North Mersey QIPP
As outlined in the changes in NHS policy the role of CQC and Monitor will significantly change in the 2011-12 planning period thus our need to understand and also continue to develop strong relationships is essential. The diagram alongside shows the relationship of the new regulators as outlined in the Health and Social Care Bill.

The role of the Care Quality Commission

The role of CQC has been strengthened as an effective quality inspectorate by giving it a clearer focus on the essential levels of safety and quality of providers as noted in the previous section. Their importance as a key stakeholder is increased due to:

**Licensing** - Together with Monitor, CQC will operate a joint licensing regime, with CQC being responsible for licensing against the essential safety and quality requirements. Where services fail to meet these essential levels, providers will be subject to enforcement action, including the possibility of fines and suspension of services.

**Inspections** - CQC will inspect providers against the essential levels of safety and quality. Inspection will be targeted and risk-based. CQC will carry out inspections of providers in response to information that it receives about a provider. This information will come through a range of sources including patient feedback and complaints, HealthWatch, GP consortia and the NHS Commissioning Board. Where inspection reveals that a provider is not meeting essential levels of safety and quality, CQC will take enforcement action to bring about improvement.

The role of Monitor

Monitor will be turned into the economic regulator for the health and social care sectors, with three key functions:

**Promoting competition**; to ensure that competition works effectively in the interests of patients and taxpayers. Like other sectoral regulators, such as OFCOM and OFGEM, Monitor will have concurrent powers with the Office of Fair Trading to apply competition law to prevent anti-competitive behaviour. This will be essential for a Regional and National provider like Alder Hey.

**Price regulation**; where price regulation is necessary, Monitor's role will be to set efficient prices, or maximum prices, for NHS-funded services, in order to promote fair competition and drive productivity. In setting prices, Monitor will be required to
consult the NHS Commissioning Board and take account of patients’ and taxpayers’ interests including the need to secure the most efficient use of available resources. The current children’s top up tariff setting in 2010 is an example of how important working with regulators can be. The first model meant that as a provider we would have lost an estimated £13m of income. The top up has now been confirmed from 78% to 60% thus an income reduction of under £1m. However other changes in the tariff will leave the Trust with an estimated £2.5m reduction from tariff alone.

**Supporting continuity of services:** primary responsibility for ensuring continuity of services will lie with the NHS Commissioning Board and local commissioners. However, Monitor will also play a role in ensuring continued access to key services in some cases. Monitor will be responsible for defining regulated services that will be subject to special licence conditions and controls.

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**National Institute for Health and Clinical Excellence [NICE]**

NICE was set up in 1999 to provide evidence-based information for the NHS on the effectiveness and cost-effectiveness of healthcare interventions. It publishes mandatory technology appraisal guidance [stipulating clinical interventions – mainly medicines – which must be funded by PCTs], as well as advisory clinical guidelines and public health guidance [which PCTs are not obliged to implement]. As part of the Health and Social Care Bill all ‘arms length bodies’ have been reviewed and NICE retained and put on a firmer statutory footing by establishing it in primary legislation. They are to expand scope to include social care standards. Introduced in 2004 as part of the General Medical Services Contract, the Quality Outcome Framework [QOF] is an incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. QOF is a key lever for primary care and it is essential that we not only influence QOF domains to be more children centred but also any standards and guidelines they develop.

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**Quality Innovation Productivity and Prevention North Mersey network [QIPP]**

The new Government have clearly outlined the huge challenge ahead. This equates to a £20bn in efficiency savings which is required over a 3 year period. Across North Mersey the PCTs and Trusts have been working to develop the radical changes required under the QIPP banner. The Trusts have created a Compact Board to support collaborative working and ensure progress is maintained. All changes will be clinically led. Nine initial pathways have been selected for review, assessing what is the improved health outcome required, how to improve quality and patient experience, what are the innovations that could be leveraged, how do we further embed and leverage prevention, how can productivity be improved. Where it is safe to do so duplication, variation and waste will be reduced within the system. Currently several of the work streams have presented their vision documents and some have put forward business cases to the Compact Board. The key programme is the Children’s workstream.

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**The Children’s Alliance**

The Children’s Alliance has been re-energised this year following the threat of change in top-up tariff for children. The Finance Group worked closely with Monitor and the DOH to finalise this year’s tariff, it also secured agreement that the Children’s Alliance would commission a key piece of work to unpin the methodology for setting tariff going forward. The outputs of this will be delivered in 2011. Other work streams for the Alliance are
being developed to ensure the Children’s agenda and some of the recommendations from Sir Ian Kennedy’s report *Getting it right for children and young people; Overcoming cultural barriers in the NHS so as to meet their needs.*

**Liverpool City Council**

Our ongoing relationship with the council and councillor is essential this year from two key areas:

- Land deal, for the new hospital and then the required planning permissions.
- Area based grant funding for some of our key services including community, CAHMs, Public Health and Safeguarding

**Universities, LJMU and Edge Hill**

Our ongoing relationship with the higher educational institutes is essential this year from three key areas:

- The reduction in funding and pressure this brings into the system for our contracts for doctors, pharmacists and nursing.
- Joint post with Edge Hill and delivery of our Educational vision
- Our continual development of R&D strength

**Charities; Imagine & Ronald McDonald**

Historically we have worked very closely with our charities and moving forward we need to build on this. The completion of the Ronald McDonald extension is to bring extra family resource to cope with our increasing market enabling families from further afield to be supported. Imagine is moving through a transition to a new organisation. The opportunity to achieve the step change in contribution to the hospital is significant.

**Media**

The Media both locally and nationally are essential to the public perception and support they have for Alder Hey. We have historically had average relationships with media partners both from a print and broadcast perspective. Locally this year we have worked to improve them with some successes but nationally we are weaker and this needs to be developed. Without a ‘clipping service’ we are unable to provide a full picture however on average each week we have 2-3 articles that are pro-active or managed articles. Over 75% of coverage is positive.

**Digital Media**

This is a growth area in which we continually need to build our expertise as it reaches out to our target audience of children and young people and increasingly parents. This year we have established and developed three streams, internet site, face book and twitter. The internet site was relatively new at the beginning of the year with only 30% population of existing pages, the focus has been on developing content and some new areas. These include consultant profiles, children’s pirate pages plus re-tagging pages to ensure that Alder Hey is moved up the ranking through number of hits sent out. This has increased from 300 hits to now ~12,500 per day.
The Alder Hey Twitter site now has 419 followers since November 2010 when we started. Face book again has increased to 667 followers from starting in November.

**Basic Web stats**
- Average hits per day 12,652
- Views per day 3,573
- Visit sessions per day 816
- Unique per day 394

**Social Media**
- 210 Face book visits per week
- 13 ‘new friends’ per week
- 98th Tweet ranking for region
- 1 story re-Tweeted each week

**Packages of care**

This is around new innovations in care. This may be driven by new technology, new drugs or new clinical practices and standards which lead to new models of care. This can improve our cost base or provide a competitive edge if managed and implemented well. The key internal driver to enable some of these changes will be the Transformation Team; this will be a springboard for the Trust from our current approach. There are also several national and regional reviews which will shape how care is designated from specific providers such as Safe and Sustainable or the need to deliver on the regional QIPP agenda for new models of care or ways of working.

New medical innovations and their introduction to the Trust and development of a clear clinical strategy are essential to meet the business objectives but also our place in the market.

**Providers**

Other providers both NHS & Private could be both competitors or collaborators. We need to ensure we remain competitive. It is essential that we understand how other providers are operating, their plans for service developments and their performance. As a regional player our main competitor is Royal Manchester Children’s Hospital and we have several initiatives where we need to be collaborating and working in strong networks and other areas where we need to be competitive. From the graph we can see volume market share for elective work only is averaging 27% [RMCH] to Alder Hey’s 25%, the picture for tariff is 28% to our 32% respectively. If we look at non-elective work for the region, Alder Hey along with Pennine are the biggest providers. This could be driven by poor primary care provision in addition to the re-active way our populations’ access secondary care through A&E.

![Regional Volume & Tariff Market Share](image_url)
Our corporate aim to grow market share year on year has been achieved and projected potential growth is promising but with such a changing environment this will need careful management. The graph shows a regional view for all activity [elective, non elective and out-patients].

Alder Hey is the market leader for the last two years on both cash and volume.

**Regional Market share [vol & £] for elective, non elective and out-patients**

<table>
<thead>
<tr>
<th>Year</th>
<th>AH vol</th>
<th>AH £</th>
<th>RMCH vol</th>
<th>RMCH £</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>14%</td>
<td>17%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>2008</td>
<td>15%</td>
<td>19%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>2009</td>
<td>16%</td>
<td>20%</td>
<td>14%</td>
<td>12%</td>
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<tr>
<td>2010</td>
<td>16%</td>
<td>17%</td>
<td>13%</td>
<td>12%</td>
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<tr>
<td>2011</td>
<td>17%</td>
<td>21%</td>
<td>17%</td>
<td>16%</td>
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<tr>
<td>2012</td>
<td>17%</td>
<td>21%</td>
<td>17%</td>
<td>16%</td>
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<tr>
<td>2013</td>
<td>18%</td>
<td>22%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>2014</td>
<td>16%</td>
<td>16%</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>

We know some of this was due to RMCH move in 2009-10 and recent months they have pulled back work. We need to recognise that our intelligence is often not robust or strategic and should be further developed to provide a holistic view both from a management and clinical perspective.

**National Market share [vol & £] elective, non elective and out-patients**

<table>
<thead>
<tr>
<th>Year</th>
<th>AH vol</th>
<th>AH £</th>
<th>RMCH vol</th>
<th>RMCH £</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2.6%</td>
<td>3.4%</td>
<td>2.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>2008</td>
<td>2.7%</td>
<td>3.8%</td>
<td>2.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>2009</td>
<td>2.8%</td>
<td>4.0%</td>
<td>2.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2010</td>
<td>2.8%</td>
<td>4.1%</td>
<td>2.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>2011</td>
<td>2.9%</td>
<td>4.2%</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2012</td>
<td>3.0%</td>
<td>4.4%</td>
<td>2.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2013</td>
<td>3.1%</td>
<td>4.6%</td>
<td>2.1%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2014</td>
<td>3.1%</td>
<td>4.6%</td>
<td>2.0%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

The map shows the units that sit between the main Children’s Specialist Units. This is where competition will be the strongest as referral patterns are split and no one player is dominant. Building relationships with some of these units will enable us to strengthen partnership working, referral pathways and network development.

**Potential Markets**

Nationally around 20% of our income is generated outside our core markets. One key area of the review with CBU’s will include the nationally commissioned contracts of which we have only one [Craniofacial Surgery]. This year we have begun to develop relationships with National Commissioning Group Medical Directors and are currently in discussions on possible contracts that are being reviewed or up for re-designation.
Development and proactive engagement in 2011-12 will continue to strengthen this potential national market.

Competition for private paediatric work is minimal locally. This is not to say that competition will not move into this arena. In general Private and the Independent sector are beginning to utilise the media as a means of advertising their services under the auspices of ‘free choice’ and ‘quality’ treatment closer to home. Key players where we have seen some activity locally include Spire, Virgin Healthcare plus Sapphire Primary Care. This risk is low due to the barriers to entry for paediatrics but it must be monitored.

We also have an opportunity to look abroad at the International markets for a few of our key specialist services we now have or potentially in the future. The contribution of private and overseas business varies massively across the Children’s Trusts in the UK ranging from £21m at Great Ormond Street to virtually zero in other units. Previously we were limited under the Monitor Private Patient Income Cap [PPI] but the new bill will remove this barrier. Bi-lateral overseas agreements from European Economic Areas [EEA] are exempt from PPI.

There is a clinical appetite across the Trust for increasing our private work thus we need to fully assess the potential opportunity.
Critical Areas to Address

Summary of key drivers for 2011-12

To enable us to identify the critical areas of focus it is essential that we articulate the major drivers and pressures internally and externally.

Our new Clinical Business Unit Structure is in place and we now need to embed the new roles, governance and operational processes to enable the benefits to be realised. There are several key opportunities this year to demonstrate our 'clinical excellence' status these include Safe and Sustainable reviews for Cardiac and Neurosurgery, Nationally Commissioned contracts, appointment as a Regional Trauma Centre and gaining National Paediatric Rehabilitation centre status. We also continue to build on our Research & Development platform and this is a cornerstone of our clinical strategy.

Against the backdrop of a changing commissioning environment both nationally and locally, where organisations externally are going through a massive year of transition, we need to stay close to the changes and build new relationships with key players and stakeholders. Where we continue to be at risk is changes to the tariff, this is currently being mitigated through our work with the Children's Alliance to validate the methodology for the Children Tariff and ‘top up', but Monitor begins to set ‘maximum pricing' this could encourage new entrants or prolonged negotiations with commissioners. The financial pressure due to the changes in tariff in addition to other financial pressures in the NHS system this year should not to be under estimated. Changes to tariff, pay inflation including national insurance increase, VAT increase and ongoing cost pressures mean that we need to make a £6.5million saving for 2011-12.

The financial pressures are significant. It is critical they are the key focus for good management control across both CBUs and Corporate functions. It is critical that we achieve our EBITDA in order to ensure the delivery of our long term financial model prediction thus enabling us to secure the new hospital building. This year will be a pivotal year for the hospital programme as we appoint our preferred bidder and submit our business case. We also need to have a clear strategy for our current estates management. It is critical that we achieve our EBITDA in order to ensure the delivery of our long term financial model predictor thus enabling us to secure etc.

With the increasing patient choice and engagement of patients choice and involvement of patient development of services, we need to take a fresh approach internally. We need to develop a more customer culture which will support the brand. Putting children and families at the centre of what we do as a priority for all needs to become main stream and not the agenda of a few.

Through completing an environmental analysis and reviewing internally where we are, this has enabled us to develop the overarching areas that as a whole Trust we should be addressing. The development of the seven critical areas to address this planning period enable us to focus on planning priorities and these were shared with clinical business units to shape their operational plans that follow in section 4.
The Seven ‘**Critical Areas to Address**’ are outlined below:

**Clinical Excellence**
- Delivery of safe clinical service
- Demonstrate outcomes
- Strengthen Governance & Accreditation
- Research & Development

**Patient Choice**
- Understand patient’s experience and develop clear insight
- Respond to that insight to transform what we do
- Strengthen children’s ‘say’ through Children’s Forum
- Build on our RIST strategy to support transformation

**Commissioning**
- Understand referral patterns and why
- Understand new commissioning groups and key players
- Strengthen GP relations
- Lead on QIPP

**Competitive Environment**
- Other Children’s Hospital providers regionally, nationally
- Balance of competitive vs collaboration
- ‘Any Willing Provider’ possible new entrants
- National reviews: Cardiac, Neuro, Trauma

**Costs**
- Reference Costs: perception of expensive
- Tariff & Coding with peers
- Managing business by knowing our numbers at S.line
- Utilise external consultant findings

**Communication**
- Managing the Brand of ‘Alder Hey’
- Leveraging our stakeholders
- Clear marketing strategy
- Enhancing IT capability as enabler

**Crumbling Estate**
- Managing the current estate cost effectively
- High focus and engagement in new hospital planning
What are the ‘big ticket’ deliverables in 2011-12

**Clinical Excellence**
- UK leader of paediatric outcomes
- Strengthen safety targets and achieve them
- Development of Clinical & Research Strategy
- Launch of Nursing Strategy
- Embed new CBU & organisational governance and retain NHS LA level 3
- Opening of Clinical Trials research facility

**Patient Choice**
- Secure designation:
  - Cardiac, Trauma, Rehab, Neuro, Rare Tumours
- Patient Experience Service strategy; including strengthening Children’s Forum
- Retain I in C, WHO Health Promoting Hospital
- Pathway transformation; Children’s QIPP, Emergency surgery

**Commissioning**
- Children’s Alliance setting Tariff with KPMG and DOH
- Development of business intelligence strategy
- Strengthen relationships locally & NCB
- Introduction of Regional Account Manager

**Competitive Environment**
- Expansion of Alder Hey @ & Alder Hey With
  - Framework development of working with other providers; Manchester, DGHs
- QIPP delivery; paediatric laboratory services
- Registration as Mental Health Provider

**Costs**
- Financial & Business infrastructure and capability; through leadership programme, CBU team
- Develop & Deliver 3 yr transformation savings programme
- Service line reporting to Consultant level report
- Data warehouse implementation
- Secure funding package for new build

**Communication**
- Alignment of Charity with Trust
- Establishment of Alder Hey Brand
- New Intranet site and website overhaul
- Workforce development strategy; talent management, leadership programme, induction, training

**Crumbling Estate**
- Capital investment programme for current estate eg new replacement generators, IM&T yr 2; electronic prescribing, EPR, admin
- Securing preferred provider for CHP
- Appointment business case & land deal agreed
- Develop strategy for retained estate and community sites
Enabling strategies 2011-12

This section will provide an overview of the corporate enabling strategies that underpin and support the delivery of the Clinical Business Unit plans. The following areas are covered in this section:

- Quality
- Transformation
- Estates & Facilities
- Information & Technology
- Business Development & Marketing

Quality

*Patient Safety, Clinical Effectiveness and Patient Experience*

Quality is the golden thread that runs through all of our services, business plans and objectives. As we aim to be world class we must clearly articulate what this means for Alder Hey and ensure that this is communicated to not just our staff but our patients and key stakeholders.

The Director of Nursing and the Medical Director are jointly accountable for the delivery of the quality strategy by September 2011. The strategy will reflect the huge amount of progress already made in the enhancement of quality whilst clearly identifying what we aspire to and how this will be consulted on and communicated.

Quality has three main elements: patient safety; clinical effectiveness and patient experience. There will be increasing emphasis on defining and measuring outcomes in order to demonstrate continuous improvement. We believe that this approach will provide an equal balance and assurance on all aspects of quality within the organisation. It is essential that we can demonstrate, measure and improve quality at all levels and throughout all areas of the Trust.

Over the last twelve months the focus has been on improving the governance processes so that “ward to board” assurance can be demonstrated confidently. The Clinical Quality Assurance Committee (CQAC) has been established, to provide assurance to the Board of the effectiveness of the systems and processes for ensuring the highest standards of clinical quality.

A key element of this is the quality walk rounds led by each CBU in turn, this enables both executive and non-executive directors to “see with their own eyes” standards of care and quality in clinical areas. As we bring the quality strategy to life this approach will be a common theme that will be supported by clear policies, monitoring and a programme of clinical audit.

The setting up of the clinical business units (CBUs) will enable robust governance processes throughout the organisation, the objective will be to deliver clinical quality through this process, led by the Clinical Governance leads, and evidenced by a dashboard of key quality indicators. The CBUs will be held to account via a robust
performance framework, this will provide early indication if standards deteriorate so that appropriate action can be taken quickly and identify best practice.

Each CBU will be required to develop and implement clear governance procedures to ensure that clinical outcome measures can be developed and monitored for each speciality. It is essential that a programme of clinical audit, risk management and effective management of patient experience is developed to inform the Trust wide view on quality of services.

CQAC will provide assurance to the board on all things quality related and will be instrumental in the production and reporting of the Quality Account. The monitoring of CQUINS and Quality Report, supported by a dashboard of clinical indicators will provide assurance to board whilst showing clear evidence for external regulators including commissioners, CQC and Monitor.

The quality strategy, together with a comprehensive implementation plan and objectives, will ensure that quality is embedded throughout the organisation, allowing us to become truly world class.

**Quality Priorities for 2011/12**

These priorities are not exhaustive and will be more clearly articulated within the quality strategy. Elements of the quality account priorities and the quality contract, CQC outcomes and CQINN are not explicitly discussed and will be clearly reported in the Trusts Quality Accounts.

**The overarching priorities will be:**

- To further embed the governance processes implemented in light of the developments of CBUs and CQAC
- To develop the quality strategy, for the next three years, in conjunction with all staff by September 2011
- To ensure robust reporting mechanisms for quality reporting, including quality accounts, CQINNs, CQC outcome and quality contract monitoring
- To develop a patient experience strategy by September 2011 that takes into consideration all of our key stakeholders and is fully embraced by the Trust Board and clearly articulates our vision to be world class
- To be a national leader in the development and implementation of outcome measures in paediatrics
- Develop a nursing strategy that will ensure the workforce is fit for purpose to deliver on the quality agenda
- To build on progress already made in the monitoring of patient experience whilst ensuring clear processes to not just measure but enhance patient experience by identifying priorities and areas for attention.
- To ensure that we are a safe organisation and have processes in place to monitor patient safety incidents and act in a timely manner

To be an open organisation that learns from mistakes to make improvements and prevent harm to patients.
Transformation overview

Summary

The purpose of the Transformation Plan is to deliver solutions across the Trust which will support both the Trusts quality and safety agenda whilst reducing costs and delivering CIP targets. The fundamental aim is to improve:

- the *effectiveness* of the treatment and care provided to patients
- the *safety* of the treatment and care provided to patients; and
- the broader *experience* patients have of the treatment and care they receive

This must be achieved in conjunction with delivering the Trust’s 3 year savings plan as both the quality agenda and efficiency improvements become the key drivers to our success.

The Transformation Plan is underpinned by two key service improvement methodologies to ensure that the patient is integral to our transformation:

- Lean; to primarily improve effectiveness & safety
- Customer excellence; to primarily improve patient experience

Strategy

The transformation strategy will be a key enabler to the delivery of the Children Health Park programme. Primary focus will be on clinical pathway redesign which will enable the removal of ‘wasted’ process steps in the patients journey and support the redesign our workforce to deliver high quality care at reduced cost. This will ensure the delivery of world class care in a world class facility.
Achieving cultural change and delivering leadership excellence through organisational development programmes will support both our transformation plans and our staff.

A small core team will be developed and deployed across the Trust to work alongside clinical and operational teams to provide additional resource and specific expertise around lean and customer excellence.

The transformation strategy aims to improve effectiveness, safety & experience by focusing on:

- Clinical service redesign
- Workforce development
- Delivery of cross cutting improvement projects

This, in turn, will support the reduction of costs over the next 3 years. The driver diagram below aims to conceptualise the key elements of transformational change that will drive the delivery of the cost improvement savings, identifying the core components and organisational impact.

Currently, the cost improvement plan (CIP) consists largely of discrete cost-cutting projects referred to as ‘tactical’ as opposed to transformation proposals requiring significant service redesign. Over the next 3 years it is envisaged that this weighting will be reversed resulting in the 2013/14 cost improvement plan being predominantly based around service re-design.

The priorities for 2011/12 are outlined below:

<table>
<thead>
<tr>
<th>Transformation Strategies</th>
<th>2011-12 Transformation Priorities</th>
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</table>
1. **Clinical Service Redesign**

   **Strategic:** CBU service re-design to align to key pathways integral to the Children’s Health Park design

   **Operational:** Current CBU service re-design requirements – as identified in CBU Operational Objectives:
   - Deliver emergency surgery pathway re-design
   - Implement plan of care in a minimum of 3 specialities
   - Pathway redesign in critical care
   - Enable blood and tissue sciences integration
   - Enable 20% productivity and efficiency gains in community clinics
   - Support the delivery of growth requirements in Neurosurgery, Ophthalmology, Oral Surgery & ENT to deliver required EBITDA margins

2. **Workforce development to achieve customer excellence**

   - Develop and deliver improvement skills and knowledge transfer to operational teams
   - Support corporate strategy in embedding new focused vision, values and behaviours across organisation to enhance the patient and carer experience
   - To establish and develop the relationships with delivery teams base on high challenge and high support

3. **Cross-cutting projects**

   Provide clinical business units, corporate services & the Trust’s cross-cutting projects with resource and expertise to deliver improvements and ensure trust-wide alignment of service transformation activity. These include:
   - Support nursing work force reviews
   - Optimise medical productivity
   - Implement electronic patient records
   - Implement E-prescribing
   - Improve admin and clerical productivity through the implementation of letter outsourcing, digital transcription, discharge summaries
   - Communicate and facilitate the awareness and use of policy change to support improvement
   - Achieving Children’s health park vision

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**Facilities & Estates Overview**

**EXECUTIVE SUMMARY**

The priorities of the Facilities management team are to ensure their support functions are aligned to the Trust’s clinical and operational objectives. They must enable the delivery of safe services, environmental cleanliness and exceptional customer experience.
The major challenges for 2011/12 are to ensure key operational functions of all areas are delivered within budget, identifying and understanding budget cost pressures with sustainable solutions to resolve key issues. The delivery of cash releasing efficiencies remain challenging but will be pursued through the approach of service redesign, by developing clear standard operating processes to remove wasted resource and supported by workforce reviews.

The longer term vision will be closely aligned to the strategic delivery of the Children’s Health Park systems and wider organizational change.

PRIORITIES OVERVIEW

The principle priority within the facilities directorate is to ensure the delivery of quality standards whilst regaining budgetary control. Engagement and leadership of the workforce in both budgetary management and the delivery and monitoring of core quality standards will be crucial to departmental success.

Failure to deliver on the 2010/11 CIP targets places additional pressure on the delivery of savings in 20011/12 and additional support will be procured to explore options and appraise the cost/benefit risks.

Understanding the key operational standards that are to be met and identifying the workforce capacity and capability to deliver on the agreed standards will be a principle priority, with a focus on operational leadership.

Maintenance of the ageing Estate and managing the risks associated with the buildings’ infrastructure during transition to the new Health Park will require close collaboration with the CHP project team to identify sustainable solutions that deliver both value for money and support clinical teams in care delivery.

Ensuring exceptional customer experience through the improvement of catering, quality and choice and the delivery of safety standards by meeting and maintaining core cleanliness standards whilst working in alignment with clinical teams will be reflected in operational objectives.

OBJECTIVES for BUSINESS UNIT

There are four areas to be discussed within this document.

- Estates Department
- Catering
- Environmental Cleanliness
- Financial Control

Estates Department

The departments’ workforce has been significantly challenged to meet the growing demands of maintaining a safe and sustainable patient environment in 100 years old buildings. Delivering assurance, asset control under the auspices of careful project management are the key challenges.
Tactics

• To outline a strategy that incorporates the mechanisms of maintenance management whilst supporting the operational and clinical objectives of the trust.
• Use the new maintenance management system (Backtraq) to drive the information system that assists productivity and proactive approach.
• To improve the patient experience by investing in the safety of the site assets and services. (i.e. generators, High and Low voltage system upgrades)
• Provide a safe patient environment by ensuring all elements of Estates administration are addressed to ensure external and internal compliance. (i.e. Legionella, asbestos)
• To develop the options around the transfer of Estates to Project Co in advance of the completion of the CHP
• Ensure our patients and their families have a positive experience by having a systematic approach to conformity to legislation (Hospital Technical Memorandums).
• To use external expertise to review the format of the department, its people, systems, mechanisms, skill sets and compliance.
• To develop a clear definition around the issue of Retained Estate in conjunction with the CHP.
• To link/seek advice from infection prevention teams prior to commencement of any significant estates works
• Ensure estates teams support the delivery of CQC standards

Catering Department

To improve the both quality and choice of patient food ensuring nutritional requirements are met.

The minimum requirement is to achieve ‘break even’ position on the profit and loss statement through developing internal controls (restaurant opening times, workforce plan and process controls) and external plans (provisions, contracts).

Tactics

• In conjunction with patients, improve the patient choice at meal times – hot or cold offerings, and evaluate based on patient feedback.
• Ensure the quality of patient meals (food preparation, nutritional value) is improved and reflected in patient satisfaction and reduction in food waste
• Compliance with PEAT/CQC nutritional standards
• Explore the options of improving and seeking alternative food service deliverance (e.g. via alternative partnerships, franchises, contracting out).
• Identification of the budget items over spent and ensure robust plan to reverse.
• Improve the productivity of the restaurant by change the opening hours of the restaurant, both weekdays and out of hours.
• Identify alternative sources of foodstuffs and provisions that both improve the patient experience and the financial strength of the trust.
• Make changes to the restaurant layout to assist productive provision of foods and further improve the patient experience.
• Fixed maintenance contracts for all catering equipment.
• Determine and deliver a realistic income target for the restaurant.

Environmental Cleanliness
To ensure national and local quality standards on environmental cleanliness are met in order to reduce harm from hospital acquired infections whilst enhancing the experience of patients and their families. Developing a workforce both skilled and motivated to deliver high performance cleanliness will ensure young people and their families make the Trust their first choice for provision of care.

Tactics
• To ensure the National Standards of environmental cleanliness and deliverance of 1st choice care are fully understood by all members of Facilities.
• Develop and deliver on a robust workforce plan that covers all cleaning elements of the National Standards and that provides an efficient and productive rota system that meets the financial demands of the trust.
• To drive performance upwards through the measurement and monitoring of cleanliness audits in order to deliver clinical excellence and exceptional customer experience throughout the trust.
• To ensure the workforce plan efficiently balances the manpower required in high and low risk areas (wards and offices).
• Provide workforce resources that allow a flexible approach to annual leave and absence.
• Ensure that all elements of the budget are addressed to deliver balance and control.
• To fill all vacant posts within the workforce plan and bring the Domestic team up to full capacity.
• To ensure that the workforce is sufficiently trained, supported and managed in adhering to the principles of infection prevention and working in co-operation with the clinical teams to ensure the delivery of safe, quality care.

Financial Control
Robust financial management and control will be required to deliver on all key tactical objectives outlined above. Ensuring value for money both for the short and long term (CHP) and return on any investments is critical to success. Mechanisms to establish control by all budget holders is paramount.

Tactics
• To engage all budget holders in the process of budget management.
• To hold regular (monthly minimum, weekly if required) budget meetings to review budget position and implement actions to readjust, if necessary.
• To help budget holders to understand, interpret and make decisions affecting expenditure and the budget.
• Support all budget holders involved in the budget process from the moment of procurement to the point of receipt.
• Identify the continuing cost pressures and bring them to discussion, developing robust business cases where necessary.
• Create more definition of responsibility and ownership by improving the skills and competence of the owners.
• To understand the need for CIP and achieve more engagement in application and communicate clearly across the team.
• More analytical understanding of the development and creation of CIP items, using the removal of waste and non-value added tasks as the driver for change.

IM&T Overview

The department of Information Management & Technology (IM&T) is committed to improving services by providing staff with access to information and technology and ensuring robust secure systems are in place. The Board of Directors has recognised the low baseline from which the Trust was starting with regard to IM&T and approved a strategy during 2010/11 which will significantly improve IM&T services within the Trust. 2010/11 was the first year of that strategy and significant progress has been made.

More importantly, the IM&T department has developed relationships with clinicians and with the new clinical lead for IM&T, and has re-launched the IM&T Steering Group to ensure the engagement of clinical staff and managers in developing IM&T plans for the future.

Having put increased strength and resilience into the Trust’s IM&T infrastructure the IM&T department will focus its energies on the following areas during 2011/12:

- Supporting the development of clinical outcomes measures by helping clinicians develop and present indicators and by implementing the technology to collect patient outcomes data.
- Implementing an electronic prescribing system to reduce risk from medication errors and improve efficiency in the Pharmacy and on wards.
- Replacing an obsolete document scanning system with a system which will store documents but also enable their easy retrieval and allow clinicians to review scanned notes within the Trust’s hospital system.
- Implementing the first phase of a data warehouse to enable easy access to clinical, operational and management information.
- Completing the replacement of the Trust’s switchboard with a new resilient system.
- Procuring a replacement electronic patient record system to replace the current version of Meditech.
- Working with bidders to develop plans for IM&T provision within the Children’s Health Park.
- Moving the Trust’s data centre off site into a modern, secure facility to ensure continuity of service provision.
- Managing the pilots and assessing results for digital dictation, voice recognition software and off-site correspondence handling.
- Developing the information and coding service to CBU’s.
- Supporting the tariff work being carried out with the Children’s Alliance, Department of Health and KPMG.
- Supporting the management of cultural change within the Trust in order to deliver technology enabled working.
- Providing remote access to key clinical systems to allow point-of-care delivery of Trust services into the community.
- Providing remote access to key clinical and non-clinical systems to improve communication and working lives.

### Business Development & Marketing Overview

During the last year the Director of Business and existing Communications team along with the CBU leadership’s team have identified the key priority areas that the new Business Development function needs to focus on to provide an aligned strategy and step change in 2011-12. The strategy has been based on pulling the threads of several current strategies from 2010-11 such as children’s QIPP, establishment of CBUs, internal communications strategy plus drawing from CBU planned requirements for 2011-12. The four main priorities that have shaped this year’s plan are outlined below:

**Priorities**

- **Maximising our clinical expertise, clinical innovations and research to demonstrate and position us as the leading edge provider**
- **Ensuring we are commissioned for our quality offering and rewarded for the outcomes achieved**
- **Matching our clinical excellence to be as important as the patient and family experience to build our reputation externally**
- **Galvanising all our staff to be ambassadors of Alder Hey at every point in a patients journey**

**Enabling strategies**

It is essential to recognise the low baseline from which the Trust is starting with regard to marketing and business development. To enable this first year’s delivery to address the priority areas identified, the enabling strategies are:

- Establishment of departmental infrastructure to support the team and Trust
- Identification and delivery of key areas for business development and growth
- Development of robust marketing and communications strategy.

It is essential that all of the above is aligned to the CBU plans and overall goals for the Trust. During 2011-12 the Business Development Unit will focus its energies on the following deliverables.

**Establishment of departmental infrastructure to support the team and Trust will be enabled by:**

<table>
<thead>
<tr>
<th>Staff Development</th>
<th>Recruitment and induction of Head of Business Development, Head of Marketing and Regional Account Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implementation of <em>Leadership programme</em> for business acumen for Trust</td>
</tr>
<tr>
<td></td>
<td>BD team development and skills enhancement</td>
</tr>
</tbody>
</table>
- Work with Children’s QIPP programme lead to establish resource required to deliver the strategy

| Business Intelligence | Implementation of Business intelligence strategy for 2001-13  
| Development and implementation of market reporting for CBU and Trust  
| Development of market research needs both from customers and patients to provide insight and support decision making  
| Refresh the Trust’s Strategic Market Assessment to support CBU strategic planning and CHP appointment business case  
| Embedding the use of Dr Foster intelligence [HMM tool] |

| Governance | Full review of policies and implementation of draft Communication & Media policy  
| Feed into the new committee structure [Resources & Business Development Committee] with establishment of supporting groups Business Intelligence Group [BIG] and Business & Marketing Group [BMG]. For QIPP development of Alder Hey QIPP group plus North Mersey Marketing QIPP group.  
| Establish a risk register for the department  
| Develop procedures within the department to enable robust good practice  
| Review agencies and select preferred providers |

| Channel Development | Review current marcoms channels both internally and externally  
| Develop and create new channels with a focus on digital media, account manager plus internal poster/signage |

| Departmental Budget | Establish a clear budget and baseline levels for return and evaluation  
| Investigate the support of charitable funds to deliver key campaigns and new channels |

| Planning Cycle | Lead on development of Trust’s planning cycle from strategic plans [2011-14] to operational plans [2012-13]  
| Implementation of business plan cycle to enable delivery of CBU plans and Trust’s integrated plans |

**Delivery of key areas for business development and growth will be enabled by:**

| Specialist offering | Establish Specialist Service development strategy 2011-14 with Medical Director and CBU clinical leads  
| Build relationships and insight with new National Commissioning board and its associates as they develop  
| Take forward currently proposed potential nationally commissioned services with specific focus on neuro/oncology through business case submission to NSCG  
| Support proposals, business cases, consultations for National reviews including: Cardiac Surgery, Neurosciences, Trauma Paediatric Surgery and Rehabilitation |

| Primary Care offering | Establish Primary Care Service development strategy 2011-14 with Medical Director and CBU clinical leads  
| Engage with emerging GP consortia through working closely with existing PCTs and commissioners  
| Take forward the concept of ‘partners in paediatrics’ to a true |
offer that is packaged with the right governance
- With CBU support implementation of Liverpool sites and expansion of *Alder Hey* into Southport. Support the coming review of expansion across wider geography
- Support implementation of phase one of the *Children QIPP* strategy to enable the development of new pathways into primary care

### Commercial income
- Fully investigate the future potential of a ‘*private provider income strategy*’ for the Trust
- Working with CHP team to develop a clear 3rd party income strategy with bidders
- Build intelligence and opportunities to maximise our intellectual property and possible endorsement of goods services or new models of care.

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**Development of robust marketing and communications strategy that is delivered and evaluated will be enabled by:**

<table>
<thead>
<tr>
<th>Brand Establishment</th>
<th>Establishment of brand platform through to style guidelines</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Strengthening key messages for priority customer segments</td>
</tr>
<tr>
<td>5 Marketing Campaigns</td>
<td>Implementation of Children’s QIPP marketing and communications strategy phase one</td>
</tr>
<tr>
<td></td>
<td>Implementation of external campaign to raise awareness of new build and selected partners plans</td>
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<tr>
<td></td>
<td>Consultation campaign for Cardiac Surgery and post July promotional campaign if successful</td>
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<tr>
<td></td>
<td>Membership and Governors marketing strategy to include the Annual accounts, summaries and Annual Members Meeting</td>
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<td></td>
<td>Delivery of a Clinical Excellence marketing campaign linked to R&amp;D [building on Merseyside 5 campaign]</td>
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<tr>
<td>Internal Communication</td>
<td>Review of existing strategy to evaluate current effectiveness of channels</td>
</tr>
<tr>
<td></td>
<td>Develop a revised plan for internal communications with HR</td>
</tr>
<tr>
<td></td>
<td>Implement a new intranet site to be fully operational by Q3</td>
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<tr>
<td>Evaluation</td>
<td>Investment in monitoring tools and research benchmarking/ follow up to enable board reporting of interventions</td>
</tr>
</tbody>
</table>
Section 3

Finance and Workforce plan summary
Workforce Overview

Introduction

The next twelve months and beyond will be an increasingly challenging time for the Trust’s workforce. The changes resulting from the national Operating Framework, Equity and Excellence: Liberating the NHS and the outcome of the consultation paper Developing the NHS Workforce, coupled with the need to make efficiency savings of 5%, will inevitably have an impact on the workforce both in the way we deliver care and the numbers of staff we have available to deliver services.

During 2011/12 the final stages of reconfiguration of the HR Directorate will take place which will complete the alignment to the CBU structure. This, and the further development of terms and conditions and policy frameworks to enable changes to working practices, will further support CBUs in their achievement of compliance with workforce key performance indicators.

Workforce Plan

The Trust has agreed, through the Trust Board, the following estimated target for reducing staffing numbers over the next three years in order to achieve savings against pay of £4.5m. These figures indicate reductions in staffing based on costs should alternative methods of savings not be realised. The plan to protect posts by achieving savings is based on achievement of, for example, reduced pay protection arrangements and substantial reduction and maintenance of a reduction in sickness absence rates.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated reduction in staffing (wte)</th>
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<tbody>
<tr>
<td>2011/12</td>
<td>84</td>
</tr>
<tr>
<td>2012/13</td>
<td>74</td>
</tr>
<tr>
<td>2013/14</td>
<td>74</td>
</tr>
</tbody>
</table>

Each CBU and Corporate Service area has been provided with a breakdown of savings required against staff groups to assist them in producing CIP schemes to release savings over the next year. There are a number of Trust wide workforce transformation workstreams which will set the framework for changes to nursing, administrative and clerical and medical workforce. Each of these workstreams is led by an Executive Director, however delivery of the transformation required in each of these staff groups will be implemented through the CBUs.

The Trust is investing in a programme of Service Transformation to identify more efficient and effective patient flows and process which will support longer term changes to services, aimed primarily at improving patient care whilst driving out inefficiencies.

Therefore a major challenge for all leaders and managers for 2011/12 will be the need to engage the workforce in the change agenda. The Trust intends to follow models identified by the Department of Health and NHS Employers and referenced in the Operating Framework to support organisations in achieving and maintaining high levels of staff engagement during this period of change.

Workforce Key Performance Indicators
In support of effective workforce planning and delivering service efficiencies, it is vital that the Trust continues to focus on key workforce performance indicators. The targets for 2011-2012 are:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
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<tbody>
<tr>
<td>Sickness Absence</td>
<td>4%</td>
</tr>
<tr>
<td>CQUIN Nursing Sickness Absence target – Fit and Well to Care</td>
<td>5%</td>
</tr>
<tr>
<td>Performance Development Reviews</td>
<td>90%</td>
</tr>
<tr>
<td>Statutory/Mandatory Training</td>
<td>90%</td>
</tr>
<tr>
<td>Corporate &amp; Local Induction</td>
<td>90%</td>
</tr>
</tbody>
</table>

Work is ongoing to achieve compliance in all of these areas; CBUs have included actions to meet the workforce targets within their 2011/12 operational plans. Actions to improve PDRs include the introduction of a revised process, with the option of undertaking PDRs electronically, and more bespoke training for reviewers. Consultant appraisals will also be subject to a review to ensure increased compliance during 2011/12. Statutory and mandatory training will have tighter controls and reporting mechanisms for 2011/12, and an updated policy framework. Induction processes ensuring all new starters attend Corporate Induction on their first day of employment will be fully implemented in 2011/12, alongside a revised local induction process.

**Health, Work and Well Being**

The Trust has struggled to maintain improvements to sickness absence rates over the last year. A particularly challenging winter added increased pressures, however as part of the recently ratified Trust Health, Work and Well Being Strategy activities are in place to address this during 2011/12 and mitigate such a problem in the future. During 2011/12 the primary focus of implementation of the Strategy will focus on getting the basics right. A comprehensive review of existing policies and practices is underway and will be completed in quarter one. Improved partnership working with our Occupational Health provider will commence early in the year once the new contract is in place. This will focus on early intervention work with particular emphasis on mental health problems, specifically stress related, and musculoskeletal problems. CBUs will continue to focus heavily on increased activity to manage absence at the earliest opportunity and to prevent it. The new HR Directorate structure allows for allocated HR Advisors to the CBUs whose primary focus will be to support managers in absence management. Sickness absence management training will be provided regularly throughout the year to increase managers confidence and competence in managing absence and support staff health and well being.

**Staff Attitude Survey**

A communication strategy will be developed to share the results from the annual staff survey and action plans will be developed to promote areas of best practice and address key areas of concern. Based on these results, key priorities for 2011/12 have been identified as follows:

- Staff communication and engagement
- Infection control and hand hygiene, with a focus on hand washing facilities and training
- Health & Well Being, with a focus on managing workplace stress, moving and handling training and work-life balance
Additional mechanisms for obtaining a regular temperature check will be established early in 2011 which will provide feedback direct from staff to indicate the value and effectiveness of activities to promote best practice and address key shortfall areas.

**Talent Management**

During 2011/2012, the Trust will be taking an organisation wide approach to Talent Management, comprising two key components; the learning and development of existing employees, supported by management and leadership development opportunities designed for different levels of leaders, and talent identification and succession planning of which the Talent Management strategy will set our direction. The Talent Management Strategy will set out how the Trust will identify, develop and support employees who demonstrate potential to become future leaders over the next 3-5 years. Two key programmes will run throughout 2011/12 to support development of leaders within the organisation; the CBU Leadership Development Programme and the Management and Leadership Programme, aimed at senior and middle management level. These programmes are designed to cover key elements of business acumen, leadership effectiveness, change management and personal effectiveness. Both programmes represent significant investment in the leaders of the organisation. The effectiveness of each programme will be tested and evidenced through regular evaluation.

**Education, Learning & Development**

The Trust will continue to invest in learning and development opportunities for staff, that are linked to personal development plans and supports different ways of working. This will include provision of apprenticeship schemes, increased opportunities for learning for staff in bands 1-4, more effective use of the Post Qualifications Framework for a wider range of staff and a wider variety of in-house learning opportunities. The outcomes of the national consultation on the paper Liberating the NHS: Developing the NHS Workforce, due to be published later in 2011/12 will further inform the education, learning and workforce development agenda for the Trust. This will also help shape the educational strategy and the way in which the Trust works with educational partners in the future.
Section 4

CORPORATE GOALS
Deliver **clinical excellence** in all of our services  
*Executive lead: Medical Director, Director of Nursing*

<table>
<thead>
<tr>
<th>Operational objective</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
</table>
| 1. To deliver the highest standards of safety by identifying all key risk areas and ensuring they are effectively managed. This will be delivered by achieving targets for key metrics which will include:  
  a. Infection rates  
  b. Medication errors  
  c. Incident reporting  
  d. Mortality rates | CBU Management teams        | Monthly KPI reports    | Targets met. Board assurance via CQAC                   |
<p>| 2. Implement benchmarking for clinical outcome measures for each clinical specialty in 2011/12 and set clinical outcome targets for improvement in 2012/13 | CBU Management teams        | As above               | As above plus national audits and local clinical audit  |
| 3. Review, develop and implement the Trust Clinical Quality Strategy.                   | Medical Director supported by CQAC | By June 2011           | CBU Quality indicators and patient experience measures  |
| 4. Delivery of phase one of Children’s QIPP strategy for North Mersey.                  | QIPP Programme Lead and Clinical Lead | By end March 2012      | QIPP targets met for quality, innovation, productivity and prevention |</p>
<table>
<thead>
<tr>
<th>Operational objective</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Set CQUIN targets and deliver by embedding across specified CBUs and departments.</td>
<td>Trust Quality Lead.</td>
<td>By end March 2012</td>
<td>CQUIN indicators as per Trust Quality Dashboard</td>
</tr>
<tr>
<td></td>
<td>CBU management teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. To ensure delivery of highest governance and quality standards across the Trust, the following must be achieved in 2011/12:</td>
<td>Lead Executives plus CBU Management teams</td>
<td>By end March 2012 with quarterly review</td>
<td>Achievements met as listed</td>
</tr>
<tr>
<td>a. Achieve CQC essential standards and green status for clinical quality indicators in the Trust QRP.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Maintain NHSLA level 3 clinical quality standards.</td>
<td></td>
<td></td>
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<tr>
<td>c. Maintain CQC registration without conditions.</td>
<td></td>
<td></td>
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<tr>
<td>d. Maintain Green rating with Monitor for governance.</td>
<td></td>
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<tr>
<td>e. Deliver the Quality Account.</td>
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<tr>
<td>f. Comply with the Terms of Authorisation for NHS Foundation Trusts.</td>
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<tr>
<td>g. Ensure through the quality framework that the planned model of care in the Children’s Health Park will provide care of the highest quality.</td>
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</tbody>
</table>
Ensure all of our patients and their families have a **positive experience** whilst in our care  
*Executive lead: Medical Director, Director of Nursing*

<table>
<thead>
<tr>
<th>Operational Tactics</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. <em>Increase the involvement of patients, parents/carers and governors to improve the level of responsiveness to their individual needs and to increase service user partnership working to enhance change.</em></td>
<td>CBU lead Nurses</td>
<td>September 2011 March 2012</td>
<td>Greater % of patients and families feeding back. Increase % satisfaction and recommendation Increase Investing in children membership Children and Young People’s Forum engaging with the Board</td>
</tr>
<tr>
<td>8. <em>Implement the nursing workforce re-design strategy to ensure and improve the quality and safety of patient care through 2011/12. Develop plans for 2012/13 and 2013/14 in preparation for move into new ward structure in Children’s Health Park.</em></td>
<td>CBU lead nurses</td>
<td>April 2011-March 2014</td>
<td>Project plan in place Nursing strategy developed Benchmarking of nursing staffing and plans in place Clear articulation to workforce</td>
</tr>
<tr>
<td>9. <em>Implement recommendations from E&amp;Y review of Specialist Nursing. Specific targets to be set for each CBU for 2011/12 period.</em></td>
<td>CBU lead nurses</td>
<td>March 2012</td>
<td>Project plan in place Nursing strategy developed Benchmarking of nursing staffing and plans in place</td>
</tr>
<tr>
<td>Operational Tactics</td>
<td>Operational Accountability</td>
<td>Timescale for delivery</td>
<td>Measure of success</td>
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<tr>
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<td>------------------------</td>
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</tr>
<tr>
<td>10. <strong>Launch Nursing Strategy and implement an engagement plan to ensure 100% ownership by nursing function.</strong></td>
<td>CBU lead nurses</td>
<td>Sept 2011</td>
<td>Nurse strategy in place and clearly developed objectives</td>
</tr>
<tr>
<td>11. <strong>Review of ward metric and set specific CBU improvement targets for each ward and department, with specific focus on increasing cleanliness scores, sustained reduction in infections and dedicated focus on sickness and absence of nursing through 2011/12.</strong></td>
<td>CBU lead nurses</td>
<td>Sept 2011</td>
<td>Ward Metrics clearly developed Ward ‘accreditation’ scheme in place</td>
</tr>
<tr>
<td>12. <strong>In partnership with transformation team review ‘Plan of Care’ pilot and Emergency Surgery pathway, implement the programme across the organisation.</strong></td>
<td>Clinical Directors</td>
<td>March 2012</td>
<td>Clearly defined pathways for emergency surgery Plan of care fully implemented</td>
</tr>
<tr>
<td>Operational Tactics</td>
<td>Operational Accountability</td>
<td>Timescale for delivery</td>
<td>Measure of success</td>
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<td>---------------------</td>
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</tbody>
</table>
| 14. Ensure we continue to implement our patient experience strategy to increase each specified metric and outcome measure. This is to be specifically supported by:  
  a. Expanding the level and scope of patient activities and entertainment.  
  b. Improve the quality and range of patient information to increase choice, decision making and patient safety.  
  c. Develop inclusive and accessible services to ensure access for all | Assistant Director: Quality, Patient Experience, Equality and Engagement  
  CBU Boards, PALs | June 2011  
  September 2011  
  December 2011  
  March 20112 | % increase in patient satisfaction with activities  
  Launch activity and entertainment strategy  
  Review of Play Team finalised  
  Implementing change based on access for all survey  
  Reporting patient profile.  
  Decrease rates of DNA from minority groups |
| 15. To develop and implement an internal customer service excellence standard across the organisation, raising staff competency in customer service skills ensuring we place the patient first and making us the provider of choice. | Assistant Director: Quality, Patient Experience, Equality and Engagement  
  CBU Boards, Head of Transformation | June 2011  
  March 2012 | Improve % staff with front line customer service training  
  Implementation of Customer service standards |
<table>
<thead>
<tr>
<th>Operational Tactics</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. To undertake an external review of the Estates function to identify which areas need to re-structure in light of recommendations.</td>
<td>Chief Operating Officer Director of Facilities</td>
<td>July 2011</td>
<td>Completion of review Recommendations to board Implementation of plan and structure</td>
</tr>
<tr>
<td>17. To ensure the facilities division are fully compliant with all Health and Safety legislation and Health and Social Care Act.</td>
<td>Chief Operating Officer Director of Facilities</td>
<td>March 2012</td>
<td>Clear definition of targets and requirements Implementation plan with clear links to relevant committees and BAF</td>
</tr>
</tbody>
</table>

**Be the **provider of 1st Choice** for children, young people and their families**

*Executive lead:* Chief Operating Officer, Director of Business Development, Director of Corporate Affairs

<table>
<thead>
<tr>
<th>Operational objectives</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Maximise the benefits of Alder Hey as a membership organisation by developing a programme of Governor-led engagement events</td>
<td>Director of Corporate Affairs</td>
<td>This needs to be an ongoing and properly programmed function</td>
<td>Increased Governor participation Evidence of member</td>
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<tr>
<td><strong>to enable member and governor involvement in service planning and execution.</strong></td>
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</tr>
<tr>
<td><strong>19. Income growth driven through activity in line with Long Term Financial Model to deliver estimated £4m (£2.5m EBITDA contribution, at 70% activity growth sourced at cost to be confirmed at year end). Targets to be set per CBU and Corporate function.</strong></td>
<td>Chief Operating Officer</td>
<td>Targets are built into CBU plans with timescales for delivery. Will be monitored via corporate report with quarterly updates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director of Business Development</td>
<td></td>
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<td></td>
<td>CBU General Managers</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Delivery of activity plans by CBUs both volume and income</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Achievement of designation of National services: Trauma, Cardiac, Rehabilitation, NSCG contracts</td>
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</tr>
<tr>
<td><strong>20. Regional total market share growth from 15.8% to 16.4%, National total market share growth from 2.8% to 3.2% in line with projections.</strong></td>
<td>Chief Operating Officer</td>
<td>End of year target achieved</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director of Business Development</td>
<td></td>
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<tr>
<td></td>
<td>CBU General Managers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Chief Operating Officer</td>
<td>Monthly targets to be delivered and reported via Corporate report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CBU General Managers</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Chief Operating Officer</td>
<td>Q2 completion of CBU readiness as per CBU performance framework. Monthly monitoring</td>
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<td></td>
<td>CBU General Managers</td>
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<tr>
<td></td>
<td>Community CBU</td>
<td>Q1 Liverpool implementation</td>
<td></td>
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<tr>
<td></td>
<td>Director of Business Development</td>
<td>Q2-4 Expansion Southport plus</td>
<td></td>
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<tr>
<td></td>
<td>CBU GM</td>
<td></td>
<td></td>
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<tr>
<td>Supported by;</td>
<td></td>
<td>Monthly reporting and full quarterly updates of market share for elective, non elective, outpatients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. <strong>Optimise patient flow through achievement of competitive waiting times, choose &amp; book slot availability and ALOS through to discharge.</strong></td>
<td>Consistent green RAG rating</td>
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<tr>
<td></td>
<td>b. <strong>Achievement of operational drivers in line with operating framework as specified in CBU performance framework.</strong></td>
<td>CBU green rated to enable full freedoms and assurance to board to run unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. <strong>Development and expansion of ‘Alder Hey @’ and ‘Alder Hey with’ initiatives with key consortia and DGHs across North West region.</strong></td>
<td>Implementation of new site as per plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Growth in activity/income</td>
<td></td>
</tr>
</tbody>
</table>
d. Develop and implementation of plan to drive activity from target accounts focusing on GP consortia and other referring providers [increase of 2% activity in each target account].

<table>
<thead>
<tr>
<th>[Community/Head/neck]</th>
<th>ENT/Ophthalmology</th>
<th>Active Regional Account manager in place. Demonstrable growth from key accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Business Development Head of Business Development</td>
<td>Q2 identification of accounts Q4 delivery of targets set for each account</td>
<td>Brand baseline Brand strategy plan New style guidelines implemented</td>
</tr>
</tbody>
</table>

e. Development and management of the “Alder Hey” brand to support proactive patient choice, stakeholder engagement in particular GP consortia and charitable funds.

| Chief Operating Officer Director of Business Development Head of Information Head of Business Development | Q1 Establishment of Business Intelligence group [BIG] Q2 Establishment of Business Development Group Q1-4 regular reporting | Effective Group feeding into Board Committee Benchmarking feedback on usefulness of intelligence generated More informed decision making |

21. Development and implementation of business intelligence strategy to support the decision making for CBUs and service lines. This will include the development of “Market Reports” for each CBU and service line.
Be a **world class** centre for children’s **Research and Development**

*Executive lead: Research Director*

<table>
<thead>
<tr>
<th>Operational Objectives</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
</table>
| 22. Completion of Clinical Research Facility [CRF] enables the unit to fully operate to facilitate 25% increase in clinical trial income and other research placement by pharmaceutical and commercial organisations | Research Director  
R&D Manager  
Senior Clinical Research Nurse | September 2011 | First patient in facility |
| 23. Establishing a Medicines Research Unit (MRU) to develop research studies underpinning income and activity growth targets for department | Research Director  
Industry Professor of Pharmacy | July 2011 | MRU Strategy published |
| 24. Develop and publish an updated research strategy with University of Liverpool, partners of relevant higher education institutions and with input from Liverpool Women’s NHS Foundation Trust. | Research Director  
R&D Manager | October 2011 | Strategy published |
| 25. Actively support the development of Academic Health Science Centre [AHSC] | Research Director  
Medical Director | March 2012 | Trust Board decision on level of involvement in AHSC |
<p>| 26. Submit at least one National Institute Health Research [NIHR] programme grant. | R&amp;D Manager | March 2012 | Preliminary or full submission to NIHR |</p>
<table>
<thead>
<tr>
<th>Operational Objectives</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Ensure key findings from Adverse Drug Reactions in Children (ADRIC) research programme and Manipulations of Drugs in Children (MODRIC) study are, where appropriate, notified to clinical teams and pharmacists.</td>
<td>ADRIC/MODRIC investigators</td>
<td>March 2012</td>
<td>Examples of dissemination of outcomes of studies</td>
</tr>
<tr>
<td>28. Fully optimise research income to support joint appointments with Trust; investment in endocrinology.</td>
<td>Research Director Medical Specialities CBU Senior Management Team</td>
<td>September 2011</td>
<td>Funding model and new post(s) agreed</td>
</tr>
</tbody>
</table>

Further improve our **financial strength** in order to **continuously invest in services**

*Executive lead: Director of Finance, Chief Operating Officer*

<table>
<thead>
<tr>
<th>Operational Tactics</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Achievement of an EBITDA target of £20.7million as agreed with Monitor in the outline business case for the Children’s Health Park.</td>
<td>Director of Finance</td>
<td>March 2012</td>
<td>Measured monthly within corporate report</td>
</tr>
<tr>
<td>30. Achievement of a cost improvement programme of 4% or £6.5 million and plans are developed for similar savings in 2012/13.</td>
<td>Chief Operating Officer and Director of Finance</td>
<td>CIP 2011/12 achieved by March 2012 CIP plans 2012/13 submitted to Board of Directors December 2012</td>
<td>Measured monthly within corporate report</td>
</tr>
<tr>
<td>Operational Tactics</td>
<td>Operational Accountability</td>
<td>Timescale for delivery</td>
<td>Measure of success</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>31. Achieve agreement to the Approvals Business Case for the Children’s Health Park by the bodies specified in the new Health Act.</td>
<td>Director of Finance and Programme Director CHP</td>
<td>November 2011</td>
<td>Written approval</td>
</tr>
<tr>
<td>32. Achievement of contract agreements with commissioners that support the Trust’s financial goals.</td>
<td>Director of Finance</td>
<td>April 2011</td>
<td>Contracts aligned to income budget</td>
</tr>
<tr>
<td>33. Ensure that the highest standards of financial governance are implemented in each CBU</td>
<td>Director of Finance</td>
<td>September 2012</td>
<td>Internal Audit review</td>
</tr>
<tr>
<td>34. Implement a new financial ledger system and a data warehouse to support CBU decision-making and patient-level costing where appropriate.</td>
<td>Director of Finance</td>
<td>NEP finance system to go live 1/4/11. Data warehouse phased roll-out. Starter pack of 50 reports to be available for validation and roll out from 1/5/11.</td>
<td>Internal Audit post project review to be completed October 2011. Data warehouse will provide improved reporting for CBU’s User acceptance tests to be performed for first phase by 30/9/11.</td>
</tr>
<tr>
<td>35. Work with the Children’s Alliance and the Department of Health to provide evidence which demonstrates legitimate differences in the cost base of specialist children’s hospitals and other children’s services.</td>
<td>Director of Finance</td>
<td>May 2011</td>
<td>Report setting out rationale for higher tariffs/specialist top-up.</td>
</tr>
</tbody>
</table>
36. Work with Alder Hey Charity on the development and implementation of Phase One of charitable funds strategy to increase charitable contribution and links with the Children’s Health Park

| Chief Executive | Timescale to be agreed with chair of trustees. | To be agreed. |

Ensure our **staff** have the right **skills, competence, motivation and leadership** to deliver our Vision

*Executive sponsors: Director of HR and Organisational Development*

<table>
<thead>
<tr>
<th>Operational Tactics</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Implement Phase One of the Trust’s Health and Wellbeing Strategy ‘Getting the Basics right,’ to support the delivery of a sustained reduction in sickness absence rates, commencing with a reduction from 5.8% to an annual average rate of 4.75%</td>
<td>Associate Director Workforce Planning</td>
<td>March 2012</td>
<td>Reduction in sickness absence in line with target set for 2011-12</td>
</tr>
<tr>
<td>38. Invest in the development of leadership skills across the organisation by establishing a range of programmes providing opportunities for 25% of senior clinical and non clinical managers per annum. This will ensure new senior leaders receive appropriate leadership</td>
<td>Deputy Director of HR &amp; OD</td>
<td>September 2011</td>
<td>25% of senior leaders engaged in Leadership Development during 2011-12; activity linked into CBU Leadership and Middle Manager development programmes</td>
</tr>
</tbody>
</table>
development and those already in post build on existing skills. Particular attention will be paid to developing leaders to support staff through organisational change as part of all programmes.

<table>
<thead>
<tr>
<th>Operational Tactics</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
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</thead>
<tbody>
<tr>
<td>39. Develop a Trust Talent Management Strategy that attracts and retains the right individuals to the right roles. In the first instance the Trust will identify its top 20% of clinical and non clinical roles for which individuals with potential will be targeted to improve succession planning within the organisation.</td>
<td>Deputy Director of HR &amp; OD</td>
<td>October 2011</td>
<td>Strategy ratified and agreed at July 2011 RABDC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Succession planning exercise completed and potential successors for roles identified</td>
</tr>
<tr>
<td>40. Continue to invest in learning and development opportunities for all staff that are linked to personal development plans and supports different ways of working resulting from organisational change and ensures compliance with the 90% target for mandatory and statutory training.</td>
<td>Learning &amp; Development Manager</td>
<td>March 2012</td>
<td>Improved learning and development indicators within the 2011 staff survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Compliance rates for mandatory training and induction at least 90% across all CBUs</td>
</tr>
<tr>
<td>41. Revise the PDR Framework in order to achieve a 90% compliance rate of high quality PDR’s which inform personal development plans and improve the Trust’s performance.</td>
<td>Learning &amp; Development Manager</td>
<td>March 2012</td>
<td>Review of process undertaken; electronic system introduced</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PDRs completed by 90% of bands 6-9 by 30/6/11 and 90% of bands 1-5 by 31/12/11</td>
</tr>
</tbody>
</table>
42. **Produce and implement a 3 year Trust workforce plan that will deliver an appropriately skilled and affordable workforce, ensuring achievement of the £4.5m workforce savings in 2011/12. Continue to review the existing employment terms and conditions framework to support the workforce transformation agenda.**

<table>
<thead>
<tr>
<th>Associate Director Workforce Planning</th>
<th>March 2012</th>
<th>Clear plans and associated organisational change processes in place to achieve the necessary workforce changes. Staff side engaged in the process. Terms and Conditions review completed, and key employment policies revised</th>
</tr>
</thead>
</table>

43. **Build on developments of internal communication channels in order to effectively disseminate key corporate messages.**

<table>
<thead>
<tr>
<th>Head of Marketing CBU General Managers</th>
<th>Ongoing</th>
<th>Delivery of regular tactical interventions New intranet site go live Improved survey scores</th>
</tr>
</thead>
</table>

44. **Further develop the partnership working model to ensure appropriate mechanisms are in place for wide scale engagement of staff and constructive employee relations.**

<table>
<thead>
<tr>
<th>Director of HR and OD/Staff Side Chair</th>
<th>September 2011</th>
<th>Agreed model of partnership working produced that managers and staff side are signed up to, with clear evidence of effective working, communication and engagement between managers and staff side.</th>
</tr>
</thead>
</table>

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**To deliver the hospital in the park by 2014**

*Executive lead:* Children’s Health Park Director

<table>
<thead>
<tr>
<th>Operational objectives</th>
<th>Operational Accountability</th>
<th>Timescale for delivery</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Trust Board approval to close dialogue DH/PFU approval to close dialogue</td>
<td>Chief Executive Officer &amp;</td>
<td>Sept 2011</td>
<td>Approval to close dialogue</td>
</tr>
<tr>
<td>Operational objectives</td>
<td>Operational Accountability</td>
<td>Timescale for delivery</td>
<td>Measure of success</td>
</tr>
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<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>46. Successfully conclude the competitive dialogue with both bidders that ensure two</td>
<td>Children’s Health Park Director &amp; Trust Board</td>
<td>Sept 2011</td>
<td>Competitive dialogue concluded two competitive bids received</td>
</tr>
<tr>
<td>well-structured bids that capture the clinical need of the hospital and represent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>value for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Complete Draft Appointment Business Case [ABC].</td>
<td>Children’s Health Park Director</td>
<td>July 2011</td>
<td>Draft ABC completed and submitted for approval</td>
</tr>
<tr>
<td>48. Trust Board minded to Appoint Preferred Bidder.</td>
<td>Chief Executive Officer &amp; Trust Board</td>
<td>January 2012</td>
<td>Preferred Bidder provisionally appointed (subject to DH/PFU approval)</td>
</tr>
<tr>
<td>49. Monitor endorses Appointment Business Case [ABC].</td>
<td>Director of Finance &amp; Commissioning</td>
<td>April 2012</td>
<td>Monitor endorsement of ABC</td>
</tr>
<tr>
<td>50. Ensure detailed plan for residual estate /outpatient options developed and</td>
<td>Children’s Health Park Director</td>
<td>April 2011</td>
<td>Approval of Stage 2 Plan and Estates Strategy</td>
</tr>
<tr>
<td>submitted to the Trust Board.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Development and Strategic Partner approval of an Outline Business Case for the</td>
<td>Children’s Health Park Director</td>
<td>December 2011</td>
<td>Trust Board and Strategic Partner approval of Outline Business Case</td>
</tr>
<tr>
<td>Education and Research Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational objectives</td>
<td>Operational Accountability</td>
<td>Timescale for delivery</td>
<td>Measure of success</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>52. Ensure the effective engagement of all stakeholder groups to support the successful delivery of the Children’s Health Park Programme</td>
<td>CHP Programme Board &amp; Children’s Health Park Director</td>
<td>ongoing</td>
<td>Development and implementation of CHP Stakeholder &amp; Communications Strategy; Establishment of CHP Stakeholder Board; Establishment of Children’s Board; Staff feedback</td>
</tr>
<tr>
<td>53. Ensure the Project Team has the right structure, resources and skills to deliver the next phase of the programme through 2011-12.</td>
<td>Children’s Health Park Director</td>
<td>ongoing</td>
<td>Successful delivery of outcomes for 2011-2012</td>
</tr>
</tbody>
</table>
Section 5

CLINICAL BUSINESS UNITS OPERATIONAL OVERVIEW 2011-12
The following section is to provide a summary overview of each Clinical Business Units operational plans. Each business unit team has developed this summary based on a more detailed presentation and specific plans around budgets, activity, workforce plus cost improvement plans. This year the planning aims have been:

- To **engage at all levels** to ensure we get clinical and team buy-in to understand the process and direction for the unit.
- To generate a different ‘feel’ of ownership of the plan development and then ownership and accountability to deliver it.
- To **standardise the process and levels of rigour** of each plan but allowing for units to make it their own.

The following summaries are included in this section:

I. **Research & Development plan**  
   Matthew Peak

II. **Medical Specialties plan**  
    Mark Caswell, Tony Rigby, Karen Kay

III. **District Services, CAMHs & Community plan**  
     Sian Snelling, Sue Brown, Phil O'Connor

IV. **Critical Care, Burns and Cardiac Unit plan**  
    Steve Kerr, Ian Atkinson, Michelle Milner

V. **Neuro, Laser, Head and Neck plan**  
    Neil Buxton, Rachel Greer, Brigid Doyle

VI. **Surgery Orthopaedic and Theatres plan**  
    Simon Kenny, Nigel Lee, Pauline Brown

VII. **Clinical Support Unit Plan**  
     Paul Newland, Jacqui Flynn, Brigid Doyle
EXECUTIVE SUMMARY

The key objectives are to increase research activity (commercial and non-commercial) in the immediate term and income over the mid-term. Investment in Medical Specialities will be prioritised and is essential to achieve these objectives. Further development of key research themes in collaboration with academic partners and integration with the emerging Academic Health Sciences System (AHSS) in Merseyside underpins the Trust’s future research strategy. The Alder Hey Clinical Research Facility (CRF) will provide further impetus for increasing commercial research activity and provide dedicated space for improving the efficiency of conducting interventional research studies and the experience for participating families. There has been a period of expansion within research, but the long term viability of the Research Business Unit requires consolidation of current income and resources to maintain performance and enhance reputation. The current financial model for the Research Business Unit has been in place for two years: it requires continuing refinement and validation in respect of funding of research management and governance posts and a further period of reinvestment in research posts and infrastructure. The Research Business Unit workforce will continue to develop and respond to the changing financial environment through changes in skill mix and close working with Clinical Business Units and academic partners.

PRIORITIES OVERVIEW

These relate to current issues which require immediate attention. Each item has the potential to impact on performance and attainment of objectives for 2011/12.

- Investment in Medical Specialities
  - Resolution on uncommitted consultant research PAs
    - Additional Endocrinology consultant
    - Investment in Rheumatology
  - Action plan (with Medical Specialities CBU) for at risk Oncology posts
- Publish revised research strategy promoting key areas of research excellence and marketing potential
- Agreement with key academic partners on next phase of applications to NIHR
- Optimise commercial research potential through a Clinical Research Facility

OBJECTIVES for BUSINESS UNIT

All objectives link to the corporate goal ‘World Class Centre for Children’s R&D’. Links to specific corporate objectives are denoted:

  a) Clinical Research Facility - First patient in by Sept 2011 [CG20,22,29]
  Tactics: Complete CRF refurbishment and implement systems and processes with existing staff. All staff, equipment and consumables will be funded through existing resources (Comprehensive Local Research Network [CLRN], Medicines for Children
Local Research Network [LRN], Flexibility & Sustainability Funding [FSF], IMAGINE and commercial income). Additional staff will be funded through forecasted commercial research income. Capital funding has already been approved. The key risk is any delay in the CRF refurbishment.

b) Medicines Research Unit (MRU) - Strategy published by July 2011 [CG23]
Tactics: This will involve negotiation with partners involved in the MRU: Alder Hey, Liverpool John Moore’s University (LJMU), Liverpool Women’s NHS Foundation Trust (LWFT), Liverpool School of Tropical Medicine, University of Liverpool, Commercial sector.
A high level strategy will include scoping of potential workstreams, engagement of partners/collaborators, targeted funding streams and succession planning. This will be led by Professor Tony Nunn with support from the Directors of Research at Alder Hey & LWFT and the Head of the School of Pharmacy and Biomolecular Sciences at LJMU. The establishment of the Unit has been primed through FSF funding. There are no obvious risks to this objective, but success is dependent on the commitment and ‘sign-up’ from partner institutions.

c) RBU investment in Medical Speciality posts (Endocrinology/Rheumatology) in year [CG20,28]
Tactics: This requires joint negotiation and commitment from the Medical Specialities CBU in view of clinical pressures and significant research activity/potential. Detailed clinical activity and capacity planning is well advanced in Endocrinology and is underway in Rheumatology. Funds have been available for over 12 months to commit to supporting PAs in these sub-specialities. Significant investment in Medical Specialities must be prioritised across the Trust as this is essential to achieve key objectives to increase national/international leadership and activity (both commercial and non-commercial) in clinical research in the immediate-, mid- and long-term. At present, the key risk is loss of CLRN income if there is no urgent agreement to incorporate available PAs in new or existing job plans as this has been an outstanding issue for over a year.

d) NIHR applications – To submit a minimum of four NIHR applications in year [CG26]
Tactics: This requires identification of key research questions from NHS clinicians and clinical academics and close collaboration with HEI partners to ensure work-up of proposals. Key Alder Hey research units (CNRU, MRU) will be pressed to generate feasible NIHR proposals. Existing FSF investment commitments will be challenged to drive applications to NIHR. The Research Director will take a leadership role in ensuring that necessary personnel are incentivised and make appropriate contribution to the development of individual proposals. There will continue to be strategic investment of FSF funds to support clinician time to prepare proposals and to generate pilot data. In addition, the Research Director and the Centre for Biostatistics (University of Liverpool) will provide methodological leadership and expertise.
The key risks associated with this objective are: insufficient time within NHS clinician job plans to commit to proposal work-up; an inability to reach consensus on research priorities and questions.

e) Publish a research strategy by October 2011 defining the key areas of research strength and potential based on clinical service provision and academic expertise [CG24]
Tactics: This requires analysis of current performance, track record and future potential aligned with knowledge of global research developments through Alder Hey research leader representation on key groups and initiatives. The strategy will be developed in collaboration with key academic and NHS partners with particular reference to the emerging AHSS in Liverpool. The focus will be in existing areas of strength, including Medical Specialities and Better Medicines for Children. Areas of
critical concern include diabetes where current service provision, configuration and research expertise is insufficiently equipped to respond to emerging national strategy in paediatric diabetes research. Significant delays in identifying clinical academic themes within the AHSS may result in a delay to completing this objective.

FINANCIAL IMPLICATIONS

The RBU budget is generated entirely from external sources: activity based (CLRN, FSF and commercial), project specific (commercial and non-commercial) or competitively awarded (NIHR, European Union, Medical Charities and Charitable Funds). Core financial growth is dependent on increasing commercial research activity, CLRN allocations in line with research activity and new NIHR awards. The CRF will facilitate expansion in the commercial portfolio: there is an urgent requirement in the immediate term to re-invest commercial income in new research nurse and infrastructure posts to ensure study deliverability for both benefits to reputation and establishing an appropriate critical mass of research nurses. In line with the NIHR activity based funding model the current CLRN allocation to the Trust will be significantly challenged at several levels. FSF will continue to be deployed in areas where competitive research funding award potential is highest, primarily in the Medical Specialities. The FSF allocation is unpredictable at this stage in the planning cycle and the position with this funding stream nationally is not yet known: recurrent FSF commitments have been kept deliberately low to ensure minimal impact of yearly fluctuations in funding. Core R&D Management posts (R&D Director, R&D Manager, R&D Administrator) remain a significant cost pressure as there is a limited source of income for these posts.

WORKFORCE IMPLICATIONS

Research posts funded by the CLRN under the current membership agreement have contract end dates of June 2012. This has clear implications both for retaining staff and recruiting staff should current staff leave post. This could impact on the number of studies we are able to open and recruit to. Additional Band 5 Research Nurse posts will be created (funded from commercial income) to support activity in the CRF. The RBU will commit funds to support a new consultant post in Endocrinology and seek to increase investment in the Rheumatology service. Funding has been secured for investment in clinical support services (Pathology and CIVAS) and it is essential that the funding contributes to posts which can provide added value and activity which is specific for the research function of these departments. Additional posts will be considered in line with increased activity and income.

Dr Matthew Peak
DIRECTOR OF RESEARCH

Contact Officer: Dot Lambert x3785
EXECUTIVE SUMMARY

The key aims of the Medical Specialties CBU are to deliver the highest quality of care in a safe and efficient manner, whilst giving our patients and families the best possible experience during their time with the Trust. We will do this through full engagement of our workforce, and by establishing a robust means of involving children and families, and responding to their feedback.

We have established a CBU Board and a CBU Operational Group to oversee performance across the CBU with a strong focus on managing risk and governance arrangements.

As a provider of highly specialised children’s healthcare with an extremely talented workforce including nationally renowned expertise, our overarching strategy is to build upon our reputation, and promote and develop our services to increase our market share and reduce our indicative costs.

We will embed the principles and concepts of working as a clinical business unit, utilising the leadership skills of our clinicians and managers in partnership, and involving children / families, governors and staff at all levels at every opportunity.

We have now recruited to all posts within the CBU leadership team and as we progress towards the Children’s Health Park, we are looking forward to an exciting future of delivering exemplary healthcare in a fit for purpose world class facility.

PRIORITIES OVERVIEW

Through the business planning process, we have identified a number of areas which will be critical to the success of the CBU for 2011-12. These are themed into four categories:

ACCESS CHOICE AND PATIENT EXPERIENCE

- 2010-11 has seen a reduction of outpatient activity within some of our specialties. This requires exploration and strategic discussions with District services CBU regarding the balance between provision of specialist services and general paediatrics. Focus will be on the optimum pathway for service delivery from a child and family perspective.

- Improving the child and family experience is a high priority for the CBU and will involve linking with the Quality and Patient Experience team to develop a robust system of capturing information. In treating complex patients with multiple attendances, we have a unique opportunity to use their ‘expert patient’ knowledge to influence our patient experience agenda.

CBU WORKFORCE ENGAGEMENT

- Supporting and developing our workforce, and ensuring we are optimising the use of their skills and training, whilst making best use of new and improving technology.

- Critical to ensuring full workforce engagement is a communication strategy that ensures staff feel involved and informed, and able to challenge in an open and safe environment

RESOURCE MANAGEMENT
Current Service Line Reporting data indicates that there several loss making services within the CBU. We will explore these services in depth and seek to reduce service costs where possible whilst maximising all potential income opportunities. This will include assessment and review of all peripheral clinics provided and elements of specialist nurse activity

LEADING EDGE EXPERTISE
- Working closely with our business support team to promote our highly specialist services and grow our market share is also critical to our success as a CBU.
- We are well established in the field of research in children’s healthcare, and have a great opportunity to significantly increase the research portfolio and innovation across the CBU thereby increasing further the Trust’s reputation and providing additional research income to the Trust.

OBJECTIVES for BUSINESS UNIT

Through the Business Planning process we have identified 6 key objectives. Behind each of these we will develop individual action plans detailing how the objectives will be met, timescales and a monitoring framework.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Links to Corporate Goals</th>
</tr>
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<tbody>
<tr>
<td>1. Increase the level of patient feedback across all Medical Specialties by at least 20% and deliver 90% patient and parent / carer satisfaction by Q4</td>
<td>Patient &amp; families positive experience Children's Health Park</td>
</tr>
<tr>
<td>- Increase the number of patient feedback cards received by 10% at Q2 and 20% at Q4, against a year end baseline from March 2011.</td>
<td></td>
</tr>
<tr>
<td>- Develop action plan to demonstrate positive response to issues highlighted - review the action plan quarterly to demonstrate progress</td>
<td></td>
</tr>
<tr>
<td>- Share information with Children and Young People’s Forum to identify good practice and recognise areas for improvement</td>
<td></td>
</tr>
<tr>
<td>- Utilise frequent attenders to obtain patient reported experience measures (PREMs) and identify the level and specific areas of improvement</td>
<td></td>
</tr>
<tr>
<td>- Deliver agreed patient experience CQUIN goals with support of patient experience team</td>
<td></td>
</tr>
<tr>
<td>- Explore potential to use volunteer staff to assist in capturing patient feedback</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Develop and enhance our reputation as a world class provider of specialist services including further expanding our portfolio of services by Q4 | Clinical Excellence Patient & families positive experience Provider of 1st Choice Children’s Health Park |
| - Agree strategy with District Services re delivery of secondary / tertiary care to deliver optimal patient pathways in a safe and sustainable manner |                                           |
| - Increase specialist activity across the CBU by 3% |                                           |
- Maximise opportunity to increase referrals through marketing services to GP Commissioners
- Deliver measurable quality improvements, as measured through CQUIN goals and corporate reporting template
- Develop Allergy services to establish joint rhinitis clinic and outreach clinic at Wrightington Wigan & Leigh
- Agree a minimum of 2 clinical outcome measures in each specialty to be added to the corporate report template

3. Support and develop Medical Specialties workforce to deliver a high quality service whilst improving productivity and delivering 5% efficiency by Q4

<table>
<thead>
<tr>
<th>Clinical Excellence</th>
<th>Financial Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivated and well led Workforce</td>
<td></td>
</tr>
<tr>
<td>Children’s Health Park</td>
<td></td>
</tr>
</tbody>
</table>

- Develop a CBU communication strategy by Q1 that will ensure all staff are kept informed and have an opportunity to influence decisions
- Support flexible working arrangements, including annualised hours, job sharing, term time only contracts. Monitor through number of staff adopting flexible working
- Ensure completion of all PDRs within the timeframe of the business planning cycle
- Invest time in staff to ensure completion of all statutory and mandatory training
- Fully engage with staff to review roles and job plans of medical, nursing and A&C staff by Q2 to establish a working plan that will deliver efficiencies in the current year

4. Ensure the capacity is in place to deliver a minimum growth in activity of 3% across Medical Specialties by Q4

<table>
<thead>
<tr>
<th>Clinical Excellence</th>
<th>Provider of 1st Choice</th>
<th>Financial Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider of 1st Choice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ensure appropriate workforce in place to deliver growth through early succession planning and job plan reviews
- Monitor and regularly review anticipated growth opportunities in Gastroenterology, Endocrinology, Allergy, Respiratory
- Maintain >96% Choose and Book slot availability for all our specialties
- Explore potential to increase provision of peripheral clinics
- Develop and implement marketing strategy

5. Reduce Medical Specialties financial deficit as reported through Service Line Reporting by a minimum of 20% by Q2 and 50% by Q4 and plan to deliver financial surplus in 2012-13

<table>
<thead>
<tr>
<th>Financial Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Health Park</td>
</tr>
</tbody>
</table>

- Work with Clinical Teams to improve knowledge and understanding of SLR
- Fortnightly CIP review meetings to ensure delivery of savings plan
- Work with coding team to ensure all activity is coded correctly and specialist nursing activity is captured appropriately
- Full costing review to explore and reduce financial loss making services with initial focus on Oncology and Respiratory services
- Review all current peripheral clinics by Q1 and develop a plan to ensure all clinics remain viable and value for money by Q3
6. Secure further investment from the Research Business Unit in Medical Specialties in Q1 to enable an increase in our research / clinical trials portfolio

- Review current capacity to ensure research / clinical trials can be delivered to target
- Confirm priority areas (sub-specialty and staff type) for investment from Research Business Unit (RBU)
- Identify key clinical research questions in collaboration with University of Liverpool Institute of Translational Medicine (Child Health) and develop NIHR proposals
- Increase participation in commercial (and non-commercial) clinical trials and utilise Clinical Research Facility

FINANCIAL IMPLICATIONS

Currently the Medical Specialties CBU is operating at a loss with Service Line Reporting indicating a deficit of £241k at the end of January 2011. The main contributors to this position are Oncology, Respiratory and Metabolic services. This business plan will seek to improve this position through reducing costs, maximising income and increasing productivity.

Growth targets
The main areas of growth for 2011-12 have been recognised as Gastroenterology, Endocrinology, and Allergy which are anticipated to deliver £400k growth.
We will also continue to explore potential growth in other specialties with a view to delivering 3% growth across the CBU.

Cost pressures
The CBU has identified actual and potential cost pressures of £924k. The Trust has agreed to fund approximately £300k, with the balance to be offset by increased income. There is a significant vacancy factor cost pressure of £244k which remains difficult to achieve particularly in conjunction with the workforce CIP.

Planned CIP target
Medical Specialties CIP target for 2011-12 is £577k, which includes £420k pay and £157k non pay.
Non pay is planned to be delivered through drugs savings in conjunction with standardised ordering supported by the procurement hub.
The workforce CIP is to be delivered through review of roles and implementation of job planning for nurse specialists, skill mix review including assessment of the Keith Hurst model, review of all administrative staff including the potential to pool secretarial support, job planning to activity for medical staff, and local initiatives such as promoting the uptake of flexible working, reduced hours etc. All vacancies will be scrutinised to assess potential for reducing hours and / or modifying the role.
The key risk to achieving workforce CIP is the timescale of implementation of technological solutions.

WORKFORCE IMPLICATIONS

<table>
<thead>
<tr>
<th>Workforce priorities</th>
<th>Issues / risks</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a CBU</td>
<td>Workforce reductions will</td>
<td>Staff sickness levels.</td>
</tr>
<tr>
<td>Communication strategy that will ensure staff are fully engaged and motivated to deliver the key priorities of the CBU and the Trust</td>
<td>add pressure to all areas and may potentially reduce morale</td>
<td>Staff turnover. Staff satisfaction survey</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Investment in staff training and development including statutory / mandatory training and leadership training to develop the CBU way of working.</td>
<td>Failure to release staff for training due to service pressures</td>
<td>Number of trained staff reported monthly PDR compliance, reported monthly</td>
</tr>
<tr>
<td>Medical job planning to match capacity and demand and ensure planned activity is delivered</td>
<td>Training and embedding of new job planning process will take time</td>
<td>Completed job plans Activity metrics from information department</td>
</tr>
<tr>
<td>Peer reviews indicate shortfall in support staff in several specialties – work with other CBUss to provide appropriate level of support through SLAs</td>
<td>Assess funding implications</td>
<td>Measured against Peer Review standards</td>
</tr>
<tr>
<td>Succession planning in Respiratory service, requires full review of service</td>
<td>Loss of activity, loss of recognition as lead coordinating centre for CF Network</td>
<td>Safe and sustainable service</td>
</tr>
<tr>
<td>Pressure on haemodialysis service due to decreased numbers of skilled staff.</td>
<td>High pressure on limited workforce will result in increased sickness levels. Potential failure of the service may mean patients referred elsewhere</td>
<td>Throughput of patients. Staff sickness</td>
</tr>
<tr>
<td>Delivery of workforce CIP</td>
<td>Detail provided under Financial Implications above</td>
<td>CIP contribution tracked monthly</td>
</tr>
</tbody>
</table>

**Tony Rigby**  
General Manager  
Medical Specialties CBU  
CBU  

**Mark Caswell**  
Clinical Director  
Medical Specialties CBU  

**Karen Kay**  
Lead Nurse  
Medical Specialties  

**Contact Officer:** Tony Rigby – Ext 3585
EXECUTIVE SUMMARY

District Services is a diverse CBU encompassing both inpatient, urgent care and community services. It has been fully functioning as a CBU since January 2011 and has a relatively new management team who are excited about the opportunities and challenges that lie ahead in the coming year. Two business planning sessions attended by a total of approximately 75 multidisciplinary staff have resulted in a number of key objectives for the CBU to focus on achieving this year.

Key critical areas include improving the community estate, patient choice, developing partnerships with General Practitioner consortiums and registering as a Mental Health Trust with the Care Quality Commission.

The recommendations following a review of CAMHS in 2010 will be taken forward in 2011/12, the impact of which will be strong leadership which will enable improved governance, policies, systems and processes to be implemented across the service.

CAMHS services are also facing major challenges this year with a reduction in Local Authority funding for services and the proposed intention by PCT’s and specialist commissioners to competitively tender for services, all of which could place some staff in a deployment or redundancy situation.

The QIPP agenda will positively impact on the location of Community clinics which will relocate to new and improved LIFT buildings in Liverpool. AED may also see the impact of the QIPP programme which is aiming to reduce attendance for minor illnesses through improved Primary Care Services and Community Nursing Services.

The CBU is committed to improving customer care and the patient experience and is very excited about developing innovative ways to both improve service delivery and capture feedback from children and their families. The play leaders across the CBU will be shaping the format of this work over the coming months with children very much involved in the process.

Staff will be key to the delivery and development of all the CBU services, a long term workforce plan and HR strategy will be developed and implemented during the next twelve months.

PRIORITIES OVERVIEW

<table>
<thead>
<tr>
<th>CRITICAL AREA</th>
<th>ACTIONS TO ADDRESS</th>
</tr>
</thead>
</table>
| Estates Strategy                      | 1. Comprehensive review of community estate  
2. Support Qipp and the Liverpool reconfiguration of clinics  
3. Develop business case for purchase of CAPIO.  
4. Improve the IM&T technology and facilities in community clinics and CAMHS services. |
| CQC Registration as a Mental Health Trust | 1. Establishment of specific business plan for CAMHS  
2. Demonstrate compliance with the Mental Health Act 1983  
3. Implement the recommendations from the CAMHS review 2010 |
| Clinical Excellence                   | 1. Implement governance system and processes within CBU  
2. Development of the diabetes services implementing NICE guidance in regards to Pump therapy (PCT business case made for 48 patients per annum) |
3. Support and monitor and assess the impact of the QIPP programme. Strategy development will be required
4. Agree and implement the service specifications for safeguarding?

**Support Team Development**

1. Locate office space for all general paediatricians to work together.
2. Organisation of an away trip to support Diabetes team building aid development of a long term plan /vision for services
3. Support CBU management/clinical team to develop skills / common focus to achieve success for the CBU

**Development of Partnerships with GP Consortiums**

1. Ensure front of house activities reflect the needs of the communities and the requirements of the commissioners
2. Expand Alder Hey @ services and locations across Liverpool and Knowsley
3. Develop mechanism / process to support additional activity/income in Audiology, Diabetes and Chronic Fatigue Syndrome for out of area work
4. Potential tendering exercises from PCT/LA/Specialist commissioners in regards to Tier 2, 3 & 4 services.

**Patient Choice**

1. Reduce the wait to first appointment in dermatology to 12 weeks
2. Improve the patient experience and Improve customer care
3. Develop innovative ways of engaging children and families in feedback on service delivery

**Communication**

1. Develop Web information regarding services
2. Improve mechanisms for communication across all areas of the CBU
3. Raise external profile regionally and nationally, showcasing some of the unique initiatives the teams have developed in partnership with Local Authority

**Workforce**

1. Reduce sickness
2. Ensure staff development, PDR and training rates improve
3. Ensure staff feel valued and that they make a valuable contribution to the CBU
4. Develop CBU incentives for staff/teams

---

**CBU OBJECTIVES**

1. **Deliver Clinical Excellence**

<table>
<thead>
<tr>
<th>CBU Objective</th>
<th>Tactic to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve mean HbA1C in diabetic patients (NICE guidance)</td>
<td>Clearly documented management guidelines and procedures cascaded to all relevant</td>
</tr>
<tr>
<td></td>
<td>Agreed team targets for HbA1c and blood glucose levels</td>
</tr>
<tr>
<td></td>
<td>Management guideline for poor control (HbA1c&gt;9.5%) implemented in all patients meeting criteria</td>
</tr>
<tr>
<td>Establish a minimum of 4 measurable clinical outcomes for each area A&amp;E, Community Paediatrics and CAMHS</td>
<td>Explore outcome measures and benchmarks</td>
</tr>
<tr>
<td></td>
<td>Agree with each service line the clinical outcomes to be established</td>
</tr>
<tr>
<td>CBU Objective</td>
<td>Tactic to achieve</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>2. Positive patient &amp; family experience whilst in out care</td>
<td></td>
</tr>
<tr>
<td><strong>CBU Objective</strong></td>
<td><strong>Tactic to achieve</strong></td>
</tr>
<tr>
<td>Develop the General Paediatric pathways in partnership with Primary care providers within 2011/12</td>
<td>Work with the PBC leads of the emerging GP consortia to establish a forum to start this work. Identify the appropriate clinicians to lead this.</td>
</tr>
<tr>
<td>Develop and implement a CBU patient experience strategy with measurable outcomes</td>
<td>Undertake a focussed piece of work to help define a CBU strategy. Introduce at least 2 innovative methods for capturing patient and family experience. Audit of outcomes on a 6 monthly basis once strategy in place</td>
</tr>
<tr>
<td>3. Provider of 1st Choice</td>
<td></td>
</tr>
<tr>
<td><strong>CBU Objective</strong></td>
<td><strong>Tactic to achieve</strong></td>
</tr>
<tr>
<td>Review provision of care closer to home (General paediatrics)</td>
<td>Work with the QIPP children’s work-stream to identify the clinical conditions where community nursing support would avoid admission or reduce the LOS. Explore the options of working more closely with allied health professionals based in community settings.</td>
</tr>
<tr>
<td>Develop triage to ambulatory care clinic from A&amp;E dept, facilitating ‘Right person at right time’ approach</td>
<td>Agree inclusion and exclusion criteria for diversion to ambulatory care with ambulatory consultants. Run “virtual diversion” for one month in triage identifying patients suitable for diversion with weekly review of patients identified. Set up process of booking onto ambulatory clinic by A&amp;E receptionists and provide any necessary training. Final review of data and processes with stakeholders Commence real time diversion with review of appropriateness of patients referred (? Monthly for six months)</td>
</tr>
<tr>
<td>Develop comprehensive CBU service information on the Trust website</td>
<td>Work with IM&amp;T department and have website fully populated by December 2011</td>
</tr>
<tr>
<td>Develop the Business case for an Intensive Community / Residential Service to meet the needs of older adolescents, for both local and regional communities</td>
<td>Develop a shared understanding of service need with commissioners. Establish agreed service specification Tender for service</td>
</tr>
<tr>
<td>4. World class centre for children’s research and development</td>
<td></td>
</tr>
<tr>
<td>CBU Objective</td>
<td>Tactic to achieve</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Establish a research strategy for the CBU by QTR 3.</td>
<td>Utilise skills and Knowledge from the research department.</td>
</tr>
<tr>
<td>Identify a minimum of 2 research opportunities which specifically focus on improving outcomes for children by end of year</td>
<td>Develop an active research group across acute paediatrics to scope and encourage research by the end 2012 . Explore possibilities of joining studies with the Medicines Research Network for Children (MRN)</td>
</tr>
<tr>
<td>This will support further development for 2012-2015</td>
<td></td>
</tr>
<tr>
<td>5. Improve financial strength</td>
<td></td>
</tr>
<tr>
<td>CBU Objective</td>
<td>Tactic to achieve</td>
</tr>
<tr>
<td>Improve and evidence financial performance via maximising resources across all areas of the CBU</td>
<td>Review financial losses that are sustained and evident via SLR and investigate cause</td>
</tr>
<tr>
<td>Job Planning completed by end of May 2011</td>
<td></td>
</tr>
<tr>
<td>Monthly budget meeting</td>
<td></td>
</tr>
<tr>
<td>Fortnightly CIP meetings update CIP Tracker weekly.</td>
<td></td>
</tr>
<tr>
<td>Vacancy control</td>
<td></td>
</tr>
<tr>
<td>Review community clinics through put shape improved productivity and efficiency</td>
<td></td>
</tr>
<tr>
<td>Use NWCCA for purchasing re-consumables</td>
<td></td>
</tr>
<tr>
<td>Develop education package service for schools/community in place of specialist nurse 1/1 in schools and seek funding from education</td>
<td></td>
</tr>
<tr>
<td>Develop a package which could include a ‘Train the Trainer’ approach</td>
<td></td>
</tr>
<tr>
<td>Develop a business case for the Education Authority and PCT and identify a process for charging</td>
<td></td>
</tr>
<tr>
<td>Conduct a scoping exercise to fully establish the demand for Alder Hey@ local PCTs</td>
<td></td>
</tr>
<tr>
<td>Agree with key clinicians which of the existing clinics are to be re-located to the new Alder Hey@ locations and agree resources</td>
<td></td>
</tr>
<tr>
<td>Maximise Clinic utilization and monitor performance</td>
<td></td>
</tr>
<tr>
<td>Ensure our staff have the right skills, competence, motivation and leadership to deliver our Vision.</td>
<td></td>
</tr>
<tr>
<td>CBU Objective</td>
<td>Tactic to achieve</td>
</tr>
<tr>
<td>Deliver the CBU Vision through development of an integrated CBU workforce strategy</td>
<td>Assess the skills and competences required to deliver services across all areas of the CBU.</td>
</tr>
<tr>
<td>Conduct a gap analysis and training needs matrix</td>
<td></td>
</tr>
<tr>
<td>Participation in the Management and Leadership Development Programme from cohort three onwards.</td>
<td></td>
</tr>
<tr>
<td>Compliance with required staff mandatory training programme.</td>
<td></td>
</tr>
</tbody>
</table>
All staff receive their PDR during the year.
Each Service/Departmental Lead to identify training requirements, produce a plan and implement during the year.

Deliver the hospital in the park by 2014

<table>
<thead>
<tr>
<th>CBU Objective</th>
<th>Tactic to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the OBS and ongoing work with Trust/bidders and tender process</td>
<td>Ensure user groups are well attended and representatives from all clinical areas are engaged</td>
</tr>
<tr>
<td></td>
<td>Ensure CD &amp; GM attendance and leadership in user group meeting</td>
</tr>
<tr>
<td></td>
<td>Ensure any risks in relation to the new build are highlighted and recorded on the project risk register</td>
</tr>
<tr>
<td>Development of a long term (5 years) estates strategy</td>
<td>Scope which buildings are to be included in the strategy, the current status of those buildings</td>
</tr>
<tr>
<td></td>
<td>Link in to the Hospital in the Park Programme</td>
</tr>
<tr>
<td></td>
<td>Pursue the purchase of the Capio Building in Waterloo and develop a business case to support decision making</td>
</tr>
</tbody>
</table>

All objectives have an action plan with completion dates and lead people.

FINANCIAL IMPLICATIONS

Current Financial Position (as at February 2011)
The CBU is £895k positive as at the end of February with a forecast variance of £962k at the end of the year.

Financial variance £,000

<table>
<thead>
<tr>
<th>Income</th>
<th>Pay</th>
<th>Non Pay</th>
<th>Total expend</th>
<th>Income and Expend</th>
<th>Forecast YE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,339</td>
<td>298</td>
<td>(742)</td>
<td>(444)</td>
<td>895</td>
<td>962</td>
</tr>
</tbody>
</table>

Service Line Reporting figures up to the end of January 2011 show mixed results for the CBU.
Some areas such as A&E and Audiology are making a surplus above and beyond their target whereas other areas such as Community, Dermatology and General Paediatrics are in deficit.
There are some adjustments in regard to community homecare services, income to be transferred in and Community Physiotherapy to move out to Clinical Support, this will further improve the position.
A&E receives the benefit of Observation Ward income. General Paediatrics are penalised heavily by marginal adjustments.

Growth
Dermatology activity is projected to grow by 5% in 2012.
2010-11 CIP
## Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Target £’000</th>
<th>Achieved to date £’000</th>
<th>Achieved to end of year £’000</th>
<th>Achieved Recurrently £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Pay</td>
<td>1062</td>
<td>1009</td>
<td>1323</td>
<td>1147</td>
</tr>
<tr>
<td>Total Non Pay</td>
<td>498</td>
<td>335</td>
<td>348</td>
<td>328</td>
</tr>
<tr>
<td>Income</td>
<td>0</td>
<td>115</td>
<td>118</td>
<td>40</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>1560</strong></td>
<td><strong>1459</strong></td>
<td><strong>1789</strong></td>
<td><strong>1515</strong></td>
</tr>
</tbody>
</table>

### 2011-12 CIP (target £803K)

#### CBU Board approved schemes 2011/12

<table>
<thead>
<tr>
<th>Scheme</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community paediatrics medical staffing</td>
<td>100</td>
</tr>
<tr>
<td>Dewi Jones skill mix review</td>
<td>50</td>
</tr>
<tr>
<td>CAMHS vacancy review/skill mix</td>
<td>400</td>
</tr>
<tr>
<td>A&amp;E HCA career break</td>
<td>7</td>
</tr>
<tr>
<td>Admin post vacancy not recruiting to</td>
<td>12</td>
</tr>
<tr>
<td>Wards reduction in drugs</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>571</strong></td>
</tr>
</tbody>
</table>

Further schemes have been identified and are being progressed to the value of £134k, these will go to the CBU Board for approval in Month 12 2011. Additional ideas currently being investigated.

### Cost Pressures

The CBU will also receive a share of funding for central issues such as pay awards, National Insurance increases and VAT increases.

Cost pressures that have been agreed for the CBU total £1,168k plus a share of the central funding. £941k of these cost pressures will be offset by additional income and will alleviate current activity driven pressures such as enteral feeds.

### WORKFORCE IMPLICATIONS

<table>
<thead>
<tr>
<th>Workforce Priorities</th>
<th>Issues/Risks</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CAMHS review is to be implemented during 2011/12</td>
<td>Resistance to change</td>
<td>Staff turnover</td>
</tr>
<tr>
<td>Change to structures and job roles across CAMHS</td>
<td>Pay Protection</td>
<td>AFC banding</td>
</tr>
<tr>
<td></td>
<td>Staff retention</td>
<td>Cost</td>
</tr>
<tr>
<td>External funding reductions expected in March 2011</td>
<td>Compulsory redundancy or redeployment</td>
<td>Reduction in funded posts likely, awaiting confirmation</td>
</tr>
<tr>
<td>Succession planning</td>
<td>Potential loss of experience and knowledge 5-10 years experience</td>
<td>27.10% of the total workforce in the CBU, are over the age of 50.</td>
</tr>
</tbody>
</table>
Consultant and specialist posts can prove challenging to recruit
- Community Paediatric
- Consultant Psychiatrists
- Audiology

<table>
<thead>
<tr>
<th>Challenging recruitment and retention</th>
<th>Dewi Jones Unit - due to nature of work. High turnover of staff</th>
<th>Staff Turnover % Sickness due to injury as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in staff training and development</td>
<td>Limited financial resource and backfill High level of DNA at training as a result of service pressures</td>
<td>Number of staff completing programmes PDR and Mandatory training compliance rates</td>
</tr>
<tr>
<td>Management of Sickness / Absence</td>
<td>Low morale Seasonal illness (Flu)</td>
<td>Reduced sickness levels Reduced expenditure on pay Increased number of staff having Flu Vaccination</td>
</tr>
<tr>
<td>Succession planning, talent spotting and nurturing of proactive and motivated staff</td>
<td>Staff disengage</td>
<td>HR information Staff performance/PDR Staff feedback/survey</td>
</tr>
</tbody>
</table>

Contact Officer: Sue Brown ext 2138
EXECUTIVE SUMMARY

The Critical Care, Cardiac and Burns Clinical Business Unit (CBU) formally launched in January 2011 and this is the first Business Operating Plan produced to identify objectives and tackle the key priorities for the financial year 2011/12. The plan has been written with significant input from all staff across the CBU with an away day held on 14th January being the pinnacle with over 30 attendees including clinical and nursing leads from all CBU service lines.

As the priorities and objectives below will refer the greatest challenge for the CBU in the forthcoming year will be in developing business plans and redesigning the patient pathway to capitalise on designation as a Paediatric Cardiac Surgical Centre. In the context of the national economic environment and the need to make 5% cost improvements against baseline budgets the challenge will be to improve quality and safety, grow services in a sustainable manner while at the same time making efficiency and cost savings. The CBU team is newly established, enthusiastic and keen to meet this challenge head on.

PRIORITY OVERVIEW

The matrix below represents the priorities of the CBU for the next 12 months with those objectives in the top right hand corner being of the highest strategic importance and with the highest level of urgency.

OBJECTIVES FOR BUSINESS UNIT

Please find below a summary of each objective identified in the CBU detailed Operating Plan including how it links to which corporate goals and the planned outline tactics to achieve that objective.

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Tactics to Achieve</th>
<th>Links to Corporate Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cardiac Safe &amp; Sustainable – to build a</td>
<td>● Establish project team and develop business plan</td>
<td>● Deliver clinical</td>
</tr>
<tr>
<td>No.</td>
<td>Objective</td>
<td>Tactics to Achieve</td>
<td>Links to Corporate Goals</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1.  | business case to enable the Trust to accept up to 150 additional cardiac surgery cases per year by 2012/13. Successful completion of this objective will require compliance with the Kennedy report, mandatory standards, redesign of the patient pathway and strong formalised leadership of the North West Paediatric Cardiac Network | • Develop compliance plan to address gaps identified in the Kennedy Report  
• Identify all the key infrastructure requirements to achieve additional cases and involve other CBU colleagues in business planning  
• Model likely activity flows from non-successful centres  
• Engagement and communication with specialist commissioners | excellence  
• Provider of 1<sup>st</sup> Choice  
• Further improve financial strength  
• Positive patient/family experience |
| 2.  | Cardiology demand v capacity/peripheral clinic review – changing dynamics of demand require a bottom up review of cardiology services in line with planned activity for outpatients and inpatient cardiology/catheters. To include a review of the productivity of peripheral clinics | • Agree activity plan 2011/12  
• Review consultant productivity in terms of activity and income 2011/12  
• Review activity and referral trends  
• Audit payment and productivity of peripheral clinics – what pipeline do they provide to Alder Hey?  
• Develop bottom up consultant job plans based on Alder Hey activity and income requirement  
• Map to consultant PA and payment  
• Undertake job planning exercise with cardiologists | Deliver clinical excellence  
• Provider of 1<sup>st</sup> Choice  
• Further improve financial strength  
• Positive patient/family experience |
| 3.  | Growth – to increase margins for burns and paediatric cardiac surgery by producing business development strategies and plans to exploit the Trusts status as a Cardiac Surgical Centre and Burns Unit targeting the Greater Manchester and Lancashire markets specifically | • Develop improved links with Northern Burns network management team  
• Investigate potential Burns peripheral clinic in North Wales  
• Investigate opportunity to provide cardiology services from Alder Hey across Manchester and Liverpool  
• Exploit cardiac surgical centre status  
• Target Lancashire and Wales markets for Burns activity and growth.  
• Gain commissioner support for strategies developed. Work with commissioners to repatriate out of area referrals for cardiac surgery, cardiology and burns. Evidence using data | Deliver clinical excellence  
• Provider of 1<sup>st</sup> Choice  
• Further improve financial strength  
• Positive patient/family experience |
| 4.  | Critical Care without Walls – to redesign the patient pathway between PICU, HDU and Cardiac Unit working as one CBU team to significantly reduce the | • Appointment of Intensivist with responsibility as clinical lead for HDU. Intensivist increased leadership for HDU  
• Review Nurse Leadership across the Critical Care floor | Deliver clinical excellence  
• Provider of 1<sup>st</sup> Choice |
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Tactics to Achieve</th>
<th>Links to Corporate Goals</th>
</tr>
</thead>
</table>
| 5.  | number of step down delayed discharges from PICU and also create additional capacity within HDU to reduce the number of step up refusals. | • Undertake review of staff establishment and skill-mix in line with PICS standards and dependency of patients  
• Nurse led discharge rolled out  
• New model of care for HDU and Cardiac Unit in line with best practice | • Staff skills, motivation & leadership  
• Positive patient/family experience |
|     | CBU Establishment - to ensure the highest standards of governance to support high performance of the CBU Management team in line with the Trust performance dashboard and local CBU quality and outcome measures. | • Establish CBU Board and Terms of Reference  
• Establish CBU Safety, Quality and Patient Experience Group  
• Establish CBU Operational Group and terms of reference  
• Populate and proactively manage CBU risk register | • Deliver clinical excellence  
• Further improve financial strength  
• Staff skills, motivation & leadership  
• Positive patient/family experience |
| 6.  | Children’s Health Park - proactive leadership in the Children’s Health Park project with particular reference to ensuring the design is fit for purpose, critical care bed capacity will support our growth ambitions and times of peak winter demand and the patient flow and pathway will deliver clinical and productivity benefits | • Specific patient pathway design meetings  
• Bringing the design to the users and out of the CHP offices  
• CBU Leaders running and chairing the design workshop meetings  
• Audit of existing critical care patient demand to determine the right number of beds | • To deliver the Hospital in the Park by 2014  
• Positive patient/family experience  
• Deliver clinical excellence |

**FINANCIAL IMPLICATIONS**

*Please find below a succinct summary of the identified financial headlines. This should include, cost pressures, planned CIP target, growth targets etc.*

<table>
<thead>
<tr>
<th>Financial Headlines</th>
<th>Tactics to Achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth targets in activity and income for Cardiac Surgery (1%) and Burns (4%)</td>
<td>• See section 3, point 3 above.</td>
</tr>
</tbody>
</table>
| **Delivery of £820k CIP for 2011/12 along with £60k shortfall in Surgery Division 2010/11 Plan – to** | • Robust programme and project management  
• Weekly CIP review meetings chaired by the General Manager  
• Clinical and CBU wide engagement and involvement  
• All CBU management to share workload equally |
## Financial Headlines

<table>
<thead>
<tr>
<th>Financial Headlines</th>
<th>Tactics to Achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>produce a robust plan and ensure delivery of the CBU cost improvement plan for 2011/12</td>
<td>- High quality analysis and robust challenge to all costs associated with the CBU</td>
</tr>
</tbody>
</table>

As part of budget setting the following cost pressures were identified by the CBU:

<table>
<thead>
<tr>
<th>Total Cost Pressures for CBU</th>
<th>Agreed [A] /Not Agreed [NA] /To Be Agreed [TBA]</th>
<th>£432.5K</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burns Non-Pay</strong> (Dressings in line with 4% growth assumption and stocks for L1 laser list)</td>
<td>TBA</td>
<td>22</td>
</tr>
<tr>
<td><strong>HDU/PICU Non-Pay</strong> (High level of patients on haemofiltration and an increase in the use of medical gases). General pressure as occupancy remains higher than average</td>
<td>NA A</td>
<td>76 100</td>
</tr>
<tr>
<td><strong>Perfusion Non-Pay</strong> (Over performance on emergency cardiac work resulting in pressure on non-pay and 1% growth anticipated)</td>
<td>TBA (agreed if activity is proven)</td>
<td>63</td>
</tr>
<tr>
<td><strong>Cardiac Unit Non-Pay</strong> (Occupancy remains high along with increase throughput and planned increase in cardiac cases)</td>
<td>A</td>
<td>28</td>
</tr>
<tr>
<td><strong>Cardiac Unit Pay</strong> (Lead Nurse and Finance review of skill mix vs. dependency on the ward)</td>
<td>A</td>
<td>62</td>
</tr>
<tr>
<td><strong>Cardiac Outpatients Non Pay</strong></td>
<td>A</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Cardiology 0.75 WTE Cardiologist Post</strong> (Successful bid made for financing of post – full funding to be confirmed) and <strong>Medical Staff Non Pay</strong></td>
<td>TBA A</td>
<td>25 50</td>
</tr>
</tbody>
</table>

## WORKFORCE IMPLICATIONS

Please find below a succinct summary of the identified workforce impact and strategies.

<table>
<thead>
<tr>
<th>Workforce Category</th>
<th>Workforce Issue to Tackle</th>
<th>Pressure Caused/Impact</th>
<th>People Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBU-Wide</td>
<td>Staff sickness absence</td>
<td>Main hot spots: ICU (7.79%), HDU (10.6%), Cardiac Unit (14.36%) and ECG (12.88%)</td>
<td>HR engaged in the management of long-term sick staff and local managers receiving guidance on</td>
</tr>
<tr>
<td>Workforce Category</td>
<td>Workforce Issue to Tackle</td>
<td>Pressure Caused/Impact</td>
<td>People Plan</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------</td>
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<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impact on sickness levels has stretched staff on the wards and resulted in an increased use of bank.</td>
<td>short term sick management. Regular audits of compliance to be undertaken.</td>
</tr>
<tr>
<td>Mandatory training (statutory)</td>
<td></td>
<td>Need to improve compliance to reach Trust standard</td>
<td>Action plans developed with HR and Unit Managers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90%+ completion in Cardiac A&amp;C, Outpatients and Cardiac Unit. Trouble spots in PICU, Perfusion, ECG and Cardiac Surgery.</td>
<td>Line Managers to create a completion plan for Q1 2011 to ensure completion and compliance with Trust targets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need to improve compliance to reach Trust standard</td>
<td>Rolling action plans developed with HR and Unit Managers. All new starter to commence work on the first day at Induction.</td>
</tr>
<tr>
<td>PDR reviews undertaken</td>
<td>Training and Education</td>
<td>Nursing competency regarding HDU level of care</td>
<td>Work with Burns and Cardiac Unit to increase the numbers of staff undertaking HDU course. Provide additional study days on HDU care for Burns and Cardiac Unit staff</td>
</tr>
<tr>
<td></td>
<td>Cardiac Unit Establishment and Skill-Mix for high dependency and complex case mix</td>
<td>Concern that establishment and skill-mix insufficient for dependency and complexity of cardiac surgery patients post-op</td>
<td>Nursing establishment reviewed and patient dependency benchmarked against PCCMDS. This showed a requirement for additional qualified and unqualified nursing staff in establishment.</td>
</tr>
<tr>
<td>Nursing</td>
<td>PICU and HDU Establishment and Skill Mix v PIC Standards</td>
<td>Concern that establishment and skill-mix insufficient for dependency and complexity of cardiac surgery patients post-op</td>
<td>Nursing establishment in PICU and HDU reviewed against PICS standards and compliant although some minor cost neutral modifications required</td>
</tr>
<tr>
<td>Burns Unit Nursing Teams</td>
<td></td>
<td>The Burns Unit is on average 50% occupied meaning that there are times when the staff might be used more productively across other critical care units</td>
<td>Nursing establishment reviewed in line with Keith Hurst modelling. Burns nursing staff to be up-skilled to take on higher dependency pts</td>
</tr>
<tr>
<td>PICU Nurse Recruitment</td>
<td></td>
<td>Due to the current frequency of recruitment campaigns and the need for a 10 week training/induction programme the Unit the establishment can fall low at particular times of</td>
<td>New Quarterly Recruitment Programme planned for PICU ensuring better quality of training with smaller cohorts and robust staffing planning over the year</td>
</tr>
<tr>
<td>Workforce Category</td>
<td>Workforce Issue to Tackle</td>
<td>Pressure Caused/Impact</td>
<td>People Plan</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------</td>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nursing Rotation across Critical Care</td>
<td>Nurses currently are allocated to one Unit and rarely work across PICU and HDU for example. We are keen to share best practice and joint team working across the critical care floor</td>
<td>Nursing staff rotation through Critical Care (PICU/HDU/Cardiac Unit/Burns) to enable a more fluid use of resources, flexibility and staff development</td>
</tr>
<tr>
<td></td>
<td>Staffing to seasonal demand/flexible working</td>
<td>One proposed response to the CIP agenda is to flex staffing more sensitively and proactively to demand. For example having less staff on duty during quieter summer months and more during the busy winter period</td>
<td>Unpaid leave, annualised hours, reduced working hours, term time hours, roster to demand, 12 hour shift pattern, Improved rostering</td>
</tr>
<tr>
<td></td>
<td>Cardiology SpR Non-Compliant Rota and Banding Appeal</td>
<td>The current rota is non-compliant at band 3 and SpR have submitted a banding appeal</td>
<td>Changes proposed to afternoon outpatient clinics to make the existing rota compliant. Negotiations ongoing with regard to back pay</td>
</tr>
<tr>
<td></td>
<td>Consultant Job Planning to planned activity</td>
<td>Consultant job plans, particularly in cardiology, are not aligned to activity plan</td>
<td>Job planning programme in place</td>
</tr>
<tr>
<td></td>
<td>Consultant Appraisals</td>
<td>Consultant Appraisals slow to be completed and process issues with logging with HR when done.</td>
<td>Effective cycle for planning and appraisals to be implemented.</td>
</tr>
<tr>
<td></td>
<td>PICU Middle Grade Recruitment</td>
<td>Gaps in the rota have arisen due to changes in Deanery policy and difficulties in recruiting staff</td>
<td>A recruitment action plan has been developed with medical staffing</td>
</tr>
<tr>
<td></td>
<td>Perfusion staffing (N+1) and career progression</td>
<td>N+1 standards mean that the perfusion team is stretched by standards and by maternity leave at the present time. Also concern with regard to a lack of career progression and loss of staff from a small team</td>
<td>Tackled as part of safe and sustainable business plan. Short-term action plans developed to address the immediate staffing issues</td>
</tr>
<tr>
<td></td>
<td>Cardiac Surgery SpR Rota Recruitment and Banding Derogation</td>
<td>The existing rota is non-compliant and the Trust has derogation from the SHA until August 2011</td>
<td>An action plan has been developed with the Cardiac Surgeons and Medical Staffing to create a compliant rota</td>
</tr>
<tr>
<td></td>
<td>Ensure SAC designation of</td>
<td>Without SAC training status the Unit is unable to attract high</td>
<td>A plan to meet compliance standards has been produced by</td>
</tr>
<tr>
<td>Workforce Category</td>
<td>Workforce Issue to Tackle</td>
<td>Pressure Caused/Impact</td>
<td>People Plan</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------</td>
<td>------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Training Status in 2011 to support growth of service</td>
<td>calibre SpR/Middle Grade staff</td>
<td>the Cardiac Surgeons with support from CBU management team</td>
</tr>
<tr>
<td></td>
<td>ECG on-call changes under Agenda for Change</td>
<td>Significant reduction in pay under AFC rules for on-call</td>
<td>Trust-wide plan developed by HR</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>A&amp;C Review in Line with New Technologies</td>
<td>New ways of working may mean that some staff may be at risk of re-deployment or pay protection due to banding changes or change in role</td>
<td>CBU level A&amp;C analysis to dovetail Trust wide initiatives (inc. digital dictation) and enable ad hoc CIP savings throughout 2011 A RIST event was held from 4 days from 14th March with resulting action plan to improve cardiology administrative processes</td>
</tr>
</tbody>
</table>

*Ian Atkinson  
General Manager  
Manager*

*Steve Kerr  
Clinical Director*

*Michelle Milner  
Lead Nurse*

*Andy Pike  
Service*

**Contact Officer:** Ian Atkinson ext. 2182
EXECUTIVE SUMMARY

The Neurosciences, Head and Neck CBU comprises a varied mix of specialty surgical and medical specialities and so represents a unique CBU in respect of its varied and complex challenges. Leadership is provided by a new and evolving team and this operational plan has been developed through significant consultation with staff and patients from within the CBU. Developing the CBU structurally and with good governance and accountability systems remains a key objective for 2011/12 as well as delivery of our identified objectives as detailed below. Achieving designation as a paediatric Neurosurgical centre and the development of a Rehabilitation Unit model at Alder Hey is core to the success of the CBU as well as the delivery of the growth in activity and income required to support the Children’s Health Park. There will be significant challenges for the CBU in the delivery of this growth in our services that is sustainable and of high quality whilst also delivering a cost improvement plan of 10% over the next three years. Service transformation and good leadership will be critical to our success.

PRIORITIES OVERVIEW

<table>
<thead>
<tr>
<th>Communication</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop communications structure for CBU</td>
<td></td>
</tr>
<tr>
<td>- Ensure governance structure in place within CBU for flow of information from individual teams through to Board</td>
<td></td>
</tr>
<tr>
<td>- Review and improve website information to strengthen specialities national profile</td>
<td></td>
</tr>
<tr>
<td>- Roll out good practice in transition planning across all specialty areas</td>
<td></td>
</tr>
<tr>
<td>- Develop robust plans by speciality to ensure delivery of capacity required to provide timely, quality services for patients</td>
<td></td>
</tr>
<tr>
<td>- Some patients are waiting too long for their diagnostic tests and so plans will be developed to ensure the right capacity is available</td>
<td></td>
</tr>
<tr>
<td>- Ensure delivery of changes required in CBU to secure Major Trauma Centre at Alder Hey</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop a strategy to deliver designation through National Commissioning Board for a number of services including Epilepsy Surgery, and Rare Tumours</td>
</tr>
<tr>
<td>- Achievement of designation through the Safe and Sustainable review is critical to the success of the CBU</td>
</tr>
<tr>
<td>- Work with the North West Specialised Commissioning Team on the LTV pathway including developing a better arrangement for patients who require non-invasive ventilation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Delivery of Cost Improvement Programme agreed by CBU Board</td>
</tr>
<tr>
<td>- Risk assessment of all proposed changes to service delivery to ensure patient safety and experience are not compromised</td>
</tr>
<tr>
<td>- Embed service line reporting within CBU and specialty teams</td>
</tr>
<tr>
<td>- Deliver safe levels of junior doctor support to all areas and develop plans to address where risks are identified</td>
</tr>
</tbody>
</table>

Summary of critical areas to address

1. Develop governance structure for CBU with clear roles and accountability
2. Continue to deliver high quality research and development
3. Develop range of clinical outcome measures for all specialties
4. Workforce planning to ensure critical posts are filled
5. Better discharge planning for complex patients to support improved patient experience and utilisation of resources
6. Develop model of care and business plan for Rehabilitation Unit
7. Develop clear vision for rehabilitation within Children's Health Park
8. Ensure Children's Health Park designs reflect clinical teams requirements
## OBJECTIVES for BUSINESS UNIT

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Tactics to achieve</th>
<th>Links to Corporate Goals</th>
</tr>
</thead>
</table>
| 1.  | Achievement of designation through Safe & Sustainable Review of Neurosurgery and additional nationally commissioned services | - Establish project team and develop detailed action plan against standards  
- Undertake detailed gap analysis and develop business plan to support any additional investment required.  
- Carry out detailed activity analysis to ensure data capture on Meditech reflects activity carried out.  
- Review bed and theatre requirement to ensure capacity availability to support developments within speciality  
- Review opportunities for additional NCG services – develop links and prepare specifications | Deliver Clinical Excellence  
Provider of 1st Choice  
Patient and families positive experience |
| 2.  | Delivery of growth requirements in Neurosurgery (£300k), Ophthalmology (£50k), Oral Surgery (£250k) & ENT (£130k) with developed capacity plans in each speciality | - Develop clear plan within CBU for delivery of growth in all areas identified.  
- Work up detailed business plan in areas of investment required  
- Develop new ways of working to deliver growth at minimum cost  
- Consider opportunity for marketing services further to increase growth opportunities  
- Review capital requirements for growth and ensure linked to Trust Capital Programme. | Provider of 1st Choice  
Improve financial strength  
Deliver Hospital in the Park |
| 3.  | Improve our performance against the range of workforce indicators including PDR/Mandatory training compliance and attendance levels  
February 2011:  
Sickness: 2.4%  
PDRs: 53%  
Mandatory training: 76% | - Roll out of the Management and Leadership Development Programme to develop the leadership skills of our managers  
- Detailed analysis of all departments to establish PDR, Mandatory Training and sickness absence rates per department.  
- Work with managers in each department to identify trends (in sickness ‘hot spots’), what is working well (and share the good practice) and what is working less well.  
- Identify and gaps in the management of sickness absence and work with managers to bridge the gap  
- Development of regular newsletter for CBU | Ensure staff have skills, competence, motivation and leadership to deliver vision |
| 4.  | Achieve financial balance for 2011/12 | - Ensure all budget holders fully engaged in budget setting process  
- Regular budget review meetings with budget holders | Improve financial strength |
- Ensure clinical representation on SLR group to inform how the system develops
- Support all managers to ensure fully understand financial information – link to training requirements
- Development of achievable Cost Improvement Plan – work with leaders from across the CBU to identify plan to delivery CIP and identify workforce changes and transformation in services required to delivery change. Success will be linked to Trust wide developments including nursing workforce strategy and IT strategy to support changes in A&C workforce
- Clinical Director & SGL to support wider clinical understanding of financial position for CBU through performance report s and regular team meetings

| 5 | Develop a business plan and model for Rehabilitation Unit by end of quarter 2 and with approval by Trust Board and implementation plan by end of year | • Consider levers to support development – Safe & Sustainable review, Trauma Centre, National Commissioning opportunities
• Model finance and activity
• Develop service model
• Set up project team to deliver model and business plan by end of Quarter 2
• Develop full implementation plan including recruitment to key posts by end of 2011/12 | Deliver Clinical excellence
Positive patient experience

FINANCIAL IMPLICATIONS

<table>
<thead>
<tr>
<th>Financial headlines</th>
<th>Issues/Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total growth planned for CBU for 2011/12 £1,250k - Neurosurgery £300k - Oral Surgery £250k - Paediatric Dentistry £120k - Craniofacial Surgery £400k - ENT £130k - Ophthalmology £50k</td>
<td>Capacity requirements to deliver growth in workforce, beds and theatres. Capacity requirements plan of £150k to support delivery of growth.</td>
</tr>
<tr>
<td>2. Cost pressures identified for 2011/12 of £502k</td>
<td>Ability to achieve financial balance without recognition of cost pressures</td>
</tr>
<tr>
<td>3. CIP for 2011/12 £408k. Project plan approach being developed to support delivery of CIP.</td>
<td>Regular meetings to develop robust plan and manage performance against plan.</td>
</tr>
</tbody>
</table>
## WORKFORCE IMPLICATIONS

<table>
<thead>
<tr>
<th>Workforce Priorities</th>
<th>Issues/Risks</th>
<th>Metrics:</th>
</tr>
</thead>
</table>
| **Leadership development**  
- Roll out of the Management and Leadership Development Programme to develop the leadership skills of our managers | Ensure staff given time to participate in programme and support progress through regular one-to-one sessions | Number of participants in programme  
Improved workforce metrics across all wards and departments |
| **Junior Doctor support for speciality teams**  
- Review of registrar rota for Neurosurgery to develop complaint rota for both Alder Hey and Walton Centre  
- Junior doctor cover for Neurology has reduced with impact of EWTD and recruitment difficulties to posts. Development of plan to ensure adequate level of clinical cover to speciality and protection of training opportunities | Ability to deliver complaint EWTD rota. Reduction in clinical activity.  
Risk of deanery withdrawal of trainees to speciality if training not delivered. | Rota operational by August 2011  
Action plan by end of April 2011. |
| **Improved Mandatory Training and PDR compliance**  
For CBU performance in February 2011 was:  
Fire – 84%  
MH – 81%  
H&S – 81% | Workforce skill mix reviews which are essential to the achievement of CIP for the CBU- have employee relations implications which need to be closely and appropriately managed | PDR’s Mandatory Training |
| **Improved absence levels**  
- Work with managers in each department to identify trends (in sickness ‘hot spots’), what is working well (and share the good practice) and what is working less well.  
- Identify and gaps in the management of sickness absence and work with managers to bridge these gaps. | Impact of workforce changes may have impact on attendance levels | Nursing workforce levels of sickness |
| **Development of robust workforce plan for CBU**  
- planning for difficult to recruit to highly specialist posts  
- retirement profile for all areas (9% staff aged 55+) | Succession planning to start as early as possible. Some posts may be in areas where there are national shortages of staff eg. Neurophysiology | Limited or no gaps in service delivery as a result of vacancies. |
<p>| <strong>Workforce changes required to support delivery of Cost Improvement</strong> | | Delivery of workforce CIP for |</p>
<table>
<thead>
<tr>
<th>Programme</th>
<th>Inability to undertake reviews in a timely manner</th>
<th>CBU</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review of skill mix across wards &amp; departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Implementation of robust process for job planning for all medical staff, Advanced Nurses and Allied Health Professionals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Review of administrative and clerical support to CBU</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rachel Greer  
General Manager  
Neurosciences, Head & Neck CBU

Neil Buxton  
Clinical Director  
Neurosciences, Head & Neck CBU

Contact Officer: Rachel Greer ext. 2167
EXECUTIVE SUMMARY

The key priorities for the Surgery CBU in 2011/12 will be to establish the management structure, embed the clinical leadership and governance systems, continuing improvements in efficiency and productivity, and to plan for the future. At the core are 5 objectives:

- Establish a well-functioning clinical governance and risk system in the CBU, fed by teams and specialties and linking to the Trust's assurance process.
- Achieve financial balance, including delivery of activity, budgetary control and savings.
- Improve the emergency surgery pathway for the benefit of surgical non-elective patients.
- Provide clear objectives to staff and support them in achieving the demands of the Trust and CBU.
- Complete the establishment of the orthopaedic and spinal medical teams, in order to increase capacity and reduce waiting times.

Cost pressures will be focused on supporting the Trust's growth targets and ensuring quality of services, whilst achieving the challenging cost improvement plan target of £1M alongside the delivery of activity and cost control will require careful management and integration between clinical and non-clinical teams. Staff will also require clear objectives and regular communication to ensure they feel both involved and valued during a time of great change.

PRIORITIES OVERVIEW

Moving from the Surgical Division into CBUs, the Surgery CBU has a clear set of priorities. Integral to the CBU ethos is the drive for improved clinical governance systems, consistent across the CBU, and ensuring greater staff participation and clear measurement of outcomes. Alongside this, the CBU needs to move from a position of surplus shortfall in 10/11 to achieve financial balance, with senior clinical involvement in the management of costs and optimising income. Consultant job planning which encompasses on-site and off-site activity, and informed by the activity plan will be carried out to ensure the capacity is configured to meet demand. In particular, the complex orthopaedic and spinal teams have struggled to meet demand with consultant vacancies, and 11/12 must see this addressed, with corresponding reduction in waiting times.

The people agenda remains paramount, from both a patient and staff viewpoint. The emergency surgery pathway remains a priority, and the programme of improvement and measurement needs to be expanded and tackled on a project basis. In addition, staff morale is low in some areas, with sickness hotspots affecting the remaining team members, and incurring costs on bank and overtime.

Risks include regulatory (such as decontamination and instrument traceability), manpower (orthopaedic consultant, and maternity pressures in theatre) and financial (balancing limited income opportunity with external price increases).

OBJECTIVES for BUSINESS UNIT
There are 6 main objectives for the CBU:

- Establishment of a well-functioning Clinical Governance system for the CBU, supporting the Trust’s goal of clinical excellence. This will be achieved by standardising the meetings, policies and data, measured by a clinical dashboard and monitored by the CBU risk & governance group. Q1 will focus on establishment; Q2 will concentrate on reviewing the data and system, led by the CD and SGLs, with Q3 onwards ensuring the feedback systems to all departments and to CQAC is functioning well.
- Financial balance, including meeting target CIP and increasing income and surplus, to meet Trust’s goal of financial strength. The CBU will achieve by a stricter routine of budget meetings, early commencement of CIP plans and in depth clinical involvement of clinicians in all aspects of the business. This has already commenced, and will be monitored monthly.
- Improvement to the effectiveness and efficiency of the emergency surgery pathway, with benefits to the goal of enhanced patient experience. This will take work done in 2010 and expand the range of stakeholders. Metrics of activity, delays and performance against NCEPOD guidelines will be used.
- Staff alignment to the CBU and Trust goals will be vital, and smart objectives, with improved leadership and management will be needed. Management and leadership training is needed, and the staff should expect regular contact with CBU leaders. Monitoring of PDR compliance and mandatory training will be important measures, as well as short and long-term sickness levels.
- Fully establishing the orthopaedic and spinal medical team, to support the provider of first choice goal. Recruitment of a second spinal surgeon should be complete by Mar 11, with the third neuromuscular surgeon forecast for Oct 11. The key measures will be activity growth and reduction in median and maximum waiting times.
- Continuing the development of the Daycase Anaesthetic pathway and use of L1 forward wait including greater overlap between ward and recovery staff, expansion of staggered admissions and non-elective daycase theatre sessions.

The CBU CD and SGLs are keen to be involved, but will only have a finite amount of time to devote to non-clinical business; setting up the CBU Board, and other regular meetings with medical attendance will be critical, and is challenging with consultant job plans. Obtaining robust data, capturing this in real-time and displaying it in a succinct and timely fashion to teams is also a significant challenge, but will be essential for financial and clinical purposes, and to ensure informed decisions are made.

**FINANCIAL IMPLICATIONS**

**Growth** is planned in Urology (with the 3rd consultant performing well), Plastics, Gait Laboratory, Spinal Surgery and Neuromuscular Orthopaedics. Neuromuscular Orthopaedics will only have the capacity from Q3 onwards. We anticipate growth in income across these specialties will be approximately £1.1m

**Cost pressures** can be categorised into 3 areas:

- Recurrent reserve funds
- Increased expenditure linked to additional Income / Non PBR
- Activity Driven Cost pressures

**Recurrent reserve funding**
There is a planned increase in Intra OP MRI sessions within theatres for 11/12 (as per Business Case) resulting in increased funding required £30K. In addition the trust continues to work with commissioners on CQUIN targets with a recurrent provision of Baclofen Pump procedures resulting in increased funding required £165k.

**Increased expenditure linked to additional Income / Non PBR**
Anticipated growth in Spinal, Burns and Cardiac surgery will result in increased expenditure on Non PBR Devices (Skin cells, Spinal Kits and Cardiac Devices) approximately £433k. In addition the marginal cost of anticipated growth in surgical procedures will result in increased theatre expenditure £140K. An additional £13k required for increased PAs within Gynaecology to cover the range of services required and support closer working with Liverpool Women’s Hospital.

**Activity Driven Cost Pressures**
£628k in total – the majority of which is non pay in clinical areas.
£384k is for non pay across the Wards and Theatres and includes anticipated increases in expenditure following the anticipated growth. £32k of which is due to our Spinal Monitoring service – RLBUHT have notified us they are no longer able to provide the service going forward.
£244k is for medical staff pay pressures. £93k error in current budgets along with expected pressures for junior on call following a review of services provided by St Helens and Knowsley Hospital.

**CIP for 11/12** is £1009k. With £535k being Non pay and £474k being Pay. We anticipate the Non Pay CIPs being achieved from Theatres, the challenge for the CBU will be the pay target of £474k (£12k senior management, £62k for admin & clerical, £114k for medical and £286k for nursing).

Assessment against the Nursing Hurst model has been made, revealing a high proportion of band 5’s and a low ratio of bands 2-4. Achieving this, and the admin & clerical reduction without technology changes, will be the main risks.

**WORKFORCE IMPLICATIONS**

The main workforce issues relate to pay savings, medical staff capacity planning, and the focus on staff. Pay savings will need to be made across all staff groups, and will need careful planning, management and communication. The potential for risk in both nursing and secretarial reductions require close supervision, in order to maintain quality of service, and to support staff.

Matching demand with medical capacity will need coordinated management of job plans, balancing the understanding of financial (SLR) and activity targets with clinical demands. A coordinated plan with the CD, Service group Leads, the GM and the service manager is being developed.

Finally, ensuring staff feel both valued and understand their role in supporting their department, the CBU and the Trust’s aims will require clear objectives, management of PDRs and training achievement, and monitoring of stress from internal and external factors.

Nigel Lee  
General Manager  

Simon Kenny  
Clinical Director

**Contact Officer:** Nigel Lee, CBU General Manager  
**E-Mail:** nigel.lee@alderhey.nhs.uk  
**Tel:** 0151 252 5151
EXECUTIVE SUMMARY

The aim for 2011/12 for Clinical Support Services are to continue to embed the Trust CBU philosophy by developing meaningful service level agreements in order to function as an independent CBU, that is highly regarded, recognised and rewarded for the emphasis on customer care and patient experience delivered. The main challenges for the CBU are in relation to the significant need for organisational change within all teams to ensure continued expansion of technological advances that will improve the patient pathway, as well as deliver the required financial efficiencies across all areas of the CBU.

The CBU Board has been established and the next phase is to focus on the development of a robust governance and risk management structure that provides a framework of delivering safe and effective diagnostic and therapeutic support services, which are owned and embedded by all frontline staff in line with CQC and NHSLA requirements.

PRIORITIES OVERVIEW

The following priorities have been identified for CSS:-
- Further development of an integrated Paediatric Laboratory medicine department.
- Development of robust Service Level Agreements within all specific CBU departments.
- Skill mix reviews within all specific CBU Departments as per the pathology model.
- Increase market share opportunities within Radiology/Pathology/Health records/therapy.
- Establishment of customer care training packages to all front line staff.
- Development of rolling programme to ascertain patient feedback and improve patient experience.
- Phased implementation of Electronic Patient Record (EPR) system.
- Implementation of electronic bed management system to improve patient flow/patient experience.

OBJECTIVES for BUSINESS UNIT

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Links to Trust Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Radiology</strong></td>
<td>Deliver Clinical excellence</td>
</tr>
<tr>
<td>Development of North West Paediatric Hub – Shared Consultant post with Shropshire &amp; Telford</td>
<td>Further improve financial strength</td>
</tr>
<tr>
<td>Development of business case for 1wte Consultant post to expand Interventional radiology service-</td>
<td>Positive patient/family experience</td>
</tr>
<tr>
<td>Continue strong working links with</td>
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<td>Objectives</td>
<td>Links to Trust</td>
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<tr>
<td><strong>Children’s Health Park (CHP)</strong></td>
<td></td>
</tr>
<tr>
<td>Develop robust SLA’s with CBU’s</td>
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<tr>
<td><strong>Pathology</strong></td>
<td></td>
</tr>
<tr>
<td>Development of an integrated Paediatric Laboratory Medicine service to meet QIPP agenda</td>
<td>Further improve financial strength</td>
</tr>
<tr>
<td>Increase market share &amp; Develop business case to expand Histopathology Service – 1wte Consultant post (post mortem work/regional centre for placental histology)</td>
<td>Deliver in-house clinical excellence</td>
</tr>
<tr>
<td>Develop interactive children’s education programme for how blood samples are analysed</td>
<td>Positive patient/family experience</td>
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<tr>
<td>Develop robust SLAs with CBU's</td>
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<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
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<tr>
<td>Development of Market opportunities with independent sector (outpatient dispensing)</td>
<td>Deliver clinical excellence</td>
</tr>
<tr>
<td>Expand provision of Near Patient Pharmacy Service (NPP).</td>
<td>Positive patient/family experience</td>
</tr>
<tr>
<td>Deliver Collaborative care scheme</td>
<td>Improve financial strength</td>
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<tr>
<td>Develop robust SLA with CBU’s</td>
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<tr>
<td><strong>Health Records (Patient services)</strong></td>
<td></td>
</tr>
<tr>
<td>Phased implementation of Electronic patient records (EPR)</td>
<td>Deliver clinical excellence</td>
</tr>
<tr>
<td>Skill mix/re-design of workforce to reflect IM&amp;T requirements to support EPR</td>
<td>Positive patient/family experience</td>
</tr>
<tr>
<td>Increase market share in management of community based clinics</td>
<td>Improve financial strength</td>
</tr>
<tr>
<td><strong>Physiotherapy (acute, hospital based service)</strong></td>
<td>Deliver clinical excellence</td>
</tr>
<tr>
<td>Skill mix/re-design of workforce to reflect E&amp;Y review</td>
<td>Positive patient/family experience</td>
</tr>
<tr>
<td>Development of Flintoff Physiotherapy suite.</td>
<td>Improve financial strength</td>
</tr>
<tr>
<td>Expansion of Senior Therapy role to undertake independent Consultant led sessions (spinal service)</td>
<td></td>
</tr>
</tbody>
</table>
### Objectives

<table>
<thead>
<tr>
<th>Physiotherapy (Community)</th>
<th>Links to Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Further expansion of rapid response team to avoid admission of complex children. Develop alternative models of care to enable therapy support to have parental/carer input as appropriate.</td>
<td>Positive patient/family experience</td>
</tr>
</tbody>
</table>

**Occupational Therapy**
Explore options work with Burns Unit to provide therapy led service.

**Generic Outpatient department**
To develop a customer care training package for all frontline staff. To train clinic staff in health promotion to facilitate public health agenda in addressing childhood obesity/nutrition/dental health.

Patient flow team (Bed management)
Integrate hospital at night nursing team to facilitate standardisation of patient flow 24/7 to reduce length of stay by unnecessary patient transfers. Roll out electronic bed management model to facilitate above.

### FINANCIAL IMPLICATIONS

<table>
<thead>
<tr>
<th>Financial Headlines</th>
<th>Tactics to Achieve</th>
</tr>
</thead>
</table>
| Growth targets in activity and income from other CBU’s needs to include impact on Clinical Support CBU | • Communicate need for others CBU’s to agree impact on Clinical Support CBU  
• Obtain SLA trading agreements with other CBU’s to includes Growth plans |

Cost Pressures of £424K submitted to DOF and Deputy DOF
Cost pressures submitted by General Manager and Business Advisor to DOF and Deputy DOF in February 2011 now under consideration.

£424k excludes Vacancy Factor and Incremental Drift.

Delivery of Indicative CIP target £1,386k for 2011/12
Robust programme and project management.
Financial Headlines

Tactics to Achieve

along with forecast £138k shortfall in 10/11 Plan (Note 09/10 shortfall was 152k)

To produce a robust plan and ensure delivery of the CBU cost improvement plan for 2011/12

- Weekly CIP review meetings
- Clinical and CBU wide engagement and involvement
- All CBU management to share workload equally
- Half day CBU session planned late March to formalise project plans above objectives.

WORKFORCE IMPLICATIONS

Pressures

Scope and breadth of Organisational change required across the CBU.
Modernisation of the workforce along with changes in technology and the need to deliver more efficient ways of working will result in significant input and support from the senior HR team. Additional support will be required from HR colleagues within quarter one, to ensure smooth transition as the consultation process commences.

Sickness absence.
Sickness absence rates within the CBU have seen a dramatic reduction over the last quarter from 6.89% in October, to 2.54% (February data). However, specific areas of concern remain in some areas i.e., phlebotomy, which is currently undergoing a full service review to ascertain customer needs/locations for the service. Particular progress has been made in relation to the management of long term sickness within the CBU, and only one of seventeen members of staff has not yet resumed.

Staff engagement
The CBU held a half day session in February to discuss the business planning process and key challenges for the coming year. Junior members of the teams, as well as staff side representatives were encouraged to attend and the feedback was very positive. A further half day session is planned in early April to allow the teams to further develop the above objectives into standardised project planning documents, with clearly identified timescales and accountable officers to support and ensure delivery.

Authors
Jacqui Flynn, General Manager
Paul Newland, Clinical Director
Kevin Morrison, CBU business accountant
Jackie Allen, Associate Matron

Contact Officer: Jacqui Flynn, Ext 4777
Section 6

BOARD ASSURANCE FRAMEWORK
Board Assurance Framework: 2011/12
Version: 001 – 5th April 2011

For each of the strategic objectives, there follows summaries of:

- **Principal risks** - What could prevent this objective being achieved?
- **Key controls** - What controls /systems, we have in place to assist in securing delivery of our objective?
- **Assessment of the risk now** – With the current set of controls in place - in terms of consequence (C), likelihood (L) and risk rating (R – a product of C x L)
- **Assurances on controls** - Where can we gain evidence that our controls/systems on which we are placing reliance are effective?
- **Gaps in control** - Where are we failing to put controls/ systems in place? Where are we failing in making them effective?
- **Gaps in assurance** - Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?
- **Assessment of the target risk** - The level of risk (appetite) that the Board is prepared to accept – in terms of consequence (C), likelihood (L) and risk rating (R – a product of C x L)
- **Action Plans** with outline costs and notes on progress.
  Risk scoring = Consequence x Likelihood (C x L)
## Consequence score

<table>
<thead>
<tr>
<th>Consequence score</th>
<th>Likelihood score 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rare</td>
</tr>
<tr>
<td>5 Catastrophic</td>
<td>5</td>
</tr>
<tr>
<td>4 Major</td>
<td>4</td>
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<tr>
<td>3 Moderate</td>
<td>3</td>
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<tr>
<td>2 Minor</td>
<td>2</td>
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<tr>
<td>1 Negligible</td>
<td>1</td>
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For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

- **1 - 3** Low risk
  - **Acceptable risk.** No further action or additional controls are required. Risk at this level should be monitored, and reassessed at appropriate intervals.

- **4 - 6** Moderate risk
  - **A risk at this level may be acceptable.** If not acceptable, existing controls should be monitored or adjusted. No further action or additional controls are required.

- **8 - 12** High risk
  - **Not normally acceptable.** Efforts should be made to reduce the risk, provided this is not disproportionate. Establish more precisely the likelihood or harm as a basis for determining the need for improved control measures.

- **15 - 25** Extreme risk
  - **Unacceptable.** Immediate action must be taken to manage the risk. Control measures should be put into place which will have the effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.
<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Status</th>
<th>Trend</th>
<th>Risk</th>
<th>New Risk</th>
<th>Risk Closed</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Highest standards of patient safety compromised due to lack of effective management of key clinical risks</td>
<td>Risk Static</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td>New approach to risk management being rolled out across the Trust. Corporate Risk Committee oversees all risks with CEO as chair. CQAC set up with overall responsibility for clinical safety. Finalising dashboard and reporting cycle from CBUs for both committees. CBUs developing internal risk/governance arrangements; CG leads identified. Infection rates maintained below trajectory; medication errors minimised; Quality of incident reporting improving. Regular reports to CQAC highlighting trends and learning. Bi-monthly overview report to the Board delivered by the operational DIPC. Fully effective clinical governance structures and processes not yet fully embedded in CBU's. Incident/complaint/claims reports not yet linked or demonstrating trends &amp; learning back to the organisation.</td>
</tr>
<tr>
<td>1</td>
<td>Failure to sustain required level of service and clinical excellence during and following a major incident/disruption to key utilities/IM&amp;T/telecommunications.</td>
<td>Risk Static</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Major Incident Plan. Formal on call arrangements. IT Disaster Recovery Plan. Various exercises which test the efficacy of the various plans. Fully detailed and integrated Business Continuity Plan for the Trust.</td>
</tr>
<tr>
<td>2</td>
<td>Training for CBU CG leads being planned. Analysis of trends from CBU incident reports to be submitted to CQAC quarterly.</td>
<td>Risk Static</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Development of Business Continuity Plans for each CBU and corporate function – due to be completed by end of 2011. New Data Centre being introduced as part of more robust resilience measures.</td>
</tr>
</tbody>
</table>

Status of risk:
- **Risk Static**
- **Risk Improving ✓**
- **New Risk**
- **Risk Closed and replaced by n.n**
|   | Requisite national and locally agreed quality and governance standards and targets not delivered and sustained or complied with. | 4 | 4 | 16 | CBU risk/ governance groups driving agenda and being monitored by CBU Boards using locally agreed dashboards. Operational Compliance Sub-groups chaired by Executive leads. Improvement plans established for key quality and governance areas including NHSLA, IG and CQC. | Improved performance against quality metrics. Robust clinical governance systems and processes with exceptions reported to the Board via the Audit, CQAC & Risk Committees | Potential over reliance on self assessment leading to complacency. Consent issue not resolved. | 3 | 3 | 9 | CQAC workarounds to be linked to audit and review programme to provide on the ground assurance of the actuality of clinical quality. Awareness programmes to be set up to get key messages across to all staff. Status of risk: Risk Static Risk Improving √ New Risk Risk Closed and replaced by n.n |
**Strategic Objective 2:** Ensure all of our patients and their families have a **positive experience** whilst in our care  
**Lead Executive Director:** Karen Dawber/Jude Adams

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| 9 | Data and assumptions not sufficiently robust to enable implementation of properly redesigned skill mix model for nursing | 4 | 4 | 16 | Regular reports to WOD | Independent/external validation of model. Pilot of new skill mix to test assumptions. | Lack of adequate testing of work carried out to date | 4 | 2 | 8 | New DNS reviewing work carried out to date.  
Status of risk:  
Risk Static  
Risk Improving  
New Risk ✓  
Risk Closed and replaced by n.n

| 17 | Estates and Facilities function not fully sighted on all key risks to compliance | 4 | 4 | 16 | Regular reports submitted to CRC and other key committees. New COO now in post as accountable Executive Director. | External review of estates function commissioned by CEO. Reports to Audit Committee and RBD | Lack of clarity regarding key/emerging risks and how these are being mitigated | 4 | 2 | 8 | Experienced interim manager being sought to support existing team.  
Status of risk:  
Risk Static ✓  
Risk Improving  
New Risk  
Risk Closed and replaced by n.n

**Strategic Objective 3:** Be the **provider of 1st Choice** for children, young people and their families  
**Lead Executive Director:** Jude Adams/Sue Thoms
<table>
<thead>
<tr>
<th><strong>Risk</strong></th>
<th><strong>No major risks currently identified</strong></th>
</tr>
</thead>
</table>

**Strategic Objective 4:** Be a world class centre for children’s Research and Development  
**Lead Executive Director:** Ian Lewis

<table>
<thead>
<tr>
<th><strong>Risk</strong></th>
<th><strong>Risk Static</strong> ✓</th>
<th><strong>Risk Improving</strong></th>
<th><strong>New Risk</strong></th>
<th><strong>Risk Closed and replaced by n.n</strong></th>
</tr>
</thead>
</table>

**Strategic Objective 5:** Further improve our financial strength in order to continuously invest in services  
**Lead Executive Director:** Sue Lorimer

<table>
<thead>
<tr>
<th><strong>Risk</strong></th>
<th><strong>Risk Static</strong> ✓</th>
<th><strong>Risk Improving</strong></th>
<th><strong>New Risk</strong></th>
<th><strong>Risk Closed and replaced by n.n</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>CBUs and corporate areas unable to deliver agreed CIP schemes</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>32</td>
<td>Lead Commissioners unwilling to agree basis for contract required by Trust</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

**Strategic Objective 6:** Ensure our staff have the right **skills, competence, motivation and leadership** to deliver our Vision  
*Lead Executive Director: Jayne Shaw*
|   | Trust policies to effectively manage sickness absence rates not properly implemented – required reduction not achieved | 4 | 4 | 16 | All managers accountable for adherence to process set out in policy for managing sickness. Regular monitoring by CBU Boards. Monitored through Corporate Report and CBU Performance meeting. Reports to WOD. Reports to RBD | Inconsistent application of the policy continues. | 4 | 3 | 12 | Programme of leadership & management development to increase management capability in the management of sickness absence. Increased focus on the effective management of sickness absence at CBU level. Reviewing sickness absence policy. Strengthened contract for the provision of occupational health services |

|   | Mandatory training target not achieved | 4 | 4 | 16 | All managers accountable for adherence to process set out in policy. Regular monitoring by CBU Boards. Monitored through Corporate Report and CBU Performance meeting. Reports to WOD. Reports to RBD | Managers not prioritising the release of staff for statutory & mandatory training | 4 | 3 | 12 | Reviewing mandatory training policies. Increased focus on the effective management of mandatory training target at CBU level. Corporate induction reviewed. Status of risk: Risk Static  ✓ Risk Improving Risk Closed and replaced by n.n |

Status of risk:
- Risk Static  ✓
- Risk Improving
- New Risk
- Risk Closed and replaced by n.n
|   | Personal Development Reviews not undertaken for all staff in accordance with Trust policy | 4 | 4 | 16 | All managers accountable for adherence to PDR policy. Regular monitoring by CBU Boards. Monitored through Corporate Report and CBU Performance meeting. Reports to WOD. | Reports to RBD | Managers not prioritising time to undertake high quality PDRs in area of responsibility. | 3 | 2 | 6 | Time frames and associated paperwork for completion have been reviewed. Increased focus on the effective management of PDRs target at CBU level. Status of risk: Risk Static ✓ Risk Improving New Risk Risk Closed and replaced by n.n |
|   | Workforce transformation plan not achieved; associated savings not delivered | 4 | 4 | 16 | Reports to WOD | Monitored through Transformation Board and RBD | 4 | 2 | 8 |
|   | Benefits of the various change programmes not fully realised. e.g. CBU, CIP, CHP, EPR | 4 | 4 | 16 | Programmes run under PRINCE2 methodology. Clinicians engaged within all new change programmes, Programme Boards report to Trust Board. | Overall vision of how the various change programmes need to interact and join up and the commitment required by all members of staff to ensure it is all a success. | 3 | 2 | 6 | Develop overall communication plan for how the different change programmes will join up and deliver. Individual business cases of new programmes communicated to staff as soon as possible e.g. EPR. Status of risk: Risk Static Risk Improving New Risk Risk Closed and replaced by n.n |
**Strategic Objective 7:** Deliver the **hospital in the park** by 2014

**Lead Executive Director:** Louise Shepherd

|   | 47 | Elements of ABC unable to be finalised due to key residual issues not being resolved satisfactorily | 5 | 4 | 20 | CHP risk registers regularly reviewed at CRC. New Programme Director & Project Team operating to re-established programme structure. Director of Finance and Deputy closely involved in development of case | CHP Programme Board | Land swap not yet resolved. Deed of Safeguard remains unclear at national level | 4 | 2 | 8 | Chairman in dialogue with City Council to seek resolution to S.106 issue. Status of risk: Risk Static ✔ Risk Improving New Risk Risk Closed and replaced by n.n

|   | 49 | Unable to secure Monitor/DH support for ABC | 5 | 3 | 15 | CHP risk registers regularly reviewed at CRC. New Programme Director & Project Team operating to re-established programme structure. Five task & finish groups established to review and test design options over the next 10 weeks. Director of Finance and Deputy closely involved in development of case | CHP Programme Board | Threat to achievement of EBITDA due to high overspends in some areas eg estates. Current designs may not be sufficiently flexible to accommodate future service configuration | 4 | 2 | 8 | Budget reviews addressed key areas and robust budgets agreed. Team pursuing patient focused design solutions in line with principles underlying transformation plan Status of risk: Risk Static Risk Improving ✔ New Risk Risk Closed and replaced by n.n |
**Integrated Operational Plan Executive Lead**

Sue Thoms  
Director of Business Development

Email: sue.thoms@alderhey.nhs.uk  
Phone: 07879 848713

**CBU plan lead contact**

- Research & Development: Matthew Peak  
- Medical Specialties: Tony Rigby  
- District Services, CAMHs & Community: Sue Brown,  
- Critical Care, Burns and Cardiac Unit: Ian Atkinson  
- Neuro, Laser, Head and Neck: Rachel Greer  
- Surgery Orthopaedic and Theatres: Nigel Lee  
- Clinical Support Unit Plan: Jacqui Flynn

Each CBU has produced a full presentation slide set to provide detail of their operational plans. These are backed up by budget plans and CIP plans.