AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST

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To: **All Members of Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust**

Councillors : Councillor Norman Briggs, Councillor Sandra Collins, Councillor Joan Davies, Councillor Derek Heffernan, Councillor Sarah Kerrison, Councillor Colin McLaren, Councillor Kathleen Nickson, Councillor Linda Robinson, Councillor Stella Smith, Councillor Ann Stott and Councillor Roy Walker

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust which will be held as follows:-

Date:	Tuesday, 22 March 2016
Place:	Back Bar Room, The Esplanade Rochdale Town Hall OL16 1AB
Time:	2.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	**There will be no member briefing prior to the meeting. Light refreshments will be available from 1.30pm**

AGENDA

1   APOLOGIES FOR ABSENCE

2   DECLARATIONS OF INTEREST

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

3   PUBLIC QUESTIONS

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of Pennine Acute NHS Trust. A period of up to 30 minutes is set aside for public questions.

4   MINUTES *(Pages 1 - 6)*

The minutes from the meeting held on the 3rd January are attached.

5   MATTERS ARISING *(Pages 7 - 8)*

6   DELAYED DISCHARGE *(Pages 9 - 16)*

Members of the Committee are asked to receive a verbal presentation from Jo Moore, Divisional Director Medicine, Pennine Acute NHS, Steven Blezard (Assistant Director – Operations, Rochdale Council) and Linda Jackson (Assistant Director, Bury MBC).

7   SERVICE TRANSFORMATION UPDATE *(Pages 17 - 36)*

Sandra Good (Director of Strategy and Commercial Development) and Professor Matthew Makin (Medical Director), Pennine Acute NHS Trust will attend the meeting. Presentation is attached.

8   QUALITY ACCOUNT *(Pages 37 - 38)*

Letter attached.

9   URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

10   FUTURE MEETING DATES

Suggested meeting dates 2016/17:

Thursday 30th June Workshop event – 1pm Bury Town Hall

Tuesday 19th July 2pm
Tuesday 13th Sept 2pm

Tuesday 6th Dec 2pm
Tuesday 28th Feb 2pm

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Agenda Item 4

Meeting of: **Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust**

Date: 6th October 2015

Present:

Councillor Roy Walker (Bury Council)
Councillor Sarah Kerrison (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Derek Heffernan (Oldham Council)
Councillor Colin McLaren (Oldham Council)
Councillor Joan Davies (Manchester City Council)
Councillor Sandra Collins (Manchester City Council)

Gill Harris	- Chief Nurse Pennine Acute NHS Trust
Jo Keogh	- Divisional Director Women's and Children's, Pennine Acute NHS Trust
Morag Preston	- Clinical Director Obstetrics and Gynaecology, Pennine Acute NHS Trust
Cathy Trinick:	- Divisional Director of Midwifery Services, Pennine Acute NHS Trust
Stuart North	- Chief Operating Officer, Bury Clinical Commissioning Group
Nick Hayes	- Deputy Director of Workforce, Pennine Acute NHS Trust
Nadine Armitage	- Head of Partnerships, Pennine Acute NHS Trust
Ms Julie Gallagher:	- Joint Health Overview and Scrutiny Officer, Bury MBC

No members of the public were present at the meeting.

PAT. 15/16-28   APOLOGIES

Councillor Ann Stott (Rochdale MBC)
Councillor Mark Hackett (Manchester City Council)
Councillor Norman Briggs (Oldham Council)
Councillor Linda Robinson (Rochdale MBC)
Councillor Kathleen Nickson (Rochdale MBC)

PAT. 15/16-29   DECLARATIONS OF INTEREST

No declarations of interest were made.

PAT. 15/16-30   PUBLIC QUESTIONS

There were no public questions.

PAT. 15/16- 31   MINUTES

It was agreed:

That the minutes of the meetings held on 6th October 2015 be approved as a correct record.

PAT. 15/16-32   MATTERS ARISING

In respect of minute number PAT 15/16-24: Cancelled Operations Report, the Joint Health Overview and Scrutiny Officer reported that additional information in respect of the number of cancelled operations as a result of delayed discharges had been circulated to Members. Information included specific requests for information in respect of the Royal Oldham Hospital and an increase in the number of cancellations for resident of Heywood, Middleton and Rochdale.

In respect of minute number PAT 15/16-26: Patient Led Assessment of the Care Environment, following a request from the Joint Committee comparative data in respect of the previous years' performance had been circulated.

PAT. 15/16-33   MATERNITY SERVICE UPDATE

Representatives from the Pennine Acute NHS Trust; Gill Harris - Chief Nurse, Jo Keogh- Divisional Director Women's and Children's, Morag Preston - Clinical Director Obstetrics and Gynaecology, Cathy Trinick - Divisional Director of Midwifery Services attended the meeting. The representatives provided members of the Joint Committee with an update in respect of the external review of maternity services that the Trust commissioned in 2014; the resulting development of the maternity improvement plan and the wider review of maternity services.

An external review of nine incidents which had occurred within maternity services (6 neonatal and 3 maternal deaths) over the period January 2013 to July 2014 was commissioned. The external review team consisted of a Senior Midwife and an Obstetrician external to the Trust.

The findings of the review of the nine incidents demonstrated that, whilst the maternal deaths did not appear to be the result of deficiencies in care, further scrutiny and improvement was required from the review of the neonatal deaths. The key themes identified in the external review were:

- Clinical Risk Management
- Clinical Leadership
- Obesity Management
- Serious Incident Investigations.

On 1 April 2015 the Trust convened the Pennine Acute Trust (PAT) Incident Management Group (IMG) in response to the External Review of Maternity Services. The PAT Chief Nurse co-chairs this meeting with an external partner, Stuart North, Chief Officer, Bury CCG.

The Trust has developed a comprehensive improvement plan which responds to the review findings, but also incorporates wider learning opportunities following publication of the Kirkup Review into Morecambe Bay Trust (March 2015), as well as other internal learning from service feedback.

In support of the improvement plan a number of service improvements have been initiated. To support the development of the improvement plan a 'buddying' system with Newcastle was facilitated by our Chief Nurse. The Senior Team visited Newcastle in July 2015. This was a very positive visit where clinical relationships were developed and good practice shared.

The development of the Maternity Improvement Plan has become the foundation for further developments within the Directorate. Following the Birthrate+ review the Trust Board supported and invested in 40 additional Health Care Assistants (HCA) Bands 2 – 4. There was a significant recruitment drive over a number of days and 40 additional HCA's were recruited.

Those present were given the opportunity to ask questions and make comments and the following issues were raised:

In response to a Member's question; the Chief Nurse reported that the red flag escalation process now adopted in maternity services enables shared decision making and is part of the process for monitoring safety.

In response to a Member's question in respect of staff engagement in the process, the Chief Nurse reported that staff are invited to attend the weekly improvement plan meetings and have been engaged in the development of the action plans. Morale was low in maternity services in the summer of 2015, the Trust has done a great deal of work to address this, including the recruitment of 40 health care assistants as a result staff morale has improved.

Following concerns raised by members of the Committee, the Divisional Director reported that there were no internally generated

plans to review maternity services however a wider national review of maternity services is currently underway.

In response to a Member's question, the Chief Operating Officer reported that lessons learned from the maternity services external review has been expanded to other areas within the Trust. The Chief Nurse reported that, all incidents were now reviewed by the senior management team and themes were identified and acted on quickly. The new management at the Trust has been the major driver of change.

PAT. 15/16-34   EXCLUSION OF THE PRESS AND PUBLIC - PENNINE ACUTE NHS TRUST SERVICE TRANSFORMATION

It was agreed

1. That the agenda would be re-arranged and an item of urgent business would be considered next and in considering that item it was necessary to exclude the press and public from the meeting.

2. That in accordance with Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following items of business as it involves the likely disclosure of exempt information as detailed in the condition of category 3.

PAT. 15/16-35   SICKNESS ABSENCE REPORT

Nick Hayes, Deputy Director of Workforce, Pennine Acute NHS Trust attended the meeting to provide members of the committee with an update in respect of sickness absence across the Trust. An accompanying report was circulated to members prior to the meeting, the report contained the following information:

- Sickness absence by site and division
- Bank and agency figures
- Management of staff sickness during service redesign work

The trust operates a single service model and therefore uses the Divisional management structures as the basis for collecting and presenting sickness absence data. As such the Trust is unable to give the committee a 'hospital by hospital' comparison as data is not collected on a site basis.

	Confirmed Sickness Levels			Indicative Levels	
	Aug-15	**Sep-15**		**Oct-15**	**Nov-15**
352 B - Integrated & Community Services	*5.31%*	4.25%		4.72%	4.10%
352 C - Medicine	*6.27%*	**6.16%**		**6.86%**	**5.92%**
352 D - Surgery & Anaesthesia	*6.10%*	5.79%		5.87%	**6.58%**
352 E - Women & Children	*5.48%*	**5.56%**		**6.56%**	**6.82%**
352 G - Division of Support Services	*5.02%*	**4.91%**		**5.70%**	**5.40%**
352 J - Elective Access	*4.64%*	**5.17%**		**5.98%**	**5.98%**
352 K - Corporate Services Other	*4.29%*	**4.23%**		**5.28%**	**5.18%**
TRUST TOTAL	*5.48%*	**5.27%**		**5.92%**	**5.75%**

The Deputy Director of Workforce reported that the Trust has recently commissioned an enhanced absence management support service, and it is hoped that this measure combined with the launch of a new sickness absence policy in January will accelerate the progress currently being made.

The Deputy Director of Workforce reported that the spend on temporary staff (this includes bank and agency staff) in November was £4, 307,000, the majority of this spend was in the medical division closely followed by the surgical division. It is estimated that of the £4, 307,000, £1.594m (37%) was due to covering staff sickness absence.

In response to concerns raised by Members of the Joint Committee, the Deputy Director of Workforce reported that the Trust recognises that evidence indicates that sickness levels can increase during periods of uncertainty. In anticipation of this happening the Trust has in conjunction with colleagues from Unison run a coping with change course prior to change happening. The Trust also has available an i-resilence toolkit which can be accessed via our intranet for staff to work through in preparation for change.

The Trust has a formal internal consultation process which seeks to ensure that staff have an influence over the design and implementation of changes which affect them and that communication is as effective as possible, both in advance of the change being implemented and during the implementation process.

In response to Member's question, the Deputy Director of Workforce Development reported that the levels for sickness absence in the Pennine Acute Trust were one of the highest in Greater Manchester.

The Deputy Director of Workforce reported that the financial cost to the Trust is lower when the Trust utilises bank staff rather than agency staff.

It was agreed:

The Deputy Director of Workforce be thanked for his attendance.

I

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The Pennine Acute Hospitals **NHS**
NHS Trust

NEWS RELEASE

PAT/16/14   **23 February 2016**

Chief Executive of The Pennine Acute Hospitals NHS Trust to take up role of Chief Executive of Brighton and Sussex University Hospitals NHS Trust

Dr Gillian Fairfield, chief executive of The Pennine Acute Hospitals NHS Trust, is to take up the role of Chief Executive of Brighton and Sussex University Hospitals NHS Trust.

Dr Fairfield, who began work at the Trust in April 2014, will be succeeded by the Trust's Director of Finance, Damien Finn, on an interim basis.

Trust Chairman, John Jesky said: "Gillian's contribution to the Trust has been tremendous and she will be missed both professionally and personally. Under her stewardship, the Trust has made many improvements and seen innovations that will continue to resonate long after her departure. I know that Gillian will bring these extraordinary talents and leadership skills to bear for the benefit of the people and communities of Brighton and Sussex.

Mr Jesky's term in office as Chair of the Trust comes to an end at the end of February. Mr Jesky has held this appointment since 2006. The vice chair, Mrs Christine Mayer, who has been a member of the Trust Board since 2011, will step into the role.

Mr Jesky added: "From the perspective of my own role, I am sad to be leaving the Trust after ten years leading the Board. It has been a privilege to be the Trust's chair for the last ten years, to work with so many skilled, professional and dedicated staff and volunteers. I have the opportunity to serve alongside many highly committed colleagues over the years. I look forward to continuing to follow the Trust's development in the future."

Helen Dabbs, portfolio director at the NHS Trust Development Authority in the North, said: "Dr Gillian Fairfield came to Pennine Acute Trust at a time of change for the NHS. Her guardianship of the Trust over the last two years has been exemplary. I'm sure she will take that same professionalism, commitment and dedication with her to her next role.

"I also want to pay tribute to John Jesky's long service to the Trust and to the NHS. I want to thank him for his work especially with regard to managing the changes that have taken place in services at the Trust's hospitals and his devotion to patients and staff over the years."

The NHS TDA recommended Dr Fairfield for the important leadership role at Brighton and is most grateful that she has accepted, following the agreement of the Chairs of the Trusts. The role at Brighton will be in the form of a secondment.

The Pennine Acute Hospitals NHS Trust employs around 9,000 staff and serves a population of 820,000. The Trust runs North Manchester General Hospital, Fairfield General Hospital in Bury, The Royal Oldham Hospital, Rochdale Infirmary, and a range of integrated health and social care and community services.

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Joint Health Overview & Scrutiny Committee
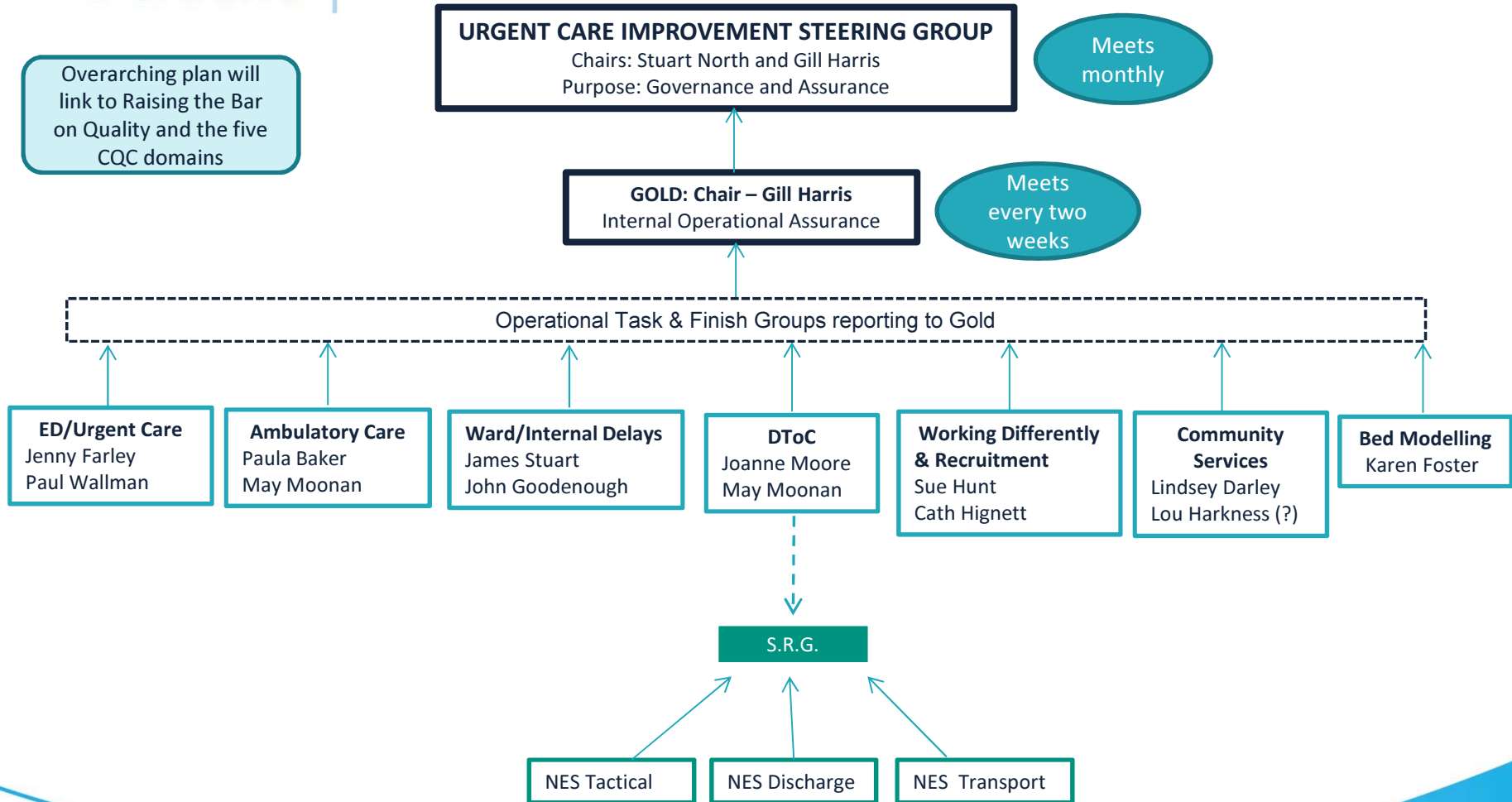
Delayed Transfers of Care update
March 2016

Governance Structure

Over-arching Urgent Care Improvement Steering Group established within the Trust which has 7 work-streams:

§ A&E

§ Ambulatory care

§ Wards/Internal delays

§ Delayed Transfers of Care (DToC)*

§ Recruitment/working differently

§ Modelling

§ Community

*DToC now being managed through this structure

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NHS Trust

URGENT CARE IMPROVEMENT STEERING GROUP
Chairs: Stuart North and Gill Harris
Purpose: Governance and Assurance

Meets monthly

Overarching plan will link to Raising the Bar on Quality and the five CQC domains

GOLD: Chair – Gill Harris
Internal Operational Assurance

Meets every two weeks

Operational Task & Finish Groups reporting to Gold

ED/Urgent Care
Jenny Farley
Paul Wallman

Ambulatory Care
Paula Baker
May Moonan

Ward/Internal Delays
James Stuart
John Goodenough

DToC
Joanne Moore
May Moonan

Working Differently & Recruitment
Sue Hunt
Cath Hignett

Community Services
Lindsey Darley
Lou Harkness (?)

Bed Modelling
Karen Foster

S.R.G.

NES Tactical

NES Discharge

NES Transport

Updated: 12-02-16 MM

Delayed Transfers of Care

§ Rapid Process Improvement 4-day Event (RPIE) facilitated by Trust Development Authority held in January 2016

§ 10 partner organisations took part

§ Over 40 members of staff involved

§ Supported at Executive Level

§ Systems Resilience Group has subsequently agreed that NES Discharge group will be disbanded and all actions directed through this sub-group of the Urgent Care Improvement Plan

§ Agreed new terminology – patients "Medically optimised awaiting transfer" rather than "medically fit for discharge"

Delayed Transfers of care

9 work-streams emerged from RPIE:

§ Effective Board rounds

§ Single Trusted Assessor

§ Notifications of assessments and discharges process and guidance

§ Sitrep reporting/data collection

§ Supporting patient choice and discharge information

§ Clarity of current staff roles in discharge teams and a plan to standardise

§ Intermediate Care referral process simplification and standardisation

§ Discharge training programme for ward teams

§ Streamlining of equipment/minor adaptations processes

Delayed Transfers of care

30-day follow up event – key achievements thus far:

§ Agreed standard definition for patients Medically Optimised awaiting transfer

§ Working more closely with colleagues - better engagement and barriers broken down

§ Creation/development of an MDT discharge document for ward staff

§ A new board round structure adopted – piloted on 2 wards, being rolled out

§ Agreement for the Trusted Assessor model to be adopted

§ Reduced nursing time spent completing referrals

§ New processes for assessing out of borough patients for social workers

§ Better presence/input into information sharing to get a more accurate picture

§ Stopped charging for reportable DToC

§ Integrated single point of access with health and social care staff

§ Daily operational meetings improved

Current data

Total Medically Optimised Awaiting Transfer

Legend: Med, Surg, Total
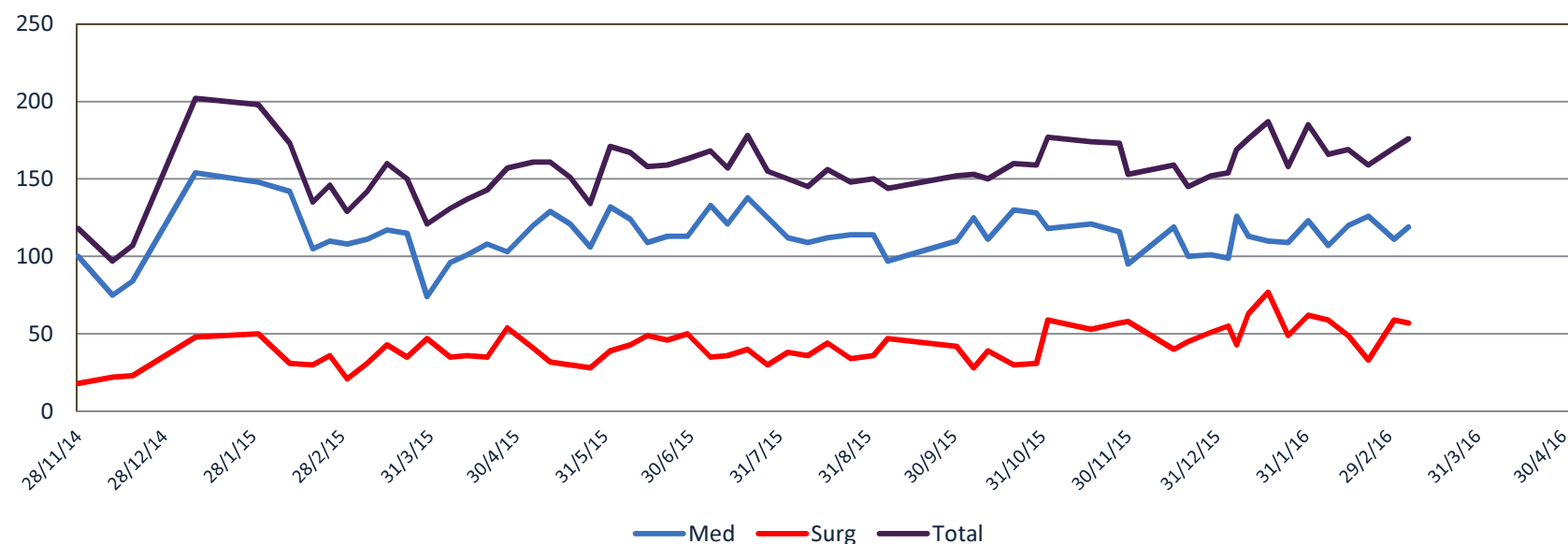
Next steps

§ All organisations committed to continuous improvement

§ Current work-streams have all developed project plans with actions to be delivered asap

§ A 10th work-stream relating to CHC processes added at 30 day event

§ Progress will be monitored through twice-weekly numbers reporting

§ Issues/barriers will be addressed through Gold operational assurance and Urgent Care Improvement Steering Groups

§ 60 and 90 day follow up events planned to maintain momentum

Service Transformation Update

Sandra Good

Director of Strategy & Commercial Development

22nd March 2016

Content

- GM Devolution current position
- North East Sector Transformation Overview

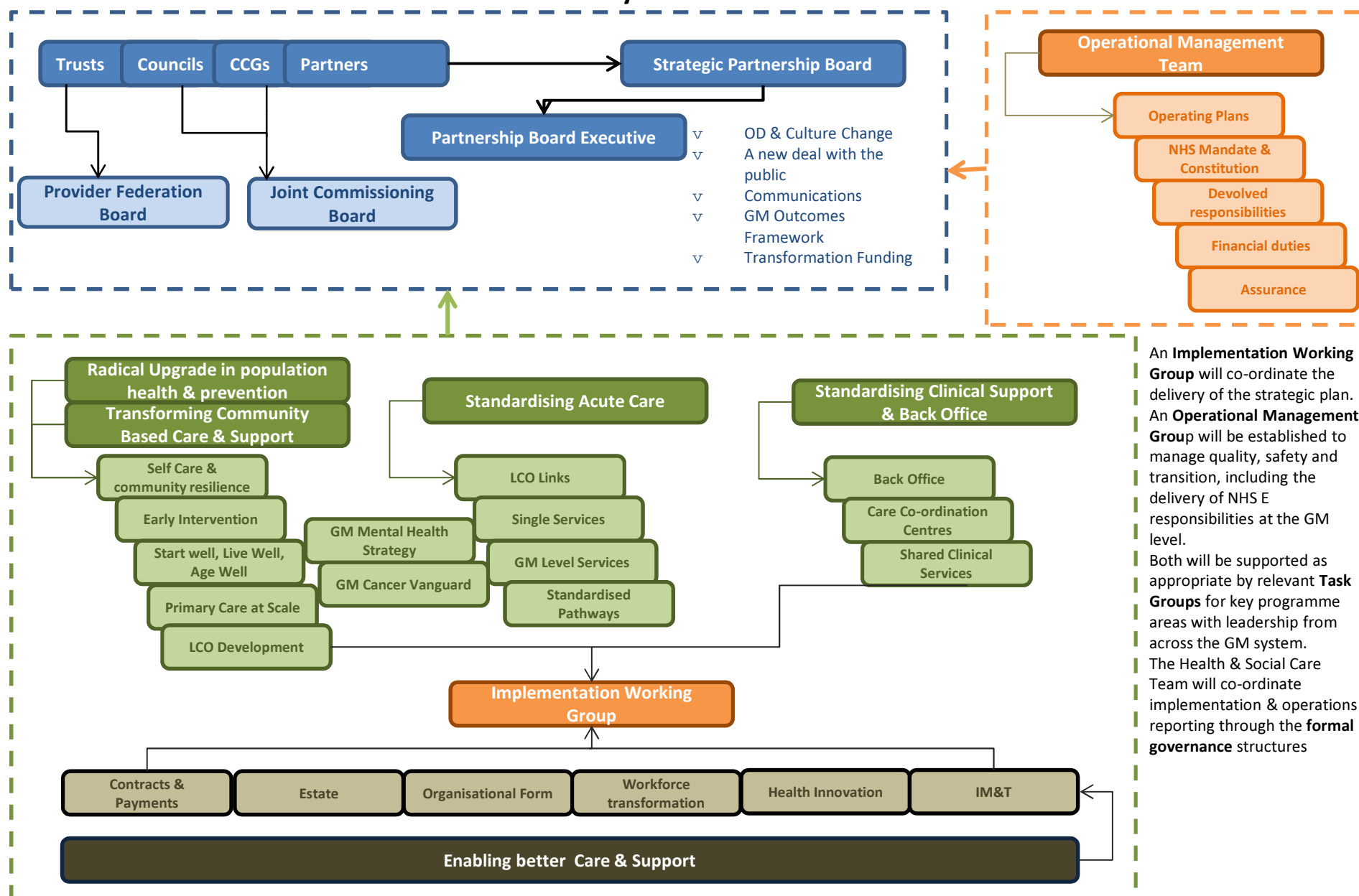 Healthier Together

  Clinical Service Transformation

  Locality plans

- Next steps
- Discussion

Greater Manchester Devolution

- GM Strategic Plan launched December 2015

- 1st April 2016 Go Live

- Locality Plans Agreed March 2016

- Public engagement in progress

- Local implementation plans in progress

- GM Transformation Programmes in development

- Established Governance arrangements

3

Headline Governance & Delivery

Top left box

Trusts | **Councils** | **CCGs** | **Partners** → **Strategic Partnership Board**

Partnership Board Executive

Provider Federation Board

Joint Commissioning Board

- OD & Culture Change
- A new deal with the public
- Communications
- GM Outcomes Framework
- Transformation Funding

Top right box

Operational Management Team

- Operating Plans
- NHS Mandate & Constitution
- Devolved responsibilities
- Financial duties
- Assurance

Lower left box

Radical Upgrade in population health & prevention
Transforming Community Based Care & Support

- Self Care & community resilience
- Early Intervention
- Start well, Live Well, Age Well
- Primary Care at Scale
- LCO Development

GM Mental Health Strategy

GM Cancer Vanguard

Standardising Acute Care

- LCO Links
- Single Services
- GM Level Services
- Standardised Pathways

Standardising Clinical Support & Back Office

- Back Office
- Care Co-ordination Centres
- Shared Clinical Services

Implementation Working Group

| Contracts & Payments | Estate | Organisational Form | Workforce transformation | Health Innovation | IM&T |

Enabling better Care & Support

Right side text

An **Implementation Working Group** will co-ordinate the delivery of the strategic plan.

An **Operational Management Group** will be established to manage quality, safety and transition, including the delivery of NHS E responsibilities at the GM level.

Both will be supported as appropriate by relevant **Task Groups** for key programme areas with leadership from across the GM system.

The Health & Social Care Team will co-ordinate implementation & operations reporting through the **formal governance** structures

4

North East Sector Transformation Oversight Review

- Commissioner led

- Brings together the elements of transformation work across GM and the north east sector that impact on the Trust inlcuding:

- Healthier Together, Clinical Services Transformation, 4 Locality Plans (Single Hospital Service for the City, LCO, ACMO etc)

- Support single consultation in 2016

Greater Manchester Devolution

North East Sector Health and Care Service Review

- Oldham

Accountable Care Organisation

Healthier Together

- Manchester

Local Care Organisation

Pennine Acute Hospitals Trust

- Manchester
- Bury
- Oldham
- Rochdale

Locality Plans

City of Manchester Single Hospital Service

- North East Sector

Clinical Services Transformation Programme

Healthier Together

- 3 year transformation programme with public consultation 2015

- Judicial Review Outcome January 2016

- Healthier Together Programme Board re-established with sectors leading on implementation

- Royal Oldham confirmed as the Specialist Site

- North Manchester and Fairfield General Hospitals confirmed as related local sites. Rochdale Infirmary out of scope

- Healthier Together Standards to be implemented

Clinical Service Transformation

- Clinically led, externally supported, commissioner engaged initiative

- Clinical case for Change (CCfC) outlines rationale for change and development of options for services

- CCfC developed with clinical teams

- Based on series of transformation principles

- Supports the development of the Strategic Outline Case (SOC) for Capital

- Delivers a clinically and financially sustainable organisation from 2019/20

10 Transformation Principles

1) To improve and maintain quality

2) To improve patient outcomes and the patient experience

3) To increase standardisation and reduce variation

4) To increase specialisation and consolidation

5) To increase efficiency, reduce waste and secure best value

6) To increase use of technology to support and enhance clinical services

7) To maximise opportunities to move inpatients to day cases to out-of-hospital care in community settings

8) To adopt new ways of working

9) To increase integrated and partnership working

10) To build on the proposals set out under GM Healthier Together

Locality Plans

- Locality Plans have been developed for Manchester, Bury, Oldham and Rochdale

- Final approval of the plans by March 2016

- Priorities and transformation themes identified for each locality

- Focus on prevention and self care

- New models of service delivery explored e.g. Local Care Organisations, Accountable Care Management Organisations, shared services

10

Manchester

City of Manchester Single Hospital Service

- Project initiated by Manchester Health and Wellbeing Board to scope a single hospital service for the city of Manchester

- Partnership between CMFT, UHSM and PAT

- Independent Chair, externally supported

- Takes account of existing work e.g. Healthier Together and North East Sector Transformation Programme (CST)

- 2 phase approach

Phase 1

- Analysis of the existing service portfolios of all three trusts

- Assess against all six benefits assessment themes

- Consider eight exemplar services including cardiac, respiratory, secondary paediatrics, obstetrics, radiology (interventional radiology), infectious diseases, critical care and rheumatology plus back office functions

- Determine the potential benefits for a fully-aligned single hospital service for Manchester

- Reports April 2016

Phase 2

- Considers potential options for governance and organisational arrangements from UK and international examples

- Appraise options and identify preferred options to deliver benefits identified in Phase 1

- Reports June 2016

Local Care Organisation

- Manchester Provider Group tasked with the delivery of the One Team model and development of a Local care Organisation (LCO)

- LCO work is in development with scoping workshops held with a range of providers

- Initial core members to be the three GP Federations, three acute trusts (CMFT, PAT, UHSM), and the City Council provider function

- Core members will form LCO Board

- A requirement of the LCO is to enable a single contract to be held for all community provision

Oldham

Accountable Care Management Organisation

- ACMO is one of four priorities in Oldham Locality Plan

- Multispecialty provider for out of hospital care

- Design ACMO during 2016/17 with involvement from range of providers

- Initial workshop held to scope ACMO

Next Steps

- Completion/progression of individual work streams

- Healthier Together, Clinical Services Transformation, City of Manchester Single Hospital Service, Local Care organisation, Accountable Care Management Organisation

- Completion of North East Sector Transformation Oversight Review

- Decision making process

- Consultation expected in late 2016

- Progress to implementation

Questions and Discussion

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The Pennine Acute Hospitals **NHS**
NHS Trust

If calling please ask for:
Katharine Thorley

Direct line / Ext:
0161 918 4957

Our ref: **Quality Account 2015/16**
Your ref: **Quality Account 2015/16**

9th February 2016

Trust Headquarters
North Manchester General Hospital
Delaunays Road
Crumpsall
Manchester
M8 5RB

Telephone:0161 918 4957
E-mail: katharine.thorley@pat.nhs.uk

Dear Sir / Madam

As you will be aware all NHS Trusts are required to produce an annual Quality Account which serves to provide the public, staff and stakeholders with information on the quality of the services that they provide.

Work is underway to produce our Quality Account for the year 2015/16 and as part of the process we would like to engage with you to gain your views on its content.

Quality Accounts must be produced in line with a nationally pre-determined format which divides the content into three separate sections. Quality Accounts are both retrospective and forward looking. The first two sections look back on the previous year's performance regarding quality of services, describing where we are doing well and where improvement is needed. The third section is forward looking and describes priorities for improvement over the coming financial year, and how these improvements will be achieved and measured.

We would like to gain your views to inform the quality improvement priorities for the forthcoming year. We have been seeking views from our staff, patients, public and stakeholders to inform our Quality Strategy and this feedback will contribute to the priorities in the Quality Accounts. This is another opportunity to contribute to our priorities for next year.

We anticipate that the priorities in this section of the Quality Account will build on the priorities identified in the Quality Strategy and also the 'Raising the bar on Quality at Pennine' the 10 point plan to improve quality.

These priorities were agreed with extensive input from staff, our Commissioners and other stakeholders in recent months but to ensure that we have not missed anything else that is important to you, we would welcome your views on any additional quality improvement priorities for 2016/17 that you would like to see in our Quality Account.

In addition, we would of course like to hear about any suggestions you may have generally regarding our Quality Account's content or format.

Chairman, Mr John Jesky   Chief Executive, Dr Gillian Fairfield

If you would like to provide a response to this letter, you can do so by writing to me at the address above or email katharine.thorley@pat.nhs.uk

Please note that the deadline for responses is Tuesday 23rd February 2016.

Yours sincerely

Gill Harris
Chief Nurse