



**Joint Children and Young People &  
Healthy Halton Policy and Performance  
Boards**

**Wednesday, 4 October 2006 6.30 p.m.  
Marketing Suite, Municipal Building**

A handwritten signature in black ink, appearing to read 'David W. R.'

**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Mark Dennett (Chairman)</b>	<b>Labour</b>
<b>Councillor Ellen Cargill</b>	<b>Labour</b>
<b>Councillor Sue Blackmore</b>	<b>Liberal Democrat</b>
<b>Councillor Mike Hodgkinson</b>	<b>Liberal Democrat</b>
<b>Councillor Eddie Jones</b>	<b>Labour</b>
<b>Councillor Kath Loftus</b>	<b>Labour</b>
<b>Councillor Kelly Marlow</b>	<b>Liberal Democrat</b>
<b>Councillor John Stockton</b>	<b>Labour</b>

**Please contact Caroline Halpin on 0151 471 7394 or e-mail  
[caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Board is on Date Not Specified**

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>1. DECLARATION OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)</b>  Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
<b>2. CONSULTATION ON ROYAL LIVERPOOL CHILDREN'S NHS TRUST APPLICATION FOR FOUNDATION STATUS</b>	<b>1 - 20</b>

*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**REPORT TO:** Healthy Halton & Children & Young Peoples Policy and Performance Boards

**DATE:** 4 October 2006

**REPORTING OFFICER:** Strategic Director – Health & Community & Strategic Director - Children & Young People

**SUBJECT:** Consultation on Royal Liverpool Children's NHS Trust application for Foundation Status.

**WARD(S):** Boroughwide

## 1.0 PURPOSE OF REPORT

**1.1** To agree on the key issues and concerns in response to the application for Foundations status by the Royal Liverpool Children's NHS Trust's.

## 2.0 RECOMMENDATION: That

- (1) HBC welcomes the commitment to “develop a workforce which is sensitive to the needs of the different communities”;**
- (2) reassurance be sought that high cost and low caseload interventions will not be under threat in the context of a market driven by choice and competition;**
- (3) clarification should be sought as to whether the funding arrangements, assessment of need and the range of provision will change as a result Foundation status;**
- (4) the Trust should make clear their policy on generating income; and**
- (5) the impact of this policy (i.e. to foster innovation and change in acute hospitals) on the ability of PCTs to invest in preventive, primary, community and intermediate care should be carefully monitored by HHPPB.**

## 3.0 SUPPORTING INFORMATION

**3.1** Under Health & Social Care Act 2003, the Royal Liverpool Children's NHS Trust has applied to become an NHS Foundation Trust. The consultation period of 12 weeks commenced Monday 31 July 2006 and ends on Monday 23 October 2006.

3.2 Foundation Trusts will be at the cutting edge of a wider programme of public sector reform with the intention of offering more diversity and patient choice, enabling leadership, innovation and initiative to flourish as part of the local health economy, and replacing central control from Whitehall with accountability to the local community. There has been a lot of national debate about what the policy really means and what impact it might have, not only for health care provision, but for NHS structures and NHS principles. What is clear, is that they will differ from NHS Trusts in three distinct areas:

- Governance arrangements
- Performance management arrangements
- Financial freedoms and flexibilities

3.3 The general context of this proposal is complex. Primary Care Trusts (PCTs) as a whole are having to cope with a huge number of demands, including the introduction of an internal market under Patients' Choice and Payment by Results, Practice based Commissioning and Agenda for Change. Within this context, PCTs will be severely challenged in order to manage this huge agenda of reform.

3.4 Patients' Choice and Payment by Results may also challenge attempts to provide care on an equitable basis because of the re-introduction of the internal market. Similarly, there may be a risk to partnership working, as a result of the freedoms and privileges associated with Foundation Trust status.

3.5 When an organisation becomes a Foundation Trust, it will:

- Have more autonomy in making decisions about services provided.
- Be accountable to members (staff, patients and local people) rather than directly to the Secretary of State.
- Remain part of the NHS.
- Be accountable to NHS Commissioners through legally binding contracts.
- Be approved by the Independent Regulator 'Monitor' (which authorises and monitors NHS Foundation Trusts).

3.6 The key issues which arise from any application for Foundation status are as follows:

- How will local people benefit?
- Will local people have more say in the way services are provided?
- What are the risks and benefits for the local health and social care economy?
- How can equity of access, high clinical standards and

planning to meet local needs be assured?

- Does the capacity exist to deliver the changes required?
- What aspects of Foundation Trust applications and implementation require further scrutiny?

**3.7** The consultation document provides very limited details of their intentions to develop services in community settings and to improve hospital premises.

**3.8** A small but significant number of Halton residents receive specialized and expensive treatment. In some cases the level of care increases as the child gets older and the condition develops. Where choice and competitiveness are to be the key drivers for change, there is a concern that it may these very interventions which are cut given the high costs and low numbers involved. In such a scenario, for local residents to have to travel further would highly detrimental.

**3.9** Children's Services are in the process of further developing a pooled budget for a wide range of services affecting children and young people. This will entail a single referral, assessment, plan and review. It is unclear if the funding arrangements, assessment of need and the range of provision will change as a result Foundation status.

**3.10** The opportunity to generate income is clearly an attractive one. These benefits could be undermined, however, if clear parameters are not established around what is appropriate within an environment populated by vulnerable and impressionable people.

**3.11** The consultation document is attached as [Appendix 1](#).

#### **4.0 POLICY AND OTHER IMPLICATIONS**

**4.1** The Trust's continued drive to make further improvements to local services through the greater autonomy and freedoms associated with Foundation Trust status will undoubtedly create incentives for change and accelerate the pace of modernisation across the wider health economy.

#### **5.0 OTHER IMPLICATIONS**

**5.1** None

#### **6.0 RISK ANALYSIS**

**6.1** None associated with this report.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

- 7.1 None associated with this report.
- 8.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972.**
- 8.1 Attached Appendices.

# Your Alder Hey

A close-up photograph showing a young girl with long blonde hair on the left, looking down and to the right. On the right, a smiling healthcare professional with blonde hair, wearing a grey uniform, is looking towards the girl. They appear to be in a clinical or hospital setting with shelves of medical supplies in the background.

## Have Your Say

Seeking your views on our  
NHS Foundation Trust proposal

Public consultation:  
31 July - 23 October 2006

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This public consultation runs from 31 July to 23 October 2006. Make sure your opinions and comments are heard by:

- Filling in the reply and comments form on page 13
- Logging onto our website: [www.alderhey.com/haveyoursay](http://www.alderhey.com/haveyoursay)
- Email [haveyoursay@rlc.nhs.uk](mailto:haveyoursay@rlc.nhs.uk)
- Writing to Freepost RRAX-JAXB-TKCR, Communications Dept, Liverpool, L12 2AP
- Attending our open day on 25 September 2006 at the Education Centre on the Alder Hey site. Drop in at any time between 10am and 4pm.

**Our vision** is to lead world class healthcare for children and young people by committing to excellence through:

partnership   research   innovation   learning

## Our values:

- C**ommunicate effectively at the right time, in the right way, to the right people
- H**onesty and openness about how we work together
- I**nnovate to continuously improve services
- L**ead others and improvements in service
- D**evelop staff to ensure they can reach their full potential
- R**espect for all, at all times
- E**nergise and enthuse others to deliver excellence in everything we do
- N**ationally and internationally promote research and best practice

# Introduction

The Royal Liverpool Children's NHS Trust provides world class healthcare for more than 200,000 children and young people every year.

We are applying to become an NHS Foundation Trust so that we can continue to improve the services we offer. We will remain part of the NHS, but we believe we will gain the following benefits:

- Stronger links with children, families, carers and the communities we serve, so their needs will be at the heart of everything we do.
- Our staff will have a greater involvement in shaping our future.
- We will be able to make crucial decisions about new services and facilities more independently.
- We will have more say over how we manage our finances.



This document focuses on our vision for the Trust and how we propose to run it in the future.

To become a Foundation Trust we need a range of people to comment on our plans. These include children and young people, their families, our staff, patient support groups, partner organisations (such as local authorities and other NHS bodies), and interested members of the public.

At the end of the document there are a number of questions we would like you to consider. You are also very welcome to comment on any aspect of our proposal.

*Angela Jones*

Angela Jones  
Chair

*Tony Bell*

Tony Bell OBE  
Chief Executive

# Who we are and what we do

With a catchment population of more than seven million, the Royal Liverpool Children's NHS Trust delivers a variety of health services in a hospital and community setting.

## Hospital services

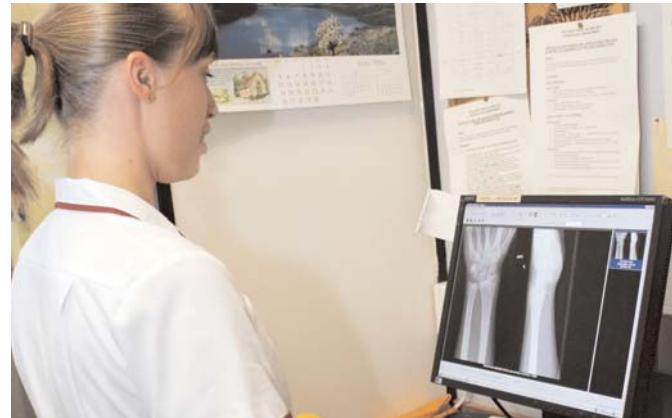
We offer a comprehensive range of specialist and general health services at our main site, Alder Hey hospital in West Derby, Liverpool.

Specialist services include an intensive care unit, burns unit, and a bone marrow transplant centre. We are a centre of excellence for children with cancer, heart, spinal, and brain disease. We are a regional centre for specialist mental health services and a national centre for head and face surgery.

Our general services include an accident and emergency department which treats 65,000 children every year. We have 10 state-of-the-art operating theatres, 309 inpatient and day case beds, and a child and adolescent mental health service.

## Community services

We offer community and mental health services at 38 sites across Merseyside, working closely with primary care trusts and local authorities to set up children's centres close to people's homes. This is in addition to more than 800 specialist clinical sessions a year delivered across the North West of England, North Wales, Shropshire and the Isle of Man. In fact, 40 per cent of our work is carried out in a community setting.



## Research and education

An internationally renowned centre for child health research, we also jointly coordinate child medicine research nationally. We lead a further eight Department of Health research programmes covering a range of specialties including mental health and cancer. We attract funding from research councils, charities, industry and the Department of Health. As a teaching hospital, we train doctors, nurses and other staff to make sure they can provide the best service possible for children and young people.

## Our performance

It is thanks to the dedication and hard work of our 2,500 staff that we have achieved three stars – the highest possible score – for the last three years in the national system which rates the performance of NHS organisations.

# What is a Foundation Trust?

A Foundation Trust is a new type of NHS organisation. We will remain part of the National Health Service, employing NHS staff, and treating patients free of charge – exactly as we do now. We will have to maintain the same high quality standards, and will continue to have independent inspections from the Healthcare Commission\* just like other NHS organisations.

The Health and Social Care Act 2003 established NHS Foundation Trusts as membership organisations, similar to mutual organisations such as building societies or the Co-op. As such we are required to have members. We propose members will be drawn from patients, their parents or carers, staff, and people interested in children's health and wellbeing.

## More effective decision making

A new committee will be created called the Council of Governors. It will be largely elected by members. It will not run the Trust day-to-day, but it will make sure the views and experiences of members are at the heart of everything we do.

Being a Foundation Trust gives us more freedom in the way we make decisions. By being accountable to our members, we will be able to maintain our independence so that the needs of children, young people and their families are at the centre of all of our service development decisions.

## Financial freedoms

We will be free to manage our own financial arrangements and budgets. If we make a financial surplus, we can invest it in our services, rather than returning it to be spent elsewhere. We will be allowed to borrow prudently, which means we might be able to develop new services or undertake redevelopments. Moreover, we will be able to run our finances over a five year cycle. This will give us much more flexibility to plan compared to the current annual cycle.



The Government has appointed a national regulator called Monitor to make sure tough economic standards are met, both in the application process and the future. Monitor, which reports regularly to Parliament, has the authority to intervene in the running of a Foundation Trust if problems develop, such as falling standards. To get it right we have got to be careful with our money.

Around 40 NHS hospitals have become Foundation Trusts, and many more plan to apply.

For more information about Monitor and its role in Foundation Trust applications log onto their website: [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

\*The Healthcare Commission is the independent organisation which inspects NHS Trusts to make sure they are working to high standards. For information log onto their website: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

# Membership

With help from our members, and by truly understanding their views and experiences, we will be able to make our services and the care we provide to patients and their families even better.

There are a number of ways you can get involved. You may prefer a relatively limited role, for example, simply receiving regular updates about the Trust. Or you may prefer to be more actively involved by attending meetings and events. You could even stand to represent fellow members on the Council of Governors.



## Who can be involved?

### Staff

We are committed to involving and developing our staff. They are key to our success; it is thanks to them that we are able to provide the best possible care for our patients. We believe that staff membership offers greater involvement in shaping the Trust's future. We also believe this will reinforce the sense of staff ownership. All staff will automatically become members when the Trust becomes a shadow Foundation Trust\*. Our staff will have the opportunity to opt out of membership if they wish. We believe an opt-out system is best because we want to be as inclusive as possible.

### Children and young people

Listening to children and young people is central to our vision. Children differ in age and attitude, so a number of different ways to involve them needs to be considered. We are consulting with children and young people of all ages directly so we can understand what's right for them. We need to give careful thought as to how younger members might be supported.

Patients aged between seven and nineteen will be able to become members, as will former patients in this age group who have been treated by the Trust within the last six years.

### Parents and carers

We place great importance on the opinion and expertise of parents and carers. Parents and carers can become members if their child is currently receiving treatment or has received treatment from the Trust within the last six years. We will try to make sure our parent and carer membership reflects the very wide range of services we provide.

### Members of the public

We are a specialist centre and treat patients from a wide geographical area. As such, members of the public aged over seven with an interest in children's health who live in England and North Wales can become members.

\* Shadow Foundation Trust status is granted during the phase between when independent regulator Monitor says we can be a Foundation Trust and when we are granted our new powers in April 2007.

"I want to be a member because it would let me have my say over things and would keep me up to date with the hospital."

Lauren Selsby, patient, aged 12½



## The benefits of being a member

There is no cost to join. Nor is there any financial reward. The main benefit is knowing that you are helping us to improve services for children and families.

While we are interested in everyone's views, a member will get more information and more opportunity to comment than a non-member.

There are a number of ways we will ask for your support – through email, post and sometimes through events. There are some suggestions below which will be further developed in light of your comments:

- We propose to send a regular newsletter. You will be given the opportunity to be involved with the publication. There will also be an option of a more frequent email update.
- There may be one-off events or activities to get involved in, such as guided hospital tours, open days, lectures on subjects chosen by members, or fundraising events.
- You can join a readers' group to help us improve the quality of our public information.
- We may want members to help us consider new developments.
- To make sure we are getting things right, we will ask for your views regularly.
- You may want to link up with other members for mutual support or to share information through a new members' area on our website.

## What happens when I join?

Our membership team will make sure you receive all the information you need.

## What happens if I become a member, but change my mind?

You can join or leave at any time – just let us know. You can also be a member of more than one Foundation Trust.

## What members will not be able to do

Members will not get special treatment for themselves or their children. That would not be fair and might break the law.

## Who is excluded from membership?

You will not be able to become a member if:

- You have been violent within any of our premises, or against any of our staff or volunteers within the last five years.
- You are subject to a sex offenders' order.

## How can I become a member?

- Fill out the form on page 14.
- Contact us using the details on the back page.

# How we plan to run the Trust

The Board of Directors will continue to run the Trust. However, we will be accountable to our members and Monitor. We will therefore need to set up a new system of running the organisation. This system, known as governance, has three main parts:

## Members



Membership will have three components, called constituencies:

- **Public** (aged over seven from England and North Wales)
- **Patients, parents and carers** (aged over seven from England, North Wales and the Isle of Man)
- **Staff**

We plan to have a minimum of 5,000 members initially, and up to 10,000 eventually.  
(see pages 6 and 7 for more details about membership)

Members elect the Council of Governors

36



Council of Governors

- **9** from the public constituency
- **2** patients (aged between 16 and 25) from the patient, parent and carer constituency
- **8** parent or carers from the patient, parent and carer constituency
- **6** from the staff constituency
- **11** appointed by partner organisations

## Board of Directors

The Board provides leadership, develops the strategic vision, and is responsible for the day-to-day running of the Trust. It includes six Non-Executive Directors (including the Chair) and six Executive Directors (including the Chief Executive). It will work with the Council of Governors to:

- Make sure that we operate within our authority.
- Develop and implement strategic plans defined by our objectives.

- Make sure we are financially sound.
- Make sure our plans and services reflect the needs of the communities we serve.
- Establish and run a robust performance management system.
- Make sure high standards of personal behaviour are maintained.

The C

"I want to be a member because I have face to face contact with patients and families every day. Becoming a member would mean I could have greater input into improving the services that we provide for children and their families."

Mel Hughes, Staff Nurse



# Council of Governors

6



## Staff Governors

- 1 representing doctors and dentists
- 2 representing nurses
- 1 representing other health professionals
- 2 representing other staff

11



## Partner Organisation Governors

- **1** representing North Mersey primary care trusts
- **1** representing North Wales health boards
- **2** representing wider geography primary care trusts (1 from the North West, which includes the Isle of Man, and 1 other)
- **1** representing Liverpool City Council
- **1** representing Liverpool University
- **1** representing Liverpool John Moores or Edge Hill University
- **1** representing the Patient and Public Involvement Forum
- **3** representing voluntary organisations

## The role of the Council of Governors

The Council of Governors will normally meet in public three times a year. Its role includes:

- Making sure that the views of the wider community and our staff are taken into account when our strategy is developed.
- A "critical friend" to make sure we do what we say we are going to.
- Advising the Trust Board on service provision and development.
- Making sure we uphold our values.
- Setting up ways of consulting with members and the organisations they represent.
- Giving ideas and views about how we can provide services which meet the needs of patients and the wider community to ensure equality of provision.
- Making sure that vacancies for the Trust Chair and Non-Executive Directors are filled in a timely manner with the right people.
- Making sure that all members are informed about developments and significant changes to services within the Trust.

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## Council of Governors approves the appointment of the Non-Executive Directors

# Our workforce strategy

Our staff are key to our success. Their commitment is reflected in the fact that our vacancy and turnover rates are lower than the average for hospitals nationally. We acknowledge that by recruiting, developing and retaining the staff with the right skills we will be able to give our patients and families the very best care. Working in partnership with staff and their trade unions, we have developed a strategy to make sure our workforce can meet the challenging demands of the next five years. This strategy is focused on the following key areas:



## People working differently

To make sure our services are responsive to children and families we need to work with our staff to develop new roles and new ways of working. The flexibilities in the new national pay systems such as Agenda for Change\* and the consultant contract\*\* will help us to achieve this.

## Effective leadership at all levels

We will continue to develop a culture where all staff recognise their role in leading service improvements. We acknowledge that now, perhaps more than ever, we need managers and leaders across all levels of the organisation to help us reach our tough objectives. Our staff leadership development programme will be key to our success. We will also continue to develop a workforce which is sensitive to the needs of the different communities we serve.

## Valuing our staff

We will continue to:

- Create a working environment where all staff are valued, rewarded, and appropriately trained and developed.
- Develop policies to make the Trust a better place to work.
- Support staff to develop their skills and knowledge to help them do their jobs well through regular performance development reviews and the Knowledge and Skills Framework.\*\*\*
- Ensure we support our staff through a wide range of benefits, including childcare support.
- We will continue to build on our vision to ensure equality across all levels of employment.

\* Agenda for Change is the new national pay system which is based on the principle of equal pay for work of equal value.

\*\* The consultant contract aims to properly reward consultants so that more NHS patients benefit from their time and skills. It also sets out to ensure investment brings with it new ways of delivering patient care.

\*\*\* The Knowledge and Skills Framework defines the core skills and knowledge required for specific roles.

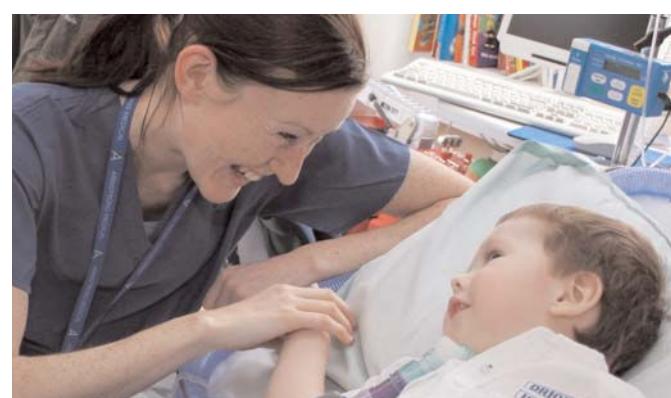
# Our plans for the future

We will be looking to develop some new services, particularly in community settings. We want to make sure that our patients are seen in the right place, at the right time, by the right healthcare professional. We will work with our membership to make sure that we make decisions which best meet the needs of the people we serve.

To do this we need to continue to build on the networks we already have with our partners. These include primary care trusts, specialist commissioners, general practices, local authorities, other hospitals and voluntary sector agencies. This will improve our ability to innovate, lead, and develop a quality service.

We are also planning to improve the hospital premises, which are in need of developing to make them fit for providing 21st century healthcare. This will be supported by a new way of delivering services (i.e. making sure patients are seen in the right place, at the right time, by the right people). We will be going out to formal public consultation on these proposals this autumn.

For information about this second consultation, please contact the project office on 0151 252 5367 or email: [claire.morgan@rlc.nhs.uk](mailto:claire.morgan@rlc.nhs.uk)



"I want to be a member because it will enable me to have more involvement in how the Trust is run. It will also give me the opportunity to contribute my ideas and suggestions to make Alder Hey an even better place to work!"

Marcia Mercer, Matron

"I want to be a member because I have worked for Alder Hey for 27 years and I think it does brilliant work. With my ideas - and those of other members - it could be even better. I plan to become a member of the public constituency when I retire."

Edward Turner, Post Room Supervisor



To achieve our vision we have a number of long term goals:

1. Making sure we are financially sound by:

- Working efficiently.
- Having the right financial controls in place.

2. Improving the design and quality of our services by:

- Continual improvement through the values and behaviour of our staff.
- Listening and responding to the views and experiences of patients and their families.

3. Achieving high performance by:

- Achieving "excellence" in the Healthcare Commission's annual performance rating.
- Meeting service access targets.
- Making sure we can respond quickly to change.

4. Managing risk effectively by:

- Having the right systems to assess and manage risk.
- Developing plans to reduce known risks.

5. Continuing to developing our workforce by:

- Having the right policies for recruiting and retaining staff.
- Developing our staff so they can progress within the Trust.

6. Working with other organisations to:

- Improve services.
- Safeguard children and young people.
- Influence national policy.



"I want to be a member because Alder Hey has children at the heart of everything it does. As a baby I was in Alder Hey for many months and returned many times after. I always felt secure and safe. The staff at Alder Hey played a major part in making me the person I am today and for that reason Alder Hey has a special place in my heart."

Emma Heesom, a former patient from Manchester

# Have your say

Please take time to answer as many questions as you can. We also welcome any general comments. There are many ways you can have your say. You can return the form and any extra sheets of paper using the **FREEPOST** address on the back page. There is no need to use a stamp. Or you can put it in the **box at the hospital switchboard** (at the main entrance off Alder Road car park). You can also fill out the form online via our **website**, or **fax us** - the details are on the back page.

To have your say we need your response by 23 October 2006.

1. Do you think the membership catchment area includes all the communities we serve?

Yes  No  Don't know

If not, what is your proposal?

6. We propose that children should be able to become members from the age of seven. Do you agree that this is right?

Yes  No  Don't know

If not, what is your proposal?

2. How can we best recruit members?

7. How can members help us improve services for children and young people?

3. How can we ensure membership is representative of the diverse communities we serve?

8. How can we best keep in touch with our members?

4. How can we encourage children and young people to become members?

9. Do you think that we have the make up of the Council of Governors right?

*(This includes 9 members of the public; 2 patients aged between 16 and 19; 8 parents or carers; 6 staff; and 11 appointed by partner organisations)*

Yes  No  Don't know

If not, what is your proposal?

5. What is the best way for us to engage children and young people?

10. Do you agree with the principles of our workforce strategy?

Yes  No  Don't know

If not, what is your proposal?

It would help us if you could indicate which group you belong to

NHS staff  Patient

Parent/carer  Member of the public

Representative from an organisation

*Please state which organisation you represent*

11. Do you agree with the principles of our long-term goals?

Yes  No  Don't know

If not, what is your proposal?

12. Are you interested in becoming:

a. A member

Yes  No  I need more information

b. A governor

Yes  No  I need more information

Your details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Age range  under 18  19-30  31-40

41-50  51-65  65+

13. Do you have any other comments, questions or suggestions about us becoming a Foundation Trust?

## Becoming a member

I would like to apply to be a member of the Foundation Trust when it is formally set up

Signature \_\_\_\_\_

Date of birth \_\_\_\_\_ Date \_\_\_\_\_

**Membership category**

*(If you belong to more than one category, you can choose which one you would like to be in)*

Public  Patient  Parent/carer

**What is your ethnic group**

*(This information will help us ensure a wide representation)*

White British  Mixed  Black

White other  Asian  Chinese

Other

If you would like to become a member, please don't forget to let us have your contact details.

Foundation Trusts are required to publish a publicly available register of members. If you don't want your name to appear on this, please tick this box.

# Circulation list

Details about this consultation are being widely circulated to a range of organisations, including those listed below. Please let us know if you feel there is any other organisation we should contact.

- NHS trusts in the North West, North Wales and the Isle of Man
- Local authorities in the North West, North Wales and the Isle of Man
- The North West Strategic Health Authority
- Citizens Advice Bureau
- Council for Voluntary Services
- Department of Health
- Libraries in Merseyside
- Members of the European Parliament
- Members of Parliament
- Accredited trade unions
- Media in the North West, North Wales and the Isle of Man
- Overview and scrutiny committees
- Voluntary and community groups
- Parish councils
- Staff representatives
- Children's advocacy groups
- Family doctors (GPs)
- Dentists
- Opticians
- Pharmacists
- Patient and Public Involvement Forum

## Why we need your views

This consultation focuses on how we propose to run the Trust in the future. We are also keen to find out how we can use members to help us improve services, and how we can encourage children to get involved.

Understanding the views of children and young people will strengthen our ability to speak up for them.

These are important developments, and we have got to get them right.

We would also encourage you to consider becoming a member of the Trust.

## Have Your Say

FREEPOST RRAX-JAXB-TKCR  
 Communications Department  
 The Royal Liverpool Children's NHS Trust  
 Liverpool  
 L12 2AP

Or you can post your comments in the box by the hospital switchboard (at the main entrance off Alder Road car park)

**Tel:** 0151 252 5092

(your call may be picked up by an answer machine; **we will get back to you as soon as we can**)

**Email:** [haveyoursay@rlc.nhs.uk](mailto:haveyoursay@rlc.nhs.uk)

**Website:** [www.alderhey.com/haveyoursay](http://www.alderhey.com/haveyoursay)

**Fax:** 0151 228 2296

This information can be made available in other language and formats if requested

### Arabic

يمكن عند الطلب توفير هذه المعلومات بلغات وأشكال ووسائل أخرى.

### Bengali

এ তথ্যাদি অনুবোধে আন্যান্য ভাষায় ও মাধ্যমে পাওয়া যাবে।

### Chinese

這些訊息可以翻譯成不同的語言，或者以不同的格式提供。如果你需要的 話，請提出要求。

### Hindi

यदि निवेदन किया गया हो तो यह ज्ञानकारी भिन्न भिन्न भाषाओं और रूप में उपलब्ध की जा सकती है।

### Punjabi

ਜੇ ਬੇਨਤੀ ਕੀਤੀ ਗਈ ਹੋਵੇ ਤਾਂ ਇਹ ਜਾਣਕਾਰੀ ਵੱਖ ਵੱਖ ਬੋਲੀਆਂ ਜਾਂ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

### Somali

Waxay akhbaartani diyaar ku ahaan kartaa luuqado kala duwan ama hab kale haddii aad codsatid.

### Urdu

یہ معلومات دوسری زبانوں، یا دیگر صورتوں میں (formats) درخواست کرنے پڑی سکتی ہے۔

### Welsh

Gallwn ddarparu'r wybodaeth hon mewn gwahanol ieithoedd neu wahanol fformatiau, ar gais.