

Alder Hey Children's   
NHS Foundation Trust

**Strategic Plan Document for 2014-19**  
**Alder Hey Children's NHS Foundation Trust**



Inspired by Children

Alder Hey is a specialist teaching hospital that offers a diverse range of services for children across multiple sites in Liverpool. Operating on a local, regional, national and international basis the Trust provides high quality, patient centred care across a range of settings that include community, secondary and specialist (tertiary and quaternary) services. World class research is carried out at the Trust and it provides a wide variety of training and education across the breadth of the children's healthcare workforce. In September 2015 the Trust will move into the unique Children's Health Park (CHP); services will then be offered from brand new, purpose built and state of the art facilities.

However, in common with trusts throughout the NHS, there are also challenges to face. Financial pressures are forecast to increase and this is reflected by the increasing efficiencies that all trusts will need to realise in coming years. In addition, the way in which care is provided is constantly changing and simply continuing to offer services in the way that it always has will no longer meet the needs of children locally and nationally. An ageing population also translates into an ageing workforce, with attrition coming through retirements and a constrained pipeline of suitably qualified staff.

This strategy aims to build on the strengths of the Trust and address the identified risks and challenges. Since the previous strategic plan was published in 2012 a great deal of work has been undertaken and progress made, especially to ensure the consistent delivery of high quality services with increased efficiency and planning for the move into the new estate. This document intends to build upon previous strategic plans and in doing so reflects a commitment to the aims contained within these. In the 2012-2018 strategic plan five 'pillars' were developed upon which these aims rest:

1. International research and education
2. Excellence in quality
3. Patient centred services
4. Great talented teams
5. Financial Growth

This document outlines the current state of the Trust as at June 2014, identifies risks to ongoing clinical, operational and financial sustainability and the actions that are planned as mitigation to these. The strategic options described are intended to support and strengthen the Trust's ability to deliver the five underlying pillars and ultimately provide the highest level of care to children and young people.

## 1.1 Market analysis and context

### 1.1.1 Healthcare Needs Assessment

Alder Hey's local context is among the most challenging in England; Liverpool remains the most deprived local authority in the country<sup>1</sup> and within the city some wards are amongst the most deprived nationally. In Liverpool just over a third of children live in poverty and in some areas of the city that level rises to 60%<sup>2,3</sup>.

#### 1.1.1.1 Population

Liverpool has an increasing birth rate, though remains lower than the English average and the population of those aged 0-15 is forecast to grow by 6.8% between 2012 and 2021<sup>4</sup>. This equates to an additional 5,000 people. Although this is a significant rate of increase, it is lower than the rate for England of 12.4%<sup>5</sup>.

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<sup>1</sup> *Liverpool Joint Strategic Needs Assessment: Demographics* (2012) Liverpool City Council, Available from: <http://liverpool.gov.uk/media/705603/jsnademographicsv11.pdf>

<sup>2</sup> *Liverpool Children and Young Person's Plan 2013-17* (2013) Liverpool City Council, Available from: <http://liverpool.gov.uk/media/80533/children-and-young-peoples-plan.pdf>

<sup>3</sup> Child Health Profile: Liverpool (2014) Public Health England, Available from: <http://www.chimat.org.uk/profiles/static>

<sup>4</sup> *Liverpool Joint Strategic Needs Assessment: Demographics* (2012) Liverpool City Council, Available from: <http://liverpool.gov.uk/media/705603/jsnademographicsv11.pdf>

<sup>5</sup> *ONS Interim 2011-based Subnational Population Projections* (2012) Office for National Statistics, London:

Locally this growth is counterbalanced, to an extent, by a decrease in the population of those aged between 15 and 19. Despite this, Liverpool is considered a 'young' city, with a median age of 35 years, compared to 39 years for the whole of England<sup>6</sup>.

### 1.1.1.2 Health and Wellbeing

The health and wellbeing of children in Liverpool is, as a whole, worse than in England. 33% of the population under the age of 16 are classed as living in poverty<sup>7</sup> and a range of the 'wider determinants of ill health' which include: numbers of GCSEs achieved, first time entrants to the youth justice system and children killed or seriously injured in road traffic accidents, are all significantly worse than the English average<sup>8</sup>. Liverpool also has a larger than average proportion of children that are obese<sup>9</sup>. Taken together, this suggests that there is likely to be an increased demand for health services locally.

Despite this, education outcomes locally are improving. The rate of children achieving a good level of development at the end of Reception Year in Liverpool is now not significantly different to the English average and overall measures are starting to compare favourably to other 'core' cities<sup>10</sup>. However, local commissioners, including Liverpool Clinical Commissioning Group (LCCG) and Liverpool City Council (LCC), recognise that health outcomes have not exhibited similar progress.

### 1.1.1.3 Local Response

Responding to these challenges will not be the responsibility of a single agency, commissioner, provider or group; rather it will require a coordinated multi-disciplinary and multi-agency approach. Recognising this, two local responses have been developed: the *Liverpool Children's and Young People's Plan 2013-2017*<sup>11</sup> and the *Healthy Liverpool Programme*.

The Liverpool Health and Wellbeing Board (HWB) is responsible for strategic oversight and improving outcomes for Liverpool – as detailed in the Joint Health and Wellbeing Strategy (JHWS). Health And Wellbeing for children in Liverpool is delegated to the Children's Trust Board from the HWB, which has outlined its aims in *The Children's and Young Person's Plan*. The plan focuses on the following themes:

- Families at risk
- Early help/intervention
- Children in care and those leaving care
- Children and young people with special educational needs, including those who are disabled
- Learning and achievement

Although healthcare interventions will not, in isolation, deliver the level of improvement aspired to within the plan, Alder Hey has a considerable role to play in its delivery. In particular, the range of services that are offered by Alder Hey means that there are numerous contact points across all five areas. As such, the strategic plan for Alder Hey is intended to align with and indeed supports the aims of, the Liverpool Children and Young People's Plan.

The *Healthy Liverpool Programme* (HLP) is the CCG's and the City's five year strategy to address the healthcare challenges facing Liverpool. The programme's three goals are:

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<sup>6</sup> Ibid.

<sup>7</sup> *Child Health Profile: Liverpool* (2014) Public Health England, Available from: <http://www.chimat.org.uk/profiles/static>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> *Liverpool Joint Strategic Needs Assessment Wider Determinants: Education* (2012) Liverpool City Council, Available from: <http://liverpool.gov.uk/media/705590/education.pdf>

<sup>11</sup> *Liverpool Children and Young Person's Plan 2013-17* (2013) Liverpool City Council, Available from: <http://liverpool.gov.uk/media/80533/children-and-young-peoples-plan.pdf>

- Improving health outcomes
- Delivering first class services
- Ensuring a sustainable system

The HLP aims to improve clinical pathways to ensure that appropriate care is provided for patients in the appropriate setting<sup>12</sup>.

### 1.1.2 Capacity Analysis

Alder Hey faces a growing capacity challenge. Regional healthcare trends and forecasted activity growth estimate that Alder Hey will serve an increase number of patients by approximately 3 to 5% per annum. This projected growth in volume of activity is not matched with an increase in the number of inpatient beds. Recognising the growing capacity challenge as well as the limitations of a hospital which is 100 years old, Alder Hey has embarked on a new building – the Children’s Health Park (CHP), which is due to open in September 2015.

The CHP will have spacious wards which will vastly improve the operational capability of Alder Hey:

- Three additional operating theatres
- A new A&E with a 12 bed Emergency Assessment Unit
- 75% of beds will be single en-suite rooms (with pull out beds for parents)
- Dedicated, improved education and research facilities
- Next Generation technology including Electronic Patient Records (Meditech), Picture Archiving Communication System (PACS), and ImageNow

As the Trust moves into the CHP building in September 2015, the increased number of beds is expected to alleviate much of the existing capacity challenge. The Trust recognises that there is an opportunity to improve bed capacity through improved productivity and is committed to performing this analysis as a part of the *How We Will Work in the Future* (HWWWITF) programme before transfer into the CHP.

Additional Critical Care capacity will enable Alder Hey to maintain its status as leaders in specialist care and allow it to pursue the particularly complex cases which will help to maintain its level of clinical sustainability as a specialist children’s hospital. In addition, the increased Critical Care bed capacity will help to address the increasing complexity of patients who are living longer with multiple conditions and who may require more frequent and longer hospitalisation at Alder Hey.

#### 1.1.2.1 Workforce Challenges

In common with other trusts, Alder Hey faces a range of challenges to ensure that suitable workforce capacity is maintained. On a national level, following the publication of the seminal *Francis*<sup>13</sup> and *Berwick*<sup>14</sup> Reports and the subsequent government<sup>15</sup> and NHS England responses, system-wide minimum thresholds have been developed in respect of nurse to patient ratios. Alder Hey is committed to meeting and exceeding these, thereby ensuring that the highest quality of care is provided at all times. This is likely to result in a significantly increased demand for suitably qualified staff and subsequently put a strain on the level of supply, given that all trusts face similar challenges.

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<sup>12</sup> Description taken from HLP literature

<sup>13</sup> *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (2013) Francis, R., London: The Stationery Office

<sup>14</sup> *A promise to learn – a commitment to act: Improving the Safety of Patients in England* (2013) Berwick, D., London: National Advisory Group on the Safety of Patients in England

<sup>15</sup> *Hard Truths: The Journey to Putting Patients First* (2014) Department of Health, London: Department of Health

Alder Hey is committed to moving towards a seven day working model. This means an increased level of consultant presence, additional specialist nurses throughout the week and removal of variation between weekdays, evenings and weekends. Although the full impact of this is currently being established as part of the *Safe at All Times* project, this will inevitably lead to changes in the way that people work as well as a requirement for additional staff.

At the same time there is an overall reduction in the numbers of available junior medical staff. This is the result of changes to the way that training is provided (this includes the abolition of Deaneries and establishment of Local Education and Training Boards), plus a commitment by the Royal College of Paediatrics and Child Health to reduce the number of paediatric medical trainees<sup>16</sup> to prevent oversupply. From a medical perspective Alder Hey faces further challenges given that some elements of the provision are highly specialised, which severely restricts the 'pipeline' of suitably qualified doctors and highlights the importance of robust succession planning.

Equally, ensuring adequate numbers of highly skilled, specialised nurses requires a substantial level of forward planning<sup>17</sup> and in this respect Alder Hey is able to leverage its position as a major regional provider of nurse training. In addition there is also a national shortage of Allied Health Professionals (AHPs) with specialist paediatric experience. Again, a strong presence as a provider of education, learning and development culture is providing some mitigation to this for Alder Hey.

Alder Hey has an ageing workforce which contributes to the attrition in total workforce numbers. However, as both productivity and efficiency improve, some of this impact can safely be absorbed in combination with an active recruitment strategy, to ensure that all minimum thresholds in staffing numbers are exceeded. The Trust has a workforce strategy that outlines the approach towards recruitment and retention of staff, including those that are highly specialised.

Despite this challenging national and local context, Alder Hey remains an attractive place for staff to work. The Trust is committed to improving the Continuous Professional Development (CPD) offering and ensuring that rates of long term sickness are improved. To date the Trust has made significant investments in workforce and sees its talented teams as key to providing safe, high quality care on an ongoing basis.

### 1.1.3 Funding Analysis

As a specialist facility, Alder Hey currently receives nearly half its funding from NHS England, with CCG's collectively contributing approximately a quarter of the remaining income. In addition, Alder Hey receives income from outside England – predominantly Wales, as well as a small amount of revenue from its R&D programme.

Alder Hey receives a large percentage of funding from the Liverpool, South Sefton, and Knowsley CCG's as they recognise Alder Hey as the key provider of acute paediatric care in the region and collectively make up 75% of Alder Hey's total CCG contribution.

In addition, the Alder Hey Children's Charity has historically raised on average c. £4m per annum for projects that sit independently to NHS clinical delivery. The Charity is working in partnership with the University of Liverpool to look at different ways to secure the £24m required for the Research and Education Facility through a charitable partnership. The timing of the build for this facility has been brought

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<sup>16</sup> *Facing the Future: Standards for Paediatric Services* (2011) Royal College for Paediatrics and Child Health, London: Royal College for Paediatrics and Child Health

<sup>17</sup> National workforce planning is the remit of Health Education England (HEE)

forward to coincide with the build of the new hospital with Phase 1 is expected to start on site in Summer 2014 with Phase 2 starting in 2016.

### 1.1.4 Competitor Analysis

Due to its specialist status in children services, Alder Hey is well regarded locally and viewed as the market leader for all provision of child care across Liverpool. The HLP is a local strategic initiative across 13 different clinical care providers across the Liverpool region, which recognises the specialist services provided by each of the trusts and endeavours to maintain them.

From a national perspective, Alder Hey faces competition from within the North West regions from trusts like Manchester and Sheffield, as well as from the south of England, such as Great Ormond Street, with a relatively even market split across the five leading specialist children's trusts.

### 1.1.5 Do Nothing Scenario

Historically Alder Hey has delivered strong financial performance, usually returning a surplus position in the past. However, a number of factors suggest that in the future it will become increasingly hard to maintain this situation. Firstly, analysis suggests that the NHS as a whole will experience a 'funding gap' of £30bn by 2020<sup>18</sup> and as a result commissioners, both local and national, will be required to find efficiencies in service provision. In addition, the national policy direction is moving towards providing more services outside of a hospital setting<sup>19</sup>, closer to where people live. Secondly, as described above, locally LCCG has launched the HLP which is set to alter the way in which services are commissioned and provided.

As a result of tariff deflation and rising costs and in line with Monitor recommendations, Alder Hey must achieve efficiencies totalling approximately 4% per year over the five year period.

### 1.1.6 Alignment with LHE

#### 1.1.6.1 Local and regional health economy and commissioners

Alder Hey is a provider of health services on a local, regional and national level. Services are primarily commissioned on behalf of the local population by LCCG, split between secondary acute services and a community services block contract. As aforementioned, LCCG's five year strategic vision for services is incorporated by the HLP. This comprises a number of workstreams, one of which considers children's services and paediatric care. Alder Hey is represented on the steering/advisory groups that will determine how local services are provided in the future. This Five Year Strategic Plan will align with this overarching programme.

Throughout the development of this Five Year Strategic Plan Alder Hey has engaged with local commissioners to ensure continuity and consistency with a shared vision of children's services across the city. The input and feedback that arose from the meetings listed below<sup>20</sup> are reflected throughout this document and subject to continuous review and revision:

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<sup>18</sup> *Everyone Counts: Planning for Patients 2014/15 to 2018/19* (2013) NHS England, London: NHS England

<sup>19</sup> For example: *Everyone Counts: Planning for Patients 2014/15 to 2018/19* (2013) NHS England, London: NHS England; *A Call to Action: Commissioning for Prevention* (2014) NHS England, London: NHS England; *A Call to Action: Transforming Primary Care* (2014) NHS England, London: NHS England;

<sup>20</sup> The meetings shown here are in addition to meetings related to the *Healthy Liverpool* programme

Date	Meeting	Attendees
25/03/2014	Alder Hey Board 'Away Day'	Alder Hey Board Liverpool CCG
16/04/2014	NHS England Business Development meeting	Alder Hey representatives NHS England Specialised Commissioning Strategic Planning Lead
01/05/2014	NHS England Specialised Commissioning meeting	Alder Hey Board NHS England
04/05/2014	Liverpool County Council Engagement Meeting	Alder Hey representatives LCC Director of Children's Services
05/05/2014	Liverpool Clinical Commissioning Group Engagement Meeting	Liverpool CCG Leadership Team Alder Hey representatives
18/06/2014	Governors Extraordinary meeting	Alder Hey Executive & Non Executive Board Alder Hey Board of Governors

**Table 1 Local commissioner engagement meetings in relation to the five year strategic planning process**

### 1.1.6.2 *Liverpool Children's and Young Person's Plan*

As aforementioned, the *Children and Young Person's Plan* outlines the main priorities for local children organised into five main 'priorities'. The plan outlines the multi-agency approach to deliver desired outcome improvements (defined within the plan as "What Success Looks Like"). In line with the vision of being involved in a wide range of areas of a child's life, the strategic plan will reflect and support the delivery of local priorities. Throughout the planning process there has been engagement with the LCC, providing an opportunity for input and feedback and actions taken to ensure strategic alignment.

### 1.1.6.3 *National specialist health economy*

As a recognised provider of specialist services<sup>21</sup>, Alder Hey is a provider of services commissioned nationally by NHS England Specialist Commissioning. From Alder Hey's perspective there are two distinct LHEs, the local one to which community and secondary acute services are offered and a national one, to which specialist services are provided. The national strategy for the commissioning of specialised services is not due to be published until late 2014. However, in common with the approach for local commissioners, throughout the strategic planning process there has been engagement and involvement from NHS Specialised Commissioning local area team (LAT). Planning and proposals made here are consistent with the aims of providing specialist services for those who require them and when they need them. In addition, planning will ensure that these services continue to be provided in a sustainable way. The various clinical networks and Operational Delivery Networks (ODNs) that Alder Hey is a part of will be the key method of ensuring this is achieved and that high quality, continuous and sustainable service can be delivered on a national scale.

<sup>21</sup> Specialist services are defined as "Specialised services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small, and a critical mass of patients is needed in each treatment centre in order to achieve the best outcomes and maintain the clinical competence of NHS staff." Source: *Manual for Prescribed Services* (2012) NHS Commissioning Board, London: NHS England

## 1.2 Risk to sustainability and strategic options

### 1.2.1 Introduction to Strategic Options

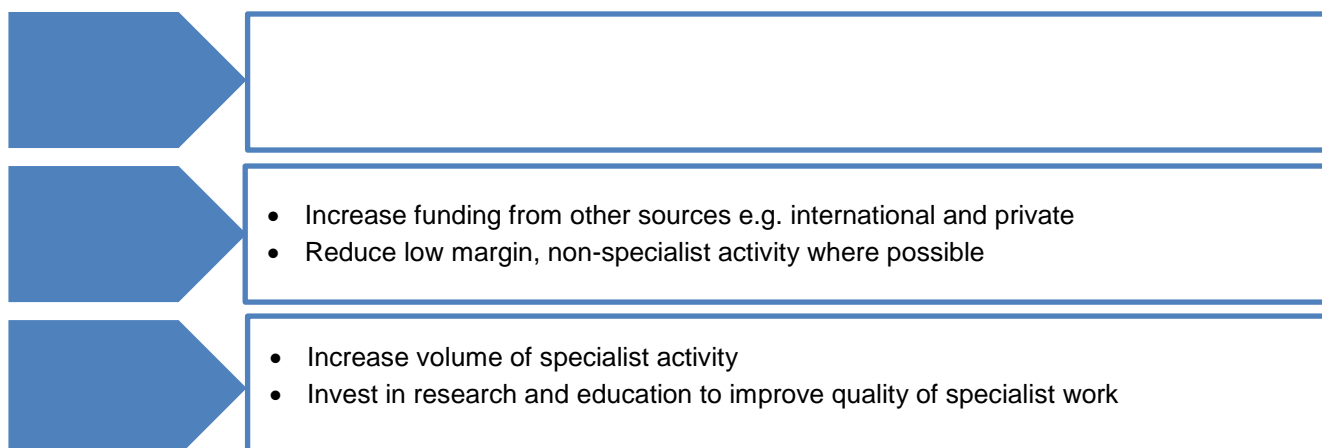
A working session with the Trust Board allowed the Trust to identify the key aims that they would like to pursue and develop over the course of the next five years. These aims were prioritised and aggregated into the following key strategic themes:

1. Alder Hey as a provider of **Integrated Care**
2. Developing and formalising **Strategic Partnerships**
3. Increasing provision of care to **International and Private** patients
4. Becoming a world class leader in Children's Medical **Research**
5. Developing Alder Hey's **Education** offering

This prioritised list was then mapped to the existing Clinical Business Unit (CBU) Long List of initiatives in order to measure for completeness. This also ensured that a broad spectrum of stakeholders – both clinical and non-clinical, fed into the finalised list of strategic initiatives that the trust will pursue over the next five years.

### 1.2.2 Strategic Mitigations of the Sustainability Risks

It was critical that the pursuit of these strategic objectives address the key risks to sustainability



### 1.2.3 Strategic Options

#### 1.2.3.1 Integrated Care

Vision for the provision of integrated care:

##### 1.2.3.1.1 Current State

###### 1.2.3.1.1.1 Description of existing profile

Alder Hey provides a diverse range of services in a community setting. Although there is a breadth of services offered, they tend to be concentrated at the specialist end of the patient pathway and are closely



linked to the continuation of inpatient and specialist paediatric services. Services in this area are overseen by the Integrated Community Services Clinical Business Unit<sup>22</sup> (CBU).

In addition to 'physical' health services, Alder Hey also provides Child and Adolescent Mental Health Services (CAMHS) across Liverpool and Sefton. This is a multi-tier service, offering community-based support through to inpatient beds. Through the Community Paediatrics offering Alder Hey provides some developmental assessment services and statutory assessments (i.e. for looked-after children's and adoptions). This is currently an entirely community-based service.

Children's safeguarding services, the 'Rainbow Centre', are within the remit of the Integrated Community Services CBU; and allow an integrated and responsive service that spans from the community into the Emergency Department (ED) and across the inpatient wards. There is also close working with other services, including social services, education, and the police.

Emergency and urgent care services are also within the remit of the Integrated Care CBU, including Accident and Emergency services. Over recent years the A&E attendances have remained at broadly constant levels (see Figure 1 below), despite a growing population of children in Liverpool and reported increased A&E demand<sup>23</sup>.

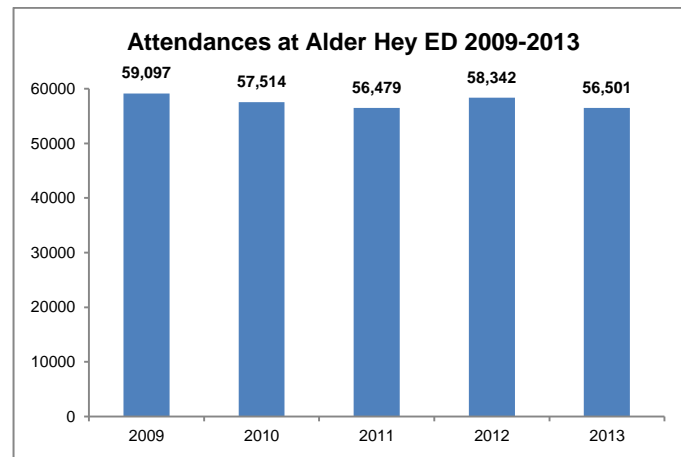


Figure 1 Attendances at the Alder Hey A&E department for years 2009-13<sup>24</sup>

In addition the following services are also provided as part of the Integrated Community Services CBU<sup>25</sup>:

- Accident and Emergency / Emergency Department
- Observation Unit
- General Paediatrics
- GP Hotline
- Diabetes service

### 1.2.3.1.2 Future State – at the end of five years

#### 1.2.3.1.2.1 Future services offered

<sup>22</sup> Alder Hey is organised into five *Clinical Business Units* (CBUs): Clinical Support; District Services, CAMHS and Community (Integrated Care); Medical Specialties; Neurosciences, Musculoskeletal and Surgery; and Surgery, Cardiac, Anaesthesia and Critical Care

<sup>23</sup> For example: *The Keogh Urgent and Emergency Care Review* (2013) Keogh, B., London: Department of Health

<sup>24</sup> Graph taken from *Provision Of A Primary Care Presence in the Emergency Department at Alder Hey Children's Hospital*, February 2014

<sup>25</sup> This list is not exhaustive, but merely reflective of the types of services offered, a full list can be found in the appendix

Alder Hey has an opportunity to change the way that care is provided from the existing fragmented provision, characterised by multiple providers and potential gaps between services, towards integrated end-to-end pathways provided by multi-disciplinary teams (MDTs) close to where patients live. Children's health outcomes are heavily influenced by their social and socio-economic determinants, with early experiences and their environments impacting on whole lives<sup>26</sup>. The Trust recognises that providers must work together and provide integrated, multi-disciplinary services that are accessible and responsive.

Alder Hey will therefore change the way that services are offered through two main routes:

### *1.2.3.1.2.1 Commissioner-led services*

The Trust will provide services that respond to the demands of local commissioners. Primarily this will be achieved through building the internal capability to respond to local tenders for services and drawing on the strong brand reputation that Alder Hey enjoys, as well as responding to commissioner demand to provide a greater range of services locally.

This will result in an expansion in the range of services offered by Alder Hey. As services will be commissioner defined and designed collaboratively this will not be at the expense of a sustainable local health economy. There are likely to be many advantages in providing services this way. Designing services along an entire pathway will have benefits for patients, who will experience less fragmentation between services, reduced duplication and greater efficiency. There are also potential benefits and cost savings for Alder Hey and commissioners around through effective management of entire pathways and managing 'downstream' demand.

### *1.2.3.1.2.1.2 Proactive Service Design*

In addition to services that are designed and provided in response to bids, the Trust will also seek to proactively design a range of innovative services to offer to the market. This will represent a change in the way that services are developed and taken to market. This will enable an increase in quality of care provided to local children, through locally developed, evidence-based services being made available.

There is an aspiration for Alder Hey to be involved in all parts of a child's life in Liverpool. Therefore there are a range of interdependencies with other strategic options, but primarily with the education option. One aim of providing services in this way will be to ensure that there is a move from reactive care to proactive prevention and self-care. Achieving this will require an innovative service model, supported by staff with requisite training that are able to deliver education and learning to both children and their parents or carers.

### *1.2.3.1.2.2 Future Operating Model*

The new model will be locus of integrated care, it will encompass a differentiated offering for local and regional commissioners. The operating model will also be closely aligned with the HLP<sup>27</sup>, which is being led by LCCG. As this strategic option describes the expansion of existing service provision, they will be managed primarily by the Integrated Community Services CBU in accordance with the current operating model.

### *1.2.3.1.2.2.1 Liverpool City Council Children's Centres*

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<sup>26</sup> *Fair Society, Healthy Lives: The Marmot review* (2010), Marmot, M., London: The Marmot Review / University College London

<sup>27</sup> The Healthy Liverpool programme is the name of the CCG-led review of how health services are provided across Liverpool, for more information see:

[http://www.liverpoolccg.nhs.uk/Library/About\\_us/Publications/Liverpool%20CCG%20-%20for%20a%20healthy%20Liverpool.pdf](http://www.liverpoolccg.nhs.uk/Library/About_us/Publications/Liverpool%20CCG%20-%20for%20a%20healthy%20Liverpool.pdf) [Accessed 23/05/2014]

## Non Commercial Summary | For Public Review

There are currently 18 Children’s Centres operated by Liverpool County Council. These provide a range of universally available services to children aged 0-5, including some maternity services, such as ante-natal clinics<sup>28</sup>. Alder Hey will work with LCC to utilise these facilities where appropriate.

### 1.2.3.1.2.2 Emergency Assessment Unit

Following the move into the CHP, the Integrated Community Services CBU will operate a new Emergency Assessment Unit (EAU), which will feature 12 beds that allow for an admission of up to 24 hours under the supervision of the ED clinicians.

### 1.2.3.1.3 Impact Assessment

Area	Component	Harvey Ball Impact Assessment
Clinical	Specialist Provider	
	Quality of Care	
	Clinical Sustainability	
Operational	Patient activity volume	
	Workforce	
	Beds	
	IT	
Financial	Income	
	Expenditure	
	Contribution	

**Key** Maximum Impact/ Complete Transformation High Impact Medium Impact Low Impact No Impact/ No Change

### 1.2.3.1.4 Impact on LHE

#### 1.2.3.1.4.1 Commissioner support

- LCCG is leading the HLP, comprised of six work programmes: mental health, healthy ageing, long term conditions, children, learning disabilities and cancer<sup>29</sup>. One element of this change will be the commissioning of integrated care pathways, favouring providers who are in a position to offer end-to-end care for conditions across a spectrum of acuity.
- The Liverpool Children’s Trust Board<sup>30</sup> have published a *Children and Young Person’s Plan* outlining five priorities: families at risk, early help/intervention, children in care and those leaving care, children and young people with special educational needs including those who are disabled, and learning and achieving. Alder Hey has taken this opportunity to ensure that the options developed as a part of the strategic plan are closely aligned with the broader aims agreed by the Health and Wellbeing Board.

<sup>28</sup> For more information on the services offered see: <http://liverpool.gov.uk/schools-and-learning/early-years-and-childcare/childrens-centres/> [Accessed 23/05/14]

<sup>29</sup> Presentation to Alder Hey Board by Liverpool CCG, 25/05/14

<sup>30</sup> The Liverpool Children’s Trust Board comprised of Liverpool City Council and its strategic partners and is accountable to the Liverpool Health and Wellbeing Board

As a result of the Care Bill<sup>31</sup> commissioning of services including health visiting, will transfer from CCGs to Local Authorities.

### 1.2.3.2 Strategic Partnerships

Vision for Strategic Partnerships:

*“To grow and strengthen existing partnerships, as well as to look for new opportunities with a number of organisations as a means to improve the quality of care across the region”*

#### 1.2.3.2.1 Current State

##### 1.2.3.2.1.1 Operating Model

Alder Hey already has a number of clinical strategic partnerships with several hospitals across the regions. Through the various clinics and networks, there are many strong partnerships and relationships already developed in certain specialities.

##### *Peripheral Clinics*

The most informal of these arrangements are the peripheral clinics operated by consultants in certain specialities in neighbouring hospitals. In such arrangements the consultants will visit the hospital on an agreed schedule to perform some of the more basic procedures and treatments and will refer the more specialist cases back to Alder Hey. These clinics tend to be the most common as numerous specialities are engaged in a regional clinical relationship. However, there is wide variation on the size, scale and scope of these clinics as well as geographic footprint, between specialities.

##### *Lead Provider Model*

The most formal of the existing networks is the Cystic Fibrosis network. Alder Hey provides shared care together with a network of 12 District General Hospitals (DGH's) across the North West, North Wales and the Isle of Man – in total looking after over 280 children. The multidisciplinary team from Alder Hey joins the local team in over 42 peripheral clinics per year and provides access to Alder Hey consultants outside of these clinics. There has been a high level of investment into this network to build a strong partnership model and it is often described as one of the best models of CF care in the country.

##### *Compete/ Collaborate Agreements*

Alder Hey has an existing partnership with the Royal Manchester Children's Hospital (RMCH), which is underpinned by a Concordat agreement between the two Trust Boards and includes the provision for joint Board meetings. The agreement is based on the two trusts collaborating to deliver a list of specialist services regionally, according to the best interests of patients. This partnership has been highly effective in maintaining a number of highly specialist services in the North West, providing the best service to patients locally and maintaining clinical expertise in a sustainable way. As a result the partnership between Alder Hey and RMCH is seen by many, as exemplary.

#### 1.2.3.2.2 Future State – at the end of Five years

Alder Hey is currently exploring a number of different strategic partnerships across multiple areas of the trust. It is looking to build upon existing partnerships within the region as well as looking more commercially to other opportunities for partnership. As such we have grouped a number of smaller partnerships into three key overarching strategic offerings:

- 1) Develop a bundle of paediatric services to offer to regional DGH's in order to improve the quality of care provided to children - The 'Alder Hey @' Model

<sup>31</sup> At the time of writing the Care Bill was still making a passage through parliament

- 2) Increase number of collaborative agreements to increase efficiencies and address maintaining national sustainability of certain specialist services
- 3) Grow commercial partnerships.

*1) The Alder Hey @ Model*

As the NHS moves towards a model of consolidated specialist services, there is an opportunity for Alder Hey and other specialist service providers to help provide core services to non-specialist care providers so that they are able to maintain clinical sustainability. Paediatric services are a cornerstone of any A&E service and DGH's are therefore required to provide them to maintain sustainability. Alder Hey's strong brand name and reputation in the North West region means that it already attracts the leading paediatricians and clinicians and this is likely to grow as the Trust develops its research and education offering. The effect of this could be that DGH's struggle to attract newly qualified paediatricians or offer their paediatric services at the required standard and therefore there is an opportunity for Alder Hey to provide these services for them.

Alder Hey will look to provide a bundle of services that can be provided at another provider's facility with all management, costs, revenue and clinical accountability lying with Alder Hey and repatriated back to the provider according to contractual agreements. This will improve the clinical standard of paediatric services across the region as the high quality of Alder Hey's services are expanded.

*2) Collaborate Agreements*

The success of Alder Hey's existing partnerships has encouraged the Trust to look for more opportunities with neighbouring regions. Many agreements are already under way with the key objective to be raise the quality of the paediatric services across the region and beyond.

*3) Commercial Partnerships*

The Trust recognises that the move into CHP will bring a number of further opportunities to be explored with commercial companies.

**1.2.3.2.3 Impact Assessment**

	<b>Component</b>	<b>Impact Assessment</b>
Clinical	Specialist Provider	
	Quality of Care	
	Clinical Sustainability	
Operational	Patient activity volume	
	Workforce	
	Beds	
	IT	
Financial	Income	
	Expenditure	
	Contribution	



**1.2.3.2.4 Impact on LHE**

The Strategic Partnerships objective will have an overwhelmingly positive impact on the LHE as it aims to achieve a more consistent level of quality in paediatric services.

**1.2.3.3 International & Private**

Vision for International and Private Strategy:

*“To grow existing operations and brand name beyond the domestic region by growing our international footprint”*

**1.2.3.3.1 Current State**

**1.2.3.3.1.1 Operating Model**

Alder Hey has an existing International and Private capability in the form of offering medical tourism to private patients, who come to the UK from overseas, operating within the demand of the NHS services.

**1.2.3.3.2 Future State – at the end of 5 years**

Over the next five years, the Trust aims to grow its medical tourism operation to a scalable level targeting different countries and offering a growing list of services.







However, the Trust has concerns about relying on this as an International strategy for the following reasons:

- Existing bed capacity at the Trust will become more challenging
- There is a general downward trend in the medical tourism industry as countries look to invest in building up domestic healthcare capability
- There is increased competition from other national and international providers who can offer more localised services at a lower costs





Therefore, the Trust has developed two initiatives within its International Strategy:


1. Increased volume of medical tourism offering highly specialised services within a formal operating model
2. Establishing a physical presence overseas though exploring a number of commercial partnerships

**1.2.3.3.3 Impact Assessment**

	Component	Impact Assessment
Clinical	Specialist Provider	
	Quality of Care	
	Clinical Sustainability	
Operational	Patient activity volume	
	Workforce	
	Beds	

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	IT	
Financial	Income	
	Expenditure	
	Net Contribution	

**Key**  Maximum Impact/ Complete Transformation  High Impact  Medium Impact  Low Impact  No Impact/ No Change

### 1.2.3.3.4 Impact on LHE

The provision of International and Private healthcare at Alder Hey will not have an impact on the volume of NHS activity currently performed on site. The Trust will continue its current role within the HLP and there will be no negative impact on the LHE through the growth of medical tourism.

### 1.2.3.4 Research

Vision for Research:

*“To build upon its strong reputation to become a world class leader in the research of children’s health”*

### 1.2.3.4.1 Current State

#### 1.2.3.4.1.1 Operating Model

The Trust has seen the performance, quality and reputation of its research enterprise improve significantly over the past five years and has demonstrated it can successfully respond to an ever changing research environment. Research activities are led and co-ordinated through the Clinical Research Business Unit (CBRU). The Integrated Research Strategy for Child Health (2012) focuses on existing areas of strength (Pharmacology; Inflammation; Infection; Cancer; International Health) and recognises the potential for growth in other areas. The clear objective of the CBRU is to conduct research that will result in improvements in health outcomes for children and young people. However, the Trust also recognises that in order for research to flourish and realise its benefits, it must be organised along commercial principles and the Trust has pursued commercial growth as a result.

Similarly the Trust also recognises that successful research is dependent on wider collaboration and as such, Alder Hey and its partners in Liverpool have developed a strong research portfolio in child health. Alder Hey realises that a coherent strategy shared with its academic partners is the way to an internationally recognised centre of excellence for research into children’s health and wellbeing and as a result has formed a number of partnerships both regionally and nationally. This is encapsulated in the major strategic aim with the University of Liverpool to assemble resources and personnel commensurate with the capability to compete for a National Institute for Health Research (NIHR) Biomedical Research Unit (BRU) by 2016:

#### 1. Liverpool Health Partners (LHP) & Joint Research Office (JRO)

The LHP was formed in 2011 with the University of Liverpool to link the three interdependent functions of clinical services, research and education and to ensure that medical research breakthroughs lead to direct clinical benefits for patients. The JRO underpins the LHP and provides an operational framework in which all LHP partners sponsor and conduct research. Alder Hey is fully supportive and involved with this important initiative and senior executives/managers at the Trust sit on the LHP board, JRO oversight committee and JRO sponsorship committee. The

integration within LHP cements the key collaborations between Alder Hey and a number of institutes and departments within the University of Liverpool.

2. *North West Coast Academic Health Science Network (AHSN)*

One objective of the AHSN is to integrate innovation into routine practice and to expedite the transition from research evidence to patient care. Alder Hey's role in this network is to identify the priorities for paediatrics and to integrate them into the AHSN strategy

3. *Alder Hey NIHR Clinical Research Facility (CRF)*

In partnership with the University of Liverpool and with the support of the NIHR: Children Speciality, Alder Hey secured local funding to develop a paediatric CRF.

Through the spectrum of partnerships, the Trust has developed its experimental medicine and early phase research expertise and can now confidently undertake translational research from bench to bedside. The Trust has a national profile in paediatric clinical pharmacology and has worked on a number of experimental medicine studies that help to understand the mechanisms of disease and identify potential new therapeutic targets.

### 1.2.3.4.2 Future State – at the end of five years

Over the next five years, the CRBU at Alder Hey will develop a number of strategic pursuits which will help it to deliver on the objective to be one of the recognised world leaders in children's research and healthcare. These pursuits can be categorised under six key initiatives:

1. Establish a BRU for Better, Safer Medicines for Children
2. Become the Premier centre for Paediatric Trials
3. Focus on New Areas of Clinical Research
4. Further Develop Strategic Partnerships
5. Develop a Research Workforce Strategy
6. Grow Commercial Activity

1) *Establish a BRU for Better, Safer Medicines for Children*

This is the major strategic objective over the period of this plan. The aim is to achieve competitive status for a NIHR BRU. This requires coherent planning and investment between Alder Hey, University of Liverpool and the Alder Hey Children's Charity. Critical success factors are the appointment of senior academic posts which will meet the stringent thresholds for leadership of themes within a BRU. In addition, the NHS environment supporting the BRU must be demonstrably capable of delivering on BRU objectives. The context of the BRU within Liverpool Health Partners is recognised and will be a significant development within the local health economy.

2) *Become the Premier Centre for Paediatric Trials*

Through its collaborative partnerships with University of Liverpool (Child Health, Pharmacology, Infection and Global Health, Cancer, Biostatistics) and other HEIs, NIHR Alder Hey CRF for Experimental Medicine, track record in clinical trial delivery and growing cohort of clinical key opinion leaders, Alder Hey is ideally placed to cement its position as a premier centre for paediatric trials. This will include becoming a sentinel site for companies in the commercial sector wishing to develop marketing authorisations for new drugs.

The Trust currently has one *paediatric formulation* in development, but will aim to develop another two over the next five years which will lead to generating licensed medicines for children and which relies on the following methodological skills:

- Protocol Development
- Paediatric Formulation and Dose Expertise



- Pharmacokinetic and Pharmacodynamics expertise

The Experimental *Arthritis Treatment Centre for Children* will provide patients with autoimmune diseases the opportunity to receive new treatments that are currently in early development. The treatments provided in this unit will not be commercially or widely available and so patients who have no other option will gain access. There is the potential to replicate this model in other therapeutic areas.

**3) New Areas of Clinical Research**

These will be dependent on external influences, strategic changes within the University of Liverpool and the attraction of NHS clinicians with existing research track record. The Alder Hey Charity will have an important role in pump-priming new research themes which have realistic potential and a strategic fit which complements the BRU.

Each of these themes requires strategic investment and careful consideration as to how each can develop critical mass with key academic partners.

**4) Further Development of Strategic Partnerships**

As aforementioned, Alder Hey recognises the benefits of working in collaboration with local partners and it aims to develop working research relations within the CRF Network. As medical trends move towards stratified medicine, the Trust recognises that research needs to be conducted across several organisations to achieve the volume of testing to deliver meaningful conclusions.








**5) Research Workforce Strategy**

The workforce strategy for research needs to consider both academic and NHS sectors. The BRU concept is dependent on further clinical academic posts at senior level, primarily in collaboration with the University of Liverpool. In addition, the BRU requires significant ‘depth’ provided by the NHS clinician workforce which is a potential constraining factor in the BRU success: this includes nurses and AHPs.




**6) Grow Commercial Activity**

The Trust has a good reputation with many commercial companies including small to medium enterprises (SMEs). The focus on experimental medicine will accelerate the opportunities for partnerships with the commercial sector and shared licensing agreements. Over the next five years, the Trust will develop these relationships further to accelerate the growth of its commercial success.

**1.2.3.4.3 Impact Assessment**

	Component	Impact Assessment
Clinical	Specialist Provider	
	Quality of Care	
	Clinical Sustainability	
Operational	Patient activity volume	
	Workforce	
	Beds	
	IT	

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Financial	Income	
	Expenditure	
	Net Contribution	

**Key**  Maximum Impact/ Complete Transformation  High Impact  Medium Impact  Low Impact  No Impact/ No Change

### 1.2.3.4.4 Impact on LHE

Investment into Alder Hey's research facility will have minimal impact on the LHE from a clinical perspective. However in achieving world class status, the facility will attract the most specialist and innovative levels of clinical testing which will help to grow Liverpool's image as a leader in paediatric care which will have a positive impact on the LHE

### 1.2.3.5 Education

The vision for education at Alder Hey is:

*"Recognised as a world leader in the provision of education, learning and development; delivering a service which encourages and promotes inter-professional learning capable of taking us into Children in the Park in 2015 and beyond, and one which underpins the delivery of the highest quality patient experience and outcomes."*

#### 1.2.3.5.1 Current State

##### 1.2.3.5.1.1 Description of existing profile

Education, learning and development are core to Alder Hey's vision of being a world class children's hospital. Aligning itself with this vision, the Trust is already a major teaching hospital and provider of education on a local, national and international scale. This covers the spectrum of medical and nursing student education, continuous professional development of existing staff and learning for the wider children's healthcare workforce. The Trust recognises that education, learning and development are fundamental to offering the highest quality, sustainable services.

As a teaching hospital, the Trust supports over 400 student doctors on placement each year. Undergraduate programmes are developed in conjunction with guidance outlined in the GMC document 'Training Tomorrow's Doctors'. The majority of financial contribution from education and training at the Trust comes from formal academic education (i.e. funded centrally by Local Education and Training Boards and Health Education England).

The principle behind the current Alder Hey model of education, learning and development is that at all times and in every context decisions (be that team learning, provision or commissioning of education) should be focused on the children and young people we treat.

#### 1.2.3.5.2 Future State – at the end of five years

##### 1.2.3.5.2.1 Future services offered

Education, learning and development will remain core to the vision of being a world class children's hospital. However, it will also take on additional importance as an enabler for other strategic options described above. This is in the context of attracting and retaining the best quality workforce, but also in ensuring that staff recruited to Alder Hey have the core competencies and skills that meet the Trust's standards, in order to enable the strategic objectives.

Core to the emerging *Education, Learning and Development Strategy* is training across professional boundaries and developing existing and new partnerships that improve quality, safety and sustainability. There is also an opportunity to expand the range of services offered under the 'Education Alder Hey' brand, aimed at widening the reach of education, learning and development to the entire children's healthcare community. These specific initiatives are described in more detail below:

### *1.2.3.5.2.1.1 Developing partnerships*

Alder Hey will work to develop and leverage their existing partnerships with Higher Education Institutions (HEIs) to ensure that they deliver the maximum benefits to the partners, students and the wider children's healthcare workforce. These partnerships must result in outcomes that align with the strategic aims set regionally by Health Education North West and nationally by HEE.

### *1.2.3.5.2.1.2 Developing 'Education Alder Hey'*

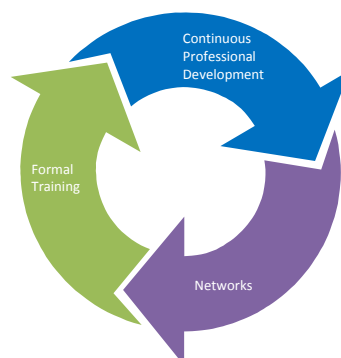
'Education Alder Hey' includes the provision of education to professionals in the wider child healthcare workforce, beyond the formal academic / student setting. Some of these new education and training offerings will be facilitated by the move into the new Education Centre, as part of the CHP development. This will include the latest technological capabilities, allowing for new ways of education and training delivery to be utilised.

There are a range of benefits associated with Alder Hey becoming synonymous with high quality education programmes:

- Developing a reputation for high quality education and high quality care.
- Developing loyalty to the Alder Hey brand and organisation through such programmes.
- Developing programmes in areas where it is currently hard to recruit or where there is a national/international shortage.
- Anticipating the next skills that will be required and develop associated programmes.
- Aligning the Trust with some of the best educational establishments nationally and internationally.
- Developing a commercial model that generates income for the Trust; with profits being reinvested in NHS services.
- Developing a pool of the best trained staff and being able to recruit directly from this pool.
- Increasing resource in clinical areas as part of the action based learning (at no or reduced cost to the Trust).

### *1.2.3.5.2.2 Future Operating Model*

Detailed planning for the future operating model for education, learning and development is currently being undertaken, with plans expected to be submitted to the Board for approval by November 2014. In order to deliver a coherent, comprehensive package that maximises the opportunities for efficiencies and best utilises assets such as technology and estate, a continuous model comprising of three elements has been developed:



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*Continuous Professional Development:* is targeted at existing Alder Hey staff and includes all mandatory and compliance training, as well as all other training consistent with job planning and staff satisfaction measures – this enables staff to deliver high quality, safe care.

*Networks:* support multi-disciplinary working, the sharing of best practice and opportunities for staff of various professional groups.

*Formal Training* covers a broad range of education provision to groups as diverse as medical staff (primary, secondary and tertiary care providers), international medical staff, patients and parents and carers. External formal training offerings support delivery of internal Continuous Professional Development and it is supported by Networks – it ranges from formal academic training, through courses and conferences, to innovative technology-enabled learning

As aforementioned, education is a core enabler of the other strategic options, therefore the final design and aims included within the *Education, Learning and Development Strategy* will be designed to reflect this. This will include the undertaking of a gap analysis of staff skills coming into the trust and programmes to ensure that mandatory training and continuous professional development meet Alder Hey standards.

### 1.2.3.5.3 Impact Assessment

Area	Component	Harvey Ball Impact Assessment
Clinical	Specialist Provider	
	Quality of Care	
	Clinical Sustainability	
Operational	Patient activity volume	
	Workforce	
	Beds	
	IT	
Financial	Income	
	Expenditure	
	Contribution	

**Key** Maximum Impact/ Complete Transformation High Impact Medium Impact Low Impact No Impact/ No Change

### 1.2.3.5.4 Impact on LHE

As a teaching hospital, Alder Hey provides paediatric training locally, regionally and nationally. Through the expansion of the Education, Learning and Development strategy, Alder Hey aims to improve the overall skill levels of the entire children's healthcare workforce, delivering positive impacts on the quality and safety of care provided. The updating of the strategy will not have any adverse impact on other providers of healthcare, education or training within the local economy.

### 1.2.3.6 Innovation at Alder Hey

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Innovation is a theme that cuts across all of the strategic options described above, hence is not described as a standalone option in itself. Alder Hey will only achieve the aim of being a world class children's hospital through remaining consistently innovative. This is likely to have a different practical application in each of the different areas. For example the strategic partnership formed with BT is already yielding exciting new technological developments. The 'Alder Hey @' model described above is a potentially pioneering way of providing sustainable, high quality paediatric services. Integrated care interventions will be designed on a whole pathway basis, requiring the utilisation of new technology to change the way people work. In research, innovation is implicit amongst much of the work carried out. Technology in the new Research and Education Facility will change the way that people interact with learning. We will work to ensure that these innovations are captured and exploited to derive the greatest benefits for patients, staff and the Trust as a whole.

### 1.2.4 Financial Impact

Alder Hey has developed the following approach to address the efficiency challenges required of all trusts in the NHS amounting to approx. 4% per annum. This will be achieved via a combination of internal cost efficiencies (CIP's) as well as the Strategic Options described below.

£'m	14/15	15/16	16/17	17/18	18/19
<b>Strategic Options:</b>					
Integrated Care	0.0	0.0	1.0	0.8	0.6
Strategic Partnerships	0.0	0.0	0.7	2.1	3.6
International & Private Patients	0.0	0.0	0.6	0.8	1.7
Medical Research	0.0	0.0	0.04	0.05	0.06
Education	0.0	0.0	0.0	0.0	0.0
<b>Strategic Options Total Contribution</b>	<b>0.0</b>	<b>0.0</b>	<b>2.3</b>	<b>3.7</b>	<b>5.9</b>

£'m	14/15	15/16	16/17	17/18	18/19
<b>Surplus/(Deficit)</b>	<b>32.8</b>	<b>(57.2)</b>	<b>1.8</b>	<b>7.5</b>	<b>5.0</b>
<b>COSRR</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>CIP requirement (£'m)</b>	<b>8.4</b>	<b>7.9</b>	<b>7.1</b>	<b>4.0</b>	<b>3.3</b>
<i>% of cost base</i>	<i>4.6%</i>	<i>4.3%</i>	<i>3.7%</i>	<i>2.0%</i>	<i>1.6%</i>

The Strategic Options reduce the CIP requirement quite considerably. However, the Trust still recognises and is committed to achieving the outstanding CIP requirement through a variety of measures. These measures include maximising the service modernisation and productivity improvement opportunities arising out of the new hospital. The largest proportion of these savings will be realised from 2016/17 after the transfer to the new hospital and will be facilitated by the Trust's transformation programme *How We Will Work In The Future*. Other CIP savings will be realised through a revised procurement strategy, medicine and drug schemes and IT enabled savings programmes.

## 1.3 Benefits for patients

### 1.3.1 Integrated Care

As outlined above, there will be a wide range of benefits to patients resulting from implementing an integrated model of care, including:

- End-to-end pathway design with reduced fragmentation between services
- A wider range of services provided closer to where people live, provided by a locally trusted brand
- Larger workforce trained to Alder Hey standard with access to clinical oversight and governance
- Greater education provision, allowing for more prevention and self-care to take place avoiding unnecessary hospital trips.

### 1.3.2 Strategic Partnerships

All components of the Strategic Partnerships objective offer benefits to the patient through improved quality of care:

- Improved level of paediatric care at DGH hospitals and therefore improved local accessibility of high quality care
- Consistency of quality across the region
- Improvements in very specialist expertise
- Improved experience in CHP due to technological innovations.

### 1.3.3 International and Private Patients

The patient benefits of this objective largely apply to foreign patients rather than domestic patients. However, the Trust will ensure that no international work will be undertaken at the sacrifice of domestic care. Alder Hey continues to be committed to providing the best level of care to all their patients.

### 1.3.4 Research

Pursuit of the Research growth initiatives will offer benefits to the patient – however, this may be longer term as the Research team builds its reputation.

- Becoming the premier centre for paediatric trials means that Alder Hey will provide opportunities for patients to take part in studies of new medicines and devices
- Research into rare diseases and long term conditions will provide insight into previously unknown diseases and ultimately improve provision of care in these fields
- Becoming a world class research centre will also attract the best workforce and will enable Alder Hey to become a world leader in paediatric medicines which will allow patients access to the best level of care as well as access to the newest medicines for their symptoms.

### 1.3.5 Education

As outlined above, all decisions in relation to education, learning and development should be taken with the children treated at or by Alder Hey in mind and this will be maintained throughout the period. Patients will benefit in the following ways:

- Increased quality of care through enhanced continuous professional development of Alder Hey staff
- Increased quality of care offered by the wider children's healthcare workforce enabled by the expansion of education, learning and development offerings
- Establishment and reinforcement of clinical networks through the learning environment
- Greater child, parent and carer education resulting in better prevention and self-care.

## 1.4 Communication Plan

In support of the Five Year Strategic Plan, the Trust has developed a high level communications strategy which will provide a framework for delivery of effective brand management and communications during the period; recognising the challenges faced by Alder Hey in terms of increased efficiency and cost-saving, while at the same time helping to realise an ambitious vision and achieve its strategic goals. This work will be integrated with the strategic approach to communications being taken by the Alder Hey Charity.

The Trust recognises the importance of effective communications to the success of NHS organisations. This is a pivotal time in the history of Alder Hey, as it prepares for the move to a new hospital in September 2015, while pursuing its strategy to become a world-renowned children’s healthcare organisation.

The Trust has seen considerable success in the profile and reach of its external communications over the last 12 months; however it is accepted that the approach taken needs to be more strategic and better integrated with other business functions if it is to contribute fully to the overall strategic plan.

Meanwhile, within the organisation, the numbers of staff reporting good communication between management and staff remains below the national average. This has led to a review and dedicated action plan to improve internal communications and engagement in 2013/14, but it is recognised that this must remain a major focus for the Trust’s Board and Executive Team.

Due to its profile as a leading national children’s hospital, Alder Hey has also had to manage some significant national media interest in recent years and will need to remain adept at managing issues (and potential crises) professionally and transparently, whether these relate to the NHS as a whole, or to specific Trust services or actions.

Significant progress has also been made recently in identifying and beginning to embed the Trust’s Values, with the direct involvement of over 1500 staff in the process. This is just one outcome of a closer working relationship between the Communications and HR Teams and offers up exciting opportunities for culture change as well as future communications.

Each of the five strategic objectives outlined in this document is important in achieving the Trust’s purpose: ***“We are here for children and young people; to improve their health and wellbeing by providing the highest quality, innovative care.”***

This will continue to be underpinned by a strong message that ***everything we do at Alder Hey is “Inspired by children”***, while the Alder Hey values will remain at the heart of all Trust communications:

Excellence	We pride ourselves on the quality of our care, going the extra mile to make Alder Hey a safe and special place for children and their families
Working together	We work as one team in the Alder Hey community, built on friendship, dedication, care and reassurance
Innovation	We are committed to continually improving for the benefit of our patients
Respect	We show that we value every individual for who they are and for their contribution
Openness	We are open, honest, and engage everyone we meet with a smile

In order to achieve these outcomes, the high level communications strategy identifies **four priority areas** for action in the timeframe 2014 to 2019. It will be supported by detailed annual action plans which will enable the Trust to review and evaluate performance against set targets.