

To: Kelly Alison (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[alison.kelly9@I&S] Brandreth Mark (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[mark.brandreth1@I&S] O'Neill Debbie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[debbie.o'neill@I&S] Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[tony.chambers@I&S] Cross Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[stephen.cross1@I&S] Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[sue.hodkinson@I&S] Harvey Ian (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[i.harvey@I&S] Burnett Lorraine (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[lorraine.burnett@I&S] Birch Jennie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[jennie.birch1@I&S]

Cc: Cleverley Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[debbie.cleverley@I&S] Dodd Debbie (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[debbie.dodd1@I&S] Raggett Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.raggett@I&S]; Crocombe Mary (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[mary.crocombe@I&S]

From: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB13/CN=RECIPIENTS/CN=IKPUWHFY]

Sent: Tue 06/10/2015 3:13:21 PM (UTC+01:00)

Subject: EDG 07.10.15

[Exec notes 30.9.15.docx](#)
[Neo Nates Report 210915.pdf](#)
[open forum attendance .msg](#)
[FW Blast Films Filming .msg](#)
[FW ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps.msg](#)
[FW ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps.msg](#)
[FW For cascading Free places at regional NHS Sustainability Day 2015 event.msg](#)
[FW IMPORTANT GUIDANCE - third party cost recovery services - CHESTER.msg](#)
[All staff and budget holders re finance v2.0.docx](#)
[FW Important SLG Relational Proximity Project.msg](#)
[EDG Agenda 07.10.15.doc](#)

Dear All

Please see attached papers for EDG on the 07.10.15 at 9.30am in Tony's Office

Mark Brandreth is down to take the notes and apologies have been received from Alison Kelly, Tony Chambers and Debbie O'Neill. Jennie Birch will be attending on Debbie's behalf.

Thanks

Claire Jones
PA to Tony Chambers, Chief Executive
PA to Mark Brandreth, Director of Operations & Planning/Deputy Chief Executive

Countess of Chester Hospital NHS Foundation Trust
Liverpool Road
Chester
CH2 1UL
01 I&S

EXECUTIVE TEAM NOTES

WEDNESDAY 30th September 2015

Attendees: Alison Kelly Tony Chambers
 Mark Brandreth Ian Harvey

Apologies: Debbie O'Neill Sue Hodgkinson
 Stephen Cross

Notes: Alison Kelly

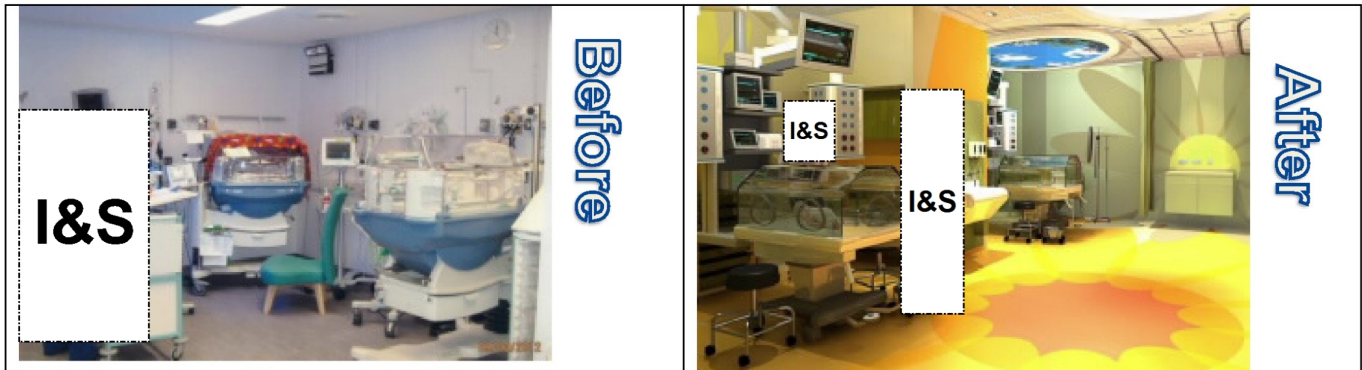
	Actions
Planned Care Stocktake Presentation provided on progress made on CRS. Further work to be done on 'black schemes' re the detail to be reported back in 2 weeks' time	LF/Planned Care Team
Actions notes	
One Public Estate – Shared Services at EPH Need to further understand the detail of the plans regarding EPH. Kevin Eccles has been involved TC to raise the letter at the System Leaders Group – MB to ask for a briefing paper. Need to gain a view on the stance now from the new leadership team within the local authority	TC/MB
1st of the month Walkabouts Agreed the following: MB: OPD TC/DN/IH: Renal, Ward 50/60 & Radiology AK: ED/ACU/EAU	
18.12.15 – Releasing Potential Event Programme now coming to an end. Very positive feedback from the cohort Celebration event planned in December but clashes with WUTH team to team meeting. TC and DN recent meeting with DA to discuss future working together between both trusts. TC to articulate to DA why previously it has been at times difficult to take things forward and vice versa. In light of the above, team to team to be cancelled.	TC/DA
Neo-Natal Unit Work being undertaken to identify options regarding estates plan going forward. LB to feedback from Vanguard meeting on 2 nd Oct regarding the Maternity, paed's, NNU plan for the wider region. LB representing COCH and the CCG.	LB
I&S	

I&S	AK
IR Plan Discussion took place regarding current status in the department regarding operational challenges, workforce and team issues. All agreed that a timely resolution to issues is now required (although a number of actions have already taken place, there are still unresolved issues). IH to have further discussion with AR regarding ability to undertake the role of DMD (taking into consideration current pressures). LF to speak with RB regarding requiring a clear plan for resolution in 2 weeks	IH/LF
CQC Preparation & Well Led Domain AK provided an update on work to date, including the Well Led domain template. Gap analysis to be undertaken on the 'Well Led' element as well as monthly updates going forward on all other aspects. AK would present an update to the Board in October with a more detailed update at FIG in November	AK
Endoscopy pilot training programme AK had sent this to Planned Care team. There are currently staff undergoing specific training in this area, however it was requested that we ask whether there would be any further training available next year. AK to respond	AK
I&S	SH/GG
Draft agenda Annual Members meeting Stroke Service presentation (KC to be approached to present) Review of Governor objectives (TC to include in his presentation)	MB
I&S	
Board & Governor & Legal Matters Discussed as part of Annual Members meeting agenda item	
Workforce Matters Consultation re: Facilities staff reduction in hours of cleaning. In light of current infection issues, AK checked all were happy for this to be progressed (query from Richard Baird). All agreed this would go ahead – PIA scrutinised by AK & IH, current issues not attributed to the environment – reduction in hours of cleaning will be in non-clinical areas anyway	AK
AOB	
POD side rooms to be put onto EAU to support flow/increase side room capacity	

• Positive feedback from a Liverpool student on placement • Disappointingly poor GP engagement re: the Medical Workforce Clinical Senate planned for this weekend. Decision made between IH and AMc to postpone this for time being. • TC meeting with Alison Lee – letter to be circulated regarding the Transformation/MCP agenda. AL to take over the leadership for this in the future • General financial awareness sessions to be delivered over the coming months with more specific sessions for budget holders planned for next year	
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Introduction

In 2012 a fund raising target of [I&S] was set for a new Neo-Natal Unit. Plans were drawn up to indicate how this would be provided by extending and altering the existing Women and Children's building. The visuals below indicate the Architect's concept for the new Nursery and show the transformation in the quality and quantity of space (before and after transformation).



The Trust indicated that when [I&S] has been raised detailed design work would commence. Building costs have risen by [I&S]% over the three years since the project was launched in 2012.

It is taking longer than anticipated to raise the funds so the Trust's Estates and Property teams have been asked to make suggestions as to what works could be done for a lower figure.

Options

Options worth considering should the fund raising target not be achieved include:-

1. A refurbishment of the existing unit
2. Expanding the unit into adjacent space including the nearby Parents' Accommodation.
3. Moving the unit to:-
 - a. The Haygarth Building taking up vacant rooms in the ICU.
 - b. The nearby Paediatric Clinic (if Children's Outpatients Department can be moved back to the Longhouse).

To deliver options 1 and 2 requires a decant. The existing Neo Natal Unit would have to be re-located while works are carried out. It could be moved on a temporary basis to the Haygarth Building or the Longhouse (as above). Options requiring a decant are likely to take longer and cost more overall.

Suggestions for reducing build costs

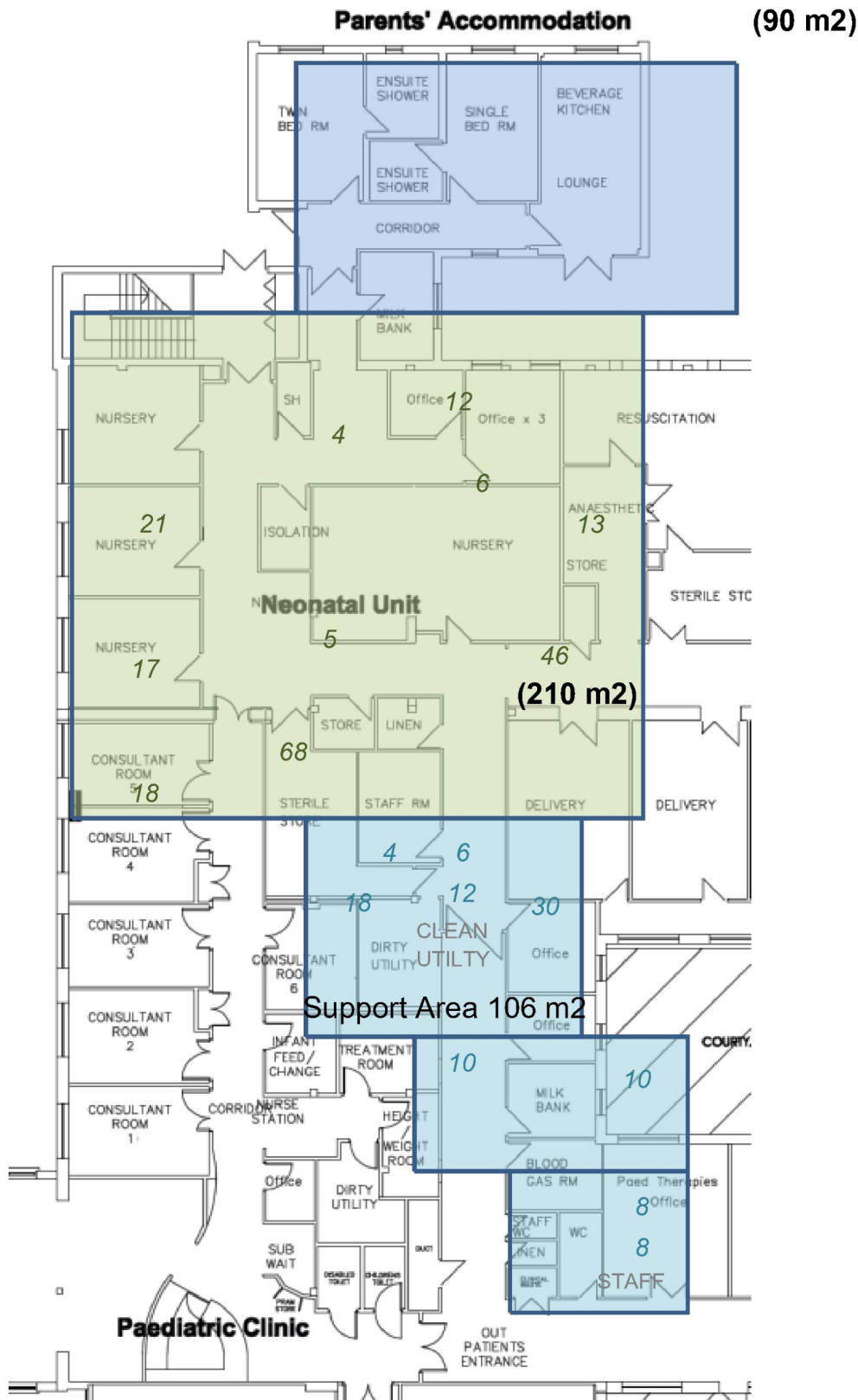
There are a number of ways of reducing the build costs, including:-

1. Reducing the functional content e.g. not increasing the number of cot spaces
2. Reducing the floor area e.g. reducing the area around each of the cots
3. Reducing the quality of the build by changing the specification

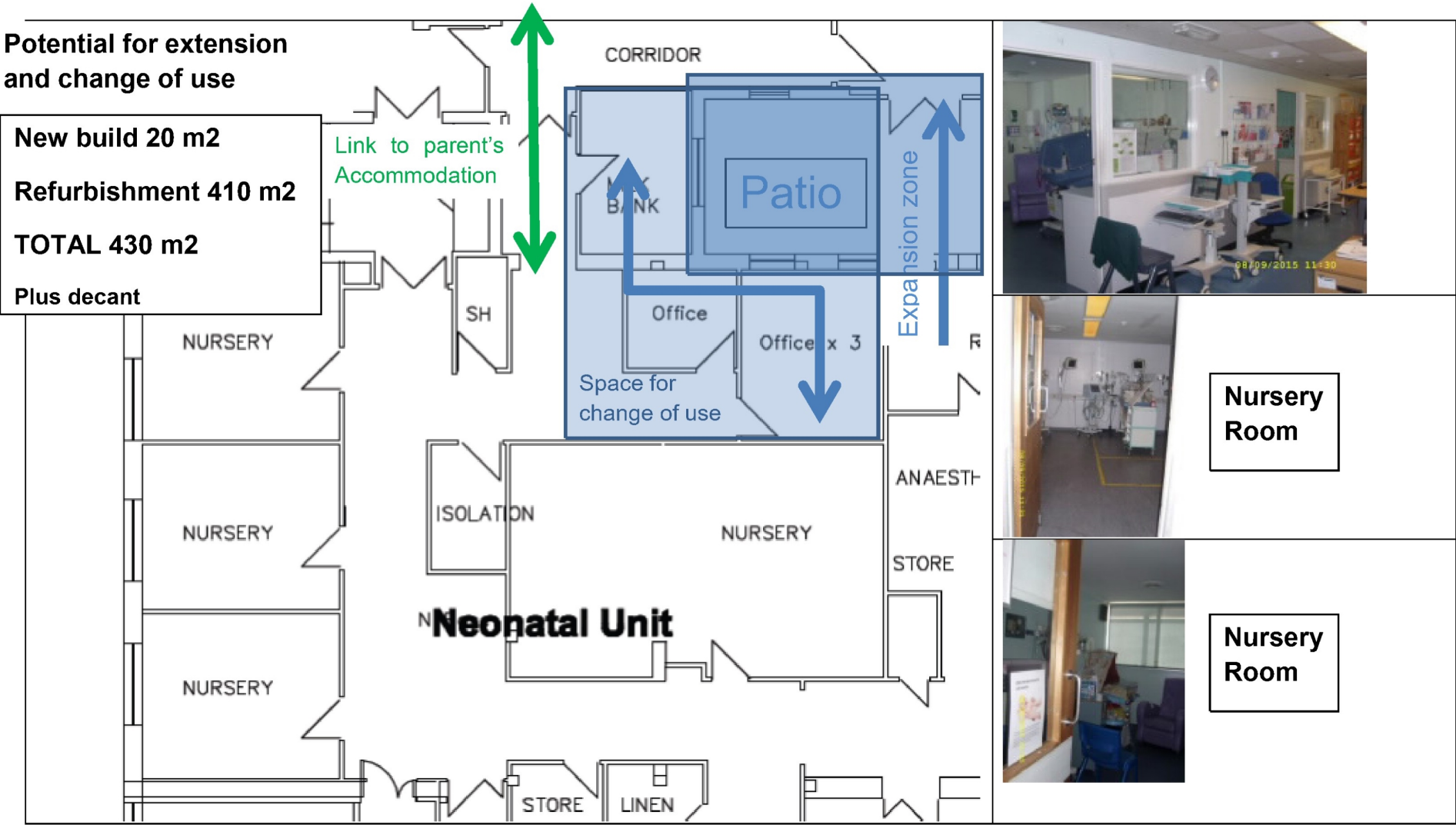
Review of the options for the Neo-Natal Unit

Location of Neo-Natal Unit

The plan which follows shows the location of the Neo-Natal Unit and its proximity to the Parents' Accommodation and The Paediatric Clinic.



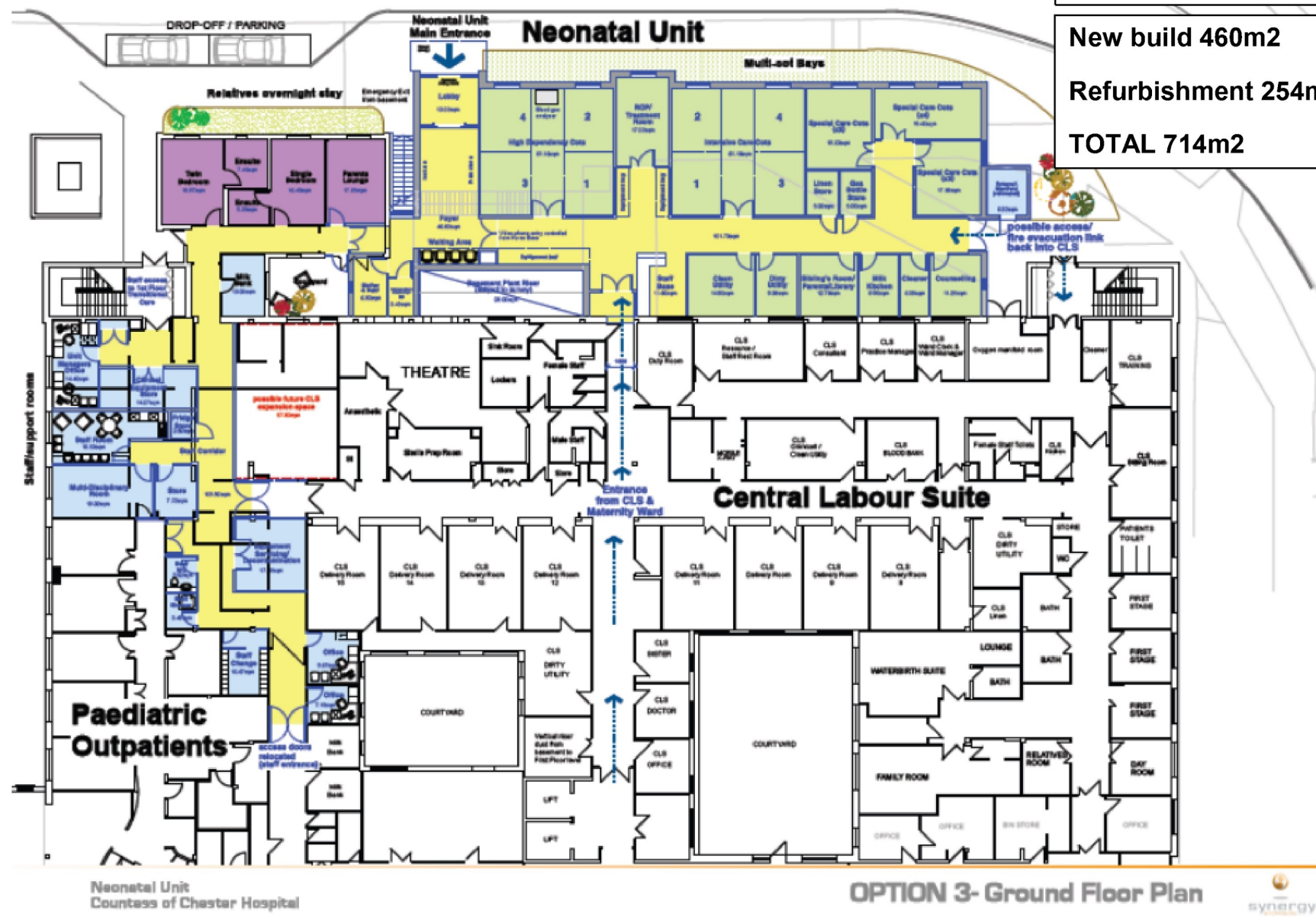
Review of the options for the Neo-Natal Unit



New build 460m²

Refurbishment 254m²

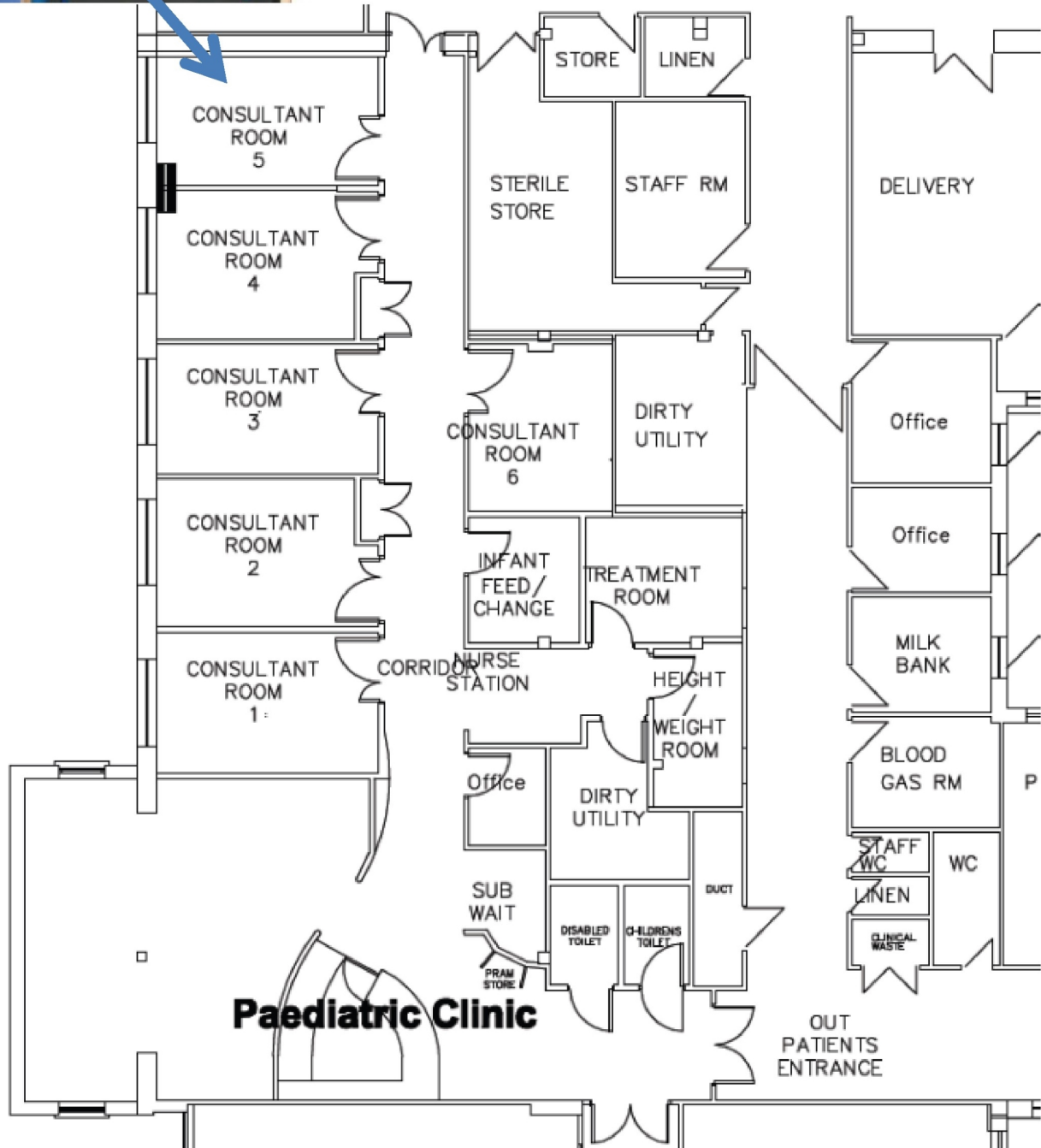
TOTAL 714m²



I&S



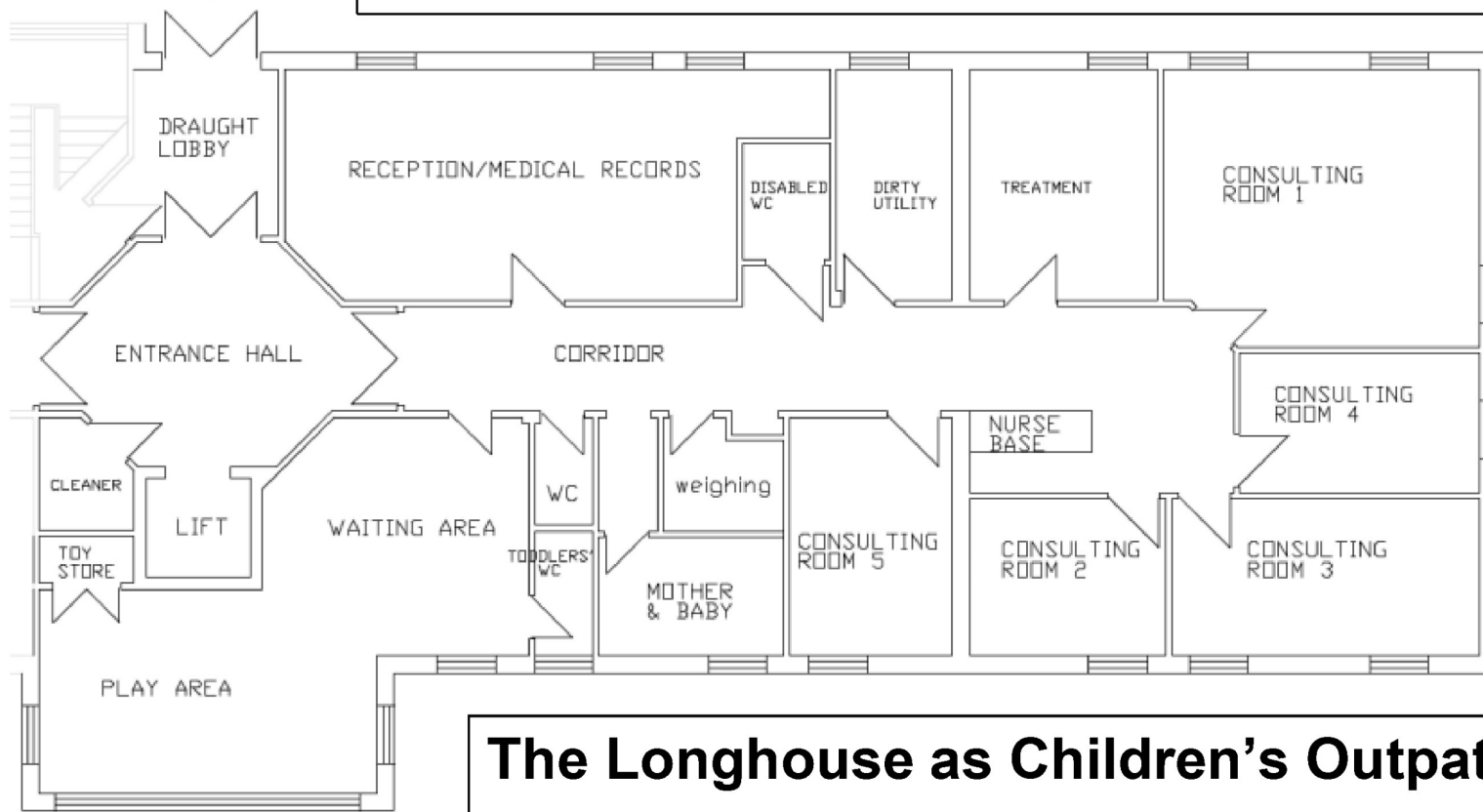
The existing Children's Outpatients Clinic is next door to the Neo Natal Unit



Review of the options for the Neo-Natal Unit

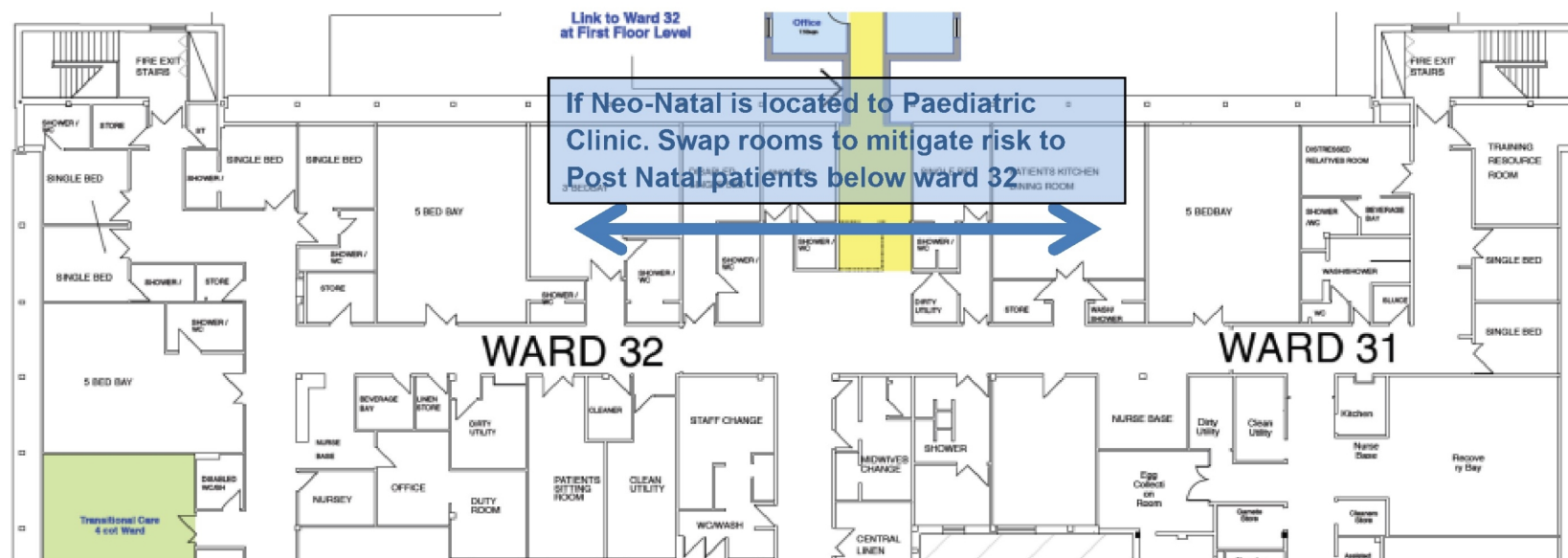


Arrows indicate 3 directions in which the Longhouse can be extended.



The Longhouse as Children's Outpatients

Review of the options for the Neo-Natal Unit



Consequential Work if the Neo-Natal Department moves into the Children's Outpatients area

Ward 32 is directly above the existing Children's Outpatients area. Ward 32 places a heavy load on the existing drainage installation and frequently causes blockages on the floor below. At times these blockages can result in the closure of Children's Clinic rooms. The risks to Neo-Natal patients relocated to this area (either as a decant or permanent solution) are such that the ward 32 layout must be changed. This means that post natal patients would move from ward 32 to ward 31. This would be achieved by switching day rooms on the ward 31 side with bedrooms currently on the Ward 32 side.

Parents' Accommodation

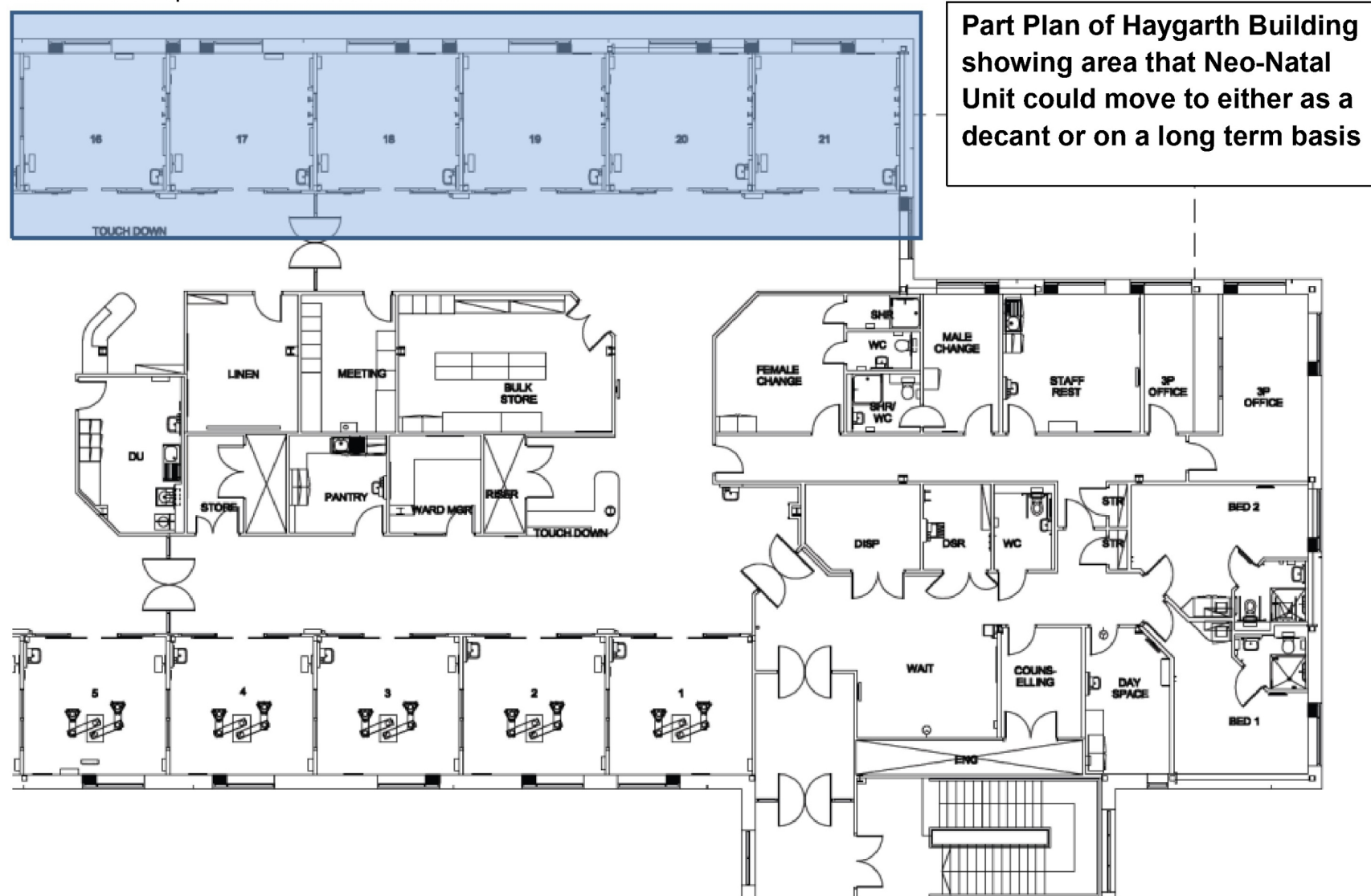
Link to NeoNates

NeoNates

Could this space be incorporated in the plans for a bigger Neo-Natal Unit? If it could then the parent's accommodation could be re-provided. Potentially upstairs on Wards 31/32.

The existing Parents' Accommodation is next door to the Neo Natal Unit

Review of the options for the Neo-Natal Unit



To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@nhs.uk]

Cc: Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[sue.hodkinson@nhs.uk]

From: Brandreth Mark (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[/O=MAIL/OU=NHSFB14/CN=RECIPIENTS/CN=CXZQZ8H9]

Sent: Wed 30/09/2015 1:43:08 PM (UTC+01:00)

Subject: open forum attendance

I&S

I&S

Hi

For discussion at exec team next week. Open Forum advertising is not working:

Attending today:

- Planning/corporate/chaplain 14
- Operational managers 4
- Pharmacy 2
- Nursing 4
- Training 3
- Procurement 4
- Staff side 1

If we do what we've always done...we will get what we've always got?

Next steps?

M

To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@I&S]
From: Burnett Lorraine (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB09/CN=RECIPIENTS/CN=J44CWCC5]
Sent: Fri 02/10/2015 12:30:31 PM (UTC+01:00)
Subject: FW: Blast Films Filming

Hi
For execs next week

Regards
Lorraine

Lorraine Burnett
Interim Director of Operations
Countess of Chester NHS Foundation trust
Tel 01I&S

From: Galt Gill (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 02 October 2015 10:35
To: Burnett Lorraine (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: FW: Blast Films Filming

Hi Lorraine – Last year, we took approach of not supporting any film crews coming into A&E particularly during pressures.

North West Ambulance Service and Cheshire Police have committed to working with '999 What's your emergency'. Do you want me to formally look into understanding implications and briefing staff around this? I

Let me know your initial thoughts - G

Regards
Gill

Gill Galt
Head of Communication & Engagement

Education & Training Centre
Tel: 01I&S
Email: Gill.Galt@I&S

From: Claire Cahill [<mailto:ccahill@I&S>]
Sent: 01 October 2015 18:00
To: Galt Gill (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: Blast Films Filming

Dear Gill,

I spoke to your colleague Joan today who really kindly suggested I send you a quick email.

My name is Claire Cahill and I am a producer on a channel 4 series called 999 What's Your Emergency. In our next series we are very privileged to be working with the North West Ambulance Service and the Cheshire Constabulary and will be filming through Late October, November and early December. We are currently trying to contact all hospitals in the local areas who might receive patients from either of these two emergency services over the coming weeks, to let them know about the project and also begin a dialogue about the possibility of involvement. I believe my colleague Sophie Binyon has already been in touch with your team briefly but I just wanted to touch base again and reaffirm the details of what involvement might entail.

Over an 8 week period beginning at the end of October we will have directors, working with ambulances and police teams in Cheshire. They will be working 5 days a week; Friday to Tuesday. Each director will have one small camera and they will be embedded with the emergency professionals on each shift, filming the care they give patients and members of the public.

It is likely that during this period patients who are beginning filmed for the series will be brought to the Countess of Chester for further care, and we would like to request permission from the hospital and medical staff to film this.

I appreciate the idea of a filming team can be somewhat daunting but we work really hard to make sure our presence is as unobtrusive and streamlined to cause as little interruption as possible. As I said the directors will ordinarily work solo and be using a small camera so they are able to follow the action but absolutely do not interfere with the care the patient receives or get in the way of the teams of professionals working around them.

Jean mentioned that usually a press representative would escort any media team on the premises during filming periods, however due to the nature of this project it is largely impossible to predict if and when we might be filming in an ambulance on the way to The Countess. I have worked extensively with the Royal Liverpool Hospital and specifically with their communications representative Jamie Murphy. Whenever filming at The Royal, we have an understanding with the press team to film without an escort but that myself or another senior member of the team would call the next morning with all details of patients and staff who were filmed and flag any issues that had arisen. It is a relationship built on trust, with the added assurance of a fairness and accuracy viewing of any footage of the hospital that is to be broadcast.

Please do let me know if you would like me to give you Jamie's contact details to discuss this process further and hear his experience of working with me in the past.

I would really love to come up and have a chat with you in person about the project and if filming at The Countess might be possible. Is there a time that is convenient when I might be able to pay you a visit?

Looking forward to hearing from you.

Kindest Regards

Claire Cahill

Producer

T: 02 I&S



To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@I&S]
From: Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB10/CN=RECIPIENTS/CN=I&S]
Sent: Mon 05/10/2015 3:51:56 PM (UTC+01:00)
Subject: FW: ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps
[CMWCSN Discussion Document v0.2 051015 SB.docx](#)

For EDG

Best Wishes
Tony

Tony Chambers
Chief Executive
Countess of Chester Hospital NHS Foundation Trust

Tel: 01I&S
TwitterI&S

From: Uchechi Salami [mailto:Uchechi.Salami@I&S]
Sent: 05 October 2015 15:48
To: McClennan Catherine (NHS ENGLAND); Vaughan Jan (NHS ENGLAND); Maddocks Julie (Julie.Maddocks@I&S); Colin.Morgan@I&S; Mike.barker@I&S; Hurst Bernadette (NHS ENGLAND); Burnett Lorraine (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Hudson Melanie (WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST); Ann Marr; Stark Joanna (SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST); jackie.moran@I&S; Allison David (WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST); Jonathan.devling@I&S; Jones Roz (NHS ENGLAND); Wilbraham John (EAST CHESHIRE NHS TRUST); fiona.clark@I&S; Andrew.davies@I&S; katherine.sheerin@I&S; Colin Scales; Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Tim.barlow@I&S; dianne.johnson@I&S; Hughes Adrian (WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST); Rowlands David (WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST); Anne-Marie Stretch; 'helen.murphy@I&S; Marsh Laura (NHS WEST CHESHIRE CCG); Quinlan Fay (NHS WEST CHESHIRE CCG); 'tracy.bullock@I&S; caroline.williams@I&S; 'carol.mccabrey@I&S; Therese.Patten@I&S; Jeff.Johnston@I&S; Louise.Shepherd@I&S; Pickup Mel (WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST); Sarah.Clarke@I&S; sheila.mchale@I&S; Price Gary (WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST); esther.kirby@I&S; 'mark.wilde@mcht.nhs.uk'; Dearden Michael (NHS SOUTH CHESHIRE CCG & NHS VALE ROYAL CCG); Jacqui Kourellias; Rackham Oliver (WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST); 'Peter.wong@I&S; jane.lunt@I&S; Tennyson Idama; 'clare.powell@I&S;
Cc: simon.banks@I&S; Lorraine Cavanagh
Subject: ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps
Importance: High

This email has been forwarded on behalf of Simon Banks – Chief Officer, NHS Halton CCG

Dear All

Thanks to all of you who were able to make the meeting last Friday afternoon. I attach a second version of the document we discussed and would welcome any comments.

The New Models of Care team will be visiting us on 13th October 2015. We have booked the Halton Suite at Halton Stadium, Lower House Lane, Widnes, WA8 7DZ for the day. We understand that there will be around 7 people joining us from the New Models of Care team. The visit will then be followed by a workshop on 22nd October 2015 with other Vanguard sites, the venue for which is to be confirmed. The purpose of the meeting and the subsequent workshop is to develop a programme plan for our Vanguard, which would also need to include how we collectively intend to resource the work and drive it forward.

On Friday we had some initial thoughts as to who we needed to attend on 13th October 2015 and possibly also on 22nd October 2015. We agreed that, in addition to myself, Jeff Johnston, Catherine McClennan (*Improving Maternity Experiences* review) and Julie Maddocks (North West Neonatal ODN) we also need representation from:

- Finance representative (one CCG, one provider)

- Clinical leads from relevant SCN (David Rowlands indicated that he may be able to attend but need others as well)
- NHS England specialised commissioning
- Provider organisation nominees (to include Alder Hey)

We will need to give numbers to the stadium by the end of the week, so please can you let me (simon.banks@i&s) and Uchechi Salami (uchechi.salami@i&s) know if you are attending by **5pm on 9th October 2015**? Jeff is arranging for someone from the LWH communications team to attend and I will try to secure some administrative support.

Thanks
Simon

Regards,
Uchechi Salami

Improving maternity experiences – Programme Administrator

01 [i&s](tel:01512345678) Uchechi.Salami@i&s

NHS Halton Clinical Commissioning Group|1st Floor|Runcorn Town Hall|Heath Road|Runcorn|WA7 5TD

CCGs working together to improve maternity experiences
In Merseyside, Wirral, Warrington and West Lancashire



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Cheshire and Merseyside Women's and Children's Services Partnership

Purpose

The Women's and Children's Services Partnership (referred to hereafter as "The Partnership") will cover the population Cheshire and Merseyside. The Women's and Children's Services Partnership will develop a high quality, clinically and financially sustainable whole system model of care for women's and children's services including maternity, neonatal and paediatric services.

The drivers for change that bring the Partnership together are:

- increased demand on services and the presentation of women, babies, children and young people with more complex needs.
- variation in the experience of people who use these services and also in clinical outcomes, safety and quality.
- organisational boundaries fettering change.
- workforce challenges in regard to recruitment, retention, retirement, skills mix and deployment of staff.
- ability of services to meet regulatory and other clinical standards.
- financial sustainability.

The Partnership will bring together clinicians (from the relevant Strategic Clinical Networks), providers and commissioners (NHS England, Clinical Commissioning Groups and local authorities) to work in partnership to develop new models of care and provision of services across organisations in Cheshire and Merseyside, designed for the population with a focus on the needs of the individual.

The Partnership will coordinate, integrate and oversee care and set shared objectives across women's and children's services.

The Partnership will ensure that services are new models of care are designed and implemented to provide:

Equity of access – women, their babies, children and young people would have access to services of the same high standard in Cheshire and Merseyside.

Safe services – standardised care pathways and clinical protocols, developed by the relevant Strategic Clinical Network, are adopted across the whole system; services are integrated across provider organisations and the workforce is deployed to meet national standards and obligations.

Consistent high quality outcomes – variations in outcomes and experience are reduced.

Improved and informed decision making – by working together through collaboration, co-operation and co-production and removing organisational barriers, women, their babies, children and young people will be more engaged in decision making about the services that are offered to meet their needs.

Clinically and financially sustainable services – combining resources, expertise and working as one will allow services to be better organised to deliver the best value for money and to be able to meet the needs of the population now and into the future.

Objectives

- Create and agree an overarching, medium to long term plan to deliver a vision for women's and children's services in line with the needs of the population; this will involve interdependent plans for maternity, neonatal and paediatric services.
- Design and implement new models of care and service delivery model across the Partnership– using and building on the work already done to agree how services across Cheshire and Merseyside could be organised to provide safer, consistent and cost effective services.
- Designate the role of services across the area covered by the Partnership, setting and monitoring standards, defining consistent pathways of care and clinical protocols and ensure equitable access to personalised services, including more specialist services.
- Ensure that arrangements are in place to ensure effective flow through the whole system for maternity, neonatal and paediatric services.
- Maintaining oversight, enabling benchmarking of outcomes and feedback, learning from incidents of harm and celebrating and encouraging good practice across maternity, neonatal and paediatric services.
- Achieving clinical and financial sustainability through coordination, collaboration, co-production, consistency and economies of scale and skill – taking forward strategic change programmes where required.
- Co-ordinating workforce and training and development needs: establishing adequate workforce provision, sharing resources across the Partnership.
- Ensuring the building of trust and collaboration throughout the Partnership; spreading good and best practice and demonstrating positive impact and value, with a focus on relationships rather than structures.

Actions

Early actions that will need to be undertaken to establish the Partnership and take the design and delivery of new models of care forward include:

- Develop and agree a Memorandum of Understanding that commits all organisations to the Partnership, agreed by the constituent's Boards and Governing Bodies.
- Develop a clear membership structure and terms of reference.
- Agree the configuration of the Partnership and its structural components.
- Establish and agree a clear governance framework within which the Partnership will operate, agreed by the constituent's Boards and Governing Bodies.
- Produce a work programme.
- Produce a communications and engagement strategy and plan to ensure that clinical, workforce and public engagement is embedded in all actions the Partnership takes forward.
- Establish strong relationships and effective communication across the Partnership and with all stakeholders.
- Undertake a stocktake of women's and children's services within the boundary of the Partnership.
- Define the consistent pathways of care and equitable access to services across large geographies that will lead to longer term transformational service change.
- Identify the key relationships and co-dependencies that the Partnership needs to take account of.
- Create strategic alignment with the work of the North West Neonatal Operational Delivery Network, other relevant clinical networks and the *Improving Maternity Experiences* review.
- Establish an approach to develop new models of care for paediatric services.
- Identify and obtain the resources required to support the Partnership and deliver the associate change programmes.
- Establish a Programme Team.
- Identify the support and resources required from the national New Models of Care team.

The Partnership will then:

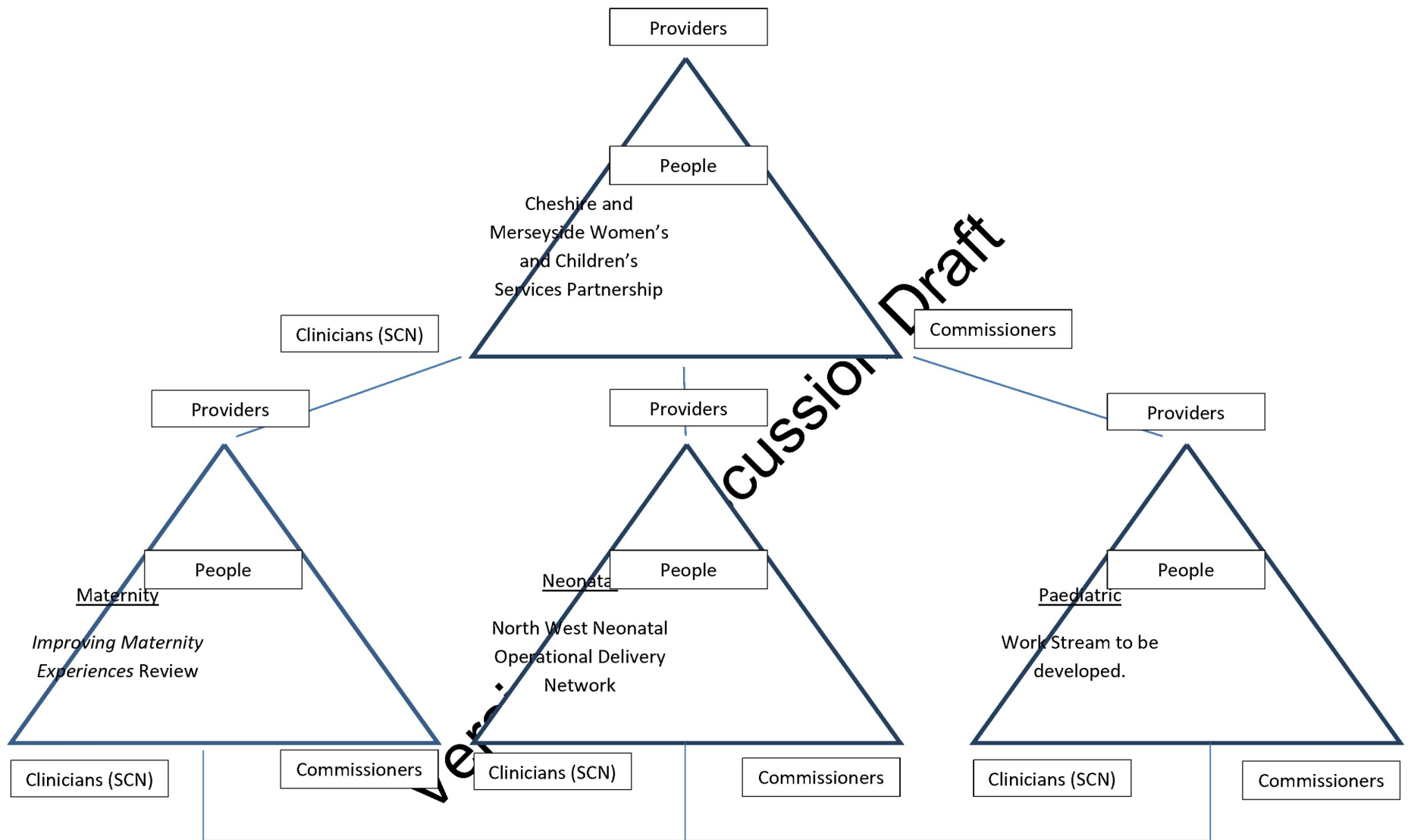
- Ensure that clinical, workforce and public engagement is embedded in all actions the Partnership takes forward.
- Design, consult upon and implement new service delivery models across the Partnership – using and building on the work already done to agree how

services across Cheshire and Merseyside could be organised to provide safer, consistent and cost effective services.

- Design how other non-NHS providers are incorporated into the Partnership and any new service delivery models to ensure continuity of care.
- Use the expertise of the Strategic Clinical Networks to develop and embed the main clinical pathways and protocols – all services working to the same clinical pathways and protocols.
- Identify and implement mechanisms to enable benchmarking of outcomes (for maternity services this would include the implementation of the Cheshire and Merseyside Strategic Clinical Network Maternity Dashboard).
- Identify and implement IMT solutions that support interoperability and enhance care.
- Develop escalation and transfer protocols – working to one escalation policy and applying consistent transfer protocols.
- Agree staffing models – reduce variation in staffing models against guidelines.
- Establish clinical and corporate governance model.
- Design and implement new commissioning approaches and incentives, contracting and payment mechanisms.

Membership

The concept of the Partnership emerged from the application to be a Vanguard site for acute care collaboration to the New Models of Care team. The application highlighted that the people who use and work in maternity, neonatal and paediatric services need to be at the heart of the new system and that the Partnership needed to bring together representatives from clinicians (the relevant Strategic Clinical Network), providers and commissioners (Clinical Commissioning Groups, NHS England and local authorities). This is represented in the basic diagram below. The membership of the Partnership will encompass all such organisations across Cheshire and Merseyside but there will need to be a discussion about representation in regard governance arrangements.



To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@I&S]
From: Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB10/CN=RECIPIENTS/CN=I&S]
Sent: Mon 05/10/2015 12:16:54 PM (UTC+01:00)
Subject: FW: ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps
[New Care Model C&M Womens and Childrens.doc](#)
[CMWCSN Discussion Document v0.2 051015 SB.docx](#)

For edg

Best Wishes
Tony

Tony Chambers
Chief Executive
Countess of Chester Hospital NHS Foundation Trust

Tel: 01I&S

TwitterI&S

From: Simon Banks [mailto:Simon.Banks@I&S]

Sent: 05 October 2015 11:32

Subject: ACC Vanguard - Women's and Children's Services Partnership - Update and Next Steps

This email has been blind copied this to every Chair, Chief Officer or Chief Executive of all NHS CCGs and Trusts in Cheshire and Merseyside. It has also been copied in local authority Chief Executives and the Cheshire and Merseyside Strategic Clinical Network. The blind copy is to avoid a lengthy distribution list.

Dear Colleagues

I wanted to give you a brief update on the Acute Care Collaboration Women's and Children's Services Partnership work. You will recall that we have been asked to be a Vanguard site as part of the New Models of Care programme (original bid attached).

The New Models of Care team will be visiting us on 13th October 2015. We have booked the Halton Suite at Halton Stadium, Lower House Lane, Widnes, WA8 7DZ for the day. The visit will then be followed by a workshop on 22nd October 2015 with other Vanguard sites, the venue for which is to be confirmed. The purpose of the meeting and the subsequent workshop is to develop a programme plan for our Vanguard, which would also need to include how we collectively intend to resource the work and drive it forward. We have to a plan in place by the end of November 2015.

We met with a number of colleagues from across the patch on 2nd October 2015. We discussed the attached document, which begins to flesh out a bit more about what the Women's and Children's Services Partnership may mean. We are going to use the coming weeks to do some more work on it, but thought it would be sensible to share with you as well. We also had some initial thoughts as to who we needed to attend on 13th October 2015 and possibly also on 22nd October 2015. We agreed that, in addition to myself, Jeff Johnston, Catherine McClennan (*Improving Maternity Experiences* review) and Julie Maddocks (North West Neonatal ODN) we also need representation from:

- Finance representative (one CCG, one provider)
- Clinical leads from relevant SCN (David Rowlands indicated that he may be able to attend but need others as well)
- NHS England specialised commissioning
- Provider organisation nominees (to include Alder Hey)

We have asked the people who attended on Friday to give us names for the meeting by the end of this week.

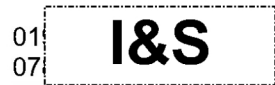
Please contact me if you have any questions.

Regards
Simon

Simon Banks

INQ0107706_0100

Chief Officer
NHS Halton CCG
1st Floor
Runcorn Town Hall
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Runcorn
WA7 5TD



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Forward View into Action

REGISTRATION OF INTEREST FOR FUTURE MODELS OF ACUTE CARE COLLABORATION

Please keep your applications to no more than 4 pages.

Q1. Who is making the application?

- (What is the entity or partnership that is applying? Interested areas may want to list wider partnerships in place, e.g. with the voluntary sector. Please include the name and contact details of a single CEO best able to field queries about the application and whether you are applying to lead a partnership or are applying to be part of a partnership.)

Currently, the Cheshire and Merseyside region delivers 30,000 babies and admits 3,303 babies into Neonatal units.

This expression of interest is being made on behalf of the following providers, commissioners and networks listed below:- ,

Providers

Alder Hey Children's Hospital NHS Foundation Trust, Countess of Chester Hospital NHS Foundation Trust, Liverpool Women's NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust

Commissioners

NHS Halton CCG, NHS Liverpool CCG, NHS St Helens CCG, NHS South Sefton CCG, NHS Southport and Formby CCG, NHS Warrington CCG, NHS West Lancashire CCG, NHS Wirral CCG, NHS West Cheshire CCG.

West Lancashire CCG although not part of Cheshire and Merseyside commission a large number of services from Southport and Ormskirk Hospital NHS Trust

Networks

Cheshire and Merseyside Maternity, Children and Young Strategic Clinical Network

North West Neonatal Operational Delivery Network

Adult Critical Care Operational Delivery Network

Key contact for the application is Kathryn Thomson, Chief Executive, Liverpool Women's Hospital NHS foundation Trust – [Kathryn.Thomson@](mailto:Kathryn.Thomson@liverpoolwomen.nhs.uk) **I&S**

Co-sponsors – Simon Banks, NHS Halton Clinical commissioning Group and Director of the Maternity Experience – [Simon.Banks@](mailto:Simon.Banks@nhs.uk) **I&S**

Mr David J Rowlands FRCOG Clinical Lead Maternity - Cheshire & Merseyside Strategic Clinical Network Maternity Children & Young People, Associate Medical Director Strategy & Partnerships Wirral University Teaching Hospital NHS FT, Chair NW Clinical Leaders Network, David.Rowland@I&S

Jan Vaughan – Associate Director of SCNs and Senates Cheshire and Merseyside Strategic Clinical Networks, Jan.Vaughan1@I&S

Julie Maddocks – Director of North West Neonatal Operational Delivery Network, Juliemaddocks@I&S

- Q2. What are you trying to do?
- **(Please outline your vision and what you want to achieve by being part of the new care models programme)**

Our collective vision is to develop a high quality, clinically and financially sustainable whole system model of care for Women's and Children's services. This would include Maternity, Gynaecology, Neonatal and Paediatric services.

There is a clinical consensus of opinion across Cheshire and Merseyside that the interdependences of these services require them to be considered as a whole system.

Commissioners, clinicians and providers supported by a clinically managed network will work in partnership to develop a new model of care and provision of services across partner organisations designed for the population with a focus on the needs of the individual.

By combining and reconfiguring resources across a single service delivery model informed by evidence and data to ensure that services are designed to provide :-

- Equity of access – patients and women would have access to all services of the same high standard in Cheshire and Merseyside
- Safe services – standardised care pathways, integrated services and staffing ratio's that are compliant with national standards and guidelines
- Consistent high quality outcomes for the region (reduce variation) – the programme would specifically address the current unacceptable variation in outcomes – for example Stillbirth rate range from 2/1000 to 8/1000, emergency c- section rate range from 7.7% to 15.7%, Ventouse rate from 3.5% to 7.8%, Spontaneous delivery with episiotomy rate range of 4.6% to 11.5%.

The C&M Neonatal network outcomes for pre-term babies <32 weeks adjusted standardised mortality in 2012 was 1.44 the highest in English networks although not a significantly significant variance but is still a cause for concern.

- Patient choice – competition between hospitals would be removed Patients provided choice of what service would meet the individual's needs depending on personal preference and/or clinical need.
- Excellent user experience – positive patient experience and individualised care.
- Efficient and cost effective services – combining resources, expertise and working as

one would allow services to be organised to deliver the best value of money. Examples of this would be combining rota's reducing duplication of services and having a flexible workforce to meet the demands across all hospitals

- Sustainable services to meet current and future demographics – services designed to meet the needs now and into the future that are clinical and financially sustainable.

- Q3. Please articulate how your vision will deliver clinically and financially sustainable high quality acute services to maintain local access for patients and their families and/or how you will help codify and replicate effective clinical and managerial operating models in order to reduce avoidable variations in the cost and quality of care?

Background and Current Situation

The North West Neonatal Operational Delivery Network and Cheshire and Merseyside Maternity, Children and Young People Strategic Clinical Network (MCYP SCN) and Trauma and Adult Critical Care Operational Delivery Network are well established in Cheshire and Merseyside. They have identified variations in clinical outcomes and have been pivotal in implementing new clinical pathways, standardised guidelines and protocols to improve all outcomes and improve quality. There has also been work to develop quality dashboards for all services to monitor and evaluate quality.

Recent Care Quality Commission inspections into some of the services in Cheshire and Merseyside have vastly different results; ratings ranging from "inadequate" to "good", again highlighting the difference in care provided.

MCYP SCN, with the support of the clinicians from the SCN, has begun a review of maternity services in the region (*Improving Maternity Experience*). They have begun work to anchor the quality dashboard referred to above into contracts as an assurance tool. They have also modelled the financial position which has highlighted that all Trusts are declaring a financial deficit from running these services, this indicates that on their own they would be financially unsustainable. Maternity and Neonates services have a combined Cheshire and Merseyside income budget of **I&S** but its service providers have declared that costs to deliver the services is **I&S** a loss to providers of **I&S**.

The workforce issue is wide spread across all services as the shortage of junior doctors starts to impact services as well as a shortage of Obstetricians, Neonatal nurses and Midwives. Paediatric services are already identifying serious risks in terms of compliant junior doctor rota's which cannot be easily resolved. There are 21 gaps in the middle grade rota which represents 14% of the workforce and it is expected to get worse (as much as 30-40%) in the next twelve months and beyond. Further, there is currently a shortfall of 90 WTE Neonatal nurses in Cheshire and Merseyside to meet BAPM standards.

The impact of all of these issues will have a significant impact on achieving and / or maintaining the necessary clinical standards.

In summary the major drivers for change are:-

- Variation in clinical outcomes
- Inequality of access for improved patient choice and experience
- Workforce issues

- Financial sustainability
- Ability to achieve clinical standards

Clinicians, commissioners and providers across Cheshire and Merseyside are agreed that services for women and children are facing significant challenges that need a system wide response. These challenges exist in regard to safety, quality, organisational boundaries, workforce, meeting regulatory and other clinical standards, IMT, commissioning and finance. The evidence for this is widely available and growing. It is also clear that maternity, gynaecology, neonatal, fetal medicine and wider acute paediatric services are fundamentally interdependent. Emerging thinking from two of the New Models of Care work streams – urgent care and maternity – is pointing us in the direction of network based approaches to service provision and commissioning.

It is our view that we need to address these challenges proactively and together. Together we need to lead a substantial change in how we commission and provide these services. We need to create a new approach between commissioners (CCGs, NHS England and local authorities), clinicians (supported by the Strategic Clinical Network and Operational Delivery Networks) and providers that goes beyond organisational boundaries.

Delivering the vision

A network approach has helped to understand the position in the Cheshire and Merseyside It has enabled clinicians to work together and produce clinical pathways, standard guidelines and protocols but to deliver a transformational change of this scale and at pace will require providers to work differently and organise services more collaboratively. .

To deliver a single service model the work programme would explore the following:-

- The design of a network clinical and management team
- Develop a Strategic direction for Cheshire and Merseyside
- Design a clinical performance and quality framework
- Design clinical governance structure
- Design corporate governance model
- Design the service delivery model based upon the population needs.
- Design contractual and financial arrangements ,
- Develop a service wide workforce plan
- Develop staffing model across the region based on recognised staffing tools and local professional judgement
- Develop a consistent set of clinical pathways and protocols
- Utilise the wealth of resources and expertise in the services for mutual benefit
- Develop teaching and training delivery to meet the service demand
- Ensure that services would have Research and innovation with strong links to North West coast Academic Health Science Network, West Coast Research Network and

Regional Collaboration for Leadership in Applied Health Research and Care

- Develop the most effective operating vehicle to manage the services – Joint venture, management chain, joint led NHS vehicle

Reduction of duplication of services and development of new models of care for low risk patients will allow for resources to be shared across sites to address some of the staff shortages (obstetricians, anaesthetists and middle grade doctors). This in turn will enable services to be more cost effective.

If this model was successful across a region there would be no reason why the principles could not be applied in other regions.

- Q4. Please describe where you are currently and what steps you have already taken in thinking through and delivery towards your proposed care model.

Clinical Commissioning Groups across Merseyside, Cheshire and West Lancashire have already recognised the need for a collaborative approach to maternity provision. With clinical support and in partnership with the MCYP SCN, NHS England, Public Health and the Neonatal ODN

SCN the *Improving Maternity Experiences* programme has been established. The purpose of this review programme is to enable commissioners to commission sustainable maternity services which meet the needs of the local population, are safe and financially viable. The core aims are to:

- Provide safe, high quality, equitable maternity services, Reduce variation across current services and improve outcomes
- Offer informed choice for antenatal, intrapartum and post natal care
- Deliver excellent experiences for women, babies and their families
- Align with interdependent services and NHS priorities which promote localised service delivery
- support individuals in prioritising their own health and wellbeing

While the programme is in its infancy (with a formal launch set for October) it has already established a programme board, gained wide ranging support from external stakeholders within its programme footprint. The MCYP convenes a regular clinical reference groups and has produced a standardised quality dashboard for maternity providers collect, report and review outcomes which informs the improving ME programme. The majority of CCGs have agreed that this will form part of contracting arrangements moving forward. A joint strategic needs analysis is underway for maternity across Cheshire and Merseyside which will explore current and future demographics to ensure that service redesign is fit for purpose now and in the future.

The improving ME will explore further work streams :-:

Quality

Safety

Risk

Patient Choice and Experience

Equity of access

Finance and commissioning

Workforce

Epidemiology

Interdependencies

The North West Neonatal Operational Delivery Network (NWNODN) which incorporates the Cheshire and Merseyside Neonatal Network has completed a review of activity, capacity (including review of the nursing workforce), demand and cot requirements across the North West to inform service planning and support commissioners and providers.

In 2014 The NWNODN completed a review of the current three neonatal transport services in the North West and has plans to implement a single service across the North West in 2016/17

The current NWNODN work programme includes a complete neonatal workforce review, quality and services improvements in the neonatal surgical and palliative care pathways all will be reported by winter 2015.

The result of these reviews have quantified the huge challenges for neonatal services and are substantial drivers to change the current service model

The North West Neonatal Operational Delivery Network (NWNODN) supported and facilitated the Cheshire and Merseyside Clinical Summit on Monday 6th July 2015,

Leaders from Commissioning, NHS England, Health Education England, Royal Colleges, neonatal, maternity and paediatric services were in attendance. Colleagues from Bliss were also present to represent parents and carers. 103 delegates attended and contributed to the discussions and debate.

The unanimous consensus from the summit was that there is a case for change and neonatal services could not be viewed in isolation from other services, particularly maternity and general/specialty paediatrics. The role of Strategic Clinical Networks (SCN's) and Operational Delivery Networks is to provide impartial clinical advice and expertise to both providers and commissioners to develop equitable, high standard services for patients and improve access. The providers and the commissioners with the clinicians need to organise services to deliver tangible quality improves within a smaller financial envelope.

All the commissioners, networks and providers included in this expression of interest have committed to this vision and this piece of work which has the potential to transform and improve service delivery.

- Q5. Where do you think you could get to over the next year?
- (Please describe the changes, realistically, that could be achieved by then.)

The network approach could achieve the following in the next 12 months :-

- Using some of the frameworks already established by the SCN's and ODN' to combine the expertise to develop a programme team but not to duplicate any current configurations. All organisations agree a Memorandum of understanding to work in partnership on this project
- Design the new service delivery model across the network – using and building on the work already done to agree how services across Cheshire and Merseyside could be organised to provide safer, consistent and cost effective services.
- Design how the private sector (independent midwives) would be incorporated into any new service delivery model to ensure continuity of care.
- Develop the main clinical pathways and protocols – all services working to the same clinical pathways and protocols.
- Develop escalation and transfer protocols – working to one escalation policy and applying consistent transfer protocols.
- Agree staffing models – reduce variation in staffing models against guidelines , Birth rate plus, BAPM
- Establish clinical and corporate governance model – linked to the vehicle to manage the services is the requirement of a robust governance model that would need to be designed.
- Agree payment mechanisms – devise a fair and equitable payment mechanism based on national tariff but aligned to the needs of the local population.
- Design the vehicle to manage the services – Joint Venture, Federation, Joint led NHS services

Q6. What do you want from a structured national programme?

(Aside from potential investment and recognition: i.e. what other specific support is sought?)

The support sought from the national team would be in the following area's:-

- Time and the expertise to develop new care models – access to highly experienced professions who can support this process.
- Links to other new care models to share learning and support.
- Information technology will be a powerful enabler to make integration of services across many sites – technological support would be required over and above that already in the local system to find solutions.
- Support in developing appropriate corporate and clinical governance models
- Patient and public engagement is crucial and for any major change would require highly skilled professional to manage media and public interest.
- New models of care may need new financial models and changes in payment systems – require support to assist in developing these mechanisms.
- Implementation and execution are key to a successful project this will require both

local and national expertise.

- Support with Organisational Development to support change management.

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Please send the completed form to the New Care Models Team
(england.newcaremodels@I&S) by **31 July, 2015**

Cheshire and Merseyside Women's and Children's Services Partnership

Purpose

The Women's and Children's Services Partnership (referred to hereafter as "The Partnership") will cover the population Cheshire and Merseyside. The Women's and Children's Services Partnership will develop a high quality, clinically and financially sustainable whole system model of care for women's and children's services including maternity, neonatal and paediatric services.

The drivers for change that bring the Partnership together are:

- increased demand on services and the presentation of women, babies, children and young people with more complex needs.
- variation in the experience of people who use these services and also in clinical outcomes, safety and quality.
- organisational boundaries fettering change.
- workforce challenges in regard to recruitment, retention, retirement, skills mix and deployment of staff.
- ability of services to meet regulatory and other clinical standards.
- financial sustainability.

The Partnership will bring together clinicians (from the relevant Strategic Clinical Networks), providers and commissioners (NHS England, Clinical Commissioning Groups and local authorities) to work in partnership to develop new models of care and provision of services across organisations in Cheshire and Merseyside, designed for the population with a focus on the needs of the individual.

The Partnership will coordinate, integrate and oversee care and set shared objectives across women's and children's services.

The Partnership will ensure that services are new models of care are designed and implemented to provide:

Equity of access – women, their babies, children and young people would have access to services of the same high standard in Cheshire and Merseyside.

Safe services – standardised care pathways and clinical protocols, developed by the relevant Strategic Clinical Network, are adopted across the whole system; services are integrated across provider organisations and the workforce is deployed to meet national standards and obligations.

Consistent high quality outcomes – variations in outcomes and experience are reduced.

Improved and informed decision making – by working together through collaboration, co-operation and co-production and removing organisational barriers, women, their babies, children and young people will be more engaged in decision making about the services that are offered to meet their needs.

Clinically and financially sustainable services – combining resources, expertise and working as one will allow services to be better organised to deliver the best value for money and to be able to meet the needs of the population now and into the future.

Objectives

- Create and agree an overarching, medium to long term plan to deliver a vision for women's and children's services in line with the needs of the population; this will involve interdependent plans for maternity, neonatal and paediatric services.
- Design and implement new models of care and service delivery model across the Partnership– using and building on the work already done to agree how services across Cheshire and Merseyside could be organised to provide safer, consistent and cost effective services.
- Designate the role of services across the area covered by the Partnership, setting and monitoring standards, defining consistent pathways of care and clinical protocols and ensure equitable access to personalised services, including more specialist services.
- Ensure that arrangements are in place to ensure effective flow through the whole system for maternity, neonatal and paediatric services.
- Maintaining oversight, enabling benchmarking of outcomes and feedback, learning from incidents of harm and celebrating and encouraging good practice across maternity, neonatal and paediatric services.
- Achieving clinical and financial sustainability through coordination, collaboration, co-production, consistency and economies of scale and skill – taking forward strategic change programmes where required.
- Co-ordinating workforce and training and development needs: establishing adequate workforce provision, sharing resources across the Partnership.
- Ensuring the building of trust and collaboration throughout the Partnership; spreading good and best practice and demonstrating positive impact and value, with a focus on relationships rather than structures.

Actions

Early actions that will need to be undertaken to establish the Partnership and take the design and delivery of new models of care forward include:

- Develop and agree a Memorandum of Understanding that commits all organisations to the Partnership, agreed by the constituent's Boards and Governing Bodies.
- Develop a clear membership structure and terms of reference.
- Agree the configuration of the Partnership and its structural components.
- Establish and agree a clear governance framework within which the Partnership will operate, agreed by the constituent's Boards and Governing Bodies.
- Produce a work programme.
- Produce a communications and engagement strategy and plan to ensure that clinical, workforce and public engagement is embedded in all actions the Partnership takes forward.
- Establish strong relationships and effective communication across the Partnership and with all stakeholders.
- Undertake a stocktake of women's and children's services within the boundary of the Partnership.
- Define the consistent pathways of care and equitable access to services across large geographies that will lead to longer term transformational service change.
- Identify the key relationships and co-dependencies that the Partnership needs to take account of.
- Create strategic alignment with the work of the North West Neonatal Operational Delivery Network, other relevant clinical networks and the *Improving Maternity Experiences* review.
- Establish an approach to develop new models of care for paediatric services.
- Identify and obtain the resources required to support the Partnership and deliver the associate change programmes.
- Establish a Programme Team.
- Identify the support and resources required from the national New Models of Care team.

The Partnership will then:

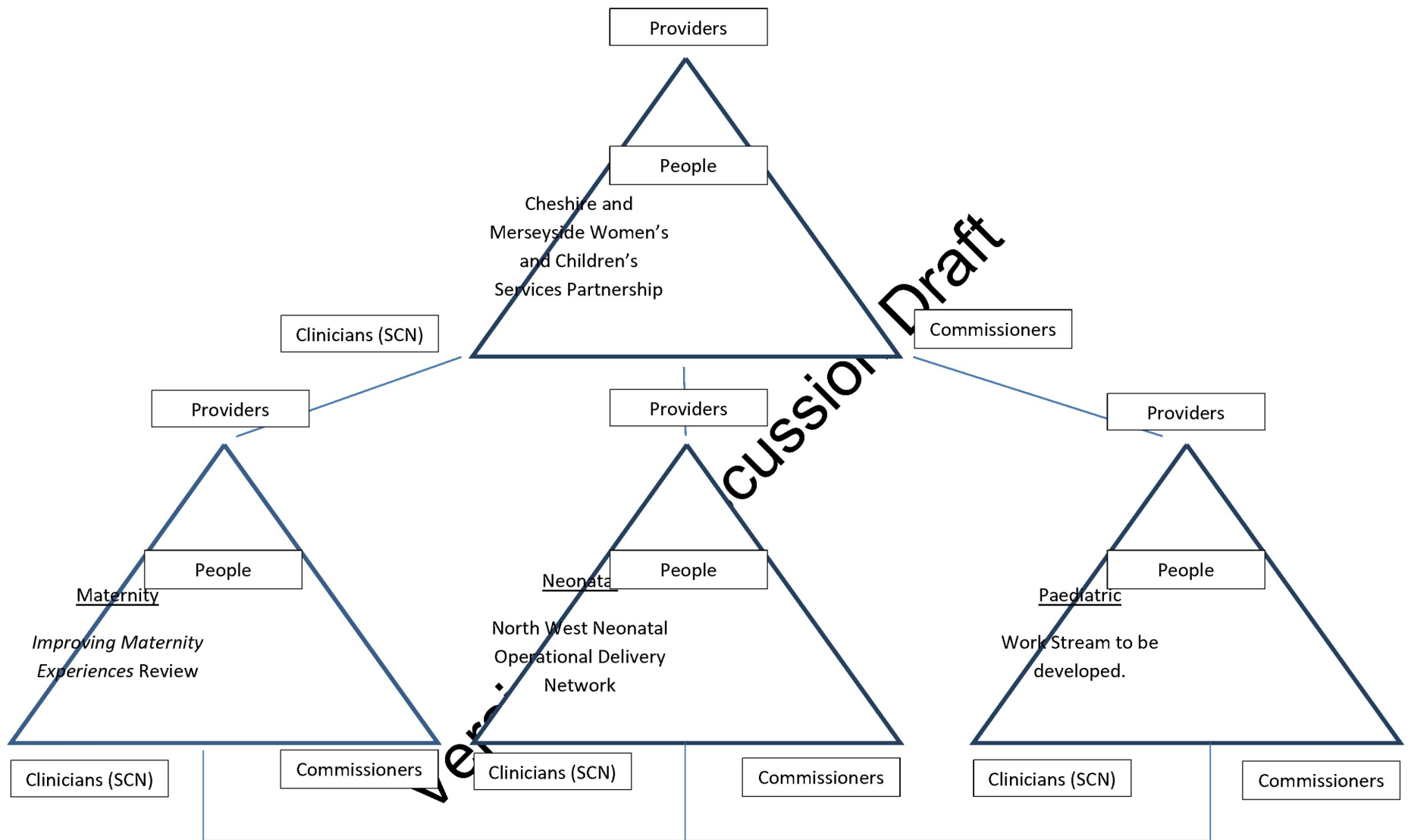
- Ensure that clinical, workforce and public engagement is embedded in all actions the Partnership takes forward.
- Design, consult upon and implement new service delivery models across the Partnership – using and building on the work already done to agree how

services across Cheshire and Merseyside could be organised to provide safer, consistent and cost effective services.

- Design how other non-NHS providers are incorporated into the Partnership and any new service delivery models to ensure continuity of care.
- Use the expertise of the Strategic Clinical Networks to develop and embed the main clinical pathways and protocols – all services working to the same clinical pathways and protocols.
- Identify and implement mechanisms to enable benchmarking of outcomes (for maternity services this would include the implementation of the Cheshire and Merseyside Strategic Clinical Network Maternity Dashboard).
- Identify and implement IMT solutions that support interoperability and enhance care.
- Develop escalation and transfer protocols – working to one escalation policy and applying consistent transfer protocols.
- Agree staffing models – reduce variation in staffing models against guidelines.
- Establish clinical and corporate governance model.
- Design and implement new commissioning approaches and incentives, contracting and payment mechanisms.

Membership

The concept of the Partnership emerged from the application to be a Vanguard site for acute care collaboration to the New Models of Care team. The application highlighted that the people who use and work in maternity, neonatal and paediatric services need to be at the heart of the new system and that the Partnership needed to bring together representatives from clinicians (the relevant Strategic Clinical Network), providers and commissioners (Clinical Commissioning Groups, NHS England and local authorities). This is represented in the basic diagram below. The membership of the Partnership will encompass all such organisations across Cheshire and Merseyside but there will need to be a discussion about representation in regard governance arrangements.



To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@countessofchesterhospitalnhsfoundationtrust.co.uk]
From: Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB10/CN=RECIPIENTS/CN=tony.chambers@countessofchesterhospitalnhsfoundationtrust.co.uk]
Sent: Fri 02/10/2015 10:43:35 AM (UTC+01:00)
Subject: FW: For cascading: Free places at regional NHS Sustainability Day 2015 event

For edg please

Best Wishes
Tony

Tony Chambers
Chief Executive
Countess of Chester Hospital NHS Foundation Trust
Tel: 01564 786100
Twitter: @tonychambers

From: Martin Hazel [mailto:Hazel.Martin@countessofchesterhospitalnhsfoundationtrust.co.uk]
Sent: 02 October 2015 09:54
Subject: For cascading: Free places at regional NHS Sustainability Day 2015 event

Sent on behalf of Gill Phazey, Senior Leadership Development Manager

Dear colleagues,

We would like to make our member organisations of the event below which has been passed on to us from the NHS Sustainability Unit.

Please be aware that this is not an NHS North West Leadership Academy event, but the offer has been extended to NHS NWLA members who can access this for free. As such, we wanted to pass this on through our networks as it may be of interest to you and your colleagues.

If you have any queries please contact Paul, the delegates manager as per the information below.

Many thanks
Gill Phazey
Senior Leadership Development Manager

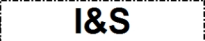
Email: gill.phazey@countessofchesterhospitalnhsfoundationtrust.co.uk
Mobile: 01564 786100



Have you used the NHS Leadership Academy's free leadership [self assessment tool](#), the 'Healthcare Leadership Model', which helps you to assess your own leadership behaviours?

Or why not find out more about [how to gain 360° feedback](#) to inform your leadership journey.



From: Paul Anthony [mailto:paul@]
Sent: 29 September 2015 12:13
To: Phazey Gill
Subject: Free places at NHS Sustainability Day 2015

I am currently working alongside the NHS Sustainable Development Unit on the forthcoming NHS Sustainability Day campaign and have been asked to make you aware of the fully funded (**Free**) delegate places which are available for the NHS North West Leadership Academy members and associates to attend the North West NHS Sustainability Day event which will be held at Royal Liverpool Hospitals.

The roadshow, which has senior level endorsement within the NHS and from the Prime Minister, will have key note speeches from Professor Maureen Williams, Deputy Chair of NHS Liverpool CCG and Luciana Berger MP, and will give health-workers across the country the chance to participate in networking, learning about best practice and innovative ideas.

There is also a national awards scheme which recognises and publicises the achievements made.

Full details of the event which takes place on the **12th November 2015 at Royal Liverpool Hospitals** can be found at:-
<http://www.nhssustainabilityday.co.uk/roadshow/liverpool/>

I would be grateful if you could forward this invitation to your members and relevant public sector colleagues, associates or partners who you feel may benefit from attending.

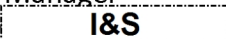
Delegates who would like to book a **free** place can contact me directly by E mail with the name(s), a contact telephone number and the organisation they will be representing or by telephone on the number below. I will then secure the free place.

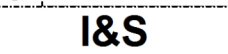
If you would like to know more please feel free to call me.

Kind regards,

Paul.

Delegates Manager

Office: 01 I&S

Paul@ I&S



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To: Jones Claire (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@**I&S**]
From: Cross Stephen (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB12/CN=RECIPIENTS/CN=PX0HXHMH]
Sent: Mon 05/10/2015 2:11:22 PM (UTC+01:00)
Subject: FW: IMPORTANT GUIDANCE - third party cost recovery services - CHESTER
[Letter to FDs re Cost Recovery Services offer by Third Parties 2015-10-02.pdf](#)

Hi Claire

Can you please add this to the EDG for this week – for information from Stephen.

Kind regards
Claire

Claire Raggett
Executive Office Manager
PA to Stephen Cross, Director of Corporate and Legal Services
PA to Duncan Nichol, Chairman

Countess of Chester Hospital NHS Foundation Trust
Tel: 01 **I&S**
Fax: 01

From: Compliance [mailto:compliance@**I&S**]
Sent: 05 October 2015 11:56
To: O'Neill Debbie (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST); Cross Stephen (COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: IMPORTANT GUIDANCE - third party cost recovery services - CHESTER
Importance: High

Dear Ms O'Neill, Mr Cross,

Monitor has been asked by the Department of Health to circulate the attached guidance on third party companies offering services to increase the rates of recovery through the DH's NHS Injury Cost Recovery Scheme.

For any queries please contact Claire McCay in the NHS Injury Cost Recovery Policy Team by email at [claire.mccay@**I&S**](mailto:claire.mccay@I&S) or by phone on 01 **I&S**

Kind regards

Provider Regulation team
Monitor
Direct Line 02 **I&S** | www.gov.uk/monitor
Wellington House, 133-155 Waterloo Road, London, SE8 1UG

Monitor is the sector regulator for health services in England. Our job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit

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(this email was intentionally addressed only to your trust's Finance Director and Trust/Board Secretary as currently reflected in our records)

COMMUNICATION TO ALL STAFF

We are writing to you as your leadership team to ask for support and explain some changes that will be coming into effect in the weeks ahead. We are half way through the financial year, and we are spending more than we can afford.

Our financial plan this year forecasts a deficit of £1.85. This is the first time we have planned a deficit position, but this is in keeping with many trusts nationally.

In order to deliver our plan we need to achieve £1.85 in savings by 31 March 2016. So far we have identified £1.85 but this still leaves the hospital with £1.85 either not saved or not identified.

In order to fund this gap, we are looking to make additional savings in on variable pay and non-pay.

Variable pay

Variable pay is what we spend over planned budgets on staffing levels. We are currently spending too much above our planned pay budgets on:

- Agency staff
- Bank staff
- Overtime (at both plain time and enhanced rates)
- Additional clinical activity

Agency workers are particularly expensive and often very limited in what they are safely able to do within the hospital setting. We will be working hard over the coming days and weeks to ensure we are maintaining quality, and at the same time delivering our care as cost effectively as possible. We will be communicating separately with budget holders to explain how we will do this.

Non pay

Many of the improvements and savings for non-pay relate to good housekeeping and common sense. There are small actions and contributions that we can all make including:

- Turning off lights and other electrical equipment when not in use to help keep bills down
- Only printing (especially in colour) if you absolutely need to
- Only order what you need for now i.e. don't stockpile
- Taking extra special care of our NHS equipment and work environment as if it was your own, hopefully it might last a bit longer

We are genuinely concerned about our current financial position, and need to draw on the expertise and contributions of everyone who works here to make this right. You may want to discuss other money saving ideas as a team during your team meetings and briefings.

We can all play a role in protecting and preserving our local NHS by using it wisely.

Best wishes

Chief Executive Tony Chambers & all of your Executive Team

ADDITIONAL DETAILED EXPLANATORY NOTE FOR ALL BUDGET HOLDERS

Please find below some detail to explain the change in process relating to the letter to all staff from Tony Chambers & the Executive Team.

Non pay

Additional controls will be put into effect immediately relating to:

1. Purchase of furniture and office fittings
2. Attendance at courses, conferences and external training
3. Catering for meetings for educational events
4. Travel

Variable pay

Additional controls will be put into effect immediately relating to:

1. Booking of agency staff
2. Approving additional clinical activity payments
3. Booking bank staff
4. Authorisation of overtime

A detailed briefing for those managers affected will be arranged to take place on XXXX

Alongside this an additional process will be put in place for the approval of recruitment to vacancies. It should be noted that when it is in the trust financial interest, some vacancies may be recruited to or processed more quickly than they are at present.

To: Jones Claire (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[claire.jones28@countessofchester.nhs.uk] **I&S**
From: Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)[O=MAIL/OU=NHSFB08/CN=RECIPIENTS/CN=KN18CX4F]
Sent: Tue 06/10/2015 3:01:07 PM (UTC+01:00)
Subject: FW: Important: SLG Relational Proximity Project
[WCheshSLG Proposal v01.pdf](#)
[RespondentData v00_01.xlsx](#)
[Renuma Inv 052.pdf](#)

For execs in my section please Claire.
Sue

From: David Harris [mailto:David.Harris@countessofchester.nhs.uk] **I&S**
Sent: 15 September 2015 17:04
To: 'Roz.Lewis@countessofchester.nhs.uk' **I&S**; 'Colin.Ashcroft@countessofchester.nhs.uk' **I&S**; Dodd Jennifer (NHS WEST CHESHIRE CCG); Hodkinson Sue (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: Important: SLG Relational Proximity Project
Importance: High

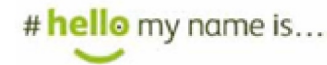
Hi all

We discussed at Execs this morning and felt that the best set of respondents from CWP would be our entire Exec team and then the Chair as they are the main people involved in the ongoing relationships and conversations. I realise this will not have a direct read across to your orgs.

I look forwards to hearing from you.

Regards

Dave

 #hello my name is...

David Harris
Director of People & Organisational Development
Cheshire & Wirral Partnership
Human Resources Department
Redesmere Trust Headquarters
Countess of Chester Health Park
Liverpool Road
Chester, CH2 1BQ

Tel No: 01244 223333 **I&S**
Mobile No: 07958 123456 **PD**
Email: david.harris@countessofchester.nhs.uk **I&S**

From: David Harris
Sent: 14 September 2015 17:58
To: 'Roz.Lewis@countessofchester.nhs.uk' **I&S**; 'Colin.Ashcroft@countessofchester.nhs.uk' **I&S**; 'jennifer.dodd@countessofchester.nhs.uk' **I&S**; 'sue.hodkinson@countessofchester.nhs.uk' **I&S**
Cc: David Harris
Subject: Fw: SLG Relational Proximity Project

Hi All

I haven't opened the file yet as I'm on my Blackberry so not quite sure what's in there. Key thing is for us to confirm who we want

to receive the questionnaire. Definitely Exec level but it's the extent to which we might include Board members. My thought was to include the Chair. Realise it will be slightly different for CCG.

Can you please discuss at your end and get back to me asap.

Jenny - are you able to confirm the dates with Claire (I don't have her email address right now).

Any other thoughts very welcome asap.

Ta

Dave

David Harris
Director of People & Organisational Development
Cheshire & Wirral Partnership
Human Resources Department
Redesmere Trust Headquarters
Countess of Chester Health Park
Liverpool Road
Chester, CH2 1BQ
Tel No: 01 I&S
Mobile No PD
Email: david.harris@ I&S

From: Richard Gedge [<mailto:richard.gedge@>] I&S
Sent: Thursday, September 10, 2015 03:28 PM
To: David Harris
Subject: SLG Relational Proximity Project

Dear David

Further to our meeting yesterday as agreed I am outlining here the next steps to move the project forward. Please find attached our formal proposal which fully details all aspects of the project.

Dates

It would be good to get the workshop dates in the diary now. Our suggestion is workshop No.1 - w/c 30th November, workshop No.2 – 9th December. We need 4 hours on each day. Please can you check that it is realistic to use 9th December and that there will not be a last minute request for a ‘business’ slot.

My feeling after yesterday was that the group would not be unduly concerned if we sent out the surveys a little earlier (w/c 5th October). This will give us a little more analysis time around other projects we have running. Please revert if you disagree with that.

Respondent data

Please see attached a respondent data file. You will see in the respondent data tab that we have already listed the SLG members. Please could you check that those are complete and also then add the other levels of personnel who you think should be responding (in rows 17 onwards). It would be helpful if you could deliver this asap and by 18th September.

4 or 5 Relational Strands

It was helpful to hear the SLG yesterday as it informed our understanding on this topic. After some discussion this morning we have decided that we will survey each organisation about its relationship with the other four to give us a full suite of data. However, with this number of relational strands, we are unlikely to use the level of detail in the dashboard (that you have previously seen) for each organisation-to-organisation relationship in our feedback. Instead we will focus on the most consistent and visible themes relevant for each organisation in taking first steps to improvement. This approach will enable us to keep focussed on the SLG as a whole. Where there are other secondary issues restricted to a minority of the relationships involved, we will flag this appropriately through the project, but more detailed analysis and intervention for these would be beyond the scope of

the proposal attached.

Payment

I attach an invoice. Our experience with large organisations is that we often receive our first payment when the job is nearing completion because of the relatively short timescales of our projects and the sometimes lengthy payment processes. For that reason, unless you can assure us of payment within the next 30 days, we ask for 75% upfront instead of 50%. The invoice attached is therefore for 75%, but I would be happy to change this if you feel the Trust can pay quickly. Obviously there is no PO number on the invoice yet either, and we await that from you. If there are specific payment instructions that we need to follow please do send them over.

Thank you for this order and for your persistence in the area of relational development. We are looking forward to working with you and the members of the various organisations.

Do feel free to ring me to progress matters.

Best regards

Richard

Richard Gedge

Mob: PD
<http://www.renumaconsulting.com>



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COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

EXECUTIVE DIRECTORS GROUP (EDG)

WEDNESDAY 7TH OCTOBER 2015 @ 9.30am – TONY'S OFFICE

A G E N D A

For Discussion		
	Action notes from 30.09.15 (attached)	Mark Brandreth
	Options for the Neo-Natal Unit – Kevin Eccles attending at 10am (attached)	Mark Brandreth
	Board of Directors/Workshop	Mark Brandreth
	Monitor Meeting 14.10.15	Mark Brandreth
	01.10.15 – 1 st of the month walkabout feedback	Mark Brandreth
	Open Forum Attendance (attached)	Mark Brandreth
	Blast Films Filming (attached)	Lorraine Burnett
Standing Agenda Items		
	Quality Matters to include an update of any incidents, complaints and speak out safely No new L2 incidents reported this week	Alison Kelly
	Board, Governor and Legal Matters	Stephen Cross
	Workforce Matters - All Staff Finances Letter (attached) - SLG Relational Proximity Project (attached)	Sue Hodgkinson
For Information		
	Cheshire & Merseyside Women & Children's Services Partnership (attached)	Tony Chambers
	New Care Model C&M Women & Children's Services Partnership (attached)	Tony Chambers
	Regional NHS Sustainability Day 2015 event (attached)	Tony Chambers
	Cost Recovery Services being offered by third part companies (attached)	Stephen Cross

Notes: Mark Brandreth

Apologies: Tony Chambers, Debbie O'Neill and Alison Kelly (Jennie Birch will be attending on Debbie's behalf)