



Strategic Plan Document for 2013-16


Birmingham Children's Hospital NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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About The Trust

Birmingham Children's Hospital NHS Foundation Trust provides children's health services for young patients from Birmingham, the West Midlands and beyond, with over 240,000 patient visits every year. We are one of the UK's four standalone children's hospitals, one of 37 providers of specialised children's services, and one of the UK's 246 trusts providing hospital paediatric services to the local population. We provide 11+ national services, 30+ services to children and young people in the West Midlands, and general and emergency services to the south and central population of Birmingham. We are characterised by a unique co-location of all the services, specialist expertise and diagnostic and treatment resources that a sick child needs. The population is characterised by diseases which have one or more of the following features: rarity, complexity, co-morbidity, unresponsiveness to conventional therapy, age or acuity.

Our hospital is home to:

- 54 specialties (including liver transplant surgery, cardiac surgery, burns, major trauma, craniofacial surgery, blood and marrow transplantation, specialised respiratory and dermatology, neurology, cystic fibrosis, Child and Adolescent Mental Health Services)
- 11 Nationally Commissioned Services
- 150,000 outpatient visits a year
- 50,000 Emergency Department patients a year
- 39,000 inpatient admissions each year
- 314 beds across 16 wards at Steelhouse Lane and 4 Child and Adolescent Mental Health Services (CAMHS) wards at Parkview in Moseley
- 12 theatres (including our Hybrid and Laparoscopic theatres) and 3 procedure rooms
- £3.7m 3T MRI scanner which supports pioneering research into brain tumours in children
- 61 parent and family accommodation rooms – the largest facility in Europe
- KIDS regional emergency transport service
- Wellcome Clinical Research Facility
- 31 bedded PICU
- £233m annual income
- 3,112 WTE staff

Research

Research is a fundamental part of what we do at the hospital and we are leading the way with pioneering international research into:

- Childhood cancer
- Inherited metabolic disorders / rare diseases
- Liver disease
- Infection, inflammation and immunity
- Nutrition, growth and metabolism in childhood
- Drug use in children
- Relapsed and refractory acute lymphoblastic leukaemia
- Infant neuroblastoma
- Infant brain tumours

Our Vision

The Trust's strategy is based on our mission, which is "to provide outstanding care and treatment to all children and young people who choose and need to use our services, and to share and spread new knowledge and practice, so we are always at the forefront of what is possible."

This is supported by a clear set of strategic goals and our vision of being the leading provider of healthcare to children and young people in the UK, whatever their condition and wherever they need our expertise.

Our Mission

To provide outstanding care and treatment to all children and young people who choose and need to use our services, and to share and spread new knowledge and practice, so we are always at the forefront of what is possible.

Our Vision

To be the leading provider of healthcare to children and young people in the UK, whatever their condition and wherever they need our expertise

Our Strategic Goals

Delivering excellent care today....		Striving to make it even better....		Shaping excellent care for tomorrow....	
Every child and young person requiring access to care at Birmingham Children's Hospital will be admitted in a timely way, with no unnecessary waiting along their pathway	Every child and young person cared for by Birmingham Children's Hospital will be provided with safe, high quality care, and a fantastic patient and family experience	Every member of staff working at Birmingham Children's Hospital will be looking for, and delivering better ways of providing outstanding care, at better value	Every member of staff working at Birmingham Children's Hospital will be a champion for children and young people	We will strengthen Birmingham Children's Hospital's position as a provider of Specialised and Highly Specialised Services, so that we become the leading provider of Children's Healthcare in the UK	We will continue to develop Birmingham Children's Hospital as a provider of outstanding local services: 'a hospital without walls', working in close partnership with other organisations

Figure 1 The Trust Vision for 2013-2016

The Trust Priorities 2013/14

As part of the business planning process The Trust has reviewed and agreed its list of organisational priorities for 2013/14 that will support the strategic goals outlined above. These have taken into account the key organisational ambitions and challenges and are summarised in figure 2.

Figure 2 Our Priorities for 2013/14

<p>We will strengthen Birmingham Children's Hospital's position as a provider of Specialised and Highly Specialised services, so that we become the leading provider of healthcare in the UK</p> <ul style="list-style-type: none"> •To develop and promote our strategy for rare diseases •To be more ambitious in our delivery of specialised mental health services, ensuring children and young people receive the best care in the best environment 	<p>Every member of staff working at Birmingham Children's Hospital will be a champion for children and young people.</p> <ul style="list-style-type: none"> •To further develop our position as an advocate and provider of public health advice, improve the lives of our patients, and all children and young people across Birmingham •To further strengthen the voice of children and young people in how our services are run and how we promote healthy lifestyles •To improve the quality of end of life care •To improve the life chances for young people with a learning disability by developing a range of employment opportunities 	<p>We will continue to develop Birmingham Children's Hospital as a provider of outstanding local services: 'a hospital without walls', working in close partnership with other organisations</p> <ul style="list-style-type: none"> •To continue to develop, with our partners, a Birmingham Children's Network, that enables high quality, high value health care for children and young people across Birmingham •To work with primary care partners to examine how we might come together to best provide first line care for children and young people •To examine, with partners, how we best provide community mental health services for children and young people, given the budget reductions expected from commissioners
<p>Every child and young person requiring access to care at Birmingham Children's Hospital will be admitted in a timely way, with no unnecessary waiting along their pathway</p> <ul style="list-style-type: none"> •To ensure that no child or young person has their appointment or operation cancelled, unless there is unforeseen urgent clinical priority. •To provide high quality consistent emergency medical and surgical care by improving the patient journey and removing all unnecessary delays. 	<p>Every child and young person cared for by Birmingham Children's Hospital will be provided with safe, high quality care and a fantastic patient experience</p> <ul style="list-style-type: none"> •To further develop our approaches to gaining feedback from staff, children, young people and families to ensure that their voice is heard at every level of the organisation •To further innovate our systems to promote and enhance patient safety and reduce avoidable harm. •To introduce technology to improve the service safety, quality and experience •To build an organisation of high performing teams, focussing on quality 	<p>Every member of staff working at Birmingham Children's Hospital will be looking for, and delivering better ways of providing care, at better value</p> <ul style="list-style-type: none"> •To review whether we have the right people, with the right skills, undertaking key roles to ensure we can provide high quality services within the resources available •To support and develop innovation in the delivery of care by redesigning a range of clinical pathways •To explore how we can work with partners, to improve our commercial offer in order to further support our NHS services

Strategic Analysis

Over the past year the Trust has undertaken a detailed strategic analysis to support the development of our organisational strategy for 2013-16. Our analysis has helped develop a clear service strategy built on:

- The specialist nature of the hospital and responding to the increasing centralisation of complex services into a few national centres.
- Developing the local Birmingham and West Midlands acute paediatric service offer, working closely with other local paediatric providers such as Heart of England NHS Foundation Trust and Sandwell & West Birmingham Hospitals NHS Trust in partnership with the local commissioners to identify how local paediatric services are best delivered.
- Extending clinical networks into the community (such as the BCH Hospital at Home Team) and into secondary care across the West Midlands.
- Providing a complete service for children and young people with mental health problems from specialist community to complex inpatient care.
- Developing and promoting our strategy for rare diseases.
- Improving the quality of our end of life care.
- Nurturing a culture of innovation to support the delivery of healthcare within BCH.
- Championing the health and well-being of children and young people in Birmingham, across the West Midlands and nationally.

Some of the key challenges that we are facing and that have influenced the development of our organisational strategy in both the short and medium term are outlined below in figure 3.

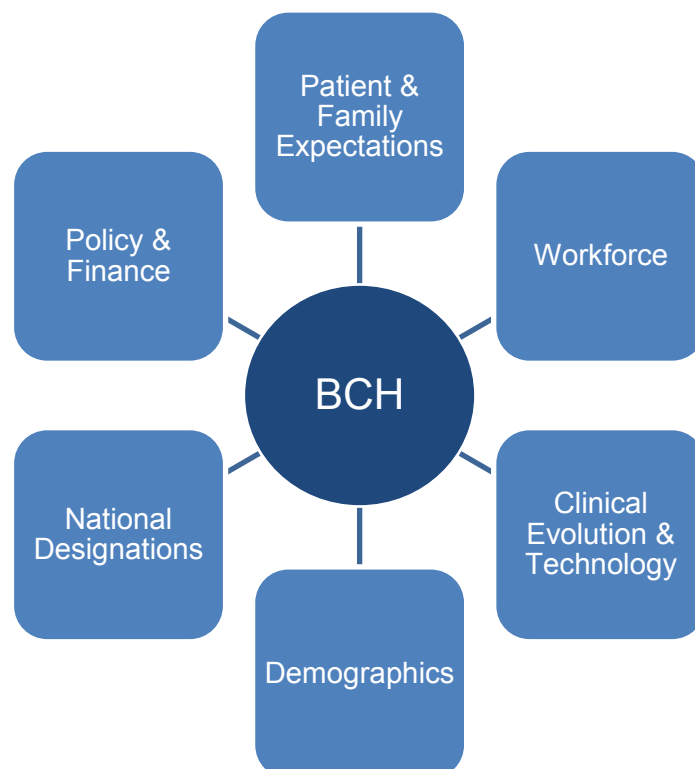


Figure 3 Strategic Analysis for BCH 2013-2016

Patient & family expectations: - for children and young people coming into hospital can be a frightening and disorientating experience. Currently much of the hospital is based on old-fashioned Nightingale wards that offer poor privacy and space for our patients. Upgrading to more single rooms will offer greater dignity and privacy and also allow parents to sleep next to their children.

Workforce: - healthcare is primarily a service-based industry, delivered by people. The Trust's aim is to attract and retain the best and brightest people in what is becoming an increasingly competitive labour market. The number of available senior doctors and nurses is gradually decreasing and we will be competing for a diminishing pool of healthcare workers with other children's health care providers both within the UK and internationally. This is explored in more detail in the workforce strategy section.

Clinical service evolution and technology: - our current estate, due to ad-hoc expansion, does not provide ideal clinical adjacencies, leading to inefficiencies for staff. In addition the core of the estate is based on Victorian buildings and does not have the capacity to accommodate large-scale cutting edge technology such as inter-operative MRI. Many of the Trust's national and international competitors are investing heavily in new infrastructure (Manchester, Liverpool, Sheffield and Great Ormond Street) and in order to achieve our service ambitions BCH will need to respond.

Demographic Changes: - as a large independent Children's Hospital providing secondary, tertiary and quaternary services the treatment population does not just cover Birmingham but extends to the entire West Midlands population as well as nationally. Demographic trends and previous historical activity are shown to be powerful predictors of future demand. The projected demographic change, both in terms of the total child population and the projected growth across the West Midlands region, has a significant impact on the Trust and its predicted future demand and service profile. The Trust has already seen trends within the last three years that District General Hospitals are increasingly reticent to perform certain treatments for children and young people and are now referring these patients onwards. Patients range from 0-19 years old and ONS statistics for the West Midlands suggests that this population will increase from 1.35m (2012) to 1.53m (2033), a rise of 13.41%.

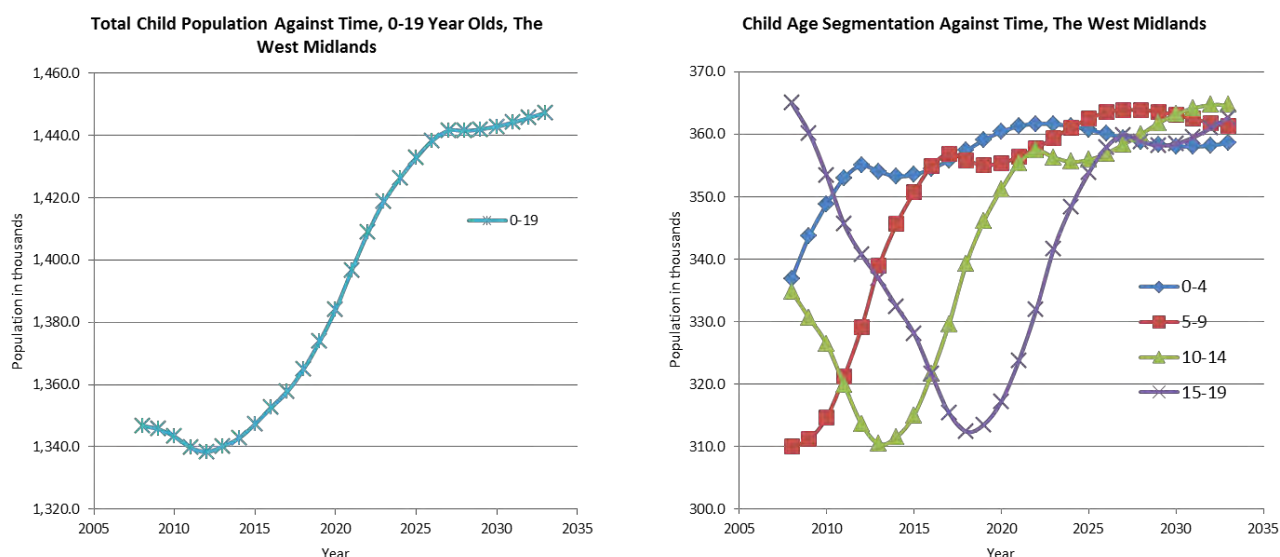


Figure 4 Demographic Changes for West Midlands 2005-2035 (ONS Data)

Outside of London, the West Midlands is also the most ethnically diverse region in England and Wales (it is the 4th most populous region in England but has the second highest ethnically diverse population in England) with a profiled 3.6% increase in its non- "White British" population from 2001 to 2009. The ethnic diversity of the population has a significant impact on activity profiles due to rises in case-mix complexity and birth rates, leading to an increase in demand and rising complications from consanguineous relationships.

Population Growth: Geographical Patterns				
	Percentage of mid-2001 population that is not 'White British'	Percentage of mid-2009 population that is not 'White British'	Increase in population	Increase in Non-'White British' population
England and Wales	12.7%	16.7%	2,449.1	2,485.9
England	13.2%	17.2%	2,360.0	2,392.5
North East	3.7%	7.6%	44.2	101.7
North West	8.0%	11.6%	124.9	256.9
Yorkshire and The Humber	8.4%	13.2%	281.5	276.6
East Midlands	8.8%	13.0%	261.6	210.4
West Midlands	14.0%	17.6%	150.4	218.0
East of England	8.7%	14.8%	366.1	386.9
London	40.4%	40.5%	431.2	180.5
South East	8.8%	14.3%	412.3	497.1
South West	4.7%	9.5%	287.8	264.4
Wales	4.0%	7.0%	89.1	93.5

Note: Figures may not sum due to rounding.

Figure 5 Population Growth Trends 2001-2009 (ONS Data)

In order to map the implications for the Trust associated with the future demographic changes, demand management initiatives, service reconfiguration and clinical developments an activity model has been developed based on five core principles:

- Gather and clean data to ensure that it provides a strong basis for forecasting.
- Apply logarithmic activity trends to the baseline data.
- Modify the activity trends based on clinical insight.
- Examine additional clinical scenarios (derived from known changes in national policy and the development of national designation such as Safe & Sustainable).
- Application of demographic trends (derived from ONS statistics).

The results of the modelling exercise suggest that activity at BCH will increase substantially over the next decade. This information has been used to develop the future activity models and estates strategy for Birmingham Children's Hospital both within the medium term estates strategy and the longer term new hospital project.

Point of Care	2010	2020	% change
Inpatient	36,930	44,360	20%
Theatre	23,054	27,513	19%
Out-patient	190,000	216,900	14%
ED attendances	46,272	52,389	13%

Figure 6 Predicted Activity Levels 2010-2020 (BCH Strategy Unit Modelling)

The increased demand is also starting to create additional challenges with regards to maintaining operational performance. This is particularly relevant for the Trust 18-week admitted patient pathway

and is reflected by the fact that the Trust did not meet the 18-week standard for the first time in 18 months during April 2013 (achieving 87.8%) and is predicted to miss the Q1 target. In order to address this issue additional anaesthetic capacity, theatre sessions and operating lists are being scheduled in line with the increased demand profile in order to ensure the Trust achieves 90% from Q2 onwards and throughout the remainder of 2013/14.

Economic Outlook- There continues to be a significant challenge to the UK economy as a whole with the Office for Budget Responsibility (OBR) now halving the UK growth forecast for 2013/14 to 0.6%. Whilst the OBR does expect the UK recovery to pick up to 1.8% in 2014 this figure remains below its original December 2012 prediction. Subsequent predictions are for 2.3% in 2015; 2.7% in 2016 and 2.8% growth forecast in 2017. Although the 2015-16 Spending Review has confirmed that the Department of Health budget will be ring-fenced during that financial year it is likely that the NHS will face even greater challenges in delivering expected service efficiencies. The fact that there will be minimal growth available, other than through shifts in market share, is particularly important to BCH given the expected increase in demographics and activity outlined above.

Nationally policy and financial mechanisms- The commissioning architecture of the NHS is changing significantly during 2013 as a result of changing national policy. Having an affordable and realistic financial offer from local, regional and national commissioning bodies will be important in maintaining and growing market share. The changes to commissioning arrangements and a summary risk assessment for each component are outlined below.

- Changing funding split
- National service specifications
- Provider led networks

Impact	Risk/Opportunity	Mitigation/Action
<p>Increase in services being designated as 'prescribed' and so commissioned by the NCB.</p> <p>2012/13 funding split was:</p> <ul style="list-style-type: none"> • NCG 9% • WMSCT 44% • WMPCTs 38% • Other 9% <p>The split for 2013/14 will be:</p> <ul style="list-style-type: none"> • NCB – national 9% • NCB – regional 64% • CCGs 26% • Other 1% 	<p>Uncertainty in commissioning due to changes may lead to disagreement about who is the responsible commissioner.</p> <p>This will lead to a reduction in commissioners and contracts and so should reduce administrative burden for cost per case and prior approvals.</p>	<p>BCH will agree contracts with both the NCB and CCGs through a tripartite approach to ensure responsibility for services is clear.</p> <p>This will be kept under review during the year as further changes are expected.</p>
<p>National service specifications will be introduced for all prescribed services, where previously there have been none.</p> <p>There are approximately 60 service</p>	<p>Some of the service specifications are currently identified as 'aspirational' and so there is a risk that the</p>	<p>Gap analysis has been carried out across all specifications by clinical leads so the baseline is clear.</p> <p>Investment agreed for identified</p>

<p>specifications that will be applicable to the Trust.</p>	<p>Trust will not comply without significant investment.</p> <p>Opportunity to increase market share for services that are able to demonstrate full compliance with service specifications</p>	<p>2013/14 risks- psychological input.</p> <p>Clinical leads have contributed to all of the service specification consultations and several BCH clinicians are members of the Clinical Reference Groups.</p> <p>Process agreed with commissioners to review gap analysis in first 6 months of the year with some derogations expected.</p>
<p>Move to provider led networks for some specialised services.</p> <p>As a specialist trust this will mean that BCH will be acting as the lead for the network and so commissioning services from other providers e.g. Cystic Fibrosis where a shared arrangement with BCH as the host is required from 1st April 2013.</p>	<p>Trust is accountable for the performance of all members of the network and if standards are not met the Trust would be responsible for improvement.</p> <p>Consolidates position as specialist provider. Increases the opportunity to improve standards and care across network and drive innovation.</p>	<p>For Cystic Fibrosis workstream an internal project group established, chaired by the Chief Medical Officer to consider:</p> <ul style="list-style-type: none"> • Contracts and finance • Quality standards <p>Agreement with Commissioners to run the contract in shadow form in 2013/14</p>

Figure 7 Commissioning Changes & Implications 2013/14

Service Reviews and Reconfigurations: - in addition to the changing commissioning architecture across the NHS outlined above there are also a range of commissioner led initiatives that have also been considered as part of developing the Trust strategy for the next three years. Specifically this has included:

- West Midlands Paediatric Review
- QIPP and demand management initiatives
- Decommissioning proposals
- Any Qualified Provider tenders

Impact	Risk/Opportunity	Mitigation/Action
<p>Paediatric Review</p> <p>A review of acute paediatric services was carried out in 2012/13- this was a joint review between Commissioners, BCH and other local providers.</p> <p>The recommendations are cross cutting and require actions from Commissioners as well as the Trust. This includes looking at delivery of care in alternative settings.</p>	<p>Review of urgent care may lead to some reduction in ED attendances and so income.</p> <p>Opportunity to provide more community based services, particularly complex patients</p>	<p>Service development plan agreed for Urgent Care, to focus on acute short term illness and ED.</p> <p>This supports work being done internally to review the emergency care pathway. This will support better management of our limited capacity and improve discharge planning.</p>
<p>QIPP and demand management</p> <p>Commissioners have indicated that they wish to increase the usage of the 'Advice and guidance' function on Choose and Book to reduce outpatient activity and to implement a clinical assessment service, 'CAS'.</p>	<p>Potential reduction in outpatient referrals.</p> <p>Given activity is forecast to grow this will allow better use of capacity and the ability to grow tertiary work.</p>	<p>Jointly agreed service development and improvement plan is in place & actions agreed for both BCH and the commissioners. This is supported by the acute paediatric review.</p>
<p>Decommissioning</p> <p>Commissioners have indicated a reduction in funding to community CAMHS of £1.4m which represents c 25%.</p> <p>This will have a significant impact on the delivery of the services. Transitional funding has been agreed for 2013/14</p>	<p>Service provision does not meet current and future demand impacting on access and quality of service.</p> <p>Reputational issues for Trust</p>	<p>Options appraisal is being presented to Joint Clinical Commissioning Group. Trust will push for maintaining the same level of funds and looking for efficiencies in future years so that this can be done in a safe way and meet the rising demand.</p>
<p>Any Qualified Provider</p> <p>Limited impact for the Trust.</p> <p>CAMHS Home treatment team has been put to tender in 2012/13 and new contract will be awarded from 1/6/13.</p>	<p>Loss of contract, new provider operating in Birmingham for CAMHS.</p>	<p>Trust has delivered the pilot and achieved success delivering savings for commissioners. Strong position given the provision of community CAMHS and city wide infrastructure in place.</p>

Figure 8 Service Reviews and Commissioner Analysis

Market Assessment

A detailed market analysis of key competitors for Birmingham Children's Hospital has been undertaken as part of the strategic business planning process and this is summarised below for both the secondary care and tertiary care market respectively.

The Market for Secondary Paediatric Care

It is possible to evaluate the current strength of BCH in the secondary care market by analysing Hospital Episode Statistics (HES) data for the West Midlands region. This illustrates the relatively low risk from other competitors within the secondary care paediatric market. BCH has seen the most significant amount of growth compared to all other providers in the West Midlands region (from HES data 06/07 to 10/11) for paediatric patients.

This supports the view that secondary care provision of paediatrics is reducing amongst some providers, with activity shifting to BCH due to the difficulty of maintaining expertise and clinically viable rotas. This is evidenced by a significant growth in emergency presentations amongst the very young cohort of patients. HES data for 2006- 2011 shows 27% growth in BCH elective activity and a 45% increase in emergency care activity (figure 9).

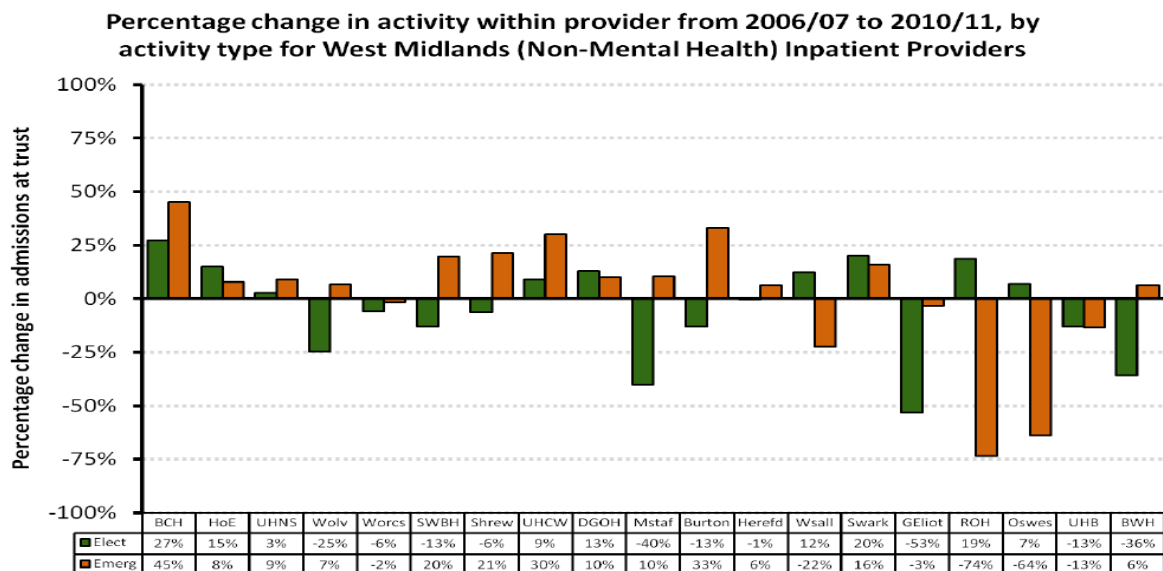


Figure 9 Percentage Change in Provider Activity 2006-2011 (HES Data)

BCH also dominates the market in terms for secondary care inpatient and outpatient paediatric service provision across the region (figure 10).

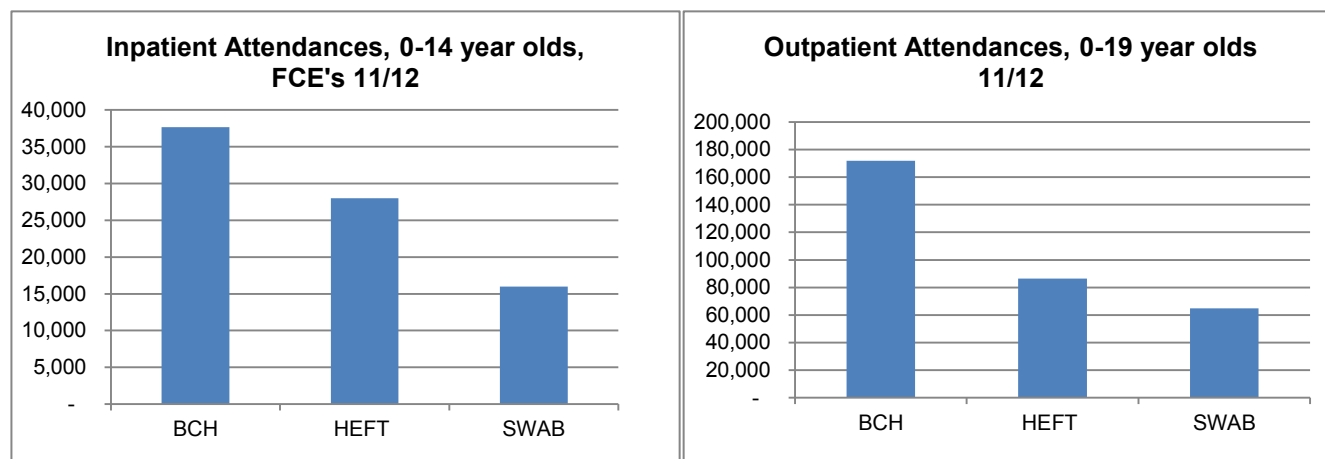


Figure 10 Inpatient and Outpatient FCEs 2011/12 Secondary Care Market

We have also undertaken a SWOT analysis of our secondary care competitors to support our ongoing strategy and this is summarised in figure 11.

Trust	Strengths	Weaknesses
Sandwell and West Birmingham	<ul style="list-style-type: none"> Pilot site for PF2 new build Trust of large scale, £415m Many services provide diversification of product line Delivers maternity services 	<ul style="list-style-type: none"> Paediatrics not core business Delivers 1 NCS Potentially not seen as number one choice for paediatric care in the city by patients
Heart of England Foundation Trust	<ul style="list-style-type: none"> Trust of large scale, £560m Many services provide diversification of product line Delivers maternity services 	<ul style="list-style-type: none"> Paediatrics not core business Delivers 1 NCS Potentially not seen as number one choice for paediatric care in the city by patients

Figure 11 Secondary Care SWOT Analysis- key competitors

Specialist Paediatric Care Market

In terms of the West Midlands tertiary and quaternary market BCH is effectively the single provider for services with no other immediate regional competitor for the specialist paediatrics. Competition for the specialist paediatric market is therefore primarily at a national level and continues to be influenced by national service designations and direct competition with specialist nationalist providers. BCH remains in a strong position with regard to the number of nationally commissioned services provided, which presents significant opportunities for increasing market share in a potentially challenging future funding environment (figure 12).

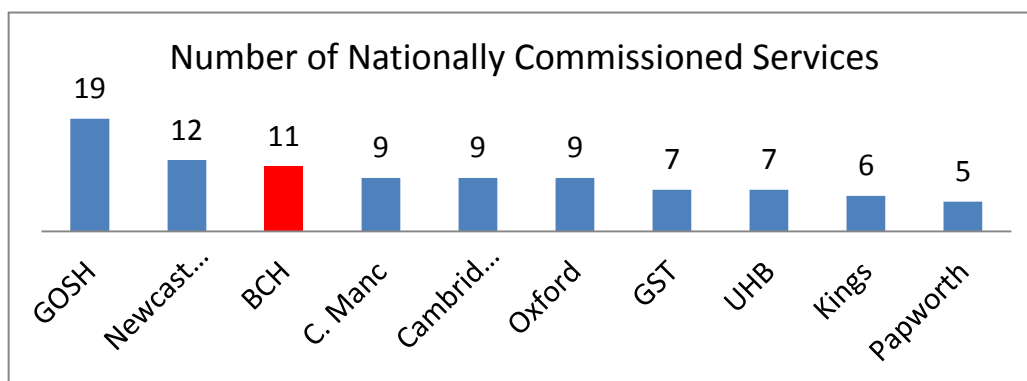


Figure 12 Number of Nationally Commissioned Services (Adult and Paediatric)

The Trust is also well placed to exploit the development of its rare disease strategy, one of the key priorities for 2013/14, given its relative strength in the rare disease market as the second biggest paediatric provider nationally behind Great Ormond Street. We have undertaken an analysis of our specialist paediatric market competitors and this is summarised in figure 13.

Trust	Strengths	Weaknesses
Alder Hey	<ul style="list-style-type: none"> SOC for New Hospital approved Option B for Safe and Sustainable 	<ul style="list-style-type: none"> Delivers 1 NCS Not co-located Not member of an AHSC
Royal Manchester Children's Hospital	<ul style="list-style-type: none"> New build, opened 2009 Functions in co-location model Own genetics laboratory Member of AHSC Delivers 9 NCS as a whole Trust Member of the Shelford Group 	<ul style="list-style-type: none"> Finances not separate of adult services Operates as part of a Trust Does not provide cardiac services
GOSH NHS FT	<ul style="list-style-type: none"> Powerful brand reputation Dedicated private patient facilities Option B Safe and Sustainable Member of AHSC Delivers 19 NCS 	<ul style="list-style-type: none"> Not co-located with an adult teaching hospital
Sheffield Children's NHS FT	<ul style="list-style-type: none"> Operates co-location model 	<ul style="list-style-type: none"> Not member of AHSC Delivers 2 NCS Does not provide cardiac services Relatively small turnover £70m
University Hospitals of Leicester NHS Trust	<ul style="list-style-type: none"> Co-located with adult hospital Strong ECMO experience Recently announced development of dedicated £30m Children's Hospital 	<ul style="list-style-type: none"> Separate cardiac services Not an FT or member of AHSC Delivers 3 NCS as part of a Trust Operates as part of adult Trust S&S recommended cardiac services be stopped
Evelina Children's Hospital	<ul style="list-style-type: none"> Delivers 7 NCS as a whole Trust Member of an AHSC Allied with a well-known brand New estate 2005 	<ul style="list-style-type: none"> Finances not independent of adult services Operates as part of a Trust
Newcastle Hospitals NHS FT	<ul style="list-style-type: none"> Option B for Safe & Sustainable Co-located with Adult Hospital Delivers 12 NCS 	<ul style="list-style-type: none"> Not member of AHSC

Figure 13 Specialist Paediatric Providers Market Assessment

BCH SWOT Analysis

In addition to the market assessment and activity modelling it is important that the Trust also undertakes an organisational assessment of its own strengths and weaknesses within the market place. This has been carried out as part of the strategy development and is briefly summarised below

Internal	Strengths	Weaknesses
	<ul style="list-style-type: none"> Second highest centre for delivery of paediatric nationally commissioned services Large breadth of service delivery Co-located Ronald McDonald House and internal parental accommodation One of only four specialist independent children's hospitals Strong synergies and relationship with adult tertiary level provider (UHB) Large number of national and international experts within the Trust City centre location and regional location provide easy access routes for staff and patients Largest single PICU in England Provides 31% of the national complex cardiac congenital workload Track record of surplus generation 	<ul style="list-style-type: none"> Brand not well known outside of the region- GOSH known as the paediatric hospital for England and the UK Lack of capacity for exploring private revenue streams & increasing NHS market share CQC standard on supporting workers (standard 14) improvements required Current estate, out dated and expensive to maintain, expansion potential limited and restricted by heritage laws Workforce challenges developing due to difficulty associated with junior doctor recruitment Reference costs higher compared to other specialist paediatric providers Currently not co-located No onsite immunology
External	Opportunities	Threats
	<ul style="list-style-type: none"> Site relocation, could enable the development of a life sciences campus and support the development of Academic Health Sciences centre for Birmingham Increased understanding of the value and benefit of clinical networks could increase BCH market penetration, awareness and coverage Strong BCH representation on Clinical Reference Groups Second biggest provider (market share) of paediatric rare diseases Growing and diverse local population, providing unique R&D opportunities for clinical trials Opportunities for developing international recruitment and sub-specialty fellowships Strong synergy exists between BCH agenda and Birmingham City Council Life Sciences and Local Enterprise Park strategy 	<ul style="list-style-type: none"> Other specialist providers have dedicated private care facilities, providing for diversified income streams and capturing market share Tertiary competitors undergoing new builds – Alder Hey, GOSH – Rare Diseases Centre, Leicester paediatric hospital Manchester Children's Hospital strong rival for Rare Diseases Centre Designation Cambridge competitor for genetic testing centralisation New PFI funding model PF2, untested, delay in potential new estate Safe and Sustainable process under judicial review and IRP investigation. CCG requested a paediatric outpost to remain in city centre site if main hospital relocates to Edgbaston Commissioning of genetic testing changing, with laboratory tests having to be requested via a geneticist or counsellor for funding to take place via the NCB Potential reduction in paediatric tariff

Figure 14 BCH SWOT Analysis

The BCH Clinical and Quality strategy

Clinical quality is our organising principle. It has always been our mission to provide outstanding care and treatment to all children and young people who choose and need to use our services, and to share and spread new knowledge and practice, so we are always at the forefront of what is possible. Our vision is to be the leading provider of healthcare for children and young people, giving them care and support – whatever treatment they need – in a hospital without walls. Every child and young person cared for by Birmingham Children's Hospital should be provided with safe, high quality care, and a fantastic patient and family experience. In order to complete this we plan to:

- Continue development of tools to prevent predictable and preventable cardiac and respiratory arrests.
- Reduce extravasation injuries and medication incidents.
- Improve time from decision to administration of antibiotics.
- Prevent avoidable Grade 2 pressure ulcers.
- Reduce risks in the handover of patients between services and caregivers during their inpatient stay.
- Develop a Trust wide quality outcomes dashboard.
- Introduce new methods of collecting and responding to the experience of our patients and families in real time using web technology.
- Implement our organisational development People Strategy.

The Chief Medical Officer is responsible for agreeing with the Board a series of clearly defined, measureable safety targets, setting out the means by which they will be measured. These targets have been produced through a process of risk analysis and by identifying areas for improvement through a variety of data sources including serious incidents, incident reporting, complaints, litigation and patient experience feedback. The safety targets and priority areas developed for 2013/14 are detailed in figure 15.

Annual Safety Targets/Priorities

The safety targets for 2013/14 are set out below:-

	OBJECTIVE	MEASURE	JUSTIFICATION FOR INCLUSION	DEVELOPMENT AIMS
1	We will reduce the number of life threatening events which could have been predicted by monitoring and were preventable to zero.	Number of cardiac and respiratory arrests and acute life threatening events (ALTEs) on wards that were both predictable and preventable.	<p>Cardio-respiratory arrest is the most severe complication that can happen to patients in hospital. Whilst many are unpredictable and cannot be prevented, some can be detected using track and trigger system, such as the Paediatric Early Warning Score (PEWS) system used here at BCH. This will allow detection of physiological deterioration and also dictate appropriate escalation action.</p> <p>In January 2013 the PACE Team (Paediatric Assessment Clinical intervention and Education) was launched to provide a 24-hour service to support ward staff in providing additional care to a patient, should it be required. This additional support by PACE is in conjunction with the consultant in charge of the patient and the intensive care team, and will facilitate any escalation of a child's care.</p>	We will continue year on year to reduce life threatening events which could have been predicted and prevented by monitoring with an aim to eliminate such events.
2	We will reduce the rate of Central Venous Catheter (CVC) related and associated blood stream infections per 1000 CVC patient days on PICU to 1.2	Number of CVC catheter related and associated blood stream infections (as defined by the NPSA Matching Michigan project) per 1000 patient days on PICU where there is a CVC in place.	CVC related sepsis is a major cause of morbidity and prolonged patient stay in our most severely ill patients and can be a threat to life. The "Matching Michigan" process is an accepted method for reducing CVC related blood stream infections and BCH is taking part in this project.	<p>We will continue to reduce the target further across PICU in future years.</p> <p>We will develop a process to monitor CVC related infection rates throughout the hospital and include a target infection rate for all CVCs at BCH.</p>
3	We will reduce episodes of harm from extravasation injuries by 25% year on year.	We have previously collected data on the number of extravasation injuries via our incident reporting system.	<p>Monthly Average incidents reported (2012/13)</p> <ul style="list-style-type: none"> • Minor – non-permanent– 12 (+23%) • Moderate– 0.1 (-85%) • Major- 0 (zero) 	We will use information from this data collection to identify causal factors of harm, both in terms of specific drugs and venous access.

		SCAN (Safer Children's Audit No Harm) is now in place and data has been collected, including extravasations. In future we will collect data at the point of care directly into the SCAN database.	<p>We are continuing to review medication that is involved in extravasation incidents to identify whether there are any specific associations between the drug being infused and the likelihood of extravasation injuries.</p> <p>Since March 2012 there has been a NCQI covering cannula care. This has focussed on accurate observations, dressing changes and observation of early signs of an extravasation injury.</p>	
4	We will reduce the episodes of harm resulting from avoidable failure or misuse of Ventilators, Infusion Pumps, Syringe Drivers, Surgical Instruments Patient Monitoring Equipment and Resuscitators to zero.	<p>We will record all incidents involving these equipment types where we cannot demonstrate that:</p> <ul style="list-style-type: none"> - The item of equipment has a full record of maintenance or -That the operator has been assessed as competent in the use of that equipment (except surgical). 	<p>These are the most frequently reported equipment-related incident types.</p> <p>We have had historic and intermittent problems with holding a full equipment maintenance record. We have launched a competency framework in the use of medical devices (excluding surgical).</p>	<p>The basis for action in respect of all equipment types is compromised when incident reporters leave equipment details as 'other' or they are left blank. We will develop the recording of equipment types to enable a more holistic approach to problem areas.</p> <p>There is no simple link between maintenance and failure of devices. We will seek to identify and establish the frequency of other factors which contribute to device failure which results in harm.</p>
5	We will maintain the number of avoidable Grade 2 Pressure Ulcers or above at zero.	Number of Grade 2 pressure ulcers or above which were categorized as 'avoidable'.	<p>In 2011/12 the number of grade 3 pressure ulcers was very low with only 1 all year. There were no grade 4 pressure ulcers.</p> <p>In 2012/13 we improved further and achieved our target of zero grade 3 or 4 pressure ulcers and no</p>	<p>All patients have a skin assessment to see whether they are at risk of developing a pressure ulcer.</p> <p>All grade 3 and 4 pressure ulcers are investigated using Root Cause</p>

			<p>avoidable Grade 2 ulcers.</p> <p>In 2013/14 we aim to maintain this standard.</p>	<p>Analysis.</p> <p>A multi-professional group has been set up to develop strategies and protocols for the care of patients with head and spinal injuries.</p> <p>We will use the Paediatric Safety Thermometer to monitor the number of pressure sores every month.</p>
6	All patients needing antibiotics as defined by the care pathway should receive them within 1 hour of prescription.	100% compliance with sepsis care pathway monitored initially by way of monthly audit and at least quarterly.	In 2011/12 there were 3 incidents requiring RCA (including one SRI) which highlighted poor adherence to best practice guidance on sepsis management, specifically delays in the administration of antibiotics. The Sepsis Care Pathway will be piloted from the 20 th May 2013 and fully launched Trust wide in August 2013.	<p>A BCH Sepsis care pathway has been developed and is being implemented.</p> <p>Future actions will be based on audit results.</p>
7	Every child admitted as an emergency will be seen by a consultant within 12 hours	We will monitor on a quarterly basis through case note audits.	RCPCH Guidance <i>Facing the Future: Standards for Paediatric Services 2011</i> , stipulates that "Every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent staff, speciality and associate specialist grade doctor who is trained and assessed as competent in acute paediatric care), <u>within the first 24 hours.</u> " We believe that we should go further than this and that it is reasonable to expect a child to be seen by a Consultant <u>within the first 12 hours.</u>	<p>We will establish a baseline of our current performance against this target initially during 2013 which will identify key areas to address for improvement.</p> <p>We will aim to improve year on year.</p>
8	We will reduce the number of incidents involving doctors in training that result in moderate harm arising from either of the failure	Number of incidents with an impact graded moderate (3) or higher.	<p>Following concerns about patient safety raised through Deanery visits we undertook a comprehensive Clinical Risk Assessment using a Multiple Cause Diagram approach.</p> <p>We have implemented several initiatives to address</p>	We will assess the risks associated with Doctors in Training on a quarterly basis by triangulating data from incident reporting and other feedback sources such as the Junior Doctors Forum, JEST & PHEEM Surveys and

	<p>modes below to zero:</p> <ul style="list-style-type: none"> The reduced competence and confidence of junior medical staff The workload which reduces access of individuals to training and supervision 		<p>these potential risks including:</p> <ul style="list-style-type: none"> - Comprehensive rota review and redesign - Doctors in Training Safety Hotline - Trainee Advice & Liaison Service - Trainee Survey 	Deanery visits.
9	<p>We will reduce the number of occasions in which a patient's care is compromised due to inaccurate or omitted data at handover.</p>	<p>Monthly Outcome Measures</p> <p>Number of patients where care is compromised due to inaccurate information</p> <p>Number of patients where care is compromised due to omitted information</p>	<p>BCH is initially focussing on clinical handover to the Hospital at Night Service. The Project Team have completed detailed risk profiling of the whole process of care transition from day to out of hours service. The project is currently in the implementation phase and 3 interventions have been identified:</p> <ul style="list-style-type: none"> - A Safer Clinical Handover Bundle - A Unified Electronic Handover System - Handover Education and training Programme <p>We've introduced a range of metrics (14) to monitor a variety of aspects of handover, including the impact of the 3 interventions as they are embedded.</p>	<p>BCH is one of 4 sites in the UK that has been selected to participate in the Health Foundation's Safer Clinical Systems programme, focussing on clinical handover.</p> <p>We believe that safe, reliable and effective clinical handover is fundamental to ensuring the correct foundations are in place to achieve zero avoidable harm.</p> <p>The pathway goal is the safe and effective transfer of accountability and responsibility for clinical care between daytime and out of hours clinical teams.</p>
10	<p>Patients commenced empirically on broad-spectrum antibiotics (piperacillin-tazobactam, meropenem, vancomycin) will have treatment reviewed no later than 48 hours later to determine whether it</p>	<p>Quarterly audits of antimicrobial prescribing practice.</p>	<p>Overuse of broad-spectrum antibiotics promotes the emergence and spread of multidrug-resistant, extensively drug-resistant and pandrug-resistant bacteria.</p> <p>Concerns about antibiotic resistance have been added to the Government Risk Register this year.</p>	<p>We will use audit data to target education and other initiatives to promote antibiotic stewardship. As a result we should see a reduction in overall antibiotic use with no risk, and some benefit, to patient care.</p>

	can be discontinued or de-escalated.			
11	We will reduce the number of incidents of omitted doses resulting in more than minor/temporary harm to zero.	Number of omitted dose incidents resulting in moderate harm (3) or above.	<p>Incident analysis shows that omitted medication is consistently our highest reported sub-category of medication incident. Although the incident data does not show that this causes harm, it is the one of the greatest potential source of harm to our patients.</p> <ul style="list-style-type: none"> - We have process mapped the medication administration process so that we could identify failure modes-the biggest potential for error arose from reference material not being in date, the reference material not being credible and poor technique being used to draw up liquid medication. - Developed additional training on preparing liquid medication with the Pharmacy and the Education Team. - A programme of review of local guidance on specific drugs will be developed so that, where appropriate, each drug has standardised guidelines which are reviewed at regular intervals by appropriate clinical staff to ensure that the guidance is in date and credible. - The role of Medicine's Safety Nurses has been introduced to act as local educators and champions of best practice 	We will continue to use incident and audit data to target education and other initiatives to reduce omitted doses year on year.
12	We will reduce the number of incidents involving incorrect dosage calculations resulting in more than minor/temporary harm to zero.	Number of incidents involving incorrect dosage calculations resulting in moderate harm (3) or above.	Incident analysis of prescription related incidents shows that incorrect calculations and therefore incorrect prescriptions are the most frequently reported type of prescription incident. The data demonstrates that this is a generic issue and not related to specific drugs or specialties.	We will continue to use incident and audit data to target education and other initiatives to reduce dosage calculation errors year on year.

			<p>We have:</p> <ul style="list-style-type: none"> - Included additional guidance on good prescribing practice on the Trust-wide induction for junior doctors. - We have produced dose calculators for a number of intravenous medications to minimise the chance of making an error with calculation. 	
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Figure 15 Safety Targets and Priorities for 2013/14

Quality & Safety Governance

Birmingham Children's Hospital is continually striving to improve the quality of the services it provides, in terms of safety, patient experience and clinical effectiveness. Quality continues to be at the heart of our strategic objectives which ensures a constant focus on quality at all levels of the Trust, including meetings of the Board and its committees. At the beginning of 2012/13, following an independent governance review, we established a new committee structure, which aimed to support the Board to focus on the right things by strengthening the committees that report to it. The Finance and Investment Committee became the Finance and Resources Committee (FRC), with a widened remit to consider all the Trust's resources, including the most important – our staff.

A new Quality Committee was set up which receives information about patient safety, non-clinical safety, patient experience, staff engagement and regulatory compliance. At each meeting the Committee undertakes a detailed review of a quality theme identified as an area that needs greater focus. In 2012/13 the Committee considered the following themes:

- Learning Disabilities - Providing Personalised Care
- Caring for our Staff - Better Care
- Medication Omission - Sepsis
- Developing a Palliative Care Service
- The potential quality impact on certain services if funding is reduced

In order to ensure that all the Board's committees are working well as part of the overall governance structure, each committee was reviewed at the end of the year, and annual reports were produced for consideration by the Board. Both of these committees are chaired by a Non-Executive Director and have a balance of executive and non-executive membership.

Internal Assurance and the Board Assurance Framework

In February 2013 The Trust Internal Auditor completed a review of our Quality Governance arrangements against the Quality Governance Framework. This review found that the Trust meets the criteria and provided 'significant assurance' that the Trust's arrangements are sound.

The Board Assurance Framework (BAF) provides a structure and process to enable the Board to understand and focus on the risks to achieving the organisation's strategic objectives and to assist the Board in discharging its responsibility for internal control. The BAF is presented to the Board for review on a quarterly basis and is considered at each monthly Board meeting. The content of and process surrounding the BAF were reviewed by the Internal Auditor in 2012/13. The review gave significant assurance, but a number of recommendations were made for improvement, and these are being implemented. This included a Board workshop to reassess the Trust's risks, which took place in February 2013. The outcome of this workshop has led to further development of the BAF and a review of the goals we must achieve to meet our strategic objectives.

All reports to the Board and its committees detail any potential impact on compliance with the Care Quality Commission's (CQC) 16 core essential standards of quality and safety. This information, together with the Board's regular reviews of quality, provides an oversight of areas which might be at risk of non-compliance with the standards.

The BCH Participation & Patient Experience Strategy

We want our patients and families to feel that they will be cared for, will feel safe and will feel confident in their treatment. In making this a reality for all of our children, young people and families it is essential that we work in partnership to ensure their opinions are heard, feedback is acted on and lessons are learned. The Participation & Patient experience Strategy will ensure that we engage and involve children, young people and families in the planning, provision and evaluation of all aspects of our services as outlined in section 242 of the NHS Act. In order to focus our resources on making improvements where they are needed most we will continually monitor and analyse a wide range of information that tells us where we could do better. This includes:

- Listening to the children, young people and families that use our services: there are lots of ways they can tell us what they think, and we take account of it all to work out what's most important to them:
 - Complaints, comments and concerns
 - Feedback cards
 - Surveys, friends and family test and use of net promoter scores
 - Patient stories
 - Feedback App
 - Websites like NHS Choices and Patient Opinion
 - Consultations
 - Mystery Shoppers
- Listening to our staff: the views of the staff who work in our hospital every day are vital and we encourage them to tell us what they think through surveys, consultations and feedback events.
- Listening to others: the views of BCH groups like the Young People's Advisory Group (YPAG) help us focus on how to make improvements in areas where this is needed.
- Analysing information about the quality of services, such as patient safety incidents and clinical audits.
- Using best practice examples, national targets and learning from other organisations.

The objectives that have been developed as part of the Participation and Patient Experience Strategy for 2013/14 are outlined in figure 16.

Objective	Measure	Secondary Measure
Friends and Family Test (Parents and Carers) CQUIN Target 2013/14	1. Maintain a 15% response rate from parent/carer 2. Introduce across the Emergency Department 3. Develop a monthly reporting process 4. Achieve a net promoter score >71	1. Response rate >15% 2. 5 point increase in net promoter score compared to 2012/13
Friends and Family Test (Children and Young People)	1. Achieve a 15% response rate from children and young people by Q4 2. Introduce across the Emergency Department	1. Response rate >15% 2. 5 point increase in net promoter score compared to 2012/13

CQUIN Target 2013/14	<ol style="list-style-type: none"> 3. Develop a monthly reporting process 4. Achieve a net promoter score >71 	
We will continue to develop new and innovative methods for collecting and responding to the experiences of our patients and families in real time using web based technology	<ol style="list-style-type: none"> 1. The BCH feedback App will be developed further during 2013/14 2. Achieve a 24 hour response rate from ward managers 	<ol style="list-style-type: none"> 1. Adopt use of the feedback App into the Hospital Operations Centre
We will develop the SCAN (Safer Children Audit No harm) Paediatric Tool	<ol style="list-style-type: none"> 1. The SCAN tool will be implemented across BCH during 2013/14 to monitor and then reduce paediatric harm across four areas – extravasation, use of paediatric early warning scores, pain management and skin integrity. 	<ol style="list-style-type: none"> 1. We will increase the percentage of harm free care delivered per month against the baseline
Play and Recreation	<ol style="list-style-type: none"> 1. A BCH Play Charter will be developed setting out the vision for play and recreation 2. A named lead for play will be identified within each ward/department 3. There will be increased use of volunteers to deliver play and recreation activities in 2013/14 4. Play will be used routinely to aid medical intervention through distraction 	<ol style="list-style-type: none"> 1. There will be an improvement in performance against play and recreation metrics 2. The commitment to the promotion of play will be evidenced through BCH policy development and documentation.
A set of Patient Experience Metrics will be developed for BCH during 2013/14	<ol style="list-style-type: none"> 1. A new set of standardised patient experience metrics will be developed and rolled out across the Trust in response to themes and issues identified from previous patient experience data. 	<ol style="list-style-type: none"> 1. Monthly internal reports and benchmarking will be rolled out across BCH in 2013/14

Figure 16 BCH Patient Experience & Participation Objectives 2013/14

The BCH People Strategy

As one of the UK's leading paediatric centres we go to great lengths to target, teach, nurture and develop the skills of our present and future workforce, to enable access to training and education and to foster life-long learning. Our aim is to ensure that all staff are appropriately equipped and qualified for the work they do and continue to learn and develop in their time with us. We continually examine our practice and look at ways to innovate and improve the service we all deliver so that our children, young people and families receive a first-class service.

To support this we have developed our People Strategy which is a key enabler for supporting the delivery of the overall Trust strategy. In developing our People Strategy we have considered a range of national, regional and local factors.

National Factors

- The workforce supply chain is crucial and our intelligence tells us there will be less speciality doctors available in the future but an increase in the numbers of GPs in training. As a Trust we need to ensure we are exploiting this and providing a good training environment for medical staff. Nationally there is a predicted 6% downward shift in the availability of junior medical staff. This will have a significant impact in some of our clinical specialties and how we respond to this is critical to meeting our service demands. Some initiatives we have developed include the extension of nurse led services such as the development and integration of Advanced Nurse Practitioners and clinical site practitioners in order to cover many tasks traditionally covered by junior doctors
- The nursing workforce is expected to stay at a steady state with some shortages in learning disabilities and mental health. There is also a predicted shortage of specialist staff in some AHP groups. The new education framework for healthcare sciences tells us that there will be fewer specialist functions within this field.
- In some medical schools 80% of medical students are female. This demographic gender shift requires us to consider a different approach to working practices and planning, in order to retain our staff.

Regional Factors

- With changes in regional demographics it is predicted that Birmingham will become the second plural city by 2024. Cultural competency in our workforce will be crucial to delivering quality care that meets the individual needs of the communities we serve.
- BCH is involved in leading the regional paediatric strategy and this is likely to have a significant impact on the shape of future service delivery which will impact on the regional paediatric workforce.
- We have good relationships with education providers and need to be cognisant of changes planned in these institutions, e.g. University of Birmingham may stop running their nursing and physiotherapy degree programmes.

- As we migrate into the new education and workforce planning arrangements we need to carefully manage the risk to funding, quality and commissioning of education in light of our workforce planning needs. The shift from diploma to nurse degree status will impact on career expectations of our nursing workforce. This is both an opportunity and a threat to delivering great care for our children and young people.

Internal Factors

- Our recent staff survey results have identified the areas where we need to focus activities in terms of improving the staff experience at work. This includes access to training and development and improvements in leadership and management capability.
- Our workforce plans have enabled a closer review of future demographic changes in our clinical workforce and improve planning associated with predicted changes such as retirement numbers. Importantly we have been impacted by a higher than expected number of women taking maternity leave- currently running at 4.5% and set to continue at this level.
- We face a significant (£1.4m) reduction in our CAMHS funding stream from Birmingham City Council during 2013/14. Plans are being developed to address the workforce risks. CAMHS is also being impacted by the desire to increase health visitor numbers with many mental health nurses leaving CAMHS to take up these roles resulting in a 10% turnover rate.
- The individual impact of public pay and pension reform will provide both a number of challenges and opportunities to BCH. Following an external review of pay bill opportunities a transformation project has been established to look at four key areas: Terms and conditions; policy development; pay and progression and workforce planning/management.
- Workforce Productivity- our workforce transformation strategy has identified the potential to deliver savings of up to £3.7m over 5 years through increasing workforce productivity and pay and progression.

BCH Values

Last year the trust developed a set of values and behaviours with our staff through a major engagement and consultation exercise. Over 70% of staff participated directly in this work which has helped to shape our core values and behaviours which are an essential component of our people strategy. This has focussed people on conversations about behaviours and a more systematic way of measuring the impact of these on staff. For example we now review our patient feedback against our values, our appraisal process has been redesigned around our values and our recruitment process includes assessing people against these values. The work with teams in making the values real is now being incorporated into our team development process for 2013/14.



Figure 17 BCH Values

Developing the Workforce Profile for 2013/14

This year, using the Monitor template workforce planning has been integrated into the business planning process in order to ensure that there is clear link between activity planning and workforce modelling. There has been greater engagement across all directorates and clinical specialties in developing the Directorate and speciality level business plans and this was supported by a confirm and challenge process with the executive team. As at 31st March 2013 we employed 3,112 WTE. Our 2013/14 business planning process identifies growth in the workforce to 3,287 WTE and through the quality assurance process we have identified a number of schemes aimed at reducing temporary staff and re profiling the skill mix to ensure we stay within the current financial envelope. With a pay bill at over £140m and accounting for 68% of our total expenditure against increases in activity and income our focus is very much on doing more for less and improving productivity.

The People Strategy for 2013-16

We are currently in the second year of our People Strategy which is focusing on four core elements:

- ✓ Caring for our People
- ✓ Managing our people
- ✓ Developing our people
- ✓ Organisational Development

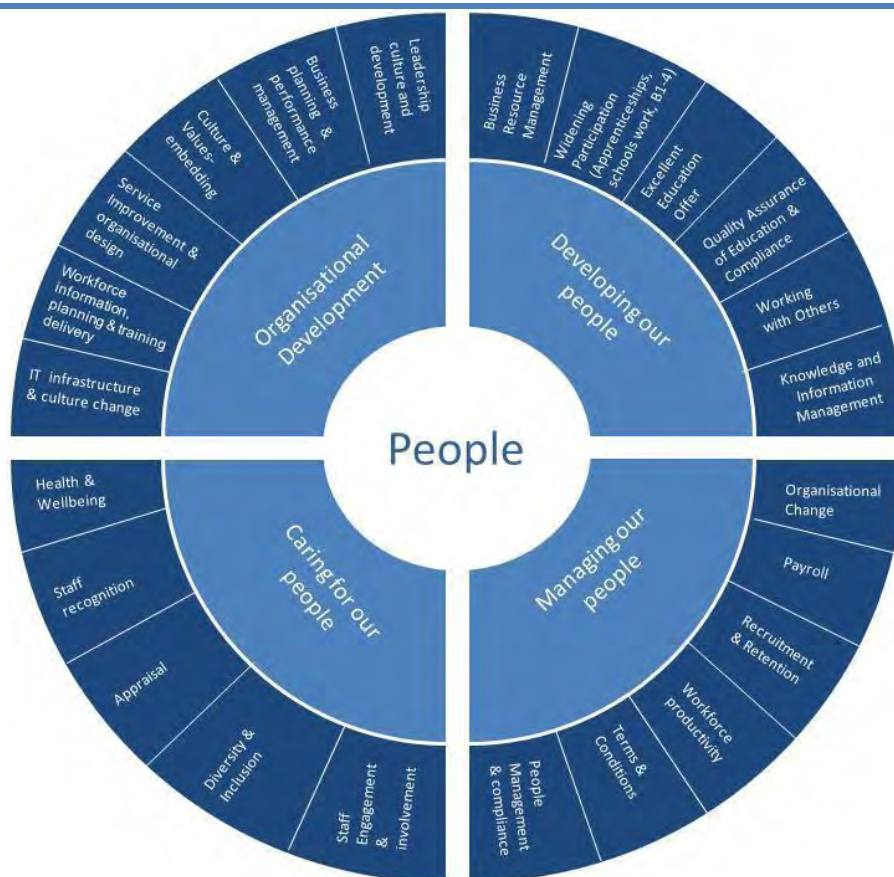


Figure 18 BCH People Strategy

The RAG assessment below (figure 19) outlines the level of risk and progress against each key priority area based on the internal review at the end of 2012/13.

DEVELOPING	MANAGING	CARING	ORGANISATIONAL DEVELOPMENT
Business & Resource Management	Organisational change	Health & Wellbeing	Leadership culture & leadership development
Widening Participation (apprenticeships, schools work)	Payroll Service	Staff recognition	Business Planning & Performance Management
Excellent education offer	Recruiting & retaining the best staff	Appraisal	Culture development & embedding values
Quality Assurance of Education & Compliance	Workforce Planning and Productivity	Diversity and inclusion	Service improvement & organisational design
Working with others	Terms & Conditions	Involvement & Staff Engagement	IT infrastructure & culture change
Knowledge and information management	People Management & Compliance		Workforce Transformation , Planning & training delivery

Figure 19 RAG Rated People Strategy Priority List 2013/14

We have refreshed the priorities for 2013/14 following this assessment and the revised objectives along with the proposed measures being used to measure achievement are illustrated in figure 20.

Element	Priority Area	Actions for Attention	Impact Measures
Developing our People	Quality Assurance of Medical	Embed revised systems and processes for management of medical staff.	Improved student and junior doctor feedback

	Education & Compliance	Refresh the education framework.	
Managing our People	People Management & Compliance	Develop tools & training for all managers to improve performance and staff engagement	Improved engagement scores and reduction in turnover and sickness absence
Caring for our People	Involvement & Staff Engagement	Launch of "Speak Out Campaign" Intent Event Sept 2013 Continue with executive forums.	Improved engagement scores and reduction in turnover and sickness absence and more people providing views and raising concerns
Organisational Development	Workforce Transformation, Planning & Training Delivery	Recruit to Advanced Practice roles, review tasks and refine JDs.	Demonstrable shift in role profile e.g. % reduction in qualified to support staff and management of recruitment
Organisational Development	Leadership Culture & Development	Deliver operational plan 2013/14 in the leadership development framework	% of leaders completing programmes and improvement in staff engagement by department
Organisational Development	Culture Development & Embedding Values	Development of tools to support teams and leaders. Development of employee charter. Review of Trust wide values initiatives.	Improvement in spread of values based activities and commitment, particularly from medics. Improved recruitment decisions and reduction in turnover rates. Establish baseline engagement figure for every department in preparation for targeted improvement in 2014/15.

Figure 20 BCH People Strategy Objectives 2013/14

The BCH Estates Strategy

Our vision is to be the leading provider of healthcare for children and young people, giving them care and support –whatever treatment they need –in a hospital without walls. The physical capacity of the estate is one of the biggest challenges to this vision. Thus, our clinical quality strategy is founded on capital investment in our estate, modernisation of care pathways, equipping our staff with the skills to use our existing resources more safely, effectively and efficiently, and partnership working to deliver healthcare for children and young people closer to their home wherever possible.

In December 2012 our Board of Directors agreed a £30m estates investment programme as part of the Medium Term Estates Strategy. This will ensure that between now and 2020 we have the necessary space, facilities and staff to care for more patients and to ensure that we continue to deliver high quality services across all of our clinical specialties. This is an important element for supporting the anticipated growth in service demand outlined earlier in this document and for enabling the Trust to continue to diversify its income streams through new service development and market share growth given the predicted financial forecast for the NHS as a whole over this period. The three phases of the Trust overall estates strategy, and the proposed investments, are outlined in figure 21.

Now	Short	Medium	Long
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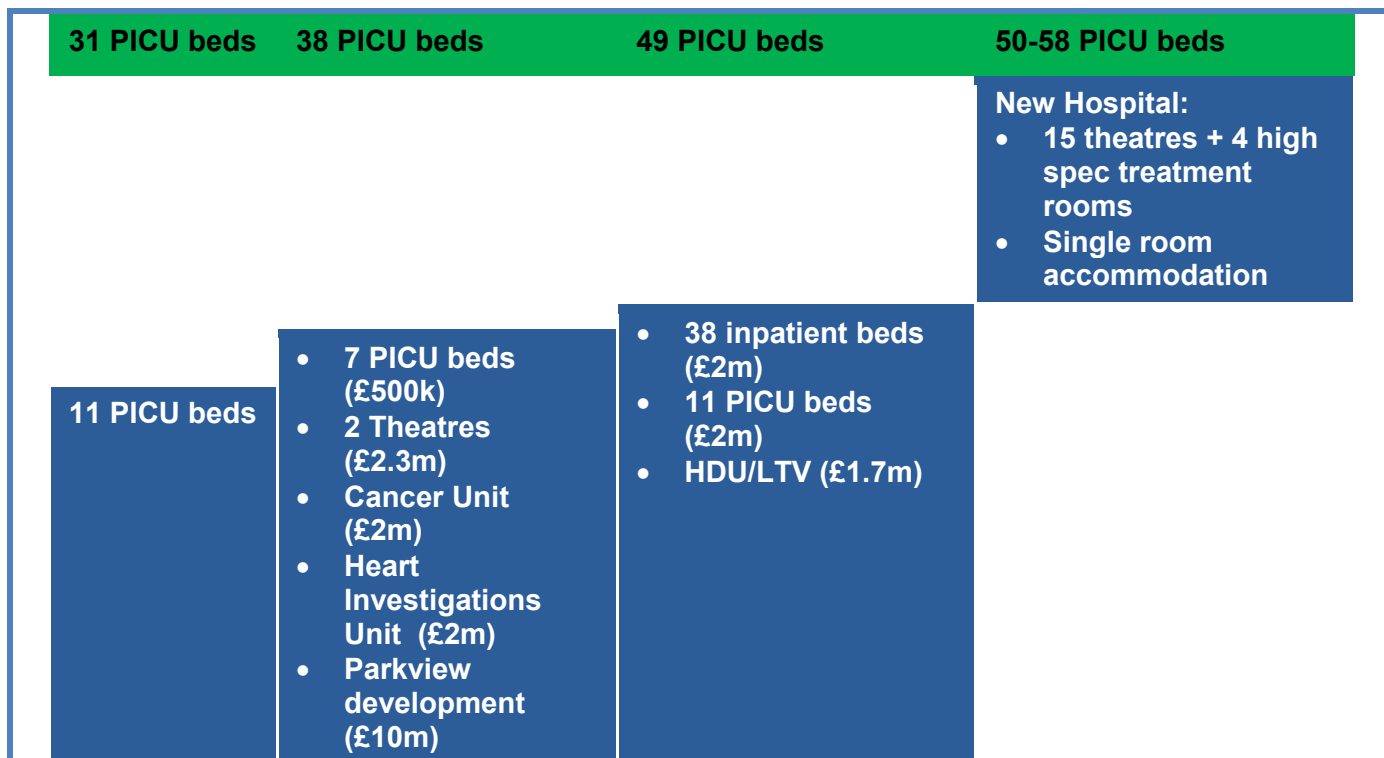


Figure 21 BCH Estates Strategy Outline 2013-2020

Between 2013-2016 BCH will be investing in the Medium Term Estates Strategy (MTES). This will include expanding the number of PICU and in-patient beds, developing two new theatres, building a new West Midlands Cancer Centre and redeveloping our Child and Adolescent Mental Health Service (CAMHS) at Parkview. This is outlined in more detail in figure 22.

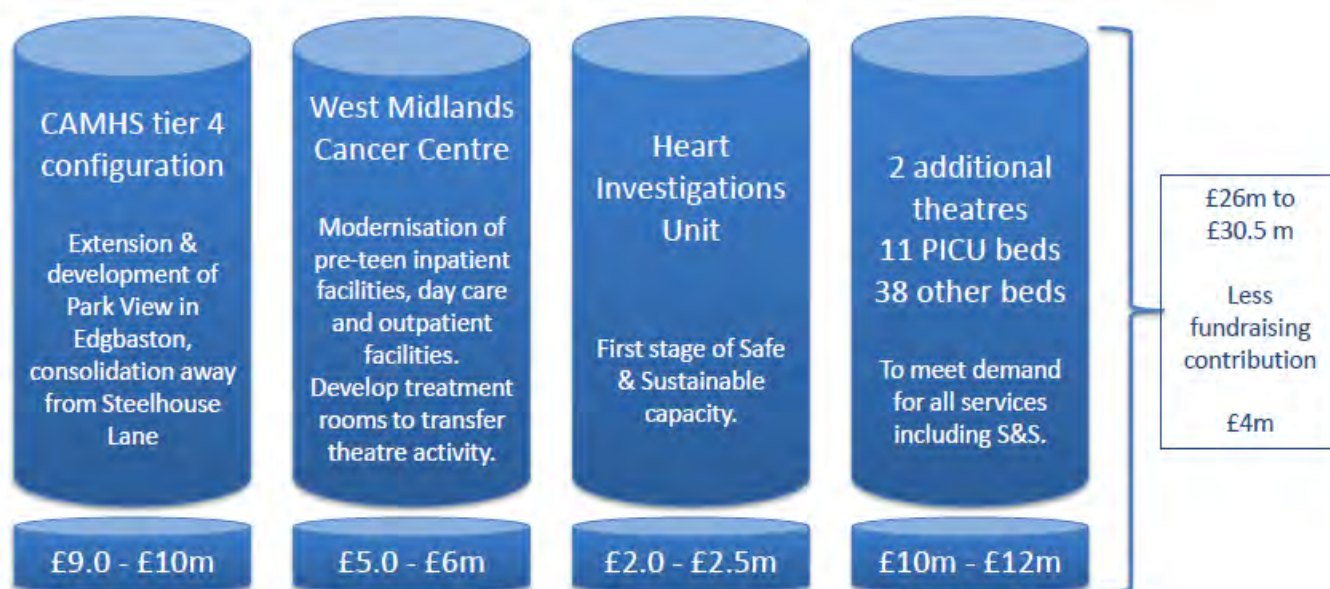


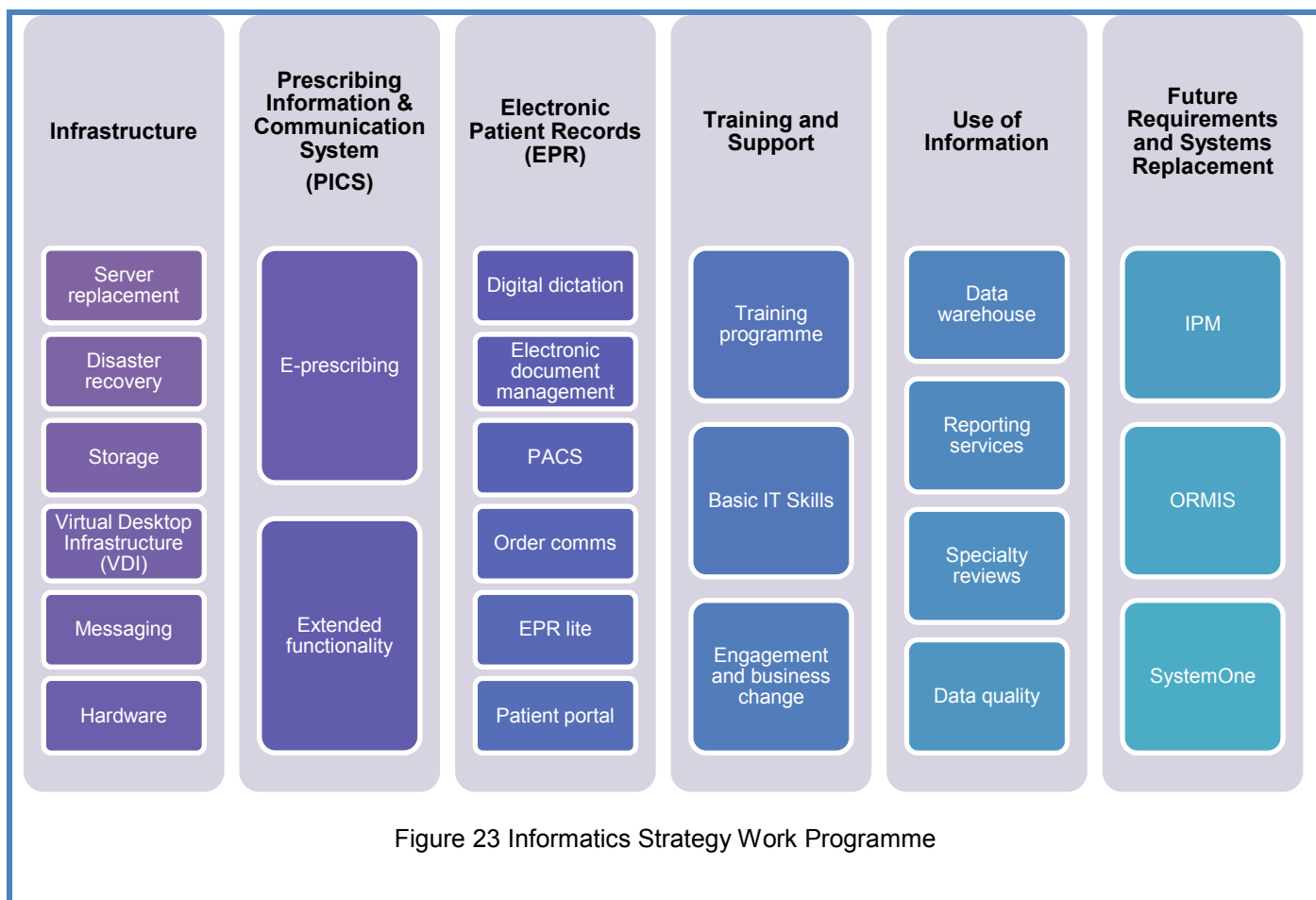
Figure 22 Medium Term Estates Strategy Investment Programme

The BCH Informatics Strategy

The BCH Informatics Strategy is a key enabler for supporting the delivery of our future vision as an organisation. As part of this commitment the Trust Board approved a 3 year Informatics Strategy in July 2012, which sets out our ambition of implementing a full electronic patient record and patient portal by 2015. The strategy is built upon the following key principles of delivery that were developed through a series of staff and stakeholder engagement events:

- Real time access to information that is of high quality and accessible so that we can be more patient focused.
- Ensuring technology is easy to use, available and dependable.
- Ensuring that technology is designed to optimise patient safety and care.
- Improving access to information for patients and families so they feel involved in any decisions.
- Continued development in order to meet 21st century requirements and support the delivery of a hospital without walls.
- Development of strategic partnerships, allowing us to build on our existing systems in a modular way.

In total there are six specific work streams identified as part of the Informatics Strategy and these are illustrated in figure 23.



Council of Governors

The Council of Governors continues to meet quarterly when the Council is presented with the Board Quality Report and the Resources Report for review and challenge. A biannual meeting is held between the Council of Governors and the Board of Directors to focus on a strategic issue and to aid the development of partnership working between directors and governors. In 2012/13 the two meetings focused on the local and national strategies for Children's Services, and the implications of the Health & Social Care Act.

In recognition of the expanded role of the Governor, as a result of the Health and Social Care Act, during 2013/14 a new sub-committee of the Council of Governors will be established- The Governors Scrutiny Committee. The Governors Scrutiny Committee will provide a forum for greater scrutiny and challenge of quality information and strategic planning. The Committee will require attendance from executive and non-executive directors as required, which will enable the Council to meet its duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board. This Committee will also be crucial as the Trust develops its Estates Strategy over the next 3-5 years. The new Committee will have cross-membership with the Nominations Committee to ensure shared intelligence. A Governance Framework of the Council of Governors will be developed in 2013/14 to:-

- Provide clarity on the developing role of the Governors.
- Provide assurance that the new and existing duties are being met fully and appropriately.
- Ensure that the value of the Council of Governors and its individual members is being fully explored.

- Formalise the link between the Council of Governors and Young Persons Advisory Group.