Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Response to the public consultation 'Healthcare in Greater Manchester is Changing'

October 2014

Contents

1. Executive Summary

1.1 Overview of response

1.1.1 This document has been prepared to provide a formal response on behalf of Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) to the Healthier Together public consultation document entitled 'Healthcare in Greater Manchester is changing'.

1.1.2 The Trust provides a brief overview of WWL and then responds to each section of the public consultation document. In addition, the response provides an analysis of the pre-consultation business case.

1.1.3 The document clearly sets out the case in support of 'specialist' Acute Surgical and Accident and Emergency services being retained in Wigan. On that basis, the Trust has completed a response to the consultation in support of options 5.1 and 5.2 contained within the consultation documentation. A copy of the responses to the consultation questions is noted in Appendix One.

As described in our joint response, we believe that the North West sector partnership is best placed to deliver the objectives and standards as set out in the Healthier Together Programme and can go further to deliver a wider range of improvements in quality, outcomes and experience of care for the combined population that we serve. All three Foundation Trusts are fully committed to the delivery of reforms which will ensure achievement of the applicable standards in the three service areas.

We have carefully considered the options set out in the consultation and given the geography of the North West sector, we believe that the populations of Bolton, Salford and Wigan would be best served by a joint approach between the three Foundation Trusts.

This variant option has a number of significant and unique advantages over the other options that are set out in the Healthier Together consultation. The three Foundation Trusts serve a contiguous geographical area and, by working together, we can better support existing populations' flows. Importantly this approach builds on a strong history of joint working between the Trusts, as well as clinical and organisational consensus and commitment as to the way forward – this provides an extremely strong foundation for implementation and for the effective transition to the future model of care for hospital services.

Our preferred approach is that the three Foundation Trusts work together collaboratively to deliver the local and specialist services to our combined population. We believe that the solution for our sector is to create 'Single Service Partnerships' where for the highest acuity patients, specialist care will be consolidated onto fewer hospital sites to achieve the required standards of care, or where we will work collaboratively in other ways to enable standards to be met across our sector.

Our commitment to the North West sector is more fully described in our sector level response.

1.2 Conclusion

1.2.1 The formal response has been supported by the Trust Board and therefore fully reflects the view of the organisation.

2. Trust Overview

2.1 Introduction

2.1.1 WWL provides both district general hospital services to the population of Wigan and regional orthopaedic services. The Trust has a strong history of operational and financial performance delivery providing a sound basis for the development and delivery of the strategic plan.

2.2 Trust Mission and vision

2.2.1 The Trust's mission is to provide the best possible health care for all of its patients. The vision is to be in the top 10% for everything the Trust does. The overarching strategy is to be safe, effective and caring, reflecting the Darzi definition of quality (patient safety, clinical effectiveness and patient experience).

2.2.2 To track the delivery of this approach the Trust has closely monitored a range of metrics including HSMR and patient experience.

2.3 Strategy

2.3.1 As a district general hospital, in response to Healthier Together's proposal wish to re-align and reduce the number of centre that undertake specialist acute surgical activity; WWL intends to continue to provide a full range of district general services including acute general surgery. Linked to this strategy is a commitment to maintaining Trauma Unit status.

2.3.2 The Trust has a clear Service and Site Strategy through which improvement gains will be leveraged from the capital investment with a particular focus on the delivery of regional orthopaedic services at Wrightington Hospital in the £18m phase 1 development and the expansion of the 'Christie at Wigan' model.

2.3.3 The Trust will continue to be the hospital of choice for patients and commissioners in the Wigan Borough, offering excellent local services. The Trust will adapt services to the changing and challenging needs of the population to ensure that it continues to provide the best quality of care for patients in the most appropriate setting.

2.3.4 Working in partnership with Wigan Borough Clinical Commissioning Group (Wigan Borough CCG) and other key providers through a fully established partnership governance structure, WWL will review its portfolio of services, seeking to develop partnerships for integration and service delivery which in turn will facilitate the delivery of the Borough's Integrated Care Strategy.

2.3.5 During this period, the Trust will be completing the procurement of a new Health Information System (HIS) and commence implementation for completion over three to five years. The new HIS will incorporate paper-light patient information and administration systems for A&E, Electronic Patient Record, referral letters and case notes for outpatient clinics.

2.3.6 The Trust will be investing significantly in developing seven-day services so that the improvement in HSMR is maintained and variation in clinical outcomes is reduced.

2.4 Market Analysis

2.4.1 Wigan Borough's local population will grow in line with the national average, and the average age of the population will increase leading to a higher prevalence of chronic disease. The health and care needs of the population will continue to be greater than the national average; whilst improvements in life expectancy have been achieved, there remains a difference of over 11 years in life expectancy for men across the Borough (eight years for women).

2.5 Service Developments

2.5.1 The Trust has undertaken a detailed assessment of its current strengths, weaknesses, opportunities and threats and has used this to develop an outline proposed strategic model for the future, as well as to identify key areas of risk.

2.5.2 Integration Max is a programme of work, which is entirely consistent with Healthier Together. It aims to achieve a fundamental change in the way patient care is provided to eliminate avoidable admissions and delayed discharges, substantially reduce out-patient follow-up appointments and move hospital based treatment for frail elderly into the community, predicated upon a model of self-care and advanced care plan delivered in partnership with service users, carers and professionals.

3. Why healthcare in Greater Manchester needs to change

3.1 Introduction

3.1.1 This section of the consultation highlights the key driver behind the development of the Healthier Together programme and highlights the objective that **much more care will be delivered by a high quality, responsive care system which is easy to access.**

3.1.2 WWL recognises the need for reform as the continued growth in demand for healthcare services is not sustainable. The financial climate within the NHS combined with the shortage in the senior clinical workforce required to deliver the required standards lead, to unacceptable variation in quality, disjointed services and variable access into the healthcare system.

3.1.3 WWL supports the requirement to deliver higher standards of care in line with the recommendations made by the National Clinical Advisory Team and also recognises that, at the current time, it is not able to fully comply with all of the required NCAT clinical standards; however the Trust has made significant progress within all of the in-scope speciality areas.

3.1.4 With specific regard to the consultation proposal, WWL would make the following observations.

3.2 Primary care transformation

3.2.1 Primary care transformation is seen as a cornerstone of the HT programme. The Trust supports the requirement that patients who don't need to go into hospital should receive treatment in their own homes, or closer to home.

3.2.2 The consultation document makes it clear that the improvement and integration of GP services need to be 'up and running' before the changes to hospital services are introduced. WWL supports this requirement, however it is important to reiterate that the reform of the primary care system must be delivered in a manner that reduces demand for acute services. This reduction must be delivered within a system that, despite the best efforts of all healthcare sectors in recent years, continues to see an increase in demand.

3.2.3 Within the detail of the pre-consultation business, the plans for Children's Services are particularly focused on the delivery of new community based service models, which will enable the reduction in acute demand. WWL supports this approach, but would be concerned about the ability of the reform programme to deliver the radical changes required.

3.3 Hospital activity

3.3.1 WWL supports the assertion that the overwhelming majority of hospital treatment should be delivered at the local general hospital and that some limited activity should be undertaken at specialist centres such as the service models already in place for Neuro Surgery, some cancer groups and cardiac surgery.

3.3.2 As previously noted, WWL supports the Healthier Together clinical standards, and believes that the most effective solution is the single service partnership model being developed by the clinicians within the North West sector.

4. How is primary care changing?

4.1 Introduction

4.1.1 This section of the consultation highlights some of the changes that are proposed within primary care over the next two years.

4.2 Primary care standards

4.2.1 The overall objective of supporting people to manage their own health should be supported. The key themes of seven-day working within primary care, the management of complex conditions wherever possible in the community and the integration of social care and hospital electronic records will all greatly assist in delivering the changes required to reduce the demand for acute based services.

4.2.2 The trust has a strong track record of working with primary care in the delivery of pathway reform which in turn has ultimately improved patient experience so, in overall terms; WWL supports the requirement for change.

4.2.3 WWL would also wish the following point to be recognised: that the Trust already has a strong relationship with the local Clinical Commissioning Group and would wish to ensure that the positive relationship continues to be developed as the changes required are implemented.

5. How are we joining up care?

5.1 Introduction

5.1.1 WWL supports the requirement to create more robust links within the local health economy. In order to further emphasise that WWL should retain its specialist services this section illustrates the work that is already being undertaken to improve clinical pathways and patient experience across the Wigan borough. It should also be noted that work now extends beyond the Wigan borough into the North West sector (see section 8) with a view to ensuring our patients will continue to receive the best possible care and clinical outcomes.

5.2 Partnership working

5.2.1 Wigan Borough context - Key themes

5.2.1.1 The Trust believes that how hospital services are provided in the future will need to change to ensure that they remain safe and of a high quality, that new national standards are achieved, that patient expectations are met and that services are financially and clinically viable and sustainable.

5.2.1.2 In response to this WWL will need to change its model of care and look to find new ways to deliver services.

5.2.1.3 WWL are proposing that a new model of hospital care and secondary care provision is developed and implemented. This model consists of five key elements:

- Focused on Value - WWL becomes a smaller organisation, with the hospital elements of its provision becoming more focused on its areas of clinical strength, on complex and high cost diagnostics and on orthopaedic service provision to the North West as a whole.

- Integrated Care - WWL will be part of an integrated health and social care system across the borough of Wigan that looks to keep people out of hospital wherever possible. When people do need to come into hospital their stay is kept as short as possible so that they can return to their home as quickly as possible.

- Convenient Outpatient Services - WWL working with partners in primary and community care will be part of a new system of providing outpatient services in the local community, as well as reducing the number of outpatient appointments that patients have to attend.

- A key player in the North West of Greater Manchester - WWL will collaborate with its partner Foundation Trusts in the North West Sector of Greater Manchester to create shared services and to pool resources where it makes clinical and financial sense to do so.

- Doing what's right for Patients - WWL explicitly recognises that where there is strong evidence based clinical argument for it to stop providing services it will do so and will work collaboratively with commissioners and other providers to ensure the safe transfer of services.

5.2.2 Focusing on value

5.2.2.1 WWL recognises that the current level of expenditure within the acute sector is not sustainable. The Trust has developed its own initial view of the future acute service model, which is now being progressed through further discussion with all key stakeholders across the Wigan borough

5.2.3 Integrated Care

5.2.3.1 The Trust will support Wigan CCG, the Local Authority, Bridgewater Community Trust and 5 Boroughs Mental Health Partnership NHFT in the rapid roll out of extended integrated neighbourhood teams, creating alternatives to hospital care such as step up or step down beds, working ever more closely with adult social care, providing clinical support to nursing homes, providing rapid access diagnostic clinics so that patients can be discharged to diagnose, and avoid admitting patients in order to diagnose them.

5.2.3.2 The Trust will work closely with partners in Bridgewater Community Healthcare to continue to support the work with patients who have long term conditions as well as working with 5 Boroughs Mental Health Partnership NHSFT to implement the Rapid Assessment Interface and Discharge model of care for patients with acute mental health related issues attending Accident & Emergency.

5.2.3.3 Co-terminosity of services will be an important factor in helping to integrate services across the Borough; WWL will work closely with all of its local partners to ensure that where appropriate this happens, whether that is in the form of co-located teams or having shared geographical areas of operation.

5.2.3.4 WWL is one of the national pilots for 7 day working, and the Trust is moving its Accident and Emergency service and Paediatric and Obstetric services to being consultant-led up until midnight.

5.2.4 **Convenient Outpatient Services**

5.2.4.1 Outpatient services, as far as possible, will be moved to a community setting, located in LIFT buildings, GP Surgeries or Health Centres. Given the planned reduction in out-patients provision (as services move into a community environment) WWL will rationalise its out-patient service accommodation as part of its wider plan to rationalise its estate. This will build on work that has already commenced in relation to the use of LIFT buildings.

5.2.4.2 More services will be provided as one stop services, reducing the number of appointments that patients have to attend as well as reducing the cost to Wigan CCG. This approach is consistent with that already demonstrated in the Hanover Diagnostic and Treatment Centre at Leigh.

5.2.4.3 The Trust will work with commissioners and GP colleagues to move follow up outpatient services appointments into a primary care setting and anticipate that staff and other resources will move with the service to enable this development to occur. Over time, the Trust envisages more of WWL's outpatient services being provided in partnership with other providers, such as Bridgewater or local consortia of GPs, with WWL proving expert clinical input and diagnostic support where appropriate.

5.2.5 **A Key Player in the North West of Greater Manchester**

5.2.5.1 The Trust envisages that it will continue to be a key player in the context of acute provider services for the North West of Greater Manchester. For example, WWL already provides services in partnership with Salford Royal NHS Foundation Trust as well as with Bolton NHS Foundation Trust.

5.2.5.2 Following two clinical congress meetings with Salford FT and Bolton FT; the Trust has developed a joint project Board to look at how acute general surgery could be provided on a shared basis across the three Trusts in order to meet the standards set by Healthier Together.

5.2.5.3 WWL brings a strong record of partnership working with other Hospital Trusts. Some of the agreed partnership models that are already in place and working well are noted below:-

- Pathology (in partnership with Salford Royal NHS Foundation Trust)
- Sterile Services (in partnership with Salford Royal NHS Foundation Trust)
- Cardiology (in partnership with Bolton NHS Foundation Hospitals and Salford Royal NHS Foundation Trust)

- Occupational Health (in partnership with Bolton NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust)
- Catering (in partnership with East Lancashire NHS Trust, Bolton NHS Foundation Trust, Wirral University Teaching Hospitals NHS Foundation Trust & Wigan Council)
- Vascular Services (in partnership with University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust)
- Christie@Wigan (in partnership with Christie NHS Foundation Trust)
- Trauma Service (in partnership with Central Manchester University Hospitals NHS Foundation Trust and Salford Royal NHS Foundation Trust)

5.2.6 **Doing what's Right for Patients**

5.2.6.1 WWL wants to ensure that it provides safe, effective and caring services. Where there is good evidence and a strong case that the Trust is no longer the best provider of a service, the Trust will look to work with commissioners and other providers in order to transfer the service to the expert provider.

5.2.6.2 Similarly, where there is a good reason to do so, WWL will work with other providers to bring Wigan patients back to Wigan for their treatment, as has occurred in the partnership with Christie Hospital, as a result of which Wigan patients can now have their Chemotherapy locally in Wigan.

5.2.7 **Strategic configuration of services**

5.2.7.1 There is a wide range of strategic configuration options that exist and each speciality will be considering using a detailed case for change process that will help determine how the service should develop in the future.

5.2.7.2 Given the developing financial challenge that all medium sized acute Trusts will have over the next 18-24 months, the Trust has commenced a review of its services portfolio. This review has the overall objective of ensuring that the Trust is able to maintain a sustainable portfolio of clinical services in the longer term. In broad terms, the model shown below will be used to essentially categorise the future clinical service portfolio of the Trust. WWL recognises that this approach will require the full engagement of all key stakeholders across the Wigan borough.

6. How hospital services should change

6.1 Why Wrightington, Wigan and Leigh should be specialist

6.1.1 This section provides a response to the consultation which has developed eight options in relation to local and specialist providers across Greater Manchester. WWL supports the clinical standards within Healthier Together and supports the development of a clinically led solution for the North West sector.

6.1.2 There are a number of reasons why WWL believes that it should retain specialist status. These are noted in more detail under the headings of Quality and Safety; Travel and Access; Affordability; Value for Money and Transition.

6.2 Quality and Safety

6.2.1 Within the WWL mission statement we state that we look 'to be in the top 10% of everything that we do'. The following quality indicators support the fact that WWL does offer a high quality of service to our local health economy.

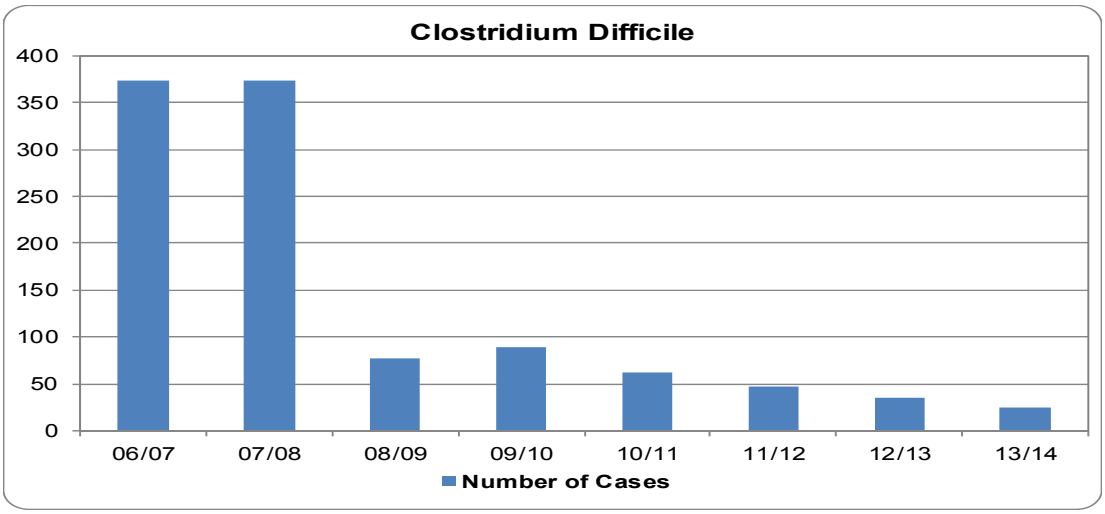
6.2.1.1 **Overall rating by Monitor: Green for Governance;** Continuity of Service Rating 4 (the best); - WWL has a very strong track record of compliance against its terms of authorisation with Monitor and are able to demonstrate 'no evident concerns' from our regulator.

6.2.1.2 WWL is able to demonstrate a **stable finance position**, achieving budgets and with money to invest.

6.2.1.3 **All 3 hospitals in the top 20 nationally for Cleanliness** – WWL are on of only two Trusts nationally to score 100% in the recent PLACE Patient Led Assessment of the Care Environment.

6.2.1.4 **Met all major Targets** last year except C Diff where we had 26 against a limit of 25. The figures below highlight the progress the WWL has made in C-Difficile, MRSA, Hospital Death and a range of other quality indicators.

Figure 1 - C Difficile cases since 2006/7



6.2.1.5 **Major achievements on Quality and reducing harm:** Mortality ratio 87; Deaths in Hospital reduced by 500 per annum; ultra-low rates of MRSA, C Diff, Pressure Ulcers, Serious Falls and many others

Figure 2 - MRSA cases since 2006/7

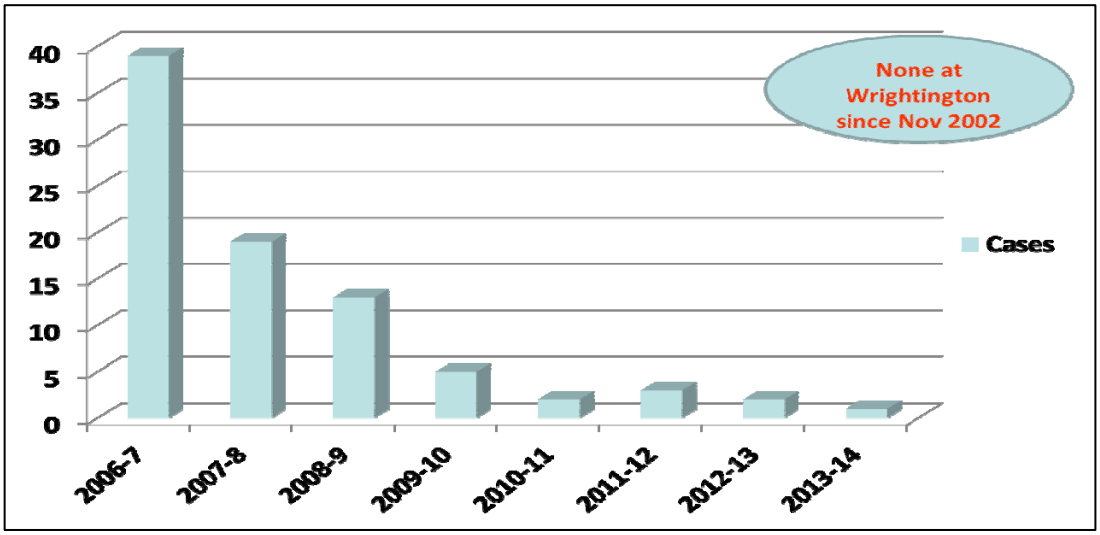


Figure 3 - Hospital Deaths since 2007/8

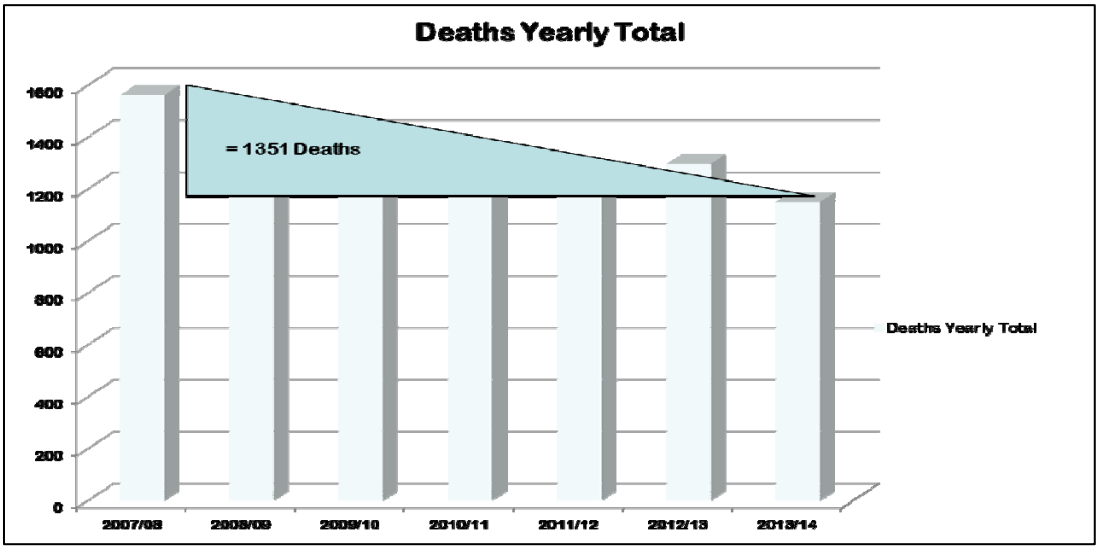


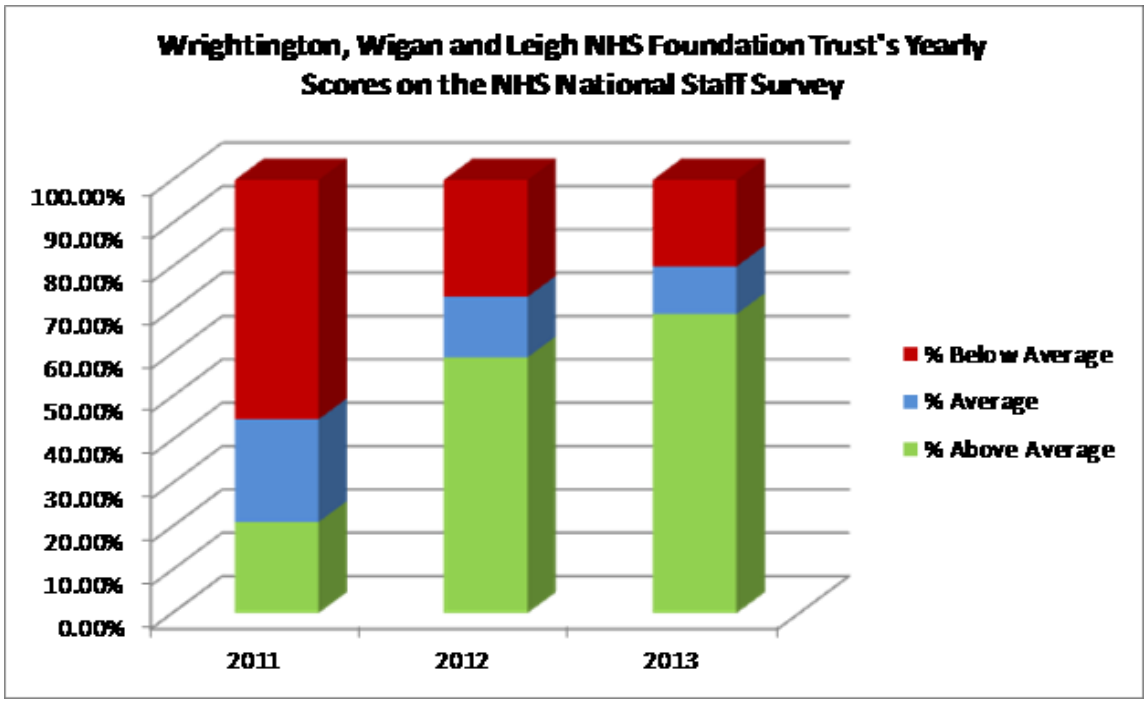
Figure 4 - Improvement in service quality indicators

	2007-08	2013-14	% change
HSMR (not rebased)	126	60	-52%
Deaths in Hospital	1561	1092	-30%
MRSA	39	1	-97%
C Diff	373	26	-93%
Pressure Ulcers (<grade 2)	26	6	-77%
Serious falls	58	19	-67%
TOTAL HARMS	516	83	-84%

6.2.1.6 WWL has had the best performing A&E Department in the Friends and Family Test for the past seven consecutive months. The Friends and Family Test is a mandatory survey undertaken by every NHS Trust within the country. The aim of the test is to gain feedback from patients on whether they would recommend the hospital to family and friends based on their experiences of using our hospital services. WWL has the highest rating across all Accident and Emergency Departments in the North West for this test and has done so for the past 7 months.

6.2.1.7 Very high levels of staff engagement and staff satisfaction – over the past three years WWL have delivered significant changes to improve the level of staff engagement and satisfaction. The table below demonstrates that the level of staff satisfaction has increased from 22% to 64% since 2011.

Figure 5 - Staff engagement satisfaction



6.2.1.8 Winners of 15 National and Regional Awards during 2014: At the Trust we are always innovating and looking at new ways of working to improve patient care. As a result of this work across the organisation, we have been able to enter over 50 awards during 2014. So far we have won 15 awards and have been shortlisted for a further 22 awards.

6.2.1.9 The table below highlights some of the awards that the Trust has been successful in securing over the past 12 months. These awards are, in the main, national awards which illustrate how WWL are now seen to provide the highest standard of services and facilities for the benefit of our patients.

Figure 6 - 2014 WWL Award winners

Awards	Category
HSJ Awards	Staff Engagement
RCM (Midwifery) Awards	Maternity Support Worker Award
BCS Assist Awards	IMT Award
Wigan Council Building Excellence Awards	Best Urban Design (Hanover D&TC)
HFMA NW	Team of the Year
Healthcare People Management Awards	APPRECIATE Champion
Healthcare People Management Awards	Overall Winner
Healthcare People Management Awards	Life Time Achievement Award
National Continence Care Awards	Continence Care Team of the Year
Hospital Caterers Association (NW) - Annual Catering Awards	North West Team of the Year
National Conference for Seven Day Working	Best in Communication Award

6.2.1.10 We are particularly proud to be shortlisted in four categories at the prestigious Health Service Journal Awards which are: -

- Provider Trust of the Year
- Improving Environment and Social Sustainability
- Patient Safety and
- Clinical Lead of the Year

6.2.1.11 The awards are an important way of getting the work of our dedicated staff recognised but they also give people a chance to share ideas and best practice. The awards give us the opportunity to look at healthcare innovation from across the country and learn how we can adopt and advance practice in our own Hospitals.

6.3 Travel and Access

6.3.1 The Wigan Borough has the largest population base within Greater Manchester. The local population of 320,000 already benefits from high quality clinical services based in Wigan and WWL therefore firmly believe that the largest population base in Greater Manchester would be disadvantaged if specialist services were to be relocated elsewhere.

6.3.2 It should also be noted that the local Wigan population is also supplemented by a further population base of 112,000 residents living in West Lancashire. The total level of emergency activity undertaken by WWL during 2013/14 (for West Lancashire CCG residents only) equated to 910 patients. This equated to 7.6% of all West Lancashire emergency activity. WWL therefore believes that consideration should be given to the activity flows from West Lancashire as their local population do utilise our emergency services and travel times to a centre other than Wigan would greatly increase patient/relative journey times.

6.4 Affordability and Value for Money

6.4.1 WWL is able to demonstrate a stable **Finance position**, achieving budgets and with money to invest. The table below highlights the WWL financial performance from 2009/10 projected forward to 2018/19. This table demonstrates a strong financial performance in terms of surplus and Financial Risk Rating / Continuity Service Risk Rating, both of which have been achieved within a period of increased capital investment.

Figure 7 -Financial performance from 2009/10

£ms	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19
Income	222.3	230.8	244.4	249.7	261.7	260.0	263.0	263.8	262.5	260.6
Expenditure	(207.7)	(214.8)	(229.1)	(233.1)	(245.7)	(243.0)	(244.8)	(244.3)	(243.4)	(241.4)
EBITDA	14.6	16.0	15.3	16.6	16.1	16.9	18.3	19.4	19.0	19.2
EBITDA %	6.6%	6.9%	6.3%	6.7%	6.1%	6.5%	7.0%	7.4%	7.3%	7.4%
Trading Surplus	**3.3**	**4.2**	**2.9**	**4.1**	**4.0**	**4.9**	**4.0**	**3.0**	**3.0**	**3.0**
Trading Surplus %	1.5%	1.8%	1.2%	1.6%	1.5%	1.9%	1.5%	1.1%	1.1%	1.2%
Impairments	(5.5)	(0.1)		(5.0)	(9.8)	(1.3)	(5.4)	(0.8)	0.0	(2.3)
Reported Surplus	(2.2)	4.1	2.9	(0.9)	(5.8)	3.6	(1.4)	2.2	3.0	0.7
Other Metrics:										
CiP	14.5	12.7	12.0	9.0	12.0	12.5	12.2	11.7	10.3	11.2
CSR / FRR	4	4	3	4	4	4	4	4	4	4
Capital Spend	8.0	12.1	13.0	16.6	19.4	21.6	24.0	8.2	7.2	8.5

6.4.2 The Trust's financial plans for the five years commencing 2014/15 demonstrate the Trust's ability to maintain financial sustainability whilst continuing the Trusts' objective of ever improving quality. The plan is based upon the strategy and service development plans to establish WWL as a strong, financially viable foundation trust that is able to continue to develop services and deliver its corporate objectives. The plan is ambitious, but also realistic of the increasingly challenging environment the NHS and WWL face.

6.4.3 The Trust has completed a full portfolio review of all service lines and assessed both longer term clinical and financial sustainability. Services have been assessed in line with guidance against grow, merge, transform and cease scenarios. The financial impact of which is included in the base case, CIP and downside scenarios. The main themes of the WWL plan are:

- The delivery of the 'integration max' programme which will deliver £25 million of savings to the local health economy over the next five years
- Collaborations when WWL requires a clinical partner to ensure clinical sustainability; e.g. Vascular and Oncology
- Re-provision where high quality patient care requires an alternative local provision; e.g. Neuro-rehabilitation
- Maximisation of commercial opportunities and income generation e.g. Catering, IT facilities, Devolved financial management, Private patient offerings

- Modernisation and improvement in quality through implementation of world class Information Technology i.e. Health Information System with Allscripts
- Delivery of base case efficiency of at least 4% per annum but capped at 5% through safe reduction in headcount numbers and site rationalisation: all CIP plans safety assessed prior to implementation by the Medical Director and the Director of Nursing
- Land available for sale utilised as cash mitigation under a downside scenario e.g. Billinge and Whelley land sales (over and above required trading profit)
- The Trust has an agreed level of loan funding (Foundation Trust Financing Facility) that allows the Trust to access up to **£17.5 million with immediate effect**

The Trust plans to deliver a £3 million trading surplus in each of the years 2014/15 – 2018/19. In 2014/15 and 2015/16 the surplus is increased by land sales (£1.9m and £1.0m in 2014/15 and 2015/16 respectively) which are incorporated on top of the trading surplus to provide additional financial comfort and protect against any delays in sale completions

6.5 Transition

6.5.1 WWL has very well developed estate plans for all three hospital sites and would be in a position to mobilise these plans swiftly. These site development plans are all being progressed at the current time and have the ultimate objective of ensuring that our three hospital sites are able to benefit from site development zones that will allow for immediate capital development.

6.5.2 WWL is therefore in a strong position to quickly respond to any required changes to site configuration on any one of its three hospital sites. It should also be noted that the Trust already has a framework agreement with a major contractor that does not require further procurement in the event of any further capital developments being required on our hospital sites which will again assist the Trust is being able to respond to any required capital development.

6.5.3 The Trust has a strong track record of delivering major capital schemes within budget and to agreed timescales.

7. Healthier Together Pre-consultation Business Case

7.1 Overview

7.1.1 The pre-consultation business case was recently published. WWL have reviewed the document in detail (see Appendix Four)

8. North West Sector Response

8.1 Healthier Together – The North West Sector response

8.1.1 This section illustrates the progress that WWL has been able to make in the development of a North West sector response to the public consultation. The Chief Executive Officers for all 3 Acute Trusts have agreed the framework which broadens the scope of the clinical specialities within a revised service model. The model demonstrates strong evidence of a partnership working in the development of a clinical model that allows all three Trusts to retain some element of 'specialist' service provision within their clinical portfolio, whilst also ensuring that the requirement to improve clinical standards is delivered.

8.1.2 The model is still in development, and will continue to be led by the North West sector Project Director.

8.2 Introduction to the framework

8.2.1 The North West Sector of Greater Manchester covers a population of over 800,000. Its three CCGs, Councils and Foundation Trusts have come together to create a new partnership and to design a new vision for healthcare in the sector. This will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

8.3 Patient-centred Integration Max

8.3.1 The entire population will be risk stratified and those in most need will receive individual care plans. They will have much better training and self-care but also 24/7 access to help at home, which will make going to hospital much more of a rarity. An unplanned hospital admission will be seen as a system failure and hospitals will be able to cope with far fewer emergency beds. The savings in hospital care will be reinvested in more services in primary and community care.

8.3.2 All health and social care organisations will have ready access to each other's electronic patient records and all three hospitals will be on the same Allscripts system. Patients too will be able to access their own records, be able to book appointments on-line and have email conversations with doctors and other healthcare professionals.

8.4 A Single Service Partnership between Hospitals

8.4.1 Emergency and High Risk surgery, Accident and Emergency service and Acute Medicine will be re-organised so that:

- The service meets the clinical standards required by Healthier Together. The service will be delivered, in the main, by consultants 24 hours a day, seven days a week
- The service will be mostly carried out by the most senior doctors with the most experience, which will result in the centralisation of these cases. After a suitable period of recovery, such patients will be brought back to their local hospital to minimise the travel burden on relatives
- Some emergency surgery will continue, on all sites, to cater for those who are too frail to transfer or where there is not time to transfer
- The service will ensure that, when surgery has to take place elsewhere (due to time and the risk associated with transfer), it is performed by the correct individuals with the appropriate level of skill and experience
- As a counter-balance to this flow, more services such as planned surgery, dialysis and chemo-therapy will take place locally

8.4.2 The Single Service Partnership will extend to other specialties, where appropriate, with the key considerations being quality of care and keeping services as local as possible.

8.4.3 The Terms of Reference for the operational group of the North West Sector and the Memorandum of Understanding that has been jointly agreed are enclosed in Appendices Two and Three.

8.5 What does this mean for the individual Hospitals?

8.5.1 Each will retain its core services plus its own sectoral specialties:

- Bolton: 24/7 A&E, Acute Medicine, General Surgery, in-patient Paediatrics plus sectoral specialty in maternity and neonatal care
- Salford: 24/7 A&E, Acute Medicine, General Surgery plus sectoral specialty in Emergency and high risk complex Surgery, Trauma Centre, Neurosciences, Nephrology and Dermatology
- WWL: 24/7 A&E, Acute Medicine, General Surgery, in-patient Paediatrics, Consultant-led Maternity plus sectoral specialty in Trauma Unit, Orthopaedic and Pelvic services

8.5.2 The Trusts will share many clinical and non-clinical support services**.**

8.6 What is the Governance arrangement for this new partnership?

8.6.1 There is an overarching Governance body comprising the three CCGs and three Trusts which is chaired on a rotational basis by the CCG chief officers. A Memorandum of Understanding (MoU) has been signed by all parties (see Appendix 3) plus the three councils which describes the purpose of the Partnership, the Governance arrangements and a timetable which leads to a full business case in Spring 2015.

8.6.2 Underneath this body there will be a provider partnership which will manage the Single Service Partnership on a daily basis, identifying clinical leads and common standards as appropriate. It is probable that a Joint Venture will be established similar to that which currently manages the SSDU and Pathology services of Salford and WWL.

8.7 How does this support Healthier Together?

8.7.1 It is fully in line with Healthier Together on integrated care and primary care, and very similar on secondary care. It goes much further into the practical detail of how emergency surgery will be organised. Rather than use the language of Specialist and Local Hospitals, it talks of a Single Service Partnership of equals.

8.7.2 WWL believe that the sector response delivers a single service partnership of equals which delivers objectives and standards of Healthier Together.

- Improves access to primary care and ‘Integration max’ for integrated care
- Moves investment from hospitals to community
- A single IT system across all three health systems
- A shared single service of centralised emergency surgery
- Balanced by decentralising other surgery and services
- Collaboration on other clinical and non-clinical services

8.7.3 WWL are keen to ensure that the local population is able to benefit from the highest possible standards of care. Appendix Five highlights the potential gains that could be made within the North West Sector by adopting the 'best in class' approach to the management of clinical pathways and the reduction in variability.

8.8 Summary of sector response

8.8.1 On the practical details of how a shared emergency surgery service will be organized:

- The North West Sector does not want the titles – Specialist and Local Hospital. We want a partnership of equals
- The North West Sector want assurance on protection of recognised clinical interdependencies between: A&E, Medicine, Surgery, Children and Maternity

8.8.2 This North West Sector Model will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system, which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

9. Conclusion

9.1 Summary of response to the consultation

9.1.1 WWL supports the requirement that all specialist providers should work towards the achievement of the NCAT clinical standards.

9.1.2 WWL supports the requirement for change within primary care and will work with local clinical commissioning group to ensure that these changes are introduced before any changes to acute service provision are introduced.

9.1.3 WWL believes it has been able to present a good case for designated a specialist provider and would therefore support options 5.1 and 5.2 contained within the public consultation.

9.1.4 The preference for the Trust however would be the development of a sector based response which allows for the development of single service partnership model between the acute providers within the North West sector.

10. Signatory page

10.1 Signatories

23rd October 2014

…… ……..

Mr Les Higgins

Chairman

Date

23rd October 2014

…… ……

Mr Andrew Foster

Chief Executive Officer

Date

23rd October 2014

…… ……

Mr Gordon Jackson

Lead Governor

Date

11. Appendices

11.1 Appendix One - Response to consultation questions

1. Why healthcare in Greater Manchester needs to change

Do you agree or disagree that change is needed?

Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
√					

What do you think the best care for you and your family looks like?

The development of an integrated healthcare system that is supported by a single service partnership model

In your opinion, how can we move from where we are now to the best care?

The development of a single service partnership model that is able to deliver all the Healthier Together clinical standards. This model would be supported by investment into primary care services that deliver real reductions in acute service demand.

2. How primary care is changing

Do you agree or disagree with the primary care standards?

Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
√					

If you disagree with the primary care standards, please tell us why

3. How we are joining up care

Do you agree or disagree with our proposals for a joined up health and care system, delivered in the community where appropriate?

Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
√					

Do you agree that children and young people should be cared for closer to home where appropriate?

Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
√					

4. How hospital service could change

Do you agree that?

	Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
Hospital services need to change to meet quality and safety standards and provide the best care for you and your family	√					
Providing specialist care at a smaller number of hospitals will raise standards of care to achieve the quality and safety standards	√					
Doctors and nurses should work in teams that provide care across specialist and local general hospitals as part of a single service	√					

Do you think there is another way to provide hospital services to meet the Quality and Safety standards?

The preference for the Trust, however, would be the development of a sector based response which allows for the development of single service partnership model between the acute providers within the North West sector. This will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

Please rate how important you think that the following criteria are using a whole number between 0 and 10.

Quality and Safety	Travel and Access	Affordability and value for money	Transition
10	8	9	7

How would you prioritise between the two following options?

Being treated at my local hospital									Travelling further to receive specialist care
1	2	3	4	5	6	7	8	9	10
					√				

Do you think that there should be **FOUR** or **FIVE** specialist hospitals?

FOUR		**FIVE**	
		√	
ADVANTAGES • Most cost effective • Quicker to put into practice • Need fewer doctors and nurses to run	**DISADVANTAGES** • Some patients will have to travel further for specialist care	**ADVANTAGES** • Some patients will not have to travel as far for specialist care	**DISADVANTAGES** • Lass cost effective • Need more doctors and nurses to run • Longer to put into practice

Please indicate which option you prefer by writing 1 in the box alongside your first preference, and writing 2 and3 alongside your second and third choices, if appropriate.

	Option 4.1	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital and Royal Bolton Hospital	
	Option 4.2	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital and Royal Albert Edward Infirmary (Wigan)	
	Option 4.3	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital and Wythenshawe Hospital	
	Option 4.4	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital and Stepping Hill Hospital (Stockport)	
2	Option 5.1	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital, Royal Albert Edward Infirmary and Stepping Hill Hospital	Don't know
3	Option 5.2	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital, Royal Albert Edward Infirmary and Wythenshawe Hospital	
	Option 5.3	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital, Royal Bolton Hospital and Wythenshawe Hospital	
	Option 5.4	Manchester Royal Infirmary, Salford Royal Hospital , Royal Oldham Hospital , Royal Bolton Hospitals and Stepping Hill Hospital	
1	Another option	Please give details in the box below	

Please tell us why you prefer this option and provide any comments that you would like to make

The North West Sector of Greater Manchester covers a population of over 800,000. Its three CCGs, Councils and Foundation Trusts have come together to create a new partnership and to design a new vision for healthcare in the sector. This will deliver the objectives and standards of Healthier Together, improve safety for patients, improve access to primary care and create a radically different integrated care system which will see patients receiving much more care in the community or in their own home. Better integrated community care will mean far fewer patients needing hospitals and therefore much slimmer secondary care.

The preference for the Trust however would be the development of a sector based response which allows for the development of single service partnership model between the acute providers within the North West sector.

11.2 Appendix Two - Terms of Reference for the North West Sector Programme Board

North West Sector Programme Board

Terms of Reference

1. Programme Summary

Programme Location	North West Sector
Programme Name	Acute Hospital Programme
Project duration	1st October 2014 – tbc
Project Partners	Bolton Clinical Commissioning Group Salford Clinical Commissioning Group Wigan Clinical Commissioning Group Bolton NHS Foundation Trust Salford Royal NHS Foundation Trust Wrightington, Wigan and Leigh NHS Foundation Trust
Other Key Stakeholders	Bolton, Salford, Wigan Local Authorities Bury Clinical Commissioning Group Pennine Acute Hospitals NHS Trust Greater Manchester Healthier Together Programme Greater Manchester Local Area Team The people of Bolton, Salford, Wrightington, Wigan and Leigh and surrounding.

2. Programme Background and Context:

The NHS nationally is facing a challenge to continue to improve and maintain the quality of services in the face of growing financial pressures.

Ensuring high quality services will require transformational change to the local health and care system. For those aspects of care which can only be provided within our acute hospitals we will need to consider what configuration of services offers the highest quality and best outcomes for patients and is affordable. In particular, to ensure that the right care is carried out in the right place by the right professionals at the right time and that this meets expected standards, thereby delivering good outcomes of care.

The Healthier Together ("HT") programme has identified that, in Greater Manchester, a range of acute hospital services (Urgent, Emergency and Acute Medicine, General Surgery and Children's Services) currently have highly variable standards and outcomes for patients, and are challenged with shortages of specialist staff and constrained resources.

A new model of care has been developed by clinicians from across organisations in Greater Manchester. Quality and safety standards have been developed for each clinical area, incorporating national guidance and recommendations from Royal Colleges. The model and the standards have been endorsed by the National Clinical Advisory Team ("NCAT") and approved by the twelve Greater Manchester Clinical Commissioning Groups (through its Committees in Common).

The new model of care proposes the formation of shared, single services across larger geographical footprints, raising the standards in all hospitals, and concentrating the specialist workforce in delivery of the most specialist services into fewer places.

Whilst the majority of care will be provided either in a community setting or in local hospitals, HT proposes that a smaller number of hospitals will be designated 'specialist sites', providing centres of excellence for seriously ill patients. These specialist sites will provide care for a larger population and will be staffed by a single multi-disciplinary team from collaborating hospitals (local and specialist sites).

Within the North West sector a series of workshops have been held with clinical and manager stakeholders to explore options commencing with implementing the surgical standards across Bolton, Salford and Wigan.

The three FTs have met on a number of occasions and have committed in principle to extend the focus of the partnership beyond the three in-scope elements of HT (Urgent, Emergency and Acute Medicine, General Surgery and Children's Services) to a wider range of hospital services, as part of a Single Shared Service model for the NW Sector.

Whilst the three FTs recognise that achieving quality and safety standards will require the consolidation of some services onto fewer sites, it has been recognised that the designation of 'specialist' and 'local' hospitals is potentially divisive. Moreover, in broadening the scope of the NW sector partnership; this affords the opportunity to enable each FT to take a lead responsibility for some services, on behalf of the sector, albeit within the context of a single shared service model.

Leaders from the three Local Authorities, Clinical Commissioning Groups and Acute Hospital Foundation Trusts met on 30 April and are committed to work together as a partnership in the form of the North West Leadership Board, to develop a sector-based response to HT, which is consistent with the new model of care and meets the specified quality and safety standards.

In order to take the work forward a Joint Programme Board which comprises of leaders from the three CCGs and Acute Trusts will be established, reporting to the Northwest Sector Leadership Board.

3. Purpose of Programme

The purpose of the Northwest Sector Hospital Programme is to develop a coherent strategy for service change for the configuration of acute services, in response to the frame of reference provided by Commissioners as follows:

- A future model of care which delivers the standards
- Service proposals that set out how the 'HT' standards will be met and sustained into the future
- Service proposals that set out how the standards will be delivered through a single shared service or similar

The intention of partners is to consider a broader scope than the Healthier Together in-scope services. However our initial Programme plan includes the three 'HT' in-scope service areas. The process will include option review / generation and option appraisal from which a decision can be taken by the three organisations in liaison with local commissioners on a preferred option or options.

4. Guiding Principles

- To be clinically led;
- To act in the best interests of service users and the public;
- To work as a partnership of equals;
- At all times to act in good faith towards one another;
- To act in a timely manner and respond accordingly to requests for support;
- To communicate openly about concerns, issues or opportunities relating to HT and/or the sector-led response to the new model of care;
- To seek to develop as a collaborative in order to achieve the full potential of the partnership;
- To adopt a positive outlook and to behave in a positive, proactive manner;
- To focus on the care and experience of service users and potential beneficiaries of the new model of care; and
- To promote innovation.

5. Programme Board

The Board comprises leaders from the three Clinical Commissioning group and Acute Trusts, and is responsible for agreeing and overseeing delivery of the Programme Plan.

5.1 Membership

Programme Board Chair	**Chief Officer** **Clinical Commissioning Group** (tbc)
Clinical Commissioning Group Chief Officers	**Susan Long** – NHS Bolton CCG **Trish Anderson** - NHS Wigan CCG **Alan Campbell** – NHS Salford CCG
Trust Chief Executives	**Jackie Bene -** BFT **David Dalton –** SRFT **Andrew Foster –** WWLFT
Senior Responsible Officers / Trust Directors of Strategy	**Mark Wilkinson–** Exec Director BFT **Silas Nicholls –** Exec Director WWLFT **Jack Sharp –** Exec Director SRFT
Trust Medical Directors	**Steve Hodgson –** BFT **Chris Brookes –** SRFT **Umesh Prabhu –** WWLFT
Programme Director	**Christine Fearns**
Programme Medical Director	
Programme Administrator	**Lyndsey Eatherall**

5.2 Terms of Reference

- Responsible for agreeing and overseeing the programme of work, scope and objectives and the definition of projects
- Oversee the delivery of the programme, ratify and approve the strategic outline case, and outline business case prior to submission to Boards of Directors
- Ensure that the development of the business case is clinically led, fits with the sector vision, meets agreed standards, meets service and financial priorities for commissioners and for providers, and is affordable, sustainable and represents a good use of public funds
- Agree, ratify and monitor the work programme, ensuring the Programme and Project Teams deliver against the agreed project plan and milestones

- Agree and ratify the resources provided to the Programme Team and monitor the financial performance of the Project
- Agree and implement mechanisms for reviewing the progress of the Programme against agreed metrics
- Ensure robust risk assessment of the programme and review key strategic risks on a regular basis ensuring mitigation and management
- Agree, ratify and oversee delivery of a robust and appropriate process for engaging clinical stakeholders (internal and external)
- Agree, ratify and oversee delivery of a robust and appropriate process for engaging key stakeholders and specifically engagement with patients and the public
- Ensure that the outputs of the work inform commissioners and the decision making phase of the Healthier Together Programme on the future model of care

The Programme Board will meet monthly and will be chaired by a CCG Chief Officer.
Wherever possible the Programme Board will make decisions through consensus. The Programme's critical milestones will be agreed and aligned to commissioner decision-making processes.

6. Programme Governance and Accountability

Appendix One sets out the proposed programme governance arrangements.

The Programme Board will report directly to each Board of Directors via the Chief Executive and to each CCG Governing Body via the Chief Officer. It will also report to the Northwest Sector Leadership Board who will oversee the development of the sector led response to 'HT' and development of a strategic case and will address the barriers / obstacles that could prevent achievement of the partnerships objectives.

A standardised report will be produced for submission to Trust Boards and the North West Sector Leadership Board.

7. Utilisation of the Strategic Case:

- CCG Commissioners - informs local Commissioners Strategic Planning and Commissioning intentions / Healthier Together
- Acute Foundation Trusts – contribution to a clinically and financially sustainable Acute Services Strategy
- North West Sector – informs the development of a sector vision and whole system strategy for high quality, sustainable health and social care services
- NHS England – informs GM HT Strategic planning and financial strategy

8. Programme Resources

The programme will secure a range of management resources, which will be coordinated via a Programme Management Office. This will include programme and project management, finance, workforce, HR and communications, to ensure that it can progress within agreed timescales.

The programme will require significant and consistent inputs from a range of senior clinicians from each of the three Trusts and Clinical Commissioning Groups, working in distinct clinical work-streams. It will also require the inputs from external independent clinical inputs as required.

A detailed resource plan will be developed once the programme plan is agreed.

9. Structure and Scheduling

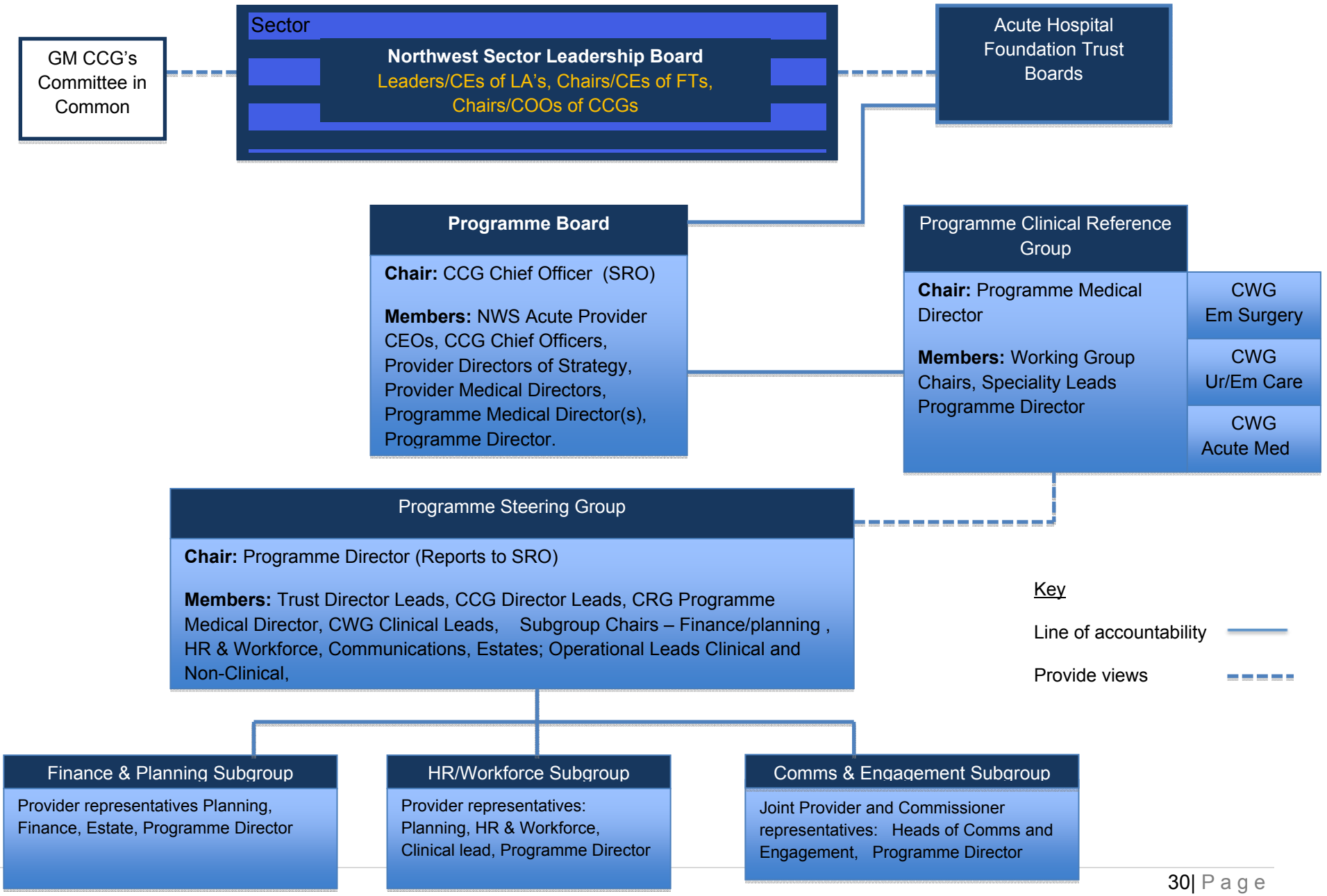
The programme will progress through a systematic and managed process in order to meet requirements. This will include:

- Define Scope and Objectives of the Programme
- Establish an appropriate programme management framework incorporating the Gateway Review Process
- Secure resources and expertise from client organisations as required
- Definition of the Programme and Projects / outputs and timetable
- Initiation of the Programme and Projects
- A full baseline scoping exercise including activity, capacity and quality/standards
- Clinically led vision and service proposal for a single service for each work-stream, which meets all required standards
- Clinical engagement and involvement
- Modelling of the clinical and financial implications
- Commissioner engagement and review
- Review / generation of options for delivery
- Full assessment of the implications of options (Financial & Non-Financial)
- Benefits realisation evaluation
- Strategic outline case and submission to commissioners / healthier together
- Decision making
- Outline business case and approvals

10. Timetable:

The timetable for the programme will be confirmed in accordance with agreement on the programme plan.

A detailed phasing of work will be completed once programme and project definition is agreed.


GM CCG's Committee in Common
Sector
Northwest Sector Leadership Board
Leaders/CEs of LA's, Chairs/CEs of FTs, Chairs/COOs of CCGs
Acute Hospital Foundation Trust Boards
Programme Board
Chair: CCG Chief Officer (SRO)
Members: NWS Acute Provider CEOs, CCG Chief Officers, Provider Directors of Strategy, Provider Medical Directors, Programme Medical Director(s), Programme Director.
Programme Clinical Reference Group
Chair: Programme Medical Director
Members: Working Group Chairs, Speciality Leads Programme Director
CWG Em Surgery
CWG Ur/Em Care
CWG Acute Med
Programme Steering Group
Chair: Programme Director (Reports to SRO)
Members: Trust Director Leads, CCG Director Leads, CRG Programme Medical Director, CWG Clinical Leads, Subgroup Chairs – Finance/planning , HR & Workforce, Communications, Estates; Operational Leads Clinical and Non-Clinical,
Key
Line of accountability
Provide views
Finance & Planning Subgroup
Provider representatives Planning, Finance, Estate, Programme Director
HR/Workforce Subgroup
Provider representatives: Planning, HR & Workforce, Clinical lead, Programme Director
Comms & Engagement Subgroup
Joint Provider and Commissioner representatives: Heads of Comms and Engagement, Programme Director

11.3 Appendix Three - Memorandum of Understanding (North West sector)

Dated [*date to be inserted*]

BOLTON NHS FOUNDATION TRUST

SALFORD ROYAL NHS FOUNDATION TRUST

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

NHS BOLTON CLINICAL COMMISSIONING GROUP

NHS SALFORD CLINICAL COMMISSIONING GROUP

NHS WIGAN BOROUGH CLINICAL COMMISSIONING GROUP

BOLTON COUNCIL

SALFORD CITY COUNCIL

WIGAN COUNCIL

Memorandum of Understanding in relation to Partnership Working to provide a shared, sector-based response that meets the requirements of Healthier Together and improves services for patients in the North West of Greater Manchester

DRAFT0.8 (04.09.14)

FOR CONSIDERATION BY THE SPECIFIED PARTIES

VERSION CONTROL

No	Date	Editor	Purpose/Change
0.1	18/05/14	J Sharp	• Consolidate decisions and collective agreements to-date • Propose governance arrangements for NW sector
0.2	20/05/14	J Sharp	• Change in terminology ('emergency and high risk elective surgery' rather than 'emergency and complex surgery') • Reworded to clarify initial preference for a JANE JV • Query inserted re cost of new service model • Bury stakeholders to be invited to attend Part 2 of the NW Sector Leadership Board
0.3	25/5/14	J Sharp	• Timeline inserted • Role description for Project Director inserted • Terms of Reference for Operational Group added • Revision to confidentiality clause to recognise information already in the public domain or required by law
0.4	30/5/14	J Sharp	• Rewording of 'sector-based' to 'HT' • Rewording of sustainability / cost savings • Inclusion of 'partnership of equals' in principles, consensus approach to decision-making and equal votes • Overt that costs and benefits will be shared between parties • Insertion of organisational reporting arrangements within governance section • Removed reference to Pennine Acute, Bury MBC and Bury CCG as members of the Leadership Board – to be revisited if modelling work indicates this is a material consideration • Amended timeline for finalisation of the business case
0.5	09/06/14	J Sharp	• Revised arrangement for the Leadership Board • Insertion of data sharing clauses to support modelling work
0.6	01/07/14	J Sharp	• Modification to reflect different roles of FTs, CCGs and LAs
0.7	12/08/14	C Fearns	• Amended to include the three HT Hospital In-scope services: urgent & emergency care; acute medicine; emergency general & high risk surgery • Amended timeline
0.8	01/09/14	C Fearns J Sharp	• Range of amendments • Feedback on amendments

Reviewed by and with contributions from:

- A Ennis (Chief Operating Officer, Bolton FT)
- J Sharp (Director of Strategy and Development, SRFT)
- S Nichols (Deputy CE and Director of Strategy, WWL)
- I Moston (Director of Finance, SRFT)

- S Worthington (Deputy CE and Director of Finance, Bolton FT)
- R Forster (Director of Finance and Informatics, WWL)
- W Heppolette (Strategic Director, Health & Social Care Reform, GM)
- S Long (Chief Operating Officer, Bolton CCG)
- J Bene (Chief Executive, Bolton FT)
- A Foster (Chief Executive, WWL)
- D Dalton (Chief Executive, SRFT)
- A Campbell (Chief Operating Officer, Salford CCG)
- M Tate (Chief Finance Officer, Wigan Borough CCG)
- C Fearns (Project Director)

CONTENTS

THIS AGREEMENT is dated [*date be inserted once agreed by all Parties*]

BETWEEN

(1) **BOLTON NHS FOUNDATION TRUST** of Trust Headquarters, Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL4 0JR ("**Bolton FT**");

(2) **SALFORD ROYAL NHS FOUNDATION TRUST** of Trust Headquarters, Mayo Building, Salford Royal NHS Foundation Trust, Stott Lane, Salford, M6 8HD ("**SRFT**");

(3) **WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST** of Trust Headquarters, Royal Albert Edward Infirmary, Wigan Lane**,** Wigan, WN1 2NN ("**WWL**");

(4) **NHS BOLTON CLINICAL COMMISSIONING GROUP** of St Peter's House, Silverwell Street, Bolton, BL1 1PP ("**Bolton CCG**");

(5) **NHS SALFORD CLINICAL COMMISSIONING GROUP** of St James's House, Pendleton Way, Salford, M6 5FW(**"Salford CCG**");

(6) **NHS WIGAN BOROUGH CLINICAL COMMISSIONING GROUP** of Wigan Life Centre, College Avenue, Wigan, WN1 1NJ ("**Wigan CCG**");

(7) **BOLTON COUNCIL** of Victoria Square, Bolton, BL1 1RU ("**Bolton Council**");

(8) **SALFORD CITY COUNCIL** of Salford Civic Centre, Chorley Road, Swinton, Manchester, M27 5D ("**SCC**"); and

(9) **WIGAN COUNCIL** of Town Hall, Library Street, Wigan, Lancashire, WN1 1YN ("**Wigan Council**")

together referred to as the "**Parties**" to the MOU

BACKGROUND

(A) The Healthier Together ("HT") programme has identified that, in Greater Manchester, a range of acute hospital services (Urgent, Emergency and Acute Medicine, General Surgery and Children's Services) currently have highly variable standards and outcomes for patients, and are challenged with shortages of specialist staff and constrained resources.

(B) A new model of care has been developed by clinicians from across organisations in Greater Manchester. Quality and safety standards have been developed for each clinical area, incorporating national guidance and recommendations from Royal Colleges. The model and the standards have been endorsed by the National Clinical Advisory Team ("NCAT") and approved by the twelve Greater Manchester Clinical Commissioning Groups (through its Committees in Common).

(C) The new model of care proposes the formation of shared, single services across larger geographical footprints, raising the standards in all hospitalsand concentrating the specialist workforce in delivery of the most specialist services into fewer places.

(D) Whilst the majority of care will be provided either in a community setting or in local hospitals, HT proposes that a smaller number of hospitals will be designated 'specialist sites', providing centres of excellence for seriously ill patients. These specialist sites will provide care for a larger population and will be staffed by a single multi-disciplinary team from collaborating hospitals (local and specialist sites).

(E) The public consultation for HT proposes that 4-5 hospitals in Greater Manchester are designated specialist sites , with both SRFT and Central Manchester University Hospitals NHS Foundation Trust being determined as 'fixed points', i.e. in each of the options that are being consulted on they are both designated as specialist sites.

(F) Dependent on the overall number and distribution of local and specialist sites in Greater Manchester, the North West sector may need to support a wider geographical area.

(G) Initially concentrating on General Surgery, the three Foundation Trusts within the North West sector have held a series of workshops with clinical and managerial stakeholders to explore options for implementing the standards across Bolton, Salford and Wigan.

(H) The Parties met on 30 April and committed to work together as a partnership to develop a sector-based response to HT, which is consistent with the new model of care and meets the specified quality and safety standards. It was also recognised that the population of Bury access services within the sector, and therefore it will be important to engage partners in Bury in the proposed new arrangement.

(I) The three FTs have met on a number of occasions and have committed in principle to extend the focus of the partnership beyond the three in-scope elements of HT (Urgent, Emergency and Acute Medicine, General Surgery and Children's Services) to a wider range of hospital services, as part of a Single Shared Service model for the NW Sector.

(J) Whilst the three FTs recognise that achieving quality and safety standards will require the consolidation of some services onto fewer sites, it has been recognised that the designation of 'specialist' and 'local' hospitals is potentially divisive. Moreover, in broadening the scope of the NW sector partnership; this affords the opportunity to enable each FT to take a lead responsibility for some services, on behalf of the sector, albeit within the context of a single shared service model.

(K) It is recognised that the Parties to the Memorandum of Understanding ("MOU") have different roles and responsibilities, namely:

(i) Bolton FT, SRFT and WWL are responsible for developing the new service model which meets the HT standards and the requirements of commissioners. Subject to the outcome of the public consultation and commissioner approval, the three Foundation Trusts will be responsible for delivering the shared service;

(ii) Bolton CCG, Salford CCG and Wigan CCG are responsible for providing commissioning input into the North West sector response to HT, recognising that collective

arrangements have been agreed for pan-Greater Manchester CCG decision-making through the Committees in Common; and

(iii) Bolton Council, SCC and Wigan Council are responsible for ensuring the new service meets the needs of the combined population of the sector and supporting the alignment of adult social care services to support effective discharge from hospital.

(L) The purpose of this MOU is to set out the:

(i) Objectives of the partnership and the principles that will underpin it;
(ii) Governance arrangements for the partnership; and
(iii) Proposed timetable for the development and implementation of the arrangements.

IT IS AGREED that:

1 Status of this MOU

1.1 This MOU is not exhaustive and, with the exception of the confidentiality clause, is not intended to be legally binding, between any of the Parties.

2 Objectives of the Partnership

2.1 The Parties agree that the objectives of the partnership will be to:

(a) Support and ensure delivery of the new model of care and the quality and safety standards that have been established and approved through the HT programme for: Emergency General & High Risk Elective Surgery; Urgent & Emergency Care and Acute Medicine;
(b) Develop service proposals for each in-scope service within the North West sector of Greater Manchester;
(c) Seek to secure a consistent, shared sector-based response to the HT public consultation;
(d) Develop a Business Case on the future configuration of services;
(e) Identify further opportunities to collaborate within the North West sector, where this is in the best interests of patients and the population; and
(f) Deliver any additional objectives as determined and agreed by all Parties.

3 Priority Programme of Work

3.1 The programme of work will include the three services in the scope of the Healthier Together Hospital programme:

- Emergency General and High Risk Elective Surgery
- Urgent and Emergency Care
- Acute Medicine

3.2 In developing a service proposal for the reconfiguration of Emergency and High Risk Elective General Surgery, the Parties agree that it must:

(a) Reliably and consistently meet the HT quality and safety standards;
(b) Enable the best clinical outcomes and optimise access for the combined population of Bolton, Salford and Wigan;
(c) Be clinically and managerially managed as a single service;
(d) Operate within a single system of governance;
(e) Support the sustainability of adjacent clinical services;
(f) Be supported by effective arrangements for transfer for discharge from hospital and on--going rehabilitation and reablement;
(g) Enable costs, risks and benefits to be shared between providers; and
(h) Be financially sustainable for all Parties and cost no more (and preferably less) than the current service (accepting that some upfront investment will be required).

It has been agreed that the redesigned surgical service will operate as a Shared Service through a Joint Venture ("JV") model. The proposed model is a Joint Arrangement that is Not an Entity ("JANE"), where the Shared Service is hosted by one of the Foundation Trusts but that the service is governed and held to account through a joint board of the three Foundation Trusts. (There is an option to move towards a free-standing JV, a Body Corporate JV (BCJV), in the longer term.)

3.3 In developing a service proposal for change in Urgent and Emergency Care and Acute Medicine the Parties agree that it must:

(a) Reliably and consistently meet the HT quality and safety standards;
(b) Enable the best clinical outcomes and optimise access for an agreed population
(c) Deliver a model which overcomes workforce challenges and secures clinical sustainability
(d) Operate a robust system of governance which meets external requirements
(e) Support the sustainability of adjacent clinical services;
(f) Be supported by effective arrangements for transfer for discharge from hospital and on-going rehabilitation and re-ablement;
(g) Be part of a wider system of integrated care which supports the vision for right care-right place-right time;
(h) Be financially sustainable for all Parties and cost no more (and preferably less) than the current service (accepting that some upfront investment will be required); and
(i) A model which makes the best use of existing estate.

3.4 Single Service - Rationale for exploring alternatives in UEAM services

- The delivery of service proposals which meet all the applicable standards remains the overarching goal
- A single service is one way of achieving the standards but for UEAM services may not be the optimum vehicle for their delivery in these services
- A single system of governance remains the aspiration but may not be possible and should be determined once the optimal vehicle for delivery of the standards has been agreed
- The sharing of costs, risks and benefits would be dependent on the nature of the service proposals and should be determined once project objectives are agreed

3.5 The Parties recognise that this will require strong relationships and the creation of an environment of trust, collaboration and innovation.

4 Principles of the Agreement

4.1 The Parties agree to the following principles underpinning this MOU and the development of a sector-led response to HT:

(a) To act in the best interests of service users and the public;
(b) To work as a partnership of equals;

(c) At all times to act in good faith towards one another;
(d) To act in a timely manner and respond accordingly to requests for support;
(e) To communicate openly about concerns, issues or opportunities relating to HT and/or the sector-led response to the new model of care;
(f) To seek to develop as a collaborative in order to achieve the full potential of the partnership;
(g) To adopt a positive outlook and to behave in a positive, proactive manner;
(h) To focus on the care and experience of service users and potential beneficiaries of the new model of care; and
(i) To promote innovation.

4.2 The Parties agree that decision-making should be by consensus.

5 Governance Arrangements

5.1 A North West Sector Leadership Board ("Leadership Board") has been established to oversee the development of a sector-led response to Healthier Together and the development of service proposals for the in-scope services.

5.2 The Leadership Board has Chief Executive / Chief Officer / Leader / Board-Level representation from the Parties to this Agreement. The Leadership Board will provide senior leadership and direction to the programme and will address barriers or obstacles that could prevent the achievement of the objectives of this partnership.

5.3 The Leadership Board will meet on a six weekly basis, with a wider Leadership and Clinical Congress held on a six monthly basis.

5.4 The Leadership Board is chaired by the Leader of Bolton Council.

5.5 Unless there is specific justification to withhold information, all papers and minutes associated with the Leadership Board will be deemed suitable to be made available in part two of board meetings. Leadership Board minutes will be reported to the governing committee of the Parties, most of which are held in public.

5.6 From October 2014, the development of the service proposals will be overseen by a Joint Programme Board comprising representatives from the three Clinical Commissioning Groups and the three Foundation Trusts. The Programme Board will be chaired by one of the CCG Chief Officers. The Terms of Reference are set out at Appendix One. The Programme Board will report to the Leadership Board via its Chair.

6 Provisional Timetable - Surgery

6.1 The following table sets out a high-level provisional timetable for next 12 months. The timetable is subject to further review by each of the Parties.

Timescale	Principal Tasks
May – July 2014	• Establish governance structure • Appoint Project Director and independent Clinical Chair • Initiate the Project • Establish the Clinical Reference Group (CRG) • Commission modelling work (capacity / finances / workforce)
July- Sept 2014	• Baseline activity/workforce/estate • Define the single service via the CRG • Agree legal mechanism on how single service will operate • Agree Options and Options Appraisal • Agree the Sector provider response to the HT public consultation
Sept – Nov 2014	• Test high level, outline clinical model with key stakeholders (internal and external) • Modelling of Options • Commence development of Strategic Case
Oct – Nov 2014	• Options Evaluation • Strategic Outline Case
December 14 – Jan 2015	• First iteration of business case • Review business case following publication of outcomes from the HT public consultation and local commissioner intentions
February – March 2015	• Draft business case for approvals • Submission of strategic case to HT and Commissioners

6.2 A more detailed implementation plan and timetable will be jointly developed between the Parties upon approval of this MOU. It will be informed by the HT timetable.

7 <u>Costs</u>

7.1 Each Party shall bear their own costs in relation to this Agreement.

7.2 The costs of the programme management, clinical leadership and programme administrative support shall be borne equally by three Foundation Trusts.

8 Data Sharing and Confidentiality

8.1 The Parties acknowledge and agree that each may be required to disclose to others, information which is regarded as confidential or commercially sensitive. The Parties undertake for themselves and their respective Boards and employees:

(a) The disclosing Party shall confirm whether information is to be regarded as confidential prior to its disclosure;

(b) All Parties shall use no lesser security measures and degree of care in relation to any confidential information received from the other Party than it applies to its own confidential information;

(c) The Parties shall not disclose any confidential information of the other Parties to any third party without the prior written consent of the other Parties; and

(d) On the termination of this Agreement, each Party shall return any documents or other material in its possession that contains confidential information of the other Parties.

8.2 Clause 7.1 shall not apply to any information which is already in the public domain (other than by a breach of this Agreement), or where disclosure is required by law or in relation to any information which is lawfully requested by government, Monitor or NHS England.

8.3 The Parties have agreed that information will be shared with external advisors to enable modelling work to be undertaken for the sector. For the avoidance of doubt:

(a) The Foundation Trusts, CCGs and Local Authorities that are subject to this MOU agree to provide in a timely manner and without restriction all information requested and required by the advisors to carry out the work including but not limited to relevant detailed financial, activity, workforce and estates related information;

(b) All Parties agree that publically available information may be shared fully with all other Parties that are subject to this agreement;

(c) Non-publically available information provided to the advisors as part of this project including (but not limited to) relevant financial, activity, workforce and estates related information will be held securely by the advisors and not shared with the other providers, CCGs and Local Authorities connected to this project without the express permission of the relevant originating organisation; and

(d) No information will be shared with Parties outside of the project.

8.4 Express permission will be sought from the three Foundation Trusts to share the following information:

(a) All in and out of scope activity information at each hospital site;

(b) Whole-time equivalent workforce information for the in-scope sites and services;

(c) Estates information in relation to in and out of scope services; and

(d) Financial information, including Service Line Reporting information, should be provided to the advisors for each Trust as a whole (i.e. for both in and out of scope sites and services) but will be shared between the three providers for in-scope activity only.

Signed by [*insert name once approved*]

For and on behalf of **BOLTON NHS FOUNDATION TRUST**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **SALFORD ROYAL NHS FOUNDATION TRUST**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **NHS BOLTON CLINICAL COMMISSIONING GROUP**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **NHS SALFORD CLINICAL COMMISSIONING GROUP**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **NHS WIGAN BOROUGH CLINICAL COMMISSIONING GROUP**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **BOLTON COUNCIL**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **SALFORD CITY COUNCIL**

We confirm our agreement to the above

……

Signed by [*insert name once approved*]

For and on behalf of **WIGAN COUNCIL**

We confirm our agreement to the above

……

11.4 Appendix Four - Detailed analysis of the pre consultation business case

QUALITY AND SAFETY

Future service model - the business case states that it guarantees the future of all Maternity services for the consultation phase. The Trust is concerned that no longer term guarantees exist in this regard; furthermore the business case does not mention any timescales in relation to the 2nd phase of the Children's services programme.

General Surgery (Mortality) - Business case states that between 151/289 lives saved per annum per year dependant on the level of relative performance achieved. The Trust believes that a reduction of 289 deaths would be extremely difficult to achieve given demography of Greater Manchester. Furthermore, the Trust believes that the definition of general surgery is still an issue, as yet, unresolved. The Trust is also concerned that there is no practical evidence base that centralisation of surgery will achieve significant savings in life

AFFORDABILITY AND VALUE FOR MONEY

Financial case for change - £742 million is highlighted as the financial challenge with Greater Manchester by 2017/18. In addition, the providers share of above within a 'do nothing 'scenario is noted as £168 million, including implementation costs of £40 million. This analysis has not been broken down by Trust to highlight the relative financial strength position of other provider units

Baseline data - WWL code activity to the level of treatment function code, meaning that other activity (in scope) could sit in other treatment function codes such as Colorectal and upper GI Surgery. This could result in the level of in scope activity being significantly under estimated

Activity modelling - the business case states that only a small proportion of activity will be affected. However, it also states that 4% of Accident and Emergency attendances will be diverted to specialist centre. This, combined with the quoted 20.4% of General Surgery activity being affected by the proposals, will equate to a large number of patients being affected.

Interventions from primary care- WWL are concerned about how the delivery of this programme is going to be tracked and what contingency measures exist to ensure that the primary care change programme is delivered as required. Furthermore, we are also concerned that very high assumptions on the level of deflections (72.9% of the predicted growth) that will occur into primary care services and that little evidence exists to substantiate these plans.

Financial model - the business case states that a £273 million financial deficit will exist across Greater Manchester, even after the achievement of 2.6% (£489m) of provider efficiency savings. The assumption is that the challenge will be met by commissioners through reduced commissioning spend and that the implementation of HT programme will produce a further £22 million of efficiency. WWL are concerned that these savings could be 'double counted' and will not be realised.

TRAVEL AND ACCESS

Enablers to the delivery of the HT programme – the HT proposals assume a level of additional patient journeys across Greater Manchester, and WWL are concerned about how NWAS will be able to meet the challenge of additional journey times and patient repatriation.

TRANSITION

Future model of care planning assumptions

- Activity - the business case states that the provider activity flows are used as the basis of deflection levels from each Trust, which WWL believe is understated, as it only covers the sub-speciality code of General Surgery, and does not allow for other in-scope sub specialities. There is also some inconsistency within the business case as, on occasions, in-scope activity is noted as 1% of acute medicine NOT 4% of AED attendances.
- Length of stay - WWL are concerned that the methodology to achieve the target reductions in bed days in 'atypical spells' cannot have efficiency applied to them. Furthermore, given the social demography of Greater Manchester, there has to be a risk/sensitivity analysis to applying top quartile performance to length of stay. The business case also states that beds could reduce by 882 by 2017/18, the impact of this reduction in each Trust is not highlighted
- Capital Investment – the level of capital investment required is noted at between £28 million and £82 million. There is no indication of which Trusts require the investment, furthermore there is no indication of how the additional revenue costs (E&F) as a result of this capital investment would be funded
- Workforce – the business case states a requirement for 17 additional Emergency Medicine consultants (five specialist centres and 11 PA's) and 22.8 additional General Surgery consultants (five specialist centres and 11 PA's). The business case does not highlight how these additional posts will be funded.

Urgent care and emergency care: - It would be appropriate to see the timescales associated with the delivery of primary care change programme before affecting any changes to secondary care.

Demonstrator communities set up in summer 2013 - the business case does not illustrate the quantitative gains that have been made to date in the demonstrator areas. Furthermore, it does not provide a cost benefit appraisal in this area.

Co-ordination of Health and Social care services - A range of local plans were highlighted in the case, however there is no timetable highlighted for the implementation of the full primary care change programme.

Children's Services: - A heavy reliance is placed on the development of community based models of care which the Trust believes does not have a track record of delivery.

Care benefits framework - The business case highlights that benefits in this area will not been measured until 2014/15 data is available, which will mean that the effectiveness / efficiency of the framework will not be known until Summer/Autumn 2015.

Enablers to the delivery of the HT programme - a significant challenge exists in relation to the delivery of medical and nursing workforce plans. The business case does not state how this challenge will be delivered. In addition, the case does not state how the significant challenge regarding the development of the primary care infrastructure going to be met.

CONCLUSION

Business case - The business case has been well constructed and addresses all the issues that a major service transformation business case should cover. However, the following areas do require further challenge:

- Capacity planning assumptions
- Levels of capital investment required by site
- Travel times across Greater Manchester
- Workforce planning
- Risk associated with delivery of Primary care transformation programme

11.5 Appendix 5 – Quality benchmarks (North West Sector)

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Quality Benchmarks (North West Sector)

Monitor performance rating

The table demonstrates the current performance of WWL, Bolton NHS Foundation Trust and Salford Royal NHS Foundation Trust in relation to the monitor performance ratings. This position reflects the status of each Trust as at 7th October 2014.

Trust	Continuity of Service Ratings*	Governance ratings	Notes
Bolton	1	Red	Subject to enforcement action
Salford Royal	3	Green	No evident concerns
WWL	3	Green	No evident concerns

*The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk.

Financial summary – North West Sector

The table below highlights the summary financial position of each Trust in the North West sector. A range of high level indicators have been used and demonstrate the 2013/14 year end position and also the 2014/15 financial year to the end of quarter one (30th June 3014).

	Trust		
	Bolton	Salford	Wigan
Full Year 2013/14			
Surplus / (Deficit) pre impairments	(7.8)	10.9	4.0
Cash Balance	0.4	56.0	20.3
Capital Expenditure	6.2	16.9	19.4
Continuity of Services Rating	1	4	4
Q1 2014/15			
Surplus / (Deficit) pre impairments	(0.8)	(1.1)	(1.5)
Cash Balance	6.5	53.9	17.6
Capital Expenditure	0.4	2.3	2.1
Continuity of Services Rating	1	3	3

Acute Surgery activity

With regard to acute surgical activity, WWL also benchmarks favourably against Bolton. It should be noted that the relative is the relationship between actual and expected outcomes (when allowing for all demographic factors). Therefore, a relative risk of less then 100 reflects actual being lower than an expected outcome and a risk of greater then 100 means that actual outcomes are higher than expected.

	Relative Risk		
Indicators	Bolton	Salford Royal	WWL
Mortality rates	97.28	39.83	74.95
Length of stay	99.36	118.97	90.16
Re-admission	110.23	92.15	94.53

Staff Friends and Family

The table below highlights the position (as at 30th June 2014) in relation to the percentages of staff that would recommend their friends and family for **treatment** at their respective organisation. The table also highlights the rank that each Trust has relative to all other NHS Trusts in England.

	Percentage	Rank
Salford Royal	94%	25th
WWL	81%	85th
Bolton	71%	157th

The table below highlights the position (as at 30th June 2014) in relation to the percentages of staff that would recommend their organisation friends and family as a place t**o work**. The table also highlights the rank that each Trust has relative to all other NHS Trusts in England.

	Percentage	Rank
Salford Royal	76%	25th
WWL	75%	31st
Bolton	56%	168th

Outcomes benchmarking

The table overleaf illustrates a range of quality indicators (as at 17th October 2014) and highlights the relative performance of WWL, Bolton NHS Foundation Trust and Salford Royal NHS Foundation Trust.

As highlighted within the main body of the consultation response, this benchmarking exercise is able to illustrate the gains that could be made within the North West Sector by adopting the 'best in class' approach to the management of clinical pathways and the reduction in variability.

Outcomes Benchmarking as at 23rd October 2014

	Metric	Source	Period	WWL	Bolton	Salford
Safe	HSMR	Dr Foster	Apr-Jun 14	80.35	93.68	76.35
	SHMI	Dr Foster	Q4 2013-14	110.92	106.3	91.78
	Safety Thermometer	HSCIC	Apr-Sep 2014	96.04%	95.73%	93.44%
	Cancer	NHS England	Q1 2014-15	98.40%	97.50%	95.50%
	PLACE	NHS England	2014			
	Cleanliness			100.00%	99.37%	99.46%
	Food			95.95%	84.17%	93.12%
	Privacy, Dignity and Wellbeing			94.22%	87.55%	94.20%
	Condition Appearance and Maintenance			99.40%	96.99%	98.12%
	RTT (Average %)	NHS England	Apr-Aug 2014	97.02%	96.18%	93.19%
	Infection Rates - Rate of infection per 100,000 Beddays	NHS England	Q1 2014-15			
	MRSA			0	0	0
	MSSA			5.3	18.4	10.39
	CDIFF			13.2	16.3	8.66
	Open and Honest Care (Rate per 1000 Beddays)	Trust Open and Honest Report	Jun-14			
	Hospital Acquired Pressure Ulcers			0.18	-	0.22
	Falls			0.09	-	0.13
	AQ Scores - Variance from Threshold	AQuA	Apr-Jul 2014-15			
	AMI			5.8%	5.3%	5.1%
	Heart Failure			3.5%	-8.6%	24.3%
	Hips & Knees			9.7%	-0.8%	7.1%
	Pneumonia			-6.9%	-7.5%	0.5%
	Stroke			9.6%	-0.3%	-3.6%
Effective	Diagnostics - % waiting 6+ weeks	NHS England	Apr-Aug 2014	2.99%	0.67%	0.78%
	A&E	NHS England	Apr - 22/10/2014	95.00%	95.34%	94.71%
	CSR	Monitor	Q1 2014-15	3	1	3
	28 Day Readmission Rates	Dr Foster	Apr13 - Feb14			
	(Elec) - Trust			82	110.96	99.86
	(Non-Elec) - Trust			103.4	108.6	101.3
	(Elec) - General Surgery			111.33	129.12	132.28
	(Non-Elec) - General Surgery			94.9	106.25	92.34
Caring	Friends & Family	NHS England	Apr-Aug 2014			
	A&E			65.3	52.3	60.3
	Inpatient			80.5	81.5	74.5
	Mat (Q1)			65.5	63.5	-
	Mat (Q2)			75.5	92.5	-
	Mat (Q3)			77	83.5	-
	Mat (Q4)			75	100	-
	Patient Survey	HSCIC	2013-14	75.5	79.5	81
	Staff Engagement	CQC	2013			
	Response Rate			48%	51%	58%
	Overall Score			3.81	3.65	4.06
	Maternity Survey Results	CQC	2013			
	Labour and Birth			8.5	8.8	-
	Staff			8.7	8.6	-
	Care in hospital after the birth			8.3	8	-